

workweek. I am proud to cosponsor it and urge my colleagues to support its passage.

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

Mr. YOUNG of Indiana. Mr. Speaker, I submit for the RECORD letters of support for the Save American Workers Act from The Associated General Contractors of America on behalf of their workers and their members, and also a letter by the National Franchise Association on behalf of their members and workers, and I yield 1 minute to the distinguished gentleman from Indiana (Mr. STUTZMAN), my colleague.

THE ASSOCIATED GENERAL
CONTRACTORS OF AMERICA,
Arlington, VA, February 3, 2014.

Re Support H.R. 2575, the Save American Workers Act of 2013

Hon. DAVE CAMP,
House of Representatives,
Washington, DC.

DEAR CHAIRMAN CAMP: On behalf of the Associated General Contractors of America (AGC), I am writing in support of H.R. 2575, the Save American Workers Act of 2013. This act would repeal the 30-hour definition of "full-time employment" in the Affordable Care Act (ACA) by replacing it with the more traditional 40-hour definition.

The construction industry is typically project-based, transitory and seasonal, which distinguishes it from other professional industries with more predictable hours. As a result, many construction employers rely on part-time, seasonal and variable-hour employees. In addition, the construction industry consists of many smaller employers with limited human resource and administrative staff. These two issues alone add layers of difficulty for a construction firm that is required to use the complex formulas in the ACA to determine whether or not it is considered a large employer under the law.

Despite the one-year delay of the reporting and enforcement provisions of the ACA, the law continues to add layers of administrative burdens for employers, while other regulations are yet to be issued. Replacing the definition of a full-time employee to the more commonly accepted 40 hours per week will, at the very least, reduce some of the complexity associated with the ACA.

AGC hopes you will support H.R. 2575 and provide some relief for construction employers across the country.

Sincerely,

JEFFREY D. SHOAF,
Senior Executive Director,
Government Affairs.

NATIONAL FRANCHISE ASSOCIATION, INC.,
Kennesaw, GA, February 3, 2014.

Hon. DAVE CAMP,
House Committee on Ways and Means.

DEAR CHAIRMAN CAMP: On behalf of thousands of BURGER KING® franchisees across the country, we would like to express our strong support for H.R. 2575, the Save American Workers Act of 2013, scheduled for mark-up in the Ways and Means Committee tomorrow.

The National Franchise Association (NFA) represents independent BURGER KING® restaurant entrepreneurs in the United States who operate more than 5,300 franchised restaurants and employ almost 200,000 individuals across the nation. The NFA works side by side with member franchisee regional organizations, system suppliers, business partners and Burger King Corporation to promote economic growth and prosperity.

The NFA strongly supports the Save American Workers Act, which amends "full-time" employment as defined in the Patient Protection and Affordable Care Act ("ACA") to working forty hours per week. The current 30-hour definition neither reflects current workplace standards nor the desire for flexible hours for both employers and employees in the Quick Service Restaurant (QSR) industry. By defining "full-time" as working 30 hours per week, our members may be forced to reduce hours, limit the number of full-time positions available and enforce rigid scheduling standards for their employees.

On behalf of thousands of small business owners, the NFA thanks you and the Ways and Means Committee for the opportunity to share our views. We look forward to working with you and the other members of this Committee to help small business owners create more jobs and grow their businesses.

Sincerely,

PETER J. COTTER,
Chair, NFA Govern-
ment Relations Com-
mittee.

MISTY CHALLY,
VP, Legislative Af-
fairs.

Mr. STUTZMAN. Mr. Speaker, I thank Congressman YOUNG for his hard work.

ObamaCare is waging a war on work. ObamaCare's 30-hour rule gives employers an awful choice: cut hours or pay new taxes.

Fort Wayne Community Schools, our State's largest school district, announced last year that they would cut 610 part-time workers after estimating a \$10 million cost of compliance with ObamaCare.

My constituent, Todd Hollman, the Vice President of Pizza Hut and KFC of Fort Wayne, writes this:

Due to ACA, our company has been forced to reduce the number of part-time employees or face even greater penalties than we already will. Even by reducing the number of newly defined full-time employees, we will still incur nearly a \$1 million penalty in 2015.

While the Obama administration has delayed the employer mandate, businesses are still bracing themselves for ObamaCare's inevitable impact. Hoosiers don't need a part-time economy. We deserve a full-throttled recovery. It is time to repeal ObamaCare's 30-hour definition of full employment.

I thank my friend and colleague, Mr. YOUNG, for his leadership on this issue, and I urge my colleagues to support H.R. 2575. It is the right thing to do.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 2575 is postponed.

AFFORDABLE CARE ACT

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

GENERAL LEAVE

Mr. CASTRO of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and in-

clude extraneous material on the subject of my Special Order.

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

There was no objection.

Mr. CASTRO of Texas. Today, we are here to talk about the Affordable Care Act, and especially the big week that we have had in this country in making sure that millions of Americans will now enjoy access to quality, affordable health care.

Last week, we had a chance to talk about this and had other Members from all over the country who represent wonderful districts come forward and talk about how the Affordable Care Act has been very beneficial to their constituents. Part of the discussion last week and in the previous months, really since October, has been about whether Americans would accept the Affordable Care Act and how many people would enroll and how many States would expand Medicaid.

The numbers are very clear that, despite all of the advertisements and the millions of dollars that has been spent on television promoting misinformation about the Affordable Care Act, demonizing this as socialism and other bad things, that despite all of that, the American people have clearly rejected that narrative, that they believe the Affordable Care Act and what it is doing for this country are good things and that in the wealthiest nation on Earth, as we are, that people should be able to afford health care, that they should not be denied because of pre-existing conditions, that students should be able to stay on their parents' plans after college, and that Medicaid for low-income Americans should be made more readily available.

