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House of Representatives

The House met at 10:30 a.m. and was called to order by the Speaker.

MORNING-HOUR DEBATE

The SPEAKER. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

HONORING RICHARD MACRAVEY OF COLORADO

The SPEAKER pro tempore. The Chair recognizes the gentleman from Colorado (Mr. SALAZAR) for 5 minutes.

Mr. SALAZAR. Madam Speaker, I rise today to honor my mentor and close friend, Mr. Richard D. "Dick" MacRavey. After 26 years of service as the Secretary and Executive Director of the Colorado Water Congress, Dick is announcing his retirement. Throughout his tenure, Dick helped enact a multitude of important legislation to protect water resources throughout Colorado. As Executive Director, Dick saw 350 of the 419 Colorado Water Congress supported bills enacted into law. In addition, only one of the 123 bills opposed by the Colorado Water Congress became law. This impressive record demonstrates Dick's effective leadership and dedication to protecting Colorado's water.

During my time in the Colorado State Legislature, Dick took me under his wing and taught me a great deal about water legislation. As a farmer and lifelong resident of the San Luis Valley, I understand the importance of water. This precious resource is our lifeblood and essential to maintaining our way of life. Dick understood the needs of everyone—from farmers like me in rural Colorado to those in towns like Aspen, Carbondale, and Telluride and cities like Denver, Aurora, and Colorado Springs. With his guidance, I

helped craft a piece of legislation, "The Basin of Origin Protection," which I am very proud of. Although this bill was never enacted into law, the lessons that Dick taught me during this experience were invaluable. I will always consider Dick a great mentor and a friend.

Dick's dedication to protecting water and serving Colorado started long before his involvement with the Colorado Water Congress. He served 3 years as Executive Director to the Larimer-Weld Council of Governments and 7 years as Executive Director of the Colorado Municipal League. While at Larimer-Weld COG, Dick developed and guided the early stages of the Larimer-Weld "208" Water Quality Management Planning effort. In 1970, Dick served as chairman of the Colorado Good Government Committee for the promotion of the State constitutional amendments 1, Governors Cabinet; 2, State Civil Service Reorganization; and 3, Local Government Modernization. All three amendments were approved overwhelmingly by the people of Colorado. In addition, Dick was involved in six other statewide initiative campaigns and was successful in all six campaigns.

In 1988, Dick was appointed to Colorado Vision 2000, and in 1989, he was appointed to become part of the 16-member Legislative Council Subcommittee on Long-Range Planning for State Government. From 1969 to 1971, Dick served on the National League of Cities Board of Directors. He also served as a member of the Boards for the Colorado Water PAC and the Colorado Water Education Foundation. Dick is a member of the American Society of Association Executives, Colorado Society of Association Executives, American Water Works Association, and International City Management Association. Dick is one of Colorado's great leaders. He has been involved in many aspects of Colorado life and has worked

tirelessly to protect our current and future generations.

However, it is his tireless fight for water that has been most inspiring to me. In 1999, Dick was named the 19th recipient of the Wayne N. Aspinall Water Leader of the Year award. This is a prestigious award in Colorado named after a former Congressman of the district I currently represent. Mr. Aspinall was a water champion for Colorado and instrumental in helping to ensure that Colorado residents have access to a safe water supply.

After I was elected to the U.S. House in 2004, Dick gave me a biography entitled "Wayne Aspinall: Mr. Chairman." On the inside cover he wrote me an inspirational and encouraging message. It read:

To John Salazar. This book is about one of Colorado's great Members of Congress. You will some day also rank as one of the great members from Colorado. I have no doubts about your future achievement. Your friend, Dick MacRavey. January 27, 2005.

Madam Speaker, this note touched my heart, and I keep this book with me in my congressional office. While serving in Congress, I will continue to fight for Colorado's water, and I hope that my efforts will make Dick MacRavey proud.

I wish Dick well in his retirement, and I want him to know he will always have a special place in my heart.

HOPE FOR VISION

The SPEAKER pro tempore (Ms. RICHARDSON). The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, I rise today to recognize the extraordinary work of Hope for Vision, a wonderful organization in my congressional district, as well as their two newest goodwill ambassadors, Alex and Stacy Campos. Both Hope for Vision,

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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as well as the Campos family, serve our community with tremendous distinction.

As a member of the Congressional Vision Caucus, I am proud to work towards elevating awareness and finding solutions to the problems that surround vision loss and vision impairment. In this pursuit, there is no better partner than that of Hope for Vision.

Started in 2005, it amazes me every day just how much Hope for Vision has accomplished. In just 4 short but very successful years, Hope for Vision has been able to raise millions of dollars for the development of treatments and cures for blinding diseases. Finding a cure for degenerative blindness and other retinal diseases holds untold promises for new treatments and all types of visual disorders and beyond, which is so important to reduce the massive cost that our Nation suffers due to vision loss.

Vision loss and impairment not only have an extraordinary financial cost, but it also carries a deep personal cost as well. When individuals suffer the inability to see clearly, they must depend on others for help. Simple tasks like locating keys or avoiding obstacles in a walkway become virtually impossible without assistance. Literally left in the dark, a person's blindness becomes an entire family's responsibility.

This is compounded by the fact that the health care costs related to vision alone are more than \$67 billion annually, and this number will only increase as the population continues to grow and age. Hope for Vision understands these issues, and they know that the biggest challenge is ensuring that this crucial work is fully funded.

By far, the most impressive aspect of Hope for Vision is the fact that over 95 percent of the money raised is given directly to research at top academic institutions. And when it comes to the administration of success for Hope for Vision, few know better than that of Alex and Stacy Campos. These two champions of vision care have served selflessly for the benefit of our South Florida community. As well, they have truly afforded many in need the blessings of renewed sight.

As goodwill ambassador, Mr. Campos sits on the board of directors for Hope for Vision and utilizes his skills gained from the financial industry to make Hope for Vision as successful as it is today. Together with his wife, Stacy, and her continued participation in many charitable foundations, the work of the Campos family has provided Hope for Vision with the means it needs to grow and succeed even more.

Without a doubt, Mr. and Mrs. Campos satisfy the roles of goodwill ambassadors. Their relentless commitment to service and their passion to help families help themselves is truly worthy of distinction. It is because of their commitment to Hope for Vision and their fight against vision loss that countless families today enjoy the freedom of sight.

Alex and Stacy Campos have been a great resource for all at Hope for Vision, and our entire community has benefited from their partnership. Hope for Vision will be sure to maintain itself among the elite organizations working to fight against blindness and retina degenerative diseases through the actions of dedicated individuals like Alex and Stacy.

I again congratulate, Madam Speaker, Hope for Vision for the great work that this young organization has already done, and I look forward to hearing many good things in the years to come from Hope for Vision and all of the brave individuals involved in this fight for maintaining vision awareness for all of our community.

□ 1045

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY from Virginia. Madam Speaker, I rise today to discuss the continuing success of the Recovery Act in righting our economic troubles.

We know all too well the results of the previous administration's, the Bush administration's, lack of oversight in the financial sector and lack of focus on the Nation's domestic needs. In December 2007, the Nation entered the worst recession since World War II. Almost 7 million Americans lost their jobs on the Bush administration watch. Housing foreclosures moved to record levels, and millions more struggled to keep their homes.

When Chairman Bernanke, chairman of the Federal Reserve, testified before the House Committee on the Budget in June, he stated that the Recovery Act, specifically the government funding for infrastructure, has had a positive effect on the economy, without which we would be in worse trouble than we are now. Imagine, Madam Speaker, that when critically needed transportation and other infrastructure projects receive funding, they actually create jobs, putting Americans back to work.

Chairman Bernanke also remarked that but for government action the Nation was mere days away from a collapse of the financial sector last fall. For those who have lamented the government's involvement, I would ask if collapse and the chaos that would have ensued would have been preferable to the actions that were taken.

The last time I discussed the Recovery Act on this House floor, I mentioned its positive impact in my district, specifically on the Greater Prince William County Community Health Center. Because of the Recovery Act, we're going to be able to keep that center open. We're going to be able to create new jobs and keep people working. We're going to be able to serve a population that otherwise would not have access to health care in my district.

Today, I want to discuss another positive aspect of that act on a number of critically needed transportation projects in my district.

The Recovery Act provided funding to expedite construction of the Dulles Metrorail project, one of the largest transit extensions in the United States currently. This extension has been in the works for 47 years and will help alleviate our traffic congestion by removing up to 93,000 vehicles off the roads each day. Although the Federal Government previously committed to fund the project, the expedition of the funds made possible by the Recovery Act will allow us to save \$15 million in project costs. We hope we can accelerate funding even more.

The Recovery Act not only will allow jobs to be created more quickly but also the necessary project work to start faster and get this completed earlier than even anticipated.

The Recovery Act also provided funding for the purchase of additional buses for the Potomac and Rappahannock Transportation Commission in Prince William County. That funding will provide vital capacity for a currently crowded system, allowing workers a greater opportunity for commuting choices and taking cars off our congested roadways.

As the President highlighted when he visited Springfield, Virginia, in my district to announce the project's funding, the Recovery Act also provided funds for the completion of the long-awaited Fairfax County Parkway waiting decades to be completed. And thanks to the Recovery Act, we're going to be able to complete that parkway and make vital connections with Fort Belvoir, which was greatly expanded under the base realignment and closure process making it one of the largest employers in the region.

While the recovery is by no means out of the woods, we are beginning to see positive signs of recovery. The stock market's risen 40 percent since March. Although the total number of unemployed remains high, new filings for unemployment claims have, in fact, come down.

Retail sales rose 0.5 percent in May and 0.6 in June, the fourth month this year with gains. Consumer confidence is at a 9-month high. The meltdown in the housing market was one of the leading causes of the recession, and it's encouraging to see that housing starts in May were up 17.2 percent over April, and new housing sales, just released yesterday, are up 11.2 percent.

During the traditional business cycle over the past decades, recessions have tended to last 9 months. Madam Speaker, this recession began in December of 2007, 14 months before President Obama took office. While no one solution will cure the recession overnight, the Recovery Act is one piece of the mosaic of actions this Congress has undertaken to restore our Nation's economic health and protect the well-being of the American people. Through the Recovery Act we have seen the positive

results of our action, and we have been creating jobs in the 11th District of Virginia, providing critically needed transportation improvements to our region and putting our people to work.

I commend my colleagues for their support of this legislation and protecting the interests of all Americans.

EARMARKS IN DEFENSE APPROPRIATION BILL

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arizona (Mr. FLAKE) for 5 minutes.

Mr. FLAKE. Madam Speaker, later today, the Rules Committee will be promulgating a rule for the Defense appropriation bill that I believe we'll consider tomorrow. This is, in my view, quite remarkable that we will be considering the Defense bill that spends hundreds of billions of dollars, we will be spending less than a day debating that legislation.

What is remarkable about it as well is that there are 1,087 earmarks in the bill, more than 1,000 earmarks in the Defense bill that was considered by the full Appropriations Committee for a total of 18 minutes, not 18 minutes per earmark or per section of the bill or anything else, but the full Appropriations Committee considered that bill for 18 minutes, passed, done, markup finished, and now we've got that bill on the floor tomorrow.

And unfortunately, as is the case or as has been the case with the rest of the appropriation bills this season, it will come to the floor under a structured or closed rule where the Rules Committee, the majority party, will determine which amendments the minority party and members of the majority party get to offer. Breaking from tradition that has held for decades and decades and perhaps centuries in this institution where appropriation bills have come to the floor under an open rule, this will come to the floor under a rule that only allows amendments to be offered that the majority party wants to see, not those that the minority party necessarily wants to offer.

There are 548, at our count, earmarks in this bill that will go to private companies. These will be no-bid contracts for private companies. The majority party will say, well, we're inserting language saying that these earmarks have to be bid out. The purpose of an earmark is to ensure that that contract is not bid out. Otherwise, why earmark it? Why not just let the Defense Department decide where to spend its money?

So these are earmarks. These are no-bid contracts. They're going to private companies. In many cases, those private companies will turn around, and the executives from those companies will make sizeable campaign contributions to the Members who secured the earmarks. That has been the pattern in this place for years, not just with the majority party in power but when the minority power was in power as well. It's simply gotten worse over time.

Our Ethics Committee forces Members—and it's a good thing—to sign a certification letter saying that they have no financial stake in the earmark that they are securing, that a family member doesn't work for the firm receiving it, for example. But there's also guidance issued from the Ethics Committee that says that campaign contributions do not necessarily constitute financial interest. And so Members of this body are given a green light to basically earmark for campaign dollars. It's the so-called circular fund-raising that has become the norm around here.

And if this wasn't bad enough, there are investigations swirling outside of this body. Members' offices have been subpoenaed. Some people on the outside have already pled guilty and are working with authorities involving earmarks and campaign contributions. There are allegations of straw men contributions that have been set up where individuals reimburse for contributions they make to Members who secure earmarks. There are all these investigations swirling outside. Yet we're moving through this appropriation process as if nothing were wrong, and we'll consider a bill in one day and limit the number of amendments that Members can bring forward.

Now, this isn't the perfect way to scrutinize or to vet a bill, I recognize, on the House floor. But it's all we've got when the full committee Appropriations Committee takes a full 18 minutes to approve a bill that spends hundreds of millions of dollars and contains over 1,000 earmarks, 548 of which are no-bid contracts to private companies.

We do that all in a day and then tell Members, oh, but we're only going to allow the amendments that we want to see, not necessarily the ones that you want to offer.

In this legislation that we will consider tomorrow, there's an earmark going to a company called ProLogic, and it is reported that this company is under investigation by the FBI. The status of the investigation is unknown. Reports are simply out there that there are investigations. This company, the executives and lobbyists and those associated with it, have contributed more than \$400,000 to congressional campaign committees. Yet we're still allowing this bill to go forward.

Let's have a new rule for the bill.

AMERICA'S AFFORDABLE HEALTH CHOICES ACT OF 2009

The SPEAKER pro tempore. The Chair recognizes the gentleman from Rhode Island (Mr. KENNEDY) for 5 minutes.

Mr. KENNEDY. Madam Speaker, this legislation, America's Affordable Health Choices Act of 2009, otherwise known as our health bill this year, will guarantee all Americans access to affordable health care without pre-existing condition discrimination.

Imagine that, getting health care insurance without being told that your preexisting condition is going to result in higher premiums, higher deductibles or higher copays. Imagine being able to change your job at will without having to worry that you're going to lose your health insurance. Imagine having no worry that you're going to have to exceed a lifetime cap. Imagine being able to know that you're going to have catastrophic health care coverage.

Imagine knowing that we're going to now move in our health care system from a sick care system that just is the most expensive that we know to actually a health care system where we actually pay for preventive care so that we actually get health care in this country, not sick care; where we pay for prevention, not sick care. We don't have to wait until an asthmatic gets an asthma attack before we get a doctor to that asthma patient. We don't have to wait until a diabetic gets an amputation before we get that critical care. We get prevention and chronic care management.

And what is so great about this legislation is that it includes full parity for mental health coverage. I was proud last year to author the Mental Health and Addiction Equity Act of 2008. What it required is that we finally recognize that mental health and addiction equity is part of our health insurance system, meaning insurance companies can no longer discriminate if you had alcoholism or addiction or depression. Imagine that, we finally acknowledge that the brain is part of the body.

Mental illness is a big part of our country's health care system. It accounts for over 50 percent of the trauma admissions in our trauma one centers and emergency rooms every single weekend. Suicides in our country exceed homicides by two to one, suicides do. And you know what, we don't have a mental health system in this country to speak of because, you know why, there's a stigma out there against mental illness.

We still believe in this country that it's your fault if you have a brain illness. If somehow you have a lower dopamine level or serotonin level, it's your fault. We think you ought to pick yourself up by your boot straps; it's your fault. It's a moral problem.

We forget the fact that now, even to this day, we can take brain scans and tell whether someone has a differing brain or not from a normal functioning brain. But today, we are enforcing what we know to be scientifically true, what the AMA said in 1955, and that alcoholism is a disease, that there is such a thing as brain disorders, substance abuse disorders, eating disorders, depression, bipolar disorder, and things of that nature.

In this legislation, in this health care bill, we require parity in health care coverage. We say that we ought to recognize these disorders for what they are, and furthermore, we say we ought to have prevention. And even more in

this legislation, we're going to say we're going to require medical school education to have education teaching all doctors to recognize this.

That is what is important in this legislation, and I am pleased to ask my colleagues that they ought to support this legislation so that we can finally have justice for all in health care in this country.

□ 1100

HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. DANIEL E. LUNGREN) for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, this week, it is still uncertain as to whether we are going to have an opportunity to vote on a health care proposal before we go home for the August recess. And I would just suggest, Madam Speaker, that what we do is ensure that we have absolute transparency, the capability of every Member to look at whatever bill comes to this floor—we have been told that the bill may be in excess of 1,000 pages—that we have an opportunity to have a full debate and full amendments to be debated on the floor.

And why do I say this? Because many people would say that would be what is to be expected. Unfortunately, over the last several months, we have had an experience in this House in which we have had major pieces of legislation brought to this floor, in some cases the bill itself with very little notice, in other cases huge 300-page amendments being dropped on us at the last minute.

We have had some suggest that it is unnecessary for Members of Congress to read the bill or have their staffs read the bill or understand the parts of the bill; rather, we are told, "just trust us." Well, I remember Ronald Reagan's very important admonition, which was "trust, but verify."

If we are being asked to alter approximately 18 percent of the entire United States economy, if we are being asked to change in fundamental ways the delivery of health care to the men, women and children of this country, if we are being told that what we are going to do is going to inalterably change Medicare and Medicaid, if we are being told that what we are embarking on this week is to fundamentally change the manner in which men, women and children of this country receive their health care, if we are to be told that we must make a decision this week as to what the relationship between the doctor and the patient ought to be, if we are being told that we will have to make choices as to whether or not the government shall insert itself between the doctor and the patient, if we are being told that the President believes that there are doctors—the generalization was most doctors would require a tonsillectomy for a young person rather than continue treatment

of a cheaper kind to take care of sore throats, if we are being told that we have to review the entire health care system of the United States, compare it to Canada, compare it to England, compare it to France, compare it to Sweden, compare it to the ideal, if we are being told that this week we have to make the decision as to whether or not the program we put forward will have government decide whether a 100-year-old woman who is in extraordinarily good health but needs a pacemaker ought to instead be told by the government that merely she should take a pain pill—as the President suggested on television not too long ago—then maybe we owe it to the American people to give ourselves sufficient time. Rather than have some sort of artificial deadline, maybe we ought to take the time to go back to our districts and present the arguments to our constituents and at least give them an opportunity to tell us in our town hall meetings, tell us in our tele-town halls, tell us in our meetings with various groups as to what they think ought to be done.

Why would we have a rush to judgment here, other than the fact that we have an August recess, other than the fact that the President said that we must pass it by a date certain? Shouldn't we take the time to do the work that the American people expect us of, particularly when it deals with something so precious, so personal, so important as their health?

And so I hope that, rather than meet some artificial deadline, we will take the time to allow the American people to see the bill in all of its glory, to see its good points and its bad points, to see whether we ought to change it, alter it in any way, and then come back and make a decision here for the American people. There are very few issues that are as fundamentally important as this issue. Let's make sure we do it right.

HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. YARMUTH) for 5 minutes.

Mr. YARMUTH. Madam Speaker, it is an honor for me to take the floor after PATRICK KENNEDY from Rhode Island, who, along with his father, Senator EDWARD KENNEDY, have devoted so much of their careers, their emotions, their passion to resolving the health care problems in this country.

And as we talk about health care and reforming our system, we talk a lot about billions and billions of dollars, we talk about government agencies, we talk about the politics of it, but at its core this issue isn't about any of those things. This is about human beings. This is about men, women and their families and trying to help them deal with health care crises, wellness issues, things that every American has to deal with.

Yesterday, in southern Indiana, right across from my district, a subcommittee of the Energy and Commerce Committee held a field hearing in which we were able to see the face of this issue, three people who came before us to tell their stories about how the health care system in America has failed them.

One of them was a constituent from my district, Patricia Reilling. Patricia is a small businessperson. For 20 years she was insured under a small business policy by the same company. She paid her bills every month religiously. The only claim she ever made was for some pain killers for a back injury. And then, last year she was found to have breast cancer. She had a double mastectomy. She contracted a staph infection while she was in the hospital. And while all that is going on, she received notice from her insurance company that they were not going to renew her policy as of June 30 of this year. She is still fighting that staph infection. She is unable to work. And she is still fighting without insurance because the only insurance available to her now is far beyond her means to pay. She is the real person, and someone whose situation could be replicated in any household across this country if we don't do something about reforming our insurance system.

Another woman who was at the hearing yesterday was Ms. Beaton from Dallas, Texas. Ms. Beaton is 59. She had an individual policy. She also contracted breast cancer, had a double mastectomy, except before she could have that operation the insurance company rescinded her policy, basically said we know we insured you, but because there was a notation in something in a medical chart years ago that referred to a skin issue—namely, pimples—and somebody misinterpreted it as saying it was precancerous, which the doctor denied, we are not covering your cancer treatment. Fortunately, Congressman BARTON from Texas intervened on her behalf and was able to eventually get her policy reinstated. But by the time it was, her tumors had grown by more than 300 percent in size, and the treatment that she got was vastly more complicated and more expensive than it ever needed to be. These are the faces of the insurance crisis, the health crisis that we face, and we have to change our system.

Fourteen thousand Americans lose their health insurance every day. It could be any one of us. And you know what? In that situation that we heard about yesterday, that has recurred. Three insurance companies testified before Congress a month ago; three insurance companies rescinded 20,000 policies over the last 5 years, did what they did to Ms. Beaton. They saved \$300 million by doing that, but that was only the cost of the care they denied, the claims they refused to pay, not the prospective cost of covering and treating all of those illnesses, which would have been in the billions of dollars.

So as we debate health care over the next week, over the next few months, let's remember that it is more than about money, it is more than about government agencies, it is more than about process, this is about American human beings and their only simple desire to have quality, affordable care. That is what we are about, and that is what we intend to do.

RECESS

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

Accordingly (at 11 o'clock and 10 minutes a.m.), the House stood in recess until noon.

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BLUMENAUER) at noon.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: How deep are the mysteries and the wisdom of Your presence, O Lord God. How inscrutable are Your judgments and how unsearchable Your ways.

For who knows the mind of the Lord? Or who has ever been Your counselor? Who has ever offered You anything that was not already a gift given by Your creation?

For all is from You, all is because of You, and all is destined for You. To You be all glory, honor and power both now and forever.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Arizona (Mrs. KIRKPATRICK) come forward and lead the House in the Pledge of Allegiance.

Mrs. KIRKPATRICK of Arizona led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMPREHENSIVE IMMIGRATION REFORM

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

Mr. BACA. Mr. Speaker, President Kennedy once said, "Ask not what your country can do for you; ask what you can do for your country."

Immigrants take this question to heart. Not only do they ask what they can do for their country, but they also ask what they can do for their communities and for their families as well. Simply put, immigrants are one of the hardest working groups in America, regardless of legal status. Their willingness to work and to gain assimilation into American society and culture greatly benefits our country.

This month in Iraq, 237 foreign-born U.S. servicemembers became citizens of this country. This is a key example of the level of dedication—I state "dedication"—and service that immigrants give to America.

I urge my colleagues on both sides of the aisle to work with President Obama and with CHC to pass comprehensive immigration reform.

HEALTH CARE

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

Mr. BOEHNER. Mr. Speaker, the Democrats in Congress don't want the American people to see this chart. This is the chart that outlines the Democrat proposal, which is moving through the House of Representatives, that contains as many as 53 new Federal programs, agencies and commissions. That's right. They're trying to restrict Members of Congress from showing this to their constituents. They say it's misleading. Well, there's nothing misleading about it. They just don't want anyone to see it.

Well, here it is. I'm using it. Are they going to turn out the lights? Are they going to turn off the cameras? Why don't they want the American people to see this?

Well, I think the American people deserve the truth about the Democrats' \$1.6 trillion takeover of our health care system—more bureaucracy and more taxes, more mandates and more government involvement in your life. Guess what? It also means less jobs for Americans.

According to a model developed by the President's own Council of Economic Advisers' chairperson, this proposal will cost Americans some 5.5 million jobs over the next 10 years. The National Federation of Independent Business says that at least 1 million small business jobs will be lost. Over the weekend, even the Congressional Budget Office made it clear that this will cost low-wage workers an opportunity to get a job.

Listen, after the stimulus hasn't worked, most of my constituents are continuing to ask the question: Where are the jobs? We have a stimulus bill that's not working. We have a national energy tax bill that came through here last month that will cost millions of Americans their jobs. While this will ruin the health care system that we enjoy in America, let's not forget that it will cost us millions of American jobs when most Americans continue to want to know: Where are the jobs?

THE CONSTITUTIONAL AMENDMENT TO BAN THE BURNING OF THE AMERICAN FLAG

(Mrs. KIRKPATRICK of Arizona asked and was given permission to address the House for 1 minute.)

Mrs. KIRKPATRICK of Arizona. Mr. Speaker, I rise in support of House Joint Resolution 47. This is the House joint resolution for the constitutional amendment to ban the burning of the American flag.

For 232 years, the Stars and Stripes have been a unique symbol of freedom and democracy across the world. It is the embodiment of all we are and of all we stand for as a Nation. Millions of our young men and women, including my father and uncles, bravely and selflessly defended their country under that flag. Every day, our servicemembers risk their lives in Iraq, Afghanistan and around the globe to protect the ideals it represents.

To burn or to desecrate our flag, even in political protest, is an affront to the men and women who have made the ultimate sacrifice for our freedom and to the many others who have served.

I am proud to be a cosponsor of this resolution. I urge all of my colleagues, regardless of party, to join me.

JOBS FIRST

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

Mr. CANTOR. Mr. Speaker, in these desperate economic times, Congress must undertake all of its actions with a watchful eye toward the effects on job creation; yet this, unmistakably, has not been the case.

From the stimulus bill that just did not get it right, to the cap-and-trade legislation, to now the ongoing effort to pass a health care bill on the backs of small business, the majority has put jobs on the back burner to muscle through an agenda, frankly, that is anathema to the American people. Slapping an additional 8 percent payroll tax on struggling small businesses that can't afford to pay for insurance doesn't create jobs; it kills them. Imposing a 5 percent surtax on small businesses, on America's producers, doesn't hasten our recovery; it prolongs it.

The American people deserve an agenda that puts jobs first. That is why we ask the majority to work with us. Republicans do have a plan that can expand affordable coverage in health care. It will allow you to keep what you have and not do it by squeezing small business.

I urge the majority to begin this with us. Let's start over. Let's get it right for the American people.

CRAFTING BIPARTISAN HEALTH CARE REFORM LEGISLATION

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

Mr. BUTTERFIELD. Mr. Speaker, I am disappointed that our Republican colleagues are refusing to work with us in crafting health care reform legislation.

Yes, you are.

Instead of working with us, you have cranked up your message machine. You have labeled our legislation with every label except ones that are accurate. Most disappointing, Republicans are frightening our seniors with false statements that they will experience a reduction in Medicare benefits. Wrong.

The truth is this legislation would not only maintain important Medicare benefits, but it will enhance them. We cannot afford to continue to do nothing about health care reform. There are 45 million who are uninsured. There are 14,000 Americans who are losing their benefits every day. Employer-sponsored group plans are getting more expensive. They have high deductibles and high copays, and they simply don't provide the security that families need. The cost of family health insurance will continue to rise five times faster than wages.

We must have reform and we must have it now. I urge my Republican colleagues to reconsider their strategy to block this legislation.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

THE TRUE COST OF GOVERNMENT- RUN HEALTH CARE

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

Mr. PENCE. Mr. Speaker, Republicans do support reasonable health care reform that will lower the cost of health care and health insurance for every American family and for every American business, but the Democrat plan for health care reform amounts to a government takeover of health care in this country, paid for with nearly \$1 trillion in higher taxes.

The American people know what government-run health care will mean: higher cost, bigger deficits, less coverage, less quality, less choice, and more bureaucracy.

House Republicans have led the fight against this government takeover of health care, and now House Republicans and a handful of Democrats are on the verge of a historic victory for the American people and for our American health care economy, but we need your help.

If you oppose government-run health care, call your Congressman today. If you oppose higher costs, bigger deficits, less coverage, and more bureaucracy, call your Congressman today. If you want real bipartisan health care reform that lowers the cost and that

addresses the real needs of our health care economy with American solutions, call your Congressman today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

HEALTH CARE

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

Mr. PASCRELL. Mr. Speaker, I rise today to dispel misinformation that has been propagated about the health care system. I've heard many of my colleagues across the aisle claim that the Democrats' health care proposal will result in rationing. Let's address it.

How many millions of people have put off getting checkups, have avoided doing necessary followups, have delayed needed care or have failed to get the prescriptions their doctors have ordered for them?

Why? Because we ration care every day in this country now. If you want to talk about rationing, listen to these numbers:

Forty-five percent of Americans went without needed care because of costs in this country in 2007. That's rationing. Fifty-three percent of Americans cut back on their health care in the last year because of costs. That's rationing. Between 2000 and 2008, 5 million families filed for bankruptcy because of medical bills. That's rationing. About one-third of the uninsured have a chronic disease. They are six times less likely to receive care for a health problem than are the insured. That's rationing.

As many as 22,000 Americans die each year because they don't have health insurance. My brothers and sisters, that's rationing.

WORKING TOGETHER FOR TRUE HEALTH CARE REFORM

(Mrs. McMORRIS RODGERS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. McMORRIS RODGERS. Mr. Speaker, we were told time was of the essence when we were considering the economic stimulus package. We were told we didn't have time to waste in passing the President's budget. Yet, despite the hundreds of billions of dollars in additional spending and despite the trillions of dollars in additional debt, we must ask: Where are the jobs?

Now we're told we must rush to pass health care reform, which will cost you more jobs, which will increase taxes and which will put a Federal bureaucrat between you and your doctor.

House Republicans believe in true health care reform that will reduce

skyrocketing health care costs while protecting that very special doctor-patient relationship. True reform must make health care more affordable by reducing costs by rooting out waste, fraud and abuse and by reining in frivolous lawsuits that cost families millions of dollars each year in higher premiums—true health care reform that challenges Americans to be healthy and to invest in health information technology.

Let's take the time, and let's work together to get the right prescription for health care reform.

THE AMERICAN RECOVERY AND REINVESTMENT ACT IS STABILIZING THE AMERICAN ECONOMY

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

Mr. ALTMIRE. Mr. Speaker, the Dow is back over 9,000, and new housing starts have seen their largest monthly increase in 9 years. While, overall, the Nation's financial indicators remain mixed, there is a growing body of evidence that the American Recovery and Reinvestment Act has helped stabilize our economy. Because of the stimulus, more than 95 percent of American families have seen their taxes cut, and 51 million seniors and veterans have received their \$250 relief payments in the mail. More than 38,000 stimulus-funded projects are already under way, many of which have come in under budget.

The American people can visit recovery.org to see how every penny has been spent. Only 4 months into the 2-year recovery package, already we are seeing results. While the road to recovery is long, we have clearly taken the first steps, and we are finally headed in the right direction.

□ 1215

HEALTH CARE AND NEW JOBS

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

Mr. CARTER. Mr. Speaker, the Speaker of the House got up and said, jobs, jobs, jobs, jobs. That was when we were dealing with what they call the National Energy Tax. We called it cap-and-tax. But what was the reality? That particular bill passed by the Congress will result in job losses of 2.3 million to 2.7 million. It's predicted by 2035, 1.38 million manufacturing jobs will go overseas.

The number of job growths created by the Democrats thus far? Zero. None. What jobs was she talking about? Her job? We don't know. But we haven't seen the jobs. Where are the jobs?

And now we're looking at a health care plan which experts tell us between 4 million and 6 million more jobs will be lost and there will be no reduction in the cost to the American people. Let's get a health care plan that works and let's ask again, and again, and

again, Madam Speaker, Where are the jobs?

PASS HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. Mr. Speaker, we're going to hear a lot of rhetoric on this House floor and throughout this city of why we shouldn't do health care reform, but we don't have to listen to people here in Washington, D.C. We need to listen to our folks at home about why we need to pass health care reform.

I recently was contacted by a woman from Waterbury, Connecticut, who suffers from type 2 diabetes. She worked her entire life, paid her bills, mortgage, did everything right. But now she's on COBRA and is about to lose it. Even though her diabetes is under control, every company refuses to insure her based on her preexisting condition.

She knows that getting sick and ending up in the hospital could put that home that she worked so hard for in jeopardy; and she writes to me, Somebody has to stop the insurance companies from making decisions regarding life and death.

Mr. Speaker, doing nothing here in the House of Representatives as our friends on the Republican side would like says to her that her situation is unsustainable, she has no way out. We need to pass health care reform to answer her and the thousands of constituents in each one of our districts just like her.

NO MESSAGE MACHINE

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

Mr. DREIER. Mr. Speaker, it's absolutely outrageous to say the Republicans want to do nothing on health care reform. We want to expand medical savings accounts; we want to do everything we can to build associated health plans so that small businesses out there working and struggling trying to create jobs in the private sector can come together and, in fact, purchase health insurance for their employees. We want to do everything that we can to allow people to, on the Internet, purchase health care insurance across State lines.

The fact is, it's no message machine or talking point to realize that the Congressional Budget Office has said that contrary to Speaker PELOSI's line, This is going to dramatically increase the cost of health care, and Robert Samuelson, no Republican he, in The Post yesterday said, If you listen to President Obama, his reform will satisfy most everyone. It will insure the uninsured, control runaway health spending, subdue future health budget benefits, preserve choice for payments and include quality of care.

He said these claims are self-serving exaggerations and political fantasies.

SYNIVERSE TECHNOLOGIES AND WELLNESS

(Ms. CASTOR of Florida asked and was given permission to address the House for 1 minute.)

Ms. CASTOR of Florida. Mr. Speaker, through health care reform, we're going to ensure that families are healthy and that we put money back into their pockets. And here's a great example:

Yesterday when I was home in Tampa, I paid a visit to Syniverse Technologies, a global communications firm that employs 650 people. We unveiled Syniverse's new onsite health clinic and wellness initiative. The workplace clinic is staffed with a medical assistant and a nurse practitioner, and employees love it.

The Syniverse team explained that they expect to save \$1 million over the next 5 years due to the convenient clinic and their wellness initiative that encourages employees to lose weight, stop smoking, and lead healthier lives.

Syniverse employees don't have to miss work for doctor's appointments or to run to the drug store for simple prescriptions. They can bring their families there with no copay. It is smart, it is convenient and less expensive for employees, and it's smart for the companies because the employees will be more productive. Syniverse expects lower health insurance costs because the company's employees will be healthier.

One of the goals of the Democratic health care reform is to encourage these innovative community clinics and wellness initiatives for families and businesses so that health care is more convenient and it's more affordable for others.

DEMOCRATS' HEALTH REFORM PREDICTS A DANGEROUS OUTCOME

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

Mr. SESSIONS. Last week I came to the House floor to discuss how this Democrat Congress is bankrupting America. They continue to force massive spending through this body that has led to record unemployment and record deficits for America. Well, they're set to do it again this week with health care reform.

Three years ago, Massachusetts set out to accomplish universal coverage just like what the Democrats want to do for all of America. So far, the facts are plain. Insurance prices are higher than expected, safety net hospitals are struggling more than ever, doctors cannot keep up with the increased demand, and some people without insurance still cannot afford care.

The State legislature is already exploring options for rationed care to

control health care spending, which, in Massachusetts, is 25 percent higher than the national average. This is a dangerous precedent to follow.

Many in Massachusetts are still uninsured, costs are skyrocketing, and the State is going bankrupt.

Mr. Speaker, not a good prescription for America.

HOPE IS ON THE WAY

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

Mr. KAGEN. Mr. Speaker, I rise today to remind everyone on both sides of the aisle, whether you're Republican, a Democrat, a Libertarian or an Independent, that hope is on the way.

We have some things we can agree upon. Isn't it a fact that we all agree that it's time to end discrimination in health care where insurance companies are allowed to discriminate against you because of a preexisting condition? I think it's time.

We secured equal treatment at the lunch counter 50-some years ago; and this year, we're going to come to some agreement here in the House to end the discrimination in health care and bring equality to the pharmacy counter as well. We can all agree it's time to end the discrimination in health care due to preexisting conditions, to pass a bill that has a standard plan, an insurance plan that includes all Americans, a standard plan that each and every insurance company must sell to any citizen throughout the land.

In this House, at this time, we can agree on these things.

CHANGE HEALTH CARE SYSTEM INTERNALLY

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

Mr. BLUNT. Mr. Speaker, the gentleman is exactly right: there are things we can agree on. In fact, there are things we have already agreed on. The minority has never reached out on issues to the majority more aggressively than on this one, where we have said we want a plan where everyone has access regardless of preexisting conditions. We want more competition and more choice that we believe will impact price. We are not satisfied with the current system.

Internally, we think you change this system by medical malpractice reform, by more health IT, by more transparency of both results, cost and care. Those are the principles we ought to be advancing.

The administration insists that this be done their way. We are not for government takeover of health care. We're for a system that works better for the American people, and we stand ready to work together to make that system happen.

U.S. AND THE WORLD EDUCATION ACT

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today to urge my colleagues to support the U.S. and World Education Act which I will be introducing today. My bill addresses the critical need to raise student achievement levels in the national education arena which is vital in order to compete in a world that is rapidly changing.

My bill will raise the international education competence and literacy levels of elementary and secondary students. My bill will also create an international education research repository which will greatly enhance the international education curriculum taught in our schools as well as teaching methods.

I firmly believe that our schools today do not focus enough on preparing our youth to interact and to communicate with other countries and cultures. And given the current economic crisis, future generations must be equipped with a skill set that will help them to excel academically and contribute to our Nation's economic recovery.

I urge my colleagues to cosponsor the U.S. and World Education Act.

GOVERNMENT SHOULD NOT COME BETWEEN DOCTOR AND PATIENT

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

Mr. LEWIS of California. Mr. Speaker, excellent health care begins with a great personal relationship between a physician and his or her patient. Government should not attempt to get between them. America has a health care delivery system second to none. Problems such as portability and covering preexisting conditions can be underwritten actuarially without throwing out a system that works for the vast percentage of Americans.

Every American family knows excellent care does involve some costs. While we pay our doctors fairly for their service, government should not get in the way.

NOW IS THE TIME

(Ms. WATSON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WATSON. Mr. Speaker, I'm so excited because now is the time for America's health insurance reform, and we got a report on Friday from the CBO that affirmed that the insurance reforms in our bill are deficit-neutral over the next 10 years and will even create a \$6 billion surplus. More than

80 major groups have already expressed support for America's Affordable Health Choice Act, including the American Medical Association, AARP, Main Street Alliance—and it's a small business group—and numerous medical specialty groups.

I just spoke to 3,000 members of the National Medical Association. I went through the outline of our bill and there was no question that I could not answer for them and they are 100 percent supportive of it.

We need a uniquely American solution.

THE AMERICAN PEOPLE DESERVE A BIPARTISAN APPROACH ON HEALTH CARE

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

Mr. WILSON of South Carolina. Mr. Speaker, the House Democrat leadership remains opposed to working in a bipartisan effort to cure what ails our health care system. This is unfortunate because this has caused bipartisan opposition to their Big Government, job-killing, debt-producing, tax-hike health care plan. The American people deserve better to create jobs.

The American people know better than to believe that the government is best to run our Nation's health care system or keep costs down. The Democrat plan does not lower the cost of health care. It just raises taxes on small businesses and cuts Medicare by half a trillion dollars. Those tax increases and Medicare cuts do not even cover the costs producing an estimated \$239 billion more added to the deficit. Taxing small businesses and knocking seniors off their current health care plan is no way to reform health care.

Republicans stand ready to work with our Democrat colleagues to develop commonsense reform.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

UNIQUE SOLUTIONS TO HEALTH CARE

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, we've been grappling with how to provide all of our citizens with access to affordable, quality health care since President Truman's time. With health care costs being 18 percent of our GDP and growing and 47 million uninsured, we need to take action now. My Education and Labor Committee spent 22½ hours in a 24-hour period debating H.R. 3200, a historic bill.

In 1974, the State of Hawaii enacted historic legislation of its own called the Prepaid Health Care Act. This law requires employers to provide health care coverage to full-time employees. After 35 years, the Prepaid Health Care

Act remains the only employer mandate law of its kind in our country.

An economist at the University of Hawaii estimates that per capita, health expenditures in Hawaii have been about 7 percent lower than the national average. The economist believes that Hawaii's wider health insurance coverage and support for preventive health care led to this outcome.

Hawaii's Prepaid Health Care Act has been the major driver in the health and well-being of our residents.

HEALTH CARE

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

Mr. PITTS. Mr. Speaker, with Congress deep in negotiations over the substance of health care reform, I'm increasingly concerned about the President's recent unhelpful remarks.

In his remarks last week, he maintained that a pediatrician treating a child with a recurring sore throat may recommend removing tonsils merely to increase the reimbursement from an insurance company. To insinuate that doctors are ordering unnecessary surgeries on children for a few more dollars in reimbursement is deeply offensive to millions of doctors who work each day to help us raise healthy children. Over the weekend, I was approached by several constituents in the health profession who said those remarks were insulting to them.

I worry that the President may have an unrealistic view of the medical community and the overwhelming and vast number of hardworking doctors and nurses that are concerned first with the health of patients. While we're not trying to do nothing, we're not arguing for the status quo. As we reform our health care system, we should be careful. We're not trying to fix some things that aren't broken and in the process break other things that currently work for millions of American.

□ 1230

HEALTH CARE REFORM FOR OLDER AMERICANS

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

Mr. MAFFEI. Mr. Speaker, earlier today I welcomed to the Capitol Dr. Sharon Brangman from my district, who was recently named the next president of the American Geriatrics Society. This morning she told me and other Members how physicians who work with the elderly are spending an overwhelming majority of their time providing primary care often without appropriate compensation through the current Medicare formulas. The extra year of training and additional expertise actually mean less pay, which is one of the reasons why we have an acute shortage of geriatricians in America.

Mr. Speaker, baby boomers entering into the later stages of life will cause America's older population to double in the next few years. We must reform our health care system to adequately compensate doctors for providing preventative and coordinated care to patients in every stage of life. If we do it right, it will save money because many superfluous and harmful treatments will be eliminated and seniors will not only live longer but better lives.

HEALTH CARE BILL AN IMPEDIMENT TO JOB CREATION

(Mrs. MILLER of Michigan asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, many of my Republican colleagues and I have been coming down to this floor and asking the question, where are the jobs? Because the stimulus package has failed to deliver on the promise of 3 million jobs that it said it would, and instead our economy has actually lost over 3 million jobs.

And now we will soon be asked to vote on a health care reform package that places even more hurdles to jobs and growth of job creation. The health care plan being debated puts an onerous new tax on individuals and small business job creators through a surtax on income. It adds a new 8 percent tax on payrolls for companies that don't provide health care, Mr. Speaker.

Does anyone actually believe that the addition of this new tax will encourage job providers to either raise their workers' pay or to create new jobs when both of these actions actually lead to higher taxes?

In the rush to pass the stimulus, the Democrats put \$1 trillion of new debt on our children and on our grandchildren and did not create the jobs that we need. In our rush to pass a new health care bill, we will now put new hurdles to job creation and economic growth.

Where are the jobs? Clearly not in this new health care package.

THE RECOVERY ACT IS WORKING

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

Mr. SCHRADER. Mr. Speaker, for the past couple of weeks, Members from the other side of the aisle have come to the floor, as we have heard today, and rhetorically asked, where are the jobs? Assertions have been made the Recovery Act was ineffective and hasn't created any jobs. Well, that simply isn't the case in my district. I would like to give one example, Mr. Speaker.

As Oregon families prepare to send their children back to school, let's talk about what the recovery dollars are doing in our local school districts, often the heart of our communities. In my district, recovery funds are saving the equivalent of 145 teaching and sup-

port jobs in one school district alone, the Salem/Keizer School District, in the 2009–2010 school year. These are positions that would have been eliminated without this critical funding and are crucial to the core academic growth and development of our students.

These same recovery dollars are also preventing the equivalent of a district-wide, class-size increase of 2½ students and preventing an 11-day reduction in the school year. Money well spent.

We don't spend enough time in this building talking about the jobs that are saved and families that are benefiting from these recovery dollars. Without the recovery package, more teachers would have lost their jobs and our students would have suffered.

SITTING ON THE SIDE OF THE ROAD

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

Mr. POE of Texas. Mr. Speaker, Sammy Mahan is a small business entrepreneur. He owns and operates Sammy's Wrecker Service in Baytown, Texas. He owns 7 trucks, employs 5 drivers, a dispatcher, and people who work the wrecker yard. His drivers work on a commission, and he cannot afford to furnish them health insurance.

He told me how the new government health care plan that mandates employers provide employee health benefits would affect him. Leaving out his colorful language, he said, "I am worried to death. This government health care bill and the new taxes on energy and small business will ruin me. I will have to lay off my drivers. They're all young, some with young families, and then they will have no jobs. I will be the lone survivor of the business. Then I won't be able to sell the wreckers I can't use. Who would buy them? I will be putting the trucks on the side of the road next to the kids who have signs saying 'free kittens' and offering 'free wreckers.'"

Now, Sammy has a point. The government-run health care plan will cost jobs and put workers on the street or, shall we say, sitting on the side of the road.

And that's just the way it is.

THE GENOCIDE IN THE DARFUR REGION

(Ms. MOORE of Wisconsin asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Ms. MOORE of Wisconsin. Mr. Speaker, I rise today to draw awareness to the unconscionable human tragedy that is still taking place in the Darfur region. It has been 5 years since the United States Congress declared genocide in Darfur, but thousands continue to perish.

Today I join activists in 34 countries who started fasting in April when eight

organizations were kicked out of Darfur by the Sudanese President, leaving 1.1 million innocent civilians without basic access to food, water, and medicine.

From sunrise to sunset today, I will consume only water to demonstrate solidarity with the people of Darfur. It is an insignificant act relative to the magnitude of the tragedy unfolding there. But I join thousands in this simple act and hope that a critical mass will prick our global consciousness, keep us focused on the hundreds of thousands who have lost their lives.

I especially want to thank the Plymouth United Church of Milwaukee, Wisconsin, members of the Faith Darfur Coalition, who are joining me today.

My fast won't stop the tragedy unfolding in Darfur, but I hope it will carry me deeper into thought and to help me reflect on how to end this tragedy.

DON'T RUSH HEALTH CARE; GET IT RIGHT

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

Mr. PAULSEN. Mr. Speaker, health care is one of the most important issues that Congress will address this year. We need to make sure we take the time to get it right.

However, congressional leaders have other plans. Rather than taking the time to get it right, they want to spend another \$1.6 trillion on a government health care plan that includes \$500 billion in cuts in Medicare for seniors. And regardless of any arm twisting, no one can change the fact that this plan will slide our Nation deeper into debt. In fact, just 2 days ago, the non-partisan Congressional Budget Office ascertained and confirmed that the proposed health care plan would cause a massive spike in the Federal budget deficit, adding as much as \$1.6 trillion over the next 10 years.

Mr. Speaker, more runaway deficits are something that Americans cannot afford. Let's reform our health care system the right way without raising taxes on small business and without adding new debt on our children and our grandchildren.

HEALTH INSURANCE REFORM

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

Mr. ELLISON. Mr. Speaker, the time is now. Members on the party opposite say we need more time, slow down.

But what about six decades of demanding that we fix health care in America? What about the 45 hours of bipartisan debate in three separate House committees on this legislation? What about the 79 House hearings that we've had? What about those people who today face being turned down because they have a preexisting condition? What about those folks who got a

\$10,000 deductible and who are being told that they have got to spend up all that money just to get procedures to maybe perhaps deal with a bladder infection or something like that?

The time is now. The fierce urgency is now upon us. Mr. Speaker, let those who want to delay the care and well-being of others do something else. But for us who care about and have heard the calls of the people, let's pass health care now.

MAKING AMERICANS COMPETITIVE AGAIN

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

Mr. BOUSTANY. Mr. Speaker, this week congressional Democrats will continue to try to rush through a sweeping overhaul of American health care. And this follows the President's expensive stimulus plan currently mired in bureaucracy that has not prevented a national recession despite his pledge to save or create 3.5 million jobs. So, Mr. Speaker, I ask President Obama, where are those jobs?

Now their plan for health care overhaul includes a government-run bureaucracy that would put red tape between patients and their doctors. Far too often patients in our current government-run programs lack real access to a doctor, leaving them no recourse other than to seek emergency room care. Now Democratic proposals suggest lumping millions more Americans into these government-run systems to somehow improve the quality of care. This defies common sense. Instead, health care will be delayed and rationed, leaving millions of Americans without access to a doctor or quality health care.

Republicans have a plan to reduce health care costs for families and businesses and taxpayers and also maintain quality, and that's the best way for Americans to be more competitive and to spur job creation.

HEALTH CARE REFORM AND THE INSURANCE INDUSTRY

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

Mr. McDERMOTT. Well, Mr. Speaker, we're being treated today to the mass choir from the insurance industry telling us that we must be afraid and we must go slowly. They've been singing that song since 1935, and we have been trying and trying and the American people are deeper and deeper and deeper in trouble.

Now the insurance choir is really worried, Mr. Speaker, because if we got a public option, they'd have to compete, and they can't stand it.

For the last 12 years or 15 years since Mr. Clinton tried to bring us health care, they have done nothing, not one single thing. They ran the House for 12

years. Not a single proposal, not a single time did they come out here with any way to deal with the people who don't have health insurance. And now we come with a public option and they say, Oh, God, wait, wait, folks, don't be afraid, we will get to it some day.

Now is the day.

THE DEMOCRATS' HEALTH REFORM PLAN: A TRILLION DOLLAR GOVERNMENT TAKEOVER OF OUR NATION'S HEALTH CARE INDUSTRY

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

Mr. COFFMAN of Colorado. Mr. Speaker, it is unconscionable that Democrat leaders have put forth legislation under the guise of health care reform that will result in the direct loss of 5 million jobs from crippling new pay-or-play taxes on small businesses.

Our economy is hurting, and Congress should be creating jobs. The Democrats' health care proposal will do the exact opposite. It will take away jobs.

The Democrats have chosen to try to fund a trillion dollar government takeover of our Nation's health care industry in the midst of the worst recession in half a century. Worse than that, they have chosen to make small businesses, long the lifeblood of our economy, bear the brunt of these costs.

The simple fact is that the Democrats' rhetoric is deceptive. It does not match the legislation they have proposed. They use words like "reform" and "choice," but all their plan does is tax and spend to fund new government mandates.

Mr. Speaker, my Democrat colleagues are presenting the American people with a false choice by comparing their proposal with the alternative of doing nothing.

We deserve better. We deserve real reform.

THE HEALTH CARE REFORM PLAN AND WHY WE NEED IT

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

Mr. MORAN of Virginia. Mr. Speaker, I can understand why our friends and colleagues on the other side were very much concerned over the cost estimate that the Congressional Budget Office came up with for this health insurance plan. But there are some things in the CBO report that we also need to be aware of.

First of all, over the next decade, there will actually be a \$6 billion surplus. So in terms of adding to the deficit, it doesn't. It actually adds a surplus. But they also estimate that only about 3 percent of Americans will actually choose the public option. So 97

percent of Americans will continue to be in their private plan. They also estimate that the amount of employer-provided coverage is going to increase. So this is hardly some kind of socialized government takeover of health care when 97 percent will continue to be insured by their own employer.

Now, the real reason why I think this needs to be done is that health insurance premiums have gone up by 3 fold in the past 9 years. And that is why we need health care reform.

□ 1245

WHERE ARE THE JOBS?

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

Mr. REHBERG. Last week, I joined my colleagues on this floor asking an important question: Where are the jobs? Well, I have found more than 1,300 of them shipped to South Africa and Russia.

General Motors, the company that took millions of tax dollars to save American jobs, recently canceled its contract for domestic palladium with the Stillwater Mine in Montana. Why? Because our environmental laws and regulations are higher, our wages are higher, and our safety laws make domestic palladium a little more expensive in the United States.

So GM, that is "government motors" these days, chose to buy its palladium from mines in South Africa and Russia, mines that pollute the environment and treat workers unfairly. Just this month, an accident in South Africa killed 61 miners.

The government owns GM and could prevent this, but the President's car czar sees no problem sending U.S. jobs to Russia. Maybe that is why he is called a czar.

BROKEN HEALTH INSURANCE SYSTEM NEEDS REFORM NOW

(Ms. GIFFORDS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GIFFORDS. Mr. Speaker, I rise today to address our single most important domestic issue that faces our country, reforming our broken health insurance program.

We spend too much, we receive too little, and we are left worrying that the insurance that we have won't be enough. Nationwide, premiums have doubled in the last 9 years, increasing three times faster than real wages.

Arizona's Eighth Congressional District is especially burdened. In 2008, we had over 950 personal bankruptcies due to health care problems.

We can't perpetuate the status quo. Arizonans need reform that protects us from being denied coverage based on a preexisting condition. We need reform that guarantees care if we lose our job or move. Arizonans need reform that

fosters competition and delivers us, the customer, the lowest cost and the best service. Arizonans need reform that puts the power back into the hands of patients and doctors.

Mr. Speaker, we can do this, and we must do this. If you like your plan, you should be able to keep it and your costs should go down and not up. There are savings to be had in our current system, and we must focus on squeezing out every drop.

TORT REFORM NEEDED TO PRODUCE HEALTH CARE SAVINGS

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

Mr. ROYCE. Mr. Speaker, tort reform would create tens of billions in health care savings. There is no reform of the insane cost and arbitrary rewards of our malpractice system in this bill, because lawyers on the other side won't allow that in the bill.

Instead, according to the Congressional Budget Office, we have the Democrat proposal, with its public option, which will increase costs in excess of \$1 trillion and will cover millions of individuals here illegally, which will drive additional illegal immigration and will drive future costs for health care in this country.

With the subsidized public option and existing businesses shifting out of their current plans into this subsidized public option, as many as 114 million individuals could lose their current insurance, leading to Federal bureaucrats, not patients and doctors, making important decisions about their treatment options.

I urge we revisit this proposal.

PROVIDING ADEQUATE HEALTH CARE

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

Mr. POLIS. Mr. Speaker, I rise today to talk about one of the most important reasons to pass Obama's health care plan, and that is the current discrimination that Americans with pre-existing conditions face.

Through no fault of their own, perhaps because of a genetic disability passed through by their parents or a childhood disease or a disease later in life, many Americans are uninsurable or only insurable at a very high rate.

That is fundamentally unfair. America is a fair country. We should only have to be responsible for actions that we undertake. Most Americans who suffer from preexisting conditions suffer those because of no fault of their own. It is not fair to make them or their employers pay more simply because of a preexisting condition. This could be you. This could be your son or daughter. This could be any of us who suffer from preexisting conditions.

What the Obama health care reform plan does is it pools the risk together

and prevents discrimination against those who, through no fault of their own, have a preexisting health care condition and ensures that they, too, have access to adequate health care.

HEALTH CARE REFORM WITHOUT GOVERNMENT CONTROL

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

Mr. CHAFFETZ. Mr. Speaker, the United States has the best health care in the world, but if you don't have insurance, you have that sinking pit in your stomach that is scary. It is very scary.

But I think I feel like most Americans. I want insurance that I can own. If I lose my job or move to another job or my job leaves me, I want to be able to make sure that I have something that is portable. I am willing to pay my fair share. I want to be able to be covered for catastrophic events.

But I also want to make sure that others pay their fair share. I want to find insurance, even if I have a pre-existing condition, and I want the freedom to choose the insurance that best fits our family's needs.

But, most of all, I don't want a Washington, DC, politician making decisions that should be made between my wife and our doctor. When our sons or daughters need help, I don't want somebody in Washington, DC, to deny it. If my mother or father needs help, I don't want to wait for a government bureaucrat to decide whether or not they are going to be cared for.

In other words, we must stop the government takeover of health care. We need reform, but we don't need more government.

PROVIDING QUALITY HEALTH CARE

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, I rise today because, for six decades, we have debated about how to fix health care reform, and now it is time to stop the debates, the denials and the deceit.

We have a uniquely American solution that includes a robust public plan that will lower costs, increase coverage and provide quality care. And for the American people, let's repeat that again: lower costs, increased coverage and provide quality care.

This is really just about what the insurance companies want to fight. Everybody watching the daily news, the evening news, knows that to be true, and the insurance companies will pull no stops to try to defeat health care reform, but we are not going to let them.

Premiums for Americans have doubled in 9 years, three times faster than wages. An American family pays an

extra \$1,100 a year in premiums. It is time for that to stop. Each day, 14,000 people lose health care, and today 60 percent of small business owners, their workers and families have no health care. That is 28 million Americans.

So we can create a plan here that eliminates copays, eliminates the high cost of deductibles for preventive care, caps out-of-pocket expenses and ends the discrimination against preexisting conditions.

WHERE ARE THE PROMISED JOBS?

(Mr. BROWN of South Carolina asked and was given permission to address the House for 1 minute.)

Mr. BROWN of South Carolina. Mr. Speaker, August will be 6 months since the signing of the administration's so-called stimulus plan. Since February, we have been waiting for the jobs that were promised with this bill. We have been waiting so long that my constituents in South Carolina are beginning to wonder if they will ever come.

The President insisted that to save or create up to 4 million jobs, Congress must support this stimulus. Unfortunately, today we continue to lose jobs and pass legislation that will further increase unemployment around the country.

We were told by experts in the administration that unemployment would peak at 8 percent, but, as we all know, national unemployment is now at 9.5 percent. In my home State of South Carolina, it is over 12 percent.

It is a shame that while my constituents are desperately waiting for jobs, the Democratic leadership has made job creation second after bigger government, more borrowing, and ever-increasing spending. They must join Republicans in making our number one priority getting America back to work. My constituents are getting tired of waiting. Where are the jobs?

HEALTH CARE REFORM URGENTLY NEEDED

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

Mr. GENE GREEN of Texas. Mr. Speaker, our country urgently needs health care reform. Health insurance premiums have more than doubled in 9 years, growing three times faster than our wages. The average American family pays an extra \$1,100 per year in premiums to support a broken system, and we still have 47 million people uninsured. Soaring costs have harmed competitiveness with American businesses in the global economy. I know in my own district, I had one company say they moved part of their production to the Netherlands because health care was cheaper in the Netherlands than it was in the United States.

For six decades America has tried to debate what we can do to fix this broken system. We have had 45 hours of bipartisan debate in three separate

House committees and 79 House hearings on health care reform in just over 2 years.

If you have Medicare or employer-based insurance, you shouldn't be affected. You will have real choice. You will have the freedom to choose your insurance. If you don't have employer-based insurance, then we need you to have an option, and today you don't have that option.

ACHIEVING MEANINGFUL HEALTH CARE REFORM

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

Mr. WITTMAN. Mr. Speaker, as I traveled throughout my district this past weekend, from Middlesex to Caroline to Fredericksburg, the one thing I heard from folks is they are deeply concerned about the health care reform package that we have before us.

They said, ROB, we see that there is a problem and we need to do something, but we need to do the right thing. We need to take the time to make sure that we craft solutions that control costs, that maintain the relationship between patients and their doctors, to make sure that we keep what is good and what works about this system and we work on those things that are broken.

I hear many ideas from both sides of the aisle that I think accomplish that, and I think it is high time for the majority to make sure that they incorporate ideas from the minority which I believe we have in common to make sure we come up with reasonable, practical, workable solutions for the American people to make sure that we have that access to quality health care reform here in the United States that I know we can achieve.

MAKING TOUGH DECISIONS ON HEALTH CARE

(Mrs. CAPPAS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPAS. Mr. Speaker, CBO projects that the public plan option would likely attract around 10 million patients. That certainly puts to rest the assertion that private insurance would go out of business.

Not surprisingly, the estimates that opponents of the public plan are citing to prove their mistaken point were arrived at by the Lewin Group. Guess who owns the Lewin Group? An insurance company.

I urge my colleagues to stop repeating the false message of the health insurance industry. The insurance industry opposes a public option because they know it would force them to be honest, to keep their premiums down for patients.

I urge my colleagues to pay attention to the facts, not the rhetoric, and I urge you to join me in reiterating our

strong commitment to true health reform. Let's pass a bill with a strong public option before we adjourn.

We were elected to make tough decisions and take important votes. We must fulfill this obligation.

ASKING FOR JOBS TODAY

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

Mr. LATTA. Mr. Speaker, America and Ohio are hurting. Ohio has an unemployment rate of 11.1 percent. My district, the Fifth District, is the number one manufacturing and number one agricultural district in the State of Ohio.

One of my counties, Williams, has an unemployment rate of 11.6 percent. I was up there this past weekend and the people were all asking me the same question: Where are the jobs? Where are the jobs? They want jobs today.

The President said this past year that with the stimulus bill, America wouldn't have an unemployment rate of 8 percent. Now it is 9.5 percent. Ohio is 11.1 percent. Since January, America has lost over 3 million jobs. Three million jobs.

This last month, the Democrats passed the cap-and-tax bill. It is estimated it is going to cost millions of American jobs. Millions. Now the Democrat House bill that is before us on health care could cost over 5 million jobs. Five million jobs.

My folks are scared, and they want to know where the jobs are.

Mr. Speaker, we ask for jobs today.

PROVIDING HEALTH CARE THAT AMERICANS NEED AND DESERVE

(Mrs. CHRISTENSEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CHRISTENSEN. Mr. Speaker, we Democrats have been explaining the health care bill, but our colleagues on the other side of the aisle seem not to have heard. The truth about our bill is that it does not create a government-run health care system. Instead, there is one public plan. Individuals and families can keep the plan they have, or they are free to choose—free to choose—the public plan or one of the private plans in the exchange.

As a doctor, I support the bill, and I want it passed out of Energy and Commerce this week because it gives family doctors like me the support we need to spend time listening to our patients and managing their care. It actually removes the barriers between doctors and their patients.

For those in this country who have never had full access to quality and comprehensive care, we welcome the bill, even though we know it will cost a lot to begin to close the health care gaps that our dysfunctional system has created. We cannot afford not to do it. Lives are at stake. There are enough

savings in this bill from prevention to help pay for it.

To everyone who is holding this bill hostage, please get out of the way and let us pass H.R. 3200 so that everyone in this country can have the health care they deserve and they need.

□ 1300

CALLING ON DEMOCRATS TO WORK ON A BIPARTISAN HEALTH CARE ALTERNATIVE

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

Mr. LANCE. Mr. Speaker, for the second time this month, nonpartisan congressional budget analysts have told Congress the Democratic health plan would increase, not decrease, our Nation's burgeoning long-term health costs. On Saturday the Congressional Budget Office said the proposal to give an independent panel the power to keep Medicare spending in check would, in reality, save almost no money. The bill's proponents had touted the panel as critical to pay for the massive \$1.5 trillion health care legislation. CBO's recent analysis comes on the heels of an earlier budget report, showing that the Democratic health care proposal would add to our already tremendously growing debt of \$11 trillion and rising.

I once again call upon the Democratic leadership to put aside its proposal and work with the centrist Republican Tuesday Group on an affordable and effective alternative that we have proposed in good faith.

ONE OF THE GREATEST BENEFITS FOR SMALL BUSINESS IS HEALTH CARE REFORM

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

Mr. YARMUTH. Mr. Speaker, one of the myths that's being perpetrated by those who are trying to stop health care reform is that this is going to be somehow dangerous to small businesses. Well, small businesses know what it is to feel the pain of the dysfunctional health care system. They know that 60 percent of their owners and workers and their families are uninsured. They know that their premiums have gone up 129 percent in just the last 9 years. They know that they pay 18 percent more in premiums and their deductibles are twice as much as somebody working for a large firm.

Our reform measure creates competition so that small businesses have the same bargaining power, the same opportunities as the largest companies in this country to provide health care for their families and their owners.

We also know that we're providing a tax credit to help those small businesses do what they want to do, which is to provide their employees with health care.

So forget the myths. Rely on the facts. This is one of the greatest benefits for small business that we could

possibly provide, helping them help their families and their employees provide stability in their health care situation.

WHERE ARE THE JOBS?

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

Mr. AUSTRIA. Mr. Speaker, as I travel across my district, whether I'm talking to our good farmers, small business owners or manufacturers, what they're asking me is, What are you doing to bring back jobs to Ohio? What are you doing to save jobs? What are you doing to turn this economy around?

Mr. Speaker, the stimulus bill certainly has not yet improved our economy. This chart next to me shows what the administration projected would happen with unemployment numbers as a result of the stimulus. And what's really happening, as you can see, the dark line is what would happen with the stimulus package; the light line without the stimulus package; and most importantly, this dotted line, which is what's really happening and that is skyrocketing unemployment.

In Ohio our unemployment rate has reached 11.1 percent in June, the highest it's been in decades; and this is unacceptable. Now if we don't do this health care reform package correctly, it could hurt small businesses and may cost jobs. We're going in the wrong direction.

Mr. Speaker, I ask you, Where are the jobs?

WE MUST PASS HEALTH CARE REFORM NOW

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

Mr. LEWIS of Georgia. Mr. Speaker, I rise today because we cannot wait another moment to pass health reform. We need health care, and we need it now. The American people cannot wait. Health care delayed is health care denied. It is our moral obligation to lead the way. Every day that we wait, 14,000 Americans lose their health insurance. People losing their health, their homes or their very lives because our health system does not work for them. This is not right. It is not just. It is not fair.

And we can do better. We can do much better. At the March on Washington 46 years ago, I said, "They tell us to wait. They tell us to be patient." We cannot wait. We cannot be patient. I say, today, we want health care reform, and we want it now. We must answer the call of history and pass health care reform, and pass it now.

100,000 SUPPORT HOUSE RESOLUTION 615

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

Mr. FLEMING. Mr. Speaker, a couple of weeks ago I launched House Resolution 615 that simply says that if you vote for a government-run system, you should be willing to sign up for it. So far I've had a number of Republicans sign up, but not one Democrat. Since launching H. Res. 615 that calls for Members of Congress to sign up for government health care if they vote for it, it has received tremendous grassroots response. We now have over 100,000 Americans who have signed up in support, and the signatures represent all 50 States with supporters of the bill adamant about its demand for accountability of congressional lawmakers to the people.

