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1 {York Stenographic Services, Inc.}
2 HIF090.140
3 MARKUP ON
4 H.R. 1217, A BILL TO REPEAL THE PREVENTION AND PUBLIC HEALTH
5 FUND;
6 H.R. 1216, A BILL TO AMEND THE PUBLIC HEALTH SERVICE ACT TO
7 CONVERT FUNDING FOR GRADUATE MEDICAL EDUCATION IN QUALIFIED
8 TEACHING HEALTH CENTERS FROM DIRECT APPROPRIATIONS TO AN
9 AUTHORIZATION OF APPROPRIATIONS;
10 H.R. 1215, A BILL TO AMEND TITLE V OF THE SOCIAL SECURITY ACT
11 TO CONVERT FUNDING FOR PERSONAL RESPONSIBILITY EDUCATION
12 PROGRAMS FROM DIRECT APPROPRIATIONS TO AN AUTHORIZATION OF
13 APPROPRIATIONS;
14 H.R. 1214, A BILL TO REPEAL MANDATORY FUNDING FOR SCHOOL-
15 BASED HEALTH CENTER CONSTRUCTION; AND,
16 H.R. 1213, A BILL TO REPEAL MANDATORY FUNDING PROVIDED TO
17 STATES IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT TO
18 ESTABLISH AMERICAN HEALTH BENEFIT EXCHANGES.
19 THURSDAY, MARCH 31, 2011
20 House of Representatives,
21 Subcommittee on Health

22 Committee on Energy and Commerce
23 Washington, D.C.

24 The subcommittee met, pursuant to call, at 10:05 a.m.,
25 in Room 2123 of the Rayburn House Office Building, Hon.
26 Joseph R. Pitts [Chairman of the Subcommittee] presiding.

27 Members present: Representatives Pitts, Burgess,
28 Whitfield, Gingrey, Latta, Cassidy, Guthrie, Upton (ex
29 officio), Pallone, Dingell, Towns, Engel, Capps, Gonzalez,
30 Baldwin, and Waxman (ex officio).

31 Staff present: Clay Alspach, Counsel, Health; Gary
32 Andres, Staff Director; Jim Barnette, General Counsel;
33 Michael Beckerman, Deputy Staff Director; Mike Bloomquist,
34 Deputy General Counsel; Allison Busbee, Legislative Clerk;
35 Howard Cohen, Chief Health Counsel; Andy Duberstein, Special
36 Assistant to Chairman Upton; Paul Edattel, Professional Staff
37 Member, Health; Julie Goon, Health Policy Advisor; Debbie
38 Keller, Press Secretary; Peter Kielty, Senior Legislative
39 Analyst; Ryan Long, Chief Counsel, Health; Carly McWilliams,
40 Legislative Clerk; Jeff Mortier, Professional Staff Member;
41 Monica Popp, Professional Staff Member, Health; Andrew
42 Powaleny, Press Assistant; Anita Richards, Senior Policy

43 Advisor, Chairman Emeritus; Heidi Stirrup, Health Policy
44 Coordinator; Phil Barnett, Democratic Staff Director; Jen
45 Berenholz, Democratic Chief Clerk; Stephen Cha, Democratic
46 Senior Professional Staff Member; Alli Corr, Democratic
47 Policy Analyst; Ruth Katz, Democratic Chief Public Health
48 Counsel; Purvee Kempf, Democratic Senior Counsel; Karen
49 Lightfoot, Democratic Communications Director, and Senior
50 Policy Advisor; and Karen Nelson, Democratic Deputy Committee
51 Staff Director for Health.

|
52 Mr. {Pitts.} The subcommittee will come to order. Just
53 a brief announcement on the process today. We are going to
54 go through all of the bills before we break. As a courtesy
55 to the Members from New York, we are going to recess so they
56 can attend the funeral in New York, and then we will
57 reconvene at 1:30. We will roll all the votes until this
58 afternoon's session. The chair recognizes himself for an
59 opening statement.

60 Today we are marking up 5 bills: H.R. 1213, a bill to
61 repeal mandatory funding provided to States in the Patient
62 Protection and Affordable Care Act to establish American
63 health benefit exchanges; H.R. 1214, a bill to repeal
64 mandatory funding for school-based health center
65 construction; H.R. 1215, a bill to amend Title V of the
66 Social Security Act to convert funding for Personal
67 Responsibility Education Programs from direct appropriations
68 to an authorization of appropriations; H.R. 1216, a bill to
69 amend the Public Health Service Act to convert funding for
70 Graduate Medical Education and Qualified Teaching Health
71 Centers from direct appropriations to an authorization of
72 appropriations; and H.R. 1217, a bill to repeal the
73 Prevention and Public Health Fund.

74 My bill, H.R. 1217, repeals Section 4002 of the PPACA.

75 This section establishes a ``Prevention and Public Health
76 Fund to provide for expanded and sustained national
77 investment in prevention and public health programs to
78 improve health and help restrain the rate of growth in
79 private and public sector healthcare cost.''

80 In the current fiscal environment, we need to ask
81 ourselves several key questions. First, should the Federal
82 Government be involved in health promotion and prevention
83 activities? One could argue yes, but the more important or
84 relevant question is whether the amount of money going to the
85 Prevention and Public Health Fund is proper and responsible
86 and should the stream of funding for these activities be
87 mandatory and self-appropriating or discretionary and subject
88 to congressional oversight each year? Section 4002
89 authorizes the appropriation of and appropriates to the fund
90 from the Treasury the following amounts: \$500 million for
91 fiscal year 2010, \$750 million for fiscal year 2011, \$1
92 billion for fiscal year 2012, \$1.25 billion for fiscal year
93 2013, \$1.5 billion for fiscal year 2014, and for fiscal year
94 2015 and every fiscal year thereafter, \$2 billion.

95 Additionally, the Secretary has the full authority to
96 use this account to fund any programs or activities under the
97 Public Service Act that she chooses without congressional
98 oversight. The universe of potential uses of this funding is

99 as vast as the bill is vague in setting out how the money
100 should be spent. Already, HHS has sent money out the door
101 ``to support prevention activities and develop the Nation's
102 public health infrastructure and to expand the primary care
103 workforce and for various prevention activities such as
104 preventing tobacco use, obesity, heart disease, stroke, and
105 other diseases, and increasing immunizations.'' I think all
106 of these uses sound worthwhile. However, all of them--
107 smoking cessation, heart disease prevention, increasing
108 immunizations--are already being supported through other
109 funding streams.

110 The Prevention and Public Health Fund is funding over
111 and above the amount Congress has specifically decided should
112 go towards these activities and over and above the amount
113 Congress has already appropriated for these activities. And
114 it is dispersed at the sole discretion of 1 individual, the
115 Secretary of Health and Human Services.

116 When Secretary Sebelius was here in front of our
117 subcommittee, I asked her whether she needed further
118 congressional approval to spend the money from the fund. And
119 she answered no. I then asked her if she could fund
120 activities at levels higher than what Congress appropriated
121 and she stated yes. Congress has the power to direct how
122 federal funds may be spent. It is our responsibility to see

123 that they are spent properly. It is our job to conduct
124 oversight over the Executive Branch. Section 4002 is simply
125 an abdication of congressional responsibility and a slush
126 fund from which the Secretary can spend without our input,
127 oversight, or approval. This should be a concern to every
128 Member of Congress. Let us remember by eliminating this
129 fund, we are not cutting any specific program or activity.
130 We are reclaiming our oversight role of how federal tax
131 dollars should be used.

132 And I have 20 seconds left. Dr. Burgess? Thank you.
133 At this time I now recognize my friend from New Jersey, Mr.
134 Pallone, for his opening statement.

135 [The prepared statement of Mr. Pitts follows:]

136 ***** COMMITTEE INSERT *****

|
137 Mr. {Pallone.} Thank you, Mr. Chairman. And thank you
138 for working with us in terms of having the votes after the
139 hearing to accommodate our New York Members who are going to
140 the service for Congresswoman Geraldine Ferraro.

141 This month marks the 1-year anniversary of the
142 Affordable Care Act, landmark legislation that transforms the
143 healthcare system in this country from a system that favors
144 health insurance companies to a system that puts healthcare
145 choices back in the hands of Americans. With its passage, we
146 are providing small businesses with access to affordable
147 health plans and will cover 32 million Americans who are
148 currently uninsured. We also help to foster the importance
149 of preventative health throughout this country in order to
150 curb growing healthcare costs.

151 But you know this already. I have said this and debated
152 this a million times over over the last few months.
153 Unfortunately, these hearings and markups serve little
154 purpose because the other side has failed to put forth any
155 comprehensive proposal to expand coverage, protect Americans
156 from insurance and industry abuses, or curtail skyrocketing
157 healthcare costs. Instead, this committee calls hearings to
158 criticize and disparage the Obama administration's
159 implementation of the Affordable Care Act's reforms and marks

160 up absurd funding bills on 5 critical provisions that help
161 make the law function.

162 The Republicans, in my opinion, are hypocritical with
163 their seeming concern about the use of mandatory funding for
164 some of the programs in healthcare reform. This markup isn't
165 about funding streams. It is simply an effort to dismantle
166 the healthcare reform law without offering any solutions in
167 return. The truth is that key provisions under the
168 jurisdiction of the Energy and Commerce Committee are and
169 continue to be funded through mandatory spending authority.
170 In fact, many are Republican-supported programs--such as the
171 Abstinence-Only program, which I think is ineffective--but
172 even so, the Republicans cry foul because we happen to
173 utilize the same tool they have used over and over again in
174 the Affordable Care Act. And so I think this criticism of
175 mandatory spending authority is simply not credible, Mr.
176 Chairman.

177 Many States have already benefitted from the Affordable
178 Care Act. I encourage my colleagues to visit the
179 Healthcare.gov website, which contains State-by-State fact
180 sheets about some of the important funding that is going to
181 local organizations that many of us support. New Jersey, my
182 home State, has already benefitted from the more than \$15
183 million in critical funding from the Prevention and the

184 Public Health Fund.

185 Mr. Chairman, I could talk forever about why I think
186 that spending funding on prevention and the public health is
187 so crucial. You know, I know you mentioned that there might
188 be some question about that, but I don't think there really
189 should be. And you know, I know the CBO oftentimes will not
190 score it and I have been critical of them as well for not
191 scoring it, but the fact is that prevention makes a
192 difference. If you have a chance to go to a primary care
193 doctor and we spend money on that, then you don't end up in
194 the emergency room or you don't end up in the nursing home.
195 And I know that, you know, the CBO won't score that, but the
196 fact of the matter is that I believe that to the extent that
197 under the Affordable Care Act that we are providing primary
198 care, we are providing prevention. There is a huge amount of
199 money that will be saved. It may not be counted for purposes
200 before the House, but in the long run, it is going to save
201 the government and the system a huge amount of money.

202 As you can see, I welcome the opportunity to talk about
203 healthcare reform, but I really think the American public has
204 made it clear that what we really should be doing is creating
205 jobs and making the economy grow again. And I think we
206 should be focusing on job creation instead of rehashing
207 healthcare reform over and over again in this subcommittee.

208 I urge a no-vote on these misguided bills today. And I would
209 yield the balance of my time to the gentleman from Texas, Mr.
210 Gonzalez.

211 [The prepared statement of Mr. Pallone follows:]

212 ***** COMMITTEE INSERT *****

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213 Mr. {Gonzalez.} And I will thank the ranking member.
214 And, Mr. Chairman, of course, I oppose all 5 bills that we
215 consider today and for good reason.

216 But I want to address my remarks to 1213, which defunds,
217 of course, the monies to be used to set up the State
218 exchanges. Now, these exchanges are built upon the free
219 markets that already exist, but they bring uniformity and
220 adequacy of coverage at an affordable price for employers and
221 individuals. Now, I understand that the majority party is
222 going to continue doing this, so this is just another
223 chapter, another phase of what I refer to as repeal and
224 return. That is repeal but then return to a time that was
225 rather perplexing and required action by the 111th Congress,
226 which we took, a time when 10,000 Americans were losing their
227 health insurance coverage on a daily basis.

228 To make a situation even worse than existed in 2009 and
229 2010, if you look at the record, in 1963 61 percent of small
230 businesses provided insurance for their employees. In 2009
231 only 38 percent and it is a decreasing number. What we are
232 attempting to do today is to return to that time, which I
233 said is perplexing, but a painful chapter in the inadequacies
234 of healthcare insurance to American families and employers
235 that want to provide it to their employees. And with that I

236 yield back.

237 [The prepared statement of Mr. Gonzalez follows:]

238 ***** COMMITTEE INSERT *****

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239 Mr. {Pitts.} The chair thanks the gentleman. The chair
240 reminds Members that pursuant to committee rules, all
241 Members' opening statements will be made part of the record.
242 Are there further opening statements? The chair recognizes
243 the chairman of the committee, Mr. Upton, for 5 minutes.

244 The {Chairman.} Thank you, Mr. Chairman. On March 9,
245 this subcommittee examined several provisions of the health
246 reform law that were funded with advanced appropriations
247 rather than authorizations that are subject to further
248 appropriations. In layman's terms, that means the money is
249 going to be spent without further congressional approval.

250 One of the provisions provides the Secretary an
251 unlimited tap on the Treasury to fund State exchange grants,
252 the scope of which seems to be limitless. No one is taking
253 credit for writing this particular provision. I don't know
254 of a single Member of Congress who believes that it is
255 necessarily a good idea to give the Secretary of HHS a direct
256 tap on the Treasury with no limit on how much could be spent
257 and virtually unlimited discretion to determine what it means
258 to facilitate enrollment in an exchange.

259 That seems to be a reoccurring theme with the whole law.
260 No one wants to take credit or accept the blame for what was
261 actually written. I would like the authors of this bill to

262 tell us why the authority was granted. Unfortunately, we
263 don't know who in Senator Reid's office was responsible for
264 the drafting. No Member of the committee can legitimately
265 claim the mantle of fiscal responsibility if they support
266 such an unprecedented spending authority. If a Member does
267 take credit, I look forward to them telling this committee
268 why they didn't put an actual number in the statute or what
269 they actually believe the provision will cost. But the truth
270 is no one here wrote the section of the law at issue today.
271 In fact, none of the provisions we will mark up today were
272 actually in the House-passed healthcare bill.

273 In reviewing the public health division of the House
274 healthcare bill, there was not a single advanced
275 appropriation for any provision. In '09 when House Democrats
276 wrote their bill, they didn't see the need to circumvent the
277 congressional appropriations process, yet some act now as if
278 the sky is falling because we concur with their conclusion
279 that Congress should make these spending determinations.

280 We are facing a \$14.5 trillion debt with another 14
281 trillion on the horizon under the President's budget. If we
282 are going to get our spending under control, we have got to
283 set limits, we have to eliminate slush funds, and we must
284 prioritize our spending decisions. These 5 bills are an
285 important way to begin. I yield back the balance of my time.

286 [The prepared statement of Mr. Upton follows:]

287 ***** COMMITTEE INSERT *****

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288 Dr. {Burgess.} Will the chairman yield to me?

289 The {Chairman.} Yes, I will reclaim my time and yield
290 the balance of my time to Dr. Burgess.

291 Dr. {Burgess.} Thank you, Mr. Chairman. You know,
292 there are things that are worthy spending that should be on
293 autopilot, but really they need to be exception and not the
294 rule. And we are an authorizing committee. That is our
295 heritage. We vet issues, we exercise oversight, and we fight
296 for our priorities before the appropriators. But look, just
297 because you think there ought to be oversight of a program
298 doesn't mean that you are against the program. You just want
299 to do it the correct way. The main issue here is not whether
300 these programs deserve funding, but do they deserve priority
301 over the Nation's defense, over the Nation's veterans, over
302 the education, or homeland security?

303 In February alone our deficit reached \$223 billion.
304 That number does not yet include the government's subsidies
305 that help pay for most of the Patient Protection and
306 Affordable Care Act. We are on track for anywhere between
307 1.5 to \$1.6 trillion deficit this year. Mandatory spending
308 in PPACA has become the issue du jour. Several of us have
309 talked about this for several months. But let us be honest.
310 The chairman was right. We are not fighting for priorities

311 that were in the House-passed bill, as much as I fought
312 against H.R. 3200. This is a Senate product. And the nature
313 of the Senate and designated some of these programs worthy of
314 advanced appropriations, who asked them? They didn't ask us.
315 This funding needs to be examined.

316 I thank the chairman for doing so and to the extent
317 possible I think we need to reclaim some of this funding. So
318 I have introduced 1 of these bills, H.R. 1214, that repeals
319 Section 4101(a) of the Patient Protection and Affordable Care
320 Act. Look, we hear it over and over again from the American
321 people. They demand that we be wise stewards of the taxpayer
322 dollars and we can't do that if we just simply allow this
323 open raid with postdated checks on the American Treasury.

324 There are programs here that I do support. I think the
325 ideas are worthy. But I don't think that they should be
326 valued above everything else in the federal budget. That is
327 not right. That is not responsible. That is not what this
328 committee does. I yield back the balance of my time.

329 [The prepared statement of Dr. Burgess follows:]

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331 Mr. {Pitts.} The chairman thanks the gentleman and
332 recognizes the ranking member of the committee, Mr. Waxman,
333 for 5 minutes.

334 Mr. {Waxman.} Thank you, Mr. Chairman. Today we are
335 considering 5 pieces of legislation that would roll back
336 importance advances under the Affordable Care Act for health
337 coverage, public health, and the health workforce.

338 Let us begin with the new and innovative Prevention and
339 Public Health Fund. For as long as I can remember, there has
340 been strong bipartisan agreement on this committee that we
341 need to do more to support health promotion and disease
342 prevention activities that can save lives and save dollars.
343 Republican colleagues in particular have advocated for state
344 and local efforts along these lines. For the first time we
345 now have a law, a program that is designed to do all of
346 those. It is targeted exclusively on prevention. It is
347 guaranteed to be funded, and its primary funding recipients
348 are community-based organizations. And apparently, it has
349 hit home across the public health spectrum.

350 Nearly 600 national, state, and local groups have
351 written to us in support of the Prevention Fund in the
352 Affordable Care Act. Yet today, Republicans will vote out a
353 bill to kill the fund. That is inexcusable and goes against

354 the often passionate arguments Republicans have made in
355 support of health promotion programs. We should not
356 eliminate the fund. If anything, we should put more
357 resources into it so we can build a healthier Nation and
358 reduce our annual healthcare spending bill.

359 Republicans have said time and time again that we
360 haven't done enough to expand the health workforce,
361 particularly the number of primary care providers to meet the
362 growing demands for services. So it comes as a great
363 disappointment that another one of the Republican bills we
364 will consider today cuts support for a workforce program that
365 would enlarge the pool of primary care providers around the
366 country. Still another would eliminate support for school-
367 based health centers that offer this type of care.

368 And just when we think we are on the same page, it seems
369 like we can't win no matter what we do. Republicans have
370 insisted on and, indeed, they have been adamant about
371 mandatory spending support for Abstinence-Only-Until-Married
372 Education, ignoring study after study that shows this
373 approach does not work. The Affordable Care Act contains a
374 proposal that would fund teen pregnancy programs, including
375 required Abstinence-Only Education as long as there is
376 evidence that they are effective. But today, our Republican
377 colleagues will vote to eliminate mandatory funding for the

378 evidence-based teen pregnancy program and leave intact the
379 mandatory funding in the Affordable Care Act for the
380 Abstinence-Only program that has been completely discredited.
381 This simply cannot be explained or justified.

382 Finally, we will take up a bill that attacks 1 of the
383 lynchpins of health reform, grants to States to establish
384 their insurance exchanges. These grants are structured to
385 allow States to develop a uniquely state-specific solution
386 and designed for their individual and small business
387 marketplace. Once in place, these exchanges will serve as a
388 building block to strike at the heart of insurance company
389 abuses. Millions of people have suffered at the hands of
390 insurance companies, a commonality that brings individuals
391 together in their desire to be free of ever-increasing
392 premiums, from denials for valid claims, from denials for
393 having a preexisting condition, and from rescissions of
394 insurance when someone gets sick.

395 I am not surprised but I am surely saddened that even
396 the Republican mantra of state-based reform doesn't stop them
397 from turning around with an ideological bill and ideological
398 vote. Republican claims on all of these programs have been
399 thoroughly debunked by outside observers. They have been
400 awarded so many Pinocchios from the independent fact
401 checkers, it almost makes we wonder if they are trying to

402 collect them. But what they are doing is not fiction, nor is
403 it funny.

404 The truth is that the bills we are marking up today
405 represent the Republicans' newest line of attack, to disrupt,
406 dismantle, and ultimately destroy current law which expands
407 healthcare coverage to over 32 million people, closes the
408 Medicare drug donut hole, provides free preventive care under
409 Medicare, and strengthens the Medicare trust fund, prohibits
410 predatory and abusive behavior by insurance companies,
411 addresses public health challenges such as obesity, diabetes,
412 and heart disease that are literally killing us and
413 bankrupting our healthcare system, and reduces the deficit by
414 over \$210 billion in the next decade while achieving these
415 goals.