Let's look at some of those numbers. We know, for example, that 7.1 million people ended up signing up for the Affordable Care Act in the exchanges. Now, that is on top of the 3 million students who can now stay on their parents' plans because of this act. That is on top of all of the States that expanded Medicaid to make sure that folks who don't make a lot of money, the vast majority of these people working hard day in and day out, that they are going to be covered, too.

There are still about 19 States, including my home State of Texas, that have chosen not to expand Medicaid. That has been such an incredible blow to the people of my State. For example, we have the highest percentage of people in the Nation that have no health care coverage.

On Monday, I was back home in San Antonio and there was a large enrollment fair, as there was in many cities throughout the country on Monday. It was probably about 6, 7, and this fair was going to close at 8. So I went over to see how it was going and to say hello to folks. There was a long line of people waiting. Families were there, two and three and four and five family members. People brought their young kids to enroll them in insurance.

One of the narratives during this debate has been this idea that has been pushed that this is just benefiting people who may be lazy or not working. One of the things that struck me when I was making my way through that line was that there were so many people there that had the insignia of the company that they work for or their uniform on. They told me that they had just come straight from work and how grateful they were that this was going to go on until 8 so that they had time to come after work.

It was really a stark reminder that—despite all of the stories or this idea of the makers and the takers in this country, or 47 percent of people versus 53 percent—the vast majority of people who are benefiting from this law, benefiting from things like Medicaid, are, in fact, not just takers, but are hard-working Americans who are powering our economy. All they want is a fair chance at the American Dream.

We talk a lot about freedoms in this body. The United States Congress is, of course, one of the main bodies in government that is entrusted with protecting American freedoms. So we talk about our First Amendment rights, whether it is freedom of expression, freedom of speech, freedom of religion, or Second Amendment rights, other amendments, the right against self-incrimination, all of these things, all of the Bill of Rights enshrined in the Constitution. But I pose the question to those who continue to want to repeal the Affordable Care Act: What good are any of those rights that we are entitled to as Americans, that previous generations of Americans have fought so hard to preserve, what good is freedom of expression, freedom of religion, freedom of speech if you are stuck in a hospital bed sick, broke because you can't pay your hospital bills, worried about your family and your future?

Remember, that is not an uncommon situation for Americans over the years.

□ 1545

The biggest reason for personal bankruptcies before the Affordable Care Act was the fact that people were racking up these huge health care bills that they couldn't pay, and this happened for a few reasons. Sometimes people just couldn't afford the insurance for their primary care physicians—the doctors they would go see—or emergency room doctors, not doctors in some clinic or private practice. Sometimes, even if they could afford insurance, they were hitting lifetime caps—somebody with cancer, somebody with MS—somebody like my grandmother and my mother with diabetes, who suffer from complications. My grandmother, before she passed away from congenital heart failure because of diabetes, had her leg amputated.

There are so many people who can't enjoy the freedoms that we are supposed to be able to enjoy because they can't afford health care coverage, so

they have ended up not going to the doctor for many years. They have put off going to the doctor for a long time because, if they went without insurance to the doctor, then they wouldn't be able to make their mortgage payments or to pay their rent or pay their car bills, cars that they need in order to get to work. These are the common experiences of millions of Americans, not just of low-income Americans—certainly, low-income Americans—but also of Americans in the middle class, who power our Nation and power our economy.

I want us to consider the success of the Affordable Care Act. Of course, there was the Web site that had a tough rollout, and a lot of people doubted whether the program would be successful. This has shown also that the Affordable Care Act is about more than just a Web site that had a glitch. Again, the fundamental reason that this law has passed is that America is the wealthiest nation on Earth, and for generations, other countries with a lot less money have been able to provide and make available health care to their citizens a lot better than the United States of America has.

Consider this: with the Affordable Care Act, up to 129 million Americans who have preexisting health conditions, including up to 17 million children, no longer have to worry about being denied coverage or being charged higher premiums due to their health statuses. Again, you might have a woman who is 55 years old or 60 years old. She loses her job that gave her insurance, so now she tries to find another job, and tries to buy insurance, and she is rejected. She tries to go on to the individual market, and finds that she can't afford the prices on the individual market.

What is that person to do? A lot of them are suffering from chronic diseases.

In south Texas, for example, we have an incredibly high rate of diabetes. In other parts of the country, in other communities, it is other diseases, but whatever it is, these ailments are common, and they are forcing people oftentimes into bankruptcy, into not being able to pay their bills or in not being able to get health care coverage. So lifting the lifetime caps has made a mountain of difference for people. It has helped ease their minds, and it has also made things more fair.

Yesterday, the President was pretty very forceful in his comments. I think they did the press conference in the Rose Garden, but I was on an airplane, so I couldn't watch the press conference, but I got to see some of the clips. He made a comment that really struck me, which is that the Affordable Care Act is here to stay. This law is not going anywhere despite all of the opponents and despite the millions of dollars that have been spent on television for misinformation and demonizing this law.

The reason it is not going anywhere is not just because of the political re-

ality. I mean, the politics, really, are tough on both sides. The country had been evenly divided for a long time. The reason that it is not going anywhere is because of the human reality, because we want fewer people going bankrupt because they are hitting lifetime caps and their insurance companies won't pay for their bills anymore. It is because you want more people who are not using the emergency rooms as their only way to get medical care and putting off ailments and diseases because, if they go to the doctor, they know that a month later or 3 weeks later they are going to run up these huge bills, and they know they can't pay them.