This message has resonated across America for one simple reason, and the people of this country are sick and tired of being the victims of bad laws while their elected Representatives are exempt from the same laws. It is obvious that nobody in Washington wants for themselves a bureaucrat standing between them and their doctor, nor an expensive, inefficient health care delivery system, and certainly not to be abandoned when thought to be too sick, too old or too expensive to care for.

So why should Americans? I ask that Americans continue to hold us accountable by signing up to support House Resolution 615 by going to my Web site at fleming.house.gov.

YOU CAN'T BEAT SOMETHING WITH NOTHING

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

Mr. INSLEE. Mr. Speaker, our current health care system—and it really is not a system—is not up to the standards of America. I want to address the issue of cost. Our wages have been going down a black hole of health care costs. Health care costs are rising two to three times faster than our wages. If we want to know why we're having trouble making ends meet, it's because our money is going into health care much faster than our wages are improving.

Now what does the other party have to solve this problem? Nothing. We are offering some suggestions on ways to have higher quality health care costs, reduce the cost, and reduce the rate of medical inflation. There is one principle that we ought to have on a bipartisan basis: you can't beat something with nothing. I am encouraging our Members across the aisle to join us to bring change to this system so we can restrain the rate on medical inflation and pass health care reform.

NO LOAN GUARANTEES TO CONSTRUCT THE AMERICAN CENTRIFUGE PROJECT IN PIKETON, OHIO

(Mrs. SCHMIDT asked and was given permission to address the House for 1

minute and to revise and extend her remarks.)

Mrs. SCHMIDT. Mr. Speaker, I rise today to ask a simple question: Where are the jobs? My constituents along with folks from all over Ohio and the Nation want to know where are the jobs. In my home State of Ohio, unemployment has risen to more than 11 percent. We have the seventh highest in the Nation. Every single county in my district has unemployment equal to or higher than the national average, and Pike and Adams Counties have above 15 percent.

Last night I was given even more devastating news: the Department of Energy has determined that it will not provide loan guarantees to construct the American Centrifuge Project in Piketon, Ohio. While campaigning last fall, then-candidate Obama pledged to support those loan guarantees. He wrote, "Under my administration, energy programs that promote safe and environmentally sound technologies and are domestically produced, such as the enrichment facility in Ohio, will have my full support. I will work with the Department of Energy to help make loan guarantees available for this." I guess that promise is equivalent to the promise to save or create 3 million jobs.

Mr. Speaker, I am asking you, Where are the jobs?

LET'S COME TOGETHER TO REFORM HEALTH CARE

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me tell you very clearly: Medicare in 1965 saved lives. Can you believe it has been six decades, 60 years, since we have been able to come together around the common goal of getting a public option with health care reform? Now six decades later, America has debated this broken system, but we're closer than we've ever been before, and the American people understand 83 percent, high numbers. They want a public health insurance option. They get it.

Premiums have doubled over 9 years. You ask yourself the question, Can I afford to pay \$1,800 a year more every year for a family of four? Health care reform will keep Americans from financial ruin. Go to the bankruptcy courts. Catastrophic illnesses have shoved Americans into these courts. They've lost all that they have. We have to stop it now. We want to leave doctors in charge of their patients and not the insurance companies, whose main opportunity is to say, N-O, no.

The American people get it. The public health insurance option, that is what we're doing; and we're doing it now.

DON'T DESTROY THE HEALTH CARE SYSTEM WHILE TRYING TO IMPROVE IT

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

Mr. BONNER. Mr. Speaker, last week one Republican after another asked a very simple yet relevant question to the House Democratic leadership: Where are the jobs that you and the President promised almost 6 months ago when you passed that gigantic \$787 billion stimulus bill?

You see, the answer to that question is important if the American people are to have any confidence in the Democrats, who not only run the House but are now in control of this entire city, when they boldly promise a new government Federal health plan costing \$1.6 trillion, financed by \$818 billion in new taxes on individuals and small businesses; and at the end of the day, all that new spending and all those new taxes are only going to just create more debt and more concern.

Mr. Speaker, the American people know better; and they have genuine concern about what they're seeing come out of their Federal Government. Republicans know our health care system needs repair. We just don't want to see it destroyed all in the name of making it better.

TRANSPORTATION SPENDING WILL CREATE JOBS

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

Mr. ARCURI. Mr. Speaker, we certainly can appreciate the passion on both sides of the aisle with respect to health care. This House has not debated a bill of this importance in many years. But one thing that we can't forget is that we need to continue to focus on transportation. We have before us right now a surface transportation authorization bill that must be reauthorized by the House of Representatives. We have bridges that are collapsing throughout the country. We have roads that are deteriorating. I hear my colleague from the other side of the aisle say, Where are the jobs? The jobs are out there now from the stimulus bill where money was given to the States, and they're repairing the roads, and they're fixing the bridges. We need to continue that.

There is no better way to create jobs and no better way to keep our infrastructure the best in the world than to spend money through transportation. I strongly urge my colleagues to continue to work on reauthorization of the surface transportation bill.

FREEDOM OF SPEECH SHOULD APPLY TO ALL MEMBERS OF CONGRESS

(Mr. SAM JOHNSON of Texas asked and was given permission to address

the House for 1 minute and to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Mr. Speaker, I stand in support of freedom of speech. Democrats are telling Republicans that we are no longer allowed to use the words "government-run health care" in communication with our constituents. Yes, that's correct. Republicans will be forced to use only Democrat-approved language when describing their attempted government takeover of health care to our constituents, or else.

Democrats told Republicans that if we do not use the words Democrats give us to describe their health care reform bill, then Members will have to pay the postage personally. Apparently, the Democrats feel they can control what the public thinks about their bill by dictating how we talk about it. I know America is smarter than that.

Call the Speaker at 202-224-3121 if you think this censorship should stop. The last time I checked, this was still America where freedom of speech is our hallmark.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

PUBLIC HEALTH CARE WILL COMPETE WITH PRIVATE PLANS

(Ms. DEGETTE asked and was given permission to address the House for 1 minute.)

Ms. DEGETTE. Mr. Speaker, anybody who says that we don't need to reform our health care system is ignoring the fact that we have the most expensive health care system in the world, but we have some of the worst results among industrialized nations.

We have one of the worst results in maternal and child safety. We have one of the worst results in infant mortality. Yet at the same time, our costs continue to go up. Health care premiums doubled in 9 years, growing faster than wages. Health care costs are the leading cause of bankruptcy in the United States right now; and in the next 10 years, \$1 out of every \$5 will be spent on health care.

The bill that we are looking at in Energy and Commerce is a good bill. It allows people who like their health plans to keep them; but it also puts forward a public option that will compete with those plans, not government-run health care but it takes the insurance companies' profit margin out of it and makes them compete on behalf of the American people. We need to pass health care now.

REPUBLICANS PROPOSE A BETTER HEALTH PLAN

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

Mr. McCLINTOCK. Mr. Speaker, in order to support the Democrats' health care plan we are asked to accept three arguments that are fundamentally absurd. First, that the same government that pioneered \$400 hammers and \$600 toilet seats is somehow going to control our health care costs. Second, that the same government that runs FEMA is going to make our health care system more efficient and responsive. And third, that the same government that runs the IRS is going to make our health care more compassionate and understanding. Frankly, I doubt it.

Instead of putting government in charge of our health care decisions, let's put patients back in charge. We can do that by using tax credits to bring within the reach of every family a basic health plan that they can choose, that they can own, and that they can change if it fails to meet their needs. That is what the Republicans are proposing, and it is a much better way.

WILL WE ACT OR WILL WE NOT?

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

Mr. BOCCIERI. Mr. Speaker, a fine Republican President, Teddy Roosevelt, said, "The worst thing you can do in a moment of decision is nothing." And we are charged with measures of action or inaction. That is why the American Recovery and Reinvestment Act was about investing in our people, in our country, in our roads, our bridges, our schools, and they are already starting to show the difference.

I see signs all over my district saying "This job was created by the American Recovery and Reinvestment Act." And I must say that we have sent billions of dollars overseas to build brand new Iraqi roads, Iraqi schools and Iraqi buildings, but it is time to invest in our people.

Will we put America back to work? Will we delay or make a difference? Will we lead or will we block? Will we invest in our country, in our people, our way of life, or we will send that money overseas? We have the decision. Will we act or will we not?

OPPOSING GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. SMITH of Nebraska. Mr. Speaker, I heard from a small agribusiness owner in my district. His business is growing, and he actually wants to hire new employees. However, he is concerned the new mandates and taxes imposed on him as an employer by the government's takeover of health care would mean he wouldn't be able to create new positions. He is not the only small business owner concerned about

the economic well-being of our country.

Mr. Speaker, we have already passed a massive bill we called a stimulus, but which failed to create jobs, and a cap-and-trade bill which will cost us at least 2.5 million jobs. While every Member of this body wants to ensure Americans have access to affordable health care, it is vital we oppose a government takeover which destroys the ability to create jobs. Let's not kill jobs before small businesses even create them.

THE TIME FOR ACTION HAS COME

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

Mr. PAYNE. Mr. Speaker, the American people voted for change last November. My New Jersey constituents voted for change. Now we have a historic opportunity to bring about change as we deal with one of the Nation's most daunting challenges, the need for health care reform for over 46 million uninsured men, women and children throughout our Nation. In addition, we need to help working people and middle class people who in many cases have to pay huge out-of-pocket expenses or have been dropped when facing serious medical conditions.

This debate has been going on for six decades, and the time for action has come. Here in the House of Representatives we have already held 79 hearings on health insurance reform in just over 2 years. We cannot put this problem off indefinitely.

I urge those who stand in the way of progress to either step aside or to join us in coming up with a solution to help mend a broken system.

JOIN THE REPUBLICAN PLAN

(Mrs. LUMMIS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. LUMMIS. Mr. Speaker, the President of the United States has said that if you like your health care plan, you can keep it. But that is simply not the case.

I was in Wyoming over the weekend in my home district, and I talked to small business people who have health insurance, who have calculated what will happen if the Democrats' plan takes effect. And if it takes effect, they will be able to pay the 8 percent penalty in the bill and shift their employees onto the government plan and save money. It will cost them less money to take their private insurance, jettison it, take their employees off it, pay the 8 percent penalty, and put them on the government plan. The government plan will be less comprehensive, and their employees will suffer.

Mr. Speaker, this is not health care reform. I ask you to join the Republicans with a plan that will address af-

fordability, portability, and accessibility in a way that will not cost the taxpayers trillions of dollars.

DEMOCRATIC PLAN: CHOICE, AFFORDABILITY, LOWER COST AND LOWER TAXES

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

Mr. WEINER. Ladies and gentlemen, you are going to hear a lot of people that are opposed to the Democratic plan to reform health care, and a lot of them are on this side of the House of Representatives. Why? They already have health care. They've got a pretty good plan, like all other Federal employees. They have choice already.

If you want to make a phone call, Mr. Speaker, dial 202-224-3121 and ask for your Congressman and say, Will you give up your health plan? You've got choice already. And some of them are old enough to have Medicare, which is, that's right, a government-run plan. Are you prepared to give up that? I don't believe that they are.

The fact of the matter is that some in the Republic Party don't want these problems fixed because they are already doing just fine. They've got choice, they've got the Federal plan—that I have, by the way—they have Medicare, a government-run plan, and the rest of the country can be damned.

Well, we in the Democratic Party are saying something else. We want the American people to get at least as good as my friends in the Republic Party have. We want at least the benefits that we have here in Congress—choice, affordability, lower cost and lower taxes for all Americans. That is the Democratic plan.

IT KIND OF MAKES YOU WONDER, DOESN'T IT?

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

Mr. KLINE of Minnesota. Mr. Speaker, as we all know here today, the Democrat leadership in this House is bringing forth a health care reform bill with a public option for the stated purpose of instituting competition with the private sector and making the private sector insurance business better. At the same time, they are bringing forward legislation to reform student lending.

Today, there is a private option preferred by 80 percent of the colleges and universities in this country and a public option, where the government takes over the student lending business. The legislation that we are going to bring up perhaps this week in this House eliminates the private option and leaves only the public option. It kind of makes you wonder, doesn't it, about the designs on the future of the public option in health care?

IT IS TIME TO ACT NOW FOR THE AMERICAN PEOPLE

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

Mr. LUJÁN. Mr. Speaker, we come here today and we continue to hear this important debate as it surrounds health care. Well, I hope that there is not any disagreement that the health care system we have today is broken.

We continue to hear from our friends on the other side of the aisle that we need to contain costs, that we need to extend coverage, that we need to be looking after people. Well, we have a plan, Mr. Speaker. We have a plan on this side of the aisle with our Democrats that has come forward that will say to insurance companies, No more taking away health care from those that are sick—that can happen today. No more keeping insurance from those that are sick today because they have something called a preexisting condition.

As I travel across the district, across the great State of New Mexico, and we get to hear from people, you look them in the eye and they tell you they're sick, they tell you that they can't afford their health coverage, they tell you that they lost their job. And where do they go today? What about their kids?

Well, it is time that we look those people in the eye, those people that have entrusted us to do a good job on their behalf, and tell them that we're here to act for them, that we are going to fight for that public option, we are going to fight to give them choice. We are going to help keep those health care costs down. It is time to act now for the American people.

HEALTH CARE PLAN OUGHT TO FIRST DO NO HARM

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

Mr. CONAWAY. Mr. Speaker, there is no one on our side of the aisle who would argue that we have necessary reforms for this medical health care system that we all enjoy and we are mostly all alive because of. The comments to the contrary that this is totally broken, totally unworkable, as you know, are hyperbole, simply done to try to set a riot, I suspect.

4.7 million jobs are estimated to be lost by this health care plan. That is a big number. But four or five of those jobs are at a long-term health care plan company in Llano, Texas.

Steven Lange sent me an e-mail that says if he is required to put this 8 percent tax on his business, because it is a low-margin business, because he gets Medicare reimbursement for 90 percent of his revenues, he will be unable to pass that 8 percent increase for the cost of doing business along to his major customer, i.e., the Federal taxpayer. Because of that, he will have to cut his employee base.

His employees take care of the most vulnerable, frail, and least capable people in our society, folks at the end of life, and cutting the service to them should be not something that we ought to do. Physicians in the group say “first do no harm.” I would argue that this health care plan ought to do the same thing.

HEALTH CARE BILL IS GOOD FOR YOU IF YOU'RE OVER 65

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

Mr. GRAYSON. Think about what this health care bill will do for you if you are over 65 years old, or if you love somebody who is over 65 years old. If you are over 65, or you love someone who is over 65, a mother or father, then take a minute to think about that.

Here is what it will do for you: First of all, it will dramatically reduce—and in most cases eliminate—copayments for you. That's right, for you. Because the Democrats understand that a \$10 or \$20 or \$50 copayment, that is a lot of money for you. And if it keeps you from going to the doctor when you need to get help, when you need medical care, that's a shame, it shouldn't happen. So this bill takes care of that.

The second thing that the bill does for you is that it eliminates the doughnut hole, that's right, the doughnut hole that torments people into choosing between paying for their rent or paying for the medicine that they need to stay alive. That will no longer be true. The doughnut hole is eliminated.

This bill is good for you if you are 65 or over; it is good for your mother or your father if you're not. That matters a lot because the Democrats care about you.

JOBS, JOBS, JOBS, JOBS: TAKE 2

(Mr. MARIO DIAZ-BALART of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, the administration and this Congress spent over \$1 trillion on a so-called stimulus bill, and they laid down a benchmark for what would constitute success. They did it. And according to their own benchmark, that was that unemployment would be capped at 8 percent, and that there would be an immediate creation of 3.5 million jobs.

So where are those 3.5 million jobs that we were promised? Not only have they not been created, an additional 2 million jobs or more have been lost since that bill was passed. And unemployment wasn't capped at 8 percent, it is over 9.5 percent. Again, their own numbers. So, what has been the response to this obvious dismal failure? More of the same, unfortunately; more borrowing, more spending of your hard-earned money.

Now, their health care bill will cost Americans an additional \$1.2 trillion, additionally, cut Medicare for senior citizens by hundreds of billions of dollars—that's in the bill—and will result in the loss of an additional 4.7 million jobs.

You know, again, common sense; it's time to stop wasting taxpayers' money, stop irresponsible borrowing. It's time to focus on jobs creation.

HEALTH CARE EFFECT ON SMALL BUSINESS

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

Mr. HALL of New York. Mr. Speaker, skyrocketing private health insurance costs are already crippling small businesses. Last week, I sat down with one of my constituents to hear about her situation. Kristine Effaldana is a small business owner and employs nine workers at her company. She has been paying the full cost of premiums for her employees because she knows how important health insurance is.

Unfortunately, Kristine recently got a call from her broker saying the premiums for covering her nine employees are going up 20 percent in August. Now Kristine is forced to pass on part of that cost to her employees, hire fewer employees, or stop offering them health care altogether. That is the status quo we're dealing with, and it is unacceptable.

We must do more to help small business owners who are trying to do the right thing by providing for their employees. Congress must pass comprehensive health reform to ease their burden.

□ 1330

A MISGUIDED HEALTH CARE EXPERIMENT

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

Mr. BILIRAKIS. Mr. Speaker, I rise today to strongly oppose efforts by the majority to rush through this Chamber a misguided health care experiment that will cost jobs and put the government in charge of health care. The Democrats' bill will tax small businesses, raise already sky-high unemployment in my State, and cut health care for seniors to pay for government-run health care. This will limit consumer choices, lower quality, increase wait times and imperil the doctor-patient relationship by empowering Federal bureaucrats to make health care decisions. The trillion-and-a-half pricetag will increase the already crushing debt some in Congress have been piling on our children and grandchildren over my objections.

The best way to help expand health coverage to the uninsured is to make

health care more affordable. Two of the easiest and most effective ways to do that would be to encourage preventive care and enact medical liability reform. I urge my colleagues to reject this government takeover of health care.

AMERICA'S RECOVERY

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

Mr. TONKO. Mr. Speaker, many commissions who have advised Congress advise that the unemployment rate would continue to climb even after the American Recovery and Reinvestment Act were approved, simply because neglect and measures that put us into a deep hole where an administration spent down a surplus into a deep deficit was going to take a while to recover from. And so now with the investments made through that Recovery Act, I am very hopeful that in my district we will get good news, as GE, which is corporately headquartered in my district, has made application for some of the DOE moneys.

Because of accountability and transparency, the President is right to make certain that all of these moneys being released are greatly accounted for. Battery investment, battery advance manufacturing in battery worlds, will allow for a diversity of battery manufacturing that will allow us not only to have these batteries used for energy generation purposes, but for actually providing for the resources for transportation fleets, both large and small, and certainly working on investments that will restore intermittent energy supplies.

COMPROMISE ON HEALTH CARE REFORM

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

Mr. ROE of Tennessee. Mr. Speaker, the Democratic leadership is reportedly trying to find a compromise on health care reform. The only problem is they're compromising with themselves rather than with Republicans. Democrats have been trying to blame their failure to find broad consensus on health care reform on Republicans, but this ignores the facts. The facts are three committees and the House Democratic leadership sat down and drafted a bill with no Republican input. These same Democratic leaders have then made changes to the bill based on concerns raised by other Democrats. Now, Democratic leaders are continuing their negotiation with a different group of Democrats in an attempt to secure 218 votes in their own caucus.

Since Republicans aren't invited to these negotiations, here's some free advice from the House floor: If you're having this much trouble getting the majority of your conference to support

your bill, then you're going to have an even bigger problem with the American people, particularly when they find out that this bill undercuts the President's promise to allow them to continue their health care if they like it.

Republicans have many ideas on how to reform health care and make insurance more affordable for small businesses and families and reduce costs across the system. Let's scrap this partisan plan and start over with what we all agree on and get health care right for the American people.

SMALL BUSINESSES ARE DROWNING UNDER THE RISING COSTS OF HEALTH CARE

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, it's interesting what I'm listening to. This sounds like 15 years ago when President Clinton tried to reform the health care system. This time we must do it. The increase just for small businesses to cover their employees has gone up 129 percent since the year 2000. Workers pay more. Small business workers pay an average of 18 percent more in premiums. How far does this have to go before we have the common sense to change it?

If anybody disagrees with the bill, read it. That's the first thing we must do. Read the bill. I have read the bill. It's a good bill. It's so unfortunate that the influence on this House is coming from insurance companies who have been in control of health care for the last 30 years. We must change that. They've given out \$100 million around here. We must change it. The people need this health care reform right now.

READ THE HEALTH CARE BILL

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

Mr. MCKEON. Mr. Speaker, the Democratic leadership has been demanding that we pass health care reform this week. That's very, very important, even though the bill doesn't take effect for 5 years. This is the bill. My constituents have been asking me to read the bill and I've been working on it. We now have three iterations of this bill. I would like to advise my senior friends at home to read it. Let me tell you, page 331, read about Medicare Advantage reforms and how they're going to take \$168 billion out of Medicare Advantage to help pay for some other people. Read a little bit on page 425, 424, start reading about how they're going to have you, at 65, go in and have a planning session with a health care consultant on how you're going to die. Please, read the bill.

HEALTH CARE IS A RIGHT, NOT A PRIVILEGE

(Ms. LEE of California asked and was given permission to address the House for 1 minute.)

Ms. LEE of California. Mr. Speaker, 47 million uninsured in the wealthiest and the most powerful country in the world is unconscionable. Health care should not be a privilege, which is what it is right now; it should be a right. The average American pays an extra \$1,100 a year in premiums to support a broken system. Premiums have doubled in 9 years, growing three times faster than wages. Our health care reform plan does not, mind you, it does not call for a government takeover. We intend to lower cost, have no more copays or deductibles for preventive care, and an annual cap on out-of-pocket expenses. If you like your doctor or your plan you can keep it. And yes, a real robust public option keeps health care costs down for those who choose private insurance.

It's time to take the profit-making insurance industry out of making health care decisions. Medical decisions should be made between a patient and a doctor. Medical decisions should not be made based on who profits. Profit motives and making health decisions will not provide for affordable health care for every man, woman and child.

RUSSIAN ROULETTE

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

Mr. HUNTER. Mr. Speaker, I rise today to ask why the Obama administration and the liberal Democrats in this Congress are playing Russian roulette with the welfare of the American people. This administration and the Democrats in this Congress seem not to care about jobs but put all of their time into spending as much as possible in as little amount of time as possible. Cap-and-trade, or the national energy tax passed by Democrats last month is the equivalent of a \$3,000 annual tax on every single American family. And it's estimated that over 2.3 million jobs are going to be lost because of it.

And the liberal health care gamble, it's not even Russian roulette when it comes to government-run health care. It's like jumping off a 20-story building and thinking it's not going to kill you. The Democratic health care is economic suicide. The health care bill would impose a 5.4 percent surtax on 1.2 million small businesses, and it's going to increase the Federal deficit by \$239 billion over 10 years, and most devastating, it's going to kill up to 4.7 million jobs because of the burdens it places on small business.

If you want to get every American health care, then get every American back to work. America runs on jobs and small business. Less government, more Americanism. That's what will save this country.

WHAT'S MORE IMPORTANT, DOLLARS AND CENTS OR LIFE?

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

Mr. JOHNSON of Georgia. Mr. Speaker, there are some Republicans and some Blue Dog Democrats who care more about protecting the profits of insurance companies than they do about bringing health care reform to the Nation. Health care premiums have doubled in 9 years and are growing at three times the rate of wages. Meanwhile, 46 million people remain uninsured, and they can't see a doctor to take care of their chronic condition like breast cancer, like diabetes. So what's more important? Dollars and cents or life? I am pro-life, and that's why I support health care reform.

HEALTH CARE THAT DOESN'T KILL JOBS

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, I agree with my colleague. I'm pro-life too. That's why I oppose the Democrat health plan. Mr. Speaker, in the midst of a major recession, the House is considering health care legislation that will place new punitive taxes on small businesses. We need job creation, not job destruction. And small businesses are our best hope for emerging from this economic downturn, but not if we tax them out of their job-creating potential. I've heard from scores of small business owners in North Carolina who are struggling to keep their businesses running, and who want nothing to do with the taxes and burdensome government mandates in the House health care legislation.

Mr. Speaker, we need health care reform in America. I support reform that puts patients first and that won't destroy small businesses. Republicans have a better solution that won't put the government in charge of people's health care, that will make sure we bring down the cost of health care for all Americans, and that ensures affordable access for all Americans and is pro-life because it will not put seniors in a position of being put to death by their government.

THE RECOVERY ACT IS GOOD FOR NEVADA

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Mr. Speaker, families in southern Nevada have been hit hard during this economic recession. Unemployment is at a 25-year high and our tourism industry has struggled as the national economy has slowed. But already, the economic recovery package that Congress passed is beginning to

provide assistance to 95 percent of Nevadans in the form of tax cuts.

Over the past few months, the Making Work Pay tax credit has put extra money in the pocket of workers. Nevada has already received more than \$75 million to extend unemployment benefits for those struggling to find work. Seniors and veterans have received a \$250 recovery payment, and schools in Nevada got \$340 million to keep teachers from being laid off and to develop programs. Funding through the recovery package has also helped Nevada's efforts to create a clean energy economy. Just yesterday, \$13.8 million was announced from the Department of Energy to help fund energy initiatives that will lead us to the next steps to creating clean energy jobs. Clearly the Recovery Act has helped the people in Nevada.

WHERE ARE THE JOBS?

(Mr. LEE of New York asked and was given permission to address the House for 1 minute.)

Mr. LEE of New York. For months now my constituents in western New York have been asking, where are the jobs? Well, take a look around. Are they in the recently passed national energy tax that devoted more than 50 of its 1,300 pages to lightbulb regulation and just two paragraphs on carbon-free nuclear energy? Or are they in the thousand-page, government-sponsored health care proposal without so much as a mention for malpractice liability reform to dramatically reduce premiums on struggling Americans? Or maybe they're in the recently passed \$700 million welfare program for wild horses.

The majority has shown it doesn't know how to create new jobs, outside of those for new Federal bureaucrats, but it certainly knows how to create new burdens for our children and grandchildren. This week alone, our Treasury is set to sell off a record \$205 billion in debt. Let's start working together to implement responsible solutions to the serious challenges facing our Nation.

□ 1345

WHO DO YOU TRUST MORE, POLITICIANS OR DOCTORS?

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

Mr. JORDAN of Ohio. Mr. Speaker, last week at the President's press conference, the American people got a firsthand glimpse of the attitude they can expect if, in fact, there is a Federal takeover of health care.

When the President made this incredible statement, when he said in that press conference that some doctors will take out a child's tonsils not because it's in the best interest of that patient but because they make more money, it makes you think about this:

If you go out and talk to any 100 people across this country and ask them the question, "Who do you trust more, politicians or your doctors?" my guess is 100 percent of them would say their doctors. Yet the President made that statement.

What we need in this health care debate and what we need in health care reform is a model that says that you and your family and your doctor will make your health care decisions, not some Federal board in Washington that thinks they're all-knowing.

WHERE ARE THE JOBS?

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

Mr. GOODLATTE. Mr. Speaker, where are the jobs?

They're certainly not in the so-called "stimulus package" that passed this Congress and that hasn't created any jobs. In fact, we've lost millions of jobs since that package passed. They are certainly not in the cap-and-tax legislation that passed this Congress 6 weeks ago. That legislation will cost millions of American jobs. Mr. Speaker, they most certainly are not in this so-called "health care bill" that the Democrats are offering today, which will cost an estimated 4.7 million jobs as employers find they can't pay the taxes being imposed upon them and as we see those jobs going overseas to countries where they can afford to do business.

This is not the right way to preserve the choice for the American people in their health care. This is not the right way to make sure that our health care in this country is available to the many, many hundreds of millions of people who receive it today. We need to reform our health care system with legislation that deals with medical malpractice reform, with association health plans, with things that cut down on the cost before we address this massive tax increase.

ASSUMING NO RESPONSIBILITY

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, in the debate that we've had over health care, we Republicans have attempted to try and communicate our concerns to the American people. We have developed a simple chart that explains the bureaucratic morass that will exist between you, the individual—the patient—and your doctor, but we've been told we can't send this out because the majority party objects to it.

First of all, they said they didn't know whether it was true. Secondly, they said we didn't somehow substantiate everything. Thirdly, they don't like "House Democrats' health plan"

here. So they suggested that maybe we should put on some sort of disclaimer, so I've come up with a disclaimer. We've tried to figure out what will work:

"The Democratic Party assumes no responsibility for providing this information to the American people." Maybe they don't like that. "The majority party assumes no responsibility for providing this information to the American people." "The House Democrats assume no responsibility." Finally, maybe this is what we ought to put up here, Mr. Speaker: "The President and the House Democrats assume no responsibility for providing this information to the American people because they know, if the American people knew this is what would happen to them and that this is what would be put between them and their doctors, they wouldn't support it."

HEALTH CARE REFORM

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

Mr. SCHAUER. Mr. Speaker, while we can argue over the details of health care reform legislation, we know one thing for sure: Costs are guaranteed to increase if we do nothing. The status quo is unsustainable and unacceptable. Unfair trade deals and skyrocketing health care costs have devastated manufacturing in my State of Michigan over the past decade.

Last month, in my district, I heard from a small manufacturer at a health care forum in Tecumseh, Michigan. Karalyn Roesch told me that her manufacturing firm employs seven people in Lenawee County and that it covers 100 percent of her employees' health care insurance costs.

She said, "We are trying to do the right thing for our employees. Yet we have to compete with those who provide little or no health care."

She said that a quality, affordable health care system that covered every American would not only provide needed care for the uninsured but that it would also help level the playing field for small business owners like her.

It's time to put partisan politics aside on this issue and put companies like Roesch Manufacturing first. We need a uniquely American health care system that costs less and that covers more to help small businesses compete in our global economy.

A GOVERNMENT TAKEOVER IS NOT THE SOLUTION

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

Mr. WALDEN. Mr. Speaker, I was a small business owner for 21 years. There is no question that it's time to reform the health care system, but a government takeover is not the solution. Putting a government bureaucrat

between your family and your doctor is not the solution, and losing the health plan you have today is not a solution. Yet the Democrats' bill would do just that. It puts a bureaucrat between you and your doctor. It doesn't have real reform. According to independent analysis, two out of three Americans won't be able to keep their plans, and it does nothing to bring down the costs. In fact, it drives up the deficit by over \$239 billion.

Meanwhile, if you're out in places like Oregon, rural Oregon, the CEO of Asante Health System, Roy Vinyard, in southern Oregon, said the government option under the Democrats' plan would be the death knell for hospitals since it pays Medicare rates. Currently, Medicare only pays 76 percent of their hospital's costs, and yet 52 percent of their patients are on Medicare. If the percentage of Medicare-like payments increases to 75 percent of their patients, the hospital will have to close its doors.

So that plan does nothing to rein in costs. It does nothing to keep the doors open. We need to reform health care, but let's do it in a way that puts patients first and that doesn't destroy small business.

SHOW US THE BILL

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

Mr. BROUN of Georgia. Mr. Speaker, when it comes to passing a health care bill, leadership insists "this will happen." Speaker PELOSI claims to have the votes to get it passed on this floor.

If that's true, Madam Speaker, then show us the bill. If the rhetoric coming from the Democrats is true and if they're planning to steamroll a \$1 trillion health care experiment through this body before August, let's see it. Let's debate it. Let's let the Americans see it.

The American people deserve to see a bill with plenty of time for an open and honest debate about exactly what is in store for them if this partisan experiment is passed. The American people have seen enough smoke and mirrors about the Washington bureaucrat who will be inserted directly between patients and physicians. They've seen enough smoke and mirrors about how many people will be forced off of their current health care plans. They've seen enough smoke and mirrors about the real cost of this plan. If you have the votes, then clear out the smoke. Show us the bill, and finally give hard-working Americans answers to their questions.

Show us the bill, Madam Speaker.

THE AMERICAN RECOVERY AND REINVESTMENT ACT

(Mrs. HALVORSON asked and was given permission to address the House for 1 minute.)

Mrs. HALVORSON. Mr. Speaker, this Congress is responsible for putting in place one of the largest tax cuts in American history as part of the American Recovery and Reinvestment Act.

We can see this benefit of the plan throughout all communities in our country. Because of this legislation, 95 percent of working Americans are receiving tax cuts through the Making Work Pay tax credit, which is a refundable tax credit of up to \$400 per worker and up to \$800 for couples filing jointly. This is an immediate tax relief for over 110 million working families at exactly the time they need it. Because of this legislation, families can also find tax relief through an expansion of the child care tax credit and through a new \$2,500 tax credit for families to help send more of our children to college.

In addition to this tax relief, the recovery plan has provided tens of millions of dollars of investment for improvement projects, like the improvements that have been made to infrastructure and to roads throughout our country.

WHO IS GOING TO PROVIDE THE HEALTH CARE?

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

Mr. AKIN. Mr. Speaker, the Democrats are proposing that they're going to take over 20 percent of our economy. They're proposing they're going to spend at least \$1 trillion, probably \$2 trillion, in doing that, and they're going to put bureaucrats in charge of health care decisions. Now, this is not really a new idea. This has been tried a lot by other countries. It's called socialized medicine. So the question before us is very straightforward. It is this:

If you get sick, where do you want to be treated? Do you want to travel to Europe? Do you want to travel to Canada or do you want to stay in the good, old USA?

I had that experience 9 years ago here. I had newly been elected as a Congressman. I got the first physical I'd had in 10 years because I'd had lousy health care. They told me, Yeah, you're doing great, Congressman AKIN, except for one thing: You have cancer.

When you hear the word "cancer," it causes you to stop and think. Because of the American health care system, I'm standing here today, but I'll tell you the statistics of what would happen if you were in the United Kingdom. There is a 50 percent chance you'd be dead with the type of cancer I had. That's the question: Who is going to provide the health care?

LET'S GET THE AMERICAN PEOPLE WORKING AGAIN

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

Mr. GUTHRIE. Mr. Speaker, I am here today to talk about what I mentioned this last week.

Back in the 1982 recession, in my State of Kentucky, we had unemployment rates at the level of over 11 percent. My father lost his job. He was one of those who'd worked for Ford Motor Company, and they closed the plant. Because of what happened in this House back in 1982, that being cutting taxes, cutting spending and putting faith in the American people, my father went from one who had lost his job to one who was starting a business and was becoming a job creator.

What has this House done, this Democratic majority, in the last 6 months? They've made it easier to sue businesses; they've raised energy rates on businesses if it has passed the Senate; also, they've put mandates on businesses for health care coverage; and they've instituted an 8 percent payroll tax.

I believe we need to cut taxes, cut spending, put faith in the American people, create jobs, and get people working again.

THE SYSTEM IS WORKING

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

Mr. BARTON of Texas. Mr. Speaker, I have news for the American public. The system is working. The Congress is working. The Energy and Commerce Committee is working. The reason that the Speaker and the President can't get their health care bill through is that there is not consensus on it.

I want to congratulate the other 22 Republicans on the Energy and Commerce Committee who are united against this bad piece of legislation. I want to also congratulate the 7 to 10 Blue Dog Democrats and conservative Democrats on the same committee.

The reason we're not supportive of the President and the Speaker's plan is that it's bad for America. It doesn't solve the problem. It costs too much. It has got too much bureaucracy. The word "shall" is mentioned almost 2,000 times. It's a \$1 trillion hit on the economy, and it doesn't solve the problem.

We, the Republicans on the committee, have over 80 amendments that we wish to offer. Our Blue Dog friends have over 20. I asked the Speaker and Chairman WAXMAN to bring the bill up for markup. Let it be an open and transparent markup. If it takes us until September or October to get it done right, it's better to get it done right than to do it badly. The system is working.

HEALTH CARE REFORM

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

Mr. LOEBSACK. Mr. Speaker, I am proud to be part of an effort to improve

health care in this country. I have heard from countless Iowans about the need to change the current system. I have also heard from Iowans that we need true reform.

Just today, the University of Iowa, the Iowa Health Care Collaborative, and the Concord Coalition sent me a letter. They stated, "We believe that the primary focus for all policymakers should be improving the value in health care." I agree.

Last week, the Iowa Democratic delegation, along with many others, reached a compromise with leadership that improves the value in health care. I want to thank leadership and their staff for their work. The compromise will provide a significant cost savings, and it will fix a broken Medicare payment system so that we are rewarding quality of care and not quantity. Iowa has been a leader in quality care, and I am glad that Iowa and other high-quality, low-cost regions will be rewarded for doing what is right for patients.

HEALTH CARE

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

Mr. MILLER of Florida. Mr. Speaker, over the last few weeks, my office has been flooded with letters, faxes, phone calls, and e-mails from all types of citizens throughout northwest Florida. The messages all say the same thing: stop the government takeover of our health care system.

Now, the majority party's proposed legislation costs over \$1 trillion. It would increase the deficit by \$240 billion. It would actually raise the cost of health care for an American family.

Mr. Speaker, this is not the way to reform the American health care system. Americans want more choices for health care, not fewer choices. They want to choose the doctors they see and when they want to see them, and they don't want their medical decisions made by a faceless bureaucrat here in Washington, D.C. Floridians are not willing to have their health care rationed, and they do not want the government takeover of health care that the majority in Congress is proposing.

□ 1400

HEALTH CARE PURCHASING EXCHANGE

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

Mr. COURTNEY. Mr. Speaker, when a Member of Congress is sworn into office, you get a pin, you get a voting card, and you get access to a health care purchasing exchange that's operated by the Federal employees health plan. Every Member of Congress has the ability to buy into or to choose a plan through the Federal employee

health plan which, when you boil down the health care reform bill that has passed the Ways and Means Committee and the Education Committee, is exactly what is going to be before this House.

For example, the minority leader from Ohio has, as a Member of Congress, the opportunity to choose 13 different plans under the Federal employee health plan. That's what the Obama health care proposal plans to do for all Americans. So when the time comes for the vote, ask your Member of Congress whether they're prepared to give to the people of America exactly what the people of America give to Congress, and that vote should be "yes."

TIME FOR WASHINGTON TO GET OUT OF THE WAY

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

Mr. DENT. Mr. Speaker, the issue this week is health care and jobs, jobs, jobs. You know, a friend of mine who employs many people in my district, and he also provides very good health benefits, said to me recently that the policy proposals coming out of Washington are impeding job creation and scaring people. He's right. And there are five issues that are driving his concern:

First, a stimulus bill that spends too much, borrows too much and delivers too few jobs; two, a budget that doubles the national debt in 5 years and triples it in 10 years; three, a card check bill that is undemocratic and imposes binding arbitration which will increase health care and other costs; four, a national energy tax cap-and-trade that will cost 66,000 jobs in Pennsylvania and jacked-up electric bills, natural gas bills, and prices at the gasoline pump for consumers; and, five, now a House health care bill with enormous tax increases and mandates on all businesses and businesses of all sizes.

Enough is enough. Time to let Washington get out of the way and let job creators do what they do best: create jobs.

TIME TO MOVE NOW

(Ms. RICHARDSON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. RICHARDSON. The American people know something for sure, and that is premiums have doubled over the last 9 years growing three times faster than what we've seen in wages. The American families know that they're spending more than \$1,000 a month than what they have had to do in the past.

So let's talk about what really the American solution is. It's having lower costs for consumers to no longer have

copays or deductibles for preventative care, to have an annual cap to end that cap on out-of-pocket expenses, to end the rate of increases for preexisting conditions and, of course, looking at group rates.

We're ready for action. We've had six decades of discussions; we've had 45 hours of bipartisan debate, and 79 House hearings. It's time and it's time to move now.

STOP THE RACE TO GOVERNMENT-RUN HEALTH CARE

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

Mr. FORBES. Mr. Speaker, last night I made thousands of phone calls across my district in a tele-town hall meeting, and I listened to my constituents, and two phrases emerged. The first one was "fear." They're afraid of the recklessness that would allow us to begin a massive new program the experts agree will not reduce health care costs and will devastate the economy before we fix Medicare, which they know will be bankrupt in just 8 years.

They're afraid of the arrogance that leads some to conclude that a government committee or bureaucrat will make a better decision about an individual's health care than that individual can make with their doctor.

And they're also afraid of the short-sightedness of creating a plan that will result in rationing health care to seniors and creating longer lines and waits for the procedures they need.

But they're also grateful. They're grateful for those of us who will listen to them to bring some common sense and balance to the health care debate by stopping this race to a government takeover of their health care system and that will work instead for a system that finally puts our patients first.

THE "HEALTH" IN HEALTH CARE

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

Mr. FORTENBERRY. Mr. Speaker, we must put the health back into health care. Building a culture of wellness, including good nutrition and incentivizing prevention, moving from system-centered care to patient-centered care, and creating new insurance models can help meet this goal. These are the right solutions for strengthening America's health care, and they should be the basic components of an honest national debate.

The current debate is framed incorrectly, focusing on a loosely defined public option. This vast new government arrangement of our health care system may transfer millions of Americans against their will, Mr. Speaker, from their current insurance to a government plan and will add to our unsustainable fiscal conditions. It will

not resolve the underlying problems driving costs for small businesses and families.

We have the opportunity in the next few weeks to do something right and good for the American people, to strengthen our Nation's health care by improving health outcomes while reducing costs and protecting vulnerable persons.

READ THE BILL

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

Mr. SCALISE. On the heels of the failed stimulus bill that added another roughly \$1 trillion of debt to our Nation's debt, also leading to about another two million people losing their jobs in this country and then that cap-and-trade energy tax proposal that literally would run millions of jobs out of our country, most Americans across our Nation are saying, Where are the jobs?

And, instead, the latest proposal by President Obama and Speaker PELOSI is this attempt to mandate a government takeover of our health care system.

And, you know, the President goes out and he gives these speeches. And he says under his plan if you like the plan that you have, you can keep it. Well, unfortunately, I don't think the President has read his bill because if you look right here in section 102 of the bill, it says that the government health care czar is going to be able to take away your health care plan even if you like it. It's right here in the bill.

Another part, Mr. Speaker, of what the President says is anybody who makes under \$250,000 a year won't pay anymore in new taxes. Once again, maybe the President hasn't read his own bill, but in his health care bill right here in section 401, tax on individuals without acceptable health care, \$29 billion in new taxes.

Read the bill.

AMERICAN PEOPLE WANT REAL HEALTH CARE REFORM

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

Mr. ROGERS of Alabama. Mr. Speaker, I rise in strong opposition to the Democrat majority's government-run health care plan. That is a phrase that the Speaker of the House does not want us to use. She's told us we can't use it in our mail. We're supposed to use the "public option."

Well, to use the word that the President apparently likes, the American people aren't stupid. They know it's government-run health insurance, and they don't want it. They know the Democrat majority proposes to cut costs by rationing care by deciding whether or not you get to go to the doctor, which doctor you get to go to;

if you need a specialist, which specialist you need to go to, when you need to go; if you need surgery, when you get to go, if you get to go.

And most importantly, end-of-life care for our seniors. The government wants to decide whether or not certain seniors will get procedures they need to enhance their quality of life and whether or not the computer model determines that that's not the highest and best use of their health care dollars.

American people don't want that. They want real reform just like the Republicans do. We want to have cost control, we want quality, we want access with real reform like tort reform.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SALAZAR). The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of the proceedings or other audible conversation is in violation of the rules of the House.

HEALTH CARE AND TAXES

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, we all agree that real health care reform is a necessity; but in the haste to get this done, the wrong approach to achieve this worthy goal would be to increase taxes, especially on our small businesses. These vital small business owners are already straining not to cut jobs and wages. Most small business owners want to offer health insurance to their employees, but they simply cannot because the already-inflated costs just continue to increase.

What we need is true health care reform that brings down the cost of care in our country. We find creative ways to hide the actual costs of taxes and mandates. That makes no sense for Americans, no sense for our small businesses, and certainly no sense for our future generations who will be saddled with a lot of debt.

THE AMERICAN PEOPLE HAVE A RIGHT TO KNOW WHERE ARE THE JOBS

(Mr. LINCOLN DIAZ-BALART of Florida asked and was given permission to address the House for 1 minute.)

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, the American people have every right to ask where the jobs are. They know we are losing a half million jobs each month, and yet they saw this Democratic majority pass an energy bill that will raise utility rates for every American. Now they see the Obama White House and the Democrats pushing to drastically cut

Medicare and massively raise taxes on small businesses to pay for their government takeover of health care. The people know that will mean millions more jobs lost.

We need tax credits, Mr. Speaker, to help make health care more affordable and accessible, not massive tax hikes. We need job creation. We need more jobs, not massive layoffs caused by massive tax increases.

PROTECTING LIVES, KEEP IT OUT OF THE GOVERNMENT'S HANDS

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

Mr. BOOZMAN. Mr. Speaker, I agree that the cost of health care has become expensive for my constituents, too expensive for my constituents and all Americans. What we need is to reform the current system and not turn it over to the government.

Letting patients choose the coverage that reaches their health care needs should be the focus. This is not a one-size-fits-all conclusion. Just ask my constituents Brad and Christy Norwood. They became the proud parents of Brycen in May of 2008. At birth, he appeared to be a healthy baby boy, but during a routine exam, a nurse discovered a heart murmur that was keeping blood from reaching his lower extremities. One week later, he underwent surgery to correct the problem; and thankfully today, Brycen is a happy, healthy 1-year-old.

His parents hate to think that if the proposed health care plan had been in place, the decision about Brycen would have to go through a government bureaucracy and could have possibly taken too long to save his life.

Let's not put Brycen's life or anyone else's in the hands of a government bureaucrat.

HEALTH CARE MONTH

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

Mr. MCHENRY. The Democrats' health care bill is bad legislation. But don't take my word for it. All you have to do is look at the chaos on the other side of the aisle as their leadership freely admits August would be like kryptonite to their proposal. If they truly believe this legislation was a cure-all for health care reform, they would relish the opportunity to send their Members home to build public support for it. But, no, the Democrat leadership is in desperation mode because they know their bill will not hold up under public scrutiny.

So let's tap the brakes, let's engage our constituents and the American people in this discussion about our goals for health care reform. August can become health care month in America if only the Democrat leadership will listen to reason and we can engage our constituents in the debate.

The Democrats' goal should not be to get this done fast, but to get it right for the American people. That's what I'm fighting for, and that's what this debate should be all about.

HEALTH REFORM INITIATIVE

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

Mr. SARBANES. Mr. Speaker, I wanted to just take a moment and speak about two very important elements in the health reform initiative that we are considering in the House. Both of these are things that will help to strengthen the relationship between the physician and the patient.

The first is something called medical-loss ratio. That's a technical term, but it basically means how much does that insurance company use of the premium you give them to actually spend on medical care. If they don't spend at least 85 cents on the dollar, it means they're not giving the kind of care to the patient that they deserve.

The second important thing is the investment in preventive care that we're going to make in this bill so that a physician can spend more time with the patient. There are elderly patients all across the country who wish that their physician could spend a little bit more time with them to really understand their situation. We don't reimburse for that right now. But going forward, we can do that, and that will promote the relationship between the physician and their patient and lead to overall better care for that patient and a better relationship with that patient's family.

□ 1415

HEALTH CARE

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

Mr. HERGER. Mr. Speaker, House Republicans have a plan to make health care more affordable and promote choice and competition among health plans. Unfortunately, the House Democrats' health care bill is light on cost control and heavy on government control.

A recent New York Times editorial expressed support for the House bill, but described the prospects for lower health care premiums as "unclear" and "distant."

Mr. Speaker, if that's the best the bill's supporters can say about it, it's time to start over. We need a bill that gets health care costs under control without bankrupting our country or setting the stage for a complete government takeover of our health care system.

WHERE ARE THE JOBS?

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

Mr. SHUSTER. Mr. Speaker, the Obama administration and congressional Democrats promised us that the trillion dollar stimulus that they passed and put into law would create jobs immediately. Well, last month alone we lost almost a half-million jobs, unemployment stands at 9.5 percent and going higher. It's clear that the stimulus package didn't work.

And their response has been, first, they passed an energy tax that's going to make America less competitive and drive American jobs offshore.

They're now in the process of increasing spending in the appropriations process by 12 percent.

And now this week they're trying to ram down a health care plan that's going to raise taxes on American business, cost jobs, and force people into a government-run, rationed health care plan.

All one has to do is look at this chart to understand the complexities and the inefficiencies they're going to put into this system. I might add this is a chart that they won't allow Republicans to mail out to our constituents to try to explain the complexities that they're going to put into health care.

The height of hypocrisy, though, was when in committee Republicans offered an amendment that would force all Members of Congress to participate in their health care plan, and what did they do? They voted it down. They won't allow the Congress to be in the health care plan that they're trying to pass.

JUST WHO ARE THE "UNINSURED"?

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

Mr. FRELINGHUYSEN. Mr. Speaker, as the House majority presses hard to force-feed to Congress a government takeover of health care in the next few days, it would be very instructive to answer the question: Just who are the "uninsured"?

The most recent Census Bureau report of 2007 said that there were roughly 46 million people in this country labeled as "uninsured": 9.5 million were noncitizens; 18 million were between the ages of 18 and 30; 12 million people had household incomes less than \$25,000, which means they already qualify for existing public health care programs; 7.3 million had annual incomes higher than \$84,000, putting health coverage within their own financial reach; and 9.1 million were uninsured for less than 1 year—and half of these people regained their health coverage within 4 months.

This leaves 7.8 million lower income Americans who can be characterized as the long-term uninsured. Yet the majority is promising trillion dollar legislation that "significantly expands the Federal responsibility for health care costs."

And how do they pay for it? Taxes, more taxes, more taxes.

THE DEMOCRAT PLAN: A GOVERNMENT TAKEOVER OF PRIVATE HEALTH CARE

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

Mr. RADANOVICH. Mr. Speaker, if the need to reform our health care system wasn't so serious, the Democrat government takeover of health care might actually be humorous. It's laughable that their idea of "cost-cutting reform" is a bill that will increase the Federal deficit by \$239 billion over 10 years and includes a \$1.3 trillion spending increase. Only in Washington, D.C., does cutting costs mean spending more money.

America's small businesses, including our Nation's farmers, are going to be hit the hardest by this huge expansion of government through billions of dollars in new taxes and mandates, and yet the bill doesn't even address the seasonal workforce that farmers rely on to harvest their crops. Once again, small business and rural America are swept under the rug and forgotten, but not before they get a huge tax bill.

The bottom line is that the Democrats' public option is a sneaky plan to take over private health care.

Mr. Speaker, get me a doctor. The idea of government taking over health care is enough to make you sick.

THE HOUSE HEALTH CARE BILL SETS THE TONE FOR A GOVERNMENT TAKEOVER OF THE HEALTH CARE SYSTEM

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

Mr. ALEXANDER. Mr. Speaker, we all know that the health care system that we have in America is the best that the world has to offer. Do we need to improve it? Absolutely. But the question is how far do we go?

Do we tax the employer, who is now struggling to make ends meet, increase payroll taxes by 8 percent? No. We give that employer an advantage, an incentive to provide health care. Give him a tax break. Give the employee a tax break so they can go out and buy their own insurance. So give them an incentive.

But if we go and pass this bill, the government-run-all health care plan, we are going to break the backs of small businesses across this Nation that are the backbone of this Nation. Then we will hear a cry, Where are the jobs?

THE NATIONAL DEBT

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

Mr. WOLF. Mr. Speaker, the national debt has topped \$11 trillion, unemployment has reached a 26-year high of 9.5 percent in June, and some believe it

may go to 11 percent; \$56 trillion in unfunded obligations. Countries like China and Saudi Arabia are buying up America and the future of our children; a \$1.84 trillion deficit this year and it may actually go to \$2 trillion; and Standard & Poor's said we may lose our AAA bond rating by 2012.

Now the House Democratic health care reform bill moving through the committee at lightning speed does not include, as CBO said, "the sort of fundamental changes that would be necessary" to reduce the skyrocketing cost of health care spending under Medicare.

This is not going to create jobs; this is going to kill jobs.

THE CURRENT DEMOCRAT HEALTH CARE BILL IS NOT THE RIGHT SOLUTION TO REFORMING HEALTH CARE

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

Mr. BARTLETT. Mr. Speaker, health care costs are increasing at two and three times the rate of inflation. If this continues, it will obviously ultimately consume us; so we have got to do something to reform health care.

But the bill making its way through the committee process can't be the right solution. According to economic modeling by the President's own chief economic adviser, the business tax hikes alone would destroy up to 4.7 million jobs. An independent analysis by the nonpartisan Lewin Group found that 114 million Americans would lose their current health insurance. And the CBO recently noted this health care plan would "probably generate substantial increases in Federal budget deficits."

Mr. Speaker, this can't be the right solution. We can do better. We need to keep working. And please include Republican ideas in this work product.

IN THIS RECESSION AMERICANS ARE CUTTING BACK TO MAKE ENDS MEET; CONGRESS SHOULD BE DOING THE SAME

(Ms. JENKINS asked and was given permission to address the House for 1 minute.)

Ms. JENKINS. Mr. Speaker, this recession has forced Kansas families to change their ways. Folks are cutting back just to make ends meet. Now that's what Congress should be doing here in Washington.

But we aren't cutting back. In fact, the majority says we need a health care plan that will cost us jobs, when actually what we need is to take responsibility for our actions.

We need to rein in spending. We need to reduce the deficit. We need to stop legislation that will add hundreds of billions of dollars to the Nation's debt. We need to empower families to purchase health care that is the best fit

for them, without waiting lines and without mountains and mountains of debt.

I will continue to fight for common-sense solutions. Americans deserve no less.

HEALTH CARE AND PUBLIC OPTION

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

Mr. SCHIFF. Mr. Speaker, as a Nation, we spend almost twice as much per person on health care as any other country, or about 16 percent of our gross domestic product. And for all the money that we are spending, our health care system does not produce the best outcomes.

Millions of Americans have no health care insurance and receive their care at the emergency room. Millions more must make the difficult choice of whether to pay their medical bills or pay their mortgage because they can't afford to do both.

I support reforms in the health care package that will bring down health care costs by tying payments to outcomes rather than the quantity of tests being run, by ending the government's overpayment for prescription drugs, by empowering an independent commission to put health care cost reductions before the Congress for up-or-down votes, and by investing in prevention and primary care.

One of the choices that should be made available in the health insurance exchange is a public health insurance option. I strongly believe that the advent of a public plan alongside private insurance coverage would achieve a number of beneficial goals, providing a greater choice to families and much-needed competition with private insurers. The new plan would also use its inherent advantages to control costs over the long term through lower administrative overhead and the ability to bargain for volume discounts.

In order to make sure the public plan has the legs to compete with private insurers, I believe it needs to be available now, not as a fallback, and that we need to allow it access to an established provider network, like Medicare, that will ensure the plan competes on a level playing field.

As a nation we spend almost twice as much per person on health care as any other country or about 16 percent of our gross domestic product. And for all the money we are spending, our health care system does not produce the best outcomes.

Millions of Americans have no health care insurance and receive their care at the emergency room. Millions more must make the difficult choice of whether to pay their medical bills or pay their mortgage because they cannot afford to do both.

I support reforms in the health-care package that will bring down health-care costs by tying payments to outcomes, rather than the quantity of tests being run, by ending the government's overpayment for prescription drugs, by empowering an independent commission to

put health care cost reductions before the Congress for an up-or-down vote, and by investing in prevention and primary care.

One of the choices that should be made available in the health insurance exchange is a public health insurance option.

DEMOCRATS' HEALTH CARE TAKEOVER—BAD FOR SENIORS

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

Mr. BURTON of Indiana. Mr. Speaker, this is the Democrat health plan, and this over 1,000 pages of legalese is the Democrat health plan.

This thing is really bad for America, but it's even worse for seniors. It's going to result in cuts in Medicare benefits. It's going to destroy Medicare Advantage. It's going to end up rationing health care. And if you don't believe that, listen to what the President said:

"The chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care bill out there. There is going to have to be some very difficult democratic conversation to take place on this."

He's talking about rationing health care and talking about how we're going to deal with these people who are getting a little bit older who need care. But you know what they're going to do to make sure that the seniors are going to be happy? They are going to give them end-of-life counseling. Take away benefits but tell you how you're going to die.

INSURANCE COMPANY PROFITS

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

Mr. STUPAK. Mr. Speaker, right now just about 60 percent of Americans receive their health insurance from their employer. But from 2000 to 2007, the annual health insurance premium for employers and employees rose from \$6,628 to \$12,153. The average worker's share of premiums grew by 116 percent, and the average employer's share rose by 75 percent, while wages only went up 4 percent.

Americans can no longer afford health insurance through the insurance company. In fact, a recent study found that 73 percent of all Americans who seek an individual insurance policy do not end up purchasing one, either because they were turned down due to preexisting conditions or their premiums were unaffordable.

Mr. Speaker, all Americans should be entitled to health insurance. But according to the SEC, Security and Exchange Commission, filings from 2000 to 2007, profits at the top ten publicly traded health insurance companies rose an astonishing 428 percent, from \$2.4 to \$12.9 billion.

Get the excessive profit out of health care. Provide health care for all Americans.

□ 1430

AMERICANS LOSE CONTROL OF THEIR OWN HEALTH CARE UNDER DEMOCRAT PLAN

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

Mr. HASTINGS of Washington. Mr. Speaker, Democrats in this body are negotiating behind closed doors the most sweeping changes to American health care since the 1960s. An article on CNN's Web site today explains the dangers of what happens when one party negotiates with itself in secret.

Entitled "Five Freedoms You Would Lose in Health Care Reform," it explains that under the plan drafted by House Democrats, families will lose choices and control of their health care. According to the CNN story, Americans would, one, lose the freedom to choose what is in their insurance plan; two, lose the freedom to be rewarded for healthy living or pay their real costs; three, lose the freedom to choose high deductible coverage; four, lose the freedom to keep their existing plan; and, five, lose the freedom to choose their doctors.

Americans need more health care choices, not fewer. House Democrats should scrap this plan and negotiate in a bipartisan effort to help increase choices and reduce costs.

COLLUDING TO KEEP HEALTH CARE COSTS HIGH

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

Mr. DEFAZIO. Mr. Speaker, while the Republicans are mounting a fabulous defense of the health insurance industry, the party of do nothing is saying reform and health care is not needed.

They talk about competition, except they ignore the fact that the health insurance industry is exempt from anti-trust law, so they can and they do collude to jack up the rates—two times the rate of inflation. Profits are up 250 percent in the last 10 years, while wages and earnings are down for most Americans and small businesses. But they ignore that little fact when they talk about we can't have a public plan. That would hurt competition. No, it will bring competition for once to the health insurance industry.

Then they forget about a few other things. They collude also to exclude individuals from coverage because you have been sick or you might get sick. Preexisting conditions or anything an insurance company doesn't like, they can deny you coverage, even if you are willing to pay their full premium.

They can and do, insurance companies, their friends, deny people renewals because they had the temerity to get sick after paying their premiums.

The SPEAKER pro tempore (Mr. SALAZAR). The time of the gentleman has expired.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair must ask all Members to bear in mind that the principle of heeding the gavel that sounds at the expiration of their time is one of the most essential ingredients of the decorum that properly dignifies the proceedings of the House.

No Member should labor under a misapprehension that ignoring the gavel at the expiration of one's time can be a demonstration of civil disobedience. To the contrary, such a willful discourtesy is an act of stark incivility and has been the object of a formal call to order.

The Chair enlists the understanding and cooperation of all the Members at this point.

WHERE ARE THE JOBS?

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

Mr. HELLER. Mr. Speaker, August 17th is an important date. Yes, it is my wife's birthday. Thanks for remembering that. But it is also the six-month anniversary of the stimulus. Let's go back six months.

Mr. Speaker, remember when the President promised that unemployment, if this bill passed, would not go above 8 percent? Maybe that was hope.

Remember when the Speaker said jobs, jobs, jobs? Maybe that was hope.

Remember when the majority leader said we would see immediate results if this particular piece of legislation passed? They were all hollow promises, hollow promises for bad legislation.

This August 17th, my wife is going to ask: Where are the jobs? I am going to ask: Where are the jobs? Nevadans are going to ask: Where are the jobs? Americans are going to ask: Where are the jobs?

Happy birthday, sweetheart.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members to address their remarks to the Chair.

HEALTH CARE REFORM WANTED, NOT A REVOLUTION

(Mrs. BIGGERT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BIGGERT. Mr. Speaker, I rise today to discuss the health care concerns my constituents shared with me last night at a town hall meeting.

Overwhelmingly, I heard from those who legitimately worry that this proposal will force them from the private insurance they enjoy now. One caller told me that she was able to provide for her medically fragile child only because of her employer-provided health

care, which she described as "expensive, but worth every penny." She fears that under this so-called reform bill, her coverage options would be limited and her child will be denied the care that she needs.

Many of my constituents who are remarkably well informed about this complex legislation are also outraged by its cost. They question how \$1.6 trillion in new spending and 53 new bureaucracies will make health care better. One caller, a Federal employee, was dismayed at the thought of dealing with the same sort of bureaucrats at his doctor's office that he dealt with at his job.

Mr. Speaker, my constituents have spoken. They want commonsense solutions to lower costs, increased accessibility and improved care, and they know that this bill is not it. In short, they want health care reform, not a revolution.

PROPOSED HEALTH CARE REFORM A JOB KILLER

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

Mr. ROSKAM. Mr. Speaker, a few years ago I was at a famous Cubs game and watched as the Chicago Cubs were leading up to this crescendo. They were playing the Florida Marlins, and it actually looked for a minute as if the Chicago Cubs were going to go to the World Series. The announcer began to say, Well, there are five outs left and the Cubs are going to go to the World Series, and it got incredibly exciting. And then there was a bobble over in left field, and the rest is history. I mean, the air went out of Wrigley Field like nothing I had ever seen before. Just whoosh.

Well, that is exactly what happened in the Ways and Means Committee when the Director of CBO, the Congressional Budget Office, came in and said, and I am paraphrasing now, the following about the Democrat majority's plan:

Number one, you are rushing this. You haven't given us time to evaluate it; but, number two, there is nothing that indicates that this is going to save money. In fact, it looks like a budget buster.

Again, whoosh, all the energy left the room.

Americans know that we can do better. Americans know this is a job destroyer. Let's do the right thing.

FIXING HEALTH CARE

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. Now, imagine if you called your doctor because you were very sick and immediately he wrote a prescription and scheduled you for surgery and sent you on your way. And you said, But, Doc, I have got a medical file that is three

inches thick. It is 1,200 pages long. Don't you want to examine me, read it, ask some questions, order some tests? And your doctor says, No, I don't have time for this because I am working on a deadline.

We all need to agree and work together. Our health care system does need reform and we want to reform it. Let's work together to fix it, not just come up with an arbitrary deadline.

We have to allow you to buy insurance from anywhere in America, have basic plans that cover what families really need and worry about, have transparency about quality and cost, and provide some financial assistance to those that need it. And, finally, let's make insurance personal, portable and permanent.

PUTTING PATIENTS FIRST

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

Mr. BACHUS. Mr. Speaker, throughout the year there has been a drumbeat, a relentless drumbeat of expensive stimulus packages, takeover of the car companies, financial bailouts, and cap-and-trade. And the drumbeat continues today, more government control, more government spending, higher taxes, fewer choices, especially for small business.

Now the Democratic leadership wants to take over one-sixth of our GDP, our health care. They want government to take over health care. It is a recipe for economic disaster. Even worse, it is a disaster for patients, because a government-run system will always ration care, reduce quality, and raise costs. It will put a Federal bureaucrat between you and your doctor.

Let's put patients, not the government, first. As long as we continue this government-knows-best approach, we are not going to get health care reform or the kind of economic recovery the American people need. We will only get bigger government, rationing, and diminished quality of care.

Stop the drumbeat of more government. Stop the takeover of government health care.

A BIPARTISAN APPROACH TO HEALTH CARE REFORM IS NEEDED

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

Mr. GINGREY of Georgia. Mr. Speaker, Members on both sides of the aisle are in favor of health care delivery reform. We want universal access. We want universal coverage. But what the Democratic majority has given us in their rush to get something through this body by the end of the week is 1,100 pages of universal nightmare, and this is not what the American people want.

They don't want these long lines, these long queues, this rationing of

care. They don't want nonelected government bureaucrats telling health care providers what they can give and what they can offer and what they can prescribe to take care of their patients.

Mr. Speaker, we can come together in a bipartisan way and rewrite this H.R. 3200 and do it for the American people, bring down the cost of health care, and promote universal access. That is what we need to do. We need to do it in a bipartisan way, and I recommend to the Democratic leadership, let's go back to the drawing table.

GIVE AMERICANS A HEALTH CARE PLAN THAT WON'T MAKE THEM SICK

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

Mr. GOHMERT. Mr. Speaker, the latest numbers we have are for 2007. You divide the total number of households in America into the total amount of money spent on Medicare and Medicaid, it is \$9,200 for every household in America.

We are not getting our money's worth with this government-run health care. And now the President wants to spend another \$1 trillion? Well, there is a Republican plan that we can't get from legislative counsel to bring to the floor or even have CBO score it that would say, you know what? For the first time ever, we are going to give senior citizens complete control of their health care. We are going to give them cash money in a health savings account they control with a debit card, not the government, not an insurance company, and then we will buy them the best private insurance you can have for everything above that.

That gives them complete coverage; no wrap-arounds they have to buy, no surplus insurance. That is a plan that won't make America sick.

STOP THE GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. HENSARLING. Mr. Speaker, recently I met with dozens of doctors in east Texas to discuss health care, and, with only one exception, every one of them said that they had recommended to their children that they not follow in their footsteps and practice medicine. Health care is losing our best and our brightest due to its threatened takeover by the Federal Government.

Republicans have commonsense solutions to our health care challenges to ensure that all Americans have access to the high quality health care they need, when they need it, at a price they can afford.

When it comes to health care decisions, no government bureaucrat should ever come between you and your doctor, and if you are happy with

your current plan, Republicans want you to be able to keep it.

In contrast, Speaker PELOSI has proposed a government-run health care rationing system paid for by higher taxes on small businesses and borrowing yet more money from the Chinese, while sending the \$1 trillion bill to our children and grandchildren.

Mr. Speaker, if you loved the government takeover of our banks, of our auto companies, of our mortgage companies and AIG, you will love the takeover of your family's health care.