416 I ask maybe futilely, but I think I ask that all Members
417 give thoughtful consideration to the substance of what we are
418 voting on today. Common sense and sound health policy tells
419 us we should defeat each of these bills outright. Thank you,
420 Mr. Chairman.

421 [The prepared statement of Mr. Waxman follows:]

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423 Mr. {Pitts.} The chair thanks the ranking member and
424 recognizes the gentleman from Georgia, Dr. Gingrey, for 1
425 minute.

426 Dr. {Gingrey.} Mr. Chairman, thank you. I want to
427 associate myself with the chairman of the overall committee,
428 Mr. Upton, and the vice-chair, Dr. Burgess, and disassociate
429 myself with the remarks of the ranking member.

430 In regard to an issue like preventative care, I think it
431 is important for people to understand that while preventive
432 care hopefully will save lives and maybe for that individual,
433 if they are the one whose early cancer is detected saves that
434 individual and their family money, but in the overall
435 picture, the big scheme of things, preventive care does not
436 save money. It costs money. And therefore, that is why we
437 are so concerned about this endless stream of spending where
438 you can never turn the spigot off.

439 As everyone knows, the financial health of this Nation
440 is in a very precarious state and I thank the chairman for
441 holding this markup today. I think it is hugely important.

442 Some in this room may argue, as I say, the potential
443 health benefits some of these funding streams may provide.
444 My concern is how much damage to our national budget the
445 White House can do with these funding streams buried in 2,400

446 pages of ObamaCare is a direct pipeline to the Treasury that
447 allows the White House to tap into an unlimited amount of
448 federal funding and sidestep congressional oversight. We
449 can't allow that to happen and that is what we are all about
450 here today.

451 [The prepared statement of Dr. Gingrey follows:]

452 ***** COMMITTEE INSERT *****

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453 Mr. {Pitts.} The chair thanks the gentleman and
454 recognizes the Ranking Member Emeritus, Mr. Dingell, for 3
455 minutes.

456 Mr. {Dingell.} Mr. Chairman, you are most courteous and
457 I thank you.

458 Before us today are 5 bills that strike at the heart of
459 the public health programs in the Affordable Healthcare Act.
460 The Affordable Healthcare Act had many goals--to expand
461 coverage in a way that was paid for, to improve the quality
462 of care individuals are receiving, and to promote prevention
463 and evidence-based care.

464 The majority calls into the question the Prevention and
465 Public Health Fund, the Teaching Health Centers, the Personal
466 Responsibility Education Programs, the school-based health
467 center construction grants, and the American Health Benefit
468 Exchange under the guise of being outraged at their mandatory
469 nature. Curiously enough, many of these were ideas of the
470 Republicans in earlier Congress. Yet there have been many
471 numerous pieces of legislation have come before the Members
472 of this committee that have included both mandatory and
473 discretionary streams of funding.

474 This is not a debate about what is new or unique in the
475 Affordable Care Act. What this markup truly represents is

476 yet another opportunity for the majority to strike out and
477 repeal individual provisions of the Affordable Care Act after
478 failing to suggest substantive reforms to our healthcare
479 system. And we do await them presenting some kind of reform
480 of their own.

481 At its heart, defunding is not legislating. As I said
482 yesterday, it is similar to taking an eraser to an answer on
483 a test and then leaving it blank because you don't have a
484 better solution. Our public health system deserves strong
485 investment in order to best promote wellness amongst American
486 families, as well as to continue to offer accessible
487 healthcare in our communities and to see to it that we do so
488 at reasonable cost.

489 Further, American families are tired of insider in-
490 fighting. They want to know how and when they will benefit
491 from changes in our public healthcare system now with which
492 they are thoroughly dissatisfied. The Affordable Healthcare
493 Act includes some of the strongest consumer protections in
494 our health systems ever. Insurance companies can no longer
495 make health decisions for families. Cancer patients can no
496 longer be denied health insurance because of a preexisting
497 condition. Seniors now have help in affording their
498 prescriptions. College students are allowed to stay on their
499 parents' health insurance plan.

500 This is legislation at its best, offering real solution
501 to problems that our families in America face today. We all
502 want healthcare coverage that is more affordable and coverage
503 to the uninsured and the insured. Rather than spend our time
504 in the committee showboating, let us get together, work
505 together to improve the situations of American families
506 across the country. I yield back 13 seconds.

507 [The prepared statement of Mr. Dingell follows:]

508 ***** COMMITTEE INSERT *****

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509 Mr. {Pitts.} The chair thanks the gentleman. Are there
510 any other Members on the Republican side? The chair
511 recognizes Mr. Latta for 1 minute.

512 Mr. {Latta.} I thank the chairman.

513 Last week I had courthouse conferences in 10 of my 16
514 counties. During that time, I had over 130 individual one-
515 on-one meetings with my constituents, and the message that I
516 got was loud and clear was to repeal ObamaCare and get our
517 debt and deficit under control. I believe the bills before
518 us today will help Congress reign in this out-of-control
519 spending at a time when the deficit will reach an all-time
520 high of \$1.6 trillion, 10.9 percent of the GDP, and spending
521 in fiscal year 2011 will reach an all-time high of \$3.8
522 trillion is extremely irresponsible to allow the spending in
523 ObamaCare to continue.

524 We are on an unsustainable path and this law must be
525 repealed. With that, Mr. Chairman, I thank you and I yield
526 back.

527 [The prepared statement of Mr. Latta follows:]

528 ***** COMMITTEE INSERT *****

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529 Mr. {Pitts.} The chair thanks the gentleman and
530 recognizes the gentlelady from California, Mrs. Capps, for 1
531 minute.

532 Mrs. {Capps.} Thank you, Mr. Chairman.

533 Today we will hear a lot of claims like I support this
534 program but it is too expensive, it is mandatory spending, it
535 didn't follow the right process, but the truth is that the
536 only reason these programs are on the chopping block today is
537 that they were included in the Affordable Care Act, the
538 healthcare law that is helping so many across the country,
539 all while creating jobs and reducing our deficit. My
540 colleagues on the other side of the aisle would rather re-
541 litigate the law day after day instead of facing the
542 difficult work we have to do, which is to strengthen the
543 economy and create jobs. That they are so fixated with this
544 issue that some of these bills will actually cut jobs both in
545 the construction industry and in the healthcare workforce.

546 So I urge my colleagues on both sides of the aisle, let
547 us move on. Support these programs that we know are
548 necessary, they are working, they are improving our Nation's
549 health. And I yield back 8 seconds of my time.

550 [The prepared statement of Mrs. Capps follows:]

551 ***** COMMITTEE INSERT *****

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552 Mr. {Pitts.} The chair thanks the gentlelady. Are
553 there other Republican Members wishing to make an opening
554 statement? The chair recognizes Ms. Baldwin for 1 minute.

555 Ms. {Baldwin.} Thank you, Mr. Chairman. Here we are at
556 yet another markup considering bills that are out of touch
557 with the priorities of the American people. The 5 bills put
558 forth by the majority will not create jobs. These bills will
559 not stimulate our struggling economy, and these bills will
560 not put the middle class back to work.

561 The Republican majority is playing a dangerous game of
562 bait-and-switch with the American people. Despite campaign
563 promises from the new majority that this Congress would focus
564 on creating jobs and bolstering the economy, the bills they
565 have offered us today fail to deliver on that promise. In
566 fact, not only do the majority's legislative proposals do
567 nothing to create jobs or bolster the economy, these
568 proposals could actually exacerbate our current problems by
569 taking away new job opportunities.

570 Mr. Chairman, the American people deserve better. We
571 should be focusing on what our country needs right now: jobs,
572 jobs, jobs. Thank you. I yield back.

573 [The prepared statement of Ms. Baldwin follows:]

574 ***** COMMITTEE INSERT *****

|
575 Mr. {Pitts.} The chair thanks the gentlelady. Are
576 there other Members wishing to make opening statements? The
577 chair sees none.

|

578 H.R. 1217

579 Mr. {Pitts.} The chair calls up H.R. 1217 and asks the

580 clerk to report.

581 The {Clerk.} H.R. 1217.

582 [H.R. 1217 follows:]

583 ***** INSERT 1 *****

|
584 Mr. {Pitts.} Without objection, the first reading of
585 the bill is dispensed with. So ordered. The chair
586 recognizes himself for 5 minutes.

587 None of the provisions we will mark up today were
588 actually in the House-passed healthcare bill. In reviewing
589 the public health division of the House healthcare bill,
590 there was not a single advanced appropriations for any
591 provision. So in 2009 when House Democrats wrote their bill,
592 they didn't see the need to circumvent the congressional
593 appropriations process. But now, some are acting as if the
594 sky is falling when Republicans seek to return to annual
595 appropriations and regular authorizations.

596 Take for example the Public Health and Prevention Fund.
597 Some Members have decried attempts to eliminate the fund,
598 claiming it is designed to fund this certain activity or that
599 particular program. The truth is that we can't guarantee
600 that the money in the fund will go to any specific activity
601 or program. When asked directly if she could spend the money
602 without further congressional approval, Secretary Sebelius
603 said yes. She is not obligated to spend it in ways that
604 Members of Congress think are best. The fact of the matter
605 is no Member can tell this committee how this money will be
606 spent in the year 2013 or 2016 or 2057. Congress gave up

607 that ability when my colleagues on the other side of the
608 aisle provided the Secretary with a slush fund to spend on
609 whatever she deems worthy.

610 As I stated earlier, my bill, H.R. 1217, would repeal
611 Section 4002 of PPACA, the section which establishes the
612 Prevention and Public Health Fund over which the Secretary
613 has complete discretion. I urge my colleagues to support the
614 bill.

615 Are there any amendments or further discussion of the
616 bill? The chair recognizes the ranking member, Mr. Pallone.

617 Mr. {Pallone.} Thank you, Mr. Chairman.

618 I strongly oppose this bill to repeal the Prevention and
619 Public Health Fund. And you know, I don't know how many
620 times I, again, will keep saying how important prevention is.
621 You know, just as an example, I mentioned in my opening
622 remarks about the impact of the Prevention and Public Health
623 Fund in New Jersey in the website where you can go in New
624 Jersey and see how some of this has been spent.

625 And I just want to mention, one--I mean there are so
626 many things--but primary care training, state healthcare
627 workforce development, 150,000: helps New Jersey strengthen
628 its comprehensive healthcare workforce planning. Primary
629 Care Residency Expansion program, 10 million: increases the
630 number of residents trained in family medicine, general

631 internal medicine, and general pediatrics. Advanced Nursing
632 Education Expansion Program, 8,008: increases the number of
633 primary care nurse practitioners and nurse midwives who
634 graduate by expanding class size.

635 Clearly, as we move--and we already have--towards
636 providing primary care for people right now that don't have
637 it because they don't have health insurance, we are going to
638 need nurse practitioners, nurse midwives, doctors in the
639 primary care area. And I mean that is just 1 aspect of
640 prevention, but I use it as an example because if a person
641 didn't go and see a doctor on a regular basis either in a
642 doctor's office or in a clinic--and we have the primary care
643 people to do this work, all these health professionals--then
644 it is going to be possible to save all kinds of money because
645 people are not going to get sick and end up in a nursing home
646 or in the emergency room of a hospital. And, you know, I
647 just use that 1 example but it is such a good example of how
648 we are saving money.

649 So, you know, this suggestion that somehow this is a
650 slush fund, this isn't necessary, you know, as far as the
651 Secretary is concerned, contrary to what our Republicans are
652 suggesting, the mandatory spending nature of the fund does
653 not disempower the appropriators if Congress does its job in
654 a timely fashion.

655 Under Section 4002(d) of the bill, the House and Senate
656 Appropriations Committees have the explicit authority to
657 allocate the fund at their discretion through the
658 appropriations process. In fact, the Senate and House
659 appropriators attempted to do that under the fiscal year 2011
660 onto this bill, but that legislation, as you know, was not
661 enacted. And it is only under circumstances like that when
662 Congress fails to pass a Labor-H appropriations bill does the
663 Secretary have the authority to allocate the prevention fund.
664 And the reason for that is because as we know, many times in
665 the last, you know, decade or more with both Democrats and
666 Republicans in charge of the House, we have not acted on
667 these appropriations bill in a timely fashion. And frankly,
668 this prevention fund is too important to just let it pass and
669 it not be used. I use the doctors as an example and the
670 training of primary care physicians but I could use so many
671 other examples.

672 And this is really the heart of what we are trying to
673 accomplish when we talk about prevention and dealing with
674 public health. I mean I could give examples in your own
675 State, Mr. Chairman, or Representative Murphy's. Both of you
676 represent Pennsylvania. Over 22.5 million in grants have
677 been dispersed through the Prevention and Public Health Fund
678 in Pennsylvania, including over 1.9 million in community and

679 clinical prevention, 2.5 million in public health
680 infrastructure, over 18 million in workforce development.
681 That goes back to that primary care training again. This is
682 important and we should not make light of it or suggest in
683 any way that this fund should be repealed. And unless
684 someone else wants my time, I yield back, Mr. Chairman.

685 Mr. {Pitts.} The chair thanks the gentleman and
686 recognizes the gentleman from Kentucky, Mr. Whitfield, for 5
687 minutes.

688 Mr. {Whitfield.} Well, thank you, Mr. Chairman. I, for
689 one, am delighted that we have the opportunity to revisit
690 ObamaCare. We certainly didn't have an opportunity to even
691 know what was in that legislation last year. I remember when
692 the bill went to the floor, no one was able to offer even 1
693 amendment to the bill. Recognizing that what we are talking
694 about today came out of the Senate, we certainly did not know
695 what was in that bill. And I still, for one, speaking for my
696 constituents, am very much upset even today on the process of
697 that bill, written by the White House, by the Speaker, no
698 amendments being offered by anyone on the floor is
699 unimaginable to me when you talk about a bill that big with
700 that impact on our society.

701 Our friends on the other side of the aisle who we all
702 admire and respect constantly talk about, oh, our bill is

703 going to teach the health insurance companies a lesson. We
704 are not going to let them do everything they want to do. And
705 I would remind everyone that the health insurance industry
706 was right out there in the front to pass ObamaCare. They
707 wanted the bill. So if they wanted the bill, I do not
708 understand how our friends on the other side of the aisle are
709 saying that the ObamaCare bill is going to get them under
710 control. They wanted the bill, they worked for the bill, and
711 they did everything they could do to pass it.

712 This particular legislation, 1217 that we are working on
713 right now, I might say that the Community Putting Prevention
714 to Work provision of the bill, which I would emphasize once
715 again appropriates \$17.5 billion over the next 10 years for
716 the fund in advance, as well as \$2 billion in perpetuity each
717 year forever is in the bill. And before the ObamaCare was
718 passed under the American Recovery and Reinvestment Act of
719 2009, 650 million was dedicated to establish this program
720 that was then funded with another 17.5 billion and 2 billion
721 per year in perpetuity.

722 And then even the Washington Post had an article about
723 the origination of this Communities Putting Prevention to
724 Work. They had an article that showed that in the District
725 of Columbia out of those funds \$1 million was spent
726 purchasing Blackberrys for people in the District of Columbia

727 to call their healthcare providers if they felt an urge to
728 smoke a cigarette, for example. And then when Rebecca
729 Bunnell, who is the CPP program director in December of 2010,
730 just a few months ago, went to South Carolina and she was
731 talking about the successes of this program. And she said,
732 for example, in July 2010 the city of Baldwin Park,
733 California passed a 9-month moratorium on any new fast food
734 restaurant in the city. So we are talking about jobs.

735 Our friends on the other side of the aisle talk about
736 jobs. We should be talking about jobs. Their program,
737 Community Putting Prevention to Work Act killed jobs in
738 Baldwin Park, California. You cannot build 1 fast food
739 restaurant because of these taxpayer dollars. So I, for one,
740 am delighted that we are going to try to pass this
741 legislation, to stop the funding of this. As I said in the
742 beginning, it is our first opportunity to revisit some of the
743 provisions of this bill and have an in-depth understanding of
744 what is in this bill. And with that I yield back my time.

745 Mr. {Pitts.} The chair thanks the gentleman. Any other
746 members seek recognition? For what purpose does the
747 gentlelady seek recognition? The gentlelady is recognized
748 for 5 minutes.

749 Mrs. {Capps.} Thank you, Mr. Chairman. I speak in
750 opposition to H.R. 1217, a bill that would defund a strategic

751 investment in our Nation's long-term fiscal and physical
752 health, the Prevention of Public Health Fund. Simply put,
753 this fund is the critical piece to making our Nation
754 healthier, and in turn, to bringing down healthcare costs.
755 This misguided bill would defund the program, returning us
756 back to a system based on sick care, a system that isn't
757 working--we know that--rather than one focused on health and
758 wellness. And that is something, frankly, we really can't
759 afford to do.

760 Just a few weeks ago, this subcommittee heard from the
761 governors of Michigan and Mississippi about the touch
762 financial times they are facing in their States and how
763 Medicaid spending is impacting their budgets. One of the key
764 drivers in these costs is chronic disease, which is what
765 makes this bill so shortsighted. The programs funded by this
766 bill help defray the growth of both public and private
767 healthcare costs by preventing and postponing chronic
768 diseases that drive so much of our entitlement spending, all
769 the while improving the lives of patients.

770 States and counties all over the country are realizing
771 this. In my home State of California, we are putting these
772 funds to work by investing in programs to promote tobacco
773 control, implement tobacco cessation services and campaigns,
774 build up our state and local capacity to prevent, to detect,

775 to respond to infectious disease outbreaks, take steps to
776 slow the alarming rise in obesity rates. We are also using
777 it to support and train our current and next generation of
778 public health professionals to build our next generation of
779 the healthcare workforce.

780 And it is working. That is why local governments and
781 national organizations alike oppose this bill. I think it is
782 an impressive list opposing this bill, including the National
783 Association of Counties, the National Association of City and
784 County Health Officials, as well as the Association of
785 Maternal and Child Health Programs, and the American Public
786 Health Association, and the Trust for America's Health, just
787 to name a few. These are all adamantly opposed to this
788 dangerous bill.

789 At a time when we have a clear epidemic in our country
790 of obesity and diabetes, at a time when we are seeing a
791 resurgence of preventable diseases like whooping cough and
792 when counties have laid off thousands of staff and struggled
793 to maintain essential public health services through the
794 current economic downturn, the need for this kind of
795 legislation becomes so much more critical. So as I yield
796 either to a colleague or back to the chair, I ask unanimous
797 consent to insert a letter from the National Association of
798 Counties in strong opposition to this bill. And I will yield

799 the remainder of my time to the ranking member of the
800 subcommittee.

801 Mr. {Pitts.} The gentlelady will provide us with a copy
802 of that?

803 Ms. {Capps.} Of course.

804 Mr. {Pitts.} Mr. Pallone?

805 Mr. {Pallone.} You know, I have said several times in
806 the last 2 days about how CBO does not count prevention,
807 unfortunately. But there is data out there about how you can
808 save money or have a good return on investment. First of
809 all, there is a study by the Trust for America's Health that
810 found that investing in the kinds of community evidence-based
811 programs that the Prevention Fund supports could have a
812 return on investment of \$5.60 for every dollar spent.

813 And, you know, I guess what I just want to stress is
814 that we in the past, you know, we sent people to hospitals,
815 we sent them to nursing homes, you know, and it is just a
816 shame because a lot of this could be prevented. And what we
817 really need to do is to move towards a system, a wellness
818 system, which is exactly what the Prevention Fund and the
819 Public Health Fund are designed to do.

820 So I just can't stress again that we are saving money,
821 we are making people lead productive lives, we are getting
822 away from the idea that, you know, we just throw people away

823 in institutions, as opposed to trying to make them healthy
824 and productive again. It is just a shame that we are doing
825 this today. I mean I don't believe it is going anywhere,
826 thankfully, because this really is the heart of the
827 healthcare reform. And I would yield back to the
828 gentlewoman.

829 Mr. {Pitts.} The chair thanks the gentleman. On the UC
830 request, without objection, the letter from the National
831 Association of Counties will be entered into the record.

832 [The information follows:]

833 ***** COMMITTEE INSERT *****

|
834 Mr. {Pitts.} And the chair recognizes the gentleman
835 from Georgia, Dr. Gingrey, for 5 minutes.

836 Dr. {Gingrey.} Thank you, Mr. Chairman. Mr. Chairman,
837 my concern with this fund is that really there is no
838 limitation in the language creating the Public Health and
839 Prevention Fund that would in any way prevent the Secretary
840 from using these funds to pay, as an example, for political
841 advertising in support of the President's bill. And of
842 course, we are talking about ObamaCare. If the Secretary of
843 Health and Human Services feels that these ads are in support
844 of prevention, I mean, it would be entirely at her
845 discretion. I think back to the Andy Griffith ads of a year
846 or so ago.

847 Let me address a couple of questions to counsel, if I
848 may, Mr. Chairman. Can the Secretary spend money from this
849 fund without further congressional action?

850 {Counsel.} That is correct.

851 Dr. {Gingrey.} The answer is yes, she can?

852 {Counsel.} Yes.