By the way, many folks have pointed this out, but certainly, when we had a dialogue last week, I pointed out again that there is a measure here also of personal responsibility, of people getting insurance in the same way that many States require you to get auto insurance. Why do States require you to get auto insurance? It is because, if you rear-end somebody, somebody has got to fix his car. In many public hospitals throughout the Nation, certainly in Texas—in San Antonio, for example—what happens routinely, oftentimes not from San Antonio but from surrounding counties, is that these folks come in, and you can't deny anybody emergency room coverage. You have to treat them. Then you send them a bill, and they can't pay the bill. They don't have insurance, and they can't pay the bill. Guess who pays the bill? That bill has to be paid somehow. The taxpayers end up paying that bill. Somebody has to eat that cost, and it is not the hospital. They pay a fraction of it, but those costs are spread, and all Americans have to pay them State by State, county by county. So this is a way that people can not only benefit from the Act but can also take a measure of personal responsibility for their own health care coverage.

That is why in the 1980s and in the 1990s, which was before this issue became so political and before President Obama was inaugurated in 2009, that originally the kind of legislation that we now know as ObamaCare, or the Affordable Care Act, was actually legislation that was promoted by the very conservative Heritage Foundation. It was considered to be a conservative idea in the same way that somebody getting car insurance—taking personal responsibility in case you hit somebody on the road—is thought to be a conservative idea. You are going to own up to your responsibilities. It has been very interesting over the last 4 years and even over the last few months to see the evolution of the arguments about health care coverage and about the Affordable Care Act and about how politics sometimes and often has trumped public policy.

In a minute, I would like to yield to my good friend from California, MARK TAKANO, but before I do that, I want to share with you just a few stories of

people from my area, from Texas, who said that I could share their stories with them and how grateful they are that they are now able to afford health care.

The first one is a woman named Magdalena. She is a substitute teacher and had a hard time transitioning to San Antonio since moving from Del Rio. Del Rio is a city right along the Texas-Mexico border. It is about 2½ hours from San Antonio. She has dedicated herself to taking care of her family, and she often puts her family in front of herself. Like many mothers, she was worried about her health as she moved into her senior years. She was skeptical about trying to fill out an application, but she eventually came to an Enroll SA event. Many cities had Enroll SA or Enroll Austin or Enroll Dallas. After sitting down with a counselor, she was able to get a plan for 5 cents a month. This is a woman who had previously been unable to get health care coverage. She returned to the registration table and wept tears of joy, with her eyes filled with hope, and the volunteers wept along with her. Her face just lit up because now her life was truly changing.

Like many others, Magdalena is a hardworking American, somebody who has taken care of her family, who is going to work day in and day out, who is not asking for very much—just a chance to enjoy the freedoms that we talk about here in Congress a lot.

With that, I would like to yield to my colleague from California, Congresswoman LORETTA SANCHEZ.

Ms. LORETTA SANCHEZ of California. Thank you so much to the gentleman from Texas, San Antonio, and New Braunfels.

Mr. Speaker, today, we are talking about the Affordable Care Act. This is so, so important as we have seen this week 7 million-plus American enrollees, and I know there are still some who tried to get in at the very end and are in the pipeline. I am hoping we push even closer to 8 million new enrollees into the Affordable Care Act.

It is interesting because we over here on the Democratic side have really been working to enroll people—we have been working to talk to people about how important it is to have a health care plan—while at the same time we have seen from the other side 50-plus votes to try to undercut, to undermine, to eliminate the ACA, but here we are. They were repealing. We were enrolling.

California's enrollment numbers surpassed 1.2 million people this past Monday, which is more than double of any other State. On top of that, the expansion of Medi-Cal, which is our Medicaid piece of this, has covered another 1.5 million low-income families, so we are pretty excited. California looked at this and said, this Medi-Cal plan—this plan of having a health care plan for lower income families, for the members in these lower income families—is so important. For the first 3 years, it is

paid 100 percent from the Federal Government.

So, if you are sitting in a State like California and if you have 1.5 million new families who didn't have health care before that was paid for, they were putting up with being sick, doing what we call in Spanish "aguantamos." If you got sick, you wouldn't go to the doctor. You wouldn't go and you wouldn't go, and you would work through. You would go to work, and you would be sick. You wouldn't go until, finally, you couldn't take it anymore. You were really, really sick. Then where would you go? You would go to the emergency room, which is the highest cost place in the entire health care system. Instead of putting up with not having health care—instead of aguantamos—we now have 1.5 million families who are in Medi-Cal and, again, as of Monday, 1.2 million people who are in what we call our exchange, Covered California.

This is very, very important, but there is also another piece of this that is incredibly important, which is that now we have to work with people. Now that we have enrolled them for the year, we need to work with people who have never before had a health care plan. They don't know what a primary doctor is. They don't even know what a specialist is. They don't know what the process is to go. They don't know about getting a baseline. Go and get an annual physical for free under these plans. This is for free. We have to teach them.

So you go in. You get a relationship with a doctor. You get a physical. You get a baseline. You get your blood drawn. For someone like me, that is incredibly important because, for example, diabetes runs in my family. My granddad died of it, my grandma, my aunt, her five kids. It is 3½ times more likely to be in Latinos than in the average Anglo in America. It is being able to go and get blood work done so that can you see where you are, whether you have the propensity to get diabetes, for example, because diabetes in over 50 percent of the cases can be stopped; it can be turned back. It is about having some nutritional understanding, being able to eat the right way, sequencing your food, exercising after you eat—just a 15-minute walk. There were just two studies that were released this past May that said, if you have a propensity for diabetes but if you walk 15 minutes after you eat, you can cut that propensity by almost 50 percent.