INITIATE REAL DEBATE ON HEALTH CARE REFORM

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

Mr. CALVERT. Mr. Speaker, right now we are debating one of the most important issues facing our country today, health care reform. There is no doubt that our current system must be reformed.

Unfortunately, rather than conducting a meaningful debate on how to improve access and quality and lower the cost of health care, the majority is making deals behind closed doors and going through the yellow pages to figure out who they can tax in order to pay for the \$1 trillion bill they propose.

The majority asserts that their bill will insure more people, but the cost to America will not only be in dollars and cents; the bill will dramatically alter our health care, which is 20 percent of our economy, through the creation of a government-run public option. For those with private insurance in the short time before they are forced into a public plan, a government plan will still dictate what government service they can and cannot have.

This is unacceptable. The only people in the room making health care decisions should be you and your doctor, not a Washington bureaucrat.

I urge my colleagues to reject this misguided and dangerous proposal and initiate a real debate on health care reform.

□ 1445

WHERE ARE THE JOBS?

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

Mr. LOBIONDO. Mr. Speaker, we are rapidly coming up on the 6-month anniversary of the stimulus bill. The question all across America, the question in New Jersey, and the question in my district in south Jersey is, Where are the jobs? We had jobs that were promised, good jobs that were promised, jobs that were going to be available. The unemployment rate was going to come down. The families in New Jersey are hurting. The families in south Jersey are hurting. Our unemployment rate in the State of New Jersey is 9.2 percent; and in most of my counties, it's well above 11 percent.

Most of the stimulus money has been financed by the Chinese. And people are asking, Where is the help going to come from? But there is one category that has had a dramatic rise in employment, and that is in the category of czar. So if you are a czar, make application. Your day is coming.

CONCERNS WITH THE DEMOCRATIC HEALTH CARE BILL

(Mrs. CAPITO asked and was given permission to address the House for 1 minute.)

Mrs. CAPITO. We all share a desire to enact health reform that lowers costs and improves care, but I am less convinced that the plan being developed across the aisle is the most responsible approach. We're talking about a bill with a \$1.5 trillion price tag. We have the Congressional Budget Office saying the bill fails to control costs. We know it doesn't address legal reform; we know that a government-run health care plan threatens the insurance of millions of Americans; and we know that the bill's push to tax small businesses threatens jobs all across the country.

I just talked to a small business owner from Calhoun County. Her quote is, "This scares me." This is not the time to risk more jobs. I urge my colleagues on the other side of the aisle to join us in real dialogue. This is an issue too important for one party to go it alone.

WHOSE SIDE ARE THEY ON?

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, whose side are they on? Whose side are they on? This is the same party that in the 1960s told the country that Medicare would destroy the country. Whose side are they on? We are on the side of the American people. In 2007, three out of 10 young adults had no health insurance, none. Whose side are they on?

We will eliminate the doughnut hole with this bill, the doughnut hole that sticks so many senior citizens with full prices for their prescriptions. We'll take care of that with this bill. Whose side are they on? We'll end medical bankruptcies. So many people have lost their homes because of illness. We'll take care of that. Whose side are they on? They are making these false claims that the government will come between you and your doctor. Insurance companies come between you and your doctor right now.

They say that you'll wait in line. Don't believe it. Don't believe it. We're finally putting people in line and saying, You can walk in and make an appointment just like they can. Before I yield back, I have one last question: Whose side are they on?

PATIENTS AND THEIR DOCTORS SHOULD MAKE HEALTH CARE DECISIONS, NOT WASHINGTON BUREAUCRATS

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

Mr. BISHOP of Utah. Mr. Speaker, last week the President accused doctors of performing unneeded treatment just for money. I received a call today from Dr. Mobley. He is the ear, nose and throat residency director at the University of Utah who oversees the training of doctors, and he was disappointed at the President's remarks.

He appropriately thought the President should apologize for two reasons: Number one, his baseless accusations against the profession; but also the second reason is because of the underlying message of the statement. And I don't know why the President decided to become involved in kids' tonsils; but for some reason, he thought it was within his jurisdiction.

His statement implies a time will come when the government bureaucracy will deem it in their realm of power to decide what a doctor and a patient may or may not do. A government big enough to provide for our basic needs has historically found themselves increasingly comfortable in regulating other behaviors regulated to that health care need. In other countries they've told one how to exercise, how and when to eat, to sleep, what kinds of cars to buy. What we need is a system that allows the patient and the doctor to make decisions, not a Washington bureaucrat.

MORE JOB LOSSES UNDER THE DEMOCRATIC HEALTH CARE BILL

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

Mr. CAMPBELL. Mr. Speaker, this is a flow chart which the Democratic leadership doesn't want you to see, but this is a flow chart of the Democratic socialized medicine—I will use that term—but government-run health care plan. You see, you are here, your doctor is here, and all this stuff is somewhere in the middle. Now this plan adds 53 new departments, agencies and commissions.

Mr. Speaker, this plan is going to tax more. It is going to cost more. It is going to spend more. It is going to borrow more. But there is one thing we're going to get a lot less of, and that's jobs, by some estimates, nearly 5 million less jobs. Why would we want to do this? This isn't health care reform; this is just nuts.

HEALTH CARE REFORM NEEDS TO GET DONE RIGHT

(Ms. GRANGER asked and was given permission to address the House for 1 minute.)

Ms. GRANGER. Mr. Speaker, I rise this afternoon to express my deep concern about the debate over health care reform. This debate is not about whether reform is needed. The debate is about ensuring that health care reform is done right. I was a small business owner. I owned my business for 20 years. I can speak with a certainty of experience that the tax increase that's been proposed to pay for the Democrats' health reform bill will have a devastating impact on businesses and their employees.

Not only will the impact of the Democrats' bill be felt by business owners; but as individuals, the relationships we have developed with our doctors could be jeopardized. As an individual, I don't want anyone coming between me and the advice of my doctor. It's as simple as that. Choosing a doctor is one of the most personal and most important decisions we can make. Our health care options should be decided between doctor and patient, not by a health choices commissioner.

Mr. Speaker, my constituents want this process done right. They want options; and they want access, not mandates by government bureaucrats. They want affordable health care, not trillions more in debt. We owe it to the American people to get this right.

TOO MUCH BUREAUCRACY IN THE DEMOCRATIC HEALTH CARE BILL

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

Mr. PUTNAM. Mr. Speaker, with just 1 week left before we return to our districts, it is alarming that we do not have a final health care bill to read despite the Speaker's determination to have a vote on it this weekend. To get a head start though, I decided to look through the incomplete version available to the public online.

No further along than page 16, there is a provision that essentially says, A private insurance provider cannot enroll new beneficiaries into a health care plan. In short order, government-approved health care will be the only option. Current nonpartisan estimates project that as many as 114 million people will lose private health insurance. Nearly 5 million jobs will be lost due to the new taxes and mandates, and a whopping \$1.3 trillion will be added to Federal spending over 10 years.

The bill creates 53 new commissions, councils, bureaus, advisory panels, and offices. If the American people think it's difficult to navigate the current health care system, just wait until more bureaucrats are involved. Why have the authors of this bill declared war on small business only to grow the Federal Government? Americans do not need more government. They need private sector jobs and affordable, quality health care. This bill provides neither.

**THE GOVERNMENT IS AN UNFAIR
COMPETITOR TO THE PRIVATE
SECTOR**

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

Mr. INGLIS. Mr. Speaker, there is much to agree on in health care reform. There is also something that we very much disagree on. The disagreement has to do with the public option, and it has to do with the question about whether private insurance companies need the discipline of the competition from a public sector plan or a publicly provided plan. If you've ever been in business and you've watched the government come into competition with you, you know that it is an unfair competitor because the government has the ability to subsidize its operations. The result is that when government enters an area that the private sector is working in, the government ends up becoming the provider there.

That's what we fear would happen in the midst of a public option: the private insurance companies would be forced out; the public option would become really the only game in town. And the result would become pretty quickly a government system of providing insurance and health care. But there's much else that we can agree on.

So the question is, Can the folks who control this House leave aside just one thing and then we cooperate?

**UNEMPLOYMENT WOULD BE HIGHER
IF IT WAS NOT FOR THE ECONOMIC
RECOVERY BILL**

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

Mr. FRANK of Massachusetts. Mr. Speaker, I know that there is a debate about when the world began; and there are some who think it began 4,000 years ago and some who think that it began earlier. We have a rare specimen today of people who think it began on January 20, 2009, who do not think anything happened before that, who do not remember the years of Republican rule where many things went wrong.

Now they're talking about the economic recovery bill. Ben Bernanke, who was the chairman of the Council of Economic Advisers, appointed by George Bush—that happened before January 20, so you may not have remembered it, I would say to my friends on the other side—but he told the House Financial Services Committee that unemployment would be higher if it was not for the economic recovery bill. That was Ben Bernanke. In his report, he twice cited examples of it.

And as to this argument that the bill was of no use, I debated this bill in February with Republican Members of Congress when they scoffed at the notion that there was something in it for police and fire. I was very pleased today to be notified that 23 police officers will be added to two of the com-

munities in my district, Fall River and New Bedford, directly as a result of the economic recovery plan. Magnify that nationally, it's 10,000.

**MEMBERS NEED TO READ THE
HEALTH CARE BILL BEFORE
VOTING ON IT**

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

Mr. PRICE of Georgia. Mr. Speaker, what was one of the major concerns with the nonstimulus spending bill and the national energy tax that have flown through the House? Well, you know what it was, Mr. Speaker. Nobody read the bill. So what should we do with this health care bill? Well, I would suggest that we read the bill; and as somebody has said already, There is just a draft form.

But what's in that draft? It would raise taxes on individuals, small businesses, and employers by \$818 billion and spend \$1.6 trillion to create a system that even the Congressional Budget Office admits would raise, not lower, health costs. The bill would ban the purchase of private individual health coverage as part of a government takeover of health care that independent entities confirm would result in over 100 million Americans losing their private, personal coverage.

The House Republicans are for health reform that works. We have a plan for reform that expands access to affordable health care and gives families the freedom to choose health care that fits their needs, not government needs. House Republicans support patients. We will oppose any plan that puts Washington bureaucrats between patients and the care they need. Fewer choices, higher costs, I don't think so.

**THE ACTIONS OF THIS CONGRESS
ARE DESTROYING THE FUTURE
OF OUR COUNTRY**

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

Mr. LATHAM. Sometimes I wonder if anybody on the other side of the aisle ever goes home because I tell you, doing town meetings, we have three or four times more people than normal show up. And I will tell you what, they are scared to death of what they see happening in this country.

When they look at the \$787 billion stimulus package that has no benefit to anyone today, when they look at people voting for cap-and-trade without even having read the bill, only to find out that in Iowa that would cost 17,000 jobs for each of the next 20 years and 2.5 million jobs nationwide for the next 20 years, they go, What's going on? When are we going to get our government back? When are people going to listen to us and be responsive?

What this debate is all about is our children and our grandchildren and what we're going to leave them for the

future; what it's going to do for someone who wants an opportunity to start a small business, to grow and prosper and be part of this economy. We are destroying the future of this country with what this Congress is doing.

**EVERY DAY MUCH IS LOST FOR
PEOPLE WITHOUT HEALTH IN-
SURANCE COVERAGE**

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

Mr. HARE. Mr. Speaker, I was watching from my office and felt the need to come down. I don't have a fancy chart, as we've been seeing periodically. But let me give you some facts. We're going to be adjourning for 37 days at the end of this week. For 12 years, Mr. Speaker, our friends on the other side of the aisle had this Chamber; and the only thing we got out of it was the most miserable prescription drug program and nothing more than a boondoggle for seniors.

But while we're home and having our town hall meetings, here are the real facts that I hope not just my friends will listen to because they're important. Every day for the next 37 days, 400 people per day will die because they don't have health care—14,800 Americans, 34 people every day on an average every congressional district. Put that on a chart. For the next 37 days, 14,000 people every day will lose their health care, 518,000 Americans will lose their health care, 1,190 per day. We need to have more than town hall meetings.

□ 1500

**PUBLIC OPTION WILL ERADICATE
PRIVATE SECTOR**

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

Mr. RYAN of Wisconsin. Mr. Speaker, I am sad that the Democratic majority is trying to rush this bill through before we've had a chance to go home to our districts to listen to our constituents, to share ideas with them, to get their views on this, one of the most important issues we will ever decide here in Congress.

One of the things that is being said really puzzles me. The President is saying, for the public plan, you have to have it to keep the private sector honest, to bring more competition. If that's the case, Mr. Speaker, then why don't we have government grocery stores to keep grocers honest? Why don't we have government contractors for car mechanics to keep car mechanics honest? Why don't we have government steel companies to keep steel companies honest? Why don't we have government car companies—oh, excuse me, that's the wrong example.

The point is, Mr. Speaker, the public option is not here to keep the private sector honest. The public option is here

to make the private sector go away. That is the purpose of this bill, and the American people should see it. And we, in August, ought to be given the opportunity to talk to them about it.

HEALTH CARE

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, today's Wall Street Journal cites a quote from then-candidate Obama while out on the campaign trail. Mr. Obama railed against a health plan that included drastic cuts for seniors, saying, "If you count on Medicare, it would mean fewer places to get care and less freedom to choose your own doctors. You'll pay more for your drugs. You'll receive fewer services. You'll get lower quality. I don't think that's right. In fact, "it ain't right" was his exact quote.

Well, I couldn't have said it better, Mr. President. It is so troubling that this plan that your party is putting before us proposes to do exactly that. The plan would cut a total of \$538 billion from Medicare, \$172 billion from Medicare Advantage alone.

We need a plan that works with our seniors, not against them.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

LET'S UNDERSTAND REFORM BEFORE VOTING ON IT

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

Mr. PETRI. Wisconsin businessman John Torinus had a column in the July 25 Milwaukee Journal Sentinel which I commend to everyone.

Entitled "Health care architects must face fiscal reality," Mr. Torinus pointed out six serious flaws in the health care reform plan. For example, the proposed 8 percent payroll tax on companies which don't provide coverage. Mr. Torinus' company, like many others, spends about 15 percent of payroll on health care. These businesses would save money by opting out of health care and instead paying the 8 percent tax.

President Obama promises that if you like your health insurance, you can keep it. Don't count on it. The House bill proposes a 2.5 percent penalty on people who don't buy mandatory insurance. For someone earning \$40,000, that's \$1,000, or about one month's premium for a family.

With insurance companies required to accept all comers, many people would skip insurance and instead pay

the \$1,000 penalty until a substantial medical need arises. That is what Mr. Torinus says is happening in Massachusetts under a similar plan.

LET'S LEARN LESSONS FROM HEALTH CARE FAILURES

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, tomorrow the President is going to be a stone's throw from the Tennessee border when he is out on the trail speaking with people. And I have no doubt he is going to have something to say about health care and say we can't put off health care reform any longer. And most people agree that we need some smart reforms on cost, on access, on insurance liability and on insurance accountability. I would also say that we need to heed the warnings that will come from some of the public option experiments that have taken place in our States.

My home State of Tennessee is home to one of these public option experiments. And our governor, a Democrat, has even called this a disaster. Now, 15 years after that experiment being put in place, our State is still digging out from a system that went horribly wrong, and it is a system that rationed care and cost billions more each year than anticipated.

I have asked the administration repeatedly for assurances if they understand what went wrong. I am still waiting. Let's learn these lessons from TennCare.

TRAVAILLE, TRAVAILLE, TRAVAILLE

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

Mr. LATOURETTE. Mr. Speaker, a lot of the problems in this country can be alleviated with a good job. There's nothing like a good job. And that's why the folks in southwest Ohio were so excited last fall when a fresh-faced young Senator from Illinois came to town and promised that he would fully support the enrichment plant down in Piketon, Ohio, creating 8,000 new jobs. People had parades, they were excited.

The Senator, now our President, sent a letter to our governor on September 2 reiterating his promise. Big groundbreaking on July 15, one of our colleagues, ZACK SPACE, was there, and said there are thousands of jobs at stake. Our Democratic Governor, Ted Strickland, wrote to the President in March—Without timely approval of the loan guarantee, the many thousands of new jobs being created will be delayed or perhaps lost.

But as it says in my daughter's favorite bedtime story, Chicka Chicka Boom Boom, "Oh, no." What happened today was the Department of Energy said

there will be no loan guarantee, \$2.5 billion will be lost, 8,000 jobs will not be created. But fear not, Mr. Speaker, they have not yet rejected the application of a French company, and the French company, no jobs, no investment, and rather than jobs, jobs, jobs, we should say *travaille, travaille, travaille*.

STOP THE INSANITY AND FIX THE ECONOMY

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

Mr. MCCOTTER. Mr. Speaker, I come from Michigan where we have a 15.2 percent unemployment rate. And the thing that we hear in Michigan is where are the jobs?

We come to Washington and we now hear that we are going to have a radical socialization of America's health care system, that we are going to rush to misjudgment, that we will not allow the American people's voices to be heard over the August break so that their Members can come here and accomplish health care reform, not merely in a rush, but most importantly, correctly.

When I go home this August, I would like to be able to converse with my constituents about the best way to do this in our hard-pressed State. And I know for a fact that they will want health care done right, and they will tell this body to stop the insanity and fix the economy and do the job we sent you to do.

ADVICE FROM A SURGEON RE- GARDING GOVERNMENT-RUN HEALTH CARE

(Mr. GARY G. MILLER of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GARY G. MILLER of California. Last week, I received a letter from a constituent, Dr. Harry Levine, who was a surgeon in the U.S. and Canada for 60 years. Dr. Levine said, "As a surgeon who worked in Canada and the U.S. for 60 years with two of the highest degrees in the world of surgery"—he was a fellow in the Royal College of Surgery in Canada, in the United States he serves as a diplomat on both the American Board of Surgery and the National Board of Medical Examiners—"I have unparalleled experience in all levels of society, from grinding dirt-level poverty to the most privileged. Please take this advice from me. This medical insurance program now up for a vote in Washington will be nothing short of a national calamity in every respect involving everyone and sparing no one. I cannot stress to you the extent to which chaos, illness, and needless death will befall everyone."

According to Dr. Levine, under government-run health care, people become numbers and lose their identity—

you're a pest, not a patient. Don't take my word for it, ask your doctor. Ask them how government-run health care will change your life or shorten it.

PROTECT GM WORKERS' HEALTH BENEFITS

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

Mr. TURNER. Mr. Speaker, my father retired from General Motors after over 40 years. When General Motors closed their assembly plant in Moraine, Ohio, thousands of lifelong GM employees lost their jobs. Now, due to the Obama administration's negotiated bankruptcy, the retirees are at risk of losing their health care benefits. Isn't it ironic that as this House tries to rush through a misguided health care bill, the Federal Government has denied IUE-CWA workers in my community their promised health care benefits?

With the Federal Government now owning over 60 percent of General Motors, it's time to honor the promises that were given to these workers, including my father.

I have joined my Ohio colleagues in asking President Obama to not discriminate between UAW and non-UAW retirees in protecting their health care benefits. I have also talked to the President of GM last week, asking for fair treatment of these employees. Now it's reported that GM will apply for more than \$10 billion in additional government funding.

If President Obama is serious about health care, he should start by protecting the GM workers who are losing their benefits in this administration's acquisition of General Motors.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House, and that any manifestation of approval or disapproval of the proceedings or any other audible conversation is in violation of the rules of the House.

WHAT IS BEING REFORMED?

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, when I hear the word "reform" in the same sentence as health care, I wonder what is being reformed.

Fact 1: Some 80 percent of Americans are satisfied with their present health care.

Fact 2: Do we know what we're reforming? No. According to the Washington Post, the Democrats jumped at a chance to brief on what is in their 1,700-page Democrat health care bill.

"The bill is so complex," said Ways and Means Chairman RANGEL, "that when staff agreed to hold the session, response was overwhelming."

Fact 3: The Democratic plan will not save money. The nonpartisan CBO projected \$1 trillion in costs and mounting deficits, and they "do not see the sort of fundamental changes that would be necessary to reduce the trajectory of Federal spending by a significant amount."

Fact 4: The bill has harmful cuts to Medicare Advantage that will result in more than 10 million seniors losing the program on which they rely. This plan would have your money spent, your current health care gone, no guarantee of satisfaction, all in the name of "reform."

KILLER OF THE HEALTH CARE BILL IS NOT POLITICS BUT POLICY

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

Mr. WESTMORELAND. Mr. Speaker, Democrats have a 70-vote majority in this House. They have a filibuster-proof majority in the Senate. They have a President with high personal popularity ratings. They don't need Republicans to pass their agenda. They remind us of this often, changing the House rules whenever we manage to score a tactical victory. Yet, Democrat leaders would have Americans believe that Republicans are obstructing passage of their health care legislation for political purposes.

If we had the power to stop the health care legislation, why didn't we? Republicans stop the stimulus bill that has run up debt without creating jobs? Why didn't we stop the cap-and-trade bill that killed hundreds of thousands of good-paying jobs and tax every American that owns a light switch? Why not? Because Democrats have the votes to pass whatever they like.

The health care agenda has hit the rocks not because of Republican politics, but because of Democratic policy. Americans know a government takeover of health care won't bring down costs; it will simply raise taxes, kill jobs, and lower quality of care. The killer of this bill is not politics but policy.

QUALITY HEALTH CARE AT A LOWER COST

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

Mr. CASSIDY. To achieve the three goals of patient-centered health care, we have to control costs to provide access to quality care. Now there are three imperatives to achieve this. We have to decrease the amount of money the patient is paying for administrative costs, increase the transparency so the patient knows what she's paying

for, and lastly, address lifestyle issues so that a healthier patient has higher quality health care at lower cost. This is transformational.

The current plan, however, the CBO says, is not transformational and in fact is based upon things which are very old: Medicaid, which is a Federal program currently bankrupting the States; and Medicare, which is bankrupting the Federal Government. This new third entitlement program builds upon those models, which is supposed to rescue the two that are currently bankrupting us. At a minimum, the solution should not cost more than the problem.

Let's address the imperatives of lowering administrative costs, increasing transparency, and addressing lifestyle issues, and develop a patient-centered health care plan, not one built upon two programs going bankrupt. On a bipartisan basis, let's achieve quality, accessible health care at an affordable cost.

REPUBLICANS HAVE A POSITIVE HEALTH CARE ALTERNATIVE

(Mrs. BACHMANN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BACHMANN. Mr. Speaker, this weekend I had the occasion to speak with a businessman in Minnesota who employs 110 people in his business. And he told me, Michele, right now health care is the most expensive part of my business, and under President Obama's plan, it will cost me an additional \$12,000 a month and I just don't have that money. We know that the President's own figures say that about 5 million jobs will be lost in this country if his bill goes through.

There are so many small businesses, Mr. Speaker, who would love to offer health care, but it is the Congress that has made it so expensive for small businesses to offer health care.

Jobs will be created, but this is where they're going to be created, in government bureaucracy. This is the picture of the bureaucracy that the Democrats will create if we get government takeover of health care. And remember, the American consumer stands on this side of the bureaucracy, the doctor stands on this side. This is like America's newest board game. You have to navigate all of these agencies to get to the goal of your doctor and your health care. We can do better. The Republicans have a positive alternative.

□ 1515

WE CANNOT WAIT

(Ms. WOOLSEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, at least 46 million Americans are uninsured. By

the end of the day, 14,000 more Americans will lose their coverage. Over the past decade, health care costs have risen on average four times faster than workers' earnings. We cannot wait. We must act now with reform that guarantees that everyone has access to high quality care, regardless of income, employment or preexisting conditions. We also must bring down the cost of care to make health insurance affordable for everyone.

That's why we must pass a bill with a robust public plan, a plan without a trigger. A robust public plan will increase competition. It will bring down costs. The public plan must be tied to the current Medicare provider network infrastructure and rates so that it will be able to start immediately. This connection will also increase the savings provided by a public plan. We must pass a health bill with a robust public plan, and we must pass it now. The American people cannot go any longer without high quality, affordable coverage.

HEALTH CARE REFORM

(Ms. FALLIN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. FALLIN. Mr. Speaker, this debate on health care reform is probably one of the most important debates this U.S. Congress has had, because this debate on health care could move us towards socializing our health care system and turning over our personal health to the Federal Government to make decisions about our health, and also turning over a large portion of our national economy to the Federal Government.

This debate on health care reform should only be about doing what is right for America. And limiting choices on the kind of health care plan a citizen of this Nation can have is not right for America. Putting a Federal bureaucrat between the patient and the doctor is not right for America. Moving 114 million Americans off private insurance on to a government socialized plan is not right for America. Exploding our deficit with huge, massive new tax increases for a government-run health care plan is not right for America.

We should not be taking away the freedom to control something as important as our own personal health care and our outcomes of our health care, to the Federal Government. We should not be taking that away. Health care reform is about doing the right thing, and it is going to be right for Democrats and Republicans to come together to reform health care.

THE NEED FOR HEALTH CARE REFORM

(Ms. SCHWARTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCHWARTZ. Almost 50 million Americans are without health coverage. Many millions more worry about the stability of their coverage, that they will lose coverage or that at a time of accident or illness their insurance will not cover critical needs. In my home State of Pennsylvania, families have seen a 100 percent increase in their health premiums since 2000. Nearly one in five Pennsylvania families pay more than 10 percent of their income on health care, and American businesses are struggling with increasing premiums, forcing them to pass on more of the cost to employees or to drop coverage all together.

The Federal Government is the largest payer of American health care costs and currently paying nearly half of the \$2.5 trillion health bill. And while costs keep rising at a rate faster than inflation, health outcomes for Americans are not improving.

The status quo is simply unacceptable. Inaction is unacceptable. We must move forward in offering a uniquely American solution to strengthening and reforming our health care system. Health care reform means making difficult decisions. Without congressional action, there will be higher costs and greater uncertainty for all of us. It's time to act.

HEALTH CARE

(Mr. GARRETT of New Jersey asked and was given permission to address the House for 1 minute.)

Mr. GARRETT of New Jersey. Mr. Speaker, in an interview in The New York Times earlier this year, President Obama discussed the difficult decision that he and his family faced to replace his grandmother's hip after she broke it after she was terminally diagnosed with cancer. In that interview, he said, "Whether, in the aggregate society making those decisions to give my grandmother or everyone else's aging parents a hip replacement when they're terminally ill is a sustainable model, is a very difficult decision. There is going to have to be a conversation that is guided by doctors, scientists, ethicists. And then there is going to have to be a very difficult democratic conversation that takes place."

With all due respect, Mr. President, I think that this is a conversation that would be best left between the doctor and the patient. We don't need a government plan. We don't need government bureaucrats standing in the way of this relationship. We don't need them out their rationing out what care is best in this relationship. And so I, for one, reject the idea that government bureaucrats will make better decisions about health care than the doctors and the patient. So any proposal that seeks to ration care in such a way should be opposed, and I will do so every single time.

WHERE IS THE COMMON SENSE?

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

Mr. POSEY. Mr. Speaker, first Congress passed a multimillion dollar bailout to reward bad behavior on Wall Street. Next Congress passed a trillion-dollar-plus stimulus plan which Members were not allowed to read. It was sold on the promise that unemployment would not exceed 8 percent, but unemployment is now at 9½ percent and rising.

Next the House passed a national energy tax. They called it cap-and-trade so Members wouldn't have to say they voted for a new tax. Members were not allowed to read that either. It will cost every American family and every American business lots of money and drive a lot more jobs overseas.

Now Congress wants to pass a bureaucratic-managed and rationed health care plan, again costing Americans trillions of dollars and, worse yet, their medical freedoms. No doubt Members will not be allowed to read the final version of that either. Where is the logic? Where is the common sense? When will Congress think about the working folks, the seniors, and the savers who made this country great? Congress needs to look past the special interests and start listening to the people back home.

HEALTH CARE REFORM

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

Mr. ADERHOLT. Mr. Speaker, I'd like to make clear that there is not anyone in the United States Congress who does not want to make our Nation's health care system better. There is bipartisan agreement that Congress must help the American people by working to lower the high cost of health care and provide access and availability to the American people who are uninsured. This is not the time for Congress to rush to the President's desk in a reckless manner legislation which would amount to nothing short of nationalizing one of the best health care systems in the world.

Make no mistake, there are much-needed reforms that Congress can and Congress should address. We must solve this problem in a focused and in a bipartisan way and not allow some extreme proposal to make its way to the President's desk that will be another massive spending program. With Federal spending at the highest level in American history, the economy in a severe recession and unemployment rising every day, another massive government program with more spending, more borrowing and higher taxes will only hurt this struggling economy and the American people.

TRILLION DOLLAR DEFICITS NOT SUSTAINABLE

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

Mr. NEUGEBAUER. Mr. Speaker, I originally came down here to talk about the fact that when my two grandsons, Nathan and Noah, need to know whether they need their tonsils out, we're going to let the doctor make that decision, not the President of the United States or the Speaker of the House. But then the gentleman from Massachusetts got up and was quoting a comment that Chairman Bernanke made the other day about the stimulus package.

What he didn't talk about was the rest of the comment that Mr. Bernanke made when we said, The fact that we're borrowing 50 cents of every dollar that we spend, do you think that that would change your predictions down the road if we keep spending at this level?

This is to quote the Chairman: "Down the road, it might. As I talked about in my testimony, I do think it's very important that we look at a medium-term fiscal sustainability, that we have a plan for getting back to reasonably low deficits and a sustainable debt-to-GDP ratio. Otherwise, we might see interest rates rise, which would be a negative for the economy."

I said, Do you think we can keep spending and having these trillion dollar deficits and not put our country—is that sustainable? Chairman Bernanke said, "No, sir. It's not."

AMERICANS DESERVE BETTER

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

Mr. TIBERI. Mr. Speaker, we have before us this week, maybe, H.R. 3200, the health care reform bill. Those of us on this side of the aisle are for health care reform. We believe there are many who need insurance, many who need reduced costs for health insurance. Mr. Speaker, this isn't it. In fact, the President is fond of saying, if you have it and you like it, you can keep it. Not true.

On pages 16 and 17—and I would encourage the President to read pages 16 and 17, in fact, the entire bill—and he will see that we take a hatchet to private insurance, to employer health care, and, in fact, the Congressional Budget Office Director, a Democrat, said that the President not only doesn't bend the curve to reduce health costs, we increase it. And we create a \$200 billion deficit. Americans deserve better, Mr. Speaker. They deserve a better bill than this one.

HEALTH CARE

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

Mr. HARPER. The health care reform proposal expected to come before the House contains provisions that include a tax increase of more than \$500 billion on American small businesses and working families, as well as a tax on jobs of up to 8 percent of employer's payrolls. Additionally, individuals would be required to buy coverage or pay a 2.5 percent fine on their income.

This government-run plan proposed by the Democrats will force more than 100 million individuals to lose their current insurance. Knocking this many Americans off their current coverage is a clear violation of the President's pledge to allow individuals to keep their current health plan if they like it. We need preventive medicine, not defensive medicine. I want health care decisions to be between you and your doctor, not some Washington government bureaucrat.

If the President and the Democrats are serious about health care reform, then they will work with the Republicans toward a bipartisan plan. The American people do not need health care reform legislation that can only get 218 votes in the House. Let's come up with a plan that will get 435 votes.

CHANGE WE CAN USE

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

Mr. KINGSTON. Mr. Speaker, I just got this e-mail from JoAnne Lewis in Coffee County, Georgia. She's with the Economic Development Authority. She says that Wayne Farms is now closing down, another 165 jobs lost. This brings Coffee County, Georgia's, total job loss to 2,979, or an unemployment rate of 16½ percent. Mr. President, where's the stimulus package? Where are the jobs?

Now, on top of this comes Speaker PELOSI. She's planning to ram through a \$1.2 trillion government takeover of the health care system. This will cause a \$534 billion tax increase and a \$208 billion tax increase on small business and farmers. Therefore, more layoffs, and more unemployed. Mr. Speaker, this is not the change the folks in Coffee County, Georgia, can use. They need jobs.

TRUE BIPARTISANSHIP

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

Mr. COLE. Mr. Speaker, since January, we've had a lot of talk about bipartisanship, and we've even had some of it. We had a partisan Democratic stimulus bill that created bipartisan debt and unemployment, but no bipartisan jobs. We had a partisan Democratic cap-and-trade bill that will create bipartisan higher energy prices, but no more bipartisan energy. And now we've got a partisan Democratic health care bill that will cost Democrats, Republicans and Independents alike their

jobs and quality health care. Hopefully, Mr. Speaker, the Democratic majority will eventually create a bipartisan opposition that will stop their job-killing health care bill in its tracks.

□ 1530

THE DEMOCRAT PLAN DOESN'T REFORM HEALTH CARE

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

Mr. DAVIS of Kentucky. Mr. Speaker, we need to reform health care in this country, but the Democratic plan doesn't do that. The Democratic health bill doesn't reduce costs or inefficiency. In fact, it increases taxes by over \$1 trillion, and it cuts provider payments substantially. Indeed, it forces tens of millions of people off of the private plans that they're satisfied with into a government-run plan. In fact, it creates 53 new Federal agencies or boards, tripling the size of the current government health care system. That is not a move in the right direction.

Is this plan good enough for Democratic leadership? Apparently not.

In the Ways and Means Committee, we offered amendments to mandate that all Members of Congress would have to be under the government-run plan. The response from Democratic leadership was that that wouldn't be fair to the families of Congressmen. Well, I've got something to say to this, Mr. Speaker. If it's not fair to the families of Congressmen, it's not fair to Americans who work hard and who actually pay their taxes to be forced into something like this.

What we need is a real plan with real reforms that the American people will accept and that will address their needs.

MOST SMALL BUSINESSES SUBJECT TO DEMOCRATS' 8 PERCENT PAYROLL TAX

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

Mr. CAMP. Mr. Speaker, despite unemployment fast approaching 10 percent—over 15 percent in my home State of Michigan—a new analysis shows the Democrats' health care plan could force as many as 61 percent of small businesses which already provide health insurance to pay a new 8 percent payroll tax. The House Democrats' bill mandates employers must pay a minimum of 72.5 percent of the health insurance premiums for individuals and 65 percent for families. If an employer fails to do so, then it will be subject to a job- and wage-crushing 8 percent payroll tax.

According to the Kaiser Family Foundation, the new mandate will hit small firms and their employees especially hard. The majority of those

small firms that don't meet the Democrats' standards, up to 61 percent of small businesses, will pay that tax.

The bottom line: more taxes and more costs that will hurt the very workers they are supposed to help.

MENTAL HEALTH PARITY IN HEALTH CARE REFORM

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

Mr. KENNEDY. Mr. Speaker, the health care bill that we are now considering contains a very important item, and that is mental health parity, requiring all health insurance plans to treat mental illness and addiction on the same grounds as other physical illnesses. If we are to do this and also to include prevention, it's important that we have the appropriate education and medical education for all doctors so that they may be able to properly screen and treat all patients. Irrespective of their specialties in some other areas, doctors ought to be able to identify and to treat, at least in the primary care setting, mental health challenges before referring them to specialists. This has been an issue within the Institute of Medicine report, and I encourage my colleagues to support this in a section for medical education and training within the base of the bill.

GOVERNMENT HEALTH CARE AND PERSONAL FREEDOM

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

Mr. STEARNS. Mr. Speaker, the government-run health care plan, or the Waxman bill, is being forced on Americans without a full debate. In fact, during the markup in Energy and Commerce, where I serve, we got the replacement bill, about 1,000 pages, just about an hour before the markup. The markup was discontinued after 1 day. Who knows what is in the bill today? But there are some basic principles that all Americans recognize.

As Thomas Jefferson has said with regard to the government and its insidious encroachment on everyday freedoms; If we can prevent the government from wasting the labors of the people under the pretense of taking care of them, we will be wise. This is the pretense that Democrats are using to push their healthcare bill.

Mr. Jefferson also said, Great innovation should not be forced on slender majorities.

It is clear, Mr. Speaker, that a lot is at stake here, not the least of which is our personal freedom.

AMERICA IS FAST BECOMING A EUROPEAN SOCIAL DEMOCRACY

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

Mr. BUYER. Mr. Speaker, the President and the Democratic leadership here in the House and in the Senate are on the fast track to transitioning our country's Republic into a European social democracy. There were many reasons that the ancestors of the people of America fled from where they were to come to America. It was because of the oppressions of the freedoms by the governments under which they had resided.

We have made our share of mistakes and have had successes throughout history, but when America embraces freedom and liberty, we have the ability to inspire and to lead the world through many industries, and we have done so. In health care, we attract the greatest minds of the world to come to America's marketplace. We attract at-risk capital to press the bounds of science that improve the quality of life of our people and of millions around the world.

So, when we talk about health care reform, we want to preserve that which is right, and we want to work on that which is wrong. When my Democrat colleagues of the leadership talk about health care reform, it's about a government-run, socialized health system. Let's reject that and let's work together.

THE IMPORTANCE OF PASSING COMPREHENSIVE HEALTH CARE REFORM

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

Mr. FATTAH. Mr. Speaker, there were those who doubted that we would pass children's health care or the budget or the stimulus. Well, I rise today to say that we are going to pass comprehensive health insurance reform because it's so vitally important for our Nation's economy.

As we see the stock market rising and as we see home sales regaining, we see the Richmond Fed report of a very positive manufacturing uptick in the economy, we know with certainty that health care is important. Not only do we need to have a robust private-sector health insurance option for the public, but we need to have an option for patients if they're turned away, so we need a public option.

The previous majority had 8 years to do something on health care and did nothing. We see a lot of energy today in their speeches, but when they were in charge and when they had the White House, they had no concern for the tens of millions of uninsured Americans and for those kicked off of private health insurance because of preexisting conditions.

We're not going to talk about it. We're going to vote about it really soon on this House floor.

HEALTH CARE REFORM

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

Mr. LUETKEMEYER. Mr. Speaker, as the American people struggle to make ends meet, too many also live with the challenge of affording basic health care for themselves and for their families.

When I was home this past weekend, I heard from my constituents on a number of issues, but health care was prime on their minds. They were concerned about the plan on the table. They have great concern with regard to the provisions in there and with regard to the rationing of care. They're very concerned about the possible loss of the doctor-patient relationship. Small businesses are concerned about the tax provisions in the bill that may cost them not only the employees they have but their businesses on the whole.

At a time when we need to be helping small business, we're adding another burden onto them. Our side, that of the Republicans, has a plan to address each of these concerns in a way that solves problems rather than creates a lot of government bureaucracy, which actually takes over 18 percent of our economy. My constituents believe that the administration's plan on the table is the wrong plan at the wrong time and that it will have the wrong outcome.

THE HEALTH CARE ADMINISTRATOR

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

Mr. SOUDER. Mr. Speaker, this 1,017-page bill passed in Labor. It passed in Ways and Means. It's only waiting on one committee at this point. What is clear is that it uses our tax money to kill innocent, little babies through abortion. It's clear that it uses our tax money to allow people to kill themselves. What's unclear is anything in between.

Part of the reason this chart is being censored, I've concluded, is that it actually oversimplifies this bill. As for this position here, that of the health administrator, I asked in our markup, What defines a full-time employee? Is it 40 hours, 35 or 30 hours? Well, that will be up to the health care administrator. What about seasonal employees? Are they counted? Well, that will be up to the health care administrator. What about if you're above the small business amount and then you drop below it because you've laid off people? Well, that will be up to the health care administrator.

This was all night long. We were in session all night long, marking up this bill. The committee kept saying, Well, we don't want the businesses to game this bill, so we're not going to put it in the bill that defines "full time." They

had small, smaller, smallest. We're not going to define it because we're going to let the health care administrator do it. This 1,017 pages is just a start.

LISTEN TO THE HEALTH CARE EXPERTS

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

Mr. BRADY of Texas. Mr. Speaker, my constituents aren't the only ones concerned about the government takeover of health care.

Yesterday, health care leaders of Texas Medical Center, the largest medical center in the world, gathered at Ben Taub Hospital. They represent indigent public hospitals, nonprofits, private systems, and some of our cutting-edge research institutions. These nationally renowned leaders had three messages for lawmakers in Congress:

One, they have no idea what is in this massive health care bill nor how it affects the patients they treat. They've had virtually no input in health care reform, and it's too important to rush through the House in the next few days.

Dr. Larry Kaiser, a surgeon and the president of the University of Texas Health Science Center, said, "I liken it to taking out a tumor. There's a time when there's an urge to get it done quickly, but that's when mistakes can be made. That's the time to take it slowly and carefully."

Why aren't we listening to these health care experts? Now is not the time to rush this bill through.

GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. LAMBORN. Mr. Speaker, I rise today, troubled about the Democrats' proposed government takeover of our health care system. The Congressional Budget Office, the CBO, has confirmed that this legislation will not reduce costs but will, rather, drive costs even higher for American families. They confirmed this weekend that a mandate on business would tend to reduce the hiring of workers at or near the minimum wage. They also pointed out that employers would be expected to pass the costs of fees on to workers in the form of lower wages.

This government takeover will burden our economy, and it will stifle economic growth. Instead of a takeover, Congress should act on free market and Tax Code health care reforms to make our system better. The President and his majority in Congress failed to produce jobs with the so-called "stimulus." In fact, things have only gotten worse. Why should we trust them with the government takeover of health care?

BIPARTISANSHIP IN HEALTH CARE REFORM

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

Mr. ISSA. Mr. Speaker, so many Members have come up to talk about this plan, the plan that, in fact, cannot get even all of the Democrats to vote for it, and it doesn't have so much as one Republican voting for it. Hopefully, the American people understand Republicans believe there is a problem. We know, in fact, there are uninsured and underinsured. There are Americans who are concerned about losing their insurance, and of course, we all know that the Federal program, such as Medicare, is fraught with waste, fraud and abuse.

What we don't hear is that we can attack the problems on a bipartisan basis. Lower the cost of health care by eliminating defensive medicine, by lowering the threat against every doctor, if he or she doesn't simply do every possible test, even if it's simply running up the tab.

We can, in fact, work on a bipartisan basis on health care. The first thing we have to do is agree to do it piece by piece and to attack those things which either cause people to be uninsured or, in fact, cause people not to be able to afford their insurance.

I urge you to think about that, Mr. Speaker.

MAINTAIN THE DOCTOR-PATIENT RELATIONSHIP

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

Mr. SHIMKUS. Mr. Speaker, 90 percent of all Americans have health insurance, the majority of whom like their plans. The Democrat bill, as drawn out, does a couple of things.

First of all, it doesn't keep the President's promise. The President promises that, if you like your health insurance plan, you can keep it, but as stated earlier on pages 16 and 17 of the bill, you're not going to be able to do that.

The other thing is the plan was to lower the cost curb, but the CBO testified that the costs for both plans go up. The cost for the private insurance plan goes up. The cost for the public option goes up. A public option will undercut private insurance, driving people into a public plan.

Now, in countries that have one public insurance plan, the only way they control costs is by rationing care. If you don't trust me, just ask the Canadians, the Brits, the folks in New Zealand, and in Australia where you have a bureaucrat deciding whether you get the care you need or not. This is not the type of plan we want. We want to maintain the doctor-patient relationship.

HEALTH CARE REFORM THAT EMPOWERS THE AMERICAN CITIZEN

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

Mr. PLATTS. Mr. Speaker, recently, I was asked during a radio interview if I thought legislation for health care reform would pass the House sometime this year. My answer was, "I hope so." All of us want more affordable, better, more accessible health care for our citizens. The question is: How do we achieve this very important goal?

Unfortunately, the plan embodied by this diagram is not the way to do that. This plan will cost millions of jobs. It will cut almost a half trillion dollars out of Medicare, hurting seniors. It will raise taxes on small businesses, making it harder to provide health insurance. As the CBO has told us, when fully implemented, it will raise the cost of health care by over \$200 billion. That's more than \$2 trillion in 10 years.

Unfortunately, the House leadership who are promoting this plan and those who are supporting it have forgotten the physician's principle of "first do no harm." This plan will do great harm to health care for each and every American citizen. We must defeat this plan, and we must enact legislation that will truly be about empowering the American citizen, and that will be about what is best for their health care.

□ 1545

PRICELESS

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

Mr. NUNES. Mr. Speaker, I'm going to draw your attention to the board here. Mr. Speaker, there are 435 Members of the House of Representatives. There are 256 Democrats in the House of Representatives. It takes 218 votes to pass the government takeover of health care. Mr. Speaker, it's priceless that the Democrats can't come up with 218 votes to pass the government takeover of health care.

MEDICAL MALPRACTICE REFORM

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

Mr. ROONEY. Mr. Speaker, you know, with all of the talk of health care reform over the last several weeks, we haven't heard anything from the majority with regard to medical malpractice reform. This is kind of interesting because if any of you actually walk into a doctor's office across the country and ask them what's the one thing that could really help with health care in this country with costs and care and coverage, they would say medical malpractice reform.

Today across this country, doctors do not look at patients as patients. They look at them as future lawsuits. If we

aren't careful, this country won't have doctors anymore because anybody that's interested in going to med school will go to law school.

The government takeover of health care fails to address the concerns of the people that we really should listen to the most, and that's the doctors.

HEALTH CARE TAX ON SMALL BUSINESS OWNERS

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

Mr. MCCAUL. Mr. Speaker, today I would like to tell you about a constituent of mine by the name of Cathy Magill. She represents a personal side of this health care debate. Cathy is a small business owner in my district; she and her brother own a company that installs windows in new homes. In a difficult economy, she now has something else to worry about, a new tax she will have to pay if she doesn't spend thousands of dollars a year on health insurance for each of her employees. They have told her they would rather keep the money in their own pockets and pay for health care the way they see fit.

If the Obama health care reform bill is passed, Cathy told me she will have no choice but to fire two of her employees so she can provide health insurance for the remaining three.

Mr. Speaker, this bill is a job killer. We should make health care more affordable and accessible to every American, but this is not the way to do it. And people like Cathy Magill in my district deserve better, and so do the American people.

NEW TAX ON JOB CREATORS

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

Mr. REICHERT. Last week, I received a note from a constituent about the proposed government takeover of our health care. She said, As a small business owner, we are struggling already. We provide our employees and their families with insurance and cannot afford additional taxes. Please continue to fight this fight, keep up this fight, keep us from rising taxes, keep us from costing small businesses more taxes.

That's why I stand here today to give a voice to my constituents who are extremely afraid, frightened, worried about this massive \$1.1 trillion proposal and a new 8 percent tax on their small business.

The stimulus isn't stimulating the economy. Unemployment continues to rise, and now we want to slap a new tax on job creators.

People are hurting in my district and across the Nation. This bill is out of touch with reality, out of touch with the American people.

SOMEBODY MUST PAY THE BILL

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

Mr. CRENSHAW. Mr. Speaker, we all know that America's got the best health care of any nation in the world. But when some people can't afford it and some people don't have access to it, then that is a crisis and we need some reform. But we need the right kind of reform. We don't need this Democratic plan that's being rushed through the House.

I've been talking to my constituents back home and they say, We want to make sure that we have the right to choose our own doctor. They say, We want to have the right to get the treatment we need when we need it.

And that's what the Republican reform does.

That's not what the Democratic reform does. In fact, stop and think about this: Democrats will tell you health care is expensive, but we're going to provide more health care to more people, and it's not going to cost anybody any money except maybe a few millionaires. Those numbers don't add up.

You better think about it because somebody's got to pay the bill. It might just be you.

THE CHANGE AMERICA DIDN'T VOTE FOR

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

Mr. SCHOCK. In the last campaign we heard a lot about if you don't make more than \$250,000 a year, you won't pay any new taxes. So what does the new majority do? Their first act in Congress is to pass the \$787 billion stimulus package meant to jolt the economy. Yet all it has done is jolt the national debt up to a new high of \$11.5 trillion.

Next, the new majority comes forward and says, We want to decrease carbon outputs. We want to pass a cap-and-tax proposal meant to limit carbon monoxide. Well, that bill, if passed, will limit jobs in America by over 2.7 million fewer jobs, and now we're hearing that they want to limit costs on health care. In actuality, this plan, their health care proposal, will limit access to care. Their bill will actually decrease the number of jobs and will actually add a tax on every small business owner in America in the form of an 8 percent increase in payroll taxes.

More taxes, fewer jobs. I don't think that's the change America voted for.

FOR-PROFIT HEALTH INSURANCE SYSTEM

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

Mr. KUCINICH. Why are there 50 million Americans without any health in-

surance? It's pretty simple. It's because people cannot afford to pay the premiums. Why is it that half the bankruptcies in the United States are connected to people not being able to pay their hospital bills? It's because the copays and deductibles are through the roof and they threaten family financial stability.

Why do these things happen? It's because we have a for-profit health insurance system; \$1 out of every \$3 goes for the operation as a for-profit system—\$800 billion a year for corporate profits, stock options, executive salary, advertising, marketing, the cost of paperwork. If we took that money and put it into care, we would have enough to cover everyone.

This is a battle between the insurance companies and our people. We're either going to have a government of the people, by the people and for the people, or we're going to have a government of the insurance companies, by the insurance companies, and for the insurance companies. I think we remember what Lincoln said at Gettysburg. He didn't say that the insurance companies were going to run the country.

WHERE THE JOBS ARE

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

Mr. SIMPSON. I repeatedly heard Members come to the floor to ask the question, Where are the jobs? The Obama administration and congressional Democrats told us that with the passage of their \$787 Billion stimulus package that unemployment would not rise above 8 percent. Well, it now stands at 9½ percent.

It's a legitimate question: Where are the jobs?

Let me tell you where the jobs are. As reported on the news last night on the spending of the stimulus package, we are spending your tax dollars on building a living snow fence for \$80,000; \$31.5 million on a bike trail in California; \$1.5 million on a deer underpass; \$3.4 million on a turtle tunnel in Florida. That's right, a turtle tunnel in Florida. I hope some of the money from this stimulus is going to train the turtles as to the advantages of using a turtle tunnel.

These are the Democratic stimulus dollars at work, your tax dollars at work.

DO NOT PASS THIS BILL

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

Mr. ROGERS of Kentucky. You know, people come to the U.S. from all points of the globe to get the medical treatment that America is best at all across the world. It's the best system ever invented, and we've evolved it over these 200-plus years.

This experiment that the Obama administration is pushing the Congress to pass would rip out that system and put in its place what I think would be an inferior system. People don't understand why we need to do it. And, in fact, we don't have to do it.

Our proposal is essentially three things that would allow us to keep this great medical system that we have, bring down the costs and make it affordable to everyone. We would allow small companies to form co-ops and bargain for their insurance coverage, much the same as the Kentucky Farm Bureau does in Kentucky even today. We would do away with junk lawsuits that drive up the cost of practice and cause doctors to perform very expensive defensive medicine.

Do not pass this bill.

SLOW DOWN ON HEALTH CARE

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

Mr. HOEKSTRA. Mr. Speaker, it's time for us to slow down.

The second day in office, the President said within 12 months Guantanamo will be closed. He's now found out that rushing and making that decision was the wrong decision and that the teams that he has in place have clearly indicated they will not be able to make that goal.

Then we rushed into a stimulus bill, \$787 billion on the backs of our kids and our grandkids. And it's not working. Rushing through this process doesn't work.

We then did an ill-advised cap-and-trade system which has further put the brakes on our economy. We rushed it through.

And now we're looking at rushing through a health care bill. People are talking about what's in the bill. No one really knows because they're still negotiating, and there are still some that say we should vote and we should vote this week, even though a bill isn't in front of us.

Let's slow down; let's do this in a professional way and make sure that we have a professional product.

HEALTH CARE REFORM

Mr. MICA. Mr. Speaker, I ask unanimous consent to address the House for 1 minute and to revise and extend my remarks.

Also, I have a parliamentary inquiry. The SPEAKER pro tempore (Mr. LUJÁN). The gentleman will state it.

Mr. MICA. Mr. Speaker, this chart that I have here, I have been banned, as a Member of Congress, from mailing this to my constituents or just disseminating it.

Is it within the rules of the House, an order of the House for me to be allowed to present this chart here at this time on the floor of the House of Representatives?

The SPEAKER pro tempore. The gentleman's chart has not drawn any objection.

Without objection, the gentleman is recognized for 1 minute.

There was no objection.

Mr. MICA. I made that parliamentary inquiry because Members of Congress have been banned from distributing this chart which shows the Obama Democrat health care plan. Now, anytime you can get a bill from Congress and it proposes creating new agencies or activities, and in this case a health care reform, and you chart it, it tells a lot.

Once we charted this health care proposal, Members of Congress were banned from disseminating this chart. So, Mr. Speaker, this may be the only opportunity my constituents have to see this.

Last week, we asked with the stimulus package, Where are the jobs? This week we ask with the health care plan, Where are the reforms? There are over 53 new agencies, bureaucracies, and bureaucrats added in this health care so-called reform. I want health care reform. The American people want health care reform. But I don't think this is the reform that they asked for.

LET'S BE HONEST ABOUT THIS HEALTH CARE REFORM

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

Mr. FLAKE. Mr. Speaker, some things just don't add up. We're told that the Democrats' version of health care reform will cost less in the long run. Haven't we heard this before?

When Medicare was instituted more than 30 years ago, for the first 25 years we were told that it would cost this amount. Instead, it costs nine times that much and that holds true for just about every government program that we institute.

There are multiple, multiple times that it costs more and more and more than we ever thought it would. How do you control costs when you have no money to spend, when you have to borrow money? You control costs by rationing. Markets control costs with competition, a ration by competition. But governments control costs by rationing. And so what will happen here inevitably is that the services that you are now used to receiving, the medical services will be severely circumscribed.

Let's be honest about this reform, at least, and tell people what they're going to get.

□ 1600

CONGRESS SHOULD NOT APPROVE A GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. SMITH of Texas. Mr. Speaker, the administration's plan for a government takeover of health care will raise

taxes, ration care, extend wait times, and let a government commission make decisions that should be made by families and their doctors. This scheme will increase our national deficit by hundreds of billions of dollars and will increase, not decrease, the cost of health care.

During a recent health care telephone town meeting with 1,200 of my constituents, I asked them the question if the government should determine how much health care they received. More than 9 out of 10 said "no."

President Obama is intent on making the government too big, too intrusive, and too expensive. We should listen to our constituents. Congress should not approve a government takeover of health care.

VOTE DOWN THE HEALTH CARE REFORM BILL

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

Mr. KING of Iowa. Mr. Speaker, President Obama, in part of his campaign to be elected to office and part of his campaign after he had been inaugurated as President, said that we have an economic calamity, and we can't fix it unless we first fix health care, and that health care is broken.

Well, if you have a business that's broken, it doesn't take a \$1 trillion to \$2 trillion program to try to fix it. If the problem with health care is we're spending too much money on health care, why do we have to spend \$1 trillion or \$2 trillion more to fix it? I mean that is the number one question that doesn't seem to be answered by the administration.

And the second one, a statement that is not believable to the American people, is the idea that when the President promises if you like your health insurance program, you get to keep it. In fact, if they pass this legislation, they will take it away, and it says in section 102 of the bill that they're going to take it away. The American people are not going to be able to decide if they get to keep their health insurance program because the government will write new rules for every health insurance program, and the employers will decide whether the insurance is cheaper under the public plan, the government-run plan, or the private.

Vote this down.

IT'S THE ECONOMY THAT'S BROKEN

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

Mr. EHLERS. Mr. Speaker, I am very reluctant to criticize the President of the United States. He has the most difficult job, as do we, and we must work together. But I'm really confused because he keeps referring to our health system as broken. I don't know what

that means. What does it mean when you break a health system?

When I went to the doctor recently, no problem. I went in, saw him, got the prescription, and left. I needed hospital treatment, went in, had the surgery, and left. Everything worked fine. It was not broken.

I think the real problem is that our economy is broken. And I know in the State of Michigan, where I live, our unemployment rate for June is 15.2 percent. If people aren't working, they tend to lose their health care because they usually get it through their employer. Starting August 24 in Michigan, we expect an average of 18,000 people in Michigan to roll off unemployment insurance each month. By the end of 2009, we expect to have 99,000 people who have lost their benefits. That is the problem we must address.

We have to get people back to work, and when they get back to work, they will get their health care back.

PEOPLE ARE NOT WAITING IN LINE TO LEAVE THIS COUNTRY FOR HEALTH CARE; IT'S THE OTHER WAY AROUND

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

Mr. WAMP. Mr. Speaker, I have said it many times on this floor: Neither party has an exclusive on integrity or ideas. And these challenges are not Republican challenges or Democratic challenges; they are, in fact, American challenges.

But I have to tell you a few years ago, a Republican President with a Republican Congress, he proposed sweeping changes to immigration policy, but those changes kind of flew in the face of the rule of law, they threatened our sovereignty, and Republicans said "no."

Here we are today. All of us want our President to be successful. But the Democratic Party needs to look at the President and say, This is not what we need to protect our health care system. We need to change it. We need to reform it. We need to improve it. But we don't need government control of health care. It's too important.

Eighty-five percent of the people in this country today are satisfied with their health care, and they are afraid that this new proposal will put that in jeopardy.

This is a matter of life or death. People are not waiting in line to leave this country for health care; it's the other way around.

UNDER THE PROPOSED HEALTH CARE PLAN, MEDICAL CARE WILL BECOME EVEN MORE EXPENSIVE

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

Mr. DUNCAN. Mr. Speaker, in the early 1990s, I went to a reception in

Lebanon, Tennessee, and the doctor who delivered me came and brought my records. I asked him how much he charged back then, and he said he charged \$60 for 9 months of care and the delivery if they could afford it.

Before the Federal Government got so heavily involved in medical care, medical care was cheap and affordable by almost everyone, and doctors even made house calls.

Then the Federal Government got into the business and costs exploded. In fact, the predictions on Medicare and Medicaid, it costs about 10 times more after 25 years than what was predicted.

The same thing will happen on the health care plan that is before the Congress today. The costs will far exceed the predictions. Medical care will become even more expensive and more unaffordable. In fact, Mark Levin, the radio commentator, said a few nights ago that it will put massive costs over onto the States to expand their Medicare programs, and then States like mine of Tennessee, which don't have an income tax, will be forced into having one.

This plan is not good, especially for the poor and lower-income people.

AMERICA'S AFFORDABLE HEALTH CHOICES ACT

(Ms. TSONGAS asked and was given permission to address the House for 1 minute.)

Ms. TSONGAS. Mr. Speaker, I rise today to discuss the important responsibility in front of us on health care reform.

The cost of inaction will undoubtedly bear a heavier burden on individuals, families, small business owners, and our economy the longer we delay. Without reform the cost of health care for the average American family is expected to rise \$1,800 every year, with no end in sight. If we don't act, 14,000 Americans will continue to lose their health insurance every single day.

The America's Affordable Health Choices Act has helped our Nation begin to tackle this issue in a meaningful way. Already we have agreed that this bill must prevent insurance companies from denying coverage based on your medical history or dropping your coverage when you are sick. This is a key and needed reform that will stop insurers from gaming the system by covering only healthy people.

Right now insurance companies decide whether or not to cover you for a procedure. If a procedure is deemed too experimental, for example, it may not be covered. If it is too expensive, you are responsible for paying the costs of it after a certain point.

If we do not take the steps to regulate insurance industry practices now, American families will see their coverage shrink and costs go up.

OUR PRIORITY SHOULD BE TO GET HEALTH CARE REFORM RIGHT

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

Mr. MCCARTHY of California. Mr. Speaker, earlier today I was in a meeting with a microcosm of small businesses around the United States. We met inside this Capitol. We talked about health care. We talked about ways to reform health care, to bring the costs down, the quality up, to be able to have greater accessibility, to be able to have the ability to move from job to job and have health care coverage, to be able to have choice and quality.

And when I sat around this table with small business owners, one of the individuals owned a Kentucky Fried Chicken, one owned a pizza establishment, and he talked about going from 45 employees to 35. He said if this health care bill, as proposed, as is written today, his question will not be, will he have to lay people off; the question will be, will he shut down? He will have to close his business if this bill passes this week.

I ask that we spend our priority not on how much time we have to pick a dog but how much time we actually have to do health care right.

SHOP ACT/HEALTH CARE REFORM

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

Mr. GERLACH. Mr. Speaker, I rise today to express my concern about the House Democrat health care reform package and its impact on small businesses and jobs.

At a time when our Nation's unemployment rate is approaching 10 percent, this legislation would impose new surtaxes on high-wage earners to pay for reform. The reality is that this is not a tax on the rich, as many would claim, but rather a tax on small business owners, who provide 70 percent of the jobs in the United States. And if enacted, these taxes could cost 4.7 million more jobs to be lost.

Now is not the time to be pushing legislation that would cause even more Americans to lose their jobs. Instead, we need to focus our ways and our attention on ways to make health care more affordable for small business owners so that they can meet the needs of the health of their employees and stay in business. That is why we should allow small businesses to band together in statewide and nationwide pools to obtain lower insurance premiums and provide a tax credit for small business owners and the self-employed. We need to help small business owners with the right health care reform, not legislation that just raises their taxes in these tough economic times.

A GOVERNMENT-RUN HEALTH CARE PLAN WILL LIMIT THE CARE THAT AMERICANS CAN RECEIVE

(Mrs. MYRICK asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MYRICK. Mr. Speaker, I am a 9-year breast cancer survivor, and I believe that I'm alive today because I was able to access and get the early diagnostic tests that I needed.

In 1999 I knew something was wrong and I went to five doctors, had three mammograms, and they all said you're okay. Finally the sixth doctor said, Let's do an ultrasound. He found my cancer. Otherwise, who knows what would have happened?

Under a government health care system like they have in the U.K. and in Canada, I really wouldn't have had that opportunity to get those tests so quickly and they may have found out too late.

Survival rates for cancer in countries that have government systems are much lower. In the U.K. breast cancer survivor rates are 11 percent lower than they are here in the United States.

So we need to look at sensible policies. We need to not be creating a huge new program for health care that only limits the care that not only cancer patients but all Americans receive.

LET'S FIRST DO NO HARM; PROTECT THIS ECONOMY AND PROTECT THE WORLD'S GREATEST HEALTH CARE SYSTEM

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

Mr. CULBERSON. Mr. Speaker, we in Texas are very proud to be home of the Texas Medical Center, the world's greatest collection of medical institutions. I am proud to represent M.D. Anderson hospital, recognized around the world as the greatest cancer center in the world. And we in Texas understand better than I think almost anywhere else the importance of medical institutions that are driven by research, driven by the physicians, driven by the needs of patients and the desires of doctors. And we in Texas want simply to be left alone. We want Texans to run Texas.

The most important parts of anyone's life are our families and our health. And we want, as Texans, to make these decisions for ourselves. We need to be focusing as a Congress on protecting the magnificent health care system we have created, on encouraging job growth by giving small businesses tax credits, by allowing small businesses to pool their resources so they can negotiate with the big insurance carriers and bring down their rates. We need to focus on tort reform for doctors to protect them from frivo-

lous lawsuits, as we have in Texas, that has worked so well.

Let's first do no harm and protect this economy and protect the world's greatest health care system.

□ 1615

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LUJÁN). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

WIPA AND PABSS REAUTHORIZATION ACT OF 2009

Mr. TANNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3325) to amend title XI of the Social Security Act to reauthorize for 1 year the Work Incentives Planning and Assistance program and the Protection and Advocacy for Beneficiaries of Social Security program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3325

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 "WIPA and PABSS Reauthorization Act of 2009".

SEC. 2. REAUTHORIZATION OF THE WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM.

Section 1149(d) of the Social Security Act (42 U.S.C. 1320b-20(d)) is amended by striking "2009" and inserting "2010".

SEC. 3. REAUTHORIZATION OF THE PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY PROGRAM.

Section 1150(h) of the Social Security Act (42 U.S.C. 1320b-21(h)) is amended by striking "2009" and inserting "2010".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. TANNER) and the gentleman from Texas (Mr. SAM JOHNSON) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. TANNER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on H.R. 3325, the bill now under consideration.

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

There was no objection.

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

Today I want to join with our colleagues on the Social Security Subcommittee and Mr. JOHNSON, our ranking member, in support of this reauthorization for 1 year. It is a 1-year ex-

tension of two programs that help Social Security and Social Security beneficiaries return to work.

The WIPA, the Work Incentives Planning and Assistance, program allows disability beneficiaries to get one-on-one assistance from community organizations to help them understand the rules and the effect they will have on their benefits if they return to work. The PABSS program, Protection and Advocacy for Beneficiaries of Social Security, provides legal advocacy services to help beneficiaries get a job or keep their job. The disability advocates and the return-to-work experts have both testified before our subcommittee about the effectiveness of these programs and how they will help people return to the workplace.

The reason we are doing this today is because the authorization for these programs will expire in September. The bill extends for 1 year the programs with no changes while the committee considers a longer-term reauthorization. The bill does not increase government spending because it comes from the discretionary reserves of the Social Security Administration.

What this bill actually does extending these programs, Mr. Speaker, is it actually helps people who have been sick or disabled who want to go back to work and become no longer a recipient of these sorts of public assistance to do so. So I think it is not only a worthwhile enterprise in terms of what the Subcommittee on Social Security has done, but it also is something that will strengthen the vibrancy of our economy as people who have been disabled or sick can actually return to the workplace.

Today I join with my colleagues, SAM JOHNSON, Ranking Member of the Subcommittee on Social Security, and JIM MCDERMOTT, Chairman of the Subcommittee on Income Security and Family Support, in support of the "WIPA and PABSS Reauthorization Act of 2009." This bill will extend, for one year, two programs that provide critical assistance for Social Security and Supplemental Security Income (SST) disability beneficiaries who are seeking to return to work.

Both of these programs were originally established in the Ticket to Work and Work Incentives Improvement Act of 1999, which passed Congress with overwhelming bipartisan support. Under, the Work Incentives Planning and Assistance (WIPA) program, the Social Security Administration (SSA) funds community-based organizations to provide personalized assistance to Social Security and SSI disability beneficiaries who want to work, to help these beneficiaries understand SSA's complex work incentive policies and the effect that working will have on their benefits. This program can help to reduce the fears many beneficiaries have about transitioning to employment.

Under the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program, SSA awards grants to designated Protection and Advocacy Systems to provide legal advocacy services that beneficiaries need to secure, maintain, or regain employment. The PABSS program also provides beneficiaries

with information and advice about obtaining vocational rehabilitation and employment services.