853 Dr. {Gingrey.} It takes no further congressional action
854 that she can spend unlimited from that fund. Let me ask you
855 a second question, Counsel. The ranking member of the
856 subcommittee, Mr. Pallone, mentioned that Section 4002(d)

857 provides the Appropriations Committee control over how the
858 money is spent. Would the authority for the appropriators to
859 direct spending in the fund require Congress to pass a law
860 for that section to have effect?

861 {Counsel.} That is correct, Mr. Gingrey. Yes.

862 Dr. {Gingrey.} It would, in fact, require Congress to
863 pass a law for that section to have effect?

864 {Counsel.} That is right.

865 Dr. {Gingrey.} Well, 1 last question and I thank
866 Counsel and then I will yield back. Could Congress pass a
867 law to direct funding in the fund, even if Section 4002(d)
868 was not included in Patient Protection and Affordable Care
869 Act?

870 {Counsel.} Subsection D does not provide additional
871 authority to Congress beyond what already have absent this
872 subsection. So the answer to your question is yes.

873 Dr. {Gingrey.} Well, I thank Counsel and, Mr. Chairman,
874 I will yield back.

875 Mr. {Pitts.} The chair thanks the gentleman. For what
876 purpose does the gentleman seek recognition?

877 Mr. {Towns.} I move to strike the last word.

878 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

879 Mr. {Towns.} Let me convey I strongly oppose H.R. 1217.
880 This bill strikes Section 4002 of the Affordable Care Act,

881 the Prevention and Public Health Investment Fund. The goal
882 of the investment fund is to improve an expanded and
883 sustained national investment in programs that improve public
884 health.

885 While restraining the rate of growth in healthcare
886 costs, saving on the frontend to spend more on the backend,
887 this does not make sense to me. I firmly believe in the old
888 adage that every ounce of prevention is worth a pound of
889 cure. Preventative measures are one of the key ways that
890 healthcare costs can be contained. And I agree with my
891 colleague from the State of New Jersey, Mr. Pallone.

892 As a prime example, my district has a high rate of
893 diabetes. In many cases, this disease is highly preventable
894 through proper diet and exercise. If we invest in education
895 now, then we can save on the high human and economic cost
896 associated with the treatment. Prevention should be a key
897 priority for all Members who are concerned with the rising
898 cost of healthcare. I urge my colleagues to oppose H.R.
899 1217. We should focus on prevention and this is not the way
900 to do it. On that note I yield to the ranking member of the
901 committee.

902 Mr. {Pallone.} Thank you, my colleague from New York.
903 One of the ironies of all this is that we have mandatory
904 funding that has been embraced by both Democrats and

905 Republicans, you know, every year, for Medicare, Medicaid,
906 and other federal healthcare programs that pay for healthcare
907 services when people get sick, you know, after they develop
908 an acute illness, they have an injury or a chronic disease
909 and they have to go to the hospital or nursing home or
910 whatever. And that is okay. But now, when we have a similar
911 approach to promote wellness and prevent disease and protect
912 against health emergencies, that is the wrong approach.

913 And you know, I don't know how I would even explain that
914 to my constituents and say to my constituents that, you know,
915 it is okay to have this mandatory funding, you know, for all
916 these situations where you are getting sick and you have to
917 be hospitalized, but we can't use it for prevention so that
918 you don't have to go to the hospital or go to the nursing
919 home. Again, I think the whole mandatory funding argument is
920 really a ruse because we use it all the time. And we
921 certainly use it when people have to be institutionalized,
922 but you are on the other side saying we shouldn't use it for
923 prevention, which again makes no sense to me. I yield back
924 to my colleague from New York.

925 Mr. {Pitts.} The chairman thanks the gentleman. Any
926 other Members seeking recognition? For what purpose does the
927 gentleman seek recognition?

928 Mr. {Waxman.} To strike the last word.

929 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

930 Mr. {Waxman.} Millions of dollars are spent in
931 mandatory funding each year by the Medicare, Medicaid, and
932 other federal healthcare programs to pay for healthcare
933 services once patients develop an acute illness, injury, or
934 chronic disease and need treatment in our healthcare system.
935 We don't hear any screams and yells on the other side of the
936 aisle about that. There has been no similar approach to
937 these mandatory spending programs that now Republicans want
938 to impose on these efforts to promote wellness, prevent
939 disease, and protect against health emergencies.

940 By creating the Prevention Fund as a reliable funding
941 stream rather than another authorized but unfunded program,
942 let us recognize what would happen. We authorize a lot of
943 programs. They don't get funded. Republicans want to take
944 all these important programs and authorize them and then put
945 them out to fight for funds against all the other efforts
946 where appropriations are sought and often these are the
947 programs that go unfunded. But by providing a reliable
948 funding stream, we are finally putting our money where our
949 mouth is on prevention.

950 And polling has shown the American people identify
951 prevention as their top healthcare priority according to the
952 Trust for America's Health and the Robert Wood Johnson

953 Foundation. They found 71 percent of Americans favored an
954 increased investment in disease prevention. Now, you want to
955 ignore that 71 percent of the American people wanting a
956 systematic funding stream for these efforts because of some
957 belief that traditions of this committee require we only
958 authorize and can only do oversight unless we authorize.
959 That is not a good argument to me. We have oversight on
960 Medicaid and Medicare. We don't appropriate money. We don't
961 authorize the money. We don't even appropriate it. They are
962 mandatory spending programs.

963 So repealing this program would mean putting the brakes
964 on investments that are already beginning to make a
965 difference. States are already using Prevention Fund dollars
966 to reduce tobacco use and obesity, prevent HIV, build
967 epidemiology laboratory capacity to track and respond to
968 disease outbreaks, and training the public health workforce.
969 States are finding themselves with an overwhelming budget
970 crisis.

971 Now, I have seen comments by Republican leaders to tell
972 the States don't look to us for help. You have got your own
973 problems and it is your fault. Well, a lot of their problems
974 are based on the recession and they don't have the revenues
975 they used to have. Many times they have still needs that
976 have to be paid for. And as they are facing budget crises,

977 we cannot afford to abandon these programs just as States
978 begin this critical work.

979 So I want to be clearly on record. I know this is going
980 to be a party-line vote and the Republicans are in the
981 majority in this subcommittee and presumably in the
982 committee, and if Republicans want to vote their party-line
983 vote, even though 71 percent of the American people think
984 there ought to be a funding stream for prevention, go ahead
985 and do it. You can prevail in subcommittee. You can prevail
986 in full committee. It doesn't make you right. Maybe you
987 will even prevail in the House. In the process you will put
988 a lot of people on record against what 71 percent of the
989 American people favor. But if you think this is the right
990 thing to do, go ahead and do it. I think it is being done
991 more for politics.

992 The gentleman from New Jersey outlined why he thinks we
993 are experiencing these bills, because members of the
994 Republican side of the aisle want to chip away at the
995 healthcare reform bill and our esteemed colleague, Mrs. Capps
996 said, don't we have better things to do? Let us get on with
997 other things that this committee ought to be doing instead of
998 refighting this fight over and over again to no purpose
999 except politics. It served you well in the last election. I
1000 don't think it is going to serve you well in the next one. I

1001 think the American people want us to do something more
1002 important than fight this fight over and over again. And to
1003 start this fight by repealing prevention money just doesn't
1004 make sense to me and I don't think it will make sense to the
1005 American people. And I want to yield back the 5 seconds that
1006 I have.

1007 Mr. {Pitts.} The chair thanks the gentleman and
1008 recognizes the gentleman from Ohio, Mr. Latta, for 5 minutes.

1009 Mr. {Latta.} Thank you very much, Mr. Chairman. And I
1010 will yield to Dr. Gingrey.

1011 Dr. {Gingrey.} Mr. Chairman, I thank the gentleman from
1012 Ohio for yielding because I did want to respond to some of
1013 the things that have been said by the last couple of Members
1014 on the other side of the aisle.

1015 It was just stated rhetorically, ``Don't the Republicans
1016 have anything better to do than what they are doing today?''
1017 Quite honestly, if the Democratic majority had done what they
1018 should have done as number one priority 2 years ago instead
1019 of cramming this bill, this law, PPACA down the throats of
1020 the American people when they clearly did not want it and it
1021 was forced through the Senate by this trick of
1022 reconciliation, whatever you want to call it, so we are here
1023 today to try to undo the mistakes, in our opinion, that was
1024 done to the American people 2 years ago.

1025 You know, my friend from New York said ``an ounce of
1026 prevention is worth a pound of cure.'' I guess he could have
1027 said also ``a stitch in time saves nine'' in regard to this
1028 prevention bill. But as I said in my opening statement, if
1029 you are going to take a stitch or you are going to darn every
1030 sock in the country, you are not going to save any money. A
1031 stitch in time might save nine and a few pairs of socks, but
1032 you are not going to save any money. And the same thing in
1033 regard to ``an ounce of prevention is worth a pound of
1034 cure''--in an individual, in a small population of people,
1035 but in the whole country, you are going to spend a heck of a
1036 lot of money trying to prevent 1 person from getting an
1037 illness.

1038 Now, I am a physician, so it is a very sensitive thing
1039 to talk about for a doctor who has spent his whole
1040 professional life, essentially, involved in patient care in a
1041 compassionate way I might add. But we have to think about
1042 unlimited stream of funding in these bills, in this first one
1043 that we are talking about where there is no limit. And that
1044 is what our concerns are. This funding stream, in my
1045 opinion, represents a clear and present danger to the
1046 financial health of this Nation. And we must have
1047 congressional oversight.

1048 So that is our concern here. And I hope everybody

1049 understands the position on this side of the aisle and why
1050 the chairman is bringing these bills forward and why it is so
1051 important. Mr. Chairman, I will yield back.

1052 Mr. {Pallone.} Will the gentleman yield to me just a
1053 minute.

1054 Dr. {Gingrey.} I will yield to the gentleman from New
1055 Jersey.

1056 Mr. {Pallone.} I know that both sides of the aisle are
1057 guilty of not, you know, completing the appropriation bills
1058 on time and all that but, you know, if you think about what
1059 Mr. Waxman said and what I talk about, you know, these
1060 programs for training doctors that I mentioned or nurses or
1061 the studies that Mr. Waxman mentioned about diseases, you
1062 know, we are in the middle of a situation now where we have a
1063 CR for 2 weeks, 3 weeks, who knows beyond that. I mean when
1064 I talk to people who are talking about long-term planning to
1065 have enough primary care doctors or for disease studies, I
1066 mean it is just not conducive to that, the way we operate.
1067 And it is getting worse and worse. And I am not, you know,
1068 just accusing the Republicans of it. It is just not
1069 conducive to that kind of long-term prevention. I just think
1070 that the very nature of what is necessary to get doctors
1071 trained, to have primary care, to do disease prevention, if
1072 we continue with this, you know, stop-gap measures, 2-week

1073 measures, 3-week measures, 6-month measures, we are not going
1074 to be able to deal effectively with those prevention--

1075 Dr. {Gingrey.} Well, reclaiming my time.

1076 Mr. {Pallone.} Sure.

1077 Dr. {Gingrey.} I reclaim my time from the gentleman.

1078 Let me just say that if the Senate majority, Democratic
1079 majority on the other side would allow us to cut a measly
1080 \$100 billion from the 2011 budget that the President sent to
1081 us way back when and we are facing a deficit in his current
1082 budget that he sent to us in the last month of, what, \$1.6
1083 trillion. I mean if we were allowed to cut just that little
1084 sliver of \$100 billion, maybe we would have more money to
1085 spend on training doctors and other things we need to do.
1086 And I yield to the gentleman from Louisiana.

1087 Dr. {Cassidy.} I actually agree with you. It would be
1088 better if we had some sort of--and I am not sure that this
1089 function that has resulted in being done on a weekly basis or
1090 a 3-weekly basis should mean that we forgo our responsibility
1091 to the American people to make sure that we review these
1092 programs and make sure they work. I can tell you, coming
1093 from academia, there is deadwood in academia, but once you
1094 enshrine it as an RFP from a government program, that
1095 deadwood persists. Our responsibility, I see, is to cut out
1096 that deadwood and to focus our taxpayer dollars upon those

1097 that work.

1098 Mr. {Pitts.} Okay. The gentleman's time has expired.

1099 The gentleman from Louisiana gets the last word. The

1100 question now occurs on favorably reporting H.R. 1217 to the

1101 full committee. All those in favor, say aye.

1102 Mr. {Pallone.} Mr. Chairman, I don't know when I am

1103 supposed to ask for the yeas or nays. Okay.

1104 Mr. {Pitts.} All those in favor, say aye. Opposed, no.

1105 The ayes appear to have it. The ayes have it. And the

1106 gentleman, Mr. Pallone, requests a recorded vote. So the

1107 question of favorably reporting the bill to the full

1108 committee is postponed until this afternoon.

1109 Mr. {Pallone.} Mr. Chairman, can I also make a UC

1110 request with regard to certain letters?

1111 Mr. {Pitts.} Yes, the gentleman is recognized for UC

1112 request.

1113 Mr. {Pallone.} I ask unanimous consent to enter the

1114 following letters in opposition to H.R. 1217. And I believe

1115 all these have been given to the majority. First is a letter

1116 organized by Trust for America's Health signed by nearly 600

1117 national, state, and local organizations; second, a letter by

1118 the Association of Public Health Laboratories; third, by the

1119 Association of Maternal and Child Health Programs; fourth, by

1120 the Association of State and Territorial Health Officials;

1121 fifth, by the Prevention Institute. I ask unanimous consent
1122 to have those included.

1123 Mr. {Pitts.} Would you be kind enough to give us
1124 copies? We would like to review those.

1125 Mr. {Pallone.} I think we have but I mean I will get
1126 with these--

1127 Mr. {Pitts.} You have? Okay. Without objection, they
1128 will be entered into the record.

1129 Mr. {Pallone.} Thank you.

1130 [The information follows:]

1131 ***** COMMITTEE INSERT *****

|

1132 H.R. 1214

1133 Mr. {Pitts.} Thank you. The chair now calls up H.R.

1134 1214 and asks the clerk to report.

1135 The {Clerk.} H.R. 1214.

1136 [H.R. 1214 follows:]

1137 ***** INSERT 2 *****

|
1138 Mr. {Pitts.} Without objection, the first reading of
1139 the bill is dispensed with. So ordered. Are there any
1140 amendments to the bill? Does anyone seek recognition? Mr.
1141 Burgess is recognized for 5 minutes.

1142 Dr. {Burgess.} Thank you, Mr. Chairman. I introduced
1143 H.R. 1214 to bring attention and to continue to advance the
1144 discussion around advanced appropriations within the Patient
1145 Protection and Affordable Care Act. Now, currently, there
1146 are close to 2,000 school-based health centers in the United
1147 States. Section 4101(a) of the Patient Protection and
1148 Affordable Care Act provides \$50 million in mandatory
1149 spending for construction of school-based health centers
1150 every year through 2013. From 2008 to 2011, health centers
1151 received \$2 billion in funds each year in discretionary
1152 funding. Under the Patient Protection and Affordable Care
1153 Act, they received 11 billion in authorizations. In
1154 addition, \$1.5 billion was included in the stimulus bill that
1155 could have been used for construction of school-based
1156 clinics. I am not maintaining that there may not be a need
1157 for additional construction funds, but certainly not that
1158 there was a complete unmet need that would necessitate
1159 bypassing the appropriations process.

1160 Also, the \$150 million in grants under 4101(a) are for

1161 construction only and there is an express prohibition on
1162 these funds being used to provide health services. That
1163 means not 1 new doctor is hired, not 1 new nurse is hired,
1164 and that is the specific language signed by the President 1
1165 year, 1 week, and 1 day ago.

1166 All this legislation does is to rescind the unspent
1167 funds and return them to the taxpayer. I am more than happy
1168 to work with colleagues on both sides of the dais to see what
1169 construction needs there are for school-based clinics and to
1170 work with the appropriators in the context of our current
1171 budget situation to do what is possible. I would also point
1172 out that Section 4101(b) of the Patient Protection and
1173 Affordable Care Act creates a new discretionary grant program
1174 for school-based health centers, but this grant program
1175 requires them to use the funding to provide health services.

1176 And interestingly, in the President's 2012 budget
1177 released earlier this month, the number of dollars requested
1178 to staff the clinics out of the discretionary fund that the
1179 President submitted was \$0. So why didn't the President
1180 consider providing care at school-based clinics a priority?
1181 If providing for hiring the doctors and the nurses is not a
1182 priority, why should the Congress make building new
1183 facilities a priority?

1184 I am not against the health centers. If anything, I

1185 think it would be easier to develop health centers if the
1186 school-based centers were part of the discussion. I worked
1187 for years to get a federally qualified health center in
1188 Southeast Fort Worth in my district. It took years. The
1189 citing of these clinics is almost purely political. We
1190 finally got one up and running, 1 doctor, 2 exam rooms in an
1191 area where the need is significant. It shouldn't be that
1192 hard. The reality is it is hard because of the way we do it.
1193 this is 1 step to undoing, untying that knot.

1194 Now, look, why does the VA have to come to Congress
1195 every year to expand a clinic or build a VA hospital but
1196 school-based clinics under 4101(a) don't have to do that?
1197 This is a step towards financial responsibility, a step for
1198 bringing some sanity back into this process, and I urge the
1199 committee to support the bill. And I yield back the balance
1200 of my time.

1201 Mr. {Pitts.} The chair thanks the gentleman. For what
1202 purpose does the gentleman seek recognition?

1203 Mr. {Pallone.} To strike the last word.

1204 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

1205 Mr. {Pallone.} Thank you, Mr. Chairman. I have to say
1206 that if the Republicans are going to choose any program to
1207 defund in the healthcare reform, this is the last one that
1208 they should be choosing in my opinion because the school-

1209 based health centers are a true success story. They provide
1210 primary care, mental health, and dental health services to
1211 vulnerable children all across the country, and multiple
1212 studies have found that these programs are a cost-effective
1213 investment of public resources resulting in lower emergency
1214 room usage, hospitalizations, and Medicaid costs. In fact,
1215 patients seen at school-based health centers cost Medicaid an
1216 average of \$30.40 less than comparable non-school-based
1217 health center programs.

1218 So again, it is preventative and we should do all we can
1219 to support and promote these programs, and that is exactly
1220 what is the Affordable Care Act is trying to do, to provide
1221 the resources necessary to make school-based health centers a
1222 reality. Funding goes towards construction, renovation, and
1223 equipment for these centers and once the nuts and bolts are
1224 in place, more children can receive the services that they
1225 need. It also helps the economy. You know, a lot of
1226 discussion on both sides of the aisle today about job
1227 creation. Well, the funds are used to support construction
1228 jobs, renovation supplies, equipment such as exam tables,
1229 blood pressure monitors, dental chairs, and then these are
1230 all shovel-ready. These are things that create jobs for the
1231 communities that are just waiting to get underway, and I
1232 don't think we should put them off any longer.

1233 So again, I don't understand. Is this really where you
1234 want to be focusing your energies, on defunding or
1235 eliminating school-based health centers? I would certainly
1236 hope not. I would urge my colleagues on the other side to
1237 offer, you know, other ways to create jobs in our States and
1238 improve the healthcare in our communities. I think by
1239 repealing this initiative, they are really making a huge
1240 mistake. And I don't know if anybody else--

1241 Dr. {Burgess.} Will the gentleman yield to me?

1242 Mr. {Pallone.} Excuse me?

1243 Dr. {Burgess.} Will you yield to me?

1244 Mr. {Pallone.} I will yield to you. You know, sure, I
1245 will yield you a minute and then I will give the rest to Mrs.
1246 Capps.

1247 Dr. {Burgess.} Well, I was just going to inquire if the
1248 gentleman was going to provide us a copy of the letter he has
1249 written to the President asking the President to fund the
1250 discretionary part of the 2012 budget to provide for the
1251 hiring of the doctors and the nurses. As you know, the
1252 President zeroed out that figure in the 2012 budget. This is
1253 a bill to rescind the construction funds since the President
1254 has not put a priority on staffing. I would remind the
1255 gentleman that an exam bed and a blood pressure cuff cannot
1256 provide preventive care in and of themselves. I appreciate

1257 the courtesy for yielding. I will yield back.

1258 Mr. {Pallone.} But I would assume, Dr. Burgess, that,
1259 you know, since we have this funding in this program, that
1260 that is one of the reasons it is not in the budget. I mean I
1261 am assuming that.

1262 Dr. {Burgess.} The discretionary part was for hiring
1263 the doctors and the nurses. We have got mandatory funding
1264 for bricks and mortar.

1265 Mr. {Pallone.} Oh, I see. You are talking about the
1266 hiring part.

1267 Dr. {Burgess.} You are going to build something with an
1268 exam bed and blood pressure cuff and no one is there to pump
1269 the sphygmomanometer up.

1270 Mr. {Pallone.} All right. Well, that is a good point.
1271 But the bottom line is we should--

1272 Dr. {Burgess.} And I hope you will submit your letter
1273 to the President to the committee so we would be able to see
1274 that.