This is information that our communities do not have. Low-income, immigrant communities in particular are less likely to have this kind of information. Now, if they have health care plans and if we teach them how to go and get that baseline—get their annual physicals, get their pap smears, get their mammograms—and if there is something wrong, let's work on fixing it, and it takes personal responsibility to do that.

□ 1600

I have to get up early in the morning and go and run. I have to go to the gym to ensure that, since the propensity is high for me, I don't get that because it takes some personal responsibility—personal responsibility not to eat pizza all the time, and things of that sort, yes, personal responsibility.

It takes a health care plan, it takes knowledge, it takes access. These places have to be close by. We have to have clinics and doctors signed up into these plans so we can go to them. It takes cultural knowledge, as you know, being from San Antonio. Some of it is a language barrier. Some of it is just understanding how our community works and how we spread it by word of mouth, rather than go to computers to find our information.

Knowing all of this will help us ensure that, now that people are enrolled, they begin to use the plans effectively, and when they use them effectively, we drive down that cost curve that was happening. In California, on average, it was a 17 percent increase in medical health care costs on an annual basis. That was not sustainable.

The only people who could have liked the old system were the wealthy or the healthy. If you got sick, you had the money, or you never got sick; but today, we can fix these things.

Today, we can fix these things by moving forward with these health care plans and with teaching people how to use them efficiently and effectively, so that all of society becomes stronger and healthier, and that is why we voted to put this in. That is why we have worked so hard.

I am so thrilled that the gentleman from Texas wanted to discuss this issue today.

Mr. CASTRO of Texas. Thank you, Congresswoman. Thank you for your passion over the many years on health care and many other issues, and you raised several wonderful points, but there are a few in particular that I wanted to mention.

We debate our national debt and deficit here a lot. Since the Affordable Care Act was passed, as we know, health care has been the biggest driver of our debt. The Affordable Care Act has actually slowed the cost of health care, the slowest growth that we have seen in decades.

So this is something that has actually been good and will be good for our fiscal health in this country. Thank you for alluding to that.

Also, you mentioned that in many of the communities we represent—not only in California or in Texas, but many places—ailments like diabetes are things that affect so many people in our neighborhoods and our cities, but it is not just diabetes.

In other places, it could be cancer or sickle cell anemia or multiple sclerosis. All of those patients will now find a lot more relief because the United States Congress passed this bill.

Ms. LORETTA SANCHEZ of California. I couldn't agree with you more. There are pockets of this.

I just want to leave with one story. A few years ago, we had this one company who was a lensmaker kind of company. It was somebody who had retail stores, and you would go in and get your eyes checked. They would grind lenses and get glasses for you. Usually, they could do it in one stop, in 2 or 3 hours, et cetera.

They said: Let's do this in your area, LORETTA; let's hold a health care fair.

We had a lot of different types of people offering services, and they said: For the first 400 people who show up, we will have ophthalmologists there—medical eye doctors—and we will take a look and see what is going on with people. If we need to grind lenses, we'll grind lenses for them and give them free glasses.

Because even if you had a health care plan, most people didn't have vision or dental, so people were not buying glasses. They couldn't afford it.

I got there at 7:30 in the morning to this health care fair. It started at 8. There were 600 people in line already, so we gave coupons for these people to be able to walk into one of those retail stores and get the service for free. We kept the first 400.

One of the young ladies that worked with me stayed all day with one of the doctors, making sure the patients were coming in and out, giving him the things he needed, et cetera. At the end of the day, the doctor turned to her and said: Do you know that 80 percent of the people that we saw today had diabetes or were about to get diabetes?

They didn't even know it because one of the first symptoms for diabetes is blurry vision, so these people were thinking they are getting old and their vision is kind of going, but the reality was they were sick.

They didn't know it because they did not have health coverage, and, like I said, that is a disease that you can really get rid of or eliminate in your life if you work at it.

These people need that knowledge. These people need that ability to walk into the doctor and to get their blood tested and to see what is going on, so that we can tell them: if you don't change what is going on in your life, you are going to be diabetic.

By the way, the plans before, if you had diabetes and you had to have your leg chopped off, for example, we would pay for that. You see what I am saying?

We wouldn't be paying to let them know you may be getting diabetes or you have diabetes; we would pay after the fact to chop off their legs. Or, if they went blind, we would have them at home because, now, they couldn't work.

So it is going to make Americans healthier. When Americans are healthier, they will be more productive. They will have less sick days. It will be good for industry.

So I am really thrilled to have voted for the ACA. I am really thrilled, 4 years-plus now, and that we are seeing it now, at the ground level, with people signed up for plans; and now, we have just got to make sure they go and use these, so that we can get them healthy.

Mr. CASTRO of Texas. Thank you, Congresswoman SANCHEZ.

Now, I would like to yield to my friend from Houston, Texas, Congresswoman SHEILA JACKSON LEE.

Ms. JACKSON LEE. Let me thank the convener of this Special Order and the colleagues I have heard since I have come to the floor, like Congresswoman SANCHEZ.

Congressman CASTRO, thank you very much. Coming from similar territory—the State of Texas—I just hope that you will allow me, just for a moment, to juxtapose the present pending bill on the floor.

I heard you speak of the bill, H.R. 2575, as well, and with all due respect to the proponent of the bill, it is confusing. It is confusing in the backdrop of the number that you have standing alongside of you, 7 million Americans and growing.