The Subcommittee on Social Security has received extensive testimony from disability advocates, experts, and other stakeholders about the importance of these programs to increasing employment among disability beneficiaries.

SSA is currently authorized to spend \$23 million annually from its administrative budget to fund the WIPA program, and \$7 million annually to fund the PABSS program. However, the authorization for both programs expires on September 30, 2009.

This bill will extend the WIPA and PABSS programs for one year, with no changes, while the Committee considers a longer-term reauthorization. This 1-year extension will ensure that these programs can continue to provide disability beneficiaries with the assistance they need to seek employment. The bill does not increase government spending.

I urge your support for extending these important programs.

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

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of passage of this important legislation and thank Mr. TANNER for bringing it up. He is doing a great job as the Social Security chairman.

You know, choosing to work shouldn't be a hard decision to make for someone receiving Supplemental Security, because they are Social Security disability benefits. But it is, and that is because the folks have to think about how their wages will impact their cash benefits or their access to health care.

With nearly unanimous support from both the House and Senate, almost 10 years ago Congress passed Ticket to Work and the Work Incentives Improvement Act, a law that was about helping those with disabilities to get back to work in order to support themselves and their families. The two grant programs we would reauthorize today were created as a part of that landmark legislation.

The Work Incentives Planning Assistance program funds community-based organizations to assist those receiving benefits to understand Social Security's complex rules and the effect of working on their benefits. Today, there are over 104 community-based cooperative agreements to ensure these services are available in all 50 States. Since the program began, over 350,000 people have been served.

One example is the Work Incentive Planning Assistance program of Easter Seals in north Texas, which serves 19 counties in the north Texas area, including my district. Thanks to their good work over the past 3 years, their staff experts have served 1,302 people, and 184 of them now still have jobs.

The Protection and Advocacy for Beneficiaries of Social Security program funds 57 grant programs covering all 50 States. These programs served al-

most 2,500 people last year and helped those working or trying to work by responding to their questions and resolving potential disputes with their employer or with an agency providing them with return-to-work services.

The authorized funding level of \$30 million has remained constant since these programs were created. Should Congress not act, these programs would expire on September 30, 2009, and the funding would end.

While I support a 1-year extension of these two important programs, at a Ways and Means Subcommittee on Social Security hearing, we learned that Social Security's primary return-to-work program, Ticket to Work, really hasn't been working. Fortunately, we are beginning to see promising signs of success in the Ticket program since new regulations to fix it were implemented last summer.

Now, more than ever, how every taxpayer dollar is spent does matter. Programs that don't achieve results must be changed or must end. To that end, I look forward to working with Chairman Tanner and all the members of the committee to figure out how all return-to-work programs can achieve their goal of a job and self-sufficiency for those who choose to return to work. I urge my colleagues to vote "yes."

I yield back the balance of my time.

Mr. TANNER. Mr. Speaker, I thank Mr. JOHNSON.

Mr. McDERMOTT. Mr. Speaker, I rise in strong support of H.R. 3325.

The Work Incentives Planning and Assistance program and the Protection and Advocacy for Beneficiaries of Social Security program play crucial roles in the lives of SSA's beneficiaries with disabilities.

The two programs enable these beneficiaries to make informed choices about work as well as providing them with the necessary services to successfully transition back into the workforce.

For instance, the Work Incentives Planning and Assistance Program helps guide them by providing important information about opportunities and resources that help them make an informed decision.

Importantly, these programs provide services, free of charge, to individuals receiving Social Security Disability Insurance or Supplemental Security Income.

A one year reauthorization will ensure that these vulnerable Americans may continue to receive guidance, support, and legal representation.

At a time of increased economic hardship across the country, it is vitally important that we not forget those most in need.

H.R. 3325 has strong bi-partisan support, as it should, and deserves overwhelming support when we vote in order to send a message to SSA beneficiaries with disabilities that they are not forgotten and we stand by their side.

Mr. TANNER. I have no other speakers and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. TANNER) that the House suspend the rules and pass the bill, H.R. 3325.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

VETERANS BUSINESS CENTER ACT OF 2009

Ms. VELÁZQUEZ. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1803) to amend the Small Business Act to establish a Veterans Business Center program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1803

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 "Veterans Business Center Act of 2009".

SEC. 2. VETERANS BUSINESS CENTER PROGRAM.

Section 32 of the Small Business Act (15 U.S.C. 657b) is amended—

(1) in subsection (f), by inserting "(other than subsections (g), (h), and (i))" after "this section"; and

(2) by adding at the end the following:

"(g) VETERANS BUSINESS CENTER PROGRAM.—

"(1) IN GENERAL.—The Administrator shall establish a Veterans Business Center program within the Administration to provide entrepreneurial training and counseling to veterans in accordance with this subsection.

"(2) DIRECTOR.—The Administrator shall appoint a Director of the Veterans Business Center program, who shall implement and oversee such program and who shall report directly to the Associate Administrator for Veterans Business Development.

"(3) DESIGNATION OF VETERANS BUSINESS CENTERS.—The Director shall establish by regulation an application, review, and notification process to designate entities as veterans business centers for purposes of this section. The Director shall make publicly known the designation of an entity as a veterans business center and the award of a grant to such center under this subsection.

"(4) FUNDING FOR VETERANS BUSINESS CENTERS.—

"(A) INITIAL GRANTS.—The Director is authorized to make a grant (hereinafter in this subsection referred to as an 'initial grant') to each veterans business center each year for not more than 5 years in the amount of \$200,000.

"(B) GROWTH FUNDING GRANTS.—After a veterans business center has received 5 years of initial grants under subparagraph (A), the Director is authorized to make a grant (hereinafter in this subsection referred to as a 'growth funding grant') to such center each year for not more than 3 years in the amount of \$150,000. After such center has received 3 years of growth funding grants, the Director shall require such center to meet performance benchmarks established by the Director to be eligible for growth funding grants in subsequent years.

"(5) CENTER RESPONSIBILITIES.—Each veterans business center receiving a grant under this subsection shall use the funds primarily on veteran entrepreneurial development, counseling of veteran-owned small businesses through one-on-one instruction and classes, and providing government procurement assistance to veterans.

"(6) MATCHING FUNDS.—Each veterans business center receiving a grant under this subsection shall be required to provide a non-

Federal match of 50 percent of the Federal funds such center receives under this subsection. The Director may issue to a veterans business center, upon request, a waiver from all or a portion of such matching requirement upon a determination of hardship. The Director may waive the matching funds requirement under this paragraph with respect to veterans business centers that serve communities with a per capita income less than 75 percent of the national per capita income and an unemployment rate at least 150 percent higher than the national average.

“(7) TARGETED AREAS.—The Director shall give priority to applications for designations and grants under this subsection that will establish a veterans business center in a geographic area, as determined by the Director, that is not currently served by a veterans business center and in which—

“(A) the population of veterans exceeds the national median of such measure; or

“(B) the population of veterans of Operation Iraqi Freedom or Operation Enduring Freedom exceeds the national median of such measure.

“(8) TRAINING PROGRAM.—The Director shall develop and implement, directly or by contract, an annual training program for the staff and personnel of designated veterans business centers to provide education, support, and information on best practices with respect to the establishment and operation of such centers. The Director shall develop such training program in consultation with veterans business centers, the interagency task force established under subsection (c), and veterans service organizations.

“(9) INCLUSION OF OTHER ORGANIZATIONS IN PROGRAM.—Upon the date of the enactment of this subsection, each Veterans Business Outreach Center established by the Administrator under the authority of section 8(b)(17) and each center that received funds during fiscal year 2006 from the National Veterans Business Development Corporation established under section 33 and that remains in operation shall be treated as designated as a veterans business center for purposes of this subsection and shall be eligible for grants under this subsection.

“(10) RURAL AREAS.—The Director shall submit annually to the Administrator a report on whether a sufficient percentage, as determined by the Director, of veterans in rural areas have adequate access to a veterans business center. If the Director submits a report under this paragraph that does not demonstrate that a sufficient percentage of veterans in rural areas have adequate access to a veterans business center, the Director shall give priority during the 1-year period following the date of the submission of such report to applications for designations and grants under this subsection that will establish veterans business centers in rural areas.

“(11) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$12,000,000 for fiscal year 2010 and \$14,000,000 for fiscal year 2011.

“(h) ADDITIONAL GRANTS AVAILABLE TO VETERANS BUSINESS CENTERS.—

“(1) ACCESS TO CAPITAL GRANT PROGRAM.—“(A) IN GENERAL.—The Director of the Veterans Business Center program shall establish a grant program under which the Director is authorized to make, to veterans business centers designated under subsection (g), grants for the following:

“(i) Developing specialized programs to assist veteran-owned small businesses to secure capital and repair damaged credit.

“(ii) Providing informational seminars on securing loans to veteran-owned small businesses.

“(iii) Providing one-on-one counseling to veteran-owned small businesses to improve

the financial presentations of such businesses to lenders.

“(iv) Facilitating the access of veteran-owned small businesses to both traditional and non-traditional financing sources.

“(v) Providing one-on-one or group counseling to owners of small business concerns who are members of the reserve components of the armed forces, as specified in section 10101 of title 10, United States Code, to assist such owners to effectively prepare their small businesses for periods when such owners are deployed in support of a contingency operation.

“(vi) Developing specialized programs to assist unemployed veterans to become entrepreneurs.

“(B) AWARD SIZE.—The Director may not award a veterans business center more than \$75,000 in grants under this paragraph.

“(C) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this paragraph \$1,500,000 for each of fiscal years 2010 and 2011.

“(2) PROCUREMENT ASSISTANCE GRANT PROGRAM.—

“(A) IN GENERAL.—The Director shall establish a grant program under which the Director is authorized to make, to veterans business centers designated under subsection (g), grants for the following:

“(i) Assisting veteran-owned small businesses to identify contracts that are suitable to such businesses.

“(ii) Preparing veteran-owned small businesses to be ready as subcontractors and prime contractors for contracts made available through the American Recovery and Reinvestment Act of 2009 (Public Law 111-5) through training and business advisement, particularly with respect to the construction trades.

“(iii) Providing veteran-owned small businesses technical assistance with respect to the Federal procurement process, including assisting such businesses to comply with Federal regulations and bonding requirements.

“(B) AWARD SIZE.—The Director may not award a veterans business center more than \$75,000 in grants under this paragraph.

“(C) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this paragraph \$1,500,000 for each of fiscal years 2010 and 2011.

“(3) SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS GRANT PROGRAM.—

“(A) IN GENERAL.—The Director shall establish a grant program under which the Director is authorized to make, to veterans business centers designated under subsection (g), grants for the following:

“(i) Developing outreach programs for service-disabled veterans to promote self-employment opportunities.

“(ii) Providing training to service-disabled veterans with respect to business plan development, marketing, budgeting, accounting, and merchandising.

“(iii) Assisting service-disabled veteran-owned small businesses to locate and secure business opportunities.

“(B) AWARD SIZE.—The Director may not award a veterans business center more than \$75,000 in grants under this paragraph.

“(C) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this paragraph \$1,500,000 for each of fiscal years 2010 and 2011.

“(i) VETERANS ENTREPRENEURIAL DEVELOPMENT SUMMIT.—

“(1) IN GENERAL.—The Director of the Veterans Business Center program is authorized to carry out an event, once every two years, for the purpose of providing networking opportunities, outreach, education, training, and support to veterans business centers funded under this section, veteran-owned

small businesses, veterans service organizations, and other entities as determined appropriate for inclusion by the Director. Such event shall include education and training with respect to improving outreach to veterans in areas of high unemployment.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$450,000 for fiscal years 2010 and 2011.

“(j) INCLUSION OF SURVIVING SPOUSES.—For purposes of subsections (g), (h), and (i) the following apply:

“(1) The term ‘veteran’ includes a surviving spouse of the following:

“(A) A member of the Armed Forces, including a reserve component thereof.

“(B) A veteran.

“(2) The term ‘veteran-owned small business’ includes a small business owned by a surviving spouse of the following:

“(A) A member of the Armed Forces, including a reserve component thereof.

“(B) A veteran.

“(k) INCLUSION OF RESERVE COMPONENTS.—For purposes of subsections (g), (h), and (i) the following apply:

“(1) The term ‘veteran’ includes a member of the reserve components of the armed forces as specified in section 10101 of title 10, United States Code.

“(2) The term ‘veteran-owned small business’ includes a small business owned by a member of the reserve components of the armed forces as specified in section 10101 of title 10, United States Code.”

SEC. 3. REPORTING REQUIREMENT FOR INTER-AGENCY TASK FORCE.

Section 32(c) of the Small Business Act (15 U.S.C. 657b(c)) is amended by adding at the end the following:

“(4) REPORT.—The Administrator shall submit to Congress biannually a report on the appointments made to and activities of the task force.”

SEC. 4. COMPTROLLER GENERAL STUDY OF SMALL BUSINESS CONCERNS OWNED AND CONTROLLED BY VETERANS.

The Comptroller General shall carry out a study on the effects of this Act and the amendments made by this Act on small business concerns owned and controlled by veterans and submit to Congress a report on the results of such study. Such report shall include the recommendations of the Comptroller General with respect to how this Act and the amendments made by this Act may be implemented to more effectively serve small business concerns owned and controlled by veterans.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Ms. VELÁZQUEZ) and the gentleman from Pennsylvania (Mr. THOMPSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Ms. VELÁZQUEZ. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, as a new generation of heroes returns home from the conflicts

in Iraq and Afghanistan, our Nation has a responsibility to ensure that they can earn a decent living for themselves and their families.

When they reenter civilian life, many of our returning soldiers, sailors, airmen and marines will be interested in launching their own businesses. This is not surprising. After all, the attributes it takes to lead a successful business, like perseverance, leadership and strategic thinking, are the same skills that make members of our military effective.

Already veterans comprise 14 percent of self-employed Americans. With more veterans returning home from Iraq every day, we can only expect the number of self-employed veterans to spike in coming months.

The bill before us today is meant to make specialized services available to veterans so that they can succeed as small business owners. Under this bill, the Small Business Administration is instructed to establish a new Veterans Business Center program. This program will provide veterans with dedicated counseling and business training.

There is already an existing Veterans Business Outreach Center initiative at the Small Business Administration, and while that program is limited in its scope, it has already demonstrated that veterans can succeed in business if they have the right tools.

Importantly, under this bill, for the first time we will have a dedicated network of entrepreneurial development centers that are designed specifically with veterans' needs in mind.

In addition to building on the success of the existing Veterans Business program, this legislation will tackle some of the most difficult challenges blocking veterans from becoming entrepreneurs. Given the ongoing credit crunch, there are specific measures in this bill to help veterans access capital and ensure loans.

H.R. 1803 also helps veterans find Federal contracts that are well-suited for veteran-owned businesses. This is a particularly timely program, given the wave of contracts that will be generated from the American Recovery and Reinvestment Act.

Equally important, this bill makes clear that as the SBA activates the new network of Veterans Business Centers, it should look first to those areas of the country with large veterans populations. In short, we are bringing small business resources that veterans need to the communities with the most veterans.

Mr. Speaker, all of us owe a debt to the men and women who wear our Nation's uniform in defense of our country. While we can never fully repay that debt, we can help our veterans reenter civilian life and pursue the American Dream.

The legislation before the House today will help our returning heroes find their piece of the American Dream by launching and building their own businesses. I urge my colleagues to support this bill.

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of H.R. 1803, the Veterans Business Center Act of 2009. Today's current economic climate provides a hard path to success. While it has never been easy for small business owners, obligations for increases in taxes, utilities, high health care costs and loan payments make it even more difficult.

With this ever-increasing burden, it is no wonder that small businesses are not thriving. And despite the barriers that are placed in front of them, small business owners are using their creativity to survive. The Small Business Administration has entrepreneurial technical assistance programs that must be reassessed in order to ensure that they are providing the most effective assistance to small business.

When the men and women who have chosen to serve their country honorably in the armed services retire and return home, they are often faced with a daunting task of beginning new careers. Many times, they choose to serve their country in another way. These brave Americans frequently choose to open up a small business and contribute to the growth of America's economy. For these great Americans, we must provide them with the very best training to ensure the ease of transition to their new civilian lives.

This important legislation modernizes one of SBA's most critical programs, the Veterans Business Center program, so it can help them become entrepreneurs during these difficult economic times. It will show them how to use their skills and creativity to establish small businesses and survive until such time as the economic climate allows their businesses to thrive. Then it will provide them with the assistance they need to help grow their business.

Currently, the Office of Veterans Affairs at the SBA oversees five Veterans Business Centers that serve our veterans. Under this legislation, a Veterans Business Center program will be established to develop and run a larger network of Veterans Business Centers.

Special attention will be paid to the areas of the country with dense veteran populations, such as those surrounding military facilities. These centers will offer counseling to veterans through one-on-one instruction. It will also provide continuing education to those who may have run a small business before entering the armed services and have returned to their business after a tour of duty.

□ 1630

Frequently overlooked and underappreciated are the spouses of Americans who have served in the Armed Forces. These individuals also face the challenges that a life in the armed services may present, including pro-

viding for a family in the absence of the servicemember. Under this legislation, spouses of deceased servicemembers will also benefit from the counseling and training of Veterans Business Centers if they are starting or running a small business.

Enlisted personnel are not the only ones serving our country. Members of the National Guard are frequently called upon at a moment's notice to provide assistance, whether in disaster relief efforts or in tours of duty overseas during wartime. Given the service they provide to the country, they should have the same resources as enlisted members of the armed services when their commitment to their fellow citizens is over. This bill would open Veterans Business Centers to members of the National Guard.

Everyone knows that a good business plan is the cornerstone of any successful small business. Creating and executing the business plan requires extensive business knowledge and ingenuity, including the ability to predict potential obstacles to the success that may unfold at any time.

This bill fortifies an already existing program that teaches America's veterans how to tackle their problems head on. In short, this bill sharpens an already existing tool employed by the SBA to cultivate one of our Nation's greatest natural resources, its veteran entrepreneurs.

Mr. Speaker, this legislation makes crucial changes to an important program at a critical time. I commend Mr. NYE for his hard work on this bill. I also commend Chairwoman VELÁZQUEZ for moving this bill so swiftly through committee.

I reserve the balance of my time.

Ms. VELÁZQUEZ. Mr. Speaker, I yield as much time as he may consume to the sponsor of the legislation, the gentleman from Virginia (Mr. NYE).

Mr. NYE. Mr. Speaker, first of all, I would like to thank Chairwoman VELÁZQUEZ for helping me bring my bill to the floor today. I can't thank my good friend enough for the hard work and the bipartisanship that she has shown in her leadership of the committee. I couldn't ask for a better chairwoman. I would also like to thank Ranking Member GRAVES and Mr. THOMPSON for their support.

Mr. Speaker, I have the honor to represent Virginia's Second Congressional District, home to the largest concentration of veterans, military personnel and military families anywhere in the country. We know firsthand that our community is stronger not only because of the service of our military personnel but also because of the contributions of our veterans.

The same drive and dedication that leads men and women from Hampton Roads and the Eastern Shore to serve our country in uniform also leads many of our veterans to take on the challenge of entrepreneurship. Like small businesses all across the country, veteran-owned small businesses are a

crucial part of our economy, helping to create jobs and spur economic growth.

It's no secret why they are successful. The skills and training that our veterans learn in the military are incredibly valuable in the private sector. However, despite their experience, many veterans leave the military without the resources to translate their skills to the challenges of starting and running a business. This bill will make sure our veterans have the support they need by establishing a nationwide network of Veterans Business Centers.

These centers will provide counseling and business training. They will assist in accessing capital and securing loans and credit, and they will help veterans navigate the procurement process to compete more effectively in the Federal marketplace.

Earlier this year, I spoke with a veteran in my district who started his own small business just 3 years ago; and as of this year, he has already created hundreds of jobs. Despite years of experience in the military, he told me that the only way that he got started was because of the support from other veteran business owners who showed him the ropes.

While he was fortunate, not all of our veterans are in the same position. The Veterans Business Centers will ensure that all veterans have access to the same resources and information so that they too can launch and grow their own businesses. We know already from the existing outreach centers and Small Business Development Centers that the model can be very successful. My bill will build on what works and expand access to these critical services, especially in areas of the country with large numbers of veterans.

The Veterans Business Center Act of 2009 has the support of both the American Legion and the Veterans of Foreign Wars; and most importantly, it will help spur the growth of small businesses and create jobs because at a time when we are working to rebuild our economy, America must draw upon the ingenuity of our small businesses and the dedication of our veteran entrepreneurs. I strongly urge my colleagues to support this bill.

Mr. THOMPSON of Pennsylvania. I yield as much time as she may consume to the gentlelady from Florida (Ms. GINNY BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. I thank the gentleman.

Mr. Speaker, I rise today in support of H.R. 1803, the Veterans Business Center Act of 2009. By creating a Veterans Business Center program, this bill supplies veterans with the academic, instructional and economic support that they need to start their own businesses. In my home State of Florida, 99 percent of the State's employers are small businesses. At a time when Florida is facing unprecedented economic difficulties, this bill will provide veterans in my district with the entrepreneurial training and counseling that they need to enter this vital part of Florida's economy.

I especially like the part of the bill that targets areas with high veteran populations. Madam Chairman, do I have the area for you: certainly the Tampa Bay area is home to so many veterans. We have MacDill; we have two wonderful veterans hospitals right there; and the third one is about to be built in the Orlando area.

While serving in the Armed Forces, our men and women in uniform often need to put their own career goals and ambitions on hold while risking their lives to protect our freedom. One way that we can honor our troops for their sacrifices and bravery is to provide them with the opportunity to pursue their dreams once they return from the battlefield. This Veterans Business Center Act of 2009 is an important step in achieving this goal. I want to thank Mr. NYE for introducing this bill and certainly Ms. VELÁZQUEZ from New York for allowing the bill to come before her committee and eventually to the floor. I encourage all of my colleagues to support this bill.

Ms. VELÁZQUEZ. Mr. Speaker, I have no further speakers. If the gentleman is ready to close or yield back, I am ready to close.

Mr. THOMPSON of Pennsylvania. I just want to thank the chairwoman for her leadership with this and Mr. NYE for this piece of legislation, and I yield back the balance of my time.

Ms. VELÁZQUEZ. Again, Mr. Speaker, let me just take the opportunity to thank Mr. NYE and all the members from the other side on the Small Business Committee who have worked on this legislation. I encourage all the Members to support this bill.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Ms. VELÁZQUEZ) that the House suspend the rules and pass the bill, H.R. 1803, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EDUCATING ENTREPRENEURS THROUGH TODAY'S TECHNOLOGY ACT

Ms. VELÁZQUEZ. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1807) to provide distance learning to potential and existing entrepreneurs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1807

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 "Educating Entrepreneurs through Today's Technology Act".

SEC. 2. EDUCATING ENTREPRENEURS THROUGH TECHNOLOGY.

The Small Business Act (15 U.S.C. 631 et seq.) is amended by redesignating section 44

as section 45 and by inserting the following new section after section 43:

"SEC. 44. EDUCATING AND NETWORKING ENTREPRENEURS THROUGH TECHNOLOGY.

"(a) PURPOSE.—The purpose of this section is to provide distance learning and opportunities for the exchange of peer-to-peer technical assistance through online networking to potential and existing entrepreneurs through the use of technology.

"(b) DEFINITION.—As used in this section, the term 'qualified third-party vendor' means an entity with experience in distance learning content or communications technology, or both, with the ability to utilize on-line, satellite, video-on-demand, and connected community-based organizations to distribute and conduct distance learning and establish an online network for use by potential and existing entrepreneurs to facilitate the exchange of peer-to-peer technical assistance related to entrepreneurship, credit management, financial literacy, and Federal small business development programs.

"(c) AUTHORITY.—The Administrator shall contract with qualified third-party vendors for entrepreneurial training content, the development of communications technology that can distribute content under this section throughout the United States, and the establishment of a nationwide, online network for the exchange of peer-to-peer technical assistance. The Administrator shall contract with at least two qualified third-party vendors to develop content.

"(d) CONTENT.—The Administrator shall ensure that the content referred to in subsection (c) is timely and relevant to entrepreneurial development and can be successfully communicated remotely to an audience through the use of technology. The Administrator shall, to the maximum extent practicable, promote content that makes use of technologies that allow for remote interaction by the content provider with an audience. The Administrator shall ensure that the content is catalogued and accessible to small businesses on-line or through other remote technologies.

"(e) COMMUNICATIONS TECHNOLOGY.—The Administrator shall ensure that the communications technology referred to in subsection (c) is able to distribute content throughout all 50 States and the territories of the United States to small business concerns, home-based businesses, Small Business Development Centers, Women's Business Centers, Veterans Business Centers, SCORE chapters, and the Small Business Administration and network entrepreneurs throughout all 50 States and the territories of the United States to allow for peer-to-peer learning through the creation of a location online that allows entrepreneurs and small business owners the opportunity to exchange technical assistance through the sharing of information. To the extent possible, the qualified third-party vendor should deliver the content and facilitate the networking using broadband technology.

"(f) REPORTS TO CONGRESS.—The Administrator shall submit a report to Congress 6 months after the date of the enactment of this section containing an analysis of the Small Business Administration's progress in implementing this section. The Administrator shall submit a report to Congress 1 year after the date of the enactment of this section and annually thereafter containing the number of presentations made under this section, the number of small businesses served under this section, the extent to which this section resulted in the establishment of new businesses, and feedback on the usefulness of this medium in presenting entrepreneurial education and facilitating the exchange of peer-to-peer technical assistance throughout the United States.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$2,000,000 for each of the fiscal years 2010 and 2011.”

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Ms. VELÁZQUEZ) and the gentleman from Pennsylvania (Mr. THOMPSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Ms. VELÁZQUEZ. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. VELÁZQUEZ. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of this bill which will help entrepreneurs grow their businesses through the expanded use of cutting-edge technology. This bill is a bipartisan product introduced by Representative THOMPSON from Pennsylvania and promises to go a long way in helping small firms flourish. Entrepreneurship is the tested tool for powering economies. So it should come as no surprise that entrepreneurial development, or ED, programs, have a track record for sparking growth. In fact, every \$1 put into these initiatives puts another \$2.87 into the Treasury. You cannot argue with that kind of return, especially at a time when our economy is fighting to recover.

While small business growth is important to any community, it is especially vital in struggling rural regions and urban areas. When recession hits, these areas fall the hardest. That is why this bill is so important. Through the use of cutting-edge technology, it delivers entrepreneurial development training to Americans everywhere. In doing so, it encourages business growth in places where it might not otherwise take root.

This is critical because entrepreneurship is more than a means of employment. It is a path to economic independence. Technology is often referred to as the great equalizer. It is an avenue through which all businesses, large and small, can attract new customers and reach untapped markets. It is also an effective means for delivering information and sharing data.

The Educating Entrepreneurs through Today's Technology Act builds on those two capabilities. With the click of a mouse, an aspiring entrepreneur in Appalachia can participate in a training program broadcast out of San Francisco. Resources such as satellite seminars and online information sessions make it easy for entrepreneurs everywhere to access information on a broad range of topics. Starting and running a small business can be chal-

lenging. In the current environment, even seasoned entrepreneurs are struggling to adapt. Proper training in areas like credit management, financial literacy and Federal small business programs are more important than ever. Whether we are talking about fledgling entrepreneurs or those with years of experience, everyone can benefit from this kind of information.

There is no question that our economy looks different today than it did the last time SBA's ED programs were updated. In terms of technology alone, we have grown by leaps and bounds. This bill reflects that change. It makes sure small firms can use modern technology to the best of their advantage. With these services, startups will be able to build a solid business foundation. Meanwhile, established firms will be able to retool and improve their existing operations.

As we continue to work our way towards recovery, small businesses will be on the front lines. It only makes sense to give them all the tools they need to succeed because with the technology of today they can help build prosperity for tomorrow. Mr. THOMPSON's bill gives them the resources to do so.

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

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

I rise today in support of H.R. 1807, the Educating Entrepreneurs through Today's Technology Act. Small businesses are the backbone of our economy, employing roughly half of United States workers. While our communities are experiencing high unemployment rates, the entrepreneurial spirit remains alive and well. For many underserved and rural areas, it is critical to have the opportunity and the ability to tap into resources that will foster further economic development and provide prospective entrepreneurs with the same access afforded to their suburban and urban counterparts.

H.R. 1807 will allow third parties the opportunity to provide high-quality tele-distance training through a competitive grants process administered by the SBA. The measure will provide for third-party vendors with experience in distance learning content and communications technology. It will employ online, satellite, video-connected, community-based organizations to distribute and conduct distance learning related to entrepreneurship, credit management, financial literacy, home-ownership and Federal small business development programs.

The Small Business Administration will ensure that the communications technology is distributed through all 50 States and U.S. territories to home-based businesses, Small Business Development Centers, Women's Business Centers, Veterans Business Centers and SBA district offices. Additionally, this measure would require that the online distance learning program provided for

in title II of the bill, include the establishment of an online networking site where entrepreneurs and small business owners can go to interact with one another. The goal of this networking site is to facilitate the exchange of peer-to-peer technical assistance.

□ 1645

This will allow for prospective and established entrepreneurs and small business owners to interact with each other to troubleshoot problems and share best practices for interacting with SBA, securing financing, navigating government regulations, and the slew of odds and ends that arise when getting a small business off the ground. There is no substitute for being able to fall back on lessons learned from experience, and peer to peer will arm current and prospective entrepreneurs with this priceless information from individuals who have been there before.

Mr. Speaker, for many entrepreneurs across the country, in order to access SBA and Small Business Development Centers they have to drive long distances. In my rural district, we have learned to use our limited resources wisely, and this can also be said for rural and underserved communities across the Nation.

This measure recognizes a one-size-fits-all textbook approach to addressing entrepreneurial concerns is seldom the solution. Passage of this measure will empower these very entrepreneurs to navigate the many hurdles facing emerging businesses.

I encourage my colleagues to vote in favor of H.R. 1807 and continue the House's commitment to our Nation's entrepreneurs.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Ms. VELÁZQUEZ) that the House suspend the rules and pass the bill, H.R. 1807, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SMALL BUSINESS
ADMINISTRATION EXTENSION

Ms. VELÁZQUEZ. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1513) to provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1513

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

SECTION 1. ADDITIONAL TEMPORARY EXTENSION OF AUTHORIZATION OF PROGRAMS UNDER THE SMALL BUSINESS ACT AND THE SMALL BUSINESS INVESTMENT ACT OF 1958.

(a) IN GENERAL.—Section 1 of the Act entitled “An Act to extend temporarily certain authorities of the Small Business Administration”, approved October 10, 2006 (Public Law 109–316; 120 Stat. 1742), as most recently amended by section 1 of Public Law 111–10 (123 Stat. 990), is amended by striking “July 31, 2009” each place it appears and inserting “September 30, 2009”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on July 30, 2009.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Ms. VELÁZQUEZ) and the gentleman from Pennsylvania (Mr. THOMPSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Ms. VELÁZQUEZ. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

All of us on both sides of the aisle agree that America’s small businesses will be the cornerstone of our economic recovery. Not only are small businesses more nimble and better able to respond to economic turbulence, but after losing their jobs many Americans turn to entrepreneurship as a new source of income. This ingenuity has led us out of previous recessions. With the right tools and support, I believe small businesses will again lead our Nation back to recovery.

Since January, this Congress has taken important steps to help our small businesses. The Recovery Act is helping address the single biggest challenge facing entrepreneurs today, namely, access to affordable capital. By making improvements to the SBA’s capital access programs, this bill will yield \$21 billion in new lending and investment for small firms. We have also targeted \$15 billion in new tax relief to small businesses through the act, and many small companies are being put back to work rebuilding our economic infrastructure. In fact, small businesses which dominate trades like construction and engineering can expect to see \$30 billion in infrastructure opportunities thanks to the Recovery Act.

However, our work on behalf of small businesses does not stop there. In May, this body passed bipartisan legislation to update and improve the SBA’s Entrepreneurial Development programs. These initiatives have a solid track record of success. Small businesses that use them are twice as likely to succeed.

Last year alone, ED programs helped create 73,000 new jobs. The legislation we passed in May will build on this success. Through outreach to targeted communities like veterans, our bill will ensure more companies take advantage of these services. And the legislation responds to current economic pressures by helping dislocated workers start their own enterprises and offering expert consulting to troubled businesses.

Finally, in the last month we have worked to update the Small Business Innovation Research program and the Small Business Technology Transfer program. Every year, through SBIR and STTR, some of our largest Federal agencies invest \$2.2 billion in small business research. This infusion helps launch 1,500 new companies. The House-passed bill will strengthen the SBIR program in a number of ways. It will make it easier for companies participating in SBIR to access venture capital. We have also adjusted the size of program grants to better reflect the research costs. And we have targeted the program toward commercialization so more products come to the market and there are further opportunities for job creation.

Mr. Speaker, all of these measures will update and improve Federal programs that small businesses rely on. As we speak, the committee is continuing work with our counterparts in the Senate to finalize these bills, prepare them for final passage, and get them to the President for his signature.

However, as the current programs at the SBA expire at the end of this month, we must pass an extension so that our legislative work can continue. The bill before us will keep existing initiatives at the SBA running for another 60 days. This will allow us time to finalize these measures and prepare them for final passage.

I urge my colleagues to vote “yes” on this measure.

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of the chairwoman’s request to suspend the rules and pass S. 1513.

The bill is very simple. It extends the authorization of all programs authorized by the Small Business Act, the Small Business Investment Act, and any program operated by the Small Business Administration for which Congress has already appropriated funds. This extension will last until September 30, 2009. This extension is necessary because the authorization for various programs operated by SBA ceases on July 30, 2009.

The committee has worked in a bipartisan fashion over the past two Congresses and reported out a number of bills to address programs operated by the SBA. Despite the efforts of the House, the extension passed earlier this year by both parties of Congress will

expire before the legislative process can run its course. The work needed to help America’s entrepreneurs revitalize the economy simply cannot be accomplished by Friday of this week. Without enactment of this extension, a number of vital programs that SBA operates would cease to function.

Given the importance that small businesses play and will continue to play in the revitalization of the American economy, we cannot allow the SBA authorizations to run out. Enactment of this extension will enable the House and Senate to continue to work in a diligent manner to address necessary changes to SBA programs.

I urge all my colleagues to suspend the rules and pass S. 1513.

Mr. GINGREY of Georgia. Mr. Speaker, I rise in strong support of S. 1513, legislation that would provide a short term extension of the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs. While I wish that our colleagues in the Senate would have taken up the House-passed H.R. 2965 before the programs’ scheduled expiration on July 31, I believe that it is imperative that we act quickly so as not to lose the ability to help small businesses, who are the biggest job creators in our country.

Small business drives U.S. economic growth and innovation. These companies make up 99.7 percent of all U.S. employers and employ nearly half of all Americans not working for the government. In addition, small businesses employ 39 percent of high-tech workers such as scientists and engineers, and produce 13 to 14 times more patents per employee than do large firms.

Mr. Speaker, the SBIR and STTR programs were created to provide critical funding to these companies so they could conduct R&D that they otherwise would not be able to afford. These programs also provide further funding to commercialize promising technology resulting from this R&D.

Since their inception in 1982, these programs continue to provide over \$2 billion in grants and contracts each year and have provided the start-up funding for hundreds of small businesses in the United States.

In my own State of Georgia, Georgia Tech provides assistance to small business initiatives across the State, and as a result, companies have received over \$244 million in SBIR and STTR grants since the programs’ inception. In my northwest Georgia district alone, over \$3.3 million in SBIR grants were awarded in fiscal year 2008.

Mr. Speaker, earlier this month, both Chambers of Congress passed respective legislation to fully reauthorize the SBIR and STTR programs. It is my hope that after we return from the annual August recess, we can work in a bipartisan and bicameral way to pass this important reauthorization. These programs have been effective in providing government assistance to small businesses to help more people in our country achieve the American Dream. We need to ensure that both SBIR and STTR are extended until September 30 so that we can continue to foster small business development in the emerging technology-based global economy—while we work with our Senate colleagues for a full reauthorization.

I urge all of my colleagues to support this short-term extension by voting in favor of S. 1513.

Mr. THOMPSON of Pennsylvania. I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Ms. VELAZQUEZ) that the House suspend the rules and pass the bill, S. 1513.

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. THOMPSON of Pennsylvania. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

COAST GUARD ACQUISITION REFORM ACT OF 2009

Mr. CUMMINGS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1665) to structure Coast Guard acquisition processes and policies, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1665

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Coast Guard Acquisition Reform Act of 2009".

(b) TABLE OF CONTENTS.—

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—RESTRICTIONS ON THE USE OF LEAD SYSTEMS INTEGRATORS

Sec. 101. Procurement structure.

TITLE II—COAST GUARD ACQUISITION POLICY

Sec. 201. Operational requirements.

Sec. 202. Required contract terms.

Sec. 203. Life-cycle cost estimates.

Sec. 204. Test and evaluation.

Sec. 205. Capability standards.

Sec. 206. Acquisition program reports.

Sec. 207. Undefined contractual actions.

Sec. 208. Guidance on excessive pass-through charges.

Sec. 209. Acquisition of major capabilities: Alternatives analysis.

Sec. 210. Cost overruns and delays.

Sec. 211. Report on former Coast Guard officials employed by contractors to the agency.

Sec. 212. Department of Defense consultation.

TITLE III—COAST GUARD PERSONNEL

Sec. 301. Chief Acquisition Officer.

Sec. 302. Improvements in Coast Guard acquisition management.

Sec. 303. Recognition of Coast Guard personnel for excellence in acquisition.

Sec. 304. Enhanced status quo officer promotion system.

Sec. 305. Coast Guard acquisition workforce expedited hiring authority.

SEC. 2. DEFINITIONS.

In this Act, the following definitions apply:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term "appropriate congressional committees" means the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate.

(2) COMMANDANT.—The term "Commandant" means the Commandant of the Coast Guard.

(3) LEVEL 1 ACQUISITION.—The term "Level 1 acquisition" means—

(A) an acquisition by the Coast Guard—

(i) the estimated life-cycle costs of which exceed \$1,000,000,000; or

(ii) the estimated total acquisition costs of which exceed \$300,000,000; or

(B) any acquisition that the Chief Acquisition Officer of the Coast Guard determines to have a special interest—

(i) due to—

(I) the experimental or technically immature nature of the asset;

(II) the technological complexity of the asset;

(III) the commitment of resources; or

(IV) the nature of the capability or set of capabilities to be achieved; or

(ii) because such acquisition is a joint acquisition.

(4) LEVEL 2 ACQUISITION.—The term "Level 2 acquisition" means an acquisition by the Coast Guard—

(A) the estimated life-cycle costs of which are equal to or less than \$1,000,000,000, but greater than \$300,000,000; or

(B) the estimated total acquisition costs of which are equal to or less than \$300,000,000, but greater than \$100,000,000.

(5) LIFE-CYCLE COST.—The term "life-cycle cost" means all costs for development, procurement, construction, and operations and support for a particular capability or asset, without regard to funding source or management control.

TITLE I—RESTRICTIONS ON THE USE OF LEAD SYSTEMS INTEGRATORS

SEC. 101. PROCUREMENT STRUCTURE.

(a) IN GENERAL.—

(1) USE OF LEAD SYSTEMS INTEGRATOR.—Except as provided in subsection (b), the Commandant may not use a private sector entity as a lead systems integrator for an acquisition contract awarded or delivery order or task order issued after the end of the 180-day period beginning on the date of enactment of this Act.

(2) FULL AND OPEN COMPETITION.—The Commandant and any lead systems integrator engaged by the Coast Guard shall use full and open competition for any acquisition contract awarded after the date of enactment of this Act, unless otherwise excepted in accordance with Federal acquisition laws and regulations promulgated under those laws, including the Federal Acquisition Regulation.

(3) NO EFFECT ON SMALL BUSINESS ACT.—Nothing in this subsection shall be construed to supersede or otherwise affect the authorities provided by and under the Small Business Act (15 U.S.C. 631 et seq.).

(b) EXCEPTIONS.—

(1) NATIONAL DISTRESS AND RESPONSE SYSTEM MODERNIZATION PROGRAM; NATIONAL SECURITY CUTTERS 2 AND 3.—Notwithstanding subsections (a) and (e), the Commandant may use a private sector entity as a lead systems integrator for the Coast Guard to complete the National Distress and Response System Modernization Program (otherwise known as the "Rescue 21" program) and National Security Cutters 2 and 3.

(2) COMPLETION OF ACQUISITION BY LEAD SYSTEMS INTEGRATOR.—Notwithstanding subsection (a), the Commandant may use a private sector entity as a lead systems integrator for the Coast Guard—

(A) to complete any delivery order or task order, including the exercise of previously established options on a delivery order or task order that was issued to a lead systems integrator on or before the date that is 180 days after the date of enactment of this Act without any change in the quantity of capabilities or assets or the specific type of capabilities or assets covered by the order;

(B) for a contract awarded after the date that is 180 days after the date of enactment of this Act for acquisition of, or in support of, the HC-130J aircraft, the HH-65 aircraft, or the C4ISR system, if the requirements of subsection (c) are met with respect to such acquisitions;

(C) for a contract awarded after the date that is 180 days after the date of enactment of this Act for acquisition of, or in support of, Maritime Patrol Aircraft, if the requirements of subsection (c) are met with respect to such an acquisition; and

(D) for the acquisition of, or in support of, additional National Security Cutters or Maritime Patrol Aircraft, if the Commandant determines that—

(i) the acquisition is in accordance with Federal acquisition laws and regulations promulgated under those laws, including the Federal Acquisition Regulation;

(ii) the acquisition and the use of a private sector entity as a lead systems integrator for the acquisition are in the best interest of the Federal Government; and

(iii) the requirements of subsection (c) are met with respect to such acquisition.

(3) REPORT ON DECISION-MAKING PROCESS.—If the Commandant determines under subparagraph (B), (C), or (D) of subsection (b)(2) that the Coast Guard will use a private sector lead systems integrator for an acquisition, the Commandant shall notify in writing the appropriate congressional committees of the Commandant's determination and shall provide a detailed rationale for the determination, at least 30 days before the award of a contract or issuance of a delivery order or task order, using a private sector lead systems integrator, including a comparison of the cost of the acquisition through the private sector lead systems integrator with the expected cost if the acquisition were awarded directly to the manufacturer or shipyard. For purposes of that comparison, the cost of award directly to a manufacturer or shipyard shall include the costs of Government contract management and oversight.

(c) LIMITATION ON LEAD SYSTEMS INTEGRATORS.—Neither an entity performing lead systems integrator functions for a Coast Guard acquisition nor a Tier 1 subcontractor for any acquisition described in subparagraph (B), (C), or (D) of subsection (b)(2) may have a financial interest in a subcontractor below the Tier 1 subcontractor level unless—

(1) the subcontractor was selected by the prime contractor through full and open competition for such procurement;

(2) the procurement was awarded by the lead systems integrator or a subcontractor through full and open competition;

(3) the procurement was awarded by a subcontractor through a process over which the lead systems integrator or a Tier 1 subcontractor exercised no control; or

(4) the Commandant has determined that the procurement was awarded in a manner consistent with Federal acquisition laws and regulations promulgated under those laws, including the Federal Acquisition Regulation.

(d) RULE OF CONSTRUCTION.—The limitation in subsection (b)(1)(A) on the quantity and specific type of assets to which subsection

(b) applies shall not be construed to apply to the modification of the number or type of any sub-systems or other components of a vessel or aircraft described in subparagraph (B), (C), or (D) of subsection (b)(2).

(e) **TERMINATION DATE FOR EXCEPTIONS.**—Except as described in subsection (b)(1), the Commandant may not use a private sector entity as a lead systems integrator for acquisition contracts awarded, or task orders or delivery orders issued, after the earlier of—

(1) September 30, 2011; or

(2) the date on which the Commandant certifies in writing to the appropriate congressional committees that the Coast Guard has available and can retain sufficient acquisition workforce personnel and expertise within the Coast Guard, through an arrangement with other Federal agencies, or through contracts or other arrangements with private sector entities, to perform the functions and responsibilities of the lead systems integrator in an efficient and cost-effective manner.

TITLE II—COAST GUARD ACQUISITION POLICY

SEC. 201. OPERATIONAL REQUIREMENTS.

(a) **IN GENERAL.**—No Level 1 or Level 2 acquisition program may be initiated by the Coast Guard, and no production contract may be awarded for such an acquisition, unless the Commandant has approved an operational requirement for such acquisition.

(b) **OPERATIONAL REQUIREMENT FOR ACQUISITION PROGRAMS.**—

(1) **IN GENERAL.**—The Commandant shall establish mature and stable operational requirements for acquisition programs.

(2) **ELEMENTS.**—Prior to establishing operational requirements under paragraph (1), the Commandant shall—

(A) prepare a preliminary statement of need, a concept of operations, an analysis of alternatives or the equivalent, an estimate of life-cycle costs, and requirements for interoperability with other capabilities and assets within and external to the Coast Guard; and

(B) in preparing the concept of operations under subparagraph (A), coordinate with acquisition and support professionals, requirements officials, operational users and maintainers, and resource officials who can ensure the appropriate consideration of performance, cost, schedule and risk trade-offs.

(c) **CONSIDERATION OF TRADE-OFFS.**—In establishing operational requirements under subsection (a), the Commandant shall develop and implement mechanisms to ensure that trade-offs among performance, cost, schedule, and risk are considered in the establishment of operational requirements for development and production of a Level 1 or Level 2 acquisition.

(d) **ELEMENTS.**—The mechanisms required under this section shall ensure at a minimum that Coast Guard officials responsible for acquisition management, budget, and cost estimating functions have the authority to develop cost estimates and raise cost and schedule matters at any point in the process of establishing operational requirements for a Level 1 or Level 2 acquisition.

SEC. 202. REQUIRED CONTRACT TERMS.

(a) **IN GENERAL.**—The Commandant shall ensure that a contract awarded or a delivery order or task order issued for an acquisition of a capability or an asset with an expected service life of 10 years and with a total acquisition cost that is equal to or exceeds \$10,000,000 awarded or issued by the Coast Guard after the date of enactment of this Act—

(1) provides that all certifications for an end-state capability or asset under such contract, delivery order, or task order, respectively, will be conducted by the Com-

mandant or an independent third party, and that self-certification by a contractor or subcontractor is not allowed;

(2) requires that the Commandant shall maintain the authority to establish, approve, and maintain technical requirements;

(3) requires that any measurement of contractor and subcontractor performance be based on the status of all work performed, including the extent to which the work performed met all performance, cost, and schedule requirements;

(4) specifies that, for the acquisition or upgrade of air, surface, or shore capabilities and assets for which compliance with TEMPEST certification is a requirement, the standard for determining such compliance will be the air, surface, or shore standard then used by the Department of the Navy for that type of capability or asset; and

(5) for any contract awarded to acquire an Offshore Patrol Cutter, includes provisions specifying the service life, fatigue life, and days underway in general Atlantic and North Pacific Sea conditions, maximum range, and maximum speed the cutter will be built to achieve.

(b) **PROHIBITED CONTRACT PROVISIONS.**—The Commandant shall ensure that any contract awarded or delivery order or task order issued by the Coast Guard after the date of enactment of this Act does not include any provision allowing for equitable adjustment that differs from the Federal Acquisition Regulation.

(c) **EXTENSION OF PROGRAM.**—Any contract, contract modification, or award term extending a contract with a lead systems integrator—

(1) shall not include any minimum requirements for the purchase of a given or determinable number of specific capabilities or assets; and

(2) shall be reviewed by an independent third party with expertise in acquisition management, and the results of that review shall be submitted to the appropriate congressional committees at least 60 days prior to the award of the contract, contract modification, or award term.

SEC. 203. LIFE-CYCLE COST ESTIMATES.

(a) **IN GENERAL.**—The Commandant shall implement mechanisms to ensure the development and regular updating of life-cycle cost estimates for each acquisition with a total acquisition cost that equals or exceeds \$10,000,000 and an expected service life of 10 years, and to ensure that these estimates are considered in decisions to develop or produce new or enhanced capabilities and assets.

(b) **TYPES OF ESTIMATES.**—In addition to life-cycle cost estimates that may be developed by acquisition program offices, the Commandant shall require that an independent life-cycle cost estimate be developed for each Level 1 or Level 2 acquisition program or project.

(c) **REQUIRED UPDATES.**—For each Level 1 or Level 2 acquisition program or project the Commandant shall require that life-cycle cost estimates shall be updated before each milestone decision is concluded and the program or project enters a new acquisition phase.

SEC. 204. TEST AND EVALUATION.

(a) **TEST AND EVALUATION MASTER PLAN.**—

(1) **IN GENERAL.**—For any Level 1 or Level 2 acquisition program or project the Coast Guard Chief Acquisition Officer must approve a Test and Evaluation Master Plan specific to the acquisition program or project for the capability, asset, or sub-systems of the capability or asset and intended to minimize technical, cost, and schedule risk as early as practicable in the development of the program or project.

(2) **TEST AND EVALUATION STRATEGY.**—The TEMP shall—

(A) set forth an integrated test and evaluation strategy that will verify that capability-level or asset-level and sub-system-level design and development, including performance and supportability, have been sufficiently proven before the capability, asset, or sub-system of the capability or asset is approved for production; and

(B) require that adequate developmental tests and evaluations and operational tests and evaluations established under subparagraph (A) are performed to inform production decisions.

(3) **OTHER COMPONENTS OF TEMP.**—At a minimum, the TEMP shall identify—

(A) the key performance parameters to be resolved through the integrated test and evaluation strategy;

(B) critical operational issues to be assessed in addition to the key performance parameters;

(C) specific development test and evaluation phases and the scope of each phase;

(D) modeling and simulation activities to be performed, if any, and the scope of such activities;

(E) early operational assessments to be performed, if any, and the scope of such assessments;

(F) operational test and evaluation phases;

(G) an estimate of the resources, including funds, that will be required for all test, evaluation, assessment, modeling, and simulation activities; and

(H) the Government entity or independent entity that will perform the test, evaluation, assessment, modeling, and simulation activities.

(4) **UPDATE.**—The Coast Guard Chief Acquisition Officer shall approve an updated TEMP whenever there is a revision to program or project test and evaluation strategy, scope, or phasing.

(5) **LIMITATION.**—The Coast Guard may not—

(A) proceed past that phase of the acquisition process that entails approving the supporting acquisition of a capability or asset before the TEMP is approved by the Coast Guard Chief Acquisition Officer; or

(B) award any production contract for a capability, asset, or sub-system for which a TEMP is required under this subsection before the TEMP is approved by the Coast Guard Chief Acquisition Officer.

(b) **TESTS AND EVALUATIONS.**—

(1) **IN GENERAL.**—The Commandant shall ensure that the Coast Guard conducts developmental tests and evaluations and operational tests and evaluations of a capability or asset and the sub-systems of the capability or asset for which a TEMP has been prepared under subsection (a).

(2) **USE OF THIRD PARTIES.**—The Commandant shall ensure that the Coast Guard uses third parties with expertise in testing and evaluating the capabilities or assets and the sub-systems of the capabilities or assets being acquired to conduct developmental tests and evaluations and operational tests and evaluations whenever the Coast Guard lacks the capability to conduct the tests and evaluations required by a TEMP.

(3) **COMMUNICATION OF SAFETY CONCERNS.**—The Commandant shall require that safety concerns identified during developmental or operational tests and evaluations or through independent or Government-conducted design assessments of capabilities or assets and sub-systems of capabilities or assets to be acquired by the Coast Guard shall be communicated as soon as practicable, but not later than 30 days after the completion of the test or assessment event or activity that identified the safety concern, to the program manager for the capability or asset and the sub-systems concerned and to the Coast Guard Chief Acquisition Officer.

(4) **REPORTING OF SAFETY CONCERNS.**—Any safety concerns that have been reported to the Chief Acquisition Officer for an acquisition program or project shall be reported by the Commandant to the appropriate congressional committees at least 90 days before the award of any contract or issuance of any delivery order or task order for low, initial, or full-rate production of the capability or asset concerned if they will remain uncorrected or unmitigated at the time such a contract is awarded or delivery order or task order is issued. The report shall include a justification for the approval of that level of production of the capability or asset before the safety concern is corrected or mitigated. The report shall also include an explanation of the actions that will be taken to correct or mitigate the safety concern, the date by which those actions will be taken, and the adequacy of current funding to correct or mitigate the safety concern.

(5) **ASSET ALREADY IN LOW, INITIAL, OR FULL-RATE PRODUCTION.**—If operational test and evaluation on a capability or asset already in low, initial, or full-rate production identifies a safety concern with the capability or asset or any sub-systems of the capability or asset not previously identified during developmental or operational test and evaluation, the Commandant shall—

(A) notify the program manager and the Chief Acquisition Officer of the safety concern as soon as practicable, but not later than 30 days after the completion of the test and evaluation event or activity that identified the safety concern; and

(B) notify the appropriate congressional Committee of the safety concern not later than 30 days after notification is made to the program manager and Chief Acquisition Officer, and include in such notification—

(i) an explanation of the actions that will be taken to correct or mitigate the safety concern in all capabilities or assets and sub-systems of the capabilities or assets yet to be produced, and the date by which those actions will be taken;

(ii) an explanation of the actions that will be taken to correct or mitigate the safety concern in previously produced capabilities or assets and sub-systems of the capabilities or assets, and the date by which those actions will be taken; and

(iii) an assessment of the adequacy of current funding to correct or mitigate the safety concern in capabilities or assets and sub-systems of the capabilities or assets and in previously produced capabilities or assets and sub-systems.

(C) **DEFINITIONS.**—In this section:

(1) **DEVELOPMENTAL TEST AND EVALUATION.**—The term “developmental test and evaluation” means—

(A) the testing of a capability or asset and the sub-systems of the capability or asset to determine whether they meet all contractual performance requirements, including technical performance requirements, supportability requirements, and interoperability requirements and related specifications; and

(B) the evaluation of the results of such testing.

(2) **OPERATIONAL TEST AND EVALUATION.**—The term “operational test and evaluation” means—

(A) the testing of a capability or asset and the sub-systems of the capability or asset, under conditions similar to those in which the capability or asset and subsystems will actually be deployed, for the purpose of determining the effectiveness and suitability of the capability or asset and sub-systems for use by typical Coast Guard users to conduct those missions for which the capability or asset and sub-systems are intended to be used; and

(B) the evaluation of the results of such testing.

(3) **SAFETY CONCERN.**—The term “safety concern” means any hazard associated with a capability or asset or a sub-system of a capability or asset that is likely to cause serious bodily injury or death to a typical Coast Guard user in testing, maintaining, repairing, or operating the capability, asset, or sub-system or any hazard associated with the capability, asset, or sub-system that is likely to cause major damage to the capability, asset, or sub-system during the course of its normal operation by a typical Coast Guard user.

(4) **TEMP.**—The term “TEMP” means a Test and Evaluation Master Plan for which approval is required under this section.

SEC. 205. CAPABILITY STANDARDS.

(a) **CUTTER CLASSIFICATION.**—The Commandant shall cause each cutter, other than a National Security Cutter, acquired by the Coast Guard and delivered after the date of enactment of this Act to be classed by the American Bureau of Shipping before final acceptance.

(b) **TEMPEST TESTING.**—The Commandant shall—

(1) cause all electronics on all aircraft, surface, and shore capabilities and assets that require TEMPEST certification and that are delivered after the date of enactment of this Act to be tested in accordance with TEMPEST standards and communication security (COMSEC) standards by an independent third party that is authorized by the Federal Government to perform such testing; and

(2) certify that the capabilities and assets meet all applicable TEMPEST requirements.

(c) **NATIONAL SECURITY CUTTERS.**—

(1) **NATIONAL SECURITY CUTTERS 1 AND 2.**—Not later than 90 days before the Coast Guard awards any contract or issues any delivery order or task order to strengthen the hull of either of National Security Cutter 1 or 2 to resolve the structural design and performance issues identified in the Department of Homeland Security Inspector General’s report OIG-07-23 dated January 2007, the Commandant shall submit to the appropriate congressional committees and the Committee on Homeland Security of the House of Representatives all results of an assessment of the proposed hull strengthening design conducted by the Coast Guard, including—

(A) a description in detail of the extent to which the hull strengthening measures to be implemented on those cutters will enable the cutters to meet contract and performance requirements;

(B) a cost benefit analysis of the proposed hull strengthening measures for National Security Cutters 1 and 2; and

(C) a description of any operational restrictions that would have to be applied to either National Security Cutters 1 or 2 if the proposed hull strengthening measures were not implemented on either cutter.

(2) **OTHER VESSELS.**—The Commandant shall cause the design and construction of each National Security Cutter, other than National Security Cutters 1, 2, and 3, to be assessed by an independent third party with expertise in vessel design and construction certification.

(d) **AIRCRAFT AIRWORTHINESS.**—The Commandant shall cause all aircraft and aircraft engines acquired by the Coast Guard and delivered after the date of enactment of this Act to be assessed for airworthiness by an independent third party with expertise in aircraft and aircraft engine certification, before final acceptance.

SEC. 206. ACQUISITION PROGRAM REPORTS.

Any Coast Guard Level 1 or Level 2 acquisition program or project may not begin to obtain any capability or asset or proceed be-

yond that phase of its development that entails approving the supporting acquisition until the Commandant submits to the appropriate congressional committees the following:

(1) The key performance parameters, the key system attributes, and the operational performance attributes of the capability and asset to be acquired under the proposed acquisition program or project will be built to achieve.

(2) A detailed list of the systems or other capabilities with which the capability or asset to be acquired is intended to be interoperable, including an explanation of the attributes of interoperability.

(3) The anticipated acquisition program baseline and acquisition unit cost for the capability or asset to be produced and deployed under the program or project.

(4) A detailed schedule for the acquisition process showing when all capability and asset acquisitions are to be completed and when all acquired capabilities and assets are to be initially and fully deployed.

SEC. 207. UNDEFINITIZED CONTRACTUAL ACTIONS.

(a) **IN GENERAL.**—The Coast Guard may not enter into an undefinitized contractual action unless such action is directly approved by the Head of Contracting Activity of the Coast Guard.

(b) **REQUESTS FOR UNDEFINITIZED CONTRACTUAL ACTIONS.**—Any request to the Head of Contracting Activity for approval of an undefinitized contractual action covered under subsection (a) must include a description of the anticipated effect on requirements of the Coast Guard if a delay is incurred for the purposes of determining contractual terms, specifications, and price before performance is begun under the contractual action.

(c) **REQUIREMENTS FOR UNDEFINITIZED CONTRACTUAL ACTIONS.**—

(1) **DEADLINE FOR AGREEMENT ON TERMS, SPECIFICATIONS, AND PRICE.**—A contracting officer of the Coast Guard may not enter into an undefinitized contractual action unless the contractual action provides for agreement upon contractual terms, specification, and price by the earlier of—

(A) the end of the 180-day period beginning on the date on which the contractor submits a qualifying proposal to definitize the contractual terms, specifications, and price; or

(B) the date on which the amount of funds obligated under the contractual action is equal to more than 50 percent of the negotiated overall ceiling price for the contractual action.

(2) **LIMITATION ON OBLIGATIONS.**—

(A) **IN GENERAL.**—Except as provided in subparagraph (B), the contracting officer for an undefinitized contractual action may not obligate under such contractual action an amount that exceeds 50 percent of the negotiated overall ceiling price until the contractual terms, specifications, and price are definitized for such contractual action.

(B) **EXCEPTION.**—Notwithstanding subparagraph (A), if a contractor submits a qualifying proposal to definitize an undefinitized contractual action before an amount that exceeds 50 percent of the negotiated overall ceiling price is obligated on such action, the contracting officer for such action may not obligate with respect to such contractual action an amount that exceeds 75 percent of the negotiated overall ceiling price until the contractual terms, specifications, and price are definitized for such contractual action.

(3) **WAIVER.**—The Commandant may waive the application of this subsection with respect to a contract if the Commandant determines that the waiver is necessary to sup-

(A) a contingency operation (as that term is defined in section 101(a)(13) of title 10, United States Code);

(B) an operation in response to an emergency that poses an unacceptable threat to human health or safety or to the marine environment; or

(C) an operation in response to a natural disaster or major disaster or emergency designated by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

(4) LIMITATION ON APPLICATION.—This subsection does not apply to an undefinitized contractual action for the purchase of initial spares.

(d) INCLUSION OF NONURGENT REQUIREMENTS.—Requirements for spare parts and support equipment that are not needed on an urgent basis may not be included in an undefinitized contractual action by the Coast Guard for spare parts and support equipment that are needed on an urgent basis unless the Commandant approves such inclusion as being—

(1) good business practice; and

(2) in the best interests of the United States.

(e) MODIFICATION OF SCOPE.—The scope of an undefinitized contractual action under which performance has begun may not be modified unless the Commandant approves such modification as being—

(1) good business practice; and

(2) in the best interests of the United States.

(f) ALLOWABLE PROFIT.—The Commandant shall ensure that the profit allowed on an undefinitized contractual action for which the final price is negotiated after a substantial portion of the performance required is completed reflects—

(1) the possible reduced cost risk of the contractor with respect to costs incurred during performance of the contract before the final price is negotiated; and

(2) the reduced cost risk of the contractor with respect to costs incurred during performance of the remaining portion of the contract.

(g) DEFINITIONS.—In this section:

(1) UNDEFINITIZED CONTRACTUAL ACTION.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the term “undefinitized contractual action” means a new procurement action entered into by the Coast Guard for which the contractual terms, specifications, or price are not agreed upon before performance is begun under the action.

(B) EXCLUSION.—Such term does not include contractual actions with respect to the following:

(i) Foreign military sales.

(ii) Purchases in an amount not in excess of the amount of the simplified acquisition threshold.

(iii) Special access programs.

(2) QUALIFYING PROPOSAL.—The term “qualifying proposal” means a proposal that contains sufficient information to enable complete and meaningful audits of the information contained in the proposal as determined by the contracting officer.

SEC. 208. GUIDANCE ON EXCESSIVE PASS-THROUGH CHARGES.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Commandant shall issue guidance to ensure that pass-through charges on contracts, subcontracts, delivery orders, and task orders that are entered into with a private entity acting as a lead systems integrator by or on behalf of the Coast Guard are not excessive in relation to the cost of work performed by the relevant contractor or subcontractor. The guidance shall, at a minimum—

(1) set forth clear standards for determining when no, or negligible, value has

been added to a contract by a contractor or subcontractor;

(2) set forth procedures for preventing the payment by the Government of excessive pass-through charges; and

(3) identify any exceptions determined by the Commandant to be in the best interest of the Government.

(b) EXCESSIVE PASS-THROUGH CHARGE DEFINED.—In this section the term “excessive pass-through charge”, with respect to a contractor or subcontractor that adds no, or negligible, value to a contract or subcontract, means a charge to the Government by the contractor or subcontractor that is for overhead or profit on work performed by a lower-tier contractor or subcontractor, other than reasonable charges for the direct costs of managing lower-tier contractors and subcontracts and overhead and profit based on such direct costs.

(c) APPLICATION OF GUIDANCE.—The guidance under this subsection shall apply to contracts awarded to a private entity acting as a lead systems integrator by or on behalf of the Coast Guard on or after the date that is 360 days after the date of enactment of this Act.

SEC. 209. ACQUISITION OF MAJOR CAPABILITIES; ALTERNATIVES ANALYSIS.

The Coast Guard may not acquire an experimental or technically immature capability or asset or implement a Level 1 or Level 2 acquisition, unless it has conducted an alternatives analysis for the capability or asset to be acquired in the concept and technology development phase of the acquisition process for the capability or asset. Such analysis shall be conducted by a federally funded research and development center, a qualified entity of the Department of Defense, or a similar independent third party entity that has appropriate acquisition expertise. Such alternatives analysis shall include—

(1) an assessment of the technical maturity of the capability or asset and technical and other risks;

(2) an examination of capability, interoperability, and other advantages and disadvantages;

(3) an evaluation of whether different combinations or quantities of specific capabilities or assets could meet the Coast Guard's overall performance needs;

(4) a discussion of key assumptions and variables, and sensitivity to change in such assumptions and variables;

(5) when an alternative is an existing capability, asset, or prototype, an evaluation of relevant safety and performance records and costs;

(6) a calculation of life-cycle costs, including—

(A) an examination of development costs and the levels of uncertainty associated with such estimated costs;

(B) an examination of likely production and deployment costs and the levels of uncertainty associated with such estimated costs;

(C) an examination of likely operating and support costs and the levels of uncertainty associated with such estimated costs;

(D) if they are likely to be significant, an examination of likely disposal costs and the levels of uncertainty associated with such estimated costs; and

(E) such additional measures the Commandant determines to be necessary for appropriate evaluation of the capability or asset; and

(7) the business case for each viable alternative.

SEC. 210. COST OVERRUNS AND DELAYS.

(a) IN GENERAL.—The Commandant shall submit a report to the appropriate congress-

sional committees as soon as possible, but not later than 30 days, after the Chief Acquisition Officer of the Coast Guard becomes aware of the breach of an acquisition program baseline for any Level 1 or Level 2 acquisition program, by—

(1) a likely cost overrun greater than 10 percent of the acquisition program baseline for that individual capability or asset or a class of capabilities or assets;

(2) a likely delay of more than 180 days in the delivery schedule for any individual capability or asset or class of capabilities or assets; or

(3) an anticipated failure for any individual capability or asset or class of capabilities or assets to satisfy any key performance threshold or parameter under the acquisition program baseline.

(b) CONTENT.—The report submitted under subsection (a) shall include—

(1) a detailed description of the breach and an explanation of its cause;

(2) the projected impact to performance, cost, and schedule;

(3) an updated acquisition program baseline and the complete history of changes to the original acquisition program baseline;

(4) the updated acquisition schedule and the complete history of changes to the original schedule;

(5) a full life-cycle cost analysis for the capability or asset or class of capabilities or assets;

(6) a remediation plan identifying corrective actions and any resulting issues or risks; and

(7) a description of how progress in the remediation plan will be measured and monitored.