1275 Mr. {Pallone.} My only point, though, is that
1276 regardless of your point--and I understand it now--I still
1277 don't think we should be repealing this program because this
1278 program is creating jobs and is necessary. I yield the rest
1279 of the time to Mrs. Capps.

1280 Mrs. {Capps.} In terms of the part that was zeroed out

1281 in the President's budget of maintaining the health centers,
1282 one of the qualifications for applying for funds for any
1283 school-based health center is that the entity, the school-
1284 based clinic have sufficient funds to staff and run the
1285 center once they receive the funding for construction.

1286 But also, our colleague from the other side of the aisle
1287 keeps saying that school-based health centers have had access
1288 to recovery dollars, but that isn't really the whole truth.
1289 The only school-based health centers deemed a federally
1290 qualified health center could apply. Only 25 percent of such
1291 school-based health clinics are federally qualified health
1292 centers; therefore, 75 percent of school-based health centers
1293 could not apply. In fact, only 3 community health centers
1294 that have school sites have received funding, and it is not
1295 clear that the funding went to the school site specifically.
1296 The construction funding is the first federal funding
1297 specifically designed for school-based health centers and
1298 these centers have to demonstrate that they have sufficient
1299 funds to staff the clinics once they are constructed. I
1300 thank my colleague for yielding time.

1301 Mr. {Pitts.} The gentleman's time has expired.

1302 Dr. {Burgess.} Could you yield back the last 9 seconds?
1303 I would just ask, who drafted the stimulus bill? I yield
1304 back.

1305 Mr. {Pitts.} The gentleman's time has expired. Anyone
1306 seeking recognition? Dr. Cassidy is recognized for 5
1307 minutes.

1308 Dr. {Cassidy.} I actually speak as an advocate for
1309 school-based clinics. I think they are effective. I have
1310 done lots of immunization work thorough school-based clinics,
1311 and I do see their role as somewhat different from the
1312 typical federally qualified health center. I will also point
1313 out that we are currently borrowing, what, is it 40 percent
1314 of our \$1.4 trillion budget? And if this comes up as a
1315 discretionary bill, I will support it. But as we in Congress
1316 have a fiduciary responsibility to our taxpayers, and as we
1317 see countries across the world having their bond rating
1318 downgraded, and we have Moody saying that we will degrade
1319 ours, now we could say that, wait a second. This is just
1320 chump change in our whole budget. I would concede that.

1321 But I would ask my colleague from New Jersey, who I have
1322 great respect for, I would love your suggestions as to what
1323 we should cut out of PPACA. If you say this should be the
1324 last, what should be our first? Because I think that we have
1325 to find savings. There is going to be advocates, including
1326 me, for different things that we are cutting, but I am so
1327 totally open to alternative suggestions.

1328 Mr. {Waxman.} Will the gentleman yield?

1329 Dr. {Cassidy.} I will yield.

1330 Mr. {Waxman.} You probably will disagree with what I am
1331 going to say but I want to express a point of view to you.
1332 When we are giving tax cuts to the top 1 percent of the
1333 population and then we go after programs that benefit the
1334 lower-income people, that doesn't make sense to me.

1335 Dr. {Cassidy.} Now, can I reclaim my time and I will--

1336 Mr. {Waxman.} So I think we could--

1337 Dr. {Cassidy.} A couple of things--

1338 Mr. {Waxman.} Well, it is your time.

1339 Dr. {Cassidy.} Yeah, I reclaim my time. First, I will
1340 point out that your party signed off on that and helped pass
1341 it. But secondly, let us not fool ourselves. Even if we had
1342 implemented the taxes on the upper income that you guys
1343 agreed to but now object to, that would not cover our
1344 deficit. That would not even come close to covering our
1345 deficit. Now, if we--

1346 Mr. {Waxman.} Will the gentleman yield further?

1347 Dr. {Cassidy.} If we rescinded everything, including
1348 the taxes upon the middle class, then that would have begun
1349 to do so. But I think you are referring specifically to the
1350 upper income and so that I think is a little bit of a--no
1351 offense--misleading the American people to think that we
1352 could fund our entire government if we just had the tax on

1353 the upper--

1354 Mr. {Waxman.} Will the gentleman yield further?

1355 Dr. {Cassidy.} I will.

1356 Mr. {Waxman.} Well, I don't think we could fund our
1357 government by doing something in the tax cut area, reversing
1358 some of that tax cut decision, but there is a question of
1359 priorities and justice and fairness in our evaluations of
1360 those priorities. We cannot close this deficit without
1361 increasing revenues. It is not going to happen.

1362 Dr. {Cassidy.} Well, I agree with that. If I can
1363 reclaim my time, that is why, among other reasons, I want to
1364 have a reopening of Outer Continental Shelf drilling so we
1365 can get those royalty payments, as well as the tax from the
1366 folks who actually have jobs with benefits, as opposed to--

1367 Mr. {Waxman.} Well, I will ask you the question you
1368 just asked us. Will that close the deficit? Of course not.

1369 Dr. {Cassidy.} No, but--

1370 Mr. {Waxman.} Do you really think that cutting out some
1371 of these prevention and school-based clinic programs is
1372 really where we have to go to close the deficit?

1373 Dr. {Cassidy.} I am personally so open to folks from
1374 your side of the aisle making suggestions as to what we would
1375 cut, not raise taxes, but cut out of PPACA or elsewhere in
1376 lieu of this.

1377 Mr. {Waxman.} On those lines, do you think we ought to
1378 have some of the direct subsidies to the agricultural
1379 interest or to the oil companies or what we call corporate
1380 welfare where we actually spend money--I am not even talking
1381 about the--

1382 Dr. {Cassidy.} Reclaiming my time, I am so open to
1383 cutting out some of the subsidies that we are currently
1384 giving to solar and to wind. \$24 per megawatt I believe it
1385 is.

1386 Mr. {Waxman.} And not oil.

1387 Dr. {Cassidy.} Which is exponentially higher than that
1388 which is given to other forms of fossil fuel, and clearly we
1389 have a philosophical difference. But I will say if within
1390 PPACA you have things that you think would be better to cut,
1391 because it becomes a little bit unwieldy to go outside of
1392 PPACA. But if we go into PPACA and you have things that you
1393 would be willing to cut, I think we on this side of the aisle
1394 would be open to that discussion.

1395 Mr. {Pitts.} The gentleman yields back?

1396 Dr. {Cassidy.} I yield back.

1397 Mr. {Pitts.} The gentleman yields back. For what
1398 purpose is the gentlelady, Mrs. Capps, seek recognition?

1399 Mrs. {Capps.} I am not used to going ahead of my
1400 ranking member, but I do move to strike the last word.

1401 Mr. {Pitts.} The gentlelady is recognized for 5
1402 minutes.

1403 Mrs. {Capps.} I believe it is so unfortunate that
1404 today's markup is another effort by this subcommittee to do
1405 everything it can to take away access to healthcare for
1406 thousands of Americans, including our children.

1407 As we learned in our hearing on the subject, many of my
1408 Republican colleagues agree that school-based health centers
1409 provide comprehensive and easily accessible preventative and
1410 primary health services to millions of students nationwide,
1411 services that keep students healthy in school and learning,
1412 services often the only source of healthcare for these
1413 children and adolescents, which is why I find it quite
1414 puzzling that my Republican colleagues are here today trying
1415 to jeopardize these very services by eliminating funds that
1416 would allow communities across the Nation to benefit from
1417 access to a school-based health center.

1418 The fact is I have mentioned before interest in creating
1419 new school-based health centers is so great that this year
1420 alone, HHS has received 350 applications for this funding.
1421 These requests came from 46 different States, hundreds of
1422 congressional districts, including the districts of 10 of my
1423 Republican colleagues on this very subcommittee. That means
1424 that applicants in 10 of my Republican colleagues' districts

1425 have taken the time and resources to compile their
1426 applications, submit them, and are expecting to hear if their
1427 projects can move forward.

1428 I would like to ask counsel, what happens to those who
1429 have applied for this funding if we rescind the money?

1430 {Counsel.} Funding already obligated would not be
1431 affected. Funding that has not been obligated would be
1432 rescinded.

1433 Mrs. {Capps.} Okay. I would turn to Mr. Burgess, the
1434 author of this bill. As someone who is on record as
1435 supporting school-based health centers and the author of this
1436 bill to strip money for these centers, can you tell me what
1437 would happen to the applications that are currently under
1438 review that have come from your congressional district and to
1439 those communities awaiting a decision on their application?

1440 Dr. {Burgess.} I would be happy to bring them back
1441 under the discretionary process, but I would remind the
1442 gentlelady that it does no good to build gleaming new clinics
1443 with a new exam bed and a new blood pressure cuff--

1444 Mrs. {Capps.} Rescinding my time. I am reclaiming my
1445 time.

1446 Dr. {Burgess.} --and to have no doctor and no nurse in
1447 the clinic--

1448 Mr. {Pitts.} Mrs. Capps controls the time.

1449 Mrs. {Capps.} Thank you. The answer to my question, as
1450 the counsel has indicated, is those who have applications in
1451 the pipeline will receive no money. My point is that 350
1452 applicants are now ready to expand school-based health
1453 centers, have demonstrated that they have the funds to
1454 operate them, but your bill will prevent all of them from
1455 doing so. These centers can't wait for my Republican
1456 colleagues to promise repeal and maybe one day will get
1457 around to thinking about replacing them with discretionary
1458 funding. Their students need access to care now. Kids don't
1459 wait. They need help now. They need access to the care that
1460 school-based health centers provide and they need it now.

1461 At a minimum, 200 centers across the United States would
1462 be funded under the Affordable Care Act, but this provision
1463 is gutted by this bill. And these centers would not only be
1464 increasing access to healthcare for students, but they would
1465 be creating jobs. Just to be clear, this funding means jobs
1466 for hardworking Americans on at least 200 construction sites.
1467 During these tough economic times, these are exactly the kind
1468 of shovel-ready projects that we should be funding, not
1469 eliminating. School-based health centers construction is a
1470 great economic stimulus and would provide incredibly
1471 important new services. It is a win for American workers.
1472 It is a win for American children. Instead, if this bill

1473 passes, none of them will get the funding and no new jobs can
1474 be created.

1475 Now, to my colleague's question why we are solely
1476 providing money for construction and not for operations of
1477 the centers. I would be more than happy to support
1478 additional funds for operations of these cost-effective
1479 school-based health centers so that the hard-pressed school
1480 districts can receive the adequate resources in the
1481 communities that are affected by them. Since it is not an
1482 option today, I want to point out that the grant application
1483 guidelines specifically require that applications demonstrate
1484 how they will support operating costs, as well as provide an
1485 operational budget to provide these services.

1486 To me, cutting this particular funding source that has
1487 wide-based bipartisan support across the country--nonpartisan
1488 support I should say just because it is so critically
1489 demonstrated and so proven effective on school-based campuses
1490 that if you have access to the children for healthcare
1491 services, the healthcare of the entire family increases;
1492 there is a ripple effect. These are some of the most cost-
1493 effective programs that we have in public health today. They
1494 have been demonstrated to be effective. It is not a large
1495 amount of money, and yet, this is the program that you have
1496 chosen to gut in the cutting of mandated service.

1497 Mr. {Pitts.} The gentlelady's time has expired. The
1498 gentleman from Kentucky, Mr. Guthrie, is recognized for 5
1499 minutes.

1500 Mr. {Guthrie.} Thank you, Mr. Chairman. I yield to the
1501 gentleman from Texas, Mr. Burgess.

1502 Dr. {Burgess.} Just to briefly point out, February of
1503 2009, the American Recovery and Reinvestment Act was passed.
1504 \$1.5 billion was present in that for the clinics. If there
1505 was a drafting problem when your side drafted that
1506 legislation and you failed to fund the clinics, don't come
1507 back and try to say that this is now the correct way to do
1508 it. You had plenty of time to do it. You had plenty of
1509 chance to do it. There were drafting errors in ARRA; there
1510 were drafting errors in PPACA. You can't fix everything with
1511 mandatory spending. I yield back to the gentleman.

1512 Mr. {Guthrie.} I yield back.

1513 Mr. {Pitts.} Does the gentleman seek recognition? The
1514 gentleman is recognized for 5 minutes.

1515 Mr. {Dingell.} And I thank you. Mr. Chairman, more in
1516 sorrow than anger I note that this is a part of the efforts
1517 of my Republican colleagues to repeal in whole or in part or
1518 to delay the progress towards putting in place a program of
1519 national health insurance protection for the people of the
1520 United States. This particular part of the program is not

1521 going to construct any 12-story healthcare centers at
1522 schools. It is simply going to see to it that a facility is
1523 available where applications are made and where funds are
1524 available on schools to provide healthcare for kids, school-
1525 based health centers. It is a good program.

1526 I would note that you have applications for them. Mr.
1527 Burgess has applications for them in your district, Mr.
1528 Whitfield, Mr. Shimkus, Mr. Rogers of Michigan, Ms. Rodgers
1529 of Washington, Mr. Lance, Mr. Cassidy, my good friend Mr.
1530 Barton, and our chairman, Mr. Upton, all got those
1531 applications in your district. And these are from
1532 responsible people.

1533 Now, what is the purpose of one of these things? Kids
1534 now go to consolidated schools, very large entities that
1535 cover very large areas. Both parents work. The kid may be
1536 10, 20 miles from home. And the parents are at work. They
1537 don't know whether that child, who might have diabetes or
1538 might have some kind of incipient illness is going to be
1539 safe. On top of that, these are places where you catch and
1540 the dangers of these things and where we find that preventive
1541 medicine can have its best impact because it is getting kids
1542 in the early days of their life rather than late. And it is
1543 a part of what we saw in the prior bill. Here we are seeking
1544 to address the problem of prevention.

1545 Now, I would remind my colleagues that the bill that
1546 passed the Congress, the Health Reform Bill, is paid for. We
1547 are not adding to the deficit. The first 10 years it puts
1548 \$140 billion into reducing the deficit; the next 10 years,
1549 1.4 trillion. These are extraordinary numbers. This is a
1550 fiscally responsible thing but it is also a health
1551 responsible thing because it does something that is
1552 important. You are getting prevention. You are getting kids
1553 who are going to get healthcare education.

1554 A child coming from a family of limited means--where
1555 both parents work and are perhaps limited in their education--
1556 -is not going to have the healthcare price that a kid coming
1557 from a more affluent family is going to have. So here we are
1558 talking about something that, in fact, is going to pay off.
1559 We are going to get a significant benefit to the society, a
1560 tremendous benefit to the kids. Now, remember, these kids
1561 are only 25 percent of the population. Nobody speaks for
1562 them. But they are 100 percent of the future of this Nation,
1563 100 percent. And if you are going to have them healthy and
1564 well educated, this country in times to come will be able to
1565 compete. If we don't, those kids are not going to be able to
1566 compete. And this is not going to be a healthy Nation.

1567 Remember, we are trying to reform the entire healthcare
1568 structure of this country to move it towards prevention, to

1569 move it towards seeing to it that everybody has care, to see
1570 to it that the costs of a sick and poor society are not
1571 inflicted on coming generations. The country is going broke
1572 under the healthcare system that we have and the costs of it
1573 are going up. This Nation ranks with the Third World nations
1574 in terms of the healthcare that we give to our people and in
1575 terms of the practical results that our people see.

1576 And so what we are trying to do is to see to it that we
1577 can break that cycle. We can get the costs down so that it
1578 is not costing us twice what it costs every other nation in
1579 the world to provide healthcare and to see to it that no
1580 longer does healthcare go up twice as fast as it does in
1581 other nations around the world.

1582 This is a small item. It has been costed out. It is
1583 included in the cost estimates of the legislation. It is
1584 sound. It is good. It helps kids. It takes care of the
1585 future. I urge my colleagues, let us look to the future.
1586 Let us do something worthy of the future of this country.
1587 Let us protect our kids.

1588 Mr. {Pitts.} The gentleman's time has expired. The
1589 chair recognizes the gentleman from Georgia, Dr. Gingrey, for
1590 5 minutes.

1591 Dr. {Gingrey.} Mr. Chairman, thank you. And the
1592 gentleman from Michigan, of course, the distinguished ranking

1593 member emeritus and former chairman is one that I have great
1594 respect and admiration for, as we all do, not just on this
1595 committee but in the entire Congress. And I am not trying to
1596 refute his words, but there are some things in the remarks
1597 that the gentleman made that really concern me.

1598 As an example, I don't think that our healthcare that we
1599 provide in this country is equivalent to that of a Third
1600 World nation. I think it is a lot better than that. In
1601 fact, I believe that it--and I say this not just as a
1602 physician but also as a consumer and a patient--that I
1603 believe that we have, in my opinion, the best healthcare
1604 system in the world.

1605 Now, it is too expensive, and certainly I would agree
1606 with that and the gentleman is certainly correct in regard to
1607 that, but I don't think he is correct in saying that this
1608 bill, the Patient Protection and Affordable Care Act, PPACA,
1609 ObamaCare is paid for. It may be paid for if every
1610 assumption that was given to the Congressional Budget Office
1611 Director, Mr. Elmendorf, is correct.

1612 But as an example, the assumption that only 6 million
1613 people are going to end up losing their employer-provided
1614 health insurance and end up in the exchange, that is a huge
1615 assumption and many people today feel that that number is
1616 probably going to closer to 75 million than 6 million. And

1617 then when you think about the premium subsidy and co-pay
1618 subsidy if they are below 400 percent of the federal poverty
1619 level, all those additional people in these exchanges creates
1620 this giant new entitlement system.

1621 And even if it was truly paid for--that is the
1622 healthcare law--now, the gentleman described it, I guess, as
1623 national health insurance, and I know that there are Members
1624 of this body that feel very strongly that is what we should
1625 have, national health insurance, but I don't think so. And I
1626 don't think my constituents think so. And I don't think that
1627 62 percent even today, a year and a half later, thinks so.
1628 And again, you pay for it by robbing Peter to pay Paul and
1629 Peter, of course, is Medicare, which has an unfunded
1630 liability of \$35 trillion probably out 75 years. And you
1631 take \$500 billion away from that program and then you send
1632 out glossy ads to senior citizens saying how we have improved
1633 Medicare. I just think that that is wrong and I just feel
1634 like these comments needed to be made. And Mr. Chairman, I
1635 yield back.

1636 Mr. {Waxman.} Would the gentleman yield to me?

1637 Dr. {Gingrey.} I would be glad to yield to you.

1638 Mr. {Waxman.} Why haven't you told us these feelings
1639 that you have before? You are now telling us that you don't
1640 think the Accountable Care Act was a good idea because it

1641 cuts in Medicare and people don't like it. Some people might
1642 like but you don't like it, your constituents don't like it.
1643 Now, I don't recall you ever saying that before. Oh, wait a
1644 minute. You said it last time on the last bill. You said it
1645 a couple of days ago. You said it 2 weeks ago. We have
1646 heard it. So why don't we move on?

1647 Dr. {Gingrey.} Well, reclaiming my time. Let me just
1648 say it one more time. I don't like it worth a tinker's darn
1649 and I won't like it until the cows come home until we repeal
1650 it and replace it and I yield back my time.

1651 Mr. {Pitts.} The chair thanks the gentleman. All
1652 right. The question now occurs on favorably reporting H.R.
1653 1214 to the full committee. All those in favor, say aye.

1654 Mr. {Towns.} Mr. Chairman, seeking recognition.

1655 Mr. {Pitts.} I am sorry. Pardon me just a second.

1656 Mr. {Towns.} To strike the last word I am seeking
1657 recognition.

1658 Mr. {Pitts.} Oh, I am sorry. I didn't see you. The
1659 gentleman is recognized for 5 minutes.

1660 Mr. {Towns.} Thank you very much, Mr. Chairman. You
1661 know, here we go again. You know, let me convey, I strongly
1662 oppose H.R. 1214. This bill would strike Section 4101(a) of
1663 the Affordable Care Act, which provides funds for the
1664 construction of school-based health centers. This section

1665 was included in the Affordable Care Act to increase access to
1666 clinical prevention services. I have long been a strong
1667 supporter of good work that those school-based health care
1668 centers are doing. I have 6 of these centers in my district,
1669 and I assure you that if every school could have one, they
1670 would open it immediately.

1671 These centers provide clinical access to quality
1672 healthcare that many students would otherwise not receive.
1673 Many of the students who seek care at these centers are
1674 economically disadvantaged. Frankly, I believe that we
1675 should be constructing more of these centers rather than
1676 cutting their funding.

1677 And let me also add that I join in the statement made by
1678 the gentleman from Michigan. I want to associate myself with
1679 that statement because I really think that what he said was
1680 just so important today more than ever. And I am hoping that
1681 as we move forward that we would keep these things in mind,
1682 that we need to cut costs, yes, but just to cut stuff out and
1683 not to have something to come into its place, you know, I
1684 really can't be supportive of that. And I raise that
1685 question all the time. You know, what are we going to put
1686 into place? And the answer is nothing. So I can't support
1687 this.