Because there were many Americans who were in the queue—in the line, when March 31 came, and because of President Obama, they will now have extended the opportunity to finish the work, and I was with a lot of navigators and people enrolling over the weekend. They were excited about being able to finish the task.

In Texas alone, that was the epicenter of unemployed. I keep saying, “unemployed.” Certainly, it has unemployed persons as well. There are 164,000 without unemployment insurance, which really is what baffles me about this effort at repeal and this effort of determining that, with 30 hours of hard work, you can't get health insurance.

In the State of Texas, 5.198 million individuals on private insurance have gained coverage for at least one preventative health care service, such as mammograms, birth control, and immunizations. That is for people with private insurance.

Also, 10.695 million individuals with preexisting conditions like asthma, cancer, or diabetes, including 1.6 children, will no longer have to be worried about being denied coverage in our own State alone.

As well, 5.189 million Texans have gained expanded mental health and substance abuse or use disorder benefits, and 4 million-plus uninsured Texans will have new health insurance options through the idea of going into the marketplace.

Also, 233,000 seniors and people with disabilities have saved \$866 in prescription medications, and 357,000 young adults have gained health insurance, and 7 million Texans will no longer have to worry about annual limits. That is, of course, those who are uninsured and who can access the new Affordable Care Act insurance.

The other point is that, over these last 2 days, we have seen the reality of Americans clamoring for health insurance, with 4 million people accessing the healthcare.gov Web site.

And let me make this as breaking news—because this is what we were hearing from those opposing it—80 to 85 percent of those who have enrolled have paid their first premium. This is not a story of I have enrolled and you never hear from me again; this is a story of serious decisions being made by serious persons.

Let me offer, as well, some of the tragedies over the years—and I am very pleased to have cast that vote for the Affordable Care Act. I have been to any number of townhall meetings to share it with my constituents, some of whom who did not understand or agree.

In the course of the hearings, I have heard of so many stories that we don't repeat anymore, like the little girl that had leukemia. Her parents took her over and over again to the insurance company to get the opportunity for her to be covered. She had a pre-existing disease. She had no coverage. She ultimately lost her life.

I believe—I don't want to call up facts that are not accurate—they even took her to the insurance company's office to plead for her to be covered. It was at that point near the end of her life, which she shortly thereafter lost.

We have the mother who came to us and said yes, her son had a difficult history. He was a trained lawyer. He was doing pro bono work. He was in Atlanta, Georgia. Frankly, he had gotten hepatitis. Because he had no health care, the only coverage he could get was from going into an emergency room. He had waited too long.

He was going into the emergency room, being the only source of health care. If he had had the ability to go to a doctor, in spite of his history of drug abuse at that time—a trained lawyer—he would have been able to maintain his life.

My last one is the issue of a young resident who took a summer position in Atlanta, Georgia, but his health care was in a 25-mile perimeter around Washington, D.C.

He fell ill with kidney disease during that summer. His father was a doctor. He was a student. He didn't have the ability to stay on his parents' insurance. His insurance was a school-based insurance that said it could only be around the school.

Congressman, his father had to drive hours to pick him up and put him in his car and pray for his survival and get him back into the perimeter of his health insurance.

This is what we lived with before the Affordable Care Act in 2010 and before the President ultimately signed it, and so I am baffled as to why, for the 52nd time, there is an attempt to repeal the Affordable Care Act with H.R. 2575.

Let me just say that the importance of this Special Order is to emphasize whose side Members are on. I am on

the side of those who are clamoring for good health care and who have children who need good health care. I am on the side of those who need the expanded Medicaid and ask the State of Texas to do it.

As I close, just on this bill, H.R. 2575, I am still trying to understand what it means to tell someone who works full time, 30 hours a week, in a company that has 50 employees, that you cannot get health care.

So to the employers out there, frankly, I believe that some people are speaking for you that may not be really speaking for you. Because when you pay your employees and they get health care, they have more cash to buy your goods.

More people have income to come back to the grocery store, come back to the restaurant, come to the small clothing store, or to buy flowers.

Why would you deny employees health care so that they can get sick, go to the emergency room, and have days off? It doesn't make sense.

I think this bill is way before its time. There is no evidence that we need to reduce the hours of working Americans. There is evidence that we should pass unemployment insurance for those who are chronically unemployed. We need to do that.

There is evidence to raise the minimum wage, but there is no evidence that this is a problem of catastrophic moment that we are debating it for 4 hours on the floor.

So I want to congratulate the gentleman for his leadership on this question.

□ 1615

Mr. CASTRO of Texas. Thank you, Congresswoman JACKSON LEE. Thank you for all of your work on this and many other issues. You are one of the most tireless folks, Republican or Democrat, who is involved in all the floor debates and amendments and proposing legislation. So thank you.

Just a few things that you mentioned. You were talking about the bill that we just discussed, and it was essentially saying that for sizeable businesses, not small businesses, because the small businesses are exempted from the requirements of the Affordable Care Act. That is worth repeating again. Small businesses are exempted from the requirements of the Affordable Care Act, so this was about larger businesses.

Instead of requiring that they offer health care coverage to their employees at 30 hours, the Republicans wanted to move it up to 40. One of the myths has been that all of these employers are reducing hours and cutting employees hours and this is hurting the workers. Well, the Congressional Budget Office, which both sides use as a neutral resource to figure out what's what, said that there is no evidence of that. There is no trend that says that part-time work versus full-time work is increasing because of the Affordable Care Act.