(c) SUBSTANTIAL VARIANCES IN COSTS OR SCHEDULE.—If a likely cost overrun is greater than 20 percent or a likely delay is greater than 12 months from the costs and schedule described in the acquisition program baseline for any Level 1 or Level 2 acquisition program or project of the Coast Guard, the Commandant shall include in the report a written certification, with a supporting explanation, that—

(1) the capability or asset or capability or asset class to be acquired under the program or project is essential to the accomplishment of Coast Guard missions;

(2) there are no alternatives to such capability or asset or capability or asset class which will provide equal or greater capability in both a more cost-effective and timely manner;

(3) the new acquisition schedule and estimates for total acquisition cost are reasonable; and

(4) the management structure for the acquisition program is adequate to manage and control performance, cost, and schedule.

SEC. 211. REPORT ON FORMER COAST GUARD OFFICIALS EMPLOYED BY CONTRACTORS TO THE AGENCY.

(a) REPORT REQUIRED.—Not later than December 31, 2009, and annually thereafter, the Comptroller General of the United States shall submit a report to the appropriate congressional committees on the employment during the preceding year by Coast Guard contractors of individuals who were Coast Guard officials in the previous 5-year period. The report shall assess the extent to which former Coast Guard officials were provided compensation by Coast Guard contractors in the preceding calendar year.

(b) OBJECTIVES OF REPORT.—At a minimum, the report required by this section shall assess the extent to which former Coast Guard officials who receive compensation from Coast Guard contractors have been assigned by those contractors to work on contracts or programs between the contractor and the Coast Guard, including contracts or

programs for which the former official personally had oversight responsibility or decision-making authority when they served in or worked for the Coast Guard.

(c) **CONFIDENTIALITY REQUIREMENT.**—The report required by this subsection shall not include the names of the former Coast Guard officials who receive compensation from Coast Guard contractors.

(d) **ACCESS TO INFORMATION.**—A Coast Guard contractor shall provide the Comptroller General access to information requested by the Comptroller General for the purpose of conducting the study required by this section.

(e) **DEFINITIONS.**—In this section:

(1) **COAST GUARD CONTRACTOR.**—The term “Coast Guard contractor” includes any person that received at least \$10,000,000 in contractor awards from the Coast Guard in the calendar year covered by the annual report.

(2) **COAST GUARD OFFICIAL.**—The term “Coast Guard official” includes former officers of the Coast Guard who were compensated at a rate of pay for grade O-7 or above during the calendar year prior to the date on which they separated from the Coast Guard, and former civilian employees of the Coast Guard who served at any level of the Senior Executive Service under subchapter VIII of chapter 53 of title 5, United States Code, during the calendar year prior to the date on which they separated from the Coast Guard.

SEC. 212. DEPARTMENT OF DEFENSE CONSULTATION.

(a) **IN GENERAL.**—The Commandant shall make arrangements as appropriate with the Secretary of Defense for support in contracting and management of Coast Guard acquisition programs. The Commandant shall also seek opportunities to make use of Department of Defense contracts, and contracts of other appropriate agencies, to obtain the best possible price for capabilities and assets acquired for the Coast Guard.

(b) **INTER-SERVICE TECHNICAL ASSISTANCE.**—The Commandant may enter into a memorandum of understanding or a memorandum of agreement with the Secretary of the Navy to obtain the assistance of the Office of the Assistant Secretary of the Navy for Research, Development, and Acquisition, including the Navy Systems Commands, with the oversight of Coast Guard major acquisition programs. Such memorandum of understanding or memorandum of agreement shall, at a minimum, provide for—

(1) the exchange of technical assistance and support that the Coast Guard Chief Acquisition Officer, Coast Guard Chief Engineer, and the Coast Guard Chief Information Officer may identify;

(2) the use, as appropriate, of Navy technical expertise; and

(3) the temporary assignment or exchange of personnel between the Coast Guard and the Office of the Assistant Secretary of the Navy for Research, Development, and Acquisition, including Naval Systems Commands, to facilitate the development of organic capabilities in the Coast Guard.

(c) **TECHNICAL REQUIREMENT APPROVAL PROCEDURES.**—The Coast Guard Chief Acquisition Officer shall adopt, to the extent practicable, procedures that are similar to those used by the senior procurement executive of the Department of the Navy to approve all technical requirements.

(d) **ASSESSMENT.**—Within 180 days after the date of enactment of this Act, the Comptroller General shall transmit a report to the appropriate congressional committees that—

(1) contains an assessment of current Coast Guard acquisition and management capabilities to manage Level 1 and Level 2 acquisitions;

(2) includes recommendations as to how the Coast Guard can improve its acquisition

management, either through internal reforms or by seeking acquisition expertise from the Department of Defense; and

(3) addresses specifically the question of whether the Coast Guard can better leverage Department of Defense or other agencies' contracts that would meet the needs of Level 1 or Level 2 acquisitions in order to obtain the best possible price.

TITLE III—COAST GUARD PERSONNEL

SEC. 301. CHIEF ACQUISITION OFFICER.

(a) **IN GENERAL.**—Chapter 3 of title 14, United States Code, is amended by adding at the end the following:

“§ 55. Chief Acquisition Officer

“(a) **ESTABLISHMENT OF CHIEF ACQUISITION OFFICER.**—There shall be in the Coast Guard a Chief Acquisition Officer selected by the Commandant who shall be a Rear Admiral or civilian from the Senior Executive Service (career reserved) and who meets the qualifications set forth under subsection (b). The Chief Acquisition Officer shall serve at the Assistant Commandant level and have acquisition management as that individual's primary duty.

“(b) **QUALIFICATIONS.**—

“(1) The Chief Acquisition Officer and any Flag Officer serving in the Acquisitions Directorate shall be an acquisition professional with a program manager level III certification and must have at least 10 years experience in an acquisition position, of which at least 4 years were spent in one of the following qualifying positions:

“(A) Program executive officer.

“(B) Program manager of a Level 1 or Level 2 acquisition.

“(C) Deputy program manager of a Level 1 or Level 2 acquisition.

“(D) Project manager for a Level 1 or Level 2 acquisition.

“(E) Any other acquisition position of significant responsibility in which the primary duties are supervisory or management duties.

“(2) The Commandant shall periodically publish a list of the positions designated under this subsection.

“(c) **AUTHORITY AND FUNCTIONS OF THE CHIEF ACQUISITION OFFICER.**—The functions of the Chief Acquisition Officer shall include—

“(1) monitoring the performance of programs and projects on the basis of applicable performance measurements and advising the Commandant, through the chain of command, regarding the appropriate business strategy to achieve the missions of the Coast Guard;

“(2) maximizing the use of full and open competition at the prime contract and sub-contract levels in the acquisition of property, capabilities, assets, and services by the Coast Guard by establishing policies, procedures, and practices that ensure that the Coast Guard receives a sufficient number of sealed bids or competitive proposals from responsible sources to fulfill the Government's requirements, including performance and delivery schedules, at the lowest cost or best value considering the nature of the property, capability, asset, or service procured;

“(3) making acquisition decisions in concurrence with the technical authority of the Coast Guard, as designated by the Commandant, and consistent with all other applicable laws and decisions establishing procedures within the Coast Guard;

“(4) ensuring the use of detailed performance specifications in instances in which performance based contracting is used;

“(5) managing the direction of acquisition policy for the Coast Guard, including implementation of the unique acquisition policies, regulations, and standards of the Coast Guard;

“(6) developing and maintaining an acquisition career management program in the Coast Guard to ensure that there is an adequate acquisition workforce;

“(7) assessing the requirements established for Coast Guard personnel regarding knowledge and skill in acquisition resources and management and the adequacy of such requirements for facilitating the achievement of the performance goals established for acquisition management;

“(8) developing strategies and specific plans for hiring, training, and professional development; and

“(9) reporting to the Commandant, through the chain of command, on the progress made in improving acquisition management capability.”

(b) **APPLICATION OF QUALIFICATION REQUIREMENT.**—Section 55(b) of title 14, United States Code, as amended by this section, shall apply beginning October 1, 2011.

(c) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding at the end the following: “55. Chief Acquisition Officer.”

(d) **ELEVATION OF DISPUTES TO THE CHIEF ACQUISITION OFFICER.**—Within 45 days after the elevation to the Chief Acquisition Officer of any design or other dispute regarding a Level 1 or Level 2 acquisition, the Commandant shall provide to the appropriate congressional committees a detailed description of the issue and the rationale underlying the decision taken by the Chief Acquisition Officer to resolve the issue.

(e) **SPECIAL RATE SUPPLEMENTS.**—

(1) **REQUIREMENT TO ESTABLISH.**—Not later than 1 year after the date of enactment of this Act and in accordance with part 9701.333 of title 5, Code of Federal Regulations, the Commandant shall establish special rate supplements that provide higher pay levels for employees necessary to carry out the amendment made by this section.

(2) **SUBJECT TO APPROPRIATIONS.**—The requirement under paragraph (1) is subject to the availability of appropriations.

SEC. 302. IMPROVEMENTS IN COAST GUARD ACQUISITION MANAGEMENT.

(a) **PROGRAM AND PROJECT MANAGERS.**—An individual may not be assigned as the program manager for a Level 1 or Level 2 acquisition unless the individual holds a Level III acquisition certification as a program manager.

(b) **INTEGRATED PRODUCT TEAMS.**—Integrated product teams, and all teams that oversee integrated product teams, shall be chaired by officers, members, or employees of the Coast Guard.

(c) **TECHNICAL AUTHORITY.**—The Commandant shall maintain or designate the technical authority to establish, approve, and maintain technical requirements. Any such designation shall be made in writing and may not be delegated to the authority of the Chief Acquisition Officer established by section 55 of title 14, United States Code.

(d) **DESIGNATION OF POSITIONS IN THE ACQUISITION WORKFORCE.**—

(1) **IN GENERAL.**—The Commandant shall designate a sufficient number of positions to be in the Coast Guard's acquisition workforce to perform acquisition-related functions at Coast Guard headquarters and field activities.

(2) **REQUIRED POSITIONS.**—In designating positions under subsection (a), the Commandant shall include, at a minimum, positions encompassing the following competencies and functions:

(A) Program management.

(B) Systems planning, research, development, engineering, and testing.

(C) Procurement, including contracting.

(D) Industrial and contract property management.

- (E) Life-cycle logistics.
- (F) Quality control and assurance.
- (G) Manufacturing and production.
- (H) Business, cost estimating, financial management, and auditing.
- (I) Acquisition education, training, and career development.
- (J) Construction and facilities engineering.
- (K) Testing and evaluation.

(3) **ACQUISITION MANAGEMENT HEADQUARTER ACTIVITIES.**—The Commandant shall also designate as positions in the acquisition workforce under paragraph (1) those acquisition-related positions located at Coast Guard headquarters units.

(4) **APPROPRIATE EXPERTISE REQUIRED.**—The Commandant shall ensure that each individual assigned to a position in the acquisition workforce has the appropriate expertise to carry out the responsibilities of that position.

(e) **MANAGEMENT INFORMATION SYSTEM.**—

(1) **IN GENERAL.**—The Commandant shall establish a management information system capability to improve acquisition workforce management and reporting.

(2) **INFORMATION MAINTAINED.**—Information maintained with such capability shall include the following standardized information on individuals assigned to positions in the workforce:

(A) Qualifications, assignment history, and tenure of those individuals assigned to positions in the acquisition workforce or holding acquisition-related certifications.

(B) Promotion rates for officers and members of the Coast Guard in the acquisition workforce.

(f) **REPORT ON ADEQUACY OF ACQUISITION WORKFORCE.**—

(1) **IN GENERAL.**—The Commandant shall report to the Congress by July 1 of each year on the scope of the acquisition activities to be performed in the next fiscal year and on the adequacy of the current acquisition workforce to meet that anticipated workload.

(2) **CONTENTS.**—The report shall—

(A) specify the number of officers, members, and employees of the Coast Guard currently and planned to be assigned to each position designated under subsection (d); and

(B) identify positions that are understaffed to meet the anticipated acquisition workload, and actions that will be taken to correct such understaffing.

(g) **APPOINTMENTS TO ACQUISITION POSITIONS.**—The Commandant shall ensure that no requirement or preference for officers or members of the Coast Guard is used in the consideration of persons for positions in the acquisition workforce.

(h) **CAREER PATHS.**—

(1) **IDENTIFICATION OF CAREER PATHS.**—To establish acquisition management as a core competency of the Coast Guard, the Commandant shall—

(A) ensure that career paths for officers, members, and employees of the Coast Guard who wish to pursue careers in acquisition are identified in terms of the education, training, experience, and assignments necessary for career progression of those officers, members, and employees to the most senior positions in the acquisition workforce; and

(B) publish information on such career paths.

(2) **PROMOTION PARITY.**—The Commandant shall ensure that promotion parity is established for officers and members of the Coast Guard who have been assigned to the acquisition workforce relative to officers and members who have not been assigned to the acquisition workforce.

(i) **BALANCED WORKFORCE POLICY.**—In the development of acquisition workforce policies under this section with respect to any civilian employees or applicants for employ-

ment, the Commandant shall, consistent with the merit system principles set out in paragraphs (1) and (2) of section 2301(b) of title 5, United States Code, take into consideration the need to maintain a balanced workforce in which women and members of racial and ethnic minority groups are appropriately represented in Government service.

(j) **GUIDANCE ON TENURE AND ACCOUNTABILITY OF PROGRAM MANAGERS.**—

(1) **ISSUANCE OF GUIDANCE.**—Not later than one year after the date of enactment of this Act, the Commandant shall issue guidance to address the qualifications, resources, responsibilities, tenure, and accountability of program managers for the management of acquisition programs and projects. The guidance shall address, at a minimum—

(A) the qualifications that shall be required of program managers, including the number of years of acquisition experience and the professional training levels to be required of those appointed to program management positions;

(B) authorities available to program managers, including, to the extent appropriate, the authority to object to the addition of new program requirements that would be inconsistent with the parameters established for an acquisition program; and

(C) the extent to which a program manager who initiates a new program or project will continue in management of that program or project without interruption until the delivery of the first production units of the program.

(2) **STRATEGY.**—

(A) **IN GENERAL.**—Not later than 18 months after the date of enactment of this Act, the Commandant shall develop a comprehensive strategy for enhancing the role of Coast Guard program managers in developing and carrying out acquisition programs.

(B) **MATTERS TO BE ADDRESSED.**—The strategy required by this section shall address, at a minimum—

(i) the creation of a specific career path and career opportunities for individuals who are or may become program managers, including the rotational assignments that will be provided to program managers;

(ii) the provision of enhanced training and educational opportunities for individuals who are or may become program managers;

(iii) the provision of mentoring support to current and future program managers by experienced senior executives and program managers within the Coast Guard, and through rotational assignments to the Department of Defense;

(iv) the methods by which the Coast Guard will collect and disseminate best practices and lessons learned on systems acquisition to enhance program management throughout the Coast Guard;

(v) the templates and tools that will be used to support improved data gathering and analysis for program management and oversight purposes, including the metrics that will be utilized to assess the effectiveness of Coast Guard program managers in managing systems acquisition efforts;

(vi) a description in detail of how the Coast Guard will promote a balanced workforce in which women and members of racial and ethnic minority groups are appropriately represented in Government service; and

(vii) the methods by which the accountability of program managers for the results of acquisition programs will be increased.

SEC. 303. RECOGNITION OF COAST GUARD PERSONNEL FOR EXCELLENCE IN ACQUISITION.

(a) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act, the Commandant shall commence implementation of a program to recognize excellent performance by individuals and teams com-

prised of officers, members, and employees of the Coast Guard that contributed to the long-term success of a Coast Guard acquisition program or project.

(b) **ELEMENTS.**—The program required by subsection (a) shall include the following:

(1) Specific award categories, criteria, and eligibility and manners of recognition.

(2) Procedures for the nomination by personnel of the Coast Guard of individuals and teams comprised of officers, members, and employees of the Coast Guard for recognition under the program.

(3) Procedures for the evaluation of nominations for recognition under the program by one or more panels of individuals from the Government, academia, and the private sector who have such expertise and are appointed in such manner as the Commandant shall establish for the purposes of this program.

(c) **AWARD OF CASH BONUSES.**—As part of the program required by subsection (a), the Commandant, subject to the availability of appropriations, may award to any individual recognized pursuant to the program a cash bonus to the extent that the performance of such individual so recognized warrants the award of such bonus.

SEC. 304. ENHANCED STATUS QUO OFFICER PROMOTION SYSTEM.

Chapter 11 of title 14, United States Code, is amended—

(1) in section 253(a)—

(A) by inserting “and” after “considered,”; and

(B) by striking “, and the number of officers the board may recommend for promotion”;

(2) in section 258—

(A) by inserting “(a) IN GENERAL.—” before the existing text;

(B) in subsection (a) (as so designated) by striking the colon at the end of the material preceding paragraph (1) and inserting “—”;

(C) by adding at the end the following:

“(b) **PROVISION OF DIRECTION AND GUIDANCE.**—

“(1) In addition to the information provided pursuant to subsection (a), the Commandant may furnish the selection board—

“(A) specific direction relating to the needs of the Coast Guard for officers having particular skills, including direction relating to the need for a minimum number of officers with particular skills within a specialty; and

“(B) any other guidance that the Commandant believes may be necessary to enable the board to properly perform its functions.

“(2) Selections made based on the direction and guidance provided under this subsection shall not exceed the maximum percentage of officers who may be selected from below the announced promotion zone at any given selection board convened under section 251 of this title.”;

(3) in section 259(a), by inserting after “whom the board” the following: “, giving due consideration to the needs of the Coast Guard for officers with particular skills so noted in specific direction furnished to the board by the Commandant under section 258 of this title.”; and

(4) in section 260(b), by inserting after “qualified for promotion” the following: “to meet the needs of the service (as noted in specific direction furnished to the board by the Commandant under section 258 of this title)”.

SEC. 305. COAST GUARD ACQUISITION WORKFORCE EXPEDITED HIRING AUTHORITY.

(a) **IN GENERAL.**—For purposes of sections 3304, 5333, and 5753 of title 5, United States Code, the Commandant may—

(1) designate any category of acquisition positions within the Coast Guard as shortage category positions; and

(2) use the authorities in such sections to recruit and appoint highly qualified persons directly to positions so designated.

(b) LIMITATION.—The Commandant may not appoint a person to a position of employment under this subsection after September 30, 2012.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Maryland (Mr. CUMMINGS) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Maryland.

GENERAL LEAVE

Mr. CUMMINGS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 1665.

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

There was no objection.

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

Mr. Speaker, as chairman of the Subcommittee on Coast Guard and Maritime Transportation, ensuring that the Coast Guard can effectively manage its acquisition efforts and that it is fully accountable for its use of taxpayer hard-earned resources has been among my highest priorities.

In his memorandum on Federal contracting management issued on March 4, President Barack Obama argued that “it is essential that the Federal Government have the capacity to carry out robust and thorough management of its contracts in order to achieve programmatic goals, avoid significant overcharges, and curb wasteful spending.”

I authored the Coast Guard Acquisition Reform Act of 2009, H.R. 1665, in an effort to institutionalize within the Coast Guard the processes and procedures that will help the service meet this standard.

I want to thank Congressman OBERSTAR, the chairman of the full Committee on Transportation and Infrastructure, for his diligent work on this bill and for his unwavering focus on effective oversight. He has tirelessly led the Transportation Committee’s efforts to ensure that we fully account for the expenditure of every single taxpayer dollar in the transportation realm, and the United States public is the true beneficiary of his dedication.

I also thank the ranking member of the full committee, Congressman MICA, and the ranking member of our subcommittee, Congressman LOBIONDO, for working so closely and constructively with us on the drafting of this legislation.

Since becoming the subcommittee chairman in January, 2007, I have convened four subcommittee hearings that have focused partially or entirely on Coast Guard acquisition efforts. The major focus of these hearings has been

the multibillion-dollar Deepwater program that is intended to replace or rehabilitate the Coast Guard’s air and surface assets.

When the Coast Guard signed the initial Deepwater contract, the service lacked standardized acquisition processes. It lacked a proven process to guide the generation of asset requirements, designs, and acquisition strategies, and it had only limited acquisition management capability among its staff. Without the capacity to hold its contractors accountable for their performance, the consortium hired by the Coast Guard to implement the lead systems integration function for the Deepwater program essentially took the Coast Guard for a ride that wasted hundreds of millions of taxpayer dollars. Thus, the Government Accountability Office has detailed that of the more than \$6 billion that has been appropriated for Deepwater since fiscal year 2002, nearly \$300 million has been spent on projects that were canceled or subsequently restructured, including \$95 million wasted in the failed effort to lengthen 110-foot patrol boats to 123 feet, a contract failure that the full Committee on Transportation and Infrastructure examined during an 11-hour investigative hearing convened by Chairman OBERSTAR; \$119 million wasted on the first effort to develop a vertical unmanned aerial vehicle; and \$66 million wasted on the first designs for the Offshore Patrol Cutter and the Fast Response Cutter. Mr. Speaker, I say we can do better.

The Coast Guard’s need for the new assets to be produced under Deepwater is without question, but the Coast Guard will not obtain assets that fully meet its mission requirement if it cannot effectively manage its procurement Process.

□ 1700

In response to the extensive criticisms leveled at the service’s acquisition management capabilities, the Coast Guard’s Commandant, Admiral Thad Allen, has created a new Acquisition Directorate. Under his leadership, the service issued and is continuing to revise a “Blueprint for Acquisition Reform.” The service is also developing the process and capabilities that will enable it to assume the lead systems integration function.

During our subcommittee’s most recent hearing on acquisition issues, the Coast Guard announced that under an agreement signed the morning of our hearing, all options for extending the Deepwater contract with the Lockheed Martin-Northrop Grumman team beyond the date of expiration of the current award, January 24, 2011, were eliminated. I, of course, applaud this move. That said, during the hearing we also learned that certain challenges remain.

Since 2007, the course of the acquisitions contained within the Deepwater program as currently envisioned have grown by more than \$2 billion and are

now projected to approach \$27 billion. Cost overruns in Coast Guard acquisition efforts remain a very serious concern.

Further, this month the Government Accountability Office released a new report whose very title contains a serious warning. The title reads: “As Deepwater Systems Integrator, Coast Guard is Reassessing Costs and Capabilities but Lags in Applying Its Disciplined Acquisition Approach.” This report notes that the service has moved to procure the Fast Response Cutter, the first asset acquisition effort that the service is managing entirely in-house, without having in place all acquisition documentation required by its Major Systems Acquisition Manual. Even if the Coast Guard establishes the best possible management systems, they will be of no use if they are not followed.

Further, while the service is requiring that its largest programs be managed by individuals with professional acquisition management qualifications, the service recently designated as the Program Executive Officer for the Coast Guard Acquisition Directorate an Admiral-select who lacked the highest available acquisition management qualifications, despite having a dozen captains who have achieved a Level III program management certification.

Again, I say, we can do better. Through a bipartisan effort, we have crafted detailed legislation that responds directly to the challenges in the Coast Guard acquisition management that we have so thoroughly examined in the subcommittee and full committee, and that builds on the acquisition management reforms the Coast Guard has already implemented.

H.R. 1665, the Coast Guard Acquisition Reform Act of 2009, as amended, would strengthen specific acquisition processes and establish personnel-related standards and policies for individuals in the Coast Guard’s acquisition workforce. The legislation would bar the Coast Guard from using a private-sector lead systems integrator beginning September 30th, 2011, the date on which the use of private-sector lead systems integrators will end at the Department of Defense.

The legislation would require the appointment of a Chief Acquisition Officer who, at the Commandant’s choice, can be either a member of the military or a civilian member of the Senior Executive Service, but who must be a Level III Program Manager and who must have 10 years of professional experience in acquisition management.

Additionally, the legislation will require that the Coast Guard put in place systems to ensure that it effectively and efficiently defines operational requirements before initiating acquisition efforts, and that all acquired assets undergo thorough developmental and operational testing to ensure that they will meet mission needs and pose no safety risks or threats to Coast Guard personnel.

The legislation would also ensure that the service develops and critically maintains within its workforce the expertise that it will need to effectively and efficiently oversee acquisition efforts in the future by requiring the service to establish career paths in acquisition management. H.R. 1665 would also provide expedited hiring authority so that the service can quickly fill vacancies in its acquisition workforce.

I, again, thank Chairman OBERSTAR, Ranking Member MICA, Ranking Member LOBIONDO for their work on this legislation, and for making this truly a bipartisan effort. I urge my colleagues to support H.R. 1665, as amended, and look forward to working with our Senate colleagues to enact a final version that can be presented to President Obama for his signature.

HOUSE OF REPRESENTATIVES, COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE,

Washington, DC, July 10, 2009.

Hon. BENNIE G. THOMPSON,
Chairman, Committee on Homeland Security,
Washington, DC

DEAR CHAIRMAN THOMPSON: I write to you regarding H.R. 1665, the "Coast Guard Acquisition Reform Act of 2009".

I agree that provisions in H.R. 1665 are of jurisdictional interest to the Committee on Homeland Security. I acknowledge that by forgoing a sequential referral, your Committee is not relinquishing its jurisdiction and I will fully support your request to be represented in a House-Senate conference on those provisions over which the Committee on Homeland Security has jurisdiction in H.R. 1665.

This exchange of letters will be inserted in the Committee Report on H.R. 1665 and in the Congressional Record as part of the consideration of this legislation in the House.

I look forward to working with you as we prepare to pass this important legislation.

Sincerely,

JAMES L. OBERSTAR, M.C.
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
Washington, DC, July 10, 2009.

Hon. JAMES L. OBERSTAR,
Chairman, Committee on Transportation and
Infrastructure, Washington, DC.

DEAR CHAIRMAN OBERSTAR: I write to you regarding H.R. 1665, the "Coast Guard Acquisition Reform Act of 2009."

H.R. 1665 contains provisions that fall within the jurisdiction of the Committee on Homeland Security. I recognize and appreciate your desire to bring this legislation before the House in an expeditious manner and, accordingly, I will not seek a sequential referral of the bill. However, agreeing to waive consideration of this bill should not be construed as the Committee on Homeland Security waiving, altering, or otherwise affecting its jurisdiction over subject matters contained in the bill which fall within its Rule X jurisdiction.

Further, I request your support for the appointment of an appropriate number of Members of the Committee on Homeland Security to be named as conferees during any House-Senate conference convened on H.R. 1665 or similar legislation. I also ask that a copy of this letter and your response be included in the legislative report on H.R. 1665 and in the Congressional Record during floor consideration of this bill.

I look forward to working with you as we prepare to pass this important legislation.

Sincerely,

BENNIE G. THOMPSON,
Chairman.

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

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey (Mr. LOBIONDO) will control 20 minutes.

There was no objection.

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

I rise in support of H.R. 1665, the Coast Guard Acquisition Reform Act of 2009. I'd like to thank the chairman of the full committee, Mr. OBERSTAR. I'd like to thank Mr. CUMMINGS and Mr. MICA for their help in moving and developing this important legislation. H.R. 1665 builds upon several provisions which passed the House during the 110th Congress and includes new language which I believe greatly improves the legislation.

Like those bills in the previous Congress, the bill would reform the service's acquisition programs and procedures, prohibit the continued use of private-sector lead systems integrators, and establish a Chief Acquisition Officer to oversee all the Coast Guard's acquisition projects.

H.R. 1665 would also require the Coast Guard to take several steps during the planning, production and acceptance period to enhance the Coast Guard's control over all parts of the process. Under the programmatic changes made by this bill, the Coast Guard will be able to use all of its many technical authorities to ensure that assets delivered meet the service's specifications and needs.

Lastly, the bill includes two new provisions which will improve the Coast Guard's ability to staff acquisition positions with the most qualified candidates. The first is limited direct hiring authority which is based on existing authority available to the other Armed Services. Under this language, the Coast Guard will be able to directly hire civilian personnel with the needed acquisition expertise. The second will allow Coast Guard promotion boards to consider the need for specialized skills and qualifications of Coast Guard officers in areas like acquisitions. This language will provide Coast Guardsmen with the opportunity to specialize in limited duty areas, such as acquisition, without negatively impacting their promotional potential in the future.

Mr. Speaker, I support this bill and urge other Members to do the same.

I reserve the balance of my time.

Mr. CUMMINGS. Mr. Speaker, we have no additional speakers, so I would reserve.

Mr. LOBIONDO. We have no additional speakers, Mr. Speaker, so I yield back the balance of my time.

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume. I urge the Members of the House to vote for this very, very important bill. This

is one that our committee and subcommittee have worked on for a long time. It is overdue, and it's an outstanding bipartisan effort.

Mr. OBERSTAR. Mr. Speaker, I rise today in strong support of H.R. 1665, the "Coast Guard Acquisition Reform Act of 2009", as amended.

This legislation, authored by the Chairman of the Subcommittee on Coast Guard and Maritime Transportation, Mr. CUMMINGS, is a thorough, comprehensive response to the challenges that have confronted the Coast Guard as it has worked to manage large-scale acquisition efforts.

I also applaud the Ranking Member of the Full Committee, Congressman MICA, and the Ranking Member of the Coast Guard Subcommittee, Congressman LOBIONDO, for their diligent work on this legislation.

H.R. 1665 incorporates the lessons that the Committee on Transportation and Infrastructure has drawn from its extensive oversight of the Coast Guard's acquisition programs.

Much of that oversight has focused on the Coast Guard's Deepwater program, a 25-year program to repair or replace the service's surface and air assets that is now projected to cost nearly \$27 billion—a figure that is more than a \$2 billion increase over the cost projections developed just two years ago.

These oversight efforts have included a nearly 11-hour full Committee hearing that I convened in April 2007 to examine the results of an extensive Committee investigation that evaluated the multiple factors that contributed to the failure of the effort to lengthen 110-foot patrol boats to 123 feet.

The oversight efforts have also included four separate Coast Guard Subcommittee hearings that have examined different aspects of the Coast Guard's acquisition programs.

Through these tireless efforts, the Committee has developed a comprehensive picture of the challenges that have plagued the Coast Guard's acquisition efforts, including the use of personnel who had little experience managing a major systems acquisition, continued alteration of performance requirements even after major engineering milestones were passed, and failure to apply cost and performance measures to individual asset acquisitions within the Deepwater program. The Coast Guard has responded to these criticisms.

The service has moved to take control of the lead systems integration function that had been contracted to the Lockheed Martin-Northrop Grumman team. The service has established an Acquisition Directorate and assigned individuals with the highest available professional qualifications in acquisition management to oversee the service's largest acquisition efforts.

Further, the Coast Guard has expanded the role of the American Bureau of Shipping, and other qualified third parties, to ensure that procured assets meet the highest quality standards.

However, more remains to be done, and H.R. 1665 takes the steps necessary to institutionalize within the Coast Guard the kind of effective management practices that should, if fully implemented, enable the service to avoid the procurement failures it has had in the past.

Specifically, H.R. 1665 requires that all flag-level officers serving in the Acquisition Directorate have a Level III Program Management certification and 10 years of acquisition experience.

Despite the service's new emphasis on placing in management positions those individuals who have professional acquisition management qualifications, a Captain selected for promotion to Rear Admiral was recently named to be the Program Executive Officer for Deepwater even though he lacked a Level III program manager certification at the time of his selection. This choice is even more surprising given that, as of February 2009, the Coast Guard had 27 military officers who had achieved a Level III program manager certification, including 12 Captains.

H.R. 1665 requires the Coast Guard to develop life-cycle cost estimates for projects expected to cost more than \$10 million. Independent life-cycle cost estimates will be required for major acquisitions. With these estimates in place, we will know what it will cost to operate and maintain new assets before we commit to acquiring them.

H.R. 1665 mandates that the Coast Guard firmly establish operational requirements before awarding production contracts—so that cost thresholds and testing and evaluation standards can, in turn, be firmly established.

Further, H.R. 1665 imposes a breach ceiling on Coast Guard acquisitions—something that has long been imposed on Department of Defense acquisitions and that is overdue in the Coast Guard. Specifically, H.R. 1665 specifies that for any major acquisition, the Coast Guard must report to Congress when a cost overrun of greater than 10 percent is likely to occur, a delay of more than 180 days is likely to occur, or a failure for a new asset or class of assets is anticipated. More stringent standards are required whenever higher cost overruns or more extensive delays are anticipated.

I note that H.R. 1665 is based, in part, on legislation considered and passed twice by this House in the 110th Congress.

I urge my colleagues to support H.R. 1665.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise today to voice my support of H.R. 1665, the Coast Guard Acquisition Reform Act.

I have the unique pleasure of representing over 265 miles of pristine Florida coastline, and I will never forget that it is the Coast Guard that keeps these waters safe.

Two of the largest Coast Guard Sectors in the United States, Sector Miami and Sector Key West are located in my Congressional district.

This act will direct the Coast Guard in their Acquisition efforts and make for more of full and open competition contracts.

Overall, this act will be of benefit to the Coast Guard; however, being from a District heavily involved with the Coast Guard, I know that sections of the bill could use clarification and adjustment.

Firstly, in Section 210, the Coast Guard is required to report to the appropriate congressional committees about any cost overruns.

However, the reporting requirement is set a uniquely low threshold, a mere 10 percent.

It would be more appropriate to set this reporting requirement in line with other Department of Defense programs, ranging from 15 percent to 25 percent.

Also, in Section 302a, the act states that an individual may not be assigned as the acquisition program manager for a Level 1 or Level 2 acquisition unless the individual holds a Level III acquisition certification as a program manager.

In the interest of training Level III program manager's for Level 1 projects, this act should

leave the Coast Guards current practice in place.

This would allow program managers to gain the experience they need before being assigned to the most important of acquisition projects.

In Sec 301d, the act states that within 45 days after any design or other dispute regarding a Level 1 or Level 2 acquisition, the Coast Guard would be required to provide Congress a detailed description of the dispute and the rationale underlying any decision made by the Chief Acquisition Officer.

In the interest of keeping burdensome reporting requirements to a minimum, the act should have added the word "significant" for any design dispute.

The Coast Guard will make many fact-based and timely decisions on projects that may be internally disputed.

Congress needs to be involved in significant problems that could affect results.

Still, I urge all Members to recognize the crucial need to protect our nation by strengthening the United States' oldest continuous seagoing service, the United States Coast Guard.

I urge my colleagues to vote "yes" on this act.

Mr. CUMMINGS. Mr. Speaker, I yield back my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. CUMMINGS) that the House suspend the rules and pass the bill, H.R. 1665, 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. LOBIONDO. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

RECOGNIZING GENERAL AVIATION

Mr. CUMMINGS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 508) expressing the sense of the House of Representatives that the general aviation industry should be recognized for its contributions to the United States.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 508

Whereas general aviation includes all civilian flying except scheduled passenger airlines;

Whereas there are nearly 600,000 licensed pilots in the United States and an estimated 500,000 of these pilots fly general aviation aircraft;

Whereas the United States accounts for more than half of all general aviation activity worldwide;

Whereas 170,000,000 passengers fly annually using personal aviation;

Whereas there are more than 231,000 active general aviation aircraft in the United States;

Whereas the general aviation industry contributes more than \$150,000,000,000 to United States direct and indirect economic output;

Whereas the United States general aviation industry employs nearly 1,300,000 people whose collective annual earnings exceed \$53,000,000,000;

Whereas general aviation contributes high-skill jobs in aircraft manufacturing, avionics and technology development, flight training, maintenance, modification, and technical support;

Whereas an estimated 65 percent of general aviation flights are conducted for business and public services, many of which are located in or need access to smaller communities that do not have commercial aviation;

Whereas general aviation helps save lives through the transport of blood supplies, vital transport organs, and other time-critical items;

Whereas general aviation contributes to economic development by facilitating meetings and other activities for businesses of all sizes;

Whereas general aviation is used to protect the environment by assisting with the surveying of wildlife, the mapping of wetlands, and the patrolling of parklands;

Whereas general aviation is a vital tool for agricultural producers, who often rely on air service for crop planting and protection as well as livestock herd management;

Whereas general aviation aids in law enforcement through patrolling highways, apprehending suspects, monitoring national borders, and locating lost children;

Whereas there are 5,200 public use airports and more than 13,000 privately owned landing facilities in the United States; and

Whereas only about 500 of these airports have commercial airline service, making general aviation an integral part of the transportation system that supports communities across the United States and provides essential air travel options to businesses and the public: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the many contributions of the general aviation industry; and

(2) encourages general aviation activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Maryland (Mr. CUMMINGS) and the gentleman from New Jersey (Mr. LOBIONDO) each will control 20 minutes. The Chair recognizes the gentleman from Maryland.

GENERAL LEAVE

Mr. CUMMINGS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend remarks and to include extraneous material on H. Res. 508.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of H. Res. 508, introduced by the gentleman from Nebraska (Mr. FORTENBERRY) and urge its adoption by the House today. H. Res. 508 recognizes the contributions made to the United States by the general aviation industry. Current data indicate this industry contributes more than \$150 billion

to the United States economy and provides good paying jobs to nearly 1.3 million people in a range of professions.

Approximately 300 U.S. communities have scheduled air service. For the remainder of our Nation's communities, general aviation provides the only option for the movement of persons or cargo by air. General aviation also provides specialized air services such as air ambulance and traffic patrol services to communities that do have scheduled air service.

A recent study commissioned by the Maryland Aviation Administration found that in 2005 general aviation activities at the 34 general aviation commuter airports in Maryland supported nearly 7,000 direct, indirect and induced jobs. General aviation in Maryland also generated nearly \$400 million in direct, indirect and induced consumption expenditures and personal income in my State.

As a member of the Committee on Transportation and Infrastructure, I support my colleague's resolution and agree that general aviation makes a significant contribution to the national economy because it fulfills transportation needs which cannot otherwise be met. I urge all of my colleagues to support this resolution.

I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of House Resolution 508 offered by my colleague from Nebraska, Mr. FORTENBERRY. The resolution expresses the sense of the House that the general aviation community be recognized for numerous contributions to the United States.

I'd like to yield to Mr. FORTENBERRY such time as he may consume.

Mr. FORTENBERRY. Mr. Speaker, I am pleased as well to rise today in support of this resolution that recognizes the contributions of general aviation in the United States. The general aviation industry employs nearly 1.3 million Americans throughout the country. General aviation, which includes all civilian flying except scheduled passenger airlines, contributes more than \$150 billion in direct and indirect economic output in our country.

The resolution we are considering today celebrates the many areas in which general aviation plays an important role in the lives of everyday Americans. But, unfortunately, many of these contributions are often overlooked. Well beyond the services it provides for businesses of all sizes, the general aviation industry has a significant impact on our society. Across the Nation, 500,000 licensed pilots fly general aviation aircraft, and each year 170 million Americans use personal aviation. The 1.3 million Americans who work in the field hold high-skill jobs in aircraft manufacturing, avionics and technology development, flight training, maintenance, modification as well as technical support.

Mr. Speaker, in my own home State of Nebraska, more than 5,000 people are employed in air transportation, and general aviation airports generate \$720 million annually within our State. Additionally, general aviation is used to perform essential services necessary for our safety and well-being, such as aiding law enforcement through patrolling highways, apprehending suspects, monitoring national borders or locating lost children. General aviation also helps to save lives through emergency transport of patients, supplies and other time-critical items.

The aviation industry protects the environment by assisting with the surveying of wildlife, mapping of wetlands and the patrolling of parklands. And, in addition, it serves as a vital tool for agricultural producers who often rely on air service for crop planting as well as crop protection.

For these reasons, Mr. Speaker, and others laid out in the resolution, I encourage my colleagues to join me today in recognizing the great importance of general aviation to America's families and communities.

□ 1715

Mr. CUMMINGS. Mr. Speaker, we have no other speakers, so we would reserve.

Mr. LOBIONDO. Mr. Speaker, in closing, the aviation industry is a vital part of small business. They rely on their fleets to provide the efficient and cost-effective transportation of goods and personnel.

It is very appropriate that we are considering this resolution today. The Experimental Aircraft Association is holding its annual convention this week in Oshkosh, Wisconsin, known as the EAA AirVenture Oshkosh. It is referred to by many simply as "Oshkosh." It is the world's largest general aviation fly-in.

A healthy and productive general aviation industry is important to both our Nation's economy and to the American way of life, and I urge all of my colleagues to support this resolution.

I yield back the balance of my time.

Mr. CUMMINGS. Mr. Speaker, I would just urge my colleagues to vote for this very, very important resolution.

Mr. MORAN of Kansas. Mr. Speaker, I rise in support of H. Res. 508, which recognizes the general aviation industry for its many and valuable contributions to our country. As a member of the Congressional General Aviation Caucus and as a representative from Kansas, I have special appreciation for the contributions of this industry.

In Kansas, the aviation industry accounts for about 20 percent of the state's manufacturing employment and employs tens of thousands of Kansans. Nationwide, the general aviation industry employs nearly 1.3 million people and contributes more than \$150 billion to U.S. direct and indirect economic output.

While these numbers are impressive and significant, the industry's impact on our economy is even greater than the value of the products it produces.

General aviation connects businesses and facilitates economic growth. It is estimated that 65 percent of general aviation flights are conducted for business and public services. Especially for businesses located in rural communities that do not have access to commercial aviation, general aviation aircraft help American businesses stay connected with customers and allow companies in small towns to compete across the country.

It is important that my colleagues understand this. I was troubled in January during consideration of the TARP Reform and Accountability Act, that provisions to limit businesses from leasing or using general aircraft for business purposes were almost included in the final legislation. Doing so would have hampered economic activity, lowered national aviation production, and hurt workers everywhere, but especially in Kansas, where a large portion of our country's aviation products are manufactured. Congress must remember the importance of the general aviation industry to not only our national economy but to so many local and regional economies within the country.

That is why I am pleased that we are taking up this resolution today. Like most all industries, general aviation has not been spared by the recession. During difficult times like these, it is especially important for Congress to support general aviation. I urge my colleagues to support this resolution and oppose any future proposal that would damage the general aviation industry.

Mr. EHLERS. Mr. Speaker, as a pilot-in-training, and also the co-chairman of the House General Aviation Caucus, I rise in strong support of H. Res. 508, expressing the sense of the House that the general aviation industry should be recognized for its important contributions to our economy and our transportation system. I thank Congressman FORTENBERRY for introducing this important Resolution.

General aviation is a general category that includes all non-scheduled, nonmilitary aviation. There are more than 230,000 general aviation aircraft in the United States, which fly out of nearly 19,000 small and regional airports, far exceeding the 500 commercial airports in the United States. These airports help connect people and industries that do not always have easy access to our commercial airports.

Recently, general aviation has come under attack by the media and those that view general aviation as a corporate indulgence or an expensive toy used exclusively by the wealthy. Actually, airplanes are a productive tool, and companies that utilize general aviation are generally more competitive. More often than not, these airplanes pay for themselves.

In the wake of recent disparaging stories about general aviation, Congressman ALLEN BOYD and I formed the House General Aviation Caucus to help educate our colleagues and the public about the importance of general aviation to our economy and to our overall transportation system.

The General Aviation industry contributes more than \$150 billion to the U.S. economy annually, and it employs nearly 1.3 million workers. In 2008, U.S. general aviation airplane manufacturers delivered over 3,079 airplanes to customers in the United States and abroad. The total value of these aircraft was nearly \$13 billion, of which 44 percent were

exports. The General Aviation industry is one of the few remaining U.S. industries that actually maintains a strong, positive foreign trade balance.

As one of the champions of General Aviation in the House of Representatives, I strongly support this resolution, and urge the Members of the House to pass it.

Mr. OBERSTAR. Mr. Speaker, I rise in support of this resolution, H. Res. 508, introduced by the gentleman from Nebraska (Mr. FORTENBERRY), which expresses the sense of the House of Representatives that the general aviation (GA) industry, which includes all civilian flying except scheduled passenger airlines activity, should be recognized for its contributions to the United States. I thank Representative FORTENBERRY for his leadership on this measure.

The United States has the most robust GA industry in the world. GA transports 170 million passengers annually, on over 230,000 aircraft. GA stimulates local and regional economies—it comprises over \$150 billion in direct and indirect economic output and supports almost 1.3 million jobs. Many of these jobs are high-skill jobs in manufacturing, avionics and technology development as well as flight training, maintenance, modification, and technical support.

In addition, GA provides communities with essential services, and affords large and small businesses the flexibility and mobility that they need to be successful in both large communities as well as small, rural ones. Many industries and public services depend on GA, including emergency medicine, firefighting, surveying wildlife, law enforcement, news services, energy exploration, and farming.

I urge my colleagues to join me in supporting H. Res. 508.

Mr. CUMMINGS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. CUMMINGS) that the House suspend the rules and agree to the resolution, H. Res. 508.

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. LOBIONDO. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

CLEAN COASTAL ENVIRONMENT AND PUBLIC HEALTH ACT OF 2009

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2093) to amend the Federal Water Pollution Control Act relating to beach monitoring, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2093

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 "Clean Coastal Environment and Public Health Act of 2009".

SEC. 2. WATER POLLUTION SOURCE IDENTIFICATION.

(a) **MONITORING PROTOCOLS.**—Section 406(a)(1)(A) of the Federal Water Pollution Control Act (33 U.S.C. 1346(a)(1)(A)) is amended by striking "methods for monitoring" and inserting "protocols for monitoring that are most likely to detect pathogenic contamination".

(b) **SOURCE TRACKING.**—Section 406(b) of such Act (33 U.S.C. 1346(b)) is amended—

(1) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(2) by inserting after paragraph (2) the following:

"(3) **SOURCE IDENTIFICATION PROGRAMS.**—In carrying out a monitoring and notification program, a State or local government may develop and implement a coastal recreation waters pollution source identification and tracking program for coastal recreation waters adjacent to beaches or similar points of access that are used by the public and are not meeting applicable water quality standards for pathogens and pathogen indicators."

(c) **AUTHORIZATION OF APPROPRIATIONS.**—Section 406(i) of such Act (33 U.S.C. 1346(i)) is amended by striking "\$30,000,000 for each of fiscal years 2001 through 2005" and inserting "\$40,000,000 for each of fiscal years 2010 through 2014".

SEC. 3. FUNDING FOR BEACHES ENVIRONMENTAL ASSESSMENT AND COASTAL HEALTH ACT.

Section 8 of the Beaches Environmental Assessment and Coastal Health Act of 2000 (114 Stat. 877) is amended by striking "2005" and inserting "2014".

SEC. 4. STATE REPORTS.

Section 406(b)(4)(A)(ii) of the Federal Water Pollution Control Act (as redesignated by section 2(b)(1) of this Act) is amended by striking "public" and inserting "public and all environmental agencies of the State with authority to prevent or treat sources of pathogenic contamination in coastal recreation waters".

SEC. 5. USE OF RAPID TESTING METHODS.

(a) **CONTENTS OF STATE AND LOCAL GOVERNMENT PROGRAMS.**—Section 406(c)(4)(A) of the Federal Water Pollution Control Act (33 U.S.C. 1346(c)(4)(A)) is amended by striking "methods" and inserting "methods, including a rapid testing method after the last day of the one-year period following the date of validation of that rapid testing method by the Administrator."

(b) **REVISED CRITERIA.**—Section 304(a)(9)(A) of such Act (33 U.S.C. 1314(a)(9)(A)) is amended by striking "methods, as appropriate" and inserting "methods, including rapid testing methods".

(c) **VALIDATION AND USE OF RAPID TESTING METHODS.**—

(1) **VALIDATION OF RAPID TESTING METHODS.**—Not later than October 15, 2012, the Administrator of the Environmental Protection Agency (in this Act referred to as the "Administrator") shall complete an evaluation and validation of a rapid testing method for the water quality criteria and standards for pathogens and pathogen indicators described in section 304(a)(9)(A) of the Federal Water Pollution Control Act (33 U.S.C. 1314(a)(9)(A)).

(2) **GUIDANCE FOR USE OF RAPID TESTING METHODS.**—

(A) **IN GENERAL.**—Not later than 180 days after completion of the validation under paragraph (1), and after providing notice and an opportunity for public comment, the Administrator shall publish guidance for the use at coastal recreation waters adjacent to beaches or similar points of access that are used by the public of the rapid testing method that will enhance the

protection of public health and safety through rapid public notification of any exceeding of applicable water quality standards for pathogens and pathogen indicators.

(B) **PRIORITIZATION.**—In developing such guidance, the Administrator shall require the use of the rapid testing method at those beaches or similar points of access that are the most used by the public.

(d) **DEFINITION.**—Section 502 of such Act (33 U.S.C. 1362) is amended by adding at the end the following:

"(26) **RAPID TESTING METHOD.**—The term "rapid testing method" means a method of testing the water quality of coastal recreation waters for which results are available as soon as practicable and not more than 6 hours after the commencement of the rapid testing method in the laboratory."

(e) **REVISIONS TO RAPID TESTING METHODS.**—

(1) **IN GENERAL.**—Upon completion of the validation required under subsection (c)(1), and every 5 years thereafter, the Administrator shall identify and review potential rapid testing methods for existing water quality criteria for pathogens and pathogen indicators for coastal recreation waters.

(2) **REVISIONS TO RAPID TESTING METHODS.**—If a rapid testing method identified under paragraph (1) will make results available in less time and improve the accuracy and reproducibility of results when compared to the existing rapid testing method, the Administrator shall complete an evaluation and validation of the rapid testing method as expeditiously as practicable.

(3) **REPORTING REQUIREMENT.**—Upon completion of the review required under paragraph (1), the Administrator shall publish in the Federal Register the results of the review, including information on any potential rapid testing method proposed for evaluation and validation under paragraph (2).

(4) **DECLARATION OF GOALS FOR RAPID TESTING METHODS.**—It is a national goal that by 2017, a rapid testing method for testing water quality of coastal recreation waters be developed that can produce accurate and reproducible results in not more than 2 hours after commencement of the rapid testing method.

SEC. 6. NOTIFICATION OF FEDERAL, STATE, AND LOCAL AGENCIES.

Section 406(c) of the Federal Water Pollution Control Act (33 U.S.C. 1346(c)) is amended—

(1) in paragraph (5) by striking "prompt communication" and inserting "communication, within 24 hours of the receipt of the results of a water quality sample,";

(2) in subparagraph (A) of paragraph (5)—

(A) by inserting "(i) in the case of any State in which the Administrator is administering the program under section 402," before "the Administrator" the first place it appears; and

(B) by inserting at the end the following:

"(ii) in the case of any State other than a State to which clause (i) applies, all agencies of the State government with authority to require the prevention or treatment of the sources of coastal recreation water pollution; and";

(3) by redesignating paragraphs (6) and (7) as paragraphs (7) and (8), respectively; and

(4) by inserting after paragraph (5) the following:

"(6) measures for an annual report to the Administrator, in such form as the Administrator determines appropriate, on the occurrence, nature, location, pollutants involved, and extent of any exceeding of applicable water quality standards for pathogens and pathogen indicators;"

SEC. 7. CONTENT OF STATE AND LOCAL PROGRAMS.

Section 406(c) of the Federal Water Pollution Control Act (33 U.S.C. 1346(c)) is amended—

(1) in paragraph (7) (as redesignated by section 6(3) of this Act)—

(A) by striking "the posting" and inserting "the immediate posting"; and

(B) by striking “and” at the end;

(2) by striking the period at the end of paragraph (8) (as redesignated by section 6(3) of this Act) and inserting a semicolon; and

(3) by adding at the end the following:

“(9) the availability of a geographic information system database that such State or local government program shall use to inform the public about coastal recreation waters and that—

“(A) is publicly accessible and searchable on the Internet;

“(B) is organized by beach or similar point of access;

“(C) identifies applicable water quality standards, monitoring protocols, sampling plans and results, and the number and cause of coastal recreation water closures and advisory days; and

“(D) is updated within 24 hours of the availability of revised information; and

“(10) measures to ensure that closures or advisories are made or issued within 2 hours after the receipt of the results of a water quality sample that exceeds applicable water quality standards for pathogens and pathogen indicators.”

SEC. 8. COMPLIANCE REVIEW.

Section 406(h) of the Federal Water Pollution Control Act (33 U.S.C. 1346(h)) is amended—

(1) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively;

(2) by moving such subparagraphs 2 ems to the right;

(3) by striking “In the” and inserting the following:

“(1) IN GENERAL.—In the”; and

(4) by adding at the end the following:

“(2) COMPLIANCE REVIEW.—On or before July 31 of each calendar year beginning after the date of enactment of this paragraph, the Administrator shall—

“(A) prepare a written assessment of compliance with all statutory and regulatory requirements of this section for each State and local government and of compliance with conditions of each grant made under this section to a State or local government;

“(B) notify the State or local government of such assessment; and

“(C) make each of the assessments available to the public in a searchable database on the Internet on or before December 31 of such calendar year.

“(3) CORRECTIVE ACTION.—If a State or local government that the Administrator notifies under paragraph (2) is not in compliance with any requirement or grant condition described in paragraph (2) fails to take such action as may be necessary to comply with such requirement or condition within one year after the date of notification, any grants made under subsection (b) to the State or local government, after the last day of such one-year period and while the State or local government is not in compliance with all requirements and grant conditions described in paragraph (2), shall have a Federal share of not to exceed 50 percent.

“(4) GAO REVIEW.—Not later than December 31 of the third calendar year beginning after the date of enactment of this paragraph, the Comptroller General shall conduct a review of the activities of the Administrator under paragraphs (2) and (3) during the first and second calendar years beginning after such date of enactment and submit to Congress a report on the results of such review.”

SEC. 9. PUBLICATION OF COASTAL RECREATION WATERS PATHOGEN LIST.

Section 304(a)(9) of the Federal Water Pollution Control Act (33 U.S.C. 1314(a)(9)) is amended by adding at the end the following:

“(C) PUBLICATION OF PATHOGEN AND PATHOGEN INDICATOR LIST.—Upon publication of the new or revised water quality criteria under subparagraph (A), the Administrator shall publish in the Federal Register a list of all pathogens

and pathogen indicators studied under section 104(v).”

SEC. 10. ADOPTION OF NEW OR REVISED CRITERIA AND STANDARDS.

Section 303(i)(2)(A) of the Federal Water Pollution Control Act (33 U.S.C. 1313(i)(2)(A)) is amended by striking “paragraph (1)(A)” each place it appears and inserting “paragraph (1)”.

SEC. 11. NATIONAL LIST OF BEACHES.

Section 406(g)(3) of the Federal Water Pollution Control Act (33 U.S.C. 1346(g)(3)) is amended by striking “The Administrator” and all that follows through the period and inserting “Within 12 months after the date of the enactment of the Clean Coastal Environment and Public Health Act of 2009, and biennially thereafter, the Administrator shall update the list described in paragraph (1).”

SEC. 12. IMPACT OF CLIMATE CHANGE ON PATHOGENIC CONTAMINATION OF COASTAL RECREATION WATERS.

(a) STUDY.—The Administrator shall conduct a study on the long-term impact of climate change on pathogenic contamination of coastal recreation waters.

(b) REPORT.—

(1) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Administrator shall submit to Congress a report on the results of the study conducted under subsection (a).

(2) INFORMATION ON POTENTIAL CONTAMINANT IMPACTS.—The report shall include information on the potential impacts of pathogenic contamination on ground and surface water resources as well as public and ecosystem health in coastal communities.

(3) MONITORING.—The report shall address monitoring required to document and assess changing conditions of coastal water resources, recreational waters, and ecosystems and review the current ability to assess and forecast impacts associated with long-term change.

(4) FEDERAL ACTIONS.—The report shall highlight necessary Federal actions to help advance the availability of information and tools to assess and mitigate these effects in order to protect public and ecosystem health.

(5) CONSULTATION.—In developing the report, the Administrator shall work in consultation with agencies active in the development of the National Water Quality Monitoring Network and the implementation of the Ocean Research Priorities Plan and Implementation Strategy.

SEC. 13. IMPACT OF EXCESS NUTRIENTS ON COASTAL RECREATION WATERS.

(a) STUDY.—The Administrator shall conduct a study to review the available scientific information pertaining to the impacts of excess nutrients on coastal recreation waters.

(b) REPORT.—

(1) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Administrator shall transmit to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Environment and Public Works of the Senate a report on the results of the study conducted under subsection (a).

(2) IMPACTS.—Such report shall include information on any adverse impacts of excess nutrients on coastal recreation waters, including adverse impacts caused by algal blooms resulting from excess nutrients.

(3) RECOMMENDATIONS.—Such report shall include recommendations for action to address adverse impacts of excess nutrients and algal blooms on coastal recreation waters, including the establishment and implementation of numeric water quality criteria for nutrients.

(4) CONSULTATION.—In developing such report, the Administrator shall consult with the heads of other appropriate Federal agencies (including the National Oceanic and Atmospheric Administration), States, and local government entities.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from

Texas (Ms. EDDIE BERNICE JOHNSON) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Texas.

GENERAL LEAVE

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 2093.

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

There was no objection.

Ms. EDDIE BERNICE JOHNSON of Texas. I yield myself such time as I may consume.

Mr. Speaker, the Clean Coastal Environment and Public Health Act of 2009 increases the authorization of appropriations for the Beaches Environmental Assessment and Coastal Health Act, more commonly known as the BEACH Act bill, through 2014.

First signed into law in October 2000, the BEACH Act provides funding to States, to local governments and to tribes for the creation of coastal water assessment and for public notification programs that monitor our recreational waters.

Mr. Speaker, H.R. 2093, the Clean Coastal Environment and Public Health Act of 2009, increases the authorization of appropriations for the Beaches Environmental Assessment and Coastal Health Act, more commonly known as the BEACH Act, through 2014.

First signed into law in October 2000, the BEACH Act provides funding to states, local governments, and tribes for the creation of coastal water assessment and public notification programs that monitor our recreational waters.

Over the past nine years, my Subcommittee, the Subcommittee on Water Resources and Environment, has held hearings on reauthorization of the BEACH Act and has received recommendations for statutory changes that would strengthen State coastal water quality monitoring and public notification programs.

I applaud the sponsor of this legislation, Mr. PALLONE, and our colleagues on the Committee on Transportation and Infrastructure, Mr. BISHOP and Mr. HALL, for introducing this important legislation.

H.R. 2093, the Clean Coastal Environment and Public Health Act, will increase the annual authorization for State and local monitoring and notification programs to \$40 million annually.

In addition, this legislation expands the eligible uses for grants under this program to better understand ongoing sources of contamination to the nation's beaches.

For example, H.R. 2093 allows States to utilize a portion of their BEACH grant funding to develop and implement pollution source identification and tracking programs for coastal recreation waters.

These programs will enable interested States to locate the likely sources of coastal water contamination.

This information will be critical to states to demonstrate ongoing sources of pollution to the nation's beaches.

With definitive information on the causes of coastal water contamination, States can take appropriate action to eliminate these ongoing sources, and ensure that the nation's coastal areas are safe for swimming and other recreational activities.

Mr. Speaker, last Congress, the House considered similar legislation to reauthorize and strengthen the BEACH Act.

That version, H.R. 2537, was approved by the House on a voice vote in April 2008.

Unfortunately, the 110th Congress adjourned before further consideration could be taken on that bill.

H.R. 2093 is modeled on the bill that passed the House in the last Congress.

However, one significant change is the adoption of a statutory deadline for the development of rapid testing methods for measuring the quality of coastal recreation waters.

The development of a rapid testing method will provide a significant safeguard against swimming-related illnesses by ensuring that the public is notified of potentially harmful waters within a few hours, rather than days, as under the current system.

H.R. 2093 adopts a statutory deadline of October 15, 2012 for the development of rapid testing methods, and requires states to implement such methods within one year of their validation by EPA.

This provision should enhance the protection of public health, and hopefully prevent families from coming into contact with harmful pollutants at their favorite beaches.

The bill also defines the term "rapid testing method" to mean "a method of testing the water quality of a coastal recreation water for which results are available as soon as practicable and not more than 6 hours after the commencement of the rapid testing method in the laboratory."

Mr. Speaker, as made clear in the Committee Report to accompany this legislation, the intent of this definition is to compress the time period for testing water quality to provide real-time information on the condition of coastal recreation waters.

The Committee received information on testing technologies that are currently available which can produce accurate results in two to three hours.

The intent of this legislation is to require that EPA validate a rapid testing methodology that can achieve accurate results as quickly as possible within the confines of existing technologies.

In addition, H.R. 2093 requires the administrator to periodically review the state of water quality testing technologies, and to validate new rapid testing methods that can shorten the time necessary to produce results on the condition of such waters, with a goal of 2-hour testing by 2017.

Mr. Speaker, H.R. 2093 also enhances existing public notification requirements, including making beach warnings and closures available on the Internet.

The bill also clarifies that the public must be notified within 2 hours after the appropriate State or local authority receives the results of a coastal water quality sample.

However, because many States utilize a system where two contaminated samples must be identified before a beach is closed, H.R. 2093 requires that beach closures or advisories must be made within 2 hours of the receipt of any water quality sample that ex-

ceeds public health limits, and that a warning sign be posted immediately, thereafter.

Again, precaution against potential public health impacts needs to be the focus of this program.

Finally, the bill requires EPA to conduct annual compliance reviews of state and local BEACH programs.

I strongly urge my colleagues to support this legislation that will make significant improvements to EPA's BEACH program.

Much of our efforts are to provide additional safeguards for our families to ensure they do not come into contact with potentially harmful pollutants and contaminants along the nation's coastlines.

I believe that this legislation accomplishes what we have tried to do.

I reserve the balance of my time.

Mr. BOOZMAN. I yield myself such time as I may consume.

Mr. Speaker, I am pleased the House is moving H.R. 2093, the Clean Coastal Environment and Public Health Act of 2009. This is an example of the good we can accomplish when we're able to work in a bipartisan manner to address the Nation's water resources needs.

Our Nation has nearly 23,000 miles of ocean and gulf shoreline along the continental United States and 5,500 miles of Great Lakes shoreline. Beaches are an important part of American life, providing numerous recreational opportunities for millions of people, including swimming, fishing, boating, beach-combing, surfing, sunbathing, and bird-watching.

This bill enables the EPA and the States to complete the important work they have begun so they can better protect public health and safety and so that they can continue to improve the quality of our Nation's recreational coastal waters.

H.R. 2093 increases the authorized annual funding for grants to States from \$30 million to \$40 million, and it extends the program through fiscal year 2014. This will help ensure that the public can get timely warnings of potential health hazards associated with a trip to the beach.

H.R. 2093 also requires the EPA to review State compliance with the BEACH Act, and it provides the means for dealing with States that remain out of compliance. H.R. 2093 passed the Transportation and Infrastructure Committee by unanimous vote.

I am pleased the House is moving H.R. 2093, The "Clean Coastal Environment and Public Health Act of 2009."

This is an example of the good we can accomplish when we are able to work in a bipartisan manner to address the Nation's water resources needs.

Our Nation has nearly 23,000 miles of ocean and gulf shoreline along the continental United States, and 5,500 miles of Great Lakes shorelines.

Beaches are an important part of American life, providing numerous recreational opportunities for millions of people, including fishing, boating, beachcombing, swimming, surfing, sunbathing, and bird-watching.

Each year, over 180 million people visit coastal waters for recreational purposes.

This activity supports over 28 million jobs and leads to investments of over \$50 billion each year in goods and services.

Public confidence in the quality of our nation's waters is important not only to each citizen who swims, but also to the tourism and recreation industries that rely on safe and swimmable coastal waters.

To improve the public's confidence in the quality of our Nation's coastal waters and protect public health and safety, Congress passed the "Beaches Environmental Assessment and Coastal Health Act of 2000," commonly called the "BEACH Act," in the 106th Congress.

The BEACH Act aimed to limit and prevent human exposure to polluted coastal recreational waters by assisting States and local communities to implement beach monitoring, assessment, and public notification programs.

The act also called on States with coastal recreational waters to adopt pathogen-related water quality standards, and directed EPA to conduct research and develop updated water quality criteria to protect human health.

Under the BEACH Act, EPA has been making grants to States to help them implement programs to monitor beach water quality and notify the public if water quality standards for pathogens are not being met.

An important indicator of progress to date is the fact that all eligible States are now implementing the beach monitoring, assessment, and public notification provisions of the BEACH Act.

The number of monitored beaches has increased from approximately 1,000 in 1997 to more than 3,700 in 2008.

In addition, EPA has strengthened water quality standards throughout all the coastal recreation waters in the United States.

All 35 States and Territories with coastal recreation waters now have water quality standards as protective of human health as EPA's water quality criteria. This is an increase from just 11 States and Territories in 2000.

Further, EPA has improved public access to data on beach advisories and closings by improving the agency's electronic data systems.

Moreover, EPA has been conducting cutting-edge research to support the development of new water quality criteria to protect human health from pathogens, and new monitoring methods to more accurately and rapidly detect pathogen contamination in recreational waters. Faster and better decisions are good for public health and good for the economy in beach communities.

We are optimistic that this work will help State beach managers make the best decisions possible about keeping beaches open or placing them under advisory.

Although EPA and the States have made substantial progress in implementing the BEACH Act, there is important work left to do in the areas of monitoring, research, and updating existing water quality criteria.

H.R. 2093 recognizes this, and reauthorizes and amends the BEACH Act.

This bill enables EPA and the States to complete the important work they have begun, so they can better protect public health and safety and continue to improve the quality of our Nation's recreational coastal waters.

H.R. 2093 increases the authorized annual funding level for grants to States from \$30 to \$40 million, and extends the program through fiscal year 2014.

In addition, the bill requires the development and use of rapid testing methods and quick notification to State officials and the public if a problem is found.

This will help ensure the public can get timely warnings of potential health hazards associated with a trip to the beach.

H.R. 2093 also requires EPA to review State compliance with the BEACH Act, and provides means for dealing with States that remain out of compliance.

H.R. 2093 passed the Transportation and Infrastructure Committee by a unanimous voice vote.

I would like to thank the chairman of the committee, Mr. OBERSTAR, and the chairwoman of the Subcommittee on Water Resources and Environment, EDDIE BERNICE JOHNSON, and especially thank the ranking member of the committee, Mr. MICA, for all their hard work that enabled us to bring to you today a consensus bill that enjoys strong, bipartisan support.

I urge all members to support the legislation.

I would like to thank the chairman of the committee, Mr. OBERSTAR, the chairwoman of the Subcommittee on Water Resources and Environment, EDDIE BERNICE JOHNSON, and especially their staffs for their hard work on both sides. Also, I would like to thank Mr. MICA for his hard work in helping us to bring this forward.