1688 Mr. {Waxman.} Will the gentleman yield?

1689 Mr. {Towns.} I would be glad to yield to the gentleman
1690 from California.

1691 Mr. {Waxman.} Do you realize that the Republicans
1692 really don't like this healthcare reform bill? They dislike
1693 it and they will tell us every opportunity they have to tell
1694 us. They will reiterate it. They will underscore it. They
1695 will stand on their heads and tell us it. So what are they
1696 doing? Well, of course, they are going to repeal the school-
1697 based clinics. That will show people that they really don't
1698 like this healthcare bill but that doesn't make a lot of
1699 sense to me and obviously it doesn't make a lot of sense to
1700 you either. And I just wanted to add that in the mix of
1701 things because we all want to continue to talk and talk and
1702 talk and I thought, well, maybe I will help with the talking
1703 and express my feelings about the matters. Thank you for
1704 yielding.

1705 Dr. {Burgess.} Mr. Towns, would you yield to me for one
1706 last word on this?

1707 Mr. {Towns.} I would be delighted to yield to the
1708 gentleman.

1709 Dr. {Burgess.} Well, I just find it striking that the
1710 former chairman of the full committee, when we marked up H.R.
1711 3200, I don't recall this provision in mandatory funding in
1712 H.R. 3200. You did have an opportunity when you marked up

1713 the stimulus bill to do this funding. I don't understand why
1714 you didn't draft the stimulus bill in that way. I see I am
1715 keeping the chairman up, so I will yield back, Mr. Towns.
1716 But there were other opportunities. This was something that
1717 was delivered to us by the Senate and we are just supposed to
1718 accept it? I say no. If you are going to fund these
1719 clinics, fund the doctors and the nurses, not the bricks and
1720 mortar. I will yield back.

1721 Mr. {Towns.} I will yield to the gentleman from
1722 California.

1723 Mr. {Waxman.} I know you have said that before but we
1724 don't always have the House-passed bill become law or the
1725 Senate-passed bill become law. We have usually a
1726 combination. In this case we had more of the Senate bill
1727 because of the usual process, but it is the law. It doesn't
1728 make any difference where it started. It is in the law that
1729 was passed. Now, you want to repeal it. I understand. So
1730 why do you want to tell us over and over again you want to
1731 repeal it because it didn't pass this committee? I don't
1732 think that is a good enough reason.

1733 Wherever this provision came from, I think it is a good
1734 provision. You don't think it is a good provision. You want
1735 to eliminate it. You have a majority. You will eliminate
1736 it, at least in the vote in this committee. But we are

1737 expressing to you we don't think that is a good idea and you
1738 are telling us you think it is a good idea and we could
1739 continue saying that over and over again and I don't think we
1740 are going to convince you, and it doesn't look like you are
1741 going to convince us, so why don't we move on?

1742 Mr. {Pitts.} All right. The gentleman yields back. I
1743 think we are ready for a vote. The question now occurs on
1744 favorably reporting H.R. 1214 to the full committee. All
1745 those in favor, say aye. Those opposed, no. The ayes appear
1746 to have it.

1747 Mr. {Pallone.} They ask for a recorded vote, Mr.
1748 Chairman.

1749 Mr. {Pitts.} The gentleman requests a recorded vote,
1750 and the question of favorably reporting the bill to the full
1751 committee is postponed until this afternoon.

|

1752 H.R. 1213

1753 Mr. {Pitts.} The chair calls up H.R. 1213 and asks the

1754 clerk to report.

1755 The {Clerk.} H.R. 1213.

1756 [H.R. 1213 follows:]

1757 ***** INSERT 3 *****

|
1758 Mr. {Pitts.} Without objection, the first reading of
1759 the bill is dispensed with. So ordered. Are there any
1760 amendments or discussions on the bill? The chair recognizes
1761 the chairman of the committee, Mr. Upton, for 5 minutes.

1762 The {Chairman.} Well, thank you, Mr. Chairman. I would
1763 like to think that we could pass this vote today and move it
1764 to full committee as well. A couple of arguments that I
1765 would like to make in support of the bill, one is that we
1766 know that 2 federal judges have ruled PPACA as
1767 unconstitutional, and yet the States are beginning to prepare
1768 themselves for funding of these State exchanges. We don't
1769 know what the ultimate result is going to be. A number of us
1770 would like to see an expedited process at the Supreme Court,
1771 perhaps hear the arguments as early as this summer and see a
1772 decision come this fall. But again, this is a bill that
1773 would require an authorization versus a blank check to
1774 determine precisely how much money should be spent, and until
1775 we know whether the bill is constitutional or not, there are
1776 a number of us that believe that we ought to see what that
1777 decision is before we spent who knows how much money for all
1778 these different States.

1779 So in the interim, repealing the fund, requiring an
1780 authorization would seem to make some sense, particularly as

1781 we grapple with the \$1.5 trillion deficit this year and is
1782 predicted again for \$1.6 trillion next year. Let us see an
1783 authorization. Let us see if we can put some conditions
1784 here, particularly as it relates to the validity of a Supreme
1785 Court decision later on.

1786 So that is what this bill does. It is only a page or 2
1787 long. I would like to think that we could pass it and
1788 consider it before the full committee next week.

1789 Mr. {Pitts.} The chair thanks the gentleman. For what
1790 purpose does the gentleman seek recognition?

1791 Mr. {Pallone.} To strike the last word.

1792 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

1793 Mr. {Pallone.} I would just point out to the chairman,
1794 whom I respect, that it is not normally the case that because
1795 a lower court has struck down a provision that we assume that
1796 it is going to be thrown out by the Supreme Court and
1797 therefore we just don't pay attention to the law. In fact, I
1798 think that the Executive Branch has an obligation to continue
1799 enforcing the law under those circumstances.

1800 But needless to say, look, the States are preparing for
1801 the exchanges. 49 States and D.C., along with 4 territories
1802 have been awarded almost 54 million in planning grants. If
1803 they don't set up these marketplaces, then they face the
1804 possibility of having to join the federal exchange. You

1805 know, and I am sure a lot of you would not like to see that
1806 as an alternative. And these grants are not open-ended.
1807 They are not available beyond 2015.

1808 So I just wanted to ask counsel, if I could, a couple of
1809 questions in that regard. Isn't it correct that starting
1810 January 1, 2015, that State exchanges must be self-
1811 sustaining?

1812 {Counsel.} That is correct.

1813 Mr. {Pallone.} In fact, Section 1311(d)(5) specifically
1814 states that there are ``no federal funds for continued
1815 operations and establishing an exchange under this section,
1816 the State shall ensure that such exchange is self-sustaining
1817 beginning on January 1, 2015.'' So Counsel, doesn't that
1818 mean that States do not have the authority to use any funding
1819 from the Federal Government provided to them under Section
1820 1311 for their State exchange beyond January 1, 2015?

1821 {Counsel.} The Secretary may award State exchange
1822 grants to States and they may be spent after 2015, but they
1823 cannot be awarded after January 1, 2015.

1824 Mr. {Pallone.} The money can't be spent. So I mean my
1825 point is that the funds are time-limited. Now, I know that
1826 you on the other side are making a big deal about mandatory
1827 spending, but I wanted to ask counsel, isn't it correct that
1828 the Medicare Modernization Act, Section 1860(d)(31), provided

1829 for a Medicare prescription drug discount card and
1830 Transitional Assistance Program with unlimited mandatory
1831 funding amounts?

1832 {Counsel.} I don't have that specific provision in
1833 front of me. I do know and they did include mandatory
1834 funding.

1835 Mr. {Pallone.} I mean let me just quote from the law
1836 there. It says they are ``authorized to be appropriated to
1837 the Secretary such sums as may be necessary to carry out the
1838 Secretary's responsibility under that Section.'' These
1839 monies went to low-income seniors to help with prescription
1840 drug costs, but the Secretary had total leeway to pay
1841 enrollment fees to private prescription drug discount card
1842 programs with these unlimited such sums and had unlimited
1843 mandatory administrative funds to implement the program. The
1844 exchange grant authority is time-limited, so I would contrast
1845 the exchange to the program under the Medicare Modernization
1846 Act because the exchange grant authority is time-limited and
1847 can only be used for the establishment of exchanges as
1848 specified in Section 1311.

1849 And in addition, I would like to point out that the
1850 Secretary, in coordination with the HHS Inspector General,
1851 will have authority to investigate exchanges. Exchanges will
1852 be subject to annual audits. If the Secretary finds serious

1853 misconduct, payment otherwise due to the exchange may be
1854 rescinded up to 1 percent of such payments until corrective
1855 actions are taken that are deemed adequate by the Secretary.
1856 In addition, this committee, the Committee on Government
1857 Oversight and Government Reform and other congressional
1858 committees, the GAO and others can provide oversight of the
1859 implementation of the activities and expenditures under that
1860 section.

1861 So my only point is that this is limited in time for the
1862 States. It is no different, really, than what you did under
1863 the Medicare Modernization Act, and there is also ample
1864 opportunity to investigate these exchanges, and if they are
1865 not doing what they are supposed to do to, you know, even
1866 penalize them.

1867 But beyond that, you know, we purposely set up State
1868 exchanges as the main vehicle to have the average American be
1869 able to get a good benefit package, to be able to have lots
1870 of choices, and also to have a subsidy with tax credits to
1871 help pay their premium. The Republican effort to repeal
1872 these exchanges obviously will essentially eliminate one of
1873 the main purposes of the Affordable Care Act, but also make
1874 it more difficult for States to set these up and force them
1875 to essentially do it on their own if they don't get the
1876 federal grants or simply move to federal exchanges, which I

1877 assume you probably like even less than the State exchanges.
1878 So there is absolutely no reason to move this legislation.
1879 Thank you. Thank you, Mr. Chairman.

1880 Mr. {Pitts.} The gentleman's time has expired. Anyone
1881 seeking recognition? All right. For what purpose does the
1882 gentleman seek recognition?

1883 Mr. {Waxman.} In opposition to the bill.

1884 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

1885 Mr. {Waxman.} I do want to be on record in opposition
1886 to this bill. I think that Mr. Pallone did an excellent job
1887 of expressing the concerns that many of us have. But there
1888 are a lot of things that states need to do in making
1889 decisions about these exchanges. Do they want to mark it
1890 where all insurers are allowed to participate in the
1891 marketplace? Do they want to offer additional benefits than
1892 those offered by typical employer plans? Do they want a wide
1893 range of options for more comprehensive plans with greater
1894 cost-sharing protections to high deductible health plans tied
1895 to health savings accounts? If so, they can. Do they want
1896 an integrated eligibility and enrollment system for the tax
1897 credits for qualified exchange plans, Medicaid, and other
1898 programs? If so, they can. Do they want 1 statewide
1899 exchange or smaller exchanges throughout their State? They
1900 can choose. Do they want a separate individual and small

1901 business exchange or 1 exchange? And they can make that
1902 decision.

1903 But all this flexibility, all this choice, all this work
1904 that 49 States, District of Columbia, and 4 territories are
1905 engaged in would be fully undermined by a repeal of the
1906 Exchange Establishment Grants by H.R. 1213. And if we take
1907 away their money to plan these exchanges, the truth of the
1908 matter is the Federal Government will run the State exchange
1909 if the State does not set one up.

1910 Now, I heard my distinguished chairman say that he is
1911 hoping the Supreme Court will throw this bill out. I know
1912 others are hoping that it will die some death some way or
1913 other. But laws are laws until they are no longer considered
1914 laws, either by replacement by the Congress or by a court
1915 decision, and I don't think we ought to take away the choice
1916 from the States.

1917 I know that Republicans don't like this bill, and I
1918 think this part was in the House-passed bill, but that
1919 doesn't make any difference. It is the law. And even if you
1920 don't like the law, I don't think stomping on the very people
1921 who are all trying to stand up for it like the States and
1922 kids in school-based clinics and all these other things is an
1923 effective way to express it. So I just want to respectfully
1924 disagree. We ought not to take away this money from the

1925 States, and then we will see what happens in the future.

1926 And I want to point out something that I thought might
1927 have been confused by a statement one of our witnesses made.
1928 This wasn't a witness. There was a statement by
1929 Representative Guthrie at yesterday's hearing where he
1930 asserted that CMS Administrator Don Berwick suggested that
1931 Exchange Establishment Grants can be used to plug deficits in
1932 State Medicaid programs because money is being used to build
1933 Medicaid information technology or IT Eligibility and
1934 Enrollment Systems. And I want to clarify the record. The
1935 fact is that the Exchange Establishment Grants can be used to
1936 develop Information Technology Systems for the Eligibility
1937 and Enrollment of people into qualified health plans. It is
1938 also true that Medicaid funds with a 90/10 match rate can be
1939 used to develop Information Technology Systems for the
1940 Eligibility and Enrollment of Medicaid-eligible persons.

1941 Now, a smart State would not create 2 silo systems.
1942 They instead would probably pool their resources and create 1
1943 system that could be used to check for both and enroll a
1944 person in the appropriate program. This makes the most sense
1945 because a person does not necessarily know if he or she is
1946 Medicaid-eligible or eligible for tax credits for an
1947 exchange-qualified plan when they approach either the
1948 exchange or Medicaid.

1949 According to November 3, 2010, guidance from CMS,
1950 ``State Exchange Grants will provide 100 percent support for
1951 the exchange IT infrastructure and 90 percent matching rate
1952 will be available for the exchange-related eligibility system
1953 changes, as well as for those Medicaid-system changes not
1954 directly related to the exchanges.'' And the funding
1955 announcement for Establishment Grants additional says
1956 ``States should allocate costs association with eligibility
1957 determination between Medicaid, CHIP, and exchanges.'' So if
1958 a State is building 1 IT system that will handle both
1959 exchange and Medicaid eligibility and enrollment, federal
1960 exchange funds cannot be used to supplant Medicaid costs that
1961 have a federal and state share requirement. I am not a
1962 certified fact-checker, but the assertion that exchange
1963 grants are an open invitation to plug Medicaid budget holes
1964 gets a rejection from fact-checkers.

1965 And I just wanted to state that for the record because I
1966 think it was an honest mistake and I wanted to clarify it. I
1967 yield back my--

1968 Mr. {Pitts.} The gentleman's time is expired. The
1969 chair thanks the gentleman. For what purpose does the
1970 gentleman seek recognition? The gentleman is recognized for
1971 5 minutes.

1972 Mr. {Dingell.} Thank you, Mr. Chairman.

1973 I would like to begin with some clarification from
1974 counsel. These questions will require yes or no answer.
1975 Counsel, is it correct that only qualified health plans can
1976 be offered in the exchanges?

1977 {Counsel.} That is correct.

1978 Mr. {Dingell.} Counsel, is it correct that the
1979 Secretary must certify health plans so that they may be
1980 qualified to be offered on the exchange?

1981 {Counsel.} I believe that is correct with the caveat
1982 that I believe States can also certify--

1983 Mr. {Dingell.} Thank you. Thank you, Counsel. Now,
1984 Counsel, is it correct under Section 1311(c) that a qualified
1985 health plan must ``ensure sufficient choice of providers and
1986 provide information to enrollees and other prospective
1987 enrollees on the availability of in-network and out-of-
1988 network providers?''

1989 {Counsel.} Yes.

1990 Mr. {Dingell.} Now, Counsel, so it is then correct that
1991 if a plan were not to make providers available in rural areas
1992 like areas in Michigan or in the Rocky Mountain West or in
1993 Appalachia or were not to make oncologists available, this
1994 provision would allow exchanges to keep these plans, which do
1995 not offer adequate protection to consumers, from being
1996 offered through the exchange. Is that correct? Yes or no?

1997 {Counsel.} I can't answer a hypothetical about the
1998 Rocky Mountain West. The Secretary will determine what
1999 adequate network standards are.

2000 Mr. {Dingell.} Simply put, though, the system would
2001 keep those kinds of plans off the exchanges and they could
2002 not then be offered?

2003 {Counsel.} Again, that is a hypothetical.

2004 Mr. {Dingell.} Thank you. Now, the primary basic
2005 function, then, of the exchange is to provide clear and
2006 transparent information regarding health plans to consumers
2007 and to protect consumers from insurance company abuses. And
2008 the grants that we are debating today that we would defund
2009 will help ensure that the States have the resources and the
2010 knowledge they need to do things like running the exchanges,
2011 which they will be setting up as state plans.

2012 Now, my dear friends and colleagues in the majority
2013 purport to be the party that is for flexibility of the
2014 States. And I would note that the exchanges came about
2015 through the hand of that well known left wing liberal, my
2016 dear friend Bob Dole in the Senate. And it is ironic that we
2017 are debating legislation that would strip away the ability of
2018 States to put together exchanges that best work for them and
2019 to see to it that they had the money and the staff to do the
2020 things that needed to be done to ensure appropriate

2021 protection for the consumers.

2022 Now, the bill does a lot of things. It ends
2023 discrimination for preexisting conditions, gender health,
2024 status or family history. It requires coverage of preventive
2025 healthcare services. It protects patients' choice of
2026 doctors. It prevents rescissions of coverage, which could be
2027 done now while you are being ridden into the operating room
2028 on the gurney. And it prohibits arbitrary limits on
2029 coverage. It requires disclosing of premium increases before
2030 they take effect and requires that a justification therefore
2031 be provided. And it also assures that reporting of the
2032 amount of premiums spent on costs outside of healthcare,
2033 amongst other things, take place.

2034 Now, these changes cannot be successful and the
2035 exchanges and the basic legislation will not be successful
2036 unless the exchanges are set up by 2014. There is a time
2037 limit. But the exchanges also have to be adequate when they
2038 get to work to do the things that they are supposed to.

2039 Now, we know the demand for these exchanges. 49 States,
2040 the District of Columbia, and 4 territories are all taking
2041 steps necessary to develop a State exchange that will work
2042 for them. And what we want is that they have the ability to
2043 do the things on the exchange that is going to make these
2044 exchanges work for the people who are going to be the

2045 consumers of healthcare. And in that, we will see to it that
2046 we also take care of the providers who are going to have to
2047 have this same knowledge and information, and we will see to
2048 it that the States get plans that will work to address their
2049 own peculiar and special concerns and problems.

2050 So I would urge my colleagues here, let us not go along
2051 with this legislation. It is bad. It is not going to lend
2052 the necessary ability of the exchanges to do the work that
2053 they need to do and it is not going to leave us with a
2054 situation that is going to serve the Nation well. So I would
2055 urge my colleagues to vote ``no'' on the legislation and I
2056 thank you for giving me the time. And I yield back 1 second.

2057 Mr. {Pitts.} The chair thanks the gentleman. The chair
2058 recognizes Mr. Guthrie for 5 minutes.

2059 Mr. {Guthrie.} I move to strike the requisite words.
2060 Thanks, Mr. Chairman. I just want to bring up the comment
2061 yesterday that was brought forward. I said in the hearing
2062 that I was quoting from Kaiser Foundation News Report and
2063 perhaps they were inaccurate in their quote of Mr. Berwick.
2064 If they weren't inaccurate in their quote of Mr. Berwick,
2065 maybe it was taken out of context and maybe we would have the
2066 opportunity for him to explain--and I don't have the quote in
2067 front of me today--but the context was States were asking Mr.
2068 Berwick about relief from the Medicaid provisions and

2069 Medicaid and the subtext of the quote was were there other
2070 opportunities for that? And suggested the Facilitation Fund
2071 that the Secretary has that is the subject of this debate.
2072 So just to say that that didn't happen doesn't mean it didn't
2073 happen. So maybe the ranking member said that. Maybe Mr.
2074 Berwick would like to explain and perhaps we could request
2075 him to explain the context of his remarks. Thank you.

2076 Mr. {Pallone.} The gentleman to yield. We can't find
2077 that Kaiser News Report. If you could submit it for the
2078 record? I haven't been able to find it.

2079 Mr. {Guthrie.} We will get where that is quoted from to
2080 you. Thank you.

2081 Mr. {Pallone.} All right.

2082 Mr. {Pitts.} Okay. The chair thanks the gentleman.

2083 Anyone else seeking recognition? The gentlelady from
2084 California, Mrs. Capps, is recognized for what purpose?

2085 Mrs. {Capps.} I move to strike the last word.

2086 Mr. {Pitts.} The gentlelady is recognized for 5
2087 minutes.

2088 Mrs. {Capps.} I am speaking in opposition to H.R. 1213,
2089 a bill that would burden already cast throughout the States
2090 and take away a State's ability to provide access to health
2091 insurance for their citizens.

2092 The Health Exchange Implementation program exists to

2093 assist States in planning and establishing health benefit
2094 exchanges, which are tailored to their State's specific
2095 needs. In fact, it is the exact type of program that gives
2096 States the flexibility that they have been asking for, to
2097 design a program that suits their citizens. And that is
2098 exactly what some of our colleagues on the other side of the
2099 aisle have also called for. These exchanges will make it
2100 easier for consumers and small business to better shop for
2101 health insurance coverage because they can do so based on
2102 price, benefits, and service, and as well as quality. And
2103 they will make the health insurance market more competitive
2104 and more transparent.

2105 I think we can all agree that no 1 health exchange is
2106 going to fit the needs of every State, and the needs of a
2107 small State might be very different from the needs of the
2108 State like my home State, California. And that is why the
2109 exchange funding program enables States to create their own
2110 unique approach. It allows States to make decisions about
2111 how their exchanges should be set up, what is right for them.
2112 It is not only sensible; it ensures that in these tight
2113 financial times, States are able to implement exchanges that
2114 are going to work for their citizens. And that is why
2115 cutting this program is not only financially irresponsible,
2116 it is really ideologically misguided.

