The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. FORBES) is recognized for 5 minutes.

(Mr. FORBES 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 Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 3244. An act to provide that Members of Congress shall not receive a cost of living adjustment in pay during fiscal year 2011.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the minority leader.

Mr. BURGESS. I thank the minority leader for allowing me to speak this afternoon during the leadership hour. It is always a significant event to be asked to speak during the leadership hour, and I certainly appreciate the confidence shown in me by the leadership.

This afternoon I thought we'd talk a little bit more about the health care bill that was passed by this House last month because it is an important subject and one that continues to cause problems across the country. Almost anyplace you go, people want to ask you questions about, Why did you do this bill, and what does it mean for me, and what can I expect going forward?

Mr. Speaker, I know I need to confine my comments to the Chair, and I will do so. But if I were to be able to speak to people directly, I would encourage them to look at a health care policy Web site that my office maintains. It's called the Congressional Health Care Caucus, healthcaucus.org. This Web site chronicles many of the debates and discussions that occurred over the last 14 or 15 months, encapsulating the genesis of this health care bill that was passed last month. And really with the passage of the bill, the health care issue does not go away. We simply move into the second part of what is going to be the health care discussion because after all, even as we speak, just down the hill at the Department of Health and Human Services, they are busily working and hiring people, people who are going to be writing rules, writing regulations, and really dictating the policies that will direct health care in this country not just through election day, not just through election day 2012, but literally through the lives of the next three generations of Americans.

So this is an important concept, and people do need to pay attention. As the rules are written over at the Department of Health and Human Services, there will be periods open for comment on that public rulemaking process, and people need to visit Web sites such as healthcaucus.org or the Health and Human Services Web site to familiarize themselves with the rules as they are being written. If you get the mental picture of some central planner moving data points around on a big map or graph, that's probably the right mental image to have right now with where we are with this health care bill.

Let's talk just a little bit about how we got to where we did with the passage of the bill. The recognition after the presidential election of 2008 that health care was going to be a big part of the legislative agenda for the President's first term. There was no question about that. And as we worked our way through the year last year, concepts such as cost and coverage started creeping into almost every story that was written about health care. Because it was after Senator Kennedy's committee over in the Senate, that Health, Education, Labor, and Pensions Committee, released a Congressional Budget Office score on the bill that they were working on which showed a cost significantly north of $1 trillion over 10 years and coverage numbers of about 13 million additional people being covered, that people said, Oh, my goodness, this costs a lot, and we don't get nearly the coverage that we thought we did. So almost every other health care proposal that came forward after that was subject to that same Congressional Budget Office scrutiny and scoring. And as a consequence, it kind of got an idea of the parameters that were being set. Those parameters were that the bill had to be scored and costing under $1 trillion, and the bill had to score as covering an additional 30 million people. Those were the points on the graph that had to be satisfied at the end of the discussion.

So if it were a question of covering everyone who makes under 150 percent of the Federal poverty level under Medicaid, as was the directive from the bill that was passed in the House, if that made the final number too high, then you do what they did in the Senate and say, Well, we're only going to cover people up to 133 percent of the Federal poverty level with Medicaid, and that money that's not spent on covering people with Medicaid at higher income levels, we'll use that for something else. And there was all sorts of jockeying for position that occurred over the months during the debate last year.

We passed a bill out of committee on July 31 last summer. The bill was actually supposed to be passed out of committee much earlier and was supposed to come to the floor, and we were supposed to pass the bill on the floor of the House before we went home for the August recess. But because the Speaker of the House decided to take up the climate change bill in June and force the passage of that bill right at the end of June before we went home for the Fourth of July recess, thereby causing many Members to feel some anxiety from their constituents back home over what they had done with this large energy tax that the House just passed, many Members of Congress were reluctant to move with rapidity on the health care bill because they were feeling the push-back from the energy bill that they wondered if maybe we didn't pass this a little too quickly and maybe we should have read the bill and studied and understood what the bill did before we voted on it.

So the month of July was kind of a give-and-take. Really most of the discussion was on the Democratic side of the aisle. It did not involve Republicans. But it was moderate Democrats who were concerned about the passage of this bill too quickly.

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Ultimately, the bill did pass in committee. All of the moderate Democrats on my committee voted in favor of it and ultimately it passed, but it didn't pass until the House had already adjourned for the August recess on July 31. As a consequence, the bill did not come back to the House floor until after the August recess.

Most of us know what happened during August. There was a significant amount of anxiety exhibited across the country where people would show up at their Member of Congress or their Senator's town hall meeting during the summer and voice either their support or their rejection of the concept of the health care bills that were being discussed in the House and the Senate, and the feeling was almost uniformly negative against what was being passed at least on the floor of the House.

The situation that occurred after the end of the summer town halls, I thought we would come back and, perhaps with a renewed spirit of bipartisanship, realize that we could not do something this large when it was against the will of the American people. I thought we would come back and hit the pause button or the reset button or maybe even the rewind button and go back to committee and rework this bill; but that was not to be.

The President of course came and spoke to a joint session of Congress here in the middle of September, speaking right from the podium right there behind me, and talked about how they were going to go forward with their vision of health care reform, and it didn't really matter what people said over August. Americans must have been in some sort of fugue state because they didn't really mean what