Again, I urge adoption of this. I am so glad that it enjoys bipartisan support.

I reserve the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield such time as he may consume to the full committee chairman, Mr. OBERSTAR.

Mr. OBERSTAR. I thank the gentlewoman for yielding.

I want to compliment Ms. JOHNSON on her superb chairmanship of the Subcommittee on Water Resources and Environment where she has diligently pursued the work of the committee with numerous hearings—in-depth, thorough work on the precious resources we have of fresh water. All the water we have ever had and will have is with us today, and it's our responsibility to care for it. Her vigilance in holding these hearings over the last Congress and in this Congress have been superb.

The gentleman from Arkansas (Mr. BOOZMAN) has been a splendid partner and a diligent worker on the issues of water resources. He understands the needs that come from his State of Arkansas, which is a Mississippi River State, which is a water-dependent State, and he has devoted great initiative to this work.

Also, we have had success. The old saying is "success has a thousand fathers." Mr. PALLONE, the gentleman from New Jersey; Mr. BISHOP and Mr. HALL—both members of our committee—have been strong supporters of this legislation.

I do have to give special recognition to the gentleman from California (Mr. BILBRAY), who, over several Congresses, has championed this legisla-

tion, including the initial BEACH Act. The persistence with which Mr. BILBRAY pursues matters is remarkable, to say the least, and he has been single-minded in his pursuit of this particular issue.

We have here a very splendid bipartisan bill that improves on the previous legislation, that improves on the practices of the previous administration, which, frankly, neglected the needs of beaches. We provide State and local governments greater authority to use a portion of their beach grant funds to identify sources of beach water quality impairments, to track ongoing sources of pollution to coastal recreation waters and to establish the validation of a rapid testing method, which all Members of this body who represent coastal areas, whether they're the freshwater coast or the saltwater coast, have strongly urged. This legislation will define "rapid testing" as a method that can produce results as soon as practicable but not more than 6 hours after the commencement of the test.

All of the supporters, including the gentleman from New Jersey (Mr. PALLONE), who is just arriving, have urged action on this particular rapid testing issue, so we give it definition, and we give it urgency and fiscal support.

This is a very good bill, a product of a great deal of experience and interest and support from Members on both sides of the aisle—on the east coast, the west coast, the gulf coast, and the fourth coastline, which is the Great Lakes coast.

I urge support of this legislation.

Mr. Speaker, I rise in strong support of H.R. 2093, the "Clean Coastal Environment and Public Health Act of 2009", as amended.

This legislation, and the underlying sections of the Clean Water Act that focus on coastal recreation water quality monitoring and public notification, are vital to protect the public from unwanted contact with potentially-harmful pollutants and contaminants in our coastal recreational waters.

I applaud the efforts of the primary sponsors of this legislation, the gentleman from New Jersey (Mr. PALLONE), and our colleagues on the Committee on Transportation and Infrastructure, Mr. BISHOP and Mr. HALL, for shepherding this important legislation through the hearing process, through Committee markup, and to the Floor of the House today.

I also applaud the efforts of the gentleman from California (Mr. BILBRAY), for his efforts back in 2000 to move the initial BEACH Act to the President's desk.

The BEACH Act that was signed into law in October 2000 authorized \$30 million annually for beach monitoring and assessment programs and public notification programs for fiscal years 2001 through 2005. It required States and tribes to determine minimum water quality standards that were considered "safe".

In many ways, the BEACH Act has proven successful in making the public aware of the presence of potentially harmful water contamination at local beaches, and has brought about a revolution in terms of States creating and implementing coastal recreational water

monitoring and notification programs. The benefits we have seen over the last nine years include uniform standards for coastal recreational water quality, and increased monitoring and notification of contamination of such waters.

However, in as much as the BEACH Act has been successful in providing more information to the public, the previous Administration's track record on utilizing all of the tools contained in the BEACH Act to protect human health was far less successful.

For example, the Environmental Protection Agency (EPA) was given authority to promulgate standards for States that did not have sufficient standards, as compared to those in the 1986 Ambient Water Quality Criteria for Bacteria. EPA was given further direction to continue to study the impacts of waterborne pollutants and bacteria to human health, and to revise the criteria every five years as needed. Unfortunately, EPA failed to complete this task, as demonstrated by a lawsuit by advocates for safe beaches.

Similarly, the last Administration failed to utilize the authorities and direction of the initial BEACH Act to ensure the public has the best, most accurate, and timely information on the condition of their favorite beaches. For example, the BEACH Act called for the creation of a "National List of Beaches" that would provide the public with information on which beaches had in place monitoring and notification programs, and which did not. EPA was given the direction to periodically revise this list, based on the availability of new information.

I can assure my colleagues that latest list, published in 2004, is not the most up-to-date assessment of the condition of the nation's beaches. It is regrettable that the last Administration was unwilling to utilize the tools provided by Congress to ensure the protection of human health and safety.

I am hopeful that the Obama Administration will seize the opportunity to enhance the protection of human health and safety, and I expect that passage of the H.R. 2093 will aid in this effort.

H.R. 2093 increases by \$10 million annually the authorization of appropriations for EPA to issue grants to State and local governments for the implementation of coastal recreation water monitoring and notification programs.

In addition, the bill provides State and local governments the authority to use a portion of their BEACH grant to identify potential sources of beach water quality impairments. This authority will help State and local governments track ongoing sources of pollution to coastal recreation waters, and allow these entities to take the necessary next steps to control or eliminate these sources of pollution.

The bill also directs EPA to complete its review and publication of revised water quality criteria for coastal recreation waters by October 15, 2012, and to include with this publication, the validation of a "rapid testing method" for coastal recreation waters. H.R. 2093 defines a rapid testing method as one that can produce results "as soon as practicable" but not more than six hours after commencement of the test.

Today, the majority of States are utilizing culture-based testing methodologies for determining the presence of pathogens in coastal waters. This testing methodology typically requires 24 hours before results can be obtained, which can mean that one or two days

may pass before the public is made aware of the presence of potentially harmful contaminants.

H.R. 2093 directs EPA to reduce the testing time from the current 24 hours to less than six hours, with the hope that communities can provide same day results on the condition of their local waters. To be clear, this legislation does not require that an approvable test actually take six hours, but establishes six hours as the absolute maximum time allowed for an approvable rapid testing method. If science dictates that the amount of testing time can be less than six hours, this bill allows EPA to approve a "more rapid" testing methodology.

It is my understanding that the scientific community believes that current technology is capable of producing a reliable rapid testing methodology that can produce results in two to three hours. This technology could be readily adopted by EPA under the revised definition, and the Agency is encouraged to adopt the shortest, reliable testing methodology possible.

Mr. Speaker, simply put, this reauthorization of the BEACH Act focuses on providing State and local governments with the tools they need to protect public health and reduce the incidence of water-borne illness. As we are in the midst of the summer vacation season, let us make sure that a family trip to the beach will not also result in a trip to the doctor's office.

I urge my colleague to support H.R. 2093.

Ms. EDDIE BERNICE JOHNSON of Texas. I reserve the balance of my time.

Mr. BOOZMAN. Again, I would like to thank the chairman and the ranking member and my chairman, Ms. Johnson. I urge its adoption.

I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I know that time is short, so I'll be very brief. This is a very important bill to the Nation's beaches, and I represent a coastal area.

Basically, a few years ago, we passed the original BEACH Act, which allowed for the testing of ocean waters so that people would know, as sort of a right-to-know measure, when to go into the water and when not to. It has been very successful in keeping beaches clean and in notifying people when they shouldn't go swimming or when beaches have been cleaned up and they can go back into the water. We found out that we needed some better protection, and that is what we're doing with this bill today.

It calls for more rapid testing, within 24 hours—well, within a few hours, I should say—because, in the past, sometimes it would take 24 to 48 hours before we would know whether beaches should be closed. So there is a much more rapid testing method, which is within a few hours. In addition to that, the grants allow for the support for actually preventing beach closings and for using the Federal money for tracking so that, actually, the waters do not become more polluted.

So there are a lot of improvements in this bill over the current BEACH Act, and I urge its passage. I think we can get it signed into law quickly.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I now yield 1 minute to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. I thank the chairwoman for yielding, and I will be even more brief than Mr. PALLONE.

Mr. Speaker, let me simply thank Mr. PALLONE, Mr. BILBRAY, Mr. BOOZMAN, Chairman OBERSTAR, and Chairwoman JOHNSON for their leadership on this issue.

This bill builds on the successes of the original BEACH Act. It implements rapid testing procedures which are vitally important. It provides a significantly larger authorization for the grants, and I urge its passage.

Mr. Speaker, on behalf of the residents of eastern Long Island, I would like to commend Chairman OBERSTAR, Chairwoman JOHNSON and Congressmen PALLONE and BILBRAY for their leadership and unwavering dedication to clean water issues. I would also like to thank the Transportation and Infrastructure Committee staff for their hard work and commitment to advancing this legislation to the full House today.

My district encompasses 300 miles of coastline, and I'm very proud to represent some of this country's most popular and beautiful beaches. Maintaining coastal health is an integral objective toward preserving the Nation's environment and sustaining the tourist economies of our States. The beach-going public that flocked to our Nation's shores this summer reminds us that we deserve pristine waterways to enjoy with our families and that we need to preserve them for future generations of Americans.

The water quality monitoring and notification grants established in the original BEACH Act have been absolutely vital to protecting the health of beachgoers on our shores. Today, with the consideration of H.R. 2093, the Clean Coastal Environment and Public Health Act of 2009, we can continue to assure the American public that preserving healthy shores is a priority of our environmental agenda.

After EPA reports marked progress but raised questions about the implementation of the BEACH Act, it has become clear that further development of the legislation was needed. That is why Mr. PALLONE, the author of the original BEACH Act, and I decided to pool our resources to advance better legislation to fix problems and fund grant programs.

The Pallone/Bishop/Bilbray legislation reauthorizes the BEACH Act through fiscal year 2013 and increases authorization for funding from \$30 million to \$40 million, annually. This bipartisan legislation requires development and implementation of rapid testing methods to ensure that the public is notified of potential health concerns related to water quality in hours rather than days and enhances existing public notification requirements.

In the 110th Congress, a nearly identical bill was agreed to by this committee and passed on the House floor—both by voice vote. Unfortunately, the Senate did not act on the bill.

One in ten tourists is destined for the beach this summer—providing our travel and vacation industries with customers and business. I

hope my colleagues agree that the BEACH Act is an excellent example of an effective government program that benefits communities in every region of the country and has yielded tremendous progress in restoring healthy shores.

Mr. Speaker, with the leadership and support of this body, we can ensure that beach visitors throughout the country are assured that local governments have all the resources they need to monitor recreational waters and alert the public of potential health hazards.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I applaud the sponsor of this legislation, Mr. PALLONE, and our colleagues on the Committee on Transportation and Infrastructure, Mr. BISHOP and Mr. HALL, for introducing this important legislation. Further, I appreciate and respect the fact that Mr. OBERSTAR, Mr. MICA and Mr. BOOZMAN helped with this as well, so I urge its adoption.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and pass the bill, H.R. 2093, 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. BOOZMAN. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3326, DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2010

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 111-233) on the resolution (H. Res. 685) providing for consideration of the bill (H.R. 3326) making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

- H.R. 1293, by the yeas and nays;
- H.R. 556, de novo;
- H.R. 509, de novo;
- H. Res. 616, de novo;

H.R. 1035, de novo;
H.J. Res. 44, de novo.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

DISABLED VETERANS HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT INCREASE ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 1293, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1293.

The vote was taken by electronic device, and there were—yeas 426, nays 0, not voting 7, as follows:

[Roll No. 650]
YEAS—426

Abercrombie	Capito	Eshoo
Ackerman	Capps	Etheridge
Aderholt	Capuano	Fallin
Adler (NJ)	Cardoza	Farr
Akin	Carnahan	Fattah
Alexander	Carney	Filner
Altmire	Carson (IN)	Flake
Andrews	Carter	Fleming
Arcuri	Cassidy	Forbes
Austria	Castle	Fortenberry
Baca	Castor (FL)	Foster
Bachmann	Chaffetz	Fox
Bachus	Chandler	Frank (MA)
Baird	Childers	Franks (AZ)
Baldwin	Chu	Frelinghuysen
Barrett (SC)	Clarke	Fudge
Barrow	Clay	Gallely
Bartlett	Cleaver	Garrett (NJ)
Barton (TX)	Coble	Gerlach
Bean	Coffman (CO)	Giffords
Becerra	Cohen	Gingrey (GA)
Berkley	Cole	Gohmert
Berman	Conaway	Gonzalez
Berry	Connolly (VA)	Goodlatte
Biggert	Conyers	Gordon (TN)
Bilbray	Cooper	Granger
Bilirakis	Costa	Graves
Bishop (GA)	Courtney	Grayson
Bishop (NY)	Crenshaw	Green, Al
Bishop (UT)	Crowley	Green, Gene
Blackburn	Cuellar	Griffith
Blumenauer	Culberson	Grijalva
Blunt	Cummings	Guthrie
Bocchieri	Dahlkemper	Gutierrez
Boehner	Davis (AL)	Hall (NY)
Bonner	Davis (CA)	Hall (TX)
Bono Mack	Davis (IL)	Halvorson
Boozman	Davis (KY)	Hare
Boren	Davis (TN)	Harman
Boswell	Deal (GA)	Harper
Boucher	DeFazio	Hastings (FL)
Boustany	DeGette	Hastings (WA)
Boyd	Delahunt	Heinrich
Brady (PA)	DeLauro	Heller
Brady (TX)	Dent	Hensarling
Braley (IA)	Heger	Diaz-Balart, L.
Bright	Diaz-Balart, M.	Herseth Sandlin
Broun (GA)	Dicks	Higgins
Brown (SC)	Dingell	Hill
Brown, Corrine	Doggett	Himes
Brown-Waite,	Donnelly (IN)	Hinche
Ginny	Doyle	Hinojosa
Buchanan	Dreier	Hirono
Burgess	Driehaus	Hodes
Burton (IN)	Duncan	Hoekstra
Butterfield	Edwards (MD)	Holden
Buyer	Edwards (TX)	Holt
Calvert	Ehlers	Honda
Camp	Ellison	Hoyer
Campbell	Ellsworth	Hunter
Cantor	Emerson	Inglis
Cao	Engel	Inslee

Israel	Meeks (NY)	Sarbanes
Issa	Melancon	Scalise
Jackson (IL)	Mica	Schakowsky
Jackson-Lee	Michaud	Schauer
(TX)	Miller (FL)	Schiff
Jenkins	Miller (MI)	Schmidt
Johnson (GA)	Miller (NC)	Schock
Johnson (IL)	Miller, Gary	Schrader
Johnson, E. B.	Miller, George	Schwartz
Johnson, Sam	Minnick	Scott (GA)
Jones	Mitchell	Scott (VA)
Jordan (OH)	Mollohan	Sensenbrenner
Kagen	Moore (KS)	Serrano
Kaptur	Moore (WI)	Sessions
Kennedy	Moran (KS)	Sestak
Kildee	Moran (VA)	Shadegg
Kirkpatrick (MI)	Murphy (CT)	Shea-Porter
Kilroy	Murphy (NY)	Sherman
Kind	Murphy, Patrick	Shimkus
King (IA)	Murphy, Tim	Shuler
King (NY)	Murtha	Shuster
Kingston	Myrick	Simpson
Kirk	Nadler (NY)	Sires
Kirkpatrick (AZ)	Napolitano	Skelton
Kissell	Neal (MA)	Smith (NE)
Klein (FL)	Neugebauer	Smith (NJ)
Kline (MN)	Nunes	Smith (TX)
Kosmas	Nye	Smith (WA)
Kratovil	Oberstar	Snyder
Kucinich	Obey	Space
Lamborn	Olson	Speier
Lance	Oliver	Spratt
Langevin	Ortiz	Stark
Larsen (WA)	Pallone	Stearns
Larson (CT)	Pascrell	Stupak
Latham	Pastor (AZ)	Sullivan
LaTourette	Paul	Sutton
Latta	Paulsen	Tanner
Lee (CA)	Payne	Taylor
Lee (NY)	Pence	Teague
Levin	Perlmutter	Terry
Lewis (CA)	Perriello	Thompson (CA)
Lewis (GA)	Peters	Thompson (MS)
Linder	Peterson	Thompson (PA)
Lipinski	Petri	Thornberry
LoBiondo	Pingree (ME)	Tiahrt
Loeb sack	Pitts	Tiberi
Lofgren, Zoe	Platts	Tierney
Lowe y	Poe (TX)	Titus
Lucas	Polis (CO)	Tonko
Luetkemeyer	Pomeroy	Towns
Lujan	Posey	Tsongas
Lummis	Price (GA)	Turner
Lungren, Daniel	Price (NC)	Upton
E.	Putnam	Van Hollen
Lynch	Quigley	Velazquez
Mack	Radanovich	Visclosky
Maffei	Rahall	Walden
Maloney	Rangel	Walz
Manzullo	Rehberg	Walt
Marchant	Reichert	Wamp
Markey (CO)	Reyes	Wasserman
Markey (MA)	Richardson	Schultz
Marshall	Rodriguez	Waters
Massa	Roe (TN)	Watson
Matheson	Rogers (AL)	Watt
Matsui	Rogers (KY)	Waxman
McCarthy (CA)	Rogers (MI)	Weiner
McCaul	Rohrabacher	Welch
McClintock	Rooney	Westmoreland
McCollum	Ros-Lehtinen	Wexler
McCotter	Roskam	Whitfield
McDermott	Ross	Wilson (OH)
McGovern	Rothman (NJ)	Wilson (SC)
McHenry	Roybal-Allard	Wittman
McHugh	Royce	Wolf
McIntyre	Ruppersberger	Woolsey
McKeon	Rush	Wu
McMahon	Ryan (WI)	Yarmuth
McMorris	Salazar	Young (AK)
Rodgers	Salazar, Linda	Young (FL)
McNerney	T.	
Meek (FL)	Sanchez, Loretta	

NOT VOTING—7

Clyburn	McCarthy (NY)	Souder
Costello	Ryan (OH)	
Kanjorski	Slaughter	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1752

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SOUTHERN SEA OTTER RECOVERY AND RESEARCH ACT

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 556, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 556, 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. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 316, nays 107, not voting 10, as follows:

[Roll No. 651]
YEAS—316

Abercrombie	Clay	Griffith
Ackerman	Cleaver	Grijalva
Aderholt	Cohen	Guthrie
Adler (NJ)	Cole	Gutierrez
Alexander	Connolly (VA)	Hall (NY)
Altmire	Conyers	Halvorson
Andrews	Cooper	Hare
Arcuri	Costa	Harman
Austria	Courtney	Hastings (FL)
Baca	Crenshaw	Heinrich
Baird	Crowley	Heller
Baldwin	Cuellar	Herseth Sandlin
Barrow	Cummings	Higgins
Bean	Dahlkemper	Hill
Becerra	Davis (AL)	Himes
Berkley	Davis (CA)	Hinche y
Berman	Davis (IL)	Hinojosa
Berry	Davis (TN)	Hirono
Biggert	DeFazio	Hodes
Bilbray	DeGette	Holden
Bilirakis	Delahunt	Holt
Bishop (GA)	DeLauro	Honda
Bishop (NY)	Dent	Hoyer
Bishop (UT)	Diaz-Balart, L.	Inglis
Blackburn	Diaz-Balart, M.	Inslee
Blumenauer	Dicks	Israel
Blunt	Dingell	Jackson (IL)
Bocchieri	Doggett	Jackson-Lee
Boehner	Donnelly (IN)	(TX)
Bonner	Doyle	Johnson (GA)
Bono Mack	Driehaus	Johnson (IL)
Boozman	Edwards (MD)	Johnson, E. B.
Boren	Edwards (TX)	Jones
Boswell	Ehlers	Kagen
Boucher	Ellison	Kaptur
Boustany	Ellsworth	Kennedy
Boyd	Emerson	Kildee
Brady (PA)	Engel	Kirkpatrick (MI)
Brady (TX)	Eshoo	Kilroy
Braley (IA)	Etheridge	Kind
Bright	Farr	King (NY)
Broun (GA)	Fattah	Kirkpatrick (AZ)
Brown (SC)	Frank (OH)	Kissell
Brown, Corrine	Filner	Klein (FL)
Brown-Waite,	Fortenberry	Kline (MN)
Ginny	Foster	Kosmas
Buchanan	Cardoza	Kratovil
Burgess	Carnahan	Kratovil
Burton (IN)	Carnahan	Kucinich
Butterfield	Carney	Kucinich
Buyer	Carson (IN)	Lance
Calvert	Castle	Langevin
Camp	Castor (FL)	Larsen (WA)
Campbell	Chandler	Larson (CT)
Cantor	Childers	Latham
Cao	Chu	Grayson
	Clarke	Green, Al
		Green, Gene
		Lee (CA)

Lee (NY) Neal (MA) Sestak
 Levin Oberstar Shea-Porter
 Lewis (CA) Sherman
 Lewis (GA) Obey Shuler
 Lipinski Olver Simpson
 LoBiondo Ortiz Sires
 Loebsock Pallone Skelton
 Lofgren, Zoe Pascrell
 Lowey Pastor (AZ) Smith (NJ)
 Lucas Paulsen Smith (TX)
 Luján Payne Smith (WA)
 Lungren, Daniel Snyder
 E. Perlmutter
 Lynch Perriello
 Maffei Peters
 Maloney Peterson
 Markey (MA) Pingree (ME)
 Marshall Pitts
 Massa Platts
 Matheson Pomeroy
 Matsui Posey
 McCarthy (CA) Price (NC)
 McCaul Putnam
 McCollum Quigley
 McCotter Rahall
 McDermott Rehberg
 McGovern Reichert
 McHugh Reyes
 McIntyre Richardson
 McKeon Rodriguez
 McMahon Roe (TN)
 McNerney Rogers (MI)
 Meek (FL) Ros-Lehtinen
 Meeks (NY) Ross
 Melancon Rothman (NJ)
 Michaud Roybal-Allard
 Miller (MI) Ruppersberger
 Miller (NC) Rush
 Miller, George Ryan (OH)
 Minnick Salazar
 Mitchell Sánchez, Linda
 Mollohan T.
 Moore (KS) Sanchez, Loretta
 Moore (WI) Sarbanes
 Moran (VA) Schakowsky
 Murphy (CT) Schauer
 Murphy (NY) Schiff
 Murphy, Patrick Schrader
 Murphy, Tim Schwartz
 Murtha Scott (GA)
 Nadler (NY) Scott (VA)
 Napolitano Serrano

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
 The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1759

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MARINE TURTLE CONSERVATION REAUTHORIZATION ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 509, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 509, 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.

RECORDED VOTE

Mr. HASTINGS of Florida. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 354, noes 72, not voting 7, as follows:

[Roll No. 652]

AYES—354

NAYS—107

Akin Garrett (NJ) Neugebauer
 Bachmann Gingrey (GA) Nunes
 Bachus Gohmert Olson
 Barrett (SC) Goodlatte Paul
 Bartlett Granger Pence
 Barton (TX) Graves Petri
 Bishop (UT) Hall (TX) Poe (TX)
 Blackburn Harper Price (GA)
 Blunt Hastings (WA) Radanovich
 Boehner Hensarling
 Boozman Herger
 Brady (TX) Hoekstra Rogers (AL)
 Broun (GA) Hunter Rogers (KY)
 Brown-Waite, Issa Rohrabacher
 Ginny Jenkins Rooney
 Burgess Johnson, Sam Roskam
 Burton (IN) Jordan (OH) Royce
 Buyer King (IA) Ryan (WI)
 Cantor King (TX) Scalise
 Carter Kingston Schock
 Cassidy Lamborn Sensenbrenner
 Chaffetz Latta Sessions
 Coble Linder Shadegg
 Coffman (CO) Lummis Shimkus
 Conaway Mack Shuster
 Culberson Manzullo Smith (NE)
 Davis (KY) Marchant Stearns
 Deal (GA) Markey (CO) Sullivan
 Dreier Teague
 Duncan McHenry Thompson (PA)
 Fallin McMorris Thornberry
 Flake Rodgers Tiahrt
 Fleming Mica Walden
 Forbes Miller (FL) Westmoreland
 Foxx Miller, Gary
 Franks (AZ) Moran (KS)
 Gallegly Myrick Young (AK)

Abercrombie Buchanan DeGette
 Ackerman Burton (IN) Delahunt
 Aderholt Butterfield DeLauro
 Adler (NJ) Calvert Dent
 Alexander Camp Diaz-Balart, L.
 Altmire Campbell Diaz-Balart, M.
 Andrews Cao Dicks
 Arcuri Capito Dingell
 Austria Capps Doggett
 Baca Capuano Donnelly (IN)
 Bachus Cardoza Doyle
 Baird Carnahan Dreier
 Baldwin Carney Driehaus
 Barrett (SC) Carson (IN) Edwards (MD)
 Barrow Carter Edwards (TX)
 Bartlett Cassidy Ehlers
 Barton (TX) Castle Ellison
 Bean Castor (FL) Ellsworth
 Becerra Chandler Ellsworth
 Berkley Childers Emerson
 Berman Chu Engel
 Berry Clarke Etheridge
 Biggert Clay Fallin
 Bilbray Cleaver Farr
 Bilirakis Cohen Fattah
 Bishop (GA) Cole Filner
 Bishop (NY) Connolly (VA) Fleming
 Bishop (UT) Conyers Forbes
 Boccieri Cooper Fortenberry
 Boehner Costa Foster
 Bonner Courtney Frank (MA)
 Bono Mack Crenshaw Frelinghuysen
 Boren Crowley Fudge
 Boswell Coellar Gallegly
 Boucher Cummings Gerlach
 Boustany Giffords Giffords
 Boyd Davis (AL) Gonzalez
 Brady (PA) Davis (CA) Gordon (TN)
 Braley (IA) Davis (IL) Grayson
 Brown (SC) Davis (KY) Green, Al
 Brown, Corrine Davis (TN) Green, Gene
 Brown-Waite, Deal (GA) Griffith
 Ginny DeFazio Grijalva

Guthrie Matheson Roskam
 Gutierrez Matsui Ross
 Hall (NY) McCarthy (CA) Rothman (NJ)
 Halvorson McCaul Royalbal-Allard
 Hare McCollum Ruppersberger
 Harman McCotter Rush
 Hastings (FL) McDermott Ryan (OH)
 Hastings (WA) McGovern Salazar
 Heinrich McHugh Sánchez, Linda
 Heller McIntyre T.
 Hersth Sandlin McKeon Sanchez, Loretta
 Higgins McMahon Sarbanes
 Hill McMorris Schakowsky
 Himes Rodgers Schauer
 Hinchey McNerney Schiff
 Hinojosa Meek (FL) Schrader
 Hiron Meeks (NY) Schwartz
 Hodes Melancon Scott (GA)
 Holden Mica Scott (VA)
 Holt Michaud Serrano
 Honda Miller (MI) Sestak
 Hoyer Miller (NC) Shea-Porter
 Inglis Miller, Gary Sherman
 Insee Miller, George Shuler
 Israel Minnick Shuster
 Jackson (IL) Mitchell Simpson
 Jackson-Lee Mollohan Sires
 (TX) Moore (KS) Skelton
 Johnson (GA) Moore (WI) Smith (NE)
 Johnson (IL) Moran (VA) Smith (NJ)
 Johnson, E. B. Murphy (CT) Smith (TX)
 Jones Murphy (NY) Smith (WA)
 Kagen Murphy, Patrick Snyder
 Kaptur Murphy, Tim Souder
 Kennedy Murtha Space
 Kildee Myrick Speier
 Kilpatrick (MI) Nadler (NY) Spratt
 Kilroy Napolitano Stark
 Kind Neal (MA) Stearns
 King (NY) Nunes Stupak
 Kingston Nye Sutton
 Kirk Oberstar Tanner
 Kirkpatrick (AZ) Obey Taylor
 Kissell Olver Terry
 Klein (FL) Ortiz Thompson (CA)
 Kline (MN) Pallone Thompson (MS)
 Kosmas Pascrell Tiberi
 Kratovil Pastor (AZ) Tierney
 Kucinich Paulsen Titus
 Lance Payne Tonko
 Langevin Perlmutter Towns
 Larsen (WA) Perriello Tsongas
 Larson (CT) Peters Turner
 Latham Peterson Upton
 LaTourette Pingree (ME) Van Hollen
 Latta Pitts Velázquez
 Lee (CA) Platts Vislosky
 Lee (NY) Polis (CO) Walden
 Levin Pomeroy Walz
 Lewis (CA) Posey Wasserman
 Lewis (GA) Price (NC) Schultz
 Lipinski Putnam Waters
 LoBiondo Quigley Watson
 Loebsock Radanovich Watt
 Lofgren, Zoe Rahall Waxman
 Lowey Rangel Weiner
 Lucas Rehberg Welch
 Luján Reichert Wexler
 Lungren, Daniel Reyes Whitfield
 E. Richardson Wilson (OH)
 Lynch Rodriguez Wilson (SC)
 Maffei Roe (TN) Wittman
 Maloney Rogers (AL) Wolf
 Markey (CO) Rogers (KY) Woolsey
 Markey (MA) Rogers (MI) Wu
 Marshall Rooney Yarmuth
 Massa Ros-Lehtinen Young (FL)

NOES—72

NOT VOTING—10

Bright Kirk Slaughter
 Clyburn McCarthy (NY) Whitfield
 Costello Rangel
 Kanjorski Schmidt

Akin Garrett (NJ) Lummis
 Bachmann Gingrey (GA) Mack
 Blackburn Gohmert Manzullo
 Blunt Goodlatte Marchant
 Boozman Granger McClintock
 Brady (TX) Graves McHenry
 Bright Hall (TX) Miller (FL)
 Broun (GA) Harper Moran (KS)
 Burgess Hensarling Neugebauer
 Buyer Herger Olson
 Cantor Hoekstra Paul
 Chaffetz Hunter Pence
 Coble Issa Petri
 Coffman (CO) Jenkins Poe (TX)
 Conaway Johnson, Sam Price (GA)
 Culberson Jordan (OH) Rohrabacher
 Duncan King (IA) Royce
 Flake Lamborn Ryan (WI)
 Foxx Linder Scalise
 Franks (AZ) Luetkemeyer Schock

Sensenbrenner	Sullivan	Tiahrt
Sessions	Teague	Wamp
Shadegg	Thompson (PA)	Westmoreland
Shimkus	Thornberry	Young (AK)

NOT VOTING—7

Blumenauer	Kanjorski	Slaughter
Clyburn	McCarthy (NY)	
Costello	Schmidt	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). One minute remains in this vote.

□ 1806

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title was amended so as to read: "A bill to reauthorize the Marine Turtle Conservation Act of 2004, and for other purposes."

A motion to reconsider was laid on the table.

CONGRATULATING LOUISIANA STATE UNIVERSITY BASEBALL TEAM

The SPEAKER pro tempore. The unfinished business is the question of suspending the rules and agreeing to the resolution, H. Res. 616.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. GRIJALVA) that the House suspend the rules and agree to the resolution, H. Res. 616.

The question was taken.

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 426, noes 1, not voting 6, as follows:

[Roll No. 653]

AYES—426

Abercrombie	Bilirakis	Buchanan
Ackerman	Bishop (GA)	Burgess
Aderholt	Bishop (NY)	Burton (IN)
Adler (NJ)	Bishop (UT)	Butterfield
Akin	Blackburn	Buyer
Alexander	Blunt	Calvert
Altmire	Bocchieri	Camp
Andrews	Boehner	Campbell
Arcuri	Bonner	Cantor
Austria	Bono Mack	Cao
Baca	Boozman	Capito
Bachmann	Boren	Capps
Bachus	Boswell	Capuano
Baird	Boucher	Caroza
Baldwin	Boustany	Carnahan
Barrett (SC)	Boyd	Carney
Barrow	Brady (PA)	Carson (IN)
Bartlett	Brady (TX)	Carter
Bean	Braley (IA)	Cassidy
Becerra	Bright	Castle
Berkley	Brown (GA)	Castor (FL)
Berman	Brown (SC)	Chaffetz
Berry	Brown, Corrine	Chandler
Biggert	Brown-Waite,	Childers
Bilbray	Ginny	Chu

Clarke	Hirono	Miller (NC)	Simpson	Terry	Wasserman
Clay	Hodes	Miller, Gary	Sires	Thompson (CA)	Schultz
Cleaver	Hoekstra	Miller, George	Skelton	Thompson (MS)	Waters
Coble	Holden	Minnick	Smith (NE)	Thompson (PA)	Watson
Coffman (CO)	Holt	Mitchell	Smith (NJ)	Thornberry	Watt
Cohen	Honda	Mollohan	Smith (TX)	Tiahrt	Waxman
Cole	Hoyer	Moore (KS)	Smith (WA)	Tiberi	Weiner
Conaway	Hunter	Moore (WI)	Snyder	Tierney	Welch
Connolly (VA)	Inglis	Moran (KS)	Souder	Titus	Westmoreland
Conyers	Insee	Moran (VA)	Space	Tonko	Wexler
Cooper	Israel	Murphy (CT)	Speier	Towns	Whitfield
Costa	Issa	Murphy (NY)	Spratt	Tsongas	Wilson (OH)
Courtney	Jackson (IL)	Murphy, Patrick	Stark	Turner	Wilson (SC)
Crenshaw	Jackson-Lee	Murphy, Tim	Stearns	Upton	Wittman
Crowley	(TX)	Murtha	Stupak	Van Hollen	Wolf
Cuellar	Jenkins	Myrick	Sullivan	Velázquez	Woolsey
Culberson	Johnson (GA)	Nadler (NY)	Sutton	Visclosky	Wu
Cummings	Johnson (IL)	Napolitano	Tanner	Walden	Yarmuth
Dahlkemper	Johnson, E. B.	Neal (MA)	Taylor	Walz	Young (AK)
Davis (AL)	Johnson, Sam	Neugebauer	Teague	Wamp	Young (FL)
Davis (CA)	Jones	Nunes			
Davis (IL)	Jordan (OH)	Nye			
Davis (KY)	Kagen	Oberstar			
Davis (TN)	Kaptur	Obey			
Deal (GA)	Kennedy	Olson			
DeFazio	Kildee	Olver			
DeGette	Kilpatrick (MI)	Ortiz			
DeLahunt	Kilroy	Pallone			
DeLauro	Kind	Pascrell			
Dent	King (IA)	Pastor (AZ)			
Diaz-Balart, L.	King (NY)	Paul			
Diaz-Balart, M.	Kingston	Paulsen			
Dicks	Kirk	Payne			
Dingell	Kirkpatrick (AZ)	Pence			
Doggett	Kissell	Perlmutter			
Donnelly (IN)	Klein (FL)	Perriello			
Doyle	Kline (MN)	Peters			
Dreier	Kosmas	Peterson			
Driehaus	Kratovil	Petri			
Duncan	Kucinich	Pingree (ME)			
Edwards (MD)	Lamborn	Pitts			
Edwards (TX)	Lance	Platts			
Ehlers	Langevin	Poe (TX)			
Ellison	Larsen (WA)	Polis (CO)			
Ellsworth	Larson (CT)	Pomeroy			
Emerson	Latham	Posey			
Engel	LaTourette	Price (GA)			
Eshoo	Latta	Price (NC)			
Etheridge	Lee (CA)	Putnam			
Fallin	Lee (NY)	Quigley			
Farr	Levin	Radanovich			
Fattah	Lewis (CA)	Rahall			
Finer	Lewis (GA)	Rangel			
Flake	Linder	Rehberg			
Fleming	Lipinski	Reichert			
Forbes	LoBiondo	Reyes			
Fortenberry	Loebsack	Richardson			
Foster	Lofgren, Zoe	Rodriguez			
Fox	Lowey	Roe (TN)			
Frank (MA)	Lucas	Rogers (AL)			
Franks (AZ)	Luetkemeyer	Rogers (KY)			
Frelinghuysen	Luján	Rogers (MI)			
Fudge	Lummis	Rohrabacher			
Gallely	Lungren, Daniel	Rooney			
Garrett (NJ)	E.	Ros-Lehtinen			
Gerlach	Lynch	Roskam			
Giffords	Mack	Ross			
Gingrey (GA)	Maffei	Rothman (NJ)			
Gohmert	Maloney	Roybal-Allard			
Gonzalez	Manzullo	Royce			
Goodlatte	Marchant	Ruppersberger			
Gordon (TN)	Markey (CO)	Rush			
Granger	Markey (MA)	Ryan (OH)			
Graves	Marshall	Ryan (WI)			
Grayson	Massa	Salazar			
Green, Al	Matheson	Sanchez, Linda			
Green, Gene	Matsui	T.			
Griffith	McCarthy (CA)	Sanchez, Loretta			
Grijalva	McCaul	Sarbanes			
Guthrie	McClintock	Scalise			
Gutierrez	McCollum	Schakowsky			
Hall (NY)	McCotter	Schauer			
Hall (TX)	McDermott	Schiff			
Halvorson	McGovern	Schmidt			
Hare	McHenry	Schock			
Harman	McHugh	Schrader			
Harper	McIntyre	Schwartz			
Hastings (FL)	McKeon	Scott (GA)			
Hastings (WA)	McMahon	Scott (VA)			
Heinrich	McMorris	Sensenbrenner			
Heller	Rodgers	Serrano			
Hensarling	McNerney	Sessions			
Herger	Meek (FL)	Sestak			
Herseth Sandlin	Meeke (NY)	Shadegg			
Higgins	Melancon	Shadegg			
Hill	Mica	Shea-Porter			
Himes	Michaud	Sherman			
Hinchee	Miller (FL)	Shimkus			
Hinojosa	Miller (MI)	Shuler			
		Shuster			

Simpson	Terry	Wasserman
Sires	Thompson (CA)	Schultz
Skelton	Thompson (MS)	Waters
Smith (NE)	Thompson (PA)	Watson
Smith (NJ)	Thornberry	Watt
Smith (TX)	Tiahrt	Waxman
Smith (WA)	Tiberi	Weiner
Snyder	Tierney	Welch
Souder	Titus	Westmoreland
Space	Tonko	Wexler
Speier	Towns	Whitfield
Spratt	Tsongas	Wilson (OH)
Stark	Turner	Wilson (SC)
Stearns	Upton	Wittman
Stupak	Van Hollen	Wolf
Sullivan	Velázquez	Woolsey
Sutton	Visclosky	Wu
Tanner	Walden	Yarmuth
Taylor	Walz	Young (AK)
Teague	Wamp	Young (FL)

ANSWERED "PRESENT"—1

Barton (TX)

NOT VOTING—6

Blumenauer	Costello	McCarthy (NY)
Clyburn	Kanjorski	Slaughter

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. MARKEY of Colorado) (during the vote). One minute remains in this vote.

□ 1813

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Ms. SLAUGHTER. Madam Speaker, I was unavoidably detained and missed rollcall votes Nos. 650, 651, 652, and 653. Had I been present, I would have voted "yea" on rollcall votes Nos. 650, 651, 652, and 653.

MORRIS K. UDALL SCHOLARSHIP AND EXCELLENCE IN NATIONAL ENVIRONMENTAL POLICY AMENDMENTS ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 1035.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. GRIJALVA) that the House suspend the rules and pass the bill, H.R. 1035.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RECOGNIZING NONCOMMISSIONED OFFICERS OF THE U.S. ARMY

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the joint resolution, H.J. Res. 44.

The Clerk read the title of the joint resolution.

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

rules and pass the joint resolution, H.J. Res. 44.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the joint resolution was passed.

A motion to reconsider was laid on the table.

□ 1815

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

WILLIAM ORTON LAW LIBRARY IMPROVEMENT AND MODERNIZATION ACT

Ms. ZOE LOFGREN of California. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2728) to provide financial support for the operation of the law library of the Library of Congress, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2728

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 "William Orton Law Library Improvement and Modernization Act".

SEC. 2. FINANCIAL SUPPORT FOR LAW LIBRARY OF LIBRARY OF CONGRESS.

(a) FINANCIAL SUPPORT.—In addition to any other amounts made available for the salaries and expenses of the Library of Congress, there are authorized to be appropriated to the Librarian of Congress \$3,500,000 for maintaining and administering the operations of the law library of the Library of Congress, including the cataloguing of the collections of the law library. Any amounts appropriated pursuant to the authority of this subsection shall remain available without fiscal year limitation until expended.

(b) ELECTRONIC CATALOGING OF NONPROPRIETARY MATERIAL.—To the extent practicable, in using any funds appropriated pursuant to the authority of subsection (a) to catalog and archive nonproprietary material in the collections of the Law Library after the date of the enactment of this Act, the Law Librarian of Congress shall catalog and archive the material electronically in a nonproprietary and nondiscriminatory format. Nothing in the previous sentence may be construed to affect any cataloging and archiving activities carried out with funds which are not appropriated pursuant to the authority of subsection (a).

SEC. 3. SEPARATION OF LAW LIBRARY SALARIES AND EXPENSES IN PREPARATION OF ANNUAL LIBRARY OF CONGRESS BUDGET.

(a) SEPARATE BUDGET TREATMENT OF LAW LIBRARY.—In preparing the annual budget for the Library of Congress which will be

submitted by the President under chapter 11 of title 31, United States Code, and in preparing the annual budget and related materials for the Library of Congress for the use of the Committees on Appropriations of the Senate and House of Representatives, the Librarian of Congress shall ensure that all amounts attributable to salaries and expenses of the law library of the Library of Congress are set forth separately as a separate line item from other salaries and expenses of the Library of Congress.

(b) EFFECTIVE DATE.—This section shall apply with respect to fiscal year 2011 and each succeeding fiscal year.

SEC. 4. WILLIAM ORTON PROGRAM TO SUPPORT THE MISSION OF THE LAW LIBRARY OF THE LIBRARY OF CONGRESS.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Librarian of Congress, acting through the Law Librarian of Congress, shall establish and operate a program to be known as the "William Orton Law Library Support Program" (hereafter in this section referred to as the "Program"), which will—

(A) provide enhanced or special services and programs for the Law Library; and

(B) otherwise support the mission of the Law Library.

(2) RELATION TO OTHER PROGRAMS.—The Librarian shall operate the Program in a manner which ensures that the resources of the Program are not commingled with the resources used to carry out the program operated under section 2.

(b) ROLE OF OTHER ENTITIES.—The Librarian may carry out the Program through agreements and partnerships entered into with other government and private entities, including the American Association of Law Libraries and the American Bar Association.

(c) PRIVATE SUPPORT.—

(1) ACCEPTANCE OF DONATIONS.—Donations of funds and in-kind contributions in support of the Program may be accepted—

(A) by the Library of Congress Trust Fund Board, as provided under the Act entitled "An Act to create a Library of Congress Trust Fund Board, and for other purposes", approved March 3, 1925 (2 U.S.C. 154 et seq.); and

(B) by the Librarian of Congress, as provided under section 4 of such Act (2 U.S.C. 160).

(2) USE OF AMOUNTS.—Notwithstanding the second paragraph of section 2 of the Act entitled "An Act to create a Library of Congress Trust Fund Board, and for other purposes", approved March 3, 1925 (2 U.S.C. 157), or the third sentence of section 4 of such Act (2 U.S.C. 160), any amounts accepted by the Librarian of Congress in support of the Program shall be subject to disbursement by the Librarian only upon the recommendation of the Law Librarian (except to the extent otherwise provided under any terms and conditions on the use of the amounts which are imposed by the person making the donation).

(3) ACCEPTANCE OF OTHER VOLUNTARY SERVICES.—Notwithstanding section 1342 of title 31, United States Code, the Librarian of Congress may accept voluntary and uncompensated services in support of the Program.

(d) ESTABLISHMENT OF SEPARATE ACCOUNT.—

(1) IN GENERAL.—There is established in the Treasury (among the accounts of the Library of Congress) a separate account for the Program, which shall consist of—

(A) amounts accepted by the Library of Congress Trust Fund Board in support of the Program as described in subsection (c)(1)(A), together with any income earned on such amounts;

(B) amounts accepted by the Librarian of Congress in support of the Program as de-

scribed in subsection (c)(1)(B), together with any income earned on such amounts;

(C) amounts appropriated pursuant to the authorization under subsection (f); and

(D) interest on the balance of the account.

(2) USE OF AMOUNTS.—The funds contained in the account established under this subsection shall be used solely by the Law Librarian of Congress to carry out the Program.

(e) ANNUAL REPORT.—Not later than April 30 of each year (beginning with 2010), the Librarian of Congress shall submit a report on Program funding and activities to the Committee on House Administration of the House of Representatives, the Committee on Rules and Administration of the Senate, the American Bar Association, and the American Association of Law Libraries. The report shall include—

(1) a listing of all donations received in support of the Program during the previous year;

(2) the total obligations during the previous year for each Program activity;

(3) the amount appropriated pursuant to the authorization under subsection (f) for the fiscal year beginning on the previous October 1;

(4) a list of Program activities, with budget information for each such activity, planned for the calendar year in which the report is submitted; and

(5) any findings in the most recently completed audit conducted with respect to the Law Library or Program funds or investments.

(f) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other amounts authorized to be appropriated to the Librarian of Congress for the Law Library of Congress for a fiscal year, there are authorized to be appropriated for deposit into the account established under subsection (d) an amount equal to 40 percent of the amount of the donations accepted by the Library of Congress Trust Fund Board in support of the Program under subsection (c)(1) during the previous fiscal year.

SEC. 5. DESIGNATION OF LAW LIBRARY OF LIBRARY OF CONGRESS AS NATIONAL LAW LIBRARY.

The law library of the Library of Congress shall be known and designated as the "National Law Library", and any reference to the law library of the Library of Congress in any law, rule, regulation, or document shall be deemed to be a reference to the National Law Library.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. ZOE LOFGREN) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. ZOE LOFGREN of California. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on this legislation.

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

There was no objection.

Ms. ZOE LOFGREN of California. I yield myself such time as I may consume.

Madam Speaker, this bill is named after William Orton, a Member of the United States House of Representatives from Utah's Third Congressional District from 1991 to 1997. Bill passed away

in April of this year. Bill was a tireless advocate for the Law Library, and this legislation is a fitting way to honor his memory.

The Law Library of Congress maintains a unique and world-renowned collection. This bill will help ensure that the Law Library will have the resources needed to maintain and expand its collections while at the same time modernizing its systems. The act authorizes, number one, \$3.5 million for maintaining and administering the operations of the Law Library, including the cataloging of the collections of the Law Library; two, a line item for the Law Library to ensure the autonomy and ability to improve the Law Library; and, three, the creation of the William Orton Program to provide enhanced or special services and programs for the Library and otherwise support the mission of the Law Library.

The Library may carry out the program through agreements and partnerships entered into with other government and private entities, including the American Association of Law Libraries and the American Bar Association. Donations of funds and in-kind contributions in support of the program may be accepted, and it requires an annual report.

Finally, H.R. 2728 was amended by the House Administration Committee; and during markup, we made a change in the name of the Law Library to the National Law Library to increase the role and status of the Law Library. This bill authorizes to be appropriated for the program an amount equal to 40 percent of the amount of the donations accepted by the Library of Congress Trust Fund Board in support of the program. This is a 60/40 private-public split. The Law Library is an invaluable resource both to the Congress and the Nation, and we have an obligation to future generations to provide for its continuation through the establishment of the William Orton Program.

Some of the organizations that are supporting this bill include the American Bar Association, the American Association of Law Libraries, and the Northern California Association of Law Libraries.

Now, why is this bill important to the point that myself and my colleague from California (Mr. DANIEL E. LUNGREN) have actually spent several years working on this? Not only is this collection unique in the United States and important to the rule of law in the United States; this collection is important to the world. And I will give you an example why. When the Taliban was finally expelled from government in Afghanistan, the people of Afghanistan looked to reinstitute the rule of law; and the only place where Afghani law could be found was in the Law Library at the Library of Congress in the United States. It was through that collection that we were able to help in that civil way in the reinstitution of the rule of law.

I would just like to say one further word about the late Bill Orton. After he left the Congress, he went back into private practice, but he always volunteered his time. He spent countless hours with the bar association and others, coming and trying to help the Law Library.

He understood that it wasn't flashy, but it was important. Actually, that's just like Bill, a guy who wasn't flashy but who was serious and did important things for his country. I can remember sitting on this floor next to then-Congressman Bill Orton, discussing the issues of the day while he had his young son Will sitting on his lap. Many times during State of the Union speeches, young Will would be there with his dad.

I hope that in addition to doing these good things through passing this bill that Will and the rest of his family can take satisfaction that Bill Orton's name will forever be associated with this Law Library, and we will always be in his debt for what he has done.

I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I yield myself as much time as I may consume.

I am pleased to rise in support of the bill that will pave the way for the Law Library at the Library of Congress to more fully serve this community, the legal community, academia and the public. The Law Library has one of the greatest collections of legal documents in the world, unparalleled in its breadth and depth.

The collection is so significant and diverse that following removing the Taliban from power in Afghanistan, as was suggested by my colleague from California, the Afghani people turned to the Library of Congress' archives to find a copy of the laws and Constitution of their country, Afghanistan.

Not much more than a year ago, in May 2008, a good friend and colleague of ours, the late Representative Bill Orton of Utah, appeared before the House Appropriations Committee and delivered compelling testimony toward the importance of properly funding this Law Library. It is, therefore, fitting that it is in his honor that we move this bill forward today.

Among Bill Orton's arguments for passionate support of the Law Library, perhaps two are most salient: the manner in which the current budgetary scheme forces the Library of Congress to balance the various departments against one another and the pressing need for an avenue to facilitate and dedicate private support for this Law Library. The American Bar Association, in a letter this month to the House of Representatives, echoed Bill Orton's testimony, explaining that the spreading of budgetary shortfalls has led at times to the neglect of particular portions of collections. For example, the ABA highlights the fact that the Law Library's loose leaf subscriptions are months out of date.

At the time of his testimony, Bill Orton appeared as a representative of

the American Bar Association, which is dedicated and committed to specifically address the maintenance, accessibility and relevance of the Law Library. When pressed as to whether the legal community would pitch in as a partner in financially supporting the Law Library, his response was emphatically, Yes.

With the passage of this bill, we enable our partners in the legal community to fulfill that commitment, and we give them an avenue through which that can be done.

□ 1830

More personally, this bill serves as a tribute to our late colleague, Bill Orton. During his service in this body, he was a passionate advocate for the law library and its many resources. He recognized the value of the careful stewardship of the law library's institutional mission. And so I hope that with our vote today, we will move that much closer to seeing the goal of Bill Orton realized.

I urge my colleagues, therefore, to join me in supporting the memory of Bill Orton, the mission of the law library, and this bill.

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

Ms. ZOE LOFGREN of California. Madam Speaker, before yielding back, I would simply thank the gentleman from California for being my partner in this effort. I thank, again, the members of the House Administration Committee for working with us. And remember, once again, our colleague, Bill Orton, who was such a fine person, who did so much in his life. I know that his sons, Will and Wesley, and his wife, Jacquelyn, were very proud of him, and I know that they will take satisfaction that his volunteerism is being recognized through this effort today.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. ZOE LOFGREN) that the House suspend the rules and pass the bill, H.R. 2728, 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. DANIEL E. LUNGREN of California. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

PROVIDING FOR HOUSE OF REPRESENTATIVES STAFF PAYDAY CHANGES

Mrs. DAVIS of California. Madam Speaker, I move to suspend the rules

and pass the bill (H.R. 1752) to provide that the usual day for paying salaries in or under the House of Representatives may be established by regulations of the Committee on House Administration, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 1752

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

SECTION 1. AUTHORITY OF COMMITTEE ON HOUSE ADMINISTRATION TO ESTABLISH DAY FOR PAYING SALARIES IN OR UNDER THE HOUSE OF REPRESENTATIVES.

Section 116(a) of the Legislative Branch Appropriations Act, 2002 (2 U.S.C. 60d-1) is amended by adding at the end the following new sentence: "Notwithstanding the previous sentence, the Committee on House Administration may by regulation provide for the payment of salaries with respect to a month on a date other than the date provided under the previous sentence as may be necessary to conform to generally accepted accounting practices."

SEC. 2. MEMBERSHIP IN HOUSE OF REPRESENTATIVES EXERCISE FACILITY FOR ACTIVE DUTY ARMED FORCES MEMBERS ASSIGNED TO CONGRESSIONAL LIAISON OFFICE.

House Resolution 1068, One Hundred Tenth Congress, agreed to April 15, 2008, is enacted into law.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on this legislation.

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

There was no objection.

Mrs. DAVIS of California. I yield myself such time as I may consume.

Madam Speaker, the principal purpose of this legislation is to allow the Committee on House Administration to oversee and administer a payday schedule for all staff in the House of Representatives. It does not affect pay for Members.

The House passed a similar bill in the 110th Congress. This bill gives the Committee on House Administration the ability to set the day of pay for House employees. This flexibility will allow the committee to be more responsive to the needs of our employees, many of whom have expressed their frustration about the current system. Furthermore, this bill will give us the opportunity to be more consistent with employees in the Senate, the executive branch, and most of the private sector with regard to paydays.

The committee also adopted a technical amendment to provide that staff members of congressional liaison offices assigned to the House who are on active duty in the Armed Forces will

continue to be eligible to apply for membership in the House of Representatives staff exercise facility. The House passed a resolution, H. Res. 1068, in the 110th Congress which approved this policy, and the bill before us simply would enact it into permanent law.

Madam Speaker, I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 1752, which will vest in the Committee on House Administration the authority to evaluate and implement best practices to improve efficiency in our payroll process.

The House Inspector General has reported that it may be of benefit to the House to transition to a bimonthly pay cycle with a lag time. Preliminary financial assessments suggest that after incurring up-front transition costs, this change may reduce overpayments over time and reduce errors by more easily distributing the burden of incorporating payment changes into the system.

If the distinguished gentlewoman from California would enter into a colloquy on the subject of exactly how this authority is to be exercised, I would like to stress that the legislation before the House simply grants the Committee on House Administration the authority to change the pay cycle and does not in and of itself authorize any changes. As the gentlewoman is aware, any change to our current operating status with regard to payroll would have a large impact on the daily lives of House staff. It is thus important that the committee granting this authority will act cautiously and only after soliciting and evaluating the feedback of the House community.

I understand on the majority side that you would be willing to work with us to ensure that the opinions of House staff are gathered and considered prior to any potential change in the pay cycle.

Mrs. DAVIS of California. The gentleman is correct. We would be delighted to work with him on that.

Mr. DANIEL E. LUNGREN of California. I appreciate that very much.

With that, Madam Speaker, I would urge support for this bill.

I yield back the balance of my time.

Mrs. DAVIS of California. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and pass the bill, H.R. 1752, 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. DANIEL E. LUNGREN of California. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

ABSENTEE BALLOT TRACK, RECEIVE, AND CONFIRM ACT

Mrs. DAVIS of California. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2510) to amend the Help America Vote Act of 2002 to reimburse States for the costs incurred in establishing a program to track and confirm the receipt of voted absentee ballots in elections for Federal office and make information on the receipt of such ballots available by means of on-line access, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2510

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 "Absentee Ballot Track, Receive, and Confirm Act".

SEC. 2. REIMBURSEMENT FOR COSTS INCURRED IN ESTABLISHING PROGRAM TO TRACK AND CONFIRM RECEIPT OF ABSENTEE BALLOTS.

(a) REIMBURSEMENT.—Subtitle D of title II of the Help America Vote Act of 2002 (42 U.S.C. 15401 et seq.) is amended by adding at the end the following new part:

"PART 7—PAYMENTS TO REIMBURSE STATES FOR COSTS INCURRED IN ESTABLISHING PROGRAM TO TRACK AND CONFIRM RECEIPT OF ABSENTEE BALLOTS

"SEC. 297. PAYMENTS TO STATES.

"(a) PAYMENTS FOR COSTS OF ESTABLISHING PROGRAM.—In accordance with this section, the Commission shall make a payment to a State to reimburse the State for the costs incurred in establishing, if the State so chooses to establish, an absentee ballot tracking program with respect to elections for Federal office held in the State (including costs incurred prior to the date of the enactment of this part).

"(b) ABSENTEE BALLOT TRACKING PROGRAM DESCRIBED.—

"(1) PROGRAM DESCRIBED.—

"(A) IN GENERAL.—In this part, an 'absentee ballot tracking program' is a program to track and confirm the receipt of absentee ballots in an election for Federal office under which the State or local election official responsible for the receipt of voted absentee ballots in the election carries out procedures to track and confirm the receipt of such ballots, and makes information on the receipt of such ballots available to the individual who cast the ballot, by means of on-line access using the Internet site of the official's office.

"(B) INFORMATION ON WHETHER VOTE WAS COUNTED.—The information referred to under subparagraph (A) with respect to the receipt of an absentee ballot shall include information regarding whether the vote cast on the ballot was counted, and, in the case of a vote which was not counted, the reasons therefor.

"(2) USE OF TOLL-FREE TELEPHONE NUMBER BY OFFICIALS WITHOUT INTERNET SITE.—A program established by a State or local election official whose office does not have an Internet site may meet the description of a program under paragraph (1) if the official has

established a toll-free telephone number that may be used by an individual who cast an absentee ballot to obtain the information on the receipt of the voted absentee ballot as provided under such paragraph.

“(C) CERTIFICATION OF COMPLIANCE AND COSTS.—

“(1) CERTIFICATION REQUIRED.—In order to receive a payment under this section, a State shall submit to the Commission a statement containing—

“(A) a certification that the State has established an absentee ballot tracking program with respect to elections for Federal office held in the State; and

“(B) a statement of the costs incurred by the State in establishing the program.

“(2) AMOUNT OF PAYMENT.—The amount of a payment made to a State under this section shall be equal to the costs incurred by the State in establishing the absentee ballot tracking program, as set forth in the statement submitted under paragraph (1), except that such amount may not exceed the product of—

“(A) the number of jurisdictions in the State which are responsible for operating the program; and

“(B) \$3,000.

“(3) LIMIT ON NUMBER OF PAYMENTS RECEIVED.—A State may not receive more than one payment under this part.

“SEC. 297A. AUTHORIZATION OF APPROPRIATIONS.

“(a) AUTHORIZATION.—There are authorized to be appropriated to the Commission for fiscal year 2010 and each succeeding fiscal year such sums as may be necessary for payments under this part.

“(b) CONTINUING AVAILABILITY OF FUNDS.—Any amounts appropriated pursuant to the authorization under this section shall remain available until expended.”.

(b) CLERICAL AMENDMENT.—The table of contents of such Act is amended by adding at the end of the items relating to subtitle D of title II the following:

“PART 7—PAYMENTS TO REIMBURSE STATES FOR COSTS INCURRED IN ESTABLISHING PROGRAM TO TRACK AND CONFIRM RECEIPT OF ABSENTEE BALLOTS

“Sec. 297. Payments to States.

“Sec. 297A. Authorization of appropriations.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on this legislation.

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

There was no objection.

Mrs. DAVIS of California. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2510, the Absentee Ballot Track, Receive, and Confirm, or TRAC Act. I would like to thank House Administration Committee Chairman BRADY, Ranking Member LUNGREN, and Election Subcommittee Chairwoman LOFGREN for allowing this bill to come forward today. I would also like to especially

thank our subcommittee's ranking member, Mr. MCCARTHY, for joining me in introducing this bill. I appreciate my California colleague's input in support of this important legislation. This is a better bill because of his efforts, and I hope that the members of our subcommittee can continue to work together across party lines because election administration need not be a partisan issue.

We introduced this bill after hearing from absentee voters that they would like to know whether their ballots were sent, whether their ballots were received, and whether their votes were actually counted. In most cases, the fears of one's mail-in ballot somehow being lost in the system are unfounded, but we all know that the worry is still there, and sometimes there is real reason for concern.

We have all heard election horror stories from people who simply did not receive a ballot they requested. Other voters have called their overwhelmed election officers and waited on hold for far too long trying to find out what happened to their ballots. And most voters never know whether their absentee ballot actually was counted. Was there a problem with their signature, they might wonder? Was the ballot damaged in the mail?

Our Nation's voters deserve electoral procedures that are transparent and that strengthen their faith in democracy. The good news is that it is possible and practical to track absentee ballots. If voters can identify a problem early, they can work with their election offices to fix it and ensure that their votes count.

The TRAC Act is modeled on a successful piece of bipartisan California State legislation that allows voters to go online or call a phone number to easily find out whether an elections office has sent out a ballot, whether a completed ballot has arrived back at the registrar's office, and whether the registrar has counted the ballot; and if not, why not?

Absentee tracking has been a proven success in California and in several other States. In my home county of San Diego, over 98,000 voters checked their ballot status online last November using such a system.

Tracking gives voters easy access to the answers they need, and it takes a burden off the phone lines at elections offices. Absentee ballot tracking is particularly useful for our men and women in uniform serving overseas who have difficulty phoning their elections offices during regular business hours. The TRAC Act would allow the Federal Government to reimburse States for establishing absentee tracking systems. And setting up these tracking systems can be done for just a few thousand dollars in many jurisdictions. San Mateo County in California, for example, did it by simply linking their database to their Web site, and many other counties have followed that model. In these tough economic times, even the small

grants we are offering States today will be especially helpful.

I ask my colleagues on both sides of the aisle to join Mr. MCCARTHY and me in supporting this effort to strengthen the democratic process and give American voters the electoral certainty they deserve.

Madam Speaker, I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I yield myself such time as I may consume.

I rise in support of this bill, the TRAC bill, which will encourage States to adopt measures toward the modernization of election systems.

The legitimacy of our election systems is based on the public trust that properly cast ballots are counted, and in the case of absentee ballots, reach their appropriate destination. Any time an election system fails to include properly cast ballots there is cause for concern as to the legitimacy of the outcome.

Long gone should be the days when dog-eared absentee ballots are relegated to dark and dusty corners of election offices with voters never having the certainty that their vote counted. By instituting a tracking system, States can further ensure the security of their absentee ballots. Some have said this is really promoting uniform postal progress information for election shipments. Moreover, an absentee ballot tracking system will enable voters to act as guardians of their own vote, providing them the ability to call attention to ballots that fail to reach their destination.

An important aspect of this bill beyond the benefits of a ballot tracking system is that it is a voluntary, incentive-driven program. Whereas each State approaches its election process from a unique background and context, this voluntary program empowers the States to modernize their election systems in a manner appropriate to their particular challenges. The Committee on House Administration has held several hearings over the past year dealing with challenges to the administration of reliable and credible elections. Through the testimony of many qualified witnesses, we have come to realize that one particular subset of voters who are particularly vulnerable to those challenges is overseas military voters. My colleague on the committee, Mr. MCCARTHY, has introduced a piece of legislation which will help remedy that disservice to our men and women in uniform. And just as we take up this bill today, I am hopeful that we will soon see Mr. MCCARTHY's bill brought before this body for a vote.

It simply isn't acceptable for ballots to disappear, some might say, like wandering puppies. We owe our uniformed servicemembers better than that.

Madam Speaker, I urge support for this measure, and I yield back the balance of my time.

Mrs. DAVIS of California. I am pleased to yield 3 minutes to the gentleman from New Jersey (Mr. HOLT).

Mr. HOLT. Madam Speaker, I thank the gentlelady from California, and I rise in support of the Absentee Ballot TRAC Act. I commend her and Mr. MCCARTHY for crafting this commonsense measure, and I urge my colleagues to support it.

For the sake of good democracy, we must do all we can to have accessible, reliable, auditable voting. And we must do all we can to remove every reason for voters to believe that the voting system is not working well, to remove any doubt that they might have that votes are not counted as they intended.

□ 1845

Every year, some number of absentee ballots are requested by voters but not received, or delivered to voters but not returned to the election officials. The Election Assistance Commission's 2004 election administration voting survey reported that on average, only 89 percent of absentee ballots requested were returned. The 2006 Election Administration and Voting Survey reported that on average, a quarter of domestic civilian absentee ballots were rejected due to untimely receipt. And according to a survey of military and overseas voting in 2008 conducted by the nonpartisan Overseas Vote Foundation, more than 1 in 5 American voters living overseas, including military personnel, did not receive their ballots on time for them to be counted in the 2008 election.

Every such instance of nonreceipt or nondelivery must be treated as a probable instance of wrongful disenfranchisement because we can assume voters would not have requested the ballots if they did not intend to vote. And that's why I support this commonsense measure. It would reimburse States for establishing programs to track and confirm the receipt of absentee ballots and make available to the individual who cast the ballot information on the receipt of the ballot, and information about whether or not the ballot was counted. This would be done by means of on-line access using an Internet site of the official's office.

I commend this bill to my colleagues, and I thank the gentleman and the gentlelady for proposing it.

Mr. BRADY of Pennsylvania. Madam Speaker, I urge the Members to support H.R. 2510, a bill to amend the Help America Vote Act. This bipartisan bill, sponsored by Representatives SUSAN DAVIS and KEVIN MCCARTHY, and reported unanimously from the Committee on House Administration, will reimburse states for the cost of tracking and confirming absentee ballots.

More voters than ever cast their ballots by mail. Many remain anxious that their ballots may not reach election offices on time—they question whether their votes are actually counted.

H.R. 2510 provides incentives to states to develop systems allowing voters to track their ballots. Voters will be able to use the internet

or a voter hotline to track whether the elections office has sent out a ballot, whether the completed ballot has arrived back at the registrar's office, whether the registrar has counted the ballot, and if not, why. Highly effective systems like these are already in place in counties in California, Washington, Virginia, Kansas and my home state of Pennsylvania.

Voters and election offices both benefit from ballot tracking technology. With voters able to track their ballots, transparency and voter confidence in America's election system will be greatly improved. Voters will be able to receive accurate and updated information on the status of their ballots and confirm whether they were counted.

Once this legislation is fully implemented, it will save costs for local governments and take the strain off election offices.

I urge all my colleagues to vote for this bipartisan legislation.

Mrs. DAVIS of California. Madam Speaker, I have no additional speakers. I urge passage of this legislation. And I yield back my remaining time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and pass the bill, H.R. 2510.