2117 Many States have already started planning their
2118 exchanges. California, for example, after extensive input
2119 from its citizens, submitted its exchange application earlier
2120 this year. Yet under this bill, States that have not already
2121 submitted an exchange proposal would be out of luck.

2122 Instead, they would have to use their State's often extremely
2123 strapped resources to propose a plan. In other words, they
2124 would have to take their own State's funding. They wouldn't
2125 be eligible for the federal grants program. Or they would
2126 have to just accept the exchange program that this Federal
2127 Government sets up for them. And that is something that
2128 clearly many on this committee on the other side of the aisle
2129 oppose.

2130 So a vote for this bill is a vote against the fiscal and
2131 physical health of our States. A vote for this bill is
2132 wasteful, as each of our States have received at least \$1
2133 million to begin this process, something that would stop in
2134 its tracks if this program is repeals. So a vote for this
2135 bill is misguided as it does not reduce costs. It just sits
2136 them onto the backs of already cash-strapped States. And
2137 that is why I am going to vote ``no'' and I strongly urge a
2138 no vote. And at this time I have some remaining time and I
2139 would like to yield it to the ranking member. Mr. Pallone?
2140 You want your own? I will yield back the balance of my time,

2141 Mr. Chairman.

2142 Mr. {Pitts.} All right. The chair thanks the
2143 gentlelady. Anyone else seeking recognition? Dr. Gingrey
2144 recognized for 5 minutes.

2145 Dr. {Gingrey.} Mr. Chairman. Thank you. I won't take
2146 5 minutes I don't think. But I did want to address a couple
2147 of questions to counsel. Counsel, in regard to the
2148 exchanges--and we have had a good bit of discussion about
2149 that, particularly in regard to this bill--can States change
2150 the minimum benefit level that is covered in these plans that
2151 are sold in their exchange? Do they have any control over
2152 that benefit level?

2153 {Counsel.} They can only add to the standards
2154 promulgated by the Secretary and the provisions included in
2155 the statute.

2156 Dr. {Gingrey.} So let me make sure I understand. The
2157 Secretary of Health and Human Services sets the standard.
2158 The individual States can plus-up the benefit level but they
2159 can't take away from it?

2160 {Counsel.} That is correct, Mr. Gingrey.

2161 Dr. {Gingrey.} This is established by the Secretary of
2162 Health and Human Services. Can they--the States, that is--
2163 can they change the rules, say, governing this medical loss
2164 ratio where a plan has to spend so much of the premium dollar

2165 on actual medical care and they are not allowed to use the
2166 balance, the delta, administratively? And this is referred
2167 to as medical loss ratio. Do the States themselves have any
2168 control over that? Can they tell XYZ health insurance plan
2169 that they can offer a product that only covers, let us say
2170 for an example, 70 cents on the dollar to direct healthcare
2171 and 30 cents on the dollar could go into administrative cost.
2172 Do they have any control over that?

2173 {Counsel.} No, the States don't have that ability.

2174 Dr. {Gingrey.} Who does control that?

2175 {Counsel.} The Secretary.

2176 Dr. {Gingrey.} The Secretary of Health and Human
2177 Services?

2178 {Counsel.} That is correct.

2179 Dr. {Gingrey.} Currently, Ms. Sebelius?

2180 {Counsel.} Correct.

2181 Dr. {Gingrey.} Secretary Sebelius. So you basically
2182 just answered my third question, and that is it is the
2183 Secretary that does that and not the individual States, not
2184 the governors, but the Secretary of Health and Human
2185 Services, whomever that might be.

2186 Fourthly, can the Secretary also bar any provider from
2187 contracting with any insurance company, basically driving
2188 them out of business the Secretary deems necessary for

2189 quality reasons? Let me repeat that. Can the Secretary also
2190 bar any provider from contracting with any insurance company,
2191 basically driving them--the provider, not the insurance
2192 company--driving the provider out of business if the
2193 Secretary deems necessary for quality reasons? In her
2194 opinion, the provider doesn't have the qualifications
2195 necessary. Is that correct?

2196 {Counsel.} Under 1311(h) a qualified health plan may
2197 contract with a healthcare provider only if such a provider
2198 implements such mechanisms to improve healthcare quality and
2199 as the Secretary may, by regulation, require. So you are
2200 correct, Mr. Gingrey.

2201 Dr. {Gingrey.} Counsel, I appreciate that and I think
2202 it is important for people to understand, you know, this may
2203 be in fact in my State of Georgia or any State that--Ohio, my
2204 colleague from Ohio--a physician is licensed in the State,
2205 does not have any restriction on their privileged practice in
2206 regard to hospital facilities or licensing, State Board of
2207 Medical Examiners, whatever. But in this bill it sure sounds
2208 like to me within these exchanges that the Secretary can
2209 trump that. And I think this is a pretty dangerous situation
2210 in the amount of power that we in this Congress never
2211 intended for the Secretary of Health and Human Services to
2212 have that kind of control over the providers of medical care.

2213 I am not asking you a question in regard to that. That is
2214 just a statement. Mr. Chairman, I will yield back.

2215 Mr. {Pitts.} The chair thanks the gentleman. For what
2216 purpose does the gentlelady from Wisconsin seek recognition?

2217 Ms. {Baldwin.} Mr. Chairman, to strike the last word.

2218 Mr. {Pitts.} The gentlelady is recognized for 5
2219 minutes.

2220 Ms. {Baldwin.} Thank you, Mr. Chairman. Once again,
2221 instead of focusing on creating jobs or bolstering our
2222 economy, we are considering several bills today that will
2223 lead to job loss and hinder our economic recovery.

2224 Today, we are considering a Republican proposal that
2225 would repeal funding for grants to States to create
2226 exchanges, healthcare exchanges, H.R. 1213, the bill before
2227 us at this moment. These changes are critical for ensuring
2228 that thousands of small businesses and 24 million Americans
2229 have access to new coverage options. And I don't know why we
2230 chose the word exchanges, but if you think about it, the
2231 exchange is intended to be like a health insurance
2232 supermarket, to give people choices at different prices with
2233 different selections.

2234 These grants that are being repealed and rescinded in
2235 this bill are to provide States with both the means and the
2236 flexibility to create a health insurance exchange in their

2237 State that best meets their State's needs. Wisconsin has
2238 already received \$38 million through what is known as an
2239 Early Innovator Grant. This very important funding will spur
2240 job creation up front in Wisconsin and it will improve access
2241 to quality, low-cost healthcare coverage when the exchange is
2242 fully up and implemented.

2243 This bill before us raises an important question. Are
2244 we going to ask cash-strapped States like my own to return
2245 the money they have already been awarded if it hasn't been
2246 spent yet? Will Wisconsin have to return the \$38 million
2247 that Governor Walker has recently accepted? I really fail to
2248 see how rescinding money that we know will create jobs up
2249 front is the right thing to do to get our economy back on
2250 track.

2251 I also just want to reflect on something that some
2252 members of this committee who have served for a while will
2253 recall, and that is when Congress debated what is now known
2254 as Medicare Part D. You know, that was a deeply partisan
2255 debate in large part because the Republicans didn't choose to
2256 pay for it, but the structure of that program, Medicare Part
2257 D, was very similar in that it required States to set up
2258 insurance exchanges for prescription drug coverage.

2259 And I just want to note that even though this was a
2260 bitterly partisan debate those years ago, Democrats worked

2261 with the majority to make the best of it. We didn't try to
2262 rescind funding for setting up the State exchanges to make
2263 Medicare Part D a reality. We didn't try to repeal the bill.
2264 We said despite the fact it was a deeply partisan debate and
2265 we were deeply divided over it that we wanted to work
2266 together to make the best of it on behalf of our
2267 constituents. And I would ask the Republican majority to do
2268 the same. We need to work together on behalf of our
2269 constituents to provide high-quality, affordable healthcare
2270 for those in our constituencies that haven't had that
2271 opportunity for a long, long time, if ever.

2272 I urge my colleagues to oppose this very ill-conceived
2273 measure. And I yield back the balance of my time.

2274 Mr. {Pitts.} The chair thanks the gentlelady. Anyone
2275 else seeking recognition? For what purpose does the
2276 gentleman seek recognition?

2277 Mr. {Engel.} Move to strike the last word.

2278 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

2279 Mr. {Engel.} Thank you, Mr. Chairman. I want to
2280 piggyback on what Ms. Baldwin said because I think she was
2281 right on target.

2282 Healthcare is something that is very personal to the
2283 American people, and I really believe this ill-conceived
2284 attempt to try to defund or block the healthcare bill is

2285 really moving in the wrong direction. I think what the
2286 American people want to see us do, frankly, is they want to
2287 see the parties work together to try to come up with sensible
2288 reform, that if there are parts of the bill that the majority
2289 does not like, then we need to work to improve it, not repeal
2290 it. And it has been one measure after another after another
2291 to repeal or to defund the bill. I mean I don't know how
2292 many times we are going to have to do this. It is obvious
2293 that it is going nowhere. The Senate is not going to pass
2294 it. The President certainly would veto it, so this is just,
2295 you know, making political points from my Republican friends.

2296 Now, I understand, you know, we all play that game. We
2297 all throw red meat to the crowd but, you know, enough is
2298 enough already. We are wasting time doing this again and
2299 again and again and we are really not doing what the American
2300 people sent us here to do. I really think that what the
2301 American people want us to do is put our heads together and
2302 fix the things that the majority feels are objectionable or
2303 that consensus may feel is objectionable. I have no
2304 objection to that.

2305 You know, I hear from my friends on the other side of
2306 the aisle well, why don't we have a competition? Why can't
2307 you purchase insurance across State lines? So what are you
2308 doing now? You are defunding the exchanges in the States,

2309 not to mention the other thing with school-based healthcare
2310 programs, which we talked about a little while ago. I mean I
2311 know in my district those programs are just terrific. The
2312 high school to which I graduated, the public high school, has
2313 a program like that and it is wonderful. It really helps the
2314 kids. It serves the kids. I mean that is really what we
2315 should be doing. Healthcare is something that is near and
2316 dear to everybody's heart. And so I just think that this
2317 nonsense of well, healthcare is going to cost money, we think
2318 it is going to save money.

2319 And if my friends on the other side of the aisle were so
2320 concerned about saving money, then as Ms. Baldwin points out,
2321 you know, Medicare Part D was not paid for, I mean blew a big
2322 hole in the deficit, blew a big hole in the budget, as are
2323 the Bush tax cuts for the wealthy, as are the estate tax cut
2324 for the super rich in this country. You know, it doesn't
2325 seem to bother my Republican friends when the budget is out
2326 of whack as long as it suits their priorities. But I think
2327 if you really are concerned about deficit reduction, then you
2328 need to be consistent. And so defunding once again we are
2329 going to do this, and then next week we are going to do it in
2330 the full committee and it is going to go nowhere. It is
2331 going to pass the House on the floor, Senate is not even
2332 going to take it up, and if they do, it will be defeated.

2333 And if it is not defeated, President Obama will veto it. So
2334 this is just political theater. It is a political charade
2335 and it is really not worthy of what, frankly, what we should
2336 be doing.

2337 Healthcare is something that is very, very important to
2338 people. And the reason why we passed healthcare reform last
2339 year is because we saw time and time and time again that so
2340 many millions of Americans are uninsured and working people
2341 are uninsured and people were losing their insurance. And
2342 insurance companies were jacking up the prices and it was
2343 going far higher than the rate of inflation. And the
2344 American people said enough. If we change our jobs, we want
2345 to keep our healthcare. If we lost our jobs, we want to keep
2346 our healthcare. If we have a preexisting condition, we don't
2347 want to be denied coverage. If we have a child who is age
2348 26, we want that child to be covered, which is what our bill
2349 does. And the Republicans would get rid of all of that.

2350 How many times have people been insured and then
2351 suddenly the insurance company says sorry, you have reached
2352 the lifetime cap or you have reached the annual cap and we
2353 are not going to insure you anymore? This isn't a game.
2354 This isn't throwing red meat to a political crowd. This is
2355 something dealing with people's lives. And I think we ought
2356 to stop it. I think the majority has made their point time

2357 and time and time again. Now, let us put our heads together
2358 and work for the American people in terms of fixing what we
2359 don't like in the healthcare bill. I yield back.

2360 Mr. {Pitts.} The chair thanks the gentleman. Anyone
2361 else seeking recognition? I think we are ready for the vote.
2362 The question now occurs on favorably reporting H.R. 1213 to
2363 the full committee. All those in favor, say aye. Opposed,
2364 no. The ayes appear to have it. The ranking member requests
2365 a recorded vote, so the question of favorably reporting the
2366 bill to the full committee is postponed until this afternoon.

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2367 H.R. 1216

2368 Mr. {Pitts.} The chair calls up H.R. 1216 and asks the

2369 clerk to report.

2370 The {Clerk.} H.R. 1216.

2371 [H.R. 1216 follows:]

2372 ***** INSERT 4 *****

|
2373 Mr. {Pitts.} Without objection, the first reading of
2374 the bill is dispensed with. So ordered. Are there any
2375 amendments or discussion on the bill? The chair recognizes
2376 the gentleman Mr. Guthrie for 5 minutes.

2377 Mr. {Guthrie.} Thank you, Mr. Chairman. I appreciate
2378 the opportunity to offer this bill today as this committee
2379 attempts to replace mandatory programs back into the
2380 discretionary appropriations, unlike they were in PPACA.

2381 I believe Graduate Medical Education in Teaching Health
2382 Centers are extremely important. Everyone agrees there is a
2383 strong need for more primary care physicians in our
2384 healthcare system, but picking and choosing 1 program over
2385 another to receive automatic funding is unfair. Making these
2386 programs mandatory spending is unfair to all of the other
2387 healthcare programs that have to compete every year to
2388 continue to receive funds.

2389 For example, as Secretary Sebelius said during her
2390 testimony before this committee, the President's fiscal year
2391 2012 budget eliminates Graduate Medical Education for
2392 children's hospitals. While children's hospitals must go
2393 through the regular appropriations process to fight for
2394 funding, the Teaching Health Centers will receive an
2395 automatic appropriation.

2396 We are facing monumental budget constraints in Congress,
2397 and Congress is making difficult decisions about which
2398 programs to fund and which to reduce. I find it unfair that
2399 some programs are completely shielded and do not have to
2400 prove their merit to earn continued funding. I urge my
2401 colleagues to support this bill and yield back.

2402 Mr. {Pitts.} The chair thanks the gentleman. For what
2403 purpose does the gentleman seek recognition?

2404 Mr. {Pallone.} To strike the last word, Mr. Chairman.

2405 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

2406 Mr. {Pallone.} Thank you, Mr. Chairman. The Affordable
2407 Care Act authorized and appropriated \$230 million for a 5-
2408 year payment program to support accredited primary care
2409 residency training operated by community-based entities,
2410 including health centers. Now, this training takes place in
2411 community-based settings such as community health centers.
2412 Research shows that CHC-trained physicians, for example, are
2413 more than twice as likely as their non-community-health-
2414 center-trained counterparts to work in an underserved area.

2415 In my State of New Jersey, there was a January 2010
2416 report that concluded that almost all counties have a number
2417 of primary care doctors below the national average of 88
2418 primary care physicians per 100,000 residents, and this
2419 report warned that by 2020, the statewide deficit of doctors

2420 could reach 2,800.

2421 I don't really understand why my Republican colleagues
2422 want to take away this funding. They have repeatedly argued
2423 that there are not enough physicians now, let alone when the
2424 Affordable Care Act is fully operational. So it is clear
2425 that we need to provide care for those people in need of
2426 primary care services. And if we don't have this program, it
2427 is less likely that we are going to reach the goal of having
2428 enough doctors and primary care personnel to handle the
2429 additional people. And that is exactly why we have this
2430 program in the Affordable Care Act because we know that with
2431 more people being covered they will be able to pay for a
2432 primary care doctor, but we have to make sure there are
2433 enough of them trained to be there by 2014.

2434 Again, this distinction between mandatory and
2435 discretionary funding makes no sense in this context.
2436 Training medical residents has been a long-accepted use of
2437 mandatory funding. Medical education, which we talked about
2438 since I have been on the committee since its inception in
2439 1965, has been funded using Medicare Trust Fund dollars, and
2440 so the Teaching Health Centers were provided funding in a
2441 manner similar to match the stability of Medicare GME. We
2442 are using mandatory funding. I can't think of any better use
2443 of mandatory funding than to provide funding for residents.

2444 You know, I go back to this same thing again and I think
2445 some on the other side even agree. You know, we can't be
2446 funding residency programs with 2-week CRs. It takes years.
2447 And that is why Medicare GME is mandatory and that is why we
2448 need to ensure that the Teaching Health Centers remain
2449 intact.

2450 So again, I know that you want to repeal and defund the
2451 healthcare reform, but once again, this is again one of the
2452 least areas that make sense in that context. And so I would
2453 ask a ``no'' vote. And I don't know if anybody else wants my
2454 time? If not I will--Mr. Engel? I will yield to the
2455 gentleman from New York.

2456 Mr. {Engel.} Thank you, Mr. Pallone. You know, in the
2457 majority memorandum, the Republicans note that the
2458 President's budget eliminated the funding for the Children's
2459 Hospital Graduate Medical Education. The memo goes on to say
2460 that the reason they are eliminating the mandatory funding
2461 for Teaching Health Centers is so that ``Congress can
2462 evaluate the relative value of medical education programs and
2463 fund them accordingly.''

2464 Many of us on both sides of the aisle today are
2465 concerned about the elimination of funding in the President's
2466 budget. I personally think it is a terrible idea.
2467 Children's hospitals provide critical training for

2468 pediatricians that we need and I don't think we should
2469 eliminate funding for it. I think contrary to the Republican
2470 logic, the fate of the Children's Hospital Graduate Medical
2471 Education is exactly why we need to ensure mandatory funding
2472 for the Teaching Health Centers. Residents are trained in
2473 years, not months or weeks. They deserve better certainty
2474 than a poor budget decision.

2475 The better comparison is to Medicare GME. Medicare
2476 provides funds for hospitals in order to train residents. We
2477 believe that program is properly mandatory, and so when we
2478 ask other institutions to train residents, they deserve the
2479 same certainty.

2480 The majority's memo states that the reason Teaching
2481 Health Centers are converted into an appropriation is so that
2482 ``Congress can evaluate the relative value of medical
2483 education programs and fund them accordingly.'' Well, as I
2484 just said, Medicare Graduate Medical Education is the biggest
2485 medical education program of them all. So my question for
2486 the sponsor is when shall we expect forthcoming legislation
2487 to convert Medicare GME into a discretionary program? If you
2488 do it for one, why not do it for the other? I think it makes
2489 no sense to do it for either, and that is why I oppose this.

2490 The American people shouldn't really have to watch this
2491 nonsense. This is about trying to take apart, as I said

2492 before, a program piece by piece and this one in particular
2493 is an effort to make the dire predictions about workforce
2494 come true. I think we should reject this, I think it is a
2495 bad idea, and I think it goes in the absolute wrong
2496 direction. I yield back.

2497 Mr. {Pitts.} The chair will yield himself 5 minutes to
2498 respond. H.R. 1216 would convert the direct appropriations
2499 into an authorization of appropriations. The legislation
2500 allows for Teaching Health Centers to receive funding through
2501 the normal appropriations process. By providing mandatory
2502 funds to Teaching Health Centers, this section of PPACA
2503 disadvantages all other facilities and programs that train
2504 providers that must go through the normal appropriations
2505 process. And those include children's hospitals, training
2506 and family medicine, general internal medicine, general
2507 pediatrics, physician assistants, and programs to train
2508 nurses.

2509 Now, some have advocated the need to move away from
2510 hospital-based medical education that may or may not be the
2511 correct policy. However, if we need to have a discussion on
2512 the most appropriate sites for medical education or changing
2513 the mix of where our providers are trained, we should
2514 actually have that discussion, but we should not have a
2515 hodgepodge set of policies where some facilities get

2516 mandatory funding while others go through the normal
2517 appropriations process.

2518 Does anyone else seek recognition? For what purpose
2519 does the gentlelady seek recognition?

2520 Ms. {Baldwin.} Mr. Chairman, to strike the last word.

2521 Mr. {Pitts.} The gentlelady is recognized for 5
2522 minutes.

2523 Ms. {Baldwin.} Again, despite promises from the new
2524 majority that this Congress would be focusing on creating
2525 jobs and bolstering the economy, the array of bills before us
2526 today have failed to deliver on this promise. In fact, not
2527 only do the majority's proposals today do nothing to create
2528 jobs or bolster the economy, a number of these bills actually
2529 exacerbate the problem by taking away new job opportunities.
2530 And this bill is one such example.