I also pointed out earlier in the discussion that part of the challenge in this economy is that American business has bounced back, but ordinary Americans still have not fully bounced back.

So, when we see that the stock market every other week, if not every other day, is hitting alltime highs and at the same time there are millions of Americans still struggling to find work, I think it is fair to ask why an employer shouldn't offer health care coverage to somebody that is working 32 or 35 hours a week.

Under the Republican plan, somebody that was working 39 hours a week, as STENY HOYER mentioned earlier, you wouldn't be offered health care coverage necessarily. And we believe that that is wrong. We believe that the freedoms that we would otherwise enjoy as Americans, those freedoms are harder to enjoy if you are sick and unhealthy and broke because of medical bills.

So the Affordable Care Act is not perfect and, quite frankly, nothing this Congress does, from health care to education to any other issue, is ever going to be perfect. If anybody is expecting perfection from this place, they are always going to be disappointed. But this is a bill that is absolutely a step in the right direction and one that we are going to continue to improve with the help of the American people, with the voices of the American people.

But I will tell you what. As I mentioned earlier, this law is not going to be repealed. We are not going to go backward. We are not going to go to the way things were because the way they were was not good, and this is much better.

Thank you, Congresswoman.

Ms. JACKSON LEE. Thank you.

If I could just make one final point. First of all, I am excited about the embracing by new Members like yourself who came out of State legislatures and knew how difficult it was to provide health insurance for our fellow Texans. But the embrace that you are now offering is one that gives us confidence that it will not be repealed, even though this is the 52nd time that it has been offered to repeal.

I just want to leave these facts for you as you continue your debate. This is a values question. This is a fairness question.

As you stand on the floor right now, the Budget Committee is meeting, with a budget as its underpinning, the underlying bill, that will give millionaires a \$200,000 tax cut, and yet we have a bill here on the floor that wants to take the living substance from under the feet of workers working 30 hours a week, that gives them the stability and the confidence that they have health insurance for companies that are 50 and above, 50 persons and above. That is not a small company. I can tell you, I would ask that employer: Are you going to get rid of Mrs. Smith, who has given you 10 years of hard work, and put her at 29 hours because you don't

want to give Mrs. Smith health insurance?

I think we are on the right side of the issue on this. The Affordable Care Act has helped seniors, it has helped single parents, it has helped individuals with preexisting disease, and it has helped young people who have surged into buying it. We should continue to embrace it and recognize that it has a value and it is going to turn lives.

My message to our Governor, if I can end on this note: Governor Perry, it is time to opt into the expanded Medicaid, which is part of the Affordable Care Act, which will give millions of others in the State of Texas their opportunity to benefit from good health care—being healthy and being able to work.

That is our challenge, and I look forward to working with you on these issues.

Mr. CASTRO of Texas. Thank you.

I yield now to a wonderful legislator from California (Mr. TAKANO).

Mr. TAKANO. I thank the gentleman from Texas for yielding time.

I rise today to stage an intervention, an intervention for Speaker BOEHNER and the House Republicans. Now, this intervention is not because they are wearing goofy hats or are spray tanning too much. This intervention is over their obsession with repealing or delaying the Affordable Care Act, also known as ObamaCare.

Now, just this week, the open enrollment period ended, and it is estimated that more than 7 million Americans signed up for private health coverage through healthcare.gov or their State exchanges. That number does not include the millions of young adults who are staying on their parents' plans or those getting coverage through Medicaid for the first time. The open enrollment period was one of the final pieces of ObamaCare.

Now, millions of Americans finally have access to affordable coverage that can't be taken away just because they get sick. Despite that, Speaker BOEHNER and the House Republicans are committed to fighting a battle that they have lost and have scheduled the 52nd vote to repeal or delay ObamaCare.

The Affordable Care Act passed the House. It passed the Senate and was signed by the President and has been upheld by the Supreme Court. Despite millions of dollars being funneled into misleading ads that discouraged people from getting covered, this is a law that millions of Americans have embraced and have benefited from. We saw an incredible surge in the final days of open enrollment, with consumers reportedly lining up around the block at some sign-up centers.

But if you talk to Republicans, it is clear they are still in the first stage of denial, denial of the facts, denial of the benefits, denial that our health care system is finally doing what it is supposed to do for the first time in a long time. My Republican colleagues must

stop making excuses and blaming others. They have put themselves in this position.

Even in the first few days of the roll-out, when the system was admittedly struggling, Republicans were predicting ObamaCare's complete and total failure. JOHN BOEHNER called the initial numbers "a symbol of the failure of the President's health care law." My colleague from California, Congressman DARRELL ISSA, said, "It is time for the President to finally acknowledge ObamaCare isn't working and to delay the law."

Funny how they believed the numbers then, because they seemingly have doubts about what is being reported now. According to Senator JOHN BARRASSO, the administration was "cooking the books."

To my Republican friends, I want to say: this is a safe place. We are here to help. Your addiction to repealing ObamaCare and peddling conspiracy theories about the law are not doing any good for yourselves or for the American people.

Stop standing on the wrong side of history. Let's move on. Let's accept that ObamaCare is the law of the land. Let's get back to being productive as a legislative body.

Mr. CASTRO of Texas. Thank you, Congressman. Thank you for your comments, and also thank you for all of you in California who have been one of the States that has shown the Nation what is possible in helping to offer insurance to the hardworking men and women of your State.

We, as Americans, we appreciate that.

Mr. TAKANO. Well, it is a point of pride that even in my area of California, the Inland Empire, my county has met, has exceeded its enrollment goals under Covered California, and just a few days ago we had reached a million in California alone. It is because we have a State legislature and a Governor who cooperated from the beginning. I don't understand any Governor or any State legislature that would intentionally try to keep low-income people from getting coverage.