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. DANIEL E. LUNGREN of California. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

COMMENDING THE CONGRESS OF LEADERS OF WORLD AND TRADITIONAL RELIGIONS

Mr. FALEOMAVAEGA. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 535) commending the Congress of Leaders of World and Traditional Religions for calling upon all nations to live in peace and mutual understanding.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 535

Whereas religious leaders can be a decisive factor in maintaining peace and security in the world;

Whereas a Congress of Leaders of World and Traditional Religions was established in 2003;

Whereas the purpose of the Congress is to advance tolerance, development, and security;

Whereas the Congress provides a forum for improving understanding and mutual cooperation among religious communities from around the world;

Whereas the Congress considers interfaith dialogue one of the most important instruments for the maintenance of peace and harmony among peoples and nations;

Whereas the Congress regularly holds forums that address, among other issues, religious freedom, inter-religious dialogue, and the role of religious leaders in strengthening global security;

Whereas the world's major religions, including Buddhism, Christianity, Hinduism, Islam, Judaism, Shinto, and Taoism are represented in the Congress;

Whereas religious leaders representing more than 26 nations, including Israel, Egypt, Pakistan, Iran, Saudi Arabia, Libya, Armenia, South Korea, China, India, Thailand, the United States, Switzerland, France, Japan, and the Holy See, participate in the Congress;

Whereas a Secretariat of the Congress was established by the leaders and representatives of the world and traditional religions in 2003 as a permanent body of the interfaith dialogue;

Whereas the Secretariat of the Congress adopted resolutions to convene the second and third Congress in 2006 and 2009; and

Whereas the third Congress was held on July 1-2, 2009: Now, therefore, be it

Resolved, That the House of Representatives—

(1) commends the Congress of Leaders of World and Traditional Religions for calling upon all nations to live in peace and mutual understanding; and

(2) supports freedom of religion and conscience throughout the world as a fundamental human right and as a source of stability for all countries.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from American Samoa (Mr. FALEOMAVAEGA) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from American Samoa.

GENERAL LEAVE

Mr. FALEOMAVAEGA. Madam Speaker, I ask unanimous consent that all Members may have 5 days to revise and extend their remarks and include extraneous materials on the resolution under consideration.

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

There was no objection.

Mr. FALEOMAVAEGA. Madam Speaker, I rise today in support of House Resolution 535, commending the Congress of Leaders of World and Traditional Religions for calling upon all nations to live in peace and mutual understanding. The Congress was organized in 2003 in recognition of the growing importance of world religions in responding to emerging threats and global epidemics. The Congress is held every 3 years and seeks to foster greater dialogue and cooperation among world religions to address the serious challenge we are facing like terrorism, poverty, war, extremism, and the global collapse of financial markets.

This year I had the privilege of attending the third Congress. Approximately 77 delegations from 35 countries participated, including leading clerics and scholars representing Judaism, Islam, Christianity, Buddhism and other religious traditions. The delegation from the Vatican was led by Cardinal Jean-Louis Turan. Israel's President, Shimon Peres delivered the keynote address, and the Church of Jesus

Christ of Latter-day Saints was also represented for the first time.

Because religious leaders can be a decisive factor in maintaining peace and security in the world, I encourage my colleagues to vote in favor of House Resolution 535. This resolution supports freedom of religion and conscience throughout the world as a fundamental right and as a source of stability for all countries and commends the Congress of Leaders of World and Traditional Religions for the work it is doing to advance tolerance and understanding. Again, I urge my colleagues to support this bipartisan resolution.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume. Madam Speaker, I rise in support of House Resolution 535. This resolution commends the Congress of Leaders of World and Traditional Religions and expresses support for freedom of religion as a fundamental human right and a source of stability for all countries. I support this resolution and the broader cause of promoting freedom of religion.

However, I have some concerns about this measure. Kazakhstan initiated the effort to establish the Congress of Leaders of World and Traditional Religions and its capital served as the location for the past three gatherings. However, our U.S. Department of State's report on international religious freedom, as well as a number of human rights NGOs, underscore that Kazakhstan has considerable problems with its treatment of some of its religious minority groups. Some of the reported instances of religious intolerance in Kazakhstan include police officials disrupting religious meetings in private homes, confiscation of religious literature, fines, detentions, harassment and deportation of unregistered missionaries.

It has also been reported that the government-controlled media in Kazakhstan has increased its negative coverage of what they consider non-traditional religions such as Evangelical Christians, Jehovah's Witnesses, Hare Krishnas and Scientologists, depicting those groups as dangerous sects. Although we should support the efforts of the Congress of Leaders of World and Traditional Religions, we must be careful not to inadvertently provide political legitimacy to the government of Kazakhstan in its treatment of some of its religious minorities. Furthermore, Kazakhstan will assume the chairmanship of the Organization for Security and Cooperation in Europe in 2010, and it is important that those responsible nations hold it accountable to the commitments that it has made to implement democratic reforms and to protect human rights.

Again, I would like to express my support for this resolution, although with some reservation, and I ask my colleagues to do the same.

I have no further requests for time, and I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from American Samoa (Mr. FALEOMAVAEGA) that the House suspend the rules and agree to the resolution, H. Res. 535, 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.

Ms. ROS-LEHTINEN. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

RECOGNIZING DAY OF THE AFRICAN CHILD

Mr. FALEOMAVAEGA. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 550) recognizing the "Day of the African Child" on June 16, 2009, devoted to the theme of child survival and to emphasize the importance of reducing maternal, newborn, and child deaths in Africa.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 550

Whereas the "Day of the African Child" has been celebrated on June 16 each year since 1991, when it was first initiated by the Organization of African Unity;

Whereas the African Union has designated child survival as the theme of the "Day of the African Child", June 16, 2009;

Whereas the African Union Heads of State and Government decided to make child survival a theme of their 15th Ordinary Session in July 2010;

Whereas according to the United Nations Children's Fund (UNICEF), sub-Saharan Africa remains the most difficult place in the world for a child to survive;

Whereas every year in sub-Saharan Africa, 1.2 million babies die in the first month of life and roughly 1 in every 6 children fail to reach their fifth birthday, and the actual number of children under five years old dying each year is increasing;

Whereas an estimated 9 out of 10 women in sub-Saharan Africa will lose a child during their lifetime, and an estimated 700 women will die each day of pregnancy-related causes;

Whereas the top five killers of children under five in sub-Saharan Africa are preventable diseases (neonatal causes, such as respiratory infections, pneumonia, malaria, diarrhea, and HIV/AIDS) which we know how to treat and cure;

Whereas the high level of maternal and child mortality and morbidity in Africa can be attributed, according to African Union Ministers of Health, to weak health systems, a low level of skilled attendance at birth, poor health infrastructure, and inadequate financial resources;

Whereas some sub-Saharan African countries have sustained high annual rates of reduction in child mortality through strong political will, sufficient investment, and concerted action;

Whereas over the past three decades, United States international child survival and maternal health programs have helped save millions of lives in Africa and elsewhere; and

Whereas last year the G8 Summit leaders, meeting in Hokkaido, Japan, stated on July 8, 2008, "We reiterate our support to our African partners' commitment to ensure that by 2015 all children have access to basic health care (free wherever countries choose to provide this).": Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the "Day of the African Child";

(2) affirms its solidarity to address the challenge of maternal, newborn, and child mortality;

(3) salutes the health professionals and community health workers on the front lines in Africa who are extending health care and hope to families across the continent; and

(4) reaffirms the importance of United States partnership with African leaders and communities in reducing child, newborn, and maternal deaths from treatable and preventable causes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from American Samoa (Mr. FALEOMAVAEGA) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from American Samoa.

GENERAL LEAVE

Mr. FALEOMAVAEGA. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. FALEOMAVAEGA. Madam Speaker, I rise in strong support of this resolution, and I yield myself such time as I may consume. I certainly want to thank our senior ranking member of our House Foreign Affairs Committee, my good friend, the gentle lady from Florida, Ms. ROS-LEHTINEN, for her support of this legislation, as well as the chairman of our Foreign Affairs Committee, the gentleman from California (Mr. BERMAN).

Madam Speaker, the Day of the African Child has been celebrated on June 16 each year since 1991 when it was first initiated by the Organization of African Unity, the precursor of the African Union. According to the United Nations Children's Fund, or UNICEF, sub-Saharan Africa remains the most difficult place in the world for a child to survive. Every year in sub-Saharan Africa, 1.2 million babies die in the first month of life. Roughly 1 in every 6 children fail to reach their fifth birthday. Despite significant overall progress in decreasing mortality rates for children under age 5, each year an

estimated 9.2 million newborns and children die from preventable and treatable causes.

The top five killers of children under five include neonatal causes such as respiratory infections, pneumonia, malaria, diarrhea and HIV/AIDS. According to African Union Ministers of Health, the high level of maternal and child mortality and morbidity in Africa are attributed to weak health systems, a low level of skilled attendance at birth, poor health infrastructure, and inadequate financial resources.

Progress in reducing maternal newborn and child deaths can be achieved through increased coverage of proven solutions. Over the past three decades, U.S. international child survival and maternal health programs have helped save millions of lives in Africa and elsewhere. We join in solidarity with national leaders across Africa, UNICEF and many other humanitarian groups in marking the Day of the African Child with a continued commitment to boost child survival. I strongly support this resolution and urge my colleagues to support this measure.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume. Madam Speaker, I rise in strong support of House Resolution 550, recognizing the Day of the African Child, which is observed each year on June 16. Since 1991, June 16 has served as the day to draw attention to the ongoing threats to child survival in Africa and to highlight the need to reduce newborn and child deaths in Africa. According to UNICEF, 11 million children die each year. In sub-Saharan Africa, which is the most heavily impacted region in terms of child mortality, 1.2 million babies will die in the first month of their life each year. An estimated 1 out of every 6 African children will never reach their fifth birthday.

□ 1900

Of the top 10 countries in the world with the highest rates of mortality for children under 5, nine are in Africa. Unfortunately, that figure does not significantly improve as you look further afield. Of the top 50 countries with the highest rates of child mortality, 41 are in Africa, but perhaps even more devastating than these figures is the fact that many of these deaths are preventable.

According to UNICEF, 70 percent of all child deaths are attributable to six causes, including diarrhea, malaria, neonatal infection, preterm delivery, and lack of oxygen at birth.

More than half of these could be avoided through low-tech, evidence-based, cost-effective interventions, such as vaccines, antibiotics, nutritional supplements, bed nets treated by insecticide, and improved family care practices.

Again, with strong political will, targeted investments in health systems and with concerted action to confront the underlying causes of these high

rates of child mortality, many of these deaths can be averted. As the resolution indicates, Madam Speaker, United States international child survival and maternal health programs have helped save millions of lives in Africa and beyond over the past three decades.

Since 1986, the United States Agency for International Development, USAID, has provided over \$7 billion in assistance. With other international and private-sector partners, the U.S. has succeeded in reducing child deaths by 50 percent since 1990 from diseases related to diarrhea. The U.S. has provided over 100 million immunizations to children each year, and the U.S. has reduced malnutrition by 25 percent among children under the age of 5, but much more needs to be done. For this reason, I support H. Res. 550.

I reserve the balance of my time, Madam Speaker.

Mr. FALEOMAVEGA. I yield such time as I may consume.

Madam Speaker, I want to commend the distinguished chairman of our Subcommittee on Africa and Global Health, and I would like to commend his ranking member, the gentleman from New Jersey (Mr. SMITH), not only for their leadership but for their tremendous commitment and efforts in trying to help establish programs that are helpful to the citizens of Africa.

There are approximately 500 million people who live in Africa. Recognizing the children of Africa and recognizing the tremendous health problems that they're confronted with, I think, is certainly something that our government has a moral responsibility to do, and we must do what we can to be of assistance.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I am proud to yield 4 minutes to the gentleman from New Jersey (Mr. SMITH), the ranking member of the Subcommittee on Africa and Global Health.

Mr. SMITH of New Jersey. I thank my good friend, Ranking Member ILEANA ROS-LEHTINEN, for her leadership, and I want to thank my good friend ENI FALEOMAVEGA and, of course, Chairman PAYNE, who is the author of the resolution before us.

Madam Speaker, as ranking member of the subcommittee and as a cosponsor of this resolution, I share Chairman PAYNE's deep and abiding concern regarding child survival, which was the theme of this year's event.

For the record, as a Member of Congress, I've worked for most of the last 29 years on child survival initiatives. I began in the early 1980s with the four pillars of child survival and with the famous Jim Grant, the former UNICEF director, who was a passionate defender of those very low-cost interventions that could literally save lives—including vaccinations, oral rehydration therapy, growth monitoring, and breastfeeding, which can effectuate miracles in the lives of children and their families.

Madam Speaker, there is a universal recognition that our children are our Nation's most precious, vulnerable citizens who demand every protection and safeguard society can provide. In no way is this protection and assistance needed more today than on the continent of Africa.

Africa is home to just over 10 percent of the world's population; yet it accounts for some 44 percent of all children who die before they reach the age of 5. There are estimates that some 4.6 million African children under 5 lose their lives each and every year. The circumstances under which a baby is born and the first few days of life outside the mother's womb are critical.

In the 2009 State of the World's Children report, the U.N. Children's Fund reports that, in 2004, the highest rates of neonatal deaths—deaths within the first 28 days after birth—occurred in West and Central Africa at the rate of some 45 per 1,000 live births. Eastern and Southern Africa also had the highest rates at 36 neonatal deaths per 1,000 live births. That compares to about 3 deaths per 1,000 live births in industrialized nations.

Even within this short window of time, there are great variations in the baby's likelihood of survival. The greatest risk is during the first day after birth when an estimated 25 to 45 percent of neonatal mortalities occur. Almost three-fourths of all neonatal deaths occur within the first week after birth.

As UNICEF points out, a baby's chance of survival is not determined at the moment of birth. The report points out "the health of mothers and newborns is intricately related, so preventing deaths requires, in many cases, implementing the same interventions." Among those interventions are adequate nutrition, prenatal care for the unborn child, antenatal care, skilled birth attendants, and access to emergency obstetric care when necessary.

Basically, we now know that we must treat expectant mothers and their unborn children as two patients to ensure the survival and the sustainable health of both. Therefore, the resolution correctly emphasizes the necessity of improving child, newborn and maternal health in order to ensure child survival in Africa.

Again, I want to thank Mr. PAYNE for introducing the resolution.

Ms. ROS-LEHTINEN. Madam Speaker, I have no other speakers, so I yield back the balance of my time.

Mr. FALEOMAVEGA. Madam Speaker, I do want to again commend my good friend from New Jersey for his most eloquent statement and for his commitment in helping our people in Africa, and I would like to commend the senior ranking member of our House Foreign Affairs Committee for her support of this legislation.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from American Samoa

(Mr. FALEOMAVAEGA) that the House suspend the rules and agree to the resolution, H. Res. 550.

The question was taken.

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

Ms. ROS-LEHTINEN. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

RECOGNIZING THE 20TH ANNIVERSARY OF THE FALL OF THE BERLIN WALL

Mr. FALEOMAVAEGA. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 496) recognizing the 20th anniversary of the fall of the Berlin Wall, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 496

Whereas November 9, 2009, marks the 20th anniversary of the fall of the Berlin Wall and the symbolic end of the Cold War;

Whereas the Cold War was an enduring struggle between communism and democracy throughout the second half of the 20th century;

Whereas the last United States President to speak at the Brandenburg Gate prior to the destruction of the Berlin Wall was President Ronald Reagan, who, in June 1987, stated, "General Secretary Gorbachev, if you seek peace, if you seek prosperity for the Soviet Union and Eastern Europe, if you seek liberalization: Come here to this gate! Mr. Gorbachev, open this gate! Mr. Gorbachev, tear down this wall!";

Whereas two years later, in September 1989, protests that the East Germans called the "Peaceful Revolution" broke out, with protestors at first chanting "We want out!", and then gradually changing that protest cry to "We're staying here!", demonstrating their desire for democracy in their part of Germany;

Whereas on November 9, 1989, in response to protests that had grown to include over 1,000,000 people in Berlin's Alexanderplatz, Gunter Schabowski, the communist East German Minister of Propaganda, announced that the border would be opened for "private trips abroad";

Whereas thousands of people in East Berlin immediately flooded the checkpoints at the Berlin Wall and demanded entry into West Berlin causing the overwhelmed East German Border Guards to open the border checkpoints to allow people to cross into West Berlin;

Whereas people in West Berlin enthusiastically greeted those coming across from East Berlin, dancing atop the Berlin Wall and hammering chunks out of it until a section opened through which more East Germans walked and shouted out "Freedom! Freedom! Just once, Freedom!";

Whereas over 400,000,000 people were freed from the bondage of communism at the end of the Cold War in Russia, Belarus, Ukraine,

Moldova, Georgia, Azerbaijan, Armenia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, East Germany, Poland, Hungary, Czechoslovakia, Romania, Bulgaria, Latvia, Estonia, and Lithuania;

Whereas the victory of the United States in the Cold War will signify freedom from oppression for decades to come;

Whereas Berlin, Germany, will celebrate the 20th anniversary of the fall of the Berlin Wall with the "Festival of Freedom"; and

Whereas the fall of the Berlin Wall was one of the most significant events of the 20th century and symbolized the triumph of democracy over communism: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the 20th anniversary of the fall of the Berlin Wall;

(2) celebrates 20 years of freedom from the bondage of communism with the people of the former communist countries; and

(3) acknowledges the symbolic triumph of democracy over communism.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from American Samoa (Mr. FALEOMAVAEGA) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from American Samoa.

GENERAL LEAVE

Mr. FALEOMAVAEGA. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. FALEOMAVAEGA. I yield myself such time as I may consume.

Madam Speaker, I first want to commend the senior ranking member of our House Foreign Affairs Committee and the chairman of our committee, Congressman BERMAN, for their support of this legislation, and I commend my good friend, the gentleman from Texas, as the chief sponsor of this legislation.

I rise in strong support of this resolution that recognizes the 20th anniversary of the fall of the Berlin Wall.

Twenty-two years ago, in June 1987, President Ronald Reagan spoke at the Brandenburg Gate and issued the now legendary call: "Mr. Gorbachev, tear down this wall." Just over 2 years later, the wall was torn down, chipped away by euphoric citizens from both sides of a divided country following months of peaceful protests by brave men and women across East Germany.

Unforgettable to us are all of the pictures which were broadcast around the world of East and West Berliners dancing together atop a wall that, for over a quarter century, symbolized the tension and divisiveness of the cold war.

The fall of Berlin Wall contributed to a democratic domino effect across the Warsaw Pact region. Over the next 2 years, revolution swept through Eastern Europe as Communist governments were defeated in popular elections and

while exuberant citizens reclaimed their freedom and democratic liberties.

On November 9, the people of Germany will commemorate the 20th anniversary of the fall of the Berlin Wall with a Festival of Freedom. The United States will happily join with the German people in remembering the moving events of that autumn and of the democratic era they heralded.

As President Obama recently noted during his speech in Moscow, "The arc of history shows that governments which serve their own people survive and thrive; governments which serve only their own power do not."

This momentous occasion should not be used as a time for triumphalism. Rather, it provides an opportunity to celebrate the remarkable progress that has been made in achieving a Europe that is whole, free and at peace.

Indeed, the changes that have occurred in only two decades are stunning. East and West Germany have reunified into a single, strong and prosperous state. Ten countries that previously laid behind the Iron Curtain have joined the European Union and NATO, and democratic progress is slowly being achieved across the rest of the former Soviet region.

I support this resolution, and I welcome the opportunity to recognize this significant date in European history to reaffirm the strong ties between the United States and Germany and to celebrate the enduring power of democratic freedom of institutions that relate to a free people.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I am very pleased to yield such time as he may consume to the gentleman from Texas (Mr. POE), the author of this measure.

Mr. POE of Texas. Madam Speaker, I thank the gentlewoman from Florida for yielding, and I thank the gentleman from American Samoa for his support of this resolution, H. Res. 496.

Madam Speaker, it started with these words: "General Secretary Gorbachev, if you seek peace, if you seek prosperity for the Soviet Union and Eastern Europe, if you seek liberalization, come here to this gate. Mr. Gorbachev, open this gate. Mr. Gorbachev, tear down this wall."

Most everyone has heard these famous words spoken by President Ronald Reagan on the day he addressed a crowd of about 45,000 people at the Brandenburg Gate in West Berlin, Germany. However, it would be 2 years later before those fateful words issued that day would actually come to pass.

It happened on the night of November 9 after hearing East German Minister of Propaganda Gunter Schabowski announce in a live statement that East German citizens now had the right to travel abroad "immediately and without delay." Thousands of East Berliners charged forward towards the border crossings. Upon arrival, they were met by guards at the checkpoints, who, due to the massive

numbers of crowds of people, had no choice but to allow the East German citizens to pass through, and pass through they did. They charged to freedom through checkpoints, including the famous U.S. Checkpoint Charlie.

Once across, East Germans were greeted by their friends, the West Germans, who danced on top of the Berlin Wall in celebration while others hammered away at the wall on both sides until a section came down, at which point more East Germans walked through and shouted, "Freedom. Freedom. Just once, freedom."

November 9, 1989, was that date. It did go down in history as an important day for world peace and for world liberty.

Madam Speaker, today, we stand here to recognize the 20th anniversary of the fall of the Berlin Wall. It continues to live in history, not just in the pages of books or in resolutions but in the hearts and minds of people all over the world who were freed that night because that wall came down. They will continue to remember and to celebrate the day that democracy, freedom of the people, triumphed over Communism—the day the Berlin Wall fell and was torn down.

And that's just the way it is.

□ 1915

Mr. FALEOMAVAEGA. Madam Speaker, that's just the way it is.

I commend my good friend from Texas for his most eloquent statement and am in support of his resolution.

I have no additional speakers at this time, and I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume.

The Berlin Wall has fallen, Germany will be reunited, the Communist regimes in East Germany and across East Europe are falling. For decades during the Cold War, to hear those words spoken was the greatest hope and the most powerful dream of millions of people living behind the Iron Curtain. Today, that hope and that dream are indeed a reality, but we ought to recall why they were so powerful for so many people in those days.

Perhaps some of us have not given thought for some time to the powerful images from the night of November 9, 1989, when thousands of people in East Berlin pushed past overwhelmed border guards at the Berlin Wall and began tearing down the concrete and barbed wire barrier. Their expression of joy as they embraced friends, family, and even strangers on the other side of that wall indeed moved us all who witnessed it.

Why were those people so desperate for freedom on that night almost 20 years ago? Well, the oppressive totalitarian aspect of Communist East Germany had been clearly articulated by the long-time leader of that regime, Walter Ulbricht, in his favorite saying, "It has to look democratic but we must have everything under our control."

So while claiming to be democratic, the Communists had, in 1961, begun to literally wall in their own citizens. That regime began constructing the Berlin Wall in the dead of night on August 12, 1961. Behind the new prison wall in Berlin and across all of East Germany, the regime's secret police worked to infiltrate every institution and everyone's personal lives, creating an atmosphere of mistrust, oppression, and insecurity among the people in East Germany.

Under that totalitarian rule, there were at least 15 different separate definitions of who was an enemy of the state. Many living in East Berlin and East Germany were so desperate to escape to freedom that they risked their lives in those attempts. Over the years, a total of 238 people were killed while trying to escape to the West, 120 were injured, and approximately 100,000 were arrested and sent to prison for their attempts.

However, on November 9, 1989, just as the construction of the Berlin Wall in August 1961 marked the beginning of the Communist consolidation of power, so did the destruction of the Berlin Wall in November 1989 mark the beginning of the collapse of the East German Communist regime and ultimately the collapse of the Soviet Union itself.

With this resolution, we commemorate November 9, 1989, as the day when freedom so clearly broke free of oppression. We honor the brave men and women who lost their lives in the pursuit of liberty.

I urge my colleagues to support passage of this important resolution. I commend my colleague, my friend from Texas, for its introduction.

I yield back the balance of my time.

Mr. FALEOMAVAEGA. Madam Speaker, I have no further speakers at this time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from American Samoa (Mr. FALEOMAVAEGA) that the House suspend the rules and agree to the resolution, H. Res. 496, 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. POE of Texas. Madam 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.

CONDEMNING TERRORIST ATTACK IN INDONESIA

Mr. FALEOMAVAEGA. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 675) condemning the July 17, 2009, terrorist bombings in Indonesia and expressing condolences to the people of Indonesia and the various other coun-

tries suffering casualties in the attacks.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 675

Whereas, on July 17, 2009, 2 unidentified terrorists carried out twin suicide bombings at the J.W. Marriott and Ritz-Carlton hotels in the central business district of Jakarta, killing at least 7 people and wounding at least 50;

Whereas the majority of the victims of the attacks were Indonesian citizens, according to reports;

Whereas in addition to the Indonesian victims, citizens of Australia, New Zealand, and Singapore lost their lives in the attacks, and citizens of Australia, Canada, Hong Kong, India, Italy, Japan, the Netherlands, Norway, South Korea, the United Kingdom, and the United States were injured, according to reports;

Whereas this tragic bombing was the first suicide attack in Indonesia since September 2005, demonstrating the progress that the Government of Indonesia has made in combating terrorism in recent years;

Whereas Indonesia is the most populous Muslim-majority country in the world and is founded on principles of religious tolerance and moderation;

Whereas Indonesia is developing into a strong multiparty democracy, as demonstrated by its April 2009 parliamentary elections, in which 9 different parties won seats in the People's Representative Council (DPR) and voter turnout exceeded 60 percent, and its July 2009 presidential election, which was characterized as free and fair by preliminary reports;

Whereas the continued development of Indonesia's democratic norms and institutions will be critical to stemming the tide of violent extremism and therefore is in the mutual interest of the United States and Indonesia; and

Whereas the United States Congress has worked in support of Indonesian democracy through the Congressional Caucus on Indonesia and the House Democracy Assistance Commission, which has had a productive partnership with the DPR since 2006 and remains firmly committed to continuing this partnership: Now, therefore, be it

Resolved, That the House of Representatives—

(1) condemns in the strongest terms the July 17, 2009, attacks in Jakarta and all other terrorist attacks against targets in Indonesia;

(2) expresses its condolences to the people of Indonesia and the various other countries suffering casualties in the attacks;

(3) supports the efforts of the Government of Indonesia to investigate and prosecute the attacks to the fullest extent of the law, and calls upon Indonesia and its neighbors to work together to combat terrorism in Southeast Asia;

(4) expresses its confidence that Indonesia remains a reliable partner in the global struggle against terrorism and a stable destination for trade, travel, and investment; and

(5) reaffirms the long-term commitment of the United States to the strengthening of democratic institutions and the promotion of peace, prosperity, and ethnic and religious tolerance in Indonesia.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from American Samoa (Mr. FALEOMAVAEGA) and the gentlewoman from Florida (Ms.

ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from American Samoa.

GENERAL LEAVE

Mr. FALEOMAVAEGA. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. FALEOMAVAEGA. Madam Speaker, I rise in strong support of this resolution.

At this time, I would yield as much time as he could consume to the gentleman, my good friend, the chief sponsor of this resolution, to now address the Chamber, the gentleman from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. Thank you to the distinguished chairman of the subcommittee for his work on H. Res. 675, which I'm proud to rise in support of. It's a message of solidarity to the people of Indonesia.

I want to first thank the leadership of the Committee on Foreign Affairs and the Asia-Pacific Subcommittee, in particular, for their leadership on this issue in putting this resolution forward on behalf of the House Democracy Assistance Commission. Mr. DREIER and I have worked closely with the committee leadership and staff, as well as the leadership of the Indonesia Caucus, Mr. WEXLER and Mr. BURTON of Indiana.

A week ago last Friday, July 17, two terrorists detonated suicide bombs inside the Ritz-Carlton and Marriott Hotels in the central business district of Jakarta, killing themselves and seven others and wounding over 50. It was the first successful attack in Indonesia since 2005, and it comes at a time when the country has made substantial progress in the fight against terrorism.

The attackers appeared to have been targeting a conference of Western businessmen meeting at the Marriott and citizens of over a dozen countries, including eight Americans, who were injured in these horrific attacks. The majority of the victims were Indonesian citizens going peacefully about their daily affairs.

For my HDAC colleagues and me, these attacks hit pretty close to home because our commission had visited Jakarta just 2 weeks before to continue the partnership we have been forging with the Indonesia Parliament since 2006. We met with parliamentary leaders as well as with a number of newly elected members discussing their progress towards democratic reforms during this time of political transition in Indonesia.

In light of this productive and mutually enriching partnership, it's fitting that a delegation from the Indonesian equivalent of our House Administration Committee is visiting the House

today and tomorrow for 2 days of meetings arranged by the House Democracy Assistance Commission. Led by Chairwoman Indria Octavia Muaja, the delegation is here to meet with our Foreign Affairs Committee, as well as our House Administration Committee and chief administrative officer, to discuss how to implement and manage an effective human resources system in their parliament.

Now, this may not grab any headlines, but it's this type of partnership that will help build the foundations of a stable and prosperous democracy in the years ahead.

And so, Madam Speaker, we offer this resolution today to extend our condolences to our guests and all of the people of Indonesia and all of the other countries suffering casualties in these attacks, to condemn these senseless acts of terrorism in the strongest possible terms and to reaffirm our commitment to the strengthening of democratic institutions and the promotion of peace, prosperity, and tolerance in Indonesia.

I urge my colleagues to support this resolution.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume.

I rise today in strong support of House Resolution 675. The suicide bombings of the Marriott and the Ritz-Carlton Hotels in the central business district of Jakarta, Indonesia, left at least seven people dead and an estimated 50 persons wounded.

The Jakarta Marriott Hotel, of course, was the site of a previous car bomb attack in the year 2003. This was followed by suicide bombings on the resort island in Bali in 2005. The fact that no attacks occurred for the following 4 years in Indonesia until the events of July 17 is a testimony to the government and security forces of Indonesia that have proved stalwart partners in the global war on terrorism.

The Jakarta bombers have been linked to an Indonesian-based Islamic militant organization with ties to al Qaeda. It had been inactive for the past several years due to the comprehensive work of the security forces of Indonesia. The fact that it is once again able to carry out the attacks is cause for concern for us all. If JI is back today, al Qaeda could be back tomorrow.

The selection of sites in the international business district of Jakarta shows the clear intent of the perpetrators to spread fear in the international community and to disrupt commercial enterprise between Indonesia's still-expanding economy and its international business partners.

Well, the Congress has a message for these militants. We will continue to stand with Indonesia, its people, during this most difficult time. We salute the brave people of Indonesia. Together we can defeat this international scourge of the 21st century, the hidden weapon of the suicide bomber.

I urge my colleagues to strongly support this resolution.

I reserve the balance of my time.

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

Again, I want to commend my good friend, the gentleman from North Carolina, Mr. PRICE, as co-Chair with our good friend and colleague, Mr. DREIER from California in this House Democracy Assistance Commission, and I do want to commend him for the tremendous job they are doing in promoting democratic principles throughout the world among countries that we give our support to.

This resolution condemns the two terrorist bombings in Indonesia on July 17, 2009, and expresses condolences to the people of Indonesia and other countries who were killed and injured by the attacks.

I want to thank my friend, Mr. PRICE, for sponsoring this important resolution that allows the House to show its strong support for Indonesia and its people after these horrific terrorist attacks in Jakarta.

Shortly before 8 a.m. in the morning on July 17, a bomb ripped through the lobby of the Marriott Hotel in Jakarta. Minutes later, a second bomb exploded in the nearby Ritz-Carlton Hotel. The twin bombings killed nine people, including the two suicide bombers and wounded over 50 others.

I would like to certainly express my condolences and sympathies to both the families who lost their loved ones in the attacks that morning and to those who were injured.

I would also like to condemn in the strongest terms possible the senseless act of violence committed against innocent people by vicious suicide terrorists. The majority of the victims were Indonesian citizens, although citizens from a number of other countries also suffered casualties.

The two bombings serves as a stark reminder to all of us that the threat of terrorism remains very real. It also reminds us that the world must continue to work together to confront violent extremists who will kill innocent people. The United States will continue to work with Indonesia and other countries to combat terrorism and to promote a common vision for a more peaceful and prosperous future for all of the world's citizens.

Madam Speaker, I urge my colleagues to support this legislation, and I also want to commend the recent presidential election in Indonesia that was held and that the President was elected by a margin of over 60 percent of the voters. Indonesia with 225 million people, the largest, most populous Muslim nation in the world has demonstrated to the world that democracy can function quite well even in a Muslim country.

And certainly we want to commend the good people of Indonesia and their leaders in achieving this degree of democracy and how they've developed their government from times past.

With that, I reserve the balance of my time.

Ms. ROS-LEHTINEN. I yield back the balance of my time.

Mr. FALEOMAVAEGA. Again, I thank my good friend, the gentlelady from Florida.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from American Samoa (Mr. FALEOMAVAEGA) that the House suspend the rules and agree to the resolution, H. Res. 675.

The question was taken.

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

Ms. ROS-LEHTINEN. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

□ 1930

RECOGNIZING THE FIFTH ANNIVERSARY OF THE U.S. DECLARATION OF GENOCIDE IN DARFUR

Mr. FALEOMAVAEGA. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 159) recognizing the fifth anniversary of the declaration by the United States Congress of genocide in Darfur, Sudan.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 159

Whereas, on July 22, 2004, the Senate of the United States and the U.S. House of Representatives passed S. Con. Res. 133 and H. Con. Res. 467, respectively, thereby declaring genocide in Darfur, Sudan;

Whereas, on September 9, 2004, then-Secretary of State Colin Powell concurred with the Congress, asserting that, "genocide has been committed in Darfur" and that "the [G]overnment of Sudan and the Janjaweed bear responsibility";

Whereas this historic determination was made in response to irrefutable evidence of a systematic campaign of ethnic cleansing launched by the Sudanese regime, characterized by the manipulation of ethnic and tribal tensions, the arming of proxy forces, aerial bombardment of civilians, destruction of irrigation systems, poisoning of wells, razing of villages, forced displacements, mass murder, abduction, looting, torture, and rape;

Whereas as a result of the Sudanese regime's genocidal campaign in Darfur, over 300,000 Darfuris have died and nearly 3,000,000 have been displaced;

Whereas the Sudanese regime employed similar tactics during its war in Southern Sudan, which lasted over 20 years and left over 2,000,000 dead and another 4,000,000 displaced;

Whereas the war in Southern Sudan ostensibly ended upon conclusion of the Com-

prehensive Peace Agreement for Sudan (CPA) in 2005, but the CPA has not been fully implemented and observers repeatedly have warned that it is at risk of collapse;

Whereas the declaration of genocide by the United States was intended to galvanize international attention and serve as a call to action for responsible nations, as well as the United Nations, to take effective action to deter and suppress genocide in Darfur;

Whereas despite the passage of 5 long years since the declaration of genocide by the United States Congress, the signing of the Darfur Peace Agreement (DPA) in May 2006, significant efforts on the part of some responsible nations, the heroic actions of humanitarian workers and human rights campaigners, and the deployment of a joint African Union-United Nations peacekeeping mission for Darfur (UNAMID), the deadly conflict in Darfur continues; and

Whereas the conflicts in Darfur and Southern Sudan are inextricably linked, and if the CPA fails there can be little hope for peace in Darfur: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) solemnly recognizes the fifth anniversary of the declaration by the United States Congress of genocide in Darfur, Sudan;

(2) regrets that this determination has yet to yield effective action on the part of the United Nations and other nations which maintain significant influence in Sudan, including China and certain members of the Arab League;

(3) urges the United States to work with other responsible nations to support a negotiated settlement to the conflict in Darfur and full implementation of the Comprehensive Peace Agreement (CPA) for Sudan, in accordance with the terms and timeline established therein, while implementing a more robust set of multilateral measures against those individuals who act as obstructionists to peace, including those who continue to sell arms to belligerents in Sudan;

(4) urges member states of the United Nations to provide sufficient resources to support the deployment of a fully capacitated African Union/United Nations Mission in Darfur (UNAMID), including by supplying required tactical and utility helicopters and other mission enablers; and

(5) urges the parties to the conflict in Darfur to cease their attacks upon civilians and humanitarian and peacekeeping operations, and to fully commit to finding a political solution to the crisis in Darfur without further delay.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from American Samoa (Mr. FALEOMAVAEGA) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from American Samoa.

GENERAL LEAVE

Mr. FALEOMAVAEGA. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. FALEOMAVAEGA. Madam Speaker, I rise in strong support of this resolution, and I yield myself such time as I may consume.

I would like to thank again my good friend the gentlewoman from Florida

for introducing this important resolution commemorating the historic declaration by Congress of genocide in Darfur.

On this day we remember reports from Sudan of aerial bombardments of civilians; of the arming of proxy forces; of the razing of villages; of the destruction of irrigation systems and the poisoning of wells; of looting and murder and rape. Madam Speaker, 5 years later much progress has been made, but there are miles yet to go.

The United States is engaged in rigorous and comprehensive efforts to bring peace to Sudan. It is imperative that we not lose sight of the importance of supporting a Comprehensive Peace Agreement; that we do everything we can to support the national census and the upcoming elections; and that we help the displaced to return when possible.

I join my colleagues in anxious anticipation of the administration's forthcoming comprehensive strategy for Sudan and look forward to speaking this week with the President's Special Envoy to Sudan, General Scott Gratton, about steps we can take to ensure that Sudan can break what has been a tragic cycle of violence in this part of the world.

Madam Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, on July 22, 2004, the United States Senate and the U.S. House of Representatives united to unanimously declare that the atrocities unfolding in the Darfur region of Sudan constitute genocide. Never before had the Congress made such a declaration while the atrocities were occurring. But confronted with irrefutable evidence of a systemic campaign of ethnic cleansing directed by the Sudanese regime and their proxy forces against the African tribes of Darfur, we were compelled to act.

The scene in Darfur was all too familiar. There was the manipulation of ethnic and tribal tensions, the arming of proxy forces, aerial bombardment of civilians, razing of villages, forced displacement, mass murder, abduction, looting, torture, and rape. These were the tactics Khartoum used during its bloody war in southern Sudan, which lasted over 20 years and left over 2 million people dead and another 4 million displaced. These were the tactics the Sudanese regime used to stay in power.

Recalling the horrors of the gas chambers of the Holocaust, the killing fields of Cambodia, the mass graves of Srebrenica, and the bloodied streets of Rwanda, we sought to put real meaning behind the words "never again." On September 9, 2004, then Secretary of State Colin Powell concurred with the Congress, asserting "genocide has been committed in Darfur" and that "the government of Sudan and the Janjaweed bear responsibility."

Unfortunately, others did not share our sense of urgency. Five long years

have since passed, and while the situation on the ground in Darfur has changed since the year 2004, the crisis continues. The House of Representatives has passed no fewer than 34 bills and resolutions relating to Sudan since 2004, including the Comprehensive Peace for Sudan Act of 2004, the Darfur Peace and Accountability Act of 2006, and the Darfur Accountability and Divestment Act of 2008.

The United States has led efforts at the United Nations to get fully equipped, credible peacekeeping forces deployed both to Darfur and to southern Sudan. We remain the largest international donor and have contributed more than \$3 billion for humanitarian programs in Sudan and Eastern Chad since fiscal year 2004, in addition to more than \$2 billion in peacekeeping assistance since fiscal year 2008. We have sanctioned and threatened the Sudanese regime. We have helped secure peace, albeit a tenuous peace, in southern Sudan.

When I visited the camps for displaced persons in Darfur and met with leaders in southern Sudan in 2007, I promised that I would remain an advocate for peace in Sudan, and while we have pressing concerns both here at home and beyond, I have sought to keep my word.

For this reason I stand today to ask my colleagues to support House Concurrent Resolution 159. This timely resolution solemnly recognizes the fifth anniversary of the declaration by the United States Congress of genocide in Darfur, Sudan, while expressing regret that this determination has yet to yield effective action on the part of the United Nations and other nations which maintain significant influence in Sudan, including China and certain members of the Arab League.

It urges the administration to work with other responsible nations to ensure an end to the conflict in Darfur and full implementation of the Comprehensive Peace Agreement for Sudan. It urges member states of the United Nations to provide sufficient resources to support the deployment of a fully capacitated African Union/United Nations mission in Darfur, including by supplying required tactical and utility helicopters and other mission enablers.

Finally, Madam Speaker, it urges the parties to the conflict in Darfur to stop their attacks upon civilians and humanitarian and peacekeeping operations and to fully commit to finding a political solution without further delay.

With national elections due this year and violence on the rise, the stakes could not be higher. The time for action is now.

I urge my colleagues to support this important and timely measure.

Madam Speaker, I reserve the balance of my time.

Mr. FALEOMAVAEGA. Madam Speaker, again I do commend the gentlewoman from Florida for her leadership, for her commitment, and for not

only introducing this legislation from years past, but she has never let down in her efforts to make sure we take corrective action to address the serious needs of the people of Darfur.

Madam Speaker, I have no further requests for time, and I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield now 4 minutes to the gentleman from New Jersey (Mr. SMITH), the ranking member on the Subcommittee on Africa and Global Health.

Mr. SMITH of New Jersey. I want to commend our ranking member for authoring this important resolution to mark the tragic fifth anniversary of the declaration by the United States Congress that the systematic violence, killing, and displacement of millions in Darfur, Sudan constitutes genocide.

Madam Speaker, President Omar Hassan al-Bashir has proven once again that he considers the people of Darfur to be merely pawns and throwaways in a shameless game that he is playing with the international community. The gulf between his actions and his words is as wide as the callous attitude that I encountered when I met with and argued with him personally in Khartoum, and the desperate, deeply grieved look on the faces of the refugees I met in the IDP camps in Darfur, including Mujar and Kalma camp.

During our meetings, General Bashir showed no remorse whatsoever for inflicting unspeakable pain, death, displacement, and destitution on large numbers of people. Today, as we know, over 300,000 to upwards of 450,000 Darfurees have been killed and another 3 million have been displaced from their homes. And, of course, this is in addition to some 2 million killed and 4 million displaced in southern Sudan in the aggression that immediately preceded the killings in Darfur.

For all of our efforts in this Congress, Madam Speaker, the suffering continues 5 years after that recognition that what was taking place in Darfur was indeed genocide. The signing of the Darfur Peace Agreement in May of 2006 and the deployment of a joint African Union-U.N. peacekeeping mission has not stopped the violence, much less ushered in a long-term peace for which the people of Darfur so desperately long.

The country of Sudan is going through a critical time that will have serious implications for Darfur as well as other regions of the country. Last week the Permanent Court of Arbitration in the Hague issued a ruling with respect to the boundary dispute in Abyei, one of the major points of contention between the north and the south. National elections, which were supposed to be held this month, have been postponed until April of 2010. Although these developments do not involve Darfur directly, a resolution of the conflict in Darfur is dependent on the complete and peaceful implementation of the Comprehensive Peace

Agreement between the north and south.

Over the past 5 years, Madam Speaker, and even before that, the profound bipartisan congressional concern has not diminished nor has it abated. Tomorrow the Africa Subcommittee will hold a hearing on the Comprehensive Peace Agreement. On Thursday the Tom Lantos Human Rights Commission will do likewise, and the Senate Foreign Relations Committee has slated a hearing on it on Thursday. This week we will also hear from General Scott Gration, the U.S. Special Envoy to Sudan, during which time we will hear further details about the administration's strategy in trying to mitigate and hopefully end this despicable violence in Darfur.

This is a very important resolution, Madam Speaker, and I hope the full membership of this House will support it.

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

Ms. ROS-LEHTINEN. Madam Speaker, I am so pleased to yield 4 minutes to the gentleman from Kansas (Mr. MORAN), with whom I had the honor of traveling to Sudan in the year 2007.

Mr. MORAN of Kansas. I thank the gentlewoman from Florida for recognizing me and allowing me the time this evening.

Madam Speaker, it is important in life to call things what they are. Five years ago Congress did the right thing by calling what was happening in Darfur "genocide."

In 2007 I did travel with the gentlewoman from Florida and others to Darfur and saw genocide and its consequences firsthand. It sticks with me today. Malnourished children, family members mourning the loss of loved ones, people without homes, disease and despair in refugee camps. But whether or not one has been to Darfur, we know what is happening there. And those of us that have seen it have the obligation to tell the story. While calling the killing and violence "genocide" is a first and necessary step, we must do more. Our responsibility as human beings extends beyond properly recognizing the atrocities as genocide. As witnesses to genocide, we and all nations are obligated to take every necessary step to end the loss of life.

So today I sadly rise 5 years after Congress declared genocide in Darfur knowing that peace does not yet prevail. Regrettably, we are here again, passing this resolution, to once more call on other nations to join us in taking steps to bring about lasting peace and to preserve the life of other human beings.

The time to act was long ago. And I again urge as strongly as I know how for the United Nations and countries with significant influence in Sudan, including China and certain members of the Arab League, to fully commit to helping end the atrocities in Darfur.

It is important to recognize genocide for what it is, but it is even more important that we stop genocide from taking place. The world has said "never again." The world must mean it. In visiting the Holocaust Museum here in Washington, D.C., I was reminded of an earlier genocide.

□ 1945

While there, I saw the Wall of Honor recognizing those who placed their own lives at risk to save the lives of Jews.

May we be courageous enough to deserve such recognition in a wall of honor today in stopping the genocide of today.

Mr. VAN HOLLEN. Madam Speaker, I join my colleagues today on the floor of the U.S. House of Representatives in recognition of the fifth anniversary of the declaration by the United States Congress of genocide in Darfur, Sudan.

On July 22, 2004, members of the U.S. House of Representatives and the U.S. Senate united to pay witness to irrefutable evidence that a systematic campaign of ethnic cleansing was underway in Darfur, perpetrated by the Sudanese government and characterized by forced displacements, mass murder, abduction, torture, and rape.

Five years have passed since Congress first declared this tragedy genocide. To date, over 300,000 Darfuris have lost their lives and nearly 3,000,000 have been displaced. And yet, despite the signing of the Darfur Peace Agreement in May 2006 and the deployment of a joint African Union-United Nations peace-keeping force, the deadly conflict in Darfur continues.

We therefore unite once again and we will continue doing so, until this tragedy ends; to honor the heroic efforts of dedicated humanitarian workers who put their lives at risk; to recognize the actions of responsible nations who refuse to stand idly by as innocent people suffer; and to shame those who, in the face of unspeakable horrors, choose to do nothing.

Mr. WOLF. Madam Speaker, I rise today in support of H. Con. Res. 159, recognizing the fifth anniversary of the declaration of genocide in Darfur.

An August 2008 New Republic piece said the following about Darfur: "No genocide has ever been so thoroughly documented while it was taking place . . . in the case of the genocide in Darfur, ignorance has never been possible." Sobering words as we consider this resolution.

I have visited Sudan five times, most recently in July 2004 when I led the first congressional delegation with Senator SAM BROWNBACK to Darfur. I witnessed the nightmare with my own eyes. Over 300,000 Darfuris have died and nearly 3 million have been displaced.

We saw the same scorched earth tactics from Khartoum in the brutal 20-year civil war with the South.

Five years ago this month Congress was the first to call the atrocities in Darfur by their rightful name, genocide.

But this is not a tragedy relegated to the history books—rather Sudan today demands attention and action.

China has been complicit in this tragedy as Sudan's largest foreign investor and yet China has failed to use its influence. According to

the Congressional Research Service, China reportedly imports an estimated 64 percent of Sudan's oil and China's National Petroleum Corporation is the largest shareholder (47 percent) in the two biggest oil consortiums in Sudan, Petrodar and the Greater Nile Petroleum Operating Company (GNPOC).

China also supplies weapons to the Government of Sudan. Some human rights groups accuse the Chinese government of being the principal supplier of weapons in violation of the U.N. weapons embargo on Sudan.

And yet Sudan only earned a passing reference in President Obama's remarks this week at the Strategic Economic Dialogue between the United States and China.

But perhaps most importantly, and most timely, almost six months into the Obama administration, the State Department is still conducting a "comprehensive review" of U.S.-Sudan policy.

Virtually nothing concrete has emerged. The little that has leaked out in press reports reveals an administration that appears divided at the highest levels over whether genocide is still taking place in Darfur. On an issue of this magnitude such confusion sends the wrong message.

On this, the five-year anniversary of the declaration of genocide in Darfur, I ask, what is the Obama administration's policy on Darfur?

Ms. ROS-LEHTINEN. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from American Samoa (Mr. FALEOMAVAEGA) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 159.

The question was taken.

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

Ms. ROS-LEHTINEN. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 838. An act to provide for the conveyance of a parcel of land held by the Bureau of Prisons of the Department of Justice in Miami Dade County, Florida, to facilitate the construction of a new educational facility that includes a secure parking area for the Bureau of Prisons, and for other purposes.

The message also announced that the Senate has passed with an amendment

in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 2647. An act to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, to provide special pays and allowances to certain members of the Armed Forces, expand concurrent receipt of military retirement and VA disability benefits to disabled military retirees, and for other purposes.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2647) "An Act to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, to provide special pays and allowances to certain members of the Armed Forces, expand concurrent receipt of military retirement and VA disability benefits to disabled military retirees, and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. LEVIN, Mr. KENNEDY, Mr. BYRD, Mr. LIEBERMAN, Mr. REED, Mr. AKAKA, Mr. NELSON, (FL), Mr. NELSON (NE), Mr. BAYH, Mr. WEBB, Mrs. MCCASKILL, Mr. UDALL (CO), Mr. HAGAN, Mr. BEGICH, Mr. BURRIS, Mr. MCCAIN, Mr. INHOFE, Mr. SESSIONS, Mr. CHAMBLISS, Mr. GRAHAM, Mr. THUNE, Mr. MARTINEZ, Mr. WICKER, Mr. BURR, Mr. VITTER, and Ms. COLLINS, be the conferees on the part of the Senate.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1390. An act to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

HEALTH CARE REFORM

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

Mr. OLSON. Mr. Speaker, House Republicans and some Democrats have been highlighting the problems with the proposed Democrat health care bill.

The Rosenberg-Richmond Chamber of Commerce in Fort Bend County, Texas, represents over 800 businesses that have deep concerns with this massive intrusion of government-run health care. Last week they passed a resolution strongly opposing the current health care proposals.

Highlights of the resolution include: "a government plan would be an unfair competitor, with the government acting as both a team owner and the referee."

Another quote: "New taxes and fees for businesses and/or individuals that

cannot afford health insurance would be dramatically counterproductive.”

And one final one: “Taxation of health benefits will lead to a reduction in benefits offered by employers and will lead to higher taxes for many individuals and businesses.”

Local chambers of commerce and small businesses understand better than most the problems with government-run health care. The Rosenberg-Richmond Chamber of Commerce gets it. I wish my colleagues on the other side of the aisle did.

I include in the RECORD a copy of the resolution.

RESOLUTION IN OPPOSITION OF PROPOSED
HEALTH CARE REFORM

Whereas, The United States has the world's best health care system, but it is being priced out of reach for more and more American citizens and companies. Companies struggle to find health care plans that provide adequate coverage and are still affordable, and worry about what will come next year; and

Whereas, the Rosenberg-Richmond Area Chamber of Commerce, under various names, has been working for and with local businesses to create a positive economic environment in Fort Bend County, Texas for over eighty years and is currently the voice of 800 businesses; and

Whereas, the Rosenberg-Richmond Area Chamber of Commerce recognizes that most health care coverage is provided by employers; to make it easier for employers and their employees to afford the health care coverage they need, we SUPPORT legislative action to:

Retain viable employer-sponsored health care. Employers provide voluntary health insurance to over 177 million. ERISA allows many of them the flexibility to provide uniform benefits and is the backbone of employer-provided coverage and must be preserved.

Reform the delivery system including payment and reimbursement reform to reduce costs while increasing quality and outcomes including: implementation of comprehensive strategies to boost health information technology, wellness, prevention, disease management and care coordination.

Create a more vibrant private health insurance market for individuals and small businesses.

Control soaring health care costs due to the explosive growth in medical liability awards and insurance costs through specialized health courts.

Encourage more Americans to purchase health insurance by enacting refundable tax credits for that purpose.

Encourage more Americans to save for medical expenses tax-free by expanding Health Savings Accounts and allowing those with Flexible Spending Accounts to roll over unused balances to pay for future medical expenses.

Whereas, the Rosenberg-Richmond Area Chamber of Commerce OPPOSES legislative action that will:

Create a Government-run (public) plan: A government-run plan would be an unfair competitor, with the government acting as both a team owner and the referee. Government programs shift costs to the private sector. The Lewin Group estimates 130 million people would move from private sector to public insurance. This could lead to a government-controlled single-payer system.

Create Employer Mandates: Punishing employers who cannot afford to provide health insurance coverage, including requirements

to pay or play, is not the answer. Employer mandates, by their nature limit flexibility and innovation—the cornerstones of American health care.

Create Minimum Required Coverage Level: Proposing a huge Federal Employee Health Benefits Program (FEHBP)—like minimum coverage package will bankrupt employers and workers. High-end coverage like this will not appeal to the young. The minimum level of coverage should be reflective of a high-deductible health plan with coverage of preventative services.

Impose additional tax burdens individuals or businesses: The implementation of new taxes and fees for businesses and/or individuals that cannot afford health insurance would be dramatically counterproductive. Further, the taxation of health benefits will lead to a reduction in benefits offered by employers and will lead to higher taxes for many individuals and businesses: Now therefore be it *Resolved*, that the Board of Directors of the Rosenberg-Richmond Area Chamber of Commerce OPPOSES the passage of legislation that is currently proposed by the President of the United States and Congress which will create a public insurance plan and employer mandates and major tax increases including imposing an additional “surtax” on high income earners.

Adopted this 21st day of July, 2009.

LYNNE HUMPHRIES,
*Chairman of the
Board*
GAIL PARKER,
President/CEO.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

AMERICAN RECOVERY AND REINVESTMENT ACT HELPING RESIDENTS OF NEVADA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Madam Speaker, Nevada has been a boom State for as long as I can remember. My family has been there for 46 years, and with every passing year, more and more people moved in and more and more people flourished in a very strong economy. But when the bust came, it came with a vengeance, and I am afraid that the State of Nevada, like many other States in this country and many other countries in the world, is suffering and is in the midst of an economic crisis.

We have the highest mortgage foreclosure rate in the country in my congressional district and I have one of the highest unemployment rates. And what makes this so startling is perhaps a year ago there was virtually no un-

employment in my district and in the State of Nevada.

There has been a lot of criticism about the stimulus package. It is called the Recovery Act, more commonly known as the stimulus package. People say it is not big enough. People say it is not fast enough and that it is not working. But I have to tell you, the people of Nevada have received extraordinary benefits from this stimulus package.

There was a reason that I voted for it. It provided education funding, unemployment benefits, health care benefits, tax breaks, Social Security money for my seniors, and my disabled veterans received substantial funds as well.

According to the Nevada State Treasurer, \$426 million in stimulus funds have already been paid out to people in Nevada. That doesn't include the tax cuts, the Social Security payments or the payments to our disabled veterans. Money is flowing into Nevada and is keeping many families afloat during this economic crisis, and it is an economic crisis the likes of which none of us have ever seen and none of us ever thought would happen.

But let me tell you in real terms how this stimulus package is benefiting the folks back home.

Tax cuts: The Making Work Pay tax credit. I know you recall, Madam Speaker, there was \$400 for individuals, \$800 for families. Ninety-five percent of American families and individuals are already seeing a decrease in their withholding and their paychecks. One million families in Nevada are seeing more money in their monthly paycheck because of this stimulus package at a time when this money is so desperately needed.

118,000 Nevada families are going to benefit from the Child Tax Credit expansion.

American Opportunity Tax Credit. There is a new \$2,500 tax credit that is going to help 32,000 Nevadans go to college. I know what it is like when you don't have money to go to college and you have to take out loans and grants. This is going to help kids, like me, that went to school and depended on these loans and grants.

Alternative minimum tax. 31,000 people in my district would have been slammed by the alternative minimum tax if the stimulus package had not been passed.

There is tax relief for business as well. Whether you are a large casino or a small business in the State of Nevada, we provided relief for you: cancellation of indebtedness, bonus depreciation, small business expensing. For most of us, we don't understand what that is, but for small business people and businesses in general, this is their very lifeblood, and we have saved thousands of Nevada's small businesses from going under.

Unemployment insurance. With an unemployment rate of over 12.5 percent and going higher—we haven't bottomed

out yet—the very fact that we were able to provide unemployment benefits, extension of unemployment benefits and expansion, so that Nevada families that find themselves unemployed for the first time ever are going to be able to use this as a bridge to get from where they are now to where we need to be.

Health care. So many of my constituents, the very poorest of us, depend on Medicaid money. The State of Nevada had no Medicaid money. The Federal Government came in and helped the State of Nevada so that we can continue to provide health care for the poorest among us.

Education. We all talk about the importance of education and how it is the most important thing that we can provide children for their future and for the future of this country. Well, Nevada was broke. The State legislature couldn't figure out where we were going to get the money, and the Federal Government came to our rescue; \$400 million in fiscal stabilization funds.

What is that? That means that we are going to prevent teacher layoffs and other education cuts. We were restoring the money that was slashed by the Nevada Legislature, \$70 million in special education, \$70 million in disadvantaged student funding. These were so important for the people of Nevada, so important for our school-children.

And when things get tough and people are laid off, the first thing they are going to need is food stamps in order to feed their families.

I know that my time is almost up, but there are three things that are so important. A \$250 one-time payment to all Social Security beneficiaries. That is 100,000 people in Nevada that will benefit from that. Veterans, a \$250 one-time payment to disabled veterans. 18,000 veterans in Nevada will benefit from that. And infrastructure funding as well. \$200 million will be spent in Nevada on infrastructure. \$33 million are for flood control projects, and the rest is going to go to the Regional Transportation Commission to continue to improve our infrastructure, all very important.

The people of the State of Nevada need to know this, and I appreciate the fact that this body passed that legislation.

AFGHANISTAN AND THE LESSONS OF VIETNAM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES. Madam Speaker, last week on the House floor I mentioned a column that appeared July 19th, 2009, in the Raleigh News and Observer entitled, "From Vietnam 1959 to Afghanistan 2009." The column was written by Joseph Galloway, a military journalist and coauthor of a book on Vietnam

called "We Were Soldiers Once . . . and Young."

In his column, Galloway uses the history lessons of Vietnam as a cautionary tale to President Obama as he oversees America's military involvement in Iraq and Afghanistan.

Galloway describes a time during the war in Vietnam in 1965 when Secretary of Defense Robert McNamara presented Lyndon Baines Johnson, President, with a top secret memo. It indicated that the United States had reached a decision point, with two available options. The first option was to arrange diplomatic cover and pull out of South Vietnam. The second option was to increase the number of American troops by 200,000, bringing the total to more than 500,000 Americans on the ground.

Regarding this second option, McNamara stated, "All we can possibly achieve is a military stalemate at a much higher level of violence." A couple of weeks later, Johnson assembled what he called the "wise men" for a brainstorming session on Vietnam; yet those who participated said there was no real decision of McNamara's option one.

From that time, when Johnson chose to escalate and continue the war until its conclusion 10 years later, Americans suffered 56,000 more casualties.

Madam Speaker, President Obama's administration has reached a similar decision point concerning Afghanistan. With regard to the Obama administration's escalation of troops in Afghanistan, Galloway states, "Some smart veterans of both Iraq and Afghanistan, on the ground now or just back, say that at this rate we will inevitably lose the war in Afghanistan; that the situation on the ground now is far worse than Iraq was at its lowest point in 2006 and early 2007. They talk of a costly effort both in lives and national treasure that will stretch out past the Obama administration and maybe the two administrations after that."

In his column, Galloway advises: "Obama needs to call in the 'wise men and women' for a fish-or-cut-bait meeting. Let's hope that this time around, there's an absence of the arrogance and certainty of previous generations of advisers. Let's hope, too, that they will weigh very carefully all the costs of another decade or two of the war in Afghanistan."

Madam Speaker, after nearly 8 years of U.S. military operations in Afghanistan, the President needs to outline a clear strategy for victory. I have spoken to many in the Army and Marine Corps who say our Nation needs an end point to its war strategy.

While America's military personnel faithfully conduct their missions abroad, elected officials here in Washington should take seriously their responsibility to develop a viable long-term strategy for these operations.

Many of these servicemembers have gone to Iraq and Afghanistan more than once, and their desire to serve this Nation is greater than ever. But

the stress placed on our all-volunteer force and their families cannot continue forever.

While the United States continues to devote its blood and treasure in Afghanistan, the Afghan Government has yet to purge itself of many who funnel support for the Taliban.

Our men and women in uniform deserve to have the President work with his military commanders and the Congress to develop the best strategy for achieving our goals and wrapping up our military commitment in Afghanistan.

Madam Speaker, as I do every night that I have the opportunity and privilege to speak on the floor of the House, my heart aches. I have signed over 8,000 letters to families who have lost loved ones in Afghanistan and Iraq because I regret that I voted to give the President the authority to go into Iraq.

Madam Speaker, because of that, I want to close this way. I ask God to please bless our men and women in uniform. I ask God to please bless the families of our men and women in uniform. I ask God in His loving arms to hold the families who have given a child dying for freedom in Afghanistan and Iraq.

And three times, Madam Speaker, because America needs the love of God, I close this way: God please, God please, God please continue to bless America.

□ 2000

BORDER PROTECTORS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Madam Speaker, America lost a great lawman last Thursday near Campo, California. United States Border Patrol Agent Robert Rosas was brutally murdered on July 23 by thugs illegally crossing into the United States. Agent Rosas was shot and killed at approximately 9:15 p.m. while following a group of people who had crossed the border illegally. Agent Rosas was by himself, like a lot of our agents nowadays. He radioed for backup. The group Agent Rosas was following split up before backup agents arrived to help him.

Agent Rosas was following one of the groups; but when fellow officers arrived, they found Agent Rosas outside his Border Patrol vehicle. He had been shot several times in the head and other places in the body. Agent Rosas had served with the Border Patrol for 3 years. He was only 30 years of age. He was married and had a 2-year-old son and an 11-month-old daughter. A suspect, Ernesto Parra-Valenzuela, is in Federal custody in Baja, California. He had a standard Border Patrol-issued 9 millimeter pistol tucked in his clothes when he was arrested. Four other Mexican nationals were also arrested. They were part of a violent smuggling ring, and one of the other men arrested is

wanted for two homicides and a rape. Also detained were 21 illegals.

Shooting at Border Patrol agents is a drug cartel way of life. T.J. Bonner, president of the National Border Patrol Council, said that around 50 border agents a year are shot at. Others are run down by vehicles. For example, in January 2008 United States Border Patrol Agent Luis Aguilar was run down and killed by a drug smuggler in a Humvee 15 miles north of the border in California. When agents spotted a drug-laden Hummer trying to flee back to Mexico, Agent Aguilar threw down a spike strip to stop the vehicle. Witnesses said the driver of the Humvee swerved to intentionally hit Agent Aguilar, and the vehicle was traveling over 55 miles per hour. Agent Aguilar was killed. He was a 6-year veteran of the Border Patrol. He was 32 years of age, and he left behind a wife and two kids. The Humvee driver, the drug smuggler, escaped back into Mexico.

There are others who were killed by smugglers. In August of 2002, United States Park Ranger Kris Eggle was shot and killed in the line of duty at Organ Pipe Cactus National Monument in Arizona. The area has become a haven for drug and alien smuggling. The area is known as Cocaine Alley. A drug cartel hit squad fled into the United States after committing a string of murders in Mexico. Outmanned and outgunned, Ranger Eggle never had a chance. He was 28.

Agent Rosas is the first Border Patrol agent to be shot since Ricardo Salinas and Susan Rodriguez were slain in Texas in July of 1998. The Cameron County, Texas, Sheriff's Department was investigating a report of shots fired in Rio Hondo, Texas. That's in the Rio Grande Valley. Deputies found a woman, Margarita Flores, and one of her daughters, Delia Morin, dead at their home. Her son was also shot and seriously wounded. The killer, Ernest Moore, was seen fleeing in a pickup truck; and with the help of the Border Patrol, sheriff's deputies spotted the vehicle in a driveway of a San Benito house Moore shared with his father.

The deputies and the agents were searching the home and the nearby cornfields when they heard rifle shots. Border Patrol Officers Ricardo Salinas and Susan Rodriguez were both found shot and killed. The perpetrator was also killed.

Madam Speaker, the border regions in this country have become the most lawless areas in the United States. Drug cartel thugs roam the border frontier, transporting drugs, weapons, cash, illegals and victims of sex trafficking across the border at will. The noble Border Patrol agents are outmanned, outgunned and out-financed by the drug cartels; and these outlawed drug cartels need to be captured and brought to justice.

In the meanwhile, our Border Patrol protectors need our support. We owe the brave men and women who guard the border more than gratitude for the

sacrifices they make. We owe them the proper funding, manpower and support to guard not just our border but their safety as well. These agents are the first line of defense between the illegal drug smuggling cartels and the American people.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Illinois addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE COST OF MEDICAID, MEDICARE AND THE DEMOCRATIC HEALTH CARE BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

Mr. GOHMERT. Madam Speaker, we heard from CBO that the President's plan for health care could cost an extra \$1 trillion to \$2 trillion. That's on top of what we're already spending. Well, I started looking at that this year and asked my staff to help me gather the statistics. What we got from the CRS and also the Census Bureau was the estimate for the last year that we had a full year's numbers, for 2007, of how much Medicare and Medicaid cost in tax dollars.

We took the estimate from the Census Bureau of how many households there were in America in 2007. There were 112 million households estimated. You divide the number of households in America into the amount of tax dollars spent for the year 2007, and it's over \$9,200 for every household in America being spent on Medicare and Medicaid.

When you realize that every house on average is coming up with \$9,200 in order to pay for Medicare and Medicaid, what struck me is we can do so

much better than this. This is atrocious. We've got seniors all over the country who are buying wraparound or surplus coverage to supplement their Medicare coverage, people on Medicaid; and that didn't even include the amount being paid for SCHIP.

So I have asked for the latest projection from the Census Bureau as of today. The Census Bureau is projecting that for right now in America there are about 117 million households in America. We were told that the President's health care bill would cost somewhere between \$1 trillion and \$2 trillion.

So I got this chart. I want to do some simple division here. We've got \$1.170 trillion because we feel like that is a conservative estimate since the President's projection would cost somewhere between \$1 trillion and \$2 trillion, and we know there are 117 million households in America. Well, let's see how much the President's plan is going to cost every household in America. It's easy if you have a good public school education like I did back in the day. We'll take that off of both sides, cancel that off of both sides, then divide 117 into \$1,170,000.