2531 With new investments in the healthcare law, we took
2532 tremendous strides, tremendous strides towards expanding the
2533 primary care workforce. And we are already on the path to
2534 train 16,000 new primary care providers. So far in my home
2535 State of Wisconsin, we have received \$3.8 million for a
2536 primary care residency program. And we know how important
2537 training primary care physicians and other providers is for
2538 our economy and for the rest of the healthcare system because
2539 if you think about it, these doctors and nurses serve as

2540 gatekeepers in the healthcare system keeping people out of
2541 emergency rooms and helping us to grapple with spiraling
2542 healthcare costs by controlling them.

2543 This Republican bill that fundamentally alters the
2544 Teaching Centers Development Grants program places this
2545 investment at risk and really could ultimately worsen the
2546 healthcare workforce shortage. And I fail to see how taking
2547 away funding for critical jobs will help bolster our economy
2548 or improve our healthcare system.

2549 And I would point out again it used to be that
2550 addressing workforce shortages in the primary care and public
2551 health system was a bipartisan issue. Our committee worked
2552 together on numerous proposals, some of which are
2553 incorporated in the Affordable Care Act. But this just seems
2554 to be yet another attempt to if you fail at repealing the
2555 entire bill, then pick it apart piece by piece. I strongly
2556 urge my colleagues to vote against this measure. And I yield
2557 back the balance of my time.

2558 Mr. {Pitts.} The chair thanks the gentlelady. Does
2559 anyone else seek recognition? For what purpose does the
2560 gentlelady seek recognition?

2561 Mrs. {Capps.} To strike the last word.

2562 Mr. {Pitts.} The gentlelady is recognized for 5
2563 minutes.

2564 Mrs. {Capps.} Thank you, Mr. Chairman. I am speaking
2565 in opposition as well to H.R. 1216, a bill to defund critical
2566 medical education programs in the community, the Teaching
2567 Health Centers program. The Teaching Health Centers program
2568 allows community-based health centers to train future primary
2569 care doctors in their communities. Not only do these
2570 programs expand primary care services to those who need them
2571 most, but they also train new providers with the experience
2572 and expertise needed to serve these populations. It is a
2573 unique concept and it is very worthwhile to be funded. But
2574 this misguided bill would defund the program, taking many
2575 qualified Americans out of the primary care workforce even
2576 before they are able to join it.

2577 Moreover, cutting these training programs also affects
2578 existing jobs. There are already 11 community-based entities
2579 from States across the country that have already committed to
2580 training primary care residents and they have expanded their
2581 programs to do so. Taking away this funding is going to make
2582 it hard to justify the expansion from these clinics, forcing
2583 very tough choices and possible layoffs right at a time when
2584 our economy cannot withstand that.

2585 It will also deter other entities from participating in
2586 this program, since the funding will be very uncertain,
2587 making it more difficult to make business decisions to hire

2588 new instructors to do so.

2589 Yesterday in this subcommittee, Members on the other
2590 side of the aisle warned of a shortage of medical
2591 professionals and that the Affordable Care Act would permit
2592 too many Americans access to primary care and that there
2593 wouldn't be enough service providers to go around. And then
2594 today we are here looking at a bill that would cut a program
2595 that directly creates more medical professionals with just
2596 the expertise that is needed to fund expanding healthcare
2597 services for newly enrolled service recipients. This doesn't
2598 add up.

2599 The choice on H.R. 1216 is clear. If the claims of
2600 shortages in the medical profession we heard yesterday are
2601 false, then vote for this bill. But if you believe, like so
2602 many have pointed out yesterday and that the public really
2603 understands, that we do need more primary care professionals,
2604 professionals with the expertise to treat us, to treat our
2605 children, to treat our grandchildren and the vast array of
2606 people in the communities now who, at this point, are not
2607 accessing healthcare services, then you have to vote against
2608 H.R. 1216 so that we can preserve and protect this important
2609 program.

2610 With national unemployment at 9 percent, I think we
2611 should all be able to agree that this job-cutting legislation

2612 is the wrong thing for Americans. It is the wrong cut at the
2613 wrong time. So I urge a ``no'' vote, and I will yield my
2614 time to anyone or I will yield it back. I will yield back.

2615 Mr. {Pitts.} All right. The gentlelady yields back.
2616 The time for debate, I think, is expired. The question now
2617 occurs on favorably reporting H.R. 1216 to the full
2618 committee. All those in favor, say aye. Those opposed, no.
2619 The ranking member has requested a recorded vote, so the
2620 question on favorably reporting the bill to the full
2621 committee is postponed until this afternoon.

|

2622 H.R. 1215

2623 Mr. {Pitts.} The chair now calls up H.R. 1215 and asks
2624 the clerk to report.

2625 The {Clerk.} H.R. 1215 to amend Title V of the Social
2626 Security Act.

2627 [H.R. 1215 follows:]

2628 ***** INSERT 5 *****

|
2629 Mr. {Pitts.} Without objection, the first reading of
2630 the bill is dispensed with. So ordered. Are there any
2631 amendments or discussion on the bill?

2632 Mr. {Latta.} Mr. Chairman?

2633 Mr. {Pitts.} The chair recognizes the gentleman Mr.
2634 Latta for 5 minutes.

2635 Mr. {Latta.} I thank the chairman. I bring before the
2636 committee today H.R. 1215, which relates to Section 2953 of
2637 the healthcare law.

2638 My legislation amends Title V of the Social Security Act
2639 to convert funding for Personal Responsibility programming
2640 from mandatory spending to an authorization of
2641 appropriations. This bill will also rescind any unobligated
2642 funds. I am extremely troubled the fact that ObamaCare put
2643 in place programs and spending that bypass Congress and gives
2644 full control over to the administration.

2645 Section 2953 establishes State grants for Personal
2646 Responsibility Education Programs to educate adolescents
2647 about adulthood preparation. The programs in this section
2648 are duplicative of existing government programs and each
2649 program must be reviewed to ensure that taxpayer dollars are
2650 best utilized and funds are not being duplicated.

2651 I am very supportive of this bill that will convert the

2652 appropriation contained in this section of \$75 million for
2653 each of the fiscal years 2010 through 2014 into an
2654 authorization. Congress needs to be the ones that determine
2655 funding through the programs and determine if they are
2656 duplicative and determine this through the normal
2657 appropriations process. Making this change could potentially
2658 save \$375 million over 5 years. This is a large savings at a
2659 time when we must get our fiscal house in order.

2660 Supporters of the program contained in Section 2953 will
2661 have the ability to ensure that they are funded just like any
2662 other federal programs are funded through the normal
2663 appropriations process.

2664 Again, as I said earlier, my constituents back home want
2665 Congress to get its fiscal house in order by reducing the
2666 debt and the deficit and eliminating needed spending. There
2667 are many more savings by fully repealing ObamaCare, as we
2668 have heard during the legislative hearing on this bill. CRS
2669 has found that ObamaCare contains 105 billion in
2670 implementation spending that bypasses Congress' normal
2671 appropriations process.

2672 Converting Section 2953 of ObamaCare into an
2673 authorization and subject to congressional oversight is a
2674 positive step in cutting unnecessary spending and eliminating
2675 more bureaucratic control by the administration. I ask for

2676 your support of H.R. 1215. Thank you, Mr. Chairman. I yield
2677 back.

2678 Mr. {Pitts.} The chair thanks the gentleman. For what
2679 purpose does the gentleman seek recognition?

2680 Mr. {Pallone.} Strike the last word.

2681 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

2682 Mr. {Pallone.} Mr. Chairman, the U.S. has one of the
2683 highest teen pregnancy rates in the developed world. Each
2684 year, more than 750,000 women age 15 to 19 become pregnant
2685 with more than 80 percent of these pregnancies unintended.
2686 In addition, 1 in 4 young women ages 15 to 19 has a sexually
2687 transmitted disease and young people account for over 1/3 of
2688 the estimated 56,000 new HIV infections each year. Our teens
2689 clearly need all the help we can reasonably and thoughtfully
2690 and accurately provide to address this problem.

2691 The program PREP, which is what the gentleman is seeking
2692 to defund, is the only state grant program of its kind
2693 designed to address the interrelated prevention and health
2694 needs of adolescents. Under the Affordable Care Act, the
2695 program received \$75 million for each of 5 fiscal years, 2010
2696 through '14. Of this amount, 55 million is dedicated to
2697 state grants and States have complete discretion whether or
2698 not to apply for PREP funding. It is not mandatory. The
2699 response has been overwhelmingly positive. 43 States and

2700 D.C. have applied for PREP support.

2701 Programs supported by PREP are required to provide
2702 information on both abstinence and contraception for the
2703 prevention of unintended pregnancy and sexually transmitted
2704 infections, including HIV. They must be evidence-based.
2705 Programs must also address at least 3 adult preparation
2706 topics. Comprehensive approaches to sex education, those
2707 that are medically accurate, age appropriate, and that
2708 include information about both abstinence and contraception
2709 have been found to be effective in delaying the onset of
2710 sexual intercourse, reducing the number of sexual partners,
2711 and increasing contraception and condom use among teens. And
2712 this stands in stark contrast, I might add, to Abstinence-
2713 Only-Until-Marriage programs.

2714 It makes absolutely no sense, in my opinion, to take
2715 away funding for this program. This is especially true in
2716 light of the fact that our Republican colleagues stand ready
2717 to support continued mandatory funding for a related program
2718 which studies indicate does not work, and that is the
2719 Abstinence-Only-Until-Marriage program, also found under
2720 Title V of the Social Security Act.

2721 So put aside for the moment that 1 program actually has
2722 a proven track record and the other does not, but let us just
2723 examine the hypocrisy. What is the justification for

2724 providing mandatory spending for 1 program and not the other?
2725 And the answer is simple. That is that the Republicans like
2726 the Abstinence-Only program and they don't like PREP. It is
2727 clear. I mean for a party that claims to be the defenders of
2728 States' rights, my Republican colleagues should remember that
2729 43 States, including Ohio and Pennsylvania, applied for PREP
2730 while only 30 applied for Abstinence-Only. So clearly the
2731 governors see a strong value in PREP and for that reason I
2732 would urge my colleagues to oppose this legislation.

2733 Mr. {Pitts.} The chair thanks the gentleman. The chair
2734 recognizes himself for 5 minutes to respond.

2735 The proposed legislation converts the mandatory spending
2736 program created under PPACA into an authorization. Many of
2737 the subjects taught in these programs are duplicative of
2738 other prevention programs offered throughout the Federal
2739 Government to reduce high-risk teenage behavior and increase
2740 protective factors. Programs to prevent overeating, reckless
2741 driving, gang membership, unemployment, and criminal
2742 activities are funded in the Department of Health and Human
2743 Services and Education, Labor, Transportation, and Justice.
2744 The Department of Education has programs for career
2745 development and financial literacy that will also be funded
2746 through this program.

2747 The proposed legislation would convert this new grant

2748 program into an authorization. Supporters of the program
2749 would have the ability to ensure that it is funded but will
2750 have to demonstrate that it is not duplicative of other
2751 federal programs.

2752 Does anyone seek recognition? For what purpose does the
2753 gentlelady from California seek recognition?

2754 Mrs. {Capps.} I move to strike the last word.

2755 Mr. {Pitts.} The gentlelady is recognized for 5
2756 minutes.

2757 Mrs. {Capps.} I speak in opposition to H.R. 1215, which
2758 is a bill to defund important education programs to keep our
2759 youth healthy. Most of all, they are teenagers and long into
2760 their adulthood. The Personal Responsibility Education
2761 Program, or PREP program, provides important funding to
2762 ensure that youth receive evidence-based, effective education
2763 to protect themselves from unplanned pregnancies, from
2764 unhealthy relationships, and sexually transmitted diseases
2765 like HIV.

2766 These programs truly embody that--I know this has been
2767 used already in this hearing but this is so clearly true
2768 here--an ounce of prevention is certainly a pound of cure
2769 both for the individual and really for our Nation as a whole.
2770 Preventing teen pregnancy or postponing teen pregnancy keeps
2771 our Medicaid costs low, keeps our children in school so that

2772 they can learn, it sets them up for better job opportunities
2773 in the future. And preventing the spread of sexually
2774 transmitted disease and HIV keeps individuals healthy and in
2775 the workforce. It can prevent against cancer and
2776 infertility, and it can keep our young people off expensive
2777 medication regiments.

2778 Just as we use math skills every day long after we
2779 graduate, the skills taught in these programs, the PREP
2780 programs, can protect and enhance the wellbeing of youth long
2781 into their futures. But this bill to eliminate funding for
2782 this program is not only misguided public policy, it also
2783 highlights the hypocrisy of those on the other side of the
2784 aisle who claim mandatory funding is in some respects
2785 invalid. It is invalid in some respects. And yet a program
2786 that would fund Abstinence-Only-Until-Marriage programs,
2787 programs which have been discredited as ineffective and
2788 discriminatory and in some cases even harmful, this program
2789 remains untouched, a mandated program.

2790 And just like we have witnessed in this and other
2791 subcommittees, science and evidence comes second when
2792 compared with dogma and politics. In this way, the double
2793 standard of those who wish to take away funding from the PREP
2794 program and yet let it remain in a mandated program for
2795 abstinence, this is really clear, this double standard. The

2796 money is there. Nearly every State in the Union has applied
2797 for it and already they have received grants, many States, to
2798 bring this critical education to their young people. The
2799 States know how important and cost-saving this kind of
2800 funding is.

2801 So I urge a ``no'' vote on this bill so that we can
2802 continue to have the opportunity to take care of our youth
2803 and set them back on a path for a healthier life. And Mr.
2804 Chairman, I am asking unanimous consent to enter into the
2805 record a letter from the Sex Education Coalition in
2806 opposition to this misguided bill. I believe the letter may
2807 be on file already.

2808 Mr. {Pitts.} Without objection it will be entered into
2809 the record.

2810 [The information follows:]

2811 ***** COMMITTEE INSERT *****

|
2812 Mrs. {Capps.} Thank you, Mr. Chairman. I am prepared
2813 to yield back.

2814 Mr. {Pitts.} The chair thanks the gentlelady. Does
2815 anyone else seek recognition? The gentleman from Georgia,
2816 Dr. Gingrey, for 5 minutes.

2817 Dr. {Gingrey.} Mr. Chairman, thank you. And I intend
2818 to yield some of my time to the author of the bill, Mr.
2819 Latta.

2820 You know, we are discussing in all 5 of these bills
2821 today, you know, it is an issue of fiscal responsibility in
2822 converting mandatory directed spending to discretionary, and
2823 I for the life of me can't understand why any Member of
2824 Congress wouldn't want to continue to have that kind of
2825 oversight to look at programs and particularly this program,
2826 this Personal Responsibility Education Program, when there
2827 are so many programs so similar if not identical. The
2828 chairman just spoke of a number of programs. The Title XX
2829 Funds and the Office of Adolescent Pregnancy programs have a
2830 lot of funding in regard to this.

2831 And so our issue is not with the worthiness of education
2832 and educating our youth and helping them understand what
2833 risky behavior is all about and the tragic consequences of
2834 risky behavior. We understand that. We get it. But it is

2835 simply to say once again in this bill that we think that
2836 there should not be just an automatic pilot on these spending
2837 programs. You lose control of it. I know \$375 million worth
2838 of spending in a \$1 trillion seems like a spit in the ocean,
2839 but, you know, first thing you know, as has been said before,
2840 it amounts to real dollars. So that is what the concern here
2841 on our side of the aisle, this Member, and I think all of my
2842 colleagues over on this side are questioning why we want to
2843 change this. It is not that we are opposed to the education
2844 aspect. We think that is very important. With that, Mr.
2845 Chairman, I want to yield what remaining time I have to my
2846 colleague from Ohio, Mr. Latta.

2847 Mr. {Latta.} Well, thank you very much. I appreciate
2848 the gentleman for yielding.

2849 And just to go over just a few of these and to show you
2850 where we are on dollars. This is for the fiscal year 2012
2851 request. And we are looking for the Center for Disease
2852 Control and Prevention--I am just going to round these off if
2853 I may--\$22 million, Teen Pregnancy Prevention; HIV School
2854 Health, \$40 million; Department of Ed Promised Neighborhoods,
2855 \$150 million; Substance Abuse and Mental Health Services
2856 Administration, Minority AIDS Initiative, \$41 million; Health
2857 Service Resources Services Administration, Maternal and Child
2858 Health Block Grant, again fiscal year 2012 request, \$655

2859 million. This is for family planning for teens to prevent
2860 pregnancy and sexually transmitted diseases. Title X, \$327
2861 million, information screening on pregnancy and sexually
2862 transmitted diseases, HIV, and AIDS. This program serves
2863 teens and young adults under the age of 20. Offices
2864 Assistant Secretary for Health Administration for Children
2865 and Families, you are looking at the Office of Minority
2866 Health, another about 58 million; in Promoting Safe and
2867 Stable Families, \$443 million. I appreciate the gentleman
2868 for yielding.

2869 Mr. {Pitts.} The chairman thanks the gentleman. Anyone
2870 else seeking recognition? For what purpose does the
2871 gentl lady seek recognition?

2872 Ms. {Baldwin.} Mr. Chairman, to strike the requisite
2873 number of words.

2874 Mr. {Pitts.} The gentl lady is recognized for 5
2875 minutes.

2876 Ms. {Baldwin.} Thank you, Mr. Chairman. And before I
2877 begin I would like to ask unanimous consent to submit for the
2878 record a letter of support for the Personal Responsibility
2879 Education Program led by advocates for youth and signed by
2880 115 national, state, and local organizations, including the
2881 AIDS Foundation of Chicago and the Illinois Caucus for
2882 Adolescent Health. I am doing this at the request of

2883 Congresswoman Schakowsky, and I believe she has submitted
2884 these documents to the majority for a prescreening.

2885 Mr. {Pitts.} Without objection, it will be entered into
2886 the record.

2887 [The information follows:]

2888 ***** COMMITTEE INSERT *****

|
2889 Ms. {Baldwin.} Thank you, Mr. Chairman.

2890 Each of the bills that we have been reviewing today and
2891 marking up represent the Republican attempt to either repeal
2892 the new healthcare law piece by piece or dismantle the
2893 programs that have already gone into effect or eliminating
2894 reliable funding for critical programs that will reduce
2895 overall health spending while improving the health and lives
2896 of millions of Americans.

2897 These bills before us today will not create jobs or
2898 foster economic growth. The Personal Responsibility
2899 Education Program or PREP is focused on preventing unintended
2900 teen pregnancy and reducing cases of sexually transmitted
2901 disease, including HIV and AIDS. Funding through PREP has
2902 already been distributed to States through grants to programs
2903 that target at-risk youth ages 10 to 19, particularly youth
2904 who are homeless or in foster care or live in areas with high
2905 teen birthrates or are living currently with HIV and AIDS.

2906 The programs which receive grant funding are required to
2907 place a substantial emphasis on both abstinence and
2908 contraceptive use. Importantly, these programs must be
2909 evidence-based. Wisconsin, my home State, will receive \$4.7
2910 million over the next 5 years through PREP, assuming that we
2911 defeat this bill. Upon receipt of this grant funding, our

2912 former Secretary of Health Services in Wisconsin, Karen
2913 Timberlake, praised another critical benefit of PREP funding.
2914 The program will lead to cost-savings in other areas of our
2915 health system. Secretary Karen Timberlake said for each
2916 child who makes healthier choices for themselves, we also
2917 realize cost-savings in Wisconsin's Medicaid program and many
2918 other programs as well.

2919 Mr. Chairman, I fail to see how endangering funding for
2920 this really critical program that will lead to an overall
2921 reduction in healthcare spending is considered fiscally
2922 responsible. Furthermore, I fail to see how endangering
2923 funding for a program that will improve the lives and health
2924 of our young people is socially or morally responsible.

2925 And I also just want to note that viewed in the greater
2926 context of Republican efforts to zero out and attack family
2927 planning services in America, I feel that this is yet another
2928 attack on American women, in this case young women and girls.
2929 I urge my colleagues to vote against this irresponsible
2930 measure, and I yield back the balance of my time.

2931 Mr. {Pitts.} The chair thanks the gentlelady. Anyone
2932 else seeking recognition? For what purpose does the
2933 gentleman seek recognition?

2934 Mr. {Engel.} Yes, Mr. Chairman. I move to strike the
2935 last word.

2936 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

2937 Mr. {Engel.} Thank you, Mr. Chairman.

2938 Let me just say that if my friends on the other side of
2939 the aisle believe that these programs should be authorized
2940 rather than mandatory, then why wouldn't you convert
2941 Abstinence-Only programs from mandatory to discretionary? I
2942 mean it is the same logic?

2943 ACA appropriates \$75 million per year through fiscal
2944 year 2014 for Personal Responsibility Education Grants or
2945 PREP. PREP grants go to States with programs to educate
2946 adolescents on abstinence and contraception for prevention of
2947 teenage pregnancy and sexually transmitted infections,
2948 including HIV/AIDS and high-risk, vulnerable, and culturally
2949 underrepresented populations. Funding is also available for
2950 evidence-based innovative teen pregnancy prevention
2951 strategies. Funding is also used for research and evaluation
2952 training and technical assistance.