Mr. CASTRO of Texas. You make a wonderful point. California and several other States have had the benefit of a State legislature and a Governor who have been helpful in making sure that the Affordable Care Act, health care coverage, is available to their residents.

In places like the State where I live, in Texas, you have a Governor, State legislators, both Senators who are actively working and campaigning against the Affordable Care Act. So, many of us, not just elected officials but others who are trying to make sure that people have health care coverage, have faced a very strong headwind when trying to get the word out about the Affordable Care Act.

I told a story earlier about a woman who showed up at an enrollment fair in San Antonio and she ended up being

able to provide insurance for herself and her family, but she went there and she was skeptical at first. Well, part of the reason she was skeptical is because there has been so much misinformation about this law and so much demonization about the law that I am not surprised that a lot of Americans would say, hey, you know, that thing doesn't sound like a good thing. It sounds like a bad thing.

Mr. TAKANO. There has been so much distortion. And to my way of thinking, it is diabolical to spend money on distorting ads to confuse people intentionally, to get young people to not sign up for the law, to undermine the law in that way.

Mr. CASTRO of Texas. That is right. You bring up a good point.

There was a group that was specifically set up to go on to college campuses, funneled millions of dollars to go on to college campuses to convince college students not to enroll in the Affordable Care Act. That is just amazing to me.

Mr. TAKANO. Fortunately, I can tell you stories of someone who is under 30, one of those young invincibles, but who was wise enough to know that it made sense for a young person to sign up because it was so very affordable, and he convinced his employer that she needed to take a look at what the exchange had to offer.

As it turned out, he discovered he had a very serious condition, and he was one of those young people who discovered that they did need health insurance and that he was facing far larger bills than if he didn't have any coverage at all.

Mr. CASTRO of Texas. California also, I believe, expanded Medicaid, and that is something that Texas didn't do. In fact, I remember several months back, when the State legislative session in Texas was still going on, and usually it goes to about the end of May or early June. We went down there and we were doing a press conference, and at the same time, the Governor and the Senators, Lieutenant Governor, all Republicans were doing their press conference.

Our junior Senator, Senator CRUZ, compared folks who need Medicaid and accept Medicaid to drug addicts, compared them to drug addicts. And the State's leadership implied that—not implied, said—allowing Medicaid to low-income Texans was like getting people hooked on sugar or drugs.

Mr. TAKANO. Forgive me. I may be speaking—I don't think what I am saying is an exaggeration, but I see that the denial of the expansion of Medicaid by some of these States is nothing less than a war on the poor. I don't know how else to say it.

Twenty-four percent of my congressional district were uninsured before the ACA. I have seen charts and maps of congressional districts color-coded, and I have seen many of those districts in Texas that are at the same level of uninsured as my congressional district.

In my congressional district, we benefit greatly from the expansion of our version of Medicaid, which is Medi-Cal. And the beauty is that the expiration is not to end it as of the 31st of March. People who qualify for Medi-Cal can continue to sign up for it year-round.

But to think that in Texas that it is not available to people who are low-income, to me, is unconscionable.

Mr. CASTRO of Texas. I appreciate those words. Unfortunately, in Texas there are a lot of people suffering needlessly, hardworking people. These are not lazy people. These are people that are going to work day in and day out, but they are suffering because their State leadership—even though Texas was going to get up to \$90 billion for Medicaid expansion. The Federal Government was providing the funds through 2017 and then providing 90 percent of the funds after that. Despite the fact that it made economic sense, still, the State's leadership refused to do it.

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I think it is worth mentioning a few other things. A lot of us, we saw there were long lines on Monday, March 31 of people waiting to enroll in the Affordable Care Act. It is worth noting that anybody that started that process on March 31 but was not able to complete it has until April 15 to actually finish it off. So the 7.1 million number of the number of folks that have enrolled will very likely, I would think, go up by at least a few hundred thousand people.

Mr. TAKANO. At least the folks in Texas, who can sign up with the Federal exchange, can get insurance if they are online, but it is unfortunate that those low-income Texans have no place to go.

I will just say to the folks in California, those low-income people who can still qualify for Medi-Cal, that you can still sign up. There is not a deadline for you. You are presumed qualified if you meet a certain income test. So the effects of the Affordable Care Act are still going to continue in my State for those who need health care the most and those who have heretofore not had access to medical care.

It has been a pleasure sharing this time with you on the floor, Representative CASTRO.

Mr. CASTRO of Texas. Thank you very much, Congressman.

There is another benefit of the Affordable Care Act that I haven't talked about yet that is also very important to know. We know that 7.1 million people have signed up. Three million or more college students or young adults are able to stay on their parents' plans because of the Affordable Care Act. Millions more have benefited from Medicaid expansion. Millions of Americans also benefit because there is no longer lifetime caps. You know, you are not going to have somebody who is suffering from cancer in a hospital bed have a doctor or an administrative billing person from the hospital come talk

to you about the fact that you are about to hit your lifetime cap. So now, not only are you lying there sick in the hospital bed, but you are also thinking about how you are going to pay your mortgage and keep your kids in college. That is not going to happen anymore.

So when you hear people talk about repeal—and first of all, repeal with no plan to replace it. I mean, the only thing coming from the other side is, just get rid of this whole thing. There is no plan to replace it.