Folks, the President's plan is going to cost an additional \$10,000 for every household in America on top of the \$9,200 per household we're paying in America right now. Do you realize, Mr. Speaker, how much we could do with that kind of money? Well, that's what hit me.

So the point is we finally got back tonight the plan that I had submitted. Mr. Speaker, I am so grateful to Leg Counsel. I trash-mouthed them a little bit the last few days because they stonewalled my plan, I thought; but they pushed. They got it through. We got it tonight. For much less money, this plan will buy every household in America that has people on Medicare, Medicaid, SCHIP, it will buy them private insurance with a \$3,500 deductible and put cash money in a debit card account for their health savings account. They will for the first time in over 40 years have control of their future, control of their health care; and, by golly, they will have complete coverage. Not in America ever have they had complete coverage. This will give them control.

Then we don't have to read articles like the one in Politico about the President's plan promoting euthanasia. Will it or will it not? We don't need to go there. We don't have to go there.

The SPEAKER pro tempore (Mr. PERRIELLO). Under a previous order of the House, the gentleman from Florida (Mr. MACK) is recognized for 5 minutes.

(Mr. MACK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mrs. BACHMANN) is recognized for 5 minutes.

(Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

POLITICAL TURMOIL IN HONDURAS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise in support of the people of Honduras. I rise in support of Honduran democratic institutions and legal authorities who refuse to be coerced into ignoring their Constitution and the rule of law and who refuse to have their future as a democratic nation and a democratic society hijacked. For months prior to June 28, Manuel Zelaya had engaged in a systematic campaign to subvert the Honduran Constitution in order to strengthen and extend his own rule.

Last November he tried to postpone the primaries for the upcoming presidential elections. This January he tried to stuff the Honduran Supreme Court with his personal buddies. Then this March Zelaya issued an executive decree, calling for a referendum that would ultimately allow for the extension of his presidential rule, all in direct contravention of the Constitution.

The Honduran Supreme Court, the administrative courts, the attorney general, the commissioner for human rights, the Supreme Electoral Tribunal, and the Honduran National Congress all declared this referendum to be illegal; but that did not stop him. In fact, following the decision of the Organization of American States to open its doors to the Castro regime, Zelaya probably felt empowered, if not destined, to follow the tyrannical ways of the Castro brothers.

Zelaya continued to demonstrate a blatant disregard for the legislative and judicial branches of the Honduran Government and the sanctity of the Honduran Constitution. Consequently, he was charged with treason, abuse of authority and usurping of power. On June 26, the Honduran Supreme Court of Justice issued a warrant for Zelaya's arrest. While Zelaya's removal from office was in accordance with the Honduran Constitution and the rule of law, U.S. officials were among the first to rush to judgment and condemn Zelaya's removal. Joining arms with the likes of Hugo Chavez, Daniel Ortega, the Organization of American States, and the United Nations, the U.S. continues to lead the calls for Manuel Zelaya's return to power and, reportedly, for his immunity from prosecution for the political crimes with which he is charged.

The U.S. has suspended more than \$20 million in assistance to Honduras. U.S. leaders have now chosen to punish those who are working to preserve the idea of checks and balances in Honduras. They are revoking the visas of all current government officials, even

members of the judicial branch. In fact, the vice president of the supreme court has already had his visa taken away.

Sadly, the same officials who continue to call for direct engagement with the Iranian regime, irrespective of that regime's violence, torture and other actions against its own people, the same U.S. officials who recently reaffirmed Iran's so-called nuclear rights are the same ones who are now seeking to intimidate and strong-arm Hondurans into submission and very strongly into difficult humanitarian straits in the coming months.

In fact, as the U.S. increases the pressure on Honduras, the U.S. is making unilateral concessions to the regime in Syria and just eased sanctions on Damascus. This just days after the State Department submitted to Congress a report stating that Syria continues to pursue advanced missiles, and chemical, biological and nuclear weapons capabilities and continues to sponsor violent Islamic extremist groups like Hezbollah and Hamas.

We are at a critical juncture in our foreign policy. In the Western Hemisphere, the situation in Honduras has become the linchpin for the thwarting of ALBA leaders' anti-America and anti-freedom agenda.

□ 2015

Yet, the approach adopted by the U.S. is one where enemies of freedom are emboldened and strengthened while democratic institutions and allies are undermined and weakened.

Let us hope for our Nation's security interests that the U.S. will see the danger in this approach and change course before it is too late. Let us hope that the U.S. leadership will heed the words of Ronald Reagan from March, 1978 when Reagan said, "Our fundamental aim in foreign policy must be to ensure our own survival and to protect those who also share our values. Under no circumstance should we have any illusions about the intentions of those who are enemies of freedom."

Mr. Speaker, let us send a clear signal to the enemies of freedom that we will not hedge, we will not waver, that we stand with the people of Honduras and the democratic institutions as they work to preserve their democracy against enemies foreign and domestic.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. Mr. Speaker, we are here to discuss the health care reform proposal that is now being discussed in Washington, D.C., and really throughout the country.

We are going to use tonight's hour of our 30-Something Working Group to talk a little bit about what is in the bill—what is actually in the bill, not

what is being said on talk radio or from some Internet site that is basing their comments and their critiques of this bill on really things that don't exist. And we want to do that.

It is interesting that tonight the 30-Something Working Group will be articulating this, and then over the course of the rest of the week and into the fall, to discuss this critical piece of legislation for the American people because one of the previous speakers was talking a little bit, and it reminded me, as I heard some of the rhetoric, they were talking about health care savings plans and all of these accounts, a couple of things came to mind.

The origination of this 30-Something Working Group was the creation of then-Minority Leader PELOSI to discuss Social Security privatization. That is how this whole thing originated 4 or 5 years ago with Congressman MEEK, and then Congresswoman WASSERMAN SCHULTZ and I, and then later on CHRIS MURPHY from Connecticut. And we were discussing all of these issues, but one of the issues was Social Security privatization.

So before we get into this bill, I think it is critical for us to remember that our friends on the other side who are now so critical of what we're trying to do here were in charge of the House, of the Senate, of the White House. They had President Bush, they controlled the Senate, they had this Chamber—Tom DeLay was running the show—and they didn't do anything for health care costs. So I think it's important that that's out there. And if they wanted to pass some kind of comprehensive health care reform, they should have done it because we are still dealing with the problems that they failed to solve when they were in. And this is a problem facing millions of Americans, millions of small businesses that we need to help address. So that's why, as we talk today, this needs to be in context.

The Social Security privatization, I mention that because, let's imagine where our country would be today if our friends on the other side had their wish and privatized Social Security. Can you imagine where this country would be today if President Bush and Tom DeLay got their wish and privatized Social Security? I know in my district we're dealing with all kinds of pension issues—Delphi salary, Delphi hourly, UAW, steelworkers have all lost their jobs, their pensions in many cases are in jeopardy. Thank God for the PBGC to help cushion the blow. But can you imagine the cost to this country if the Republicans had been able to fully implement their economic agenda? They did the tax cuts, they did most of their economic agenda, but fortunately we were able to prevent privatized Social Security. So it's important for us to realize that as we begin to debunk some of these myths.

I would just like to suggest, Mr. Speaker, as we go through this, and I have encouraged my constituents and

would encourage all Members of Congress within an earshot to base their critiques on what's actually in the legislation. Don't we at least owe that to the American people? This is big. This is comprehensive. This is complex, multidimensional. Every chip you move moves another chip on the table. But we owe it to the American people to have an honest, mature discussion.

The rhetoric that is being fed to the American people is outrageous. I want to start with one, and I will go through some others and we will talk about the bill a little bit. But one of the commercials about how much it will cost—and my friend from Texas mentioned it a few minutes ago, and I would love to talk about that and the CBO scoring. But one of the things that I'm hearing from people who listen to Fox News or listen to talk radio is this plan is going to cover illegal immigrants.

How dare you drive up my health care costs. I have to lose my pension, but you're going to spend the American tax dollars covering illegal immigrants. It is clear, right here in section 246, "No Federal payment for undocumented aliens." "Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States." Black and white. Can we move on? Can we now move on and talk about how much health care is costing our country, that it may bankrupt our country? Section 246, "No Federal payment for undocumented aliens." Right here. So now let's have an honest discussion about what's in this bill as we start to knock down some of these.

First, the cost of doing nothing, which has happened over the last 13 or 14 years. We haven't done anything since President Clinton tried to move health insurance reform in the early nineties. We know that if we do nothing, that there will be an \$1,800 increase for a family of four every single year. That's what happens if we do nothing.

There has been a 4 percent increase in property insurance and an 11 percent increase in health insurance year in, year out; year in and year out. We can pull out boards and say it's going to cost you this and cost you that, but the biggest expense is the cost of doing nothing.

Look at this system. It's atrocious. To even call it a health care system is ridiculous because it's not. Why would you possibly be okay with a system that doesn't try to prevent sickness? Why would you be okay with a system that waits—we don't want to prevent you from getting sick, but gosh, once you do, come right into the emergency room, we'll take care of you because we're a compassionate country. And we are a compassionate country, but let's be a smart country. Let's be a wise country. And true compassion would be not waiting until someone gets deathly sick and shows up at the emergency room. God gave us a brain, too, and he

wants us to use that brain. And we are all in agreement here, as we use the gift that God has given us to use logic and process information, that if we take some of this money that we are spending in the system, and instead of waiting and being reactive and rescuing people, we spend a fraction of that money on the front end and we make sure that everyone has some preventative coverage.

This is not a Democratic idea, it's common sense. Talk to the CEOs of hospitals. I've got one in my district. He is a Republican CEO. He says, Please, TIM, whatever you do, give me the opportunity to give this person a \$20 prescription instead of having this person show up in my emergency room and costing me \$100,000. This is not brain surgery that we're trying to perform here.

And the fear tactics and the fear tactics and the fear tactics that are coming from Members of Congress, they're coming from talk radio, they're coming from Fox News about illegal immigrants are going to be covered under this plan. And as I read earlier in section 246, they're not. They're not. Section 246, "No Federal payment for undocumented aliens." "Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States." I'm going to say that to every single person I meet who brings it up because this debate has more to do with the well-being of all of our citizens than to try to be demagogued and try to alienate people.

You look at our plan, and it covers 97 percent. Why doesn't it cover 100 percent? Well, for the reason I just said. And it is already in law where illegal immigrants can't be covered under SCHIP, they can't be covered under Medicare, they can't be covered under Medicaid. And from the employer-based system that we already have, an employer is not allowed to hire an illegal immigrant, so how could you cover them under this plan, if you're under an employer-based system, when an employer is not allowed to hire an undocumented worker? So let's put this aside and let's have this discussion. The American people want us to have a mature discussion here. Small business owners want us to have a mature discussion.

I got a call today in my office. I periodically pick up the phone and chat with my constituents who call, and the concern was about seniors on Medicare being hurt by this plan. It's important for our seniors to recognize—our friend said, it's \$9,200 a family. And I'm happy to pay my share because I remember when my grandparents were in their last months, weeks, years of their life, they had health care because of the Medicare program. So all of these folks who want to not have the government involved in health care, you know, tell your parents and your grandparents to give back their Medicare. Give it back. You don't want it. The government's

involved in that. Give it back. No Medicare. Of course you're not going to say that. Of course you're not.

And to have this discussion—honestly, we would say we could save money in Medicare. We should. Not on the backs of our seniors, but there are a lot of overpayments, in Medicare Advantage, for example, that we can squeeze out of the system. One of the costs to Medicare is the fact that there is no previous care for a lot of people. So if you're 60 or 61 or 59, you see the date coming where you're going to be Medicare eligible and you don't have health insurance coverage or you don't have a good plan or you have a pre-existing condition in which you can't get health insurance, you have heart disease or you have cancer and it has not been in remission long enough—I had this woman come to a round table I had the other day. She had cancer. She got kicked off her plan, got cancer, and then could not get on any other health insurance plan because she had this preexisting condition. Her cancer wasn't gone for 10 years, so until it was gone for 10 years no one would pick her up. Tragic in the United States of America. But a lot of people do that. And so they wait. Instead of getting health insurance, they think, I'll be on Medicare in a few years, so I will just wait this out. And that leads to some chronic issues, chronic disease issues. That leads to, again, not preventing things from happening. Maybe cancer is spreading, maybe breast cancer, maybe cervical cancer because they failed to go and get preventative care. So they get into the Medicare program, and costs blow up because they've waited. So part of squeezing some of the fat out of Medicare is adding this element of prevention.

□ 2030

And this is what our grandparents told us growing up. An ounce of prevention is worth a pound of cure. Don't get yourself into trouble. You get in a fight, well, I was right, he was wrong. You should have not gotten in the fight, then you wouldn't have all these series of events that happened that you now have to deal with. Prevent yourself from getting in these situations.

That's what we're trying to do with this legislation. It makes a great deal of sense. Another myth that has been forwarded by our friends on the other side is the cost that CBO gave a week or two ago in their analysis that the trillion dollars that we are saying needs to be spent in this plan is actually \$2 trillion or \$3 trillion. I don't know exactly what the exact number is from the Congressional Budget Office.

Now, this is the point I want to make. The Congressional Budget Office is nonpartisan, so they deal a blow to the Democrats and then they deal a blow to the Republicans, but, you know, we have an opportunity—they're not partisan. They've slammed everybody. But what we want to say, and what needs to be highlighted is, in the

CBO analysis of the health care plan, when they factor in the cost and they try to do the long-term costs and the long-term analysis, they do not factor in prevention.

So as I mentioned with the CEO of the hospital the other day, you know, if you're not factoring in this person who shows up at the emergency room with late stage cancer, when you maybe could have given them access to an OB/GYN or a mammogram or regular prostate checks, I mean, these are the kind of things that will prevent that. So if you're just adding what if this person doesn't have health care and shows up in the emergency room and the long-term cost of that person, without factoring in the preventive side, that cost would balloon. But common sense will tell you that the prevention will lower the costs. And that's what CBO has not factored in.

So this prevention can save the system a heck of a lot of money. Now, the CBO, one of the other myths is that the CBO, or our friends are saying, Well, this is going to dry up the employer health care plan or the employer-based system. And it's going to put—everyone's going to go into the public option and they're not going to stick with their employers. And so CBO did an analysis of this. So, as I said a couple of minutes ago, CBO blasted the Democrats. We have a response to that, saying that they failed to factor in the preventative aspects of our bill. And so the next myth is that our friends are saying that this is going to destroy the employer-based system. So I'd like to read an excerpt from the CBO letter analyzing this. Over the weekend they did this.

It says there will be an increase in employer-sponsored insurance coverage. This is a quote, We estimate that about 12 million people who would not be enrolled in an employment-based plan under current law would be covered by one in 2016 largely because the mandate for individuals to be insured would increase workers' demand for insurance coverage through their employer.

So they're saying that 12 million people who would not be enrolled now would be covered by one in 2016. So an increase of the employer-based system in 2016 by 12 million, largely, because employers want to give their folks a benefit. And under this plan, they will be negotiating with millions of other people, as opposed to, in the instance of a small business, just being out there on their own with five, 10, 15, 20 people trying to piece this whole thing together. And we'll go through the cost of doing nothing for small businesses.

It's incredible. So they see this as a real opportunity to leverage their business with others and therefore, increase the amount of people who will be covered under the employer plan.

Third-party validator, Congressional Budget Office, not always in agreement with the Democrats, says that that's just false; Medicaid coverage does not

crowd out private health insurance. CBO does not anticipate a substantial shift from private insurance to Medicaid. Specifically, we estimate that about 1 million people who would otherwise have employment-based insurance or individually purchased coverage would end up enrolling in Medicaid in 2016. So very small numbers.

One of the things, too, there's been this Lewin Group's analysis about the public option and people going into the public option. CBO knocks that down. And it's good to know, I think, I'm trying to remember, I think it was United Health who, yep, the Lewin Group, who did this analysis saying everybody's going to leave employer and go to this public option. That study was funded by United Health Care and requested by the rightwing Heritage Foundation. It's been widely discredited for its flawed review of the House legislation. So it's important, again, that we base our analysis on what the facts are and what's actually in the bill.

So the CBO refuted this Lewin group estimate, quote, For several reasons, we anticipate that our estimate of the number of enrollees in the public plan would be substantially smaller than the Lewin Group's, even if we assume that all employers would have that option.

So CBO's projecting 10 to 11 million people would maybe go into the public option, a very, very small number. And it's important for us to remember that. So, again, another myth, that there's going to be a decrease in employer-based health care. Not true, CBO, non-partisan, actually an increase of 12 million people by 2016.

Also, stated by our friends on the right, that this is going to drive people to this public option. CBO, again, non-partisan, saying that's just not true; that that just won't happen.

One of the other things that I think's important to remember, again, doing nothing costs, will cost you or your family next year \$1,800 for a family of four, a \$1,800 increase. And that is not just next year and then it ends. As people know, it keeps going.

And so there's a business in my district, I was talking to the gentleman who owns the business. He happens to be on both sides of the insurance industry. He's a provider, but he also has 150 people who he employs. And over the course of the last 5 years, he's had an increase, aggregate increase of, I think, 42 percent in his health care costs for his company. And then he's on the provider side, so he gets paid by insurance companies, and with a 42 percent increase on health care for his folks, but yet, he got no increase for the services that he was providing to the insurance company.

So you see again that we need reform in the system where you can't just continue to increase costs, not pay your provider, and deny coverage. And that was really one of the messages that was hammered home in our townhall—it wasn't a townhall, it was a round-

table that we had this weekend in Niles, Ohio, at Vernon's Cafe, that a lot of people are very, very concerned about this preexisting, being denied for a preexisting condition. And with all the money that we have in this system, for us, as a country, to say, Oh, no, you have cancer. You're on your own. You're not eligible for Medicare yet. You're not poor enough to be on Medicaid yet. And you've got to go out and try to get COBRA coverage or something else is completely outrageous and needs to be dealt with in this country.

And I feel like this is a moral issue for our country, for people to have to have that level of suffering that is unnecessary. There's enough suffering already with the cancer or with the issues that, the health issues that people are dealing with. We don't need to add to it. There should be a level of security within the system that we know everybody will get taken care of.

One of the issues that we have to deal with and tried to be helpful with, is this issue of cost. Now, this is a chart of our expenditures up to 2006. As you can see, the United States is in red. France, Canada, Germany and the United Kingdom are in a shade of blue. And this line here is life expectancy. So you can see that we're all pretty much in the same realm of life expectancy, give or take a year and a half, 2 years, which, if it's you, that's a very important distinction. But on the average, we're pretty much around the late seventies, early eighties.

And the cost, as you can see, of health care for Americans goes through the roof. Goes through the roof. So you can see how much we are paying per individual in 2006. It's close to almost \$7,000 a person, when France is spending a little over \$4,000 a person. And we all have the same life expectancy. What's wrong with this picture here? So, to say that we're going to let this continue, that for a family of four, \$1,800 increase next year, \$1,800 increase in 2011, another 18, these are compounding on top of one another. Play it out. We bankrupt the country.

You want to talk about small businesses being innovative, being able to compete against China, India, and all of these other countries, which is a whole other issue, but we've got to make these folks cost-competitive. And small businesses? A 129 percent increase for health insurance since 2000. Want to just keep going down that road? We know how it ends. It don't end pretty. We can just keep going.

And that's what many people on the other side of the aisle want to do, they want to say "no." They want to nitpick and make things up to try to put the kibosh on this because they know, as has been stated in a memo from a top Republican consultant, that if they destroy health care they knock the legs out and they kneecap President Obama. This is a political issue for some people, and it shouldn't be, because the people that I met with at Vernon's Cafe want change.

An independent small business person was sitting right next to me, Neil. He had to close his lawn and garden business because he couldn't withstand the health care bills that he was getting. And he was supportive of Barack Obama's plan because he couldn't sustain his business. 129 percent increase since 2000? You want to talk about a tax increase on a small business? You know what? We're going to do it again next year. We're going to put more on next year, another couple of thousand next year per employee, another couple of thousand the next year and the next year and the next year as your energy costs go up, as your health care costs go up, as manufacturing continues to decline in the United States because we don't make anything anymore. On and on and on and on.

And you know what? This is about leadership, Mr. Speaker. This is about leadership. And sometimes some people just aren't going to like you. And sometimes people are going to try to use and score political points to try to prevent progress from happening. We need to do something, Mr. Speaker. We need to do it for the people who are out there suffering. We need to do it for the people whose costs keep going up. We need to do it for small businesses who recognize that this can put them right out of business in every single way.

These small businesses, I tell you, have really gotten the shaft in this whole health care deal. They don't have much bargaining power. And I think part of the magic of this approach that we've been working on and will continue to work on over the course of the next days and weeks is to allow small businesses who now have to go out into the market and try to find something on their own, will now be playing with millions of other people, and that ability to use the buying power, the partnerships through this exchange that's being created, will reduce costs for them.

□ 2045

I mean that's common sense. If you're a small business and if you have 10 people and if you've got to go to a major insurance company and try to strike some kind of deal because you want to provide health insurance for your employees, then you're on your own.

What we're saying is let's pool everybody together and give you an opportunity to go into these different plans, but if you like the plan you've got, you can keep that, too, and that will help drive down costs for these small businesses. It will finally put them on a level playing field.

So there has been a 129 percent increase for small businesses since 2000. Their premiums are 18 percent higher for a small business than they are for a big business. So they get it on that end, too. The percent of premiums that deal with administrative costs are higher for small businesses—25 percent as opposed to 10 percent. Yes, it does

make sense. They're a small business. This is a bigger business. There are going to be more administrative costs. Yet, if we allow them to join together, to pool together, then they will begin to reduce some of those costs.

This is a winner for small businesses that are already covering their employees, because they're not going to see that 8, 9, 10, 12—sometimes higher—percent increase. What's great about this plan is that there are limits. We've talked a bit about preexisting conditions. So you get into the plan, and you may be sick, and you may have cancer or heart disease or a variety of other illnesses. What this plan does is it limits and caps for catastrophic coverage. So, if you're an individual, you can't pay more than \$5,000 a year for catastrophic coverage. If you're a family, the number now is about \$10,000 a year for catastrophic coverage. That's still a lot of money, but the bottom line is it's not going to bankrupt most people.

When you look at what is happening today in the United States, half of our bankruptcies, Mr. Speaker—half—are caused by health care, by a health care crisis. Imagine this: In 2009, in the United States of America, you could have a health care crisis in your family, and you might have to file bankruptcy. Is that incredible? Are we okay with that as a country? I'm not, and I think there are millions of other people who aren't either. This is a problem that we need to solve, to share together and say, hey, wait a minute. What are the values we have in this country? Liberty and freedom. You know, there are a lot of different phrases and words we have, but what do we really believe? Our actions and our policies should be in line with those values that we have. What we're saying is that that is unacceptable.

So our friends on the other side, who had control of the House, of the Senate and of the White House, didn't do anything about it. You want to take the small piecemeal steps? You could have taken that one. In fact, you passed a bankruptcy bill that made it worse. They passed a bankruptcy bill that made it worse. Fifty percent of bankruptcies are health care-related. Unacceptable.

If our friends on the other side found it necessary and found it in line with their values to end denial for insurance coverage due to preexisting conditions, it could have happened. They had control of the House. They had control of the Senate. They had control of the White House, but it didn't happen. So now we've got some Johnny-come-latelies with a piecemeal plan here or there which doesn't solve the overall problem. We've got to bend the cost curve here. We've got to bend it. You don't do that with piecemeal actions. You do that with bold actions that will help bend the cost curve. Ultimately, that's what we're trying to do here.

Also, there is the preventative side here. There are no copays for prevention, so there will be an incentive for

us to be assured that people will go to the greatest extent possible to get preventative care.

Let me add this: We can only do so much with the system. People, average Americans, need to do a better job of keeping themselves healthy, too. It's not all us. The government is not going to do that. The insurance industry is not going to do that. Yet, if we tilt the system towards prevention, if we tilt the system to create incentives for it with doctors—and there is a component in here that gives more say to the doctors and to the patients to keep that relationship sacred between those two to make sure that the doctors get rewarded and paid based on quality, not quantity—then there will be an incentive in the system to make sure that our docs are able and willing to provide the most quality care, not having to worry about a variety of other issues. They will deal with the patient. It will be patient-centered.

Barack was at the Cleveland Clinic, which is just about an hour north of my district in Cleveland. He was at the Mayo Clinic. You hear what these top hospitals do. Every time you hear what they're doing successfully, it's patient-based, not insurance-based. You know, it's not "Some doctor has got to call somebody at the head office and ask, 'Is it okay for me to do this for the patient? Is it paid for? Is it not paid for?'" That's ridiculous. We're going to weed that out of the system and let the doctor make these decisions, not the insurance companies.

This brings me to another point—again to our friends and to right-wing talk radio, you know, which is at this point pure entertainment because I find very few facts issued out of the right-wing talk radio station as of late. It's the issue of rationing. People are saying, "Oh, my God. This big, you know, socialist system is going to be in place." It's not true at all. This is not Canada. This is a blend of what works here in America to make sure that we can bend that cost curve. This is going to be very uniquely American, which it should be. It maintains competition. It gives choice. You can keep what you've got, but you also have these other options which you may want to choose, including a public option, which should be there, I think, to keep people honest as a component of this whole system. You're able to shop around and to get what you want or to keep what you have and have choice and help contain costs.

What our friends keep saying is the government is going to come in and ration health care. If you don't think health care is being rationed right now, you have not talked to anybody who has been breathing for the last decade. The insurance companies are rationing health care right now. As a nurse said, who was at our town hall meeting this week, The government couldn't possibly ration more than the insurance companies are. We deal with it all the time.

A person will call his Congressman or Congresswoman, and say, Hey, can you help me? My God, this insurance company denied me. I thought it was in my policy. They wouldn't let the doctor do this or that. They're not going to reimburse. They're not going to pay for this.

The insurance companies are rationing right now. They've been hiring people to knock people off the rolls. Their employment has gone up. Their coverage has gone down because of rationing by insurance companies.

What we're saying is you can't do things like deny someone coverage for a preexisting condition. There will be a basic plan. Ninety-five percent of employer plans right now already meet the standard for the basic level, but there will be a basic plan on which people will be covered.

Ultimately, as I've said before, this is going to save us a lot of money, and it's going to help bend that cost curve. Ultimately, by doing that, which we fail to, I think, sometimes incorporate into this discussion, when you insure and assure people that they will have coverage and that they will have preventative coverage and that their kids will have coverage, there will be a level of anxiety that obviously goes away, which is very helpful.

This is going to increase the level of productivity in the United States because people will be healthier. There is a tremendous investment here to make sure that our docs and our nurses have the proper incentives for student loans to go to high-risk areas and practice and make some money so that their loans don't keep them from, maybe, wanting to be helpful in a community that they want to be helpful in. We need to make sure that we deal with the nursing shortage. It's all of these things. It will increase the level of productivity that we have because we're going to have more people who are healthy who are participating in this economy and who are contributing.

There was a story a couple of weeks back—I think it was in the Wall Street Journal—in which there was a kid—not a kid. He was probably in his twenties or early thirties. He wanted to go out and start his own business—I think it was a computer technology business—but he couldn't because the job that he held had insurance. His wife was sick with cancer, I think, but he knew, if he left and tried to get insurance for his wife, that she wouldn't be able to qualify because she would have had a preexisting condition.

How many stories are like that all across the country where you want to leave and want to start a small business and want to create value and grow your business but can't because someone in your family may be sick? So you don't because you have to stay put. How many times does that happen?

We have, really, the gem of Youngstown, Ohio. In the Mahoney Valley, we have the business incubator, the Youngstown business incubator—a

great place. Our district office is actually located on the third floor of the business incubator. Last week or 2 weeks ago, Entrepreneur Magazine said that Youngstown, Ohio, was one of the top 10 places in the country to start a business. It was really cool. They had the cover. It read, "Top 10 Places to Start a Business." In parentheses underneath, it read, "Youngstown, Ohio, anyone?"

So here we are in Youngstown, trying to convert our economy over from manufacturing steel and, just down the road in Akron, rubber. Communities like ours have started this incubator where we have all of these business-to-business software companies that are incredible companies as is the level of talent that works in this incubator. There are, I think, 300 people who work for the company. The average wage is \$58,000 a year. Companies from around the country now want to move there.

You can begin to see why we need to do this, because you want these young, bright, intelligent, creative people to feel like they can take a risk, can take a chance, can start a business without having to worry about the burden of health care. This is going to unleash a generation full of young, smart, creative people to get out in the marketplace and to create wealth for us and to hire people.

□ 2100

And especially with the green revolution coming, we're not really sure what's going to happen. There are so many nuances to green technology with solar panels and windmills and biodiesel plants and batteries, and we don't know.

But wouldn't you want, wouldn't it be smart to say, Don't worry about health care. You're going to have to pay some. This is not going to be a free ride. There is going to be shared responsibility here. Everyone's got to do their fair share. No one's going to get on board for free. There is going to be a ticket price here and everybody is going to have to pay something.

But wouldn't you want these young people to feel secure to be able to create the next generation wealth? I know we need it. I know when you're looking at places in the Midwest like Youngstown, we need these young people to feel unleashed and let their creative juices flow as they come out of engineering schools and they want to take a chance and be in an incubator and grow a company or start a company. That's what we need here. This is what America needs right now.

And we're trying to compete, Mr. Speaker, in the United States of America with 1.3 billion people in China, 1.2 billion or 1.3 billion people in India, and we only have 300 million people.

So we're spending all this money on health care, and we're not getting anything out of it. Let's spend this wisely. Half of the money to pay for it gets squeezed out of the current system; \$500 billion of the trillion gets squeezed

out of the current system. And that's young people and the Youngstown business incubator and incubators like it all over the country and young people like them all over the country. Let's fuel that fire. Let's throw some coal on it. Let's get it nice and hot. Let's let it burn. Because we don't have the same luxury that the Chinese have where if 300 million or 400 million people fall off the side of a cliff, they still have got a lot of people to contribute. We don't have that luxury.

So what we need to do is take the wealth that we have, invest it strategically in this country. And one of the biggest burdens for people to be creative and to start new businesses or for small businesses to grow is the cost of health care.

So our friends on the other side who say they're pro-business are going to allow an \$1,800 tax go on the backs of a family of four next year through inaction.

There are acts of commission and acts of omission. And there are taxes of commission and taxes of omission. And through inaction, there will be an \$1,800 tax put on the backs of families next year and small businesses next year. How can you say you're for small business development when your inaction allowed health care costs to balloon 129 percent since the year 2000? That is strangling small businesses.

Let's let them compete and pool their resources and get into the exchange, bend the cost curve. Let's have a uniquely American health care system. I mean, not what we got now. This is ridiculous. We're going to keep this system that we got? It stinks. It's not working. We're not okay with keeping it like it is. We want it to change. We want something different. We want it to work for the people. We want it to represent our values. We want it to unleash the creativity that the American people have.

The artists in this country in many ways are small business people. They take risks. They take chances. They go out in the public and they sell their products. They make it happen. That's an art form, and it takes a lot of courage. Let's help them. Let's not sit and turn our head, bury our head in the sand and hope problems go away. That's not what the people voted for. They didn't vote for us to stand by and watch. We're not on the sidelines. We're players in this game. We're supposed to do things. And inaction—and you can argue, Mr. Speaker, they can continue to argue inaction. Keep the government out. Don't do this, don't do that. That's bad. That's bad. No, no, no, no. That's all we've been getting here, and the American people don't want it.

We've got to go out and explain this to the American people. We've got people running around—they're so afraid of this happening, the only argument they think they have, which isn't even true, that oh my God, this is going to cover undocumented illegal immigrants. That's your health care debate

in 2009 in America. That's what you're telling your small business people? That's what you're telling this country? We can't do it because it's going to cover illegal immigrants, when in section 246 it says, No Federal payment for undocumented aliens? That's all you got? That's it?

2009 in the United States of America in Congress and on right-wing talk radio, all you've got is this is going to cover illegal immigrants, when it's not even in the bill?

Come on. American people deserve better than that. This is not what they signed up for.

Running ads. We've got politicians running ads about how this is going to cover illegal immigrants. What are you talking about? Stop it. American people don't want to hear that. I mean, it's continuing—it's very consistent with what President Bush started off fear-mongering to the American people: if we can't beat them, we scare people. If we can't beat them on the merits, we try to scare people. And it's just—it's not right.

And so over the course of the next few days, weeks and months, we're going to go out and we're going to talk to the Americans. But we want to hear what they think this is, what they want, their concerns.

But I can guarantee you one thing right now. I can guarantee you one thing right now, Mr. Speaker, that there is not any level of fear that can come out of right-wing talk radio, that can come out of FOX News, that can come out of the Republican conference, that can come out of the Republican Senate conference, that can come from Karl Rove and Newt Gingrich and everyone else. There's not a level of fear that they could manufacture that will meet or be able to compete with the level of fear the American people feel under the current health care system. They can't meet it, and we are going to try to the best of our ability to alleviate that fear for the American people.

And our friends on the other side have not produced an alternative plan.

Now, as we're wrapping up here—and I'm almost done—but the Republicans have not produced an alternative. They have not produced a plan. Because their sole goal is to destroy this one.

And so, Mr. Speaker, I think it's important that we continue to ask the American people to look at the facts, look at what's in the bill. If you have questions, that's legitimate. This is a big deal. We should have a conversation about this, about what's actually in here. What's the subsidy level? What are the tax rates? Who's getting taxed in this whole deal and who is not? Who's going to get coverage, and what level of subsidy are they going to get? What's Medicaid going to look like? What's Medicare going to look like?

This bill, through the savings that we have here, fills the doughnut hole in Medicare. It fills the doughnut hole through the savings that we squeezed out of the system here. We filled the

doughnut hole for the Medicare prescription drug bill so that seniors won't drop off after a certain level and not get covered again until their bill goes up to \$5,000 or so a year. That's what we're doing here.

So, Mr. Speaker, it's important that we all ask the American people during the course of this discussion to remember that our friends on the other side who had their opportunity for health care reform, had their opportunity for energy reform, controlled the House, Senate, White House, didn't do anything. Now they're coming to us saying that we're doing it wrong.

But it's important to remember that their top Republican strategists issued a memorandum to the Republicans in the House of Representatives that they have to be against health care because if they defeat health care, they defeat Barack Obama and they bring him down.

Now, when you're listening to the debate on the issues, when you hear unsubstantiated rumors, Mr. Speaker, it's important that the American people hear that and see that within the context of this memo in which the Republicans have been instructed to march down the line of destroying Barack Obama's health care plan, you can keep the plan you have. You will have more choice. This will bend the cost curve, be uniquely American, save us money that we can reinvest so that our small businesses can compete.

Doing nothing will continue the cost curve on small business up 129 percent since the year 2000. If we do nothing, a family of four will see an \$1,800 increase in their health care bill next year, if that. And if we do nothing, people will still be denied by insurance companies who will say to them, We won't cover you because you have cancer. We won't cover you because you have heart disease. Those days need to be over.

And let's muster up the courage to communicate to the American people, to have a mature, adult discussion about health care in 2009 in the United States of America.

Since when did Americans get afraid to do big things? This is what we do. We've built transcontinental railroads, we built the interstate highway system, we make sure we lift millions of seniors out of poverty with the Medicare program. We do civil rights. We do big things in America. And this is the next great challenge for us.

And we've got to meet this challenge. Not for the sake of me going home and saying, hey, we met this challenge or Speaker PELOSI saying it or anyone else, but because this is what the American people want. This is what they want us to do.

So the next few days and weeks are going to be talking about this quality, affordable health care, health insurance reform, and we're going to do this. This is going to happen, and this is going to be another landmark achievement in the history of the United States.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CLYBURN (at the request of Mr. HOYER) for today on account of attending a memorial service.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. BERKLEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Ms. ROS-LEHTINEN, for 5 minutes, today.

Mr. FORBES, for 5 minutes, July 29.

Mr. PAUL, for 5 minutes, July 29, 30 and 31.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on July 27, 2009 she presented to the President of the United States, for his approval, the following bills:

H.R. 2632. To amend title 4, United States Code, to encourage the display of the flag of the United States on National Korean War Veterans Armistice Day.

H.J. Res. 56. Approving the renewal of import restrictions contained in the Burmese Freedom and Democracy Act of 2003, and for other purposes.

H.R. 2245. To authorize the President, in conjunction with the 40th anniversary of the historic and first lunar landing by humans in 1969, to award gold medals on behalf of the United States Congress to Neil A. Armstrong, the first human to walk on the moon; Edwin E. "Buzz" Aldrin, Jr., the pilot of the lunar module and second person to walk on the moon; Michael Collins, the pilot of their Apollo 11 mission's command module; and, the first American to orbit the Earth, John Herschel Glenn, Jr.

H.R. 3114. To authorize the Director of the United States Patent and Trademark Office to use funds made available under the Trademark Act of 1946 for patent operations in order to avoid furloughs and reductions-in-force, and for other purposes.

ADJOURNMENT

Mr. RYAN of Ohio. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 12 minutes p.m.), the House adjourned until tomorrow, Wednesday, July 29, 2009, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from

the Speaker's table and referred as follows:

2840. A letter from the Secretary of the Army, Department of Defense, transmitting a request that the submission of section 213 MGW and SAR, required by Pub. L. 110-417, be waived in the belief that the section is no longer operative; to the Committee on Armed Services.

2841. A letter from the Board of Governors, Federal Reserve System, transmitting the System's semiannual Monetary Policy Report, pursuant to Public Law 106-569; to the Committee on Financial Services.

2842. A letter from the Assistant General Counsel for Legislation and Regulatory Law, Department of Energy, transmitting the Department's final rule—Department of Energy Acquisition Regulation: Technical Amendment (RIN: 1991-AB62) received July 23, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2843. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report on the use of funds appropriated to carry out the Medicaid Integrity Program for Fiscal Year 2008, pursuant to 42 U.S.C. 1396; to the Committee on Energy and Commerce.

2844. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule—Medical Use of Byproduct Material—Authorized User Clarification [NRC-2009-0098] (RIN: 3150-A159) received July 21, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2845. A letter from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting copies of international agreements, other than treaties, entered into by the United States, pursuant to 1 U.S.C. 112b; to the Committee on Foreign Affairs.

2846. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. R5AT-08-1742, Notice of Proposed Transfer of Major Defense Equipment, pursuant to section 3(d) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

2847. A letter from the Secretary, Federal Trade Commission, transmitting the Commission's Thirty first annual Report to Congress pursuant to section 201 of the Hart-Scott-Rodino Antitrust Improvements Act of 1976, pursuant to 15 U.S.C. 18a(j); to the Committee on the Judiciary.

2848. A letter from the General Counsel, National Tropical Botanical Garden, transmitting the annual audit report for the National Tropical Botanical Garden for the period from January 1, 2008 through December 31, 2008, pursuant to 36 U.S.C. 10101(b)(1)(B) Public Law 88-449, section 10(b); to the Committee on the Judiciary.

2849. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule—Drawbridge Operation Regulations; Potomac River, Between MD and VA [USCG-2008-1216] (RIN: 1625-AA09) received July 16, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2850. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule—Regulated Navigation Area; Herbert C. Bonner Bridge, Oregon Inlet, NC [Docket No.: USCG-2009-0489] (RIN: 1625-AA11) received July 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2851. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule—Safety Zones; Fireworks Displays in Boothbay Har-

bor, South Gardiner, and Woolwich, ME [Docket No.: USCG-2009-0526] (RIN: 1625-AA00) received July 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2852. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; General Electric Company (GE) CF6-80C2B5F Turbofan Engines [Docket No.: FAA-2009-0121; Directorate Identifier 2008-NE-36-AD; Amendment 39-15958; AD 2009-14-08] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2853. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Requirements for Amateur Rocket Activities [Docket No.: FAA-2007-27390; Amendment Nos. 1-62 and 101-8] (RIN: 2120-A188), pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2854. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Boeing Model 747-400 and -400F Series Airplanes Powered by Rolls-Royce RB211 Series Engines [Docket No.: FAA-2009-0556 Directorate Identifier 2009-NM-112-AD; Amendment 39-15942; AD 2009-13-03] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2855. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Turbomeca S.A. Arriel 1A1, 1A2, 1B, 1C, 1C1, 1C2, 1D, 1D1, 1E2, 1K1, 1S, AND 1S1 Turbohaft Engines [Docket No.: FAA-2009-0544; Directorate Identifier 2009-NE-17-AD; Amendment 39-15952; AD 2009-12-51] (RIN: 2120-AA64) Received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2856. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Boeing Model 747 Airplanes [Docket No.: FAA-2008-1071; Directorate Identifier 2008-NM-093-AD; Amendment 39-15951; AD 2009-14-02] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2857. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Fokker Model F.28 Mark 0100 Airplanes [Docket No.: FAA-2009-0198; Directorate Identifier 2008-NM-129-AD; Amendment 39-15941; AD 2009-13-02] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2858. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; McDonnell Douglas Model MD-90-30 Airplanes [Docket No.: FAA-2009-0160; Directorate Identifier 2008-NM-176-AD; Amendment 39-15947; AD 2009-13-08] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2859. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Microturbo SA Saphir 2 Model 016 Auxiliary Power Units [Docket No.: FAA-2009-0510; Directorate Identifier 2009-NE-16-AD; Amendment 39-15948; AD 2009-13-09] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2860. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Turbomeca S.A. Arrius 2F Turbohaft Engines [Docket No.: FAA-2005-22039; Directorate Identifier 2005-NE-33-AD; Amendment 39-15950; AD 2009-14-01] (RIN: 2120-AA64) received July 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2861. A letter from the Branch Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule—Notification Requirement for Tax-Exempt Entities Not Currently Required to File [TD 9454] (RIN: 1545-BG37) received July 23, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2862. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule—Qualified Plug-In Electric Vehicle Credit Under Section 30 [Notice 2009-58] received July 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2863. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule—Industry Director's Directive #2 Examination of IRC Section 165 Casualty Losses [LMSB-4-0309-010] received July 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2864. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule—Mixed Service Cost—Tier I Issue—Directive #4 Status of Phase I Cases Changed to Monitoring [LMSB-4-0509-022] received July 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2865. A letter from the Deputy Chief Counsel, Regulations and Security Standards, Department of Homeland Security, transmitting the Department's final rule—Revision of Enforcement Procedures [Docket No.: TSA-2009-0013] (RIN: 1652-AA62) received July 21, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Homeland Security.

2866. A letter from the Assistant Secretary, Transportation Security Administration, Department of Homeland Security, transmitting the Administration's certification that the level of screening services and protection provided at Roswell International Air Center will be equal to or greater than the level that would be provided at the airport by TSA Transportation Security Officers, pursuant to 49 U.S.C. 44920(d); to the Committee on Homeland Security.

2867. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report entitled, "Finalizing Medicare Regulations under Section 902 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) for Calendar Year 2008", pursuant to Section 902 of the MMA; jointly to the Committees on Ways and Means and Energy and Commerce.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. PINGREE of Maine: Committee on Rules. House Resolution 685. Resolution providing for consideration of the bill (H.R. 3326) making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes (Rept. 111-233). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. SAM JOHNSON of Texas (for himself, Mr. BRADY of Texas, and Mr. REICHERT):

H.R. 3356. A bill to amend title XVIII of the Social Security Act to clarify the use of private contracts by Medicare beneficiaries for professional services and to allow individuals to choose to opt out of the Medicare part A benefits; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RANGEL (for himself, Mr. OBEY, and Mr. OBERSTAR):

H.R. 3357. A bill to restore sums to the Highway Trust Fund, and for other purposes; to the Committee on Ways and Means.

By Mr. DEFAZIO (for himself, Mr. SCHRADER, Mr. WU, Mr. BLUMENAUER, and Mr. WALDEN):

H.R. 3358. A bill to amend title 10, United States Code, to provide for the retention on active duty after demobilization of members of the reserve components of the Armed Forces following extended deployments in contingency operations or homeland defense missions, and for other purposes; to the Committee on Armed Services, and in addition to the Committees on Veterans' Affairs, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. LORETTA SANCHEZ of California (for herself and Mr. GRIJALVA):

H.R. 3359. A bill to raise achievement in international education in elementary schools and secondary schools through grants to improve teacher competency and to support programs in international education that supplement core curricula in such schools, and for other purposes; to the Committee on Education and Labor.

By Ms. MATSUI:

H.R. 3360. A bill to amend title 46, United States Code, to establish requirements to ensure the security and safety of passengers and crew on cruise vessels, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. BOUSTANY (for himself, Mr. ROE of Tennessee, Mr. GINGREY of Georgia, Mr. FLEMING, Mr. OLSON, Mr. LINDER, Mr. REICHERT, Mr. BOOZMAN, and Mr. ALEXANDER):

H.R. 3361. A bill to provide a process for public comment and Medicare Evidence Development & Coverage Advisory Committee review of certain Medicare national coverage determinations, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MILLER of North Carolina (for himself, Mr. CONYERS, Ms. LINDA T. SANCHEZ of California, and Mr. COHEN):

H.R. 3362. A bill to establish guidelines for the assertion of executive privilege, to enhance the authority of Congress to enforce subpoenas and punish for contempt, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on

House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BILIRAKIS:

H.R. 3363. A bill to amend the Small Business Act to improve the preference for small business concerns owned and controlled by veterans; to the Committee on Small Business.

By Mr. FILNER:

H.R. 3364. A bill to amend the Reclamation Wastewater and Groundwater Study and Facilities Act to authorize the Secretary of the Interior to participate in the South San Diego County Water Reclamation Project, and for other purposes; to the Committee on Natural Resources.

By Mr. FILNER:

H.R. 3365. A bill to provide Medicare payments to Department of Veterans Affairs medical facilities for items and services provided to Medicare-eligible veterans for non-service-connected conditions; to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GORDON of Tennessee:

H.R. 3366. A bill to prohibit the use of funds to promote the direct deposit of Veterans and Social Security benefits until adequate safeguards are established to prevent the attachment and garnishment of such benefits; to the Committee on Ways and Means, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LEVIN (for himself, Mr. BLUMENAUER, Mr. DINGELL, Mr. DAVIS of Alabama, Mr. KILDEE, Mr. PETERS, and Ms. LINDA T. SANCHEZ of California):

H.R. 3367. A bill to amend the Internal Revenue Code of 1986 to extend and modify the credit for new qualified hybrid motor vehicles; to the Committee on Ways and Means.

By Ms. MARKEY of Colorado:

H.R. 3368. A bill to enhance benefits for survivors of certain former members of the Armed Forces with a history of post-traumatic stress disorder or traumatic brain injury, to enhance availability and access to mental health counseling for members of the Armed Forces and veterans, and for other purposes; to the Committee on Veterans' Affairs, and in addition to the Committees on Armed Services, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PATRICK J. MURPHY of Pennsylvania (for himself and Mr. ARCURI):

H.R. 3369. A bill to amend titles XVIII and XIX of the Social Security Act to require provider and supplier payments under Medicare and Medicaid to be made through direct deposit or electronic funds transfer (EFT) at insured depository institutions; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WHITFIELD:

H. Con. Res. 170. Concurrent resolution supporting the goals and ideals of the Army Community Covenant; to the Committee on Armed Services.

By Mr. DANIEL E. LUNGREN of California (for himself, Mr. BRADY of Pennsylvania, Mr. BONNER, Mr. CAPUANO, Mr. DOYLE, Mr. DREIER, Mr. LEWIS of California, Ms. ZOE LOFGREN of California, and Mr. MICA):

H. Res. 682. A resolution honoring the memory and lasting legacy of Sally Crowe; to the Committee on House Administration.

By Mrs. MCMORRIS RODGERS:

H. Res. 683. A resolution expressing the sense of the House of Representatives that the House should move forward with health care reform legislation, and costs can be contained through prevention and wellness initiatives that empower parents, families, and communities toward better health; to the Committee on Energy and Commerce.

By Ms. KILPATRICK of Michigan (for herself, Mr. MEEKS of New York, Mr. GRIJALVA, Ms. WATSON, Mr. CONYERS, Mr. BRADY of Pennsylvania, Mr. SESTAK, Mr. CUMMINGS, Mr. HASTINGS of Florida, Mr. RYAN of Ohio, Mr. CAO, Ms. NORTON, Mr. PAYNE, Ms. JACKSON-LEE of Texas, Mr. MEEK of Florida, Mr. DAVIS of Illinois, Mr. DAVIS of Alabama, Ms. LEE of California, Ms. CORRINE BROWN of Florida, Mr. JOHNSON of Georgia, Mr. CARSON of Indiana, Mr. GRAYSON, Ms. EDWARDS of Maryland, Mr. RUSH, Mr. TOWNS, Mrs. CHRISTENSEN, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. FATTAH, Ms. CLARKE, Mr. BUTTERFIELD, and Mr. AL GREEN of Texas):

H. Res. 684. A resolution recognizing and honoring Howard University School of Law's 140-year legacy of social justice and its continued commitment to the training of capable and compassionate legal practitioners and scholars; to the Committee on Education and Labor.

By Mr. GRAYSON (for himself and Mr. PAUL):

H. Res. 684. A resolution recommending that the United States Constitution be taught to high school students throughout the Nation in September of their senior year; to the Committee on Education and Labor.

By Mr. ALEXANDER:

H. Res. 687. A resolution amending the Rules of the House of Representatives to provide greater transparency on earmark requests; to the Committee on Rules, and in addition to the Committee on Standards of Official Conduct, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. TITUS (for herself, Ms. BERKLEY, and Mr. HELLER):

H. Res. 688. A resolution expressing support for the goals and ideals of the first annual National Wild Horse and Burro Adoption Day taking place on September 26, 2009; to the Committee on Natural Resources.

MEMORIALS

Under clause 4 of Rule XXII, memorials were presented and referred as follows:

136. The SPEAKER presented a memorial of the Legislature of the State of North Dakota, relative to SENATE CONCURRENT RESOLUTION NO. 4020 urging Congress to preserve exemption of hydraulic fracturing from the provisions of the Safe Drinking Water Act and to not enact legislation that removes the exemption for hydraulic fracturing; to the Committee on Energy and Commerce.

137. Also, a memorial of the Legislature of the State of North Dakota, relative to SENATE CONCURRENT RESOLUTION NO. 4003

expressing support for the development of a balanced national immigration policy and urging Congress to work to develop an immigration policy that protects and preserves the safety and interests of the United States and its citizens while also recognizing the needs of businesses to have a stable and legal supply of workers; to the Committee on the Judiciary.

138. Also, a memorial of the Senate of the State of Michigan, relative to Senate Resolution No. 63 MEMORIALIZING THE UNITED STATES CONGRESS TO ENACT LEGISLATION TO ELIMINATE THE 24-MONTH MEDICARE WAITING PERIOD FOR PARTICIPANTS ON SOCIAL SECURITY DISABILITY INSURANCE; jointly to the Committees on Ways and Means and Energy and Commerce.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 39: Ms. TSONGAS.
 H.R. 122: Mr. WITTMAN.
 H.R. 155: Mr. MARIO DIAZ-BALART of Florida.
 H.R. 219: Mr. SCALISE.
 H.R. 233: Mr. MELANCON.
 H.R. 272: Mr. MOLLOHAN.
 H.R. 275: Mr. SCHRADER, Mr. INGLIS, Mr. FILNER, Mr. HOLDEN, Mr. MORAN of Kansas, and Mr. YOUNG of Alaska.
 H.R. 391: Mr. MORAN of Kansas and Mr. UPTON.
 H.R. 422: Mr. GRAVES.
 H.R. 424: Mr. CONNOLLY of Virginia.
 H.R. 503: Mr. MILLER of North Carolina and Mr. WATT.
 H.R. 510: Mr. BOCCIERI, Mr. MURPHY of New York, and Mr. ALEXANDER.
 H.R. 571: Mr. RUPPERSBERGER and Mr. PETRI.
 H.R. 615: Mr. FORBES.
 H.R. 616: Mr. RYAN of Ohio.
 H.R. 621: Mr. ISRAEL, Mr. GRAVES, Mr. SIMPSON, Mrs. EMERSON, Mr. DANIEL E. LUNGREN of California, Mr. HINCHEY, Mr. POE of Texas, Mr. RUSH, Mr. UPTON, Mr. LANGEVIN, Mr. MARCHANT, Mr. ROSKAM, and Mr. MCKEON.
 H.R. 622: Mr. BRADY of Texas, Mr. WEXLER, and Mr. CARSON of Indiana.
 H.R. 653: Mr. THOMPSON of California.
 H.R. 658: Mr. HOLDEN, Mr. CONYERS, Mr. ISRAEL, and Mr. WEINER.
 H.R. 690: Mr. ROSKAM, Mr. SULLIVAN, Mr. BERRY, Mr. COLE, Mr. KLINE of Minnesota, Mr. BOOZMAN, Mr. INSLEE, Mr. DENT, Mr. GRAVES, and Mr. FRANK of Massachusetts.
 H.R. 702: Mr. SESTAK.
 H.R. 795: Mr. ETHERIDGE and Mr. MASSA.
 H.R. 801: Mr. FATTAH.
 H.R. 847: Mr. FATTAH and Mr. GONZALEZ.
 H.R. 936: Mr. PRICE of North Carolina.
 H.R. 940: Mr. SCALISE, Mr. CAO, Mr. MELANCON, Mr. FLEMING, Mr. CASSIDY, and Mr. BOUSTANY.
 H.R. 953: Mr. SMITH of Nebraska and Mr. BOUSTANY.
 H.R. 983: Mr. SOUDER.
 H.R. 988: Mrs. BACHMANN, Mrs. NAPOLITANO, and Mr. MASSA.
 H.R. 1054: Mr. GOHMERT, Mr. DUNCAN, Mr. WALDEN, Mr. TIAHRT, Mr. FLAKE, Mr. McCLINTOCK, and Mr. LAMBORN.
 H.R. 1074: Mr. RADANOVICH.
 H.R. 1086: Mr. MANZULLO.
 H.R. 1101: Mr. WU.
 H.R. 1147: Mr. CARNEY, Mr. KUCINICH, and Mr. JACKSON of Illinois.
 H.R. 1173: Mr. CARTER.
 H.R. 1177: Mr. ROGERS of Kentucky and Mr. LATTA.

H.R. 1207: Mr. FILNER, Ms. RICHARDSON, and Mr. BOCCIERI.
 H.R. 1298: Ms. SUTTON, Ms. HARMAN, and Mr. BISHOP of New York.
 H.R. 1326: Ms. HARMAN.
 H.R. 1346: Mr. BISHOP of New York, Mr. HEINRICH, and Mr. CARNAHAN.
 H.R. 1402: Mr. BERRY.
 H.R. 1410: Ms. WASSERMAN SCHULTZ.
 H.R. 1425: Ms. HERSETH SANDLIN.
 H.R. 1428: Mr. MILLER of Florida.
 H.R. 1458: Mr. BRALEY of Iowa.
 H.R. 1503: Mr. GOHMERT.
 H.R. 1525: Ms. JENKINS and Mr. GRAVES.
 H.R. 1526: Mr. SESTAK.
 H.R. 1547: Mr. WEXLER and Mr. COBLE.
 H.R. 1548: Mr. KANJORSKI and Mr. HEINRICH.
 H.R. 1549: Ms. PINGREE of Maine.
 H.R. 1585: Mr. TONKO.
 H.R. 1597: Ms. MARKEY of Colorado.
 H.R. 1616: Ms. SPEIER, Ms. MOORE of Wisconsin, and Ms. KAPTUR.
 H.R. 1700: Mr. KENNEDY, Mr. KILDEE, Ms. MOORE of Wisconsin, Mr. MOORE of Kansas, Mrs. NAPOLITANO, and Mr. BERMAN.
 H.R. 1739: Mr. MASSA.
 H.R. 1751: Mr. ABERCROMBIE, Mr. GENE GREEN of Texas, Ms. TSONGAS, and Mrs. NAPOLITANO.
 H.R. 1766: Mr. STUPAK.
 H.R. 1831: Mr. SERRANO, Mr. HIMES, Mr. JOHNSON of Illinois, Mr. DUNCAN, Mr. WU, Mr. SHUSTER, Mr. DAVIS of Kentucky, Mr. AUSTRIA, and Mrs. BACHMANN.
 H.R. 1835: Mr. BRIGHT.
 H.R. 1894: Mr. BERMAN.
 H.R. 1895: Mrs. HALVORSON.
 H.R. 1974: Mr. ISSA.
 H.R. 1995: Ms. BORDALLO.
 H.R. 2000: Ms. SLAUGHTER, Mr. MCCOTTER, and Mr. CONYERS.
 H.R. 2057: Mr. DELAHUNT, Mr. HASTINGS of Florida, Mr. MORAN of Virginia, Mr. BUTTERFIELD, and Mr. MCINTYRE.
 H.R. 2214: Mr. STARK, Ms. SCHAKOWSKY, and Ms. EDDIE BERNICE JOHNSON of Texas.
 H.R. 2239: Mr. BOSWELL.
 H.R. 2254: Ms. FALLIN and Mr. ISSA.
 H.R. 2261: Mr. KENNEDY and Mr. GARRETT of New Jersey.
 H.R. 2266: Mr. MAFFEI.
 H.R. 2267: Mr. MAFFEI.
 H.R. 2329: Mr. BRALEY of Iowa.
 H.R. 2373: Mr. ADERHOLT.
 H.R. 2381: Mr. SESTAK.
 H.R. 2387: Mr. LAMBORN.
 H.R. 2413: Mr. CONNOLLY of Virginia, Mr. DOGGETT, and Mr. BACHUS.
 H.R. 2414: Ms. WASSERMAN SCHULTZ.
 H.R. 2420: Mr. TERRY.
 H.R. 2427: Mr. BISHOP of New York.
 H.R. 2452: Mr. BRADY of Texas, Mr. CULBERSON, Mr. BLUNT, Mr. PETERS, Mrs. MYRICK, Mr. TURNER, and Mr. DUNCAN.
 H.R. 2476: Mr. WELCH.
 H.R. 2480: Mr. NADLER of New York and Ms. LINDA T. SANCHEZ of California.
 H.R. 2492: Mr. MCNERNEY.
 H.R. 2499: Mr. MEEK of Florida.
 H.R. 2517: Ms. SPEIER.
 H.R. 2523: Mr. DEFazio.
 H.R. 2529: Mr. AL GREEN of Texas.
 H.R. 2590: Mr. MASSA.
 H.R. 2662: Mr. WALZ.
 H.R. 2715: Mr. SMITH of Texas.
 H.R. 2743: Mrs. McMORRIS RODGERS, Mr. MOLLOHAN, Mr. MILLER of North Carolina, Mr. KIRK, Mr. PRICE of North Carolina, and Mr. SALAZAR.
 H.R. 2753: Mr. BOOZMAN, Mr. MINNICK, and Mr. GERLACH.
 H.R. 2782: Mr. HODES.
 H.R. 2840: Mr. GENE GREEN of Texas, Mr. ARCURI, Ms. EDWARDS of Maryland, Mr. ELLISON, Mr. BISHOP of New York, Mr. SERRANO, Mr. SIREs, Mr. FARR, Mr. HOLT, Ms. WASSERMAN SCHULTZ, Ms. DELAURO, Mrs. LOWEY, Mr. PAYNE, Ms. WOOLSEY, Mr.

YARMUTH, Mr. FILNER, Mr. MAFFEI, Ms. LORETTA SANCHEZ of California, Ms. LINDA T. SANCHEZ of California, Mr. HARE, and Mr. COURTNEY.
 H.R. 2866: Mr. ALEXANDER.
 H.R. 2930: Ms. SCHAKOWSKY.
 H.R. 2932: Mr. JACKSON of Illinois and Mr. GRIJALVA.
 H.R. 2935: Mr. TERRY, Mr. McDERMOTT, Mr. GORDON of Tennessee, Mr. SHULER, and Mr. HONDA.
 H.R. 2936: Mr. PERRIELLO.
 H.R. 2942: Mr. PITTS and Mr. GARY G. MILLER of California.
 H.R. 2954: Ms. BERKLEY.
 H.R. 2964: Mrs. McMORRIS RODGERS.
 H.R. 3001: Ms. SPEIER.
 H.R. 3006: Mr. HOLT.
 H.R. 3009: Mr. MELANCON, Mr. BOREN, and Mr. CHILDERS.
 H.R. 3011: Mr. CARNAHAN.
 H.R. 3015: Mr. SHULER.
 H.R. 3042: Ms. SCHAKOWSKY, Mr. BACA, Ms. LEE of California, and Mr. SERRANO.
 H.R. 3085: Mr. BACA, Mr. PASTOR of Arizona, and Mr. HEINRICH.
 H.R. 3116: Ms. PINGREE of Maine.
 H.R. 3165: Mr. INSLEE, Mr. DOGGETT, and Mr. ISRAEL.
 H.R. 3175: Ms. ROS-LEHTINEN, Mr. MARIO DIAZ-BALART of Florida, Ms. WASSERMAN SCHULTZ, and Mr. MEEK of Florida.
 H.R. 3178: Mr. MASSA and Mr. PERRIELLO.
 H.R. 3189: Mr. PERRIELLO.
 H.R. 3226: Mr. MILLER of Florida, Mr. BOOZMAN, and Mr. YOUNG of Alaska.
 H.R. 3227: Mr. TERRY.
 H.R. 3245: Mr. RUSH, Mr. ISRAEL, and Mr. SERRANO.
 H.R. 3246: Mr. LIPINSKI.
 H.R. 3249: Mr. SERRANO, Ms. BORDALLO, Mr. FILNER, and Mr. STARK.
 H.R. 3286: Mr. MORAN of Virginia.
 H.R. 3289: Mr. WITTMAN.
 H.R. 3308: Mr. WITTMAN, and Mr. CALVERT.
 H.R. 3309: Mr. CHAFFETZ and Mrs. BACHMANN.
 H.R. 3310: Mr. HERGER and Mr. LAMBORN.
 H.R. 3325: Mr. SAM JOHNSON of Texas.
 H.R. 3336: Mr. MCGOVERN.
 H.R. 3342: Mr. HEINRICH.
 H.R. 3353: Mr. PIERLUISI.
 H.J. Res. 47: Mrs. KIRKPATRICK of Arizona and Mr. SHIMKUS.
 H. Con. Res. 74: Mr. HONDA, Mr. OBERSTAR, Mr. DUNCAN, and Mr. BISHOP of Georgia.
 H. Con. Res. 144: Mr. RAHALL, Mr. THOMPSON of California, Mrs. NAPOLITANO, Mr. AL GREEN of Texas, and Ms. GINNY BROWN-WAITE of Florida.
 H. Con. Res. 159: Mr. MORAN of Kansas and Mr. LANGEVIN.
 H. Con. Res. 169: Mr. BOUSTANY, Mr. BURTON of Indiana, Mr. CASSIDY, Mrs. BACHMANN, Mr. WILSON of South Carolina, Mr. MORAN of Kansas, Mr. HARPER, Mr. SHUSTER, Mr. ROGERS of Alabama, Mr. MARCHANT, and Mr. INGLIS.
 H. Res. 6: Mr. HILL, Mr. LARSEN of Washington, Mr. DAVIS of Tennessee, Mr. EDWARDS of Texas, Mr. CARNEY, Mr. SCOTT of Georgia, Mr. TAYLOR, Ms. LINDA T. SANCHEZ of California, Mr. CUELLAR, Mr. LEWIS of Georgia, Mr. BOCCIERI, and Mr. SHIMKUS.
 H. Res. 278: Mr. STARK.
 H. Res. 399: Mr. SESTAK.
 H. Res. 403: Mr. SESTAK.
 H. Res. 408: Mr. JOHNSON of Georgia, Mr. LARSEN of Washington, Mr. REYES, Mr. SNYDER, and Mr. COURTNEY.
 H. Res. 440: Mr. LOEBESSACK and Mr. INGLIS.
 H. Res. 445: Mr. YOUNG of Florida.
 H. Res. 452: Mr. GRAYSON and Ms. WASSERMAN SCHULTZ.
 H. Res. 483: Mr. SABLAN.
 H. Res. 487: Mr. MCCOTTER, Mr. LEVIN, Mr. KILDEE, and Mr. BURGESS.
 H. Res. 494: Mr. COURTNEY and Mrs. DAVIS of California.

H. Res. 513: Ms. GINNY BROWN-WAITE of Florida, Mr. DENT, and Mr. GONZALEZ.
 H. Res. 542: Mr. LAMBORN.
 H. Res. 561: Mr. HINCHEY and Mr. SERRANO.
 H. Res. 562: Mr. SERRANO and Mr. HINCHEY.
 H. Res. 563: Mr. HINCHEY and Mr. SERRANO.
 H. Res. 581: Mrs. MCMORRIS RODGERS, Mr. BISHOP of Utah, Mr. GRIFFITH, and Mr. ROONEY.
 H. Res. 605: Mr. LANGEVIN.
 H. Res. 615: Mr. MCHENRY, Mr. MARIO DIAZ-BALART of Florida, Mr. SCHOCK, Ms. GINNY BROWN-WAITE of Florida, and Mr. CAMPBELL.
 H. Res. 619: Mr. MCHENRY and Mr. CAO.
 H. Res. 659: Ms. CORRINE BROWN of Florida.
 H. Res. 679: Mr. MCGOVERN, Mr. SOUDER, and Mr. GARRETT of New Jersey.
 H. Res. 680: Mr. CARTER.
 H. Res. 681: Mr. SMITH of Texas and Mr. KING of Iowa.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative MURTHA, or a designee, to H.R. 3326, the Department of Defense Appropriations Act, 2010, contains no congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

PETITIONS, ETC.

Under clause 1 of Rule XXII,

61. The SPEAKER presented a petition of Board of Alderman for the City of Unionville, MO, relative to A RESOLUTION OPPOSING THE FEDERALLY-MANDATED CARBON CAP AND TRADE SYSTEM; which was referred jointly to the Committees on Energy and Commerce, Foreign Affairs, Ways and Means, Financial Services, Education and Labor, Science and Technology, Transportation and Infrastructure, Natural Resources, Oversight and Government Reform, Agriculture, and the Judiciary.