So I think what we owe the American people is, when we talk about repealing a law, especially something as important and big as this, I think it is a very fair and necessary question to ask: What are you going to replace it with? Are we going to go back to the old system, where that cancer patient lying in a hospital bed now is going to hit a lifetime cap with the insurance company so they are going to be told that they either have to leave the hospital or they are going to get stuck with \$250,000 of bills, and they have to sell their house because they can't afford it anymore? When you hear the word "repeal," you should understand that that is what is at stake, that is what we would go back to, the old system.

Until folks come up with an alternative—and in 4 years, there has been no alternative, and really, there is no reason to think that over the next 4 years there is going to be one. Unless you can come up with an alternative, then we are talking about going back to that time.

But the thing that I wanted to mention and something that is often overlooked here is that part of the Affordable Care Act, another benefit of it is that mental health care coverage is vastly expanded because of the Affordable Care Act. That is extremely important. Millions of families in this country, individuals and families, have either suffered themselves or have family members who suffer from serious depression, anxiety, bipolar disorder, other mental health afflictions that—quite frankly, in America and many other countries of the world, for the longest time, we never took mental health issues as seriously as we have taken physical health issues.

So for a long time, people would tell you, oh, you are depressed. Well, you just need to snap out of it. Or they treated things like bipolar disorder very lightly. They thought somebody just had a bad attitude.

In Texas, in 2011, I and others worked on getting young people with serious emotional disturbances covered by insurance companies in Texas. And, you know, the Democrats are in a deep minority in Texas. The whole time I was there, for five terms, we were in a deep minority. So you would have a Republican-controlled legislature. And my bill went nowhere. It didn't go anywhere. It died. So serious emotional disturbances weren't covered. But under the Affordable Care Act, things like that will be.

The reason that was important was because families were coming to me—in my district office, there is one family in particular that came to me and said, We are scared of our son. Our son is a teenager, and he has gotten violent before. So we call the cops. The cops take him to the hospital. There is nowhere to keep him for any kind of long-term treatment because, by the way, the State provides inadequate resources for mental health care coverage. They can't really put him in jail unless he has really assaulted somebody. So there is just this cycle, where we are having this issue with our son, and we are scared to be in the same house with him. But we can't really do anything. And the law offers us no relief.

Well, one of the benefits of the Affordable Care Act is that serious emotional disturbances and many other mental health issues will now be taken more seriously, and they will be more covered by health care companies than they have ever been in the history of the United States. And that hasn't been a big focus because a lot of this has been about politics. And a lot of the milestones and, quite frankly, the celebrations about the more than 7 million people signing up, that has been the big focus of this whole thing. But we shouldn't overlook some of the things that haven't gotten as much attention.

For me, as somebody that worked on mental health legislation in Texas, and I know many other people, Republicans and Democrats, have worked on things like that—to the families who are dealing with situations like that, that is a big deal. That means a lot to them. And that is helping them out.

So, as Americans, when you hear folks talk about repealing this law, I hope that we all fully understand exactly what we would be going back to. And those legislators who propose repealing it are irresponsible if they don't provide to the American people a full alternative and an explanation for what that alternative would do for them and what it would cost for the country. You know what the Affordable Care Act is about. We have seen no plan on the other side.

So as I close, I would like to say "thank you" to all the Members of Congress from different places in the Nation who joined me today in talking about this milestone for the Affordable Care Act. I am very personally glad that over 7 million people have now signed up and are benefiting. And millions more are benefiting through Medicaid expansion, college students, and all of these people who won't be kicked off of insurance because they have hit lifetime caps. Or, you know, somebody that tries to get insurance, and the insurance company sends them a letter back saying, we can't insure you because you have a preexisting condition, or your doctor submits a bill to the insurance company, as it used to be, and the insurance company writes back

saying, Well, you know what, we are not going to cover that \$3,000 bill because you had a preexisting condition. That is what repeal would be about, going backward.

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

THE STATE OF OUR CONGRESS

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

Mr. KELLY of Pennsylvania. Mr. Speaker, I am glad to be able to stand here today with my colleague from Pennsylvania (Mr. MARINO) and Mr. WENSTRUP from Ohio, behind me, in order to talk a little bit about not only the state of our country but of our Congress. When we came here 3 years ago, we were on a mission to get America back to work. We have watched now over the last 3 years. And some of the criticism that comes about all the time is, You know, you guys just aren't getting anything done. I hear people talk about not getting anything done, about being a do-nothing Congress, about not really pushing the agenda forward, about us not being able to get America back to work.

Well, today, Mr. MARINO, our colleagues, and I are going to be here in the position of myth-busters. This myth that somehow the House of Representatives—and I think the key to this is that there are actually two Chambers to this Congress. There is a House of Representatives and there is a Senate. In the House of Representatives, we have done incredible work over the last 3 years. We are talking about 220 House-passed bills that are stuck in the do-nothing Senate. And of those 220 bills, 30-plus of those bills are about job creation. They are about getting America back to work. They are about giving people confidence in the future that they can look forward and begin to plan their lives.

Now, we can't do it alone. And while we get criticism from the administration and as we look down the hall to the Senate, we start to wonder ourselves, what would it take to get America engaged in this process? What would it take to get our American citizens aware of what is actually going on in the Capitol? Why is it that we are stuck here? Why can't we move forward?

So today's exercise—for the next 60 minutes, Mr. MARINO, myself, and our other colleagues are going to have an opportunity to speak to the people of the United States to make sure that we expose this myth that this is a do-nothing Congress. No, no, no, no. This is not a do-nothing Congress. This is a Congress that has worked very hard. This is a Congress that has done monumental work to get our fellow Americans back to work.

The problem is, when you walk it down the halls and into the Senate, it