2953 On September 30 last year, 2010, HHS announced PREP
2954 grant awards totally \$55 million. Of this amount, \$45
2955 million was awarded as formula grants to the 46 States,
2956 including Washington, D.C., and the remaining 10 million was
2957 awarded competitively to a broad range of grantees to test
2958 innovative approaches to reducing teen pregnancy and repeat
2959 pregnancy among those under the age of 21. I mean I strongly

2960 believe we should be empowering Americans to take a hold of
2961 their healthcare and help educate them on safe health
2962 practices.

2963 I also want to make the point that States have the
2964 option to apply or not apply for PREP funds and we should
2965 support this right. As I mentioned, 43 States plus D.C.
2966 applied for PREP funding and these are governors who applied
2967 for these funding who are both Democrats and Republicans.
2968 And in contrast, only 30 States applied for Abstinence-Only
2969 funding. So 43 States applied for this PREP funding whereas
2970 only 30 States applied for Abstinence-Only funding, yet we
2971 want to make the program that 43 States applied for--we want
2972 to make those authorized rather than mandatory. But when it
2973 comes to Abstinence-Only, we go in the opposite direction.

2974 So let us be consistent here. We should support States
2975 that want to apply for evidence-based grant programs. We
2976 should really, really do that. And I would ask my friend why
2977 didn't he introduce a bill to convert Abstinence-Only, which
2978 is Section 513 of the Social Security Act to an
2979 authorization? I mean why do this and not do the other? I
2980 just don't get it. So I think this is a bad idea. I oppose
2981 this bill.

2982 And again, as I mentioned before, this is simply once
2983 again trying to dismantle the healthcare bill piece by piece

2984 by piece. It is ill-advised and it should be defeated,
2985 particularly, as I pointed out, when we have such an
2986 inconsistency. You know, you can't be inconsistent. I mean
2987 you can be inconsistent but it is not very compelling. A
2988 program you like you want to make mandatory. A program you
2989 don't like you want to make it authorized rather than
2990 mandatory. If you want to change it, change everything and
2991 then maybe we could understand where you are coming from.
2992 But right now with this picking and choosing, if you don't
2993 like what we did, then what you are doing is not any better.
2994 I yield back and I oppose the bill.

2995 Mr. {Pitts.} The chair thanks the gentleman. The
2996 question now occurs on favorably reporting H.R. 1215 to the
2997 full committee. All those in favor, say aye. Those opposed,
2998 no. The ranking member requests a recorded vote so the
2999 question of favorably reporting the bill to the full
3000 committee is postponed until this afternoon.

3001 Mr. {Pallone.} Mr. Chairman?

3002 Mr. {Pitts.} For what purpose does the gentleman seek
3003 recognition?

3004 Mr. {Pallone.} I just wanted to ask Mr. Chairman
3005 unanimous consent to enter the following letters in
3006 opposition to H.R. 1215, which I believe you have. One is a
3007 group sign-on letter from local, state, and national

3008 organizations, including the American Public Health
3009 Association. And the second is from HIV Healthcare Access
3010 Working Group.

3011 Mr. {Pitts.} Without objections, so ordered.

3012 [The information follows:]

3013 ***** COMMITTEE INSERT *****

|
3014 Mr. {Pitts.} As indicated, the subcommittee will now
3015 stand in recess until 2:30. If there are floor votes being
3016 conducted at that time, we will convene immediately after the
3017 last vote. At that time, the only business we will conduct
3018 is the 5 roll call votes that have been requested, ordered.
3019 The subcommittee will now stand in recess.

3020 [Recess.]

3021 Mr. {Pitts.} The subcommittee will come to order. When
3022 the subcommittee recessed it had completed action on 5 pieces
3023 of legislation under the new healthcare law. We will now
3024 conduct the roll call votes on reporting those bills
3025 favorably to the committee. As a reminder, the bills were
3026 first H.R. 1217, a bill to repeal the Prevention and Public
3027 Health Fund. Secondly, H.R. 1214, a bill to repeal mandatory
3028 funding for school-based health center construction.
3029 Thirdly, H.R. 1213, a bill to repeal mandatory funding
3030 provided to States in the Patient Protection and Affordable
3031 Care Act to establish American healthcare exchanges.
3032 Fourthly, H.R. 1216, a bill to amend the Public Health
3033 Service Act to convert funding for graduate medical education
3034 in qualified teaching health centers from direct
3035 appropriations to an authorization of appropriations. And
3036 finally, H.R. 1215, a bill to amend Title V of the Social

3037 Security Act to convert funding for Personal Responsibility
3038 Education Programs from direct appropriations to an
3039 authorization of appropriations. The clerk will call the
3040 roll on H.R. 1217.

3041 The {Clerk.} Mr. Burgess?

3042 [No response.]

3043 The {Clerk.} Mr. Whitfield?

3044 [No response.]

3045 The {Clerk.} Mr. Shimkus?

3046 Mr. {Shimkus.} Yes.

3047 The {Clerk.} Mr. Shimkus, aye.

3048 Mr. Rogers?

3049 Mr. {Rogers.} Aye.

3050 The {Clerk.} Mr. Rogers, aye.

3051 Mrs. Myrick?

3052 [No response.]

3053 The {Clerk.} Mr. Murphy?

3054 Mr. {Murphy.} Aye.

3055 The {Clerk.} Mr. Murphy, aye.

3056 Mrs. Blackburn?

3057 Mrs. {Blackburn.} Aye.

3058 The {Clerk.} Mrs. Blackburn, aye.

3059 Mr. Gingrey?

3060 Dr. {Gingrey.} Aye.

- 3061 The {Clerk.} Mr. Gingrey, aye.
- 3062 Mr. Latta?
- 3063 Mr. {Latta.} Aye.
- 3064 The {Clerk.} Mr. Latta, aye.
- 3065 Mrs. McMorris Rodgers?
- 3066 Mrs. {McMorris Rodgers.} Aye.
- 3067 The {Clerk.} Mrs. McMorris Rodgers, aye.
- 3068 Mr. Lance?
- 3069 Mr. {Lance.} Aye.
- 3070 The {Clerk.} Mr. Lance, aye.
- 3071 Mr. Cassidy?
- 3072 Dr. {Cassidy.} Aye.
- 3073 The {Clerk.} Mr. Cassidy, aye.
- 3074 Mr. Guthrie?
- 3075 Mr. {Guthrie.} Aye.
- 3076 The {Clerk.} Mr. Guthrie, aye.
- 3077 Mr. Barton?
- 3078 [No response.]
- 3079 The {Clerk.} Mr. Upton?
- 3080 The {Chairman.} Aye.
- 3081 The {Clerk.} Mr. Upton, aye.
- 3082 Mr. Pallone?
- 3083 Mr. {Pallone.} No.
- 3084 The {Clerk.} Mr. Pallone, no.

3085 Mr. Dingell?
3086 Mr. {Dingell.} No.
3087 The {Clerk.} Mr. Dingell, no.
3088 Mr. Towns?
3089 Mr. {Towns.} No.
3090 The {Clerk.} Mr. Towns, no.
3091 Mr. Engel?
3092 Mr. {Engel.} No.
3093 The {Clerk.} Mr. Engel, no.
3094 Mrs. Capps?
3095 Mrs. {Capps.} No.
3096 The {Clerk.} Mrs. Capps, no.
3097 Ms. Schakowsky?
3098 Ms. {Schakowsky.} No.
3099 The {Clerk.} Ms. Schakowsky, no.
3100 Mr. Gonzalez?
3101 Mr. {Gonzalez.} No.
3102 The {Clerk.} Mr. Gonzalez, no.
3103 Ms. Baldwin?
3104 Ms. {Baldwin.} No.
3105 The {Clerk.} Ms. Baldwin, no.
3106 Mr. Ross?
3107 Mr. {Ross.} No.
3108 The {Clerk.} Mr. Ross, no.

3109 Mr. Weiner?

3110 Mr. {Weiner.} No.

3111 The {Clerk.} Mr. Weiner, no.

3112 Mr. Waxman?

3113 Mr. {Waxman.} No.

3114 The {Clerk.} Mr. Waxman, no.

3115 Mr. Pitts?

3116 Mr. {Pitts.} Aye.

3117 The {Clerk.} Mr. Pitts, aye.

3118 Mr. Burgess, aye.

3119 Mrs. Myrick?

3120 Mrs. {Myrick.} Aye.

3121 The {Clerk.} Mrs. Myrick, aye.

3122 Mr. {Pitts.} The clerk will report the result.

3123 The {Clerk.} Mr. Chairman, on that there were 14 ayes

3124 and 11 nays.

3125 Mr. {Pitts.} The ayes have it and the bill is favorably

3126 reported. The Clerk will call the roll on H.R. 1214.

3127 The {Clerk.} Mr. Burgess?

3128 Dr. {Burgess.} Aye.

3129 The {Clerk.} Mr. Burgess, aye.

3130 Mr. Whitfield?

3131 [No response.]

3132 The {Clerk.} Mr. Shimkus?

- 3133 Mr. {Shimkus.} Aye.
- 3134 The {Clerk.} Mr. Shimkus, aye.
- 3135 Mr. Rogers?
- 3136 Mr. {Rogers.} Aye.
- 3137 The {Clerk.} Mr. Rogers, aye.
- 3138 Mrs. Myrick?
- 3139 [No response.]
- 3140 The {Clerk.} Mr. Murphy?
- 3141 Mr. {Murphy.} Aye.
- 3142 The {Clerk.} Mr. Murphy, aye.
- 3143 Mrs. Blackburn?
- 3144 Mrs. {Blackburn.} Aye.
- 3145 The {Clerk.} Mrs. Blackburn, aye.
- 3146 Mr. Gingrey?
- 3147 Dr. {Gingrey.} Aye.
- 3148 The {Clerk.} Mr. Gingrey, aye.
- 3149 Mr. Latta?
- 3150 Mr. {Latta.} Aye.
- 3151 The {Clerk.} Mr. Latta, aye.
- 3152 Mrs. McMorris Rodgers?
- 3153 Mrs. {McMorris Rodgers.} Aye.
- 3154 The {Clerk.} Mrs. McMorris Rodgers, aye.
- 3155 Mr. Lance?
- 3156 Mr. {Lance.} Aye.

3157 The {Clerk.} Mr. Lance, aye.
3158 Mr. Cassidy?
3159 Dr. {Cassidy.} Aye.
3160 The {Clerk.} Mr. Cassidy, aye.
3161 Mr. Guthrie?
3162 Mr. {Guthrie.} Aye.
3163 The {Clerk.} Mr. Guthrie, aye.
3164 Mr. Barton?
3165 [No response.]
3166 The {Clerk.} Mr. Upton?
3167 The {Chairman.} Aye.
3168 The {Clerk.} Mr. Upton, aye.
3169 Mr. Pallone?
3170 Mr. {Pallone.} No.
3171 The {Clerk.} Mr. Pallone, no.
3172 Mr. Dingell?
3173 Mr. {Dingell.} No.
3174 The {Clerk.} Mr. Dingell, no.
3175 Mr. Towns?
3176 Mr. {Towns.} No.
3177 The {Clerk.} Mr. Towns, no.
3178 Mr. Engel?
3179 Mr. {Engel.} No.
3180 The {Clerk.} Mr. Engel, no.

- 3181 Mrs. Capps?
- 3182 Mrs. {Capps.} No.
- 3183 The {Clerk.} Mrs. Capps, no.
- 3184 Ms. Schakowsky?
- 3185 Ms. {Schakowsky.} No.
- 3186 The {Clerk.} Ms. Schakowsky, no.
- 3187 Mr. Gonzalez?
- 3188 Mr. {Gonzalez.} No.
- 3189 The {Clerk.} Mr. Gonzalez, no.
- 3190 Ms. Baldwin?
- 3191 Ms. {Baldwin.} No.
- 3192 The {Clerk.} Ms. Baldwin, no.
- 3193 Mr. Ross?
- 3194 Mr. {Ross.} No.
- 3195 The {Clerk.} Mr. Ross, no.
- 3196 Mr. Weiner?
- 3197 Mr. {Weiner.} No.
- 3198 The {Clerk.} Mr. Weiner, no.
- 3199 Mr. Waxman?
- 3200 Mr. {Waxman.} No.
- 3201 The {Clerk.} Mr. Waxman, no.
- 3202 Mr. Pitts?
- 3203 Mr. {Pitts.} Aye.
- 3204 The {Clerk.} Mr. Pitts, aye.

3205 Mr. {Pitts.} Are there other Members wishing to be
3206 recorded?

3207 The {Clerk.} Mrs. Myrick?

3208 Mrs. {Myrick.} Aye.

3209 The {Clerk.} Mrs. Myrick, aye.

3210 Mr. {Pitts.} The clerk will report the result.

3211 The {Clerk.} Mr. Chairman, on that there were 14 ayes
3212 and 11 nays.

3213 Mr. {Pitts.} The ayes have it and the bill is favorably
3214 reported. The Clerk will call the roll on H.R. 1213.

3215 The {Clerk.} Mr. Burgess?

3216 Dr. {Burgess.} Aye.

3217 The {Clerk.} Mr. Burgess, aye.

3218 Mr. Whitfield?

3219 [No response.]

3220 The {Clerk.} Mr. Shimkus?

3221 Mr. {Shimkus.} Yes.

3222 The {Clerk.} Mr. Shimkus, aye.

3223 Mr. Rogers?

3224 Mr. {Rogers.} Yes.

3225 The {Clerk.} Mr. Rogers, aye.

3226 Mrs. Myrick?

3227 Mrs. {Myrick.} Aye.

3228 The {Clerk.} Mrs. Myrick, aye.

- 3229 Mr. Murphy?
- 3230 Mr. {Murphy.} Aye.
- 3231 The {Clerk.} Mr. Murphy, aye.
- 3232 Mrs. Blackburn?
- 3233 Mrs. {Blackburn.} Aye.
- 3234 The {Clerk.} Mrs. Blackburn, aye.
- 3235 Mr. Gingrey?
- 3236 Dr. {Gingrey.} Aye.
- 3237 The {Clerk.} Mr. Gingrey, aye.
- 3238 Mr. Latta?
- 3239 Mr. {Latta.} Aye.
- 3240 The {Clerk.} Mr. Latta, aye.
- 3241 Mrs. McMorris Rodgers?
- 3242 Mrs. {McMorris Rodgers.} Aye.
- 3243 The {Clerk.} Mrs. McMorris Rodgers, aye.
- 3244 Mr. Lance?
- 3245 Mr. {Lance.} Aye.
- 3246 The {Clerk.} Mr. Lance, aye.
- 3247 Mr. Cassidy?
- 3248 Dr. {Cassidy.} Aye.
- 3249 The {Clerk.} Mr. Cassidy, aye.
- 3250 Mr. Guthrie?
- 3251 Mr. {Guthrie.} Aye.
- 3252 The {Clerk.} Mr. Guthrie, aye.

3253 Mr. Barton?

3254 [No response.]

3255 The {Clerk.} Mr. Upton?

3256 The {Chairman.} Aye.

3257 The {Clerk.} Mr. Upton, aye.

3258 Mr. Pallone?

3259 Mr. {Pallone.} No.

3260 The {Clerk.} Mr. Pallone, no.

3261 Mr. Dingell?

3262 Mr. {Dingell.} No.

3263 The {Clerk.} Mr. Dingell, no.

3264 Mr. Towns?

3265 Mr. {Towns.} No.

3266 The {Clerk.} Mr. Towns, no.

3267 Mr. Engel?

3268 Mr. {Engel.} No.

3269 The {Clerk.} Mr. Engel, no.

3270 Mrs. Capps?

3271 Mrs. {Capps.} No.

3272 The {Clerk.} Mrs. Capps, no.

3273 Ms. Schakowsky?

3274 Ms. {Schakowsky.} No.

3275 The {Clerk.} Ms. Schakowsky, no.

3276 Mr. Gonzalez?

3277 Mr. {Gonzalez.} No.

3278 The {Clerk.} Mr. Gonzalez, no.

3279 Ms. Baldwin?

3280 Ms. {Baldwin.} No.

3281 The {Clerk.} Ms. Baldwin, no.

3282 Mr. Ross?

3283 Mr. {Ross.} No.

3284 The {Clerk.} Mr. Ross, no.

3285 Mr. Weiner?

3286 Mr. {Weiner.} No.

3287 The {Clerk.} Mr. Weiner, no.

3288 Mr. Waxman?

3289 Mr. {Waxman.} No.

3290 The {Clerk.} Mr. Waxman, no.

3291 Mr. Pitts?

3292 Mr. {Pitts.} Aye.

3293 The {Clerk.} Mr. Pitts, aye.

3294 Mr. {Pitts.} Are there other Members wishing to be
3295 recorded? The clerk will report the result.

3296 The {Clerk.} Mr. Chairman, on that there were 14 ayes,
3297 11 nays.

3298 Mr. {Pitts.} The ayes have it and the bill is favorably
3299 reported. The Clerk will call the roll on H.R. 1216.

3300 The {Clerk.} Mr. Burgess?

- 3301 Dr. {Burgess.} Aye.
- 3302 The {Clerk.} Mr. Burgess, aye.
- 3303 Mr. Whitfield?
- 3304 [No response.]
- 3305 The {Clerk.} Mr. Shimkus?
- 3306 Mr. {Shimkus.} Aye.
- 3307 The {Clerk.} Mr. Shimkus, aye.
- 3308 Mr. Rogers?
- 3309 Mr. {Rogers.} Aye.
- 3310 The {Clerk.} Mr. Rogers, aye.
- 3311 Mrs. Myrick?
- 3312 Mrs. {Myrick.} Aye.
- 3313 The {Clerk.} Mrs. Myrick, aye.
- 3314 Mr. Murphy?
- 3315 Mr. {Murphy.} Aye.
- 3316 The {Clerk.} Mr. Murphy, aye.
- 3317 Mrs. Blackburn?
- 3318 Mrs. {Blackburn.} Aye.
- 3319 The {Clerk.} Mrs. Blackburn, aye.
- 3320 Mr. Gingrey?
- 3321 Dr. {Gingrey.} Aye.
- 3322 The {Clerk.} Mr. Gingrey, aye.
- 3323 Mr. Latta?
- 3324 Mr. {Latta.} Aye.

- 3325 The {Clerk.} Mr. Latta, aye.
- 3326 Mrs. McMorris Rodgers?
- 3327 Mrs. {McMorris Rodgers.} Aye.
- 3328 The {Clerk.} Mrs. McMorris Rodgers, aye.
- 3329 Mr. Lance?
- 3330 Mr. {Lance.} Aye.
- 3331 The {Clerk.} Mr. Lance, aye.
- 3332 Mr. Cassidy?
- 3333 Dr. {Cassidy.} Aye.
- 3334 The {Clerk.} Mr. Cassidy, aye.
- 3335 Mr. Guthrie?
- 3336 Mr. {Guthrie.} Aye.
- 3337 The {Clerk.} Mr. Guthrie, aye.
- 3338 Mr. Barton?
- 3339 [No response.]
- 3340 The {Clerk.} Mr. Upton?
- 3341 The {Chairman.} Aye.
- 3342 The {Clerk.} Mr. Upton, aye.
- 3343 Mr. Pallone?
- 3344 Mr. {Pallone.} No.
- 3345 The {Clerk.} Mr. Pallone, nay.
- 3346 Mr. Dingell?
- 3347 Mr. {Dingell.} No.
- 3348 The {Clerk.} Mr. Dingell, nay.

- 3349 Mr. Towns?
- 3350 Mr. {Towns.} No.
- 3351 The {Clerk.} Mr. Towns, nay.
- 3352 Mr. Engel?
- 3353 Mr. {Engel.} No.
- 3354 The {Clerk.} Mr. Engel, nay.
- 3355 Mrs. Capps?
- 3356 Mrs. {Capps.} No.
- 3357 The {Clerk.} Mrs. Capps, nay.
- 3358 Ms. Schakowsky?
- 3359 Ms. {Schakowsky.} No.
- 3360 The {Clerk.} Ms. Schakowsky, nay.
- 3361 Mr. Gonzalez?
- 3362 Mr. {Gonzalez.} No.
- 3363 The {Clerk.} Mr. Gonzalez, nay.
- 3364 Ms. Baldwin?
- 3365 Ms. {Baldwin.} No.
- 3366 The {Clerk.} Ms. Baldwin, nay.
- 3367 Mr. Ross?
- 3368 Mr. {Ross.} No.
- 3369 The {Clerk.} Mr. Ross, nay.
- 3370 Mr. Weiner?
- 3371 Mr. {Weiner.} No.
- 3372 The {Clerk.} Mr. Weiner, nay.

3373 Mr. Waxman?

3374 Mr. {Waxman.} No.

3375 The {Clerk.} Mr. Waxman, nay.

3376 Mr. Pitts?

3377 Mr. {Pitts.} Aye.

3378 The {Clerk.} Mr. Pitts, aye.

3379 Mr. {Pitts.} Are there others wishing to be recorded?

3380 The clerk will report the result.

3381 The {Clerk.} Mr. Chairman, on that there were 14 ayes

3382 and 11 nays.

3383 Mr. {Pitts.} The ayes have it and the bill is favorably

3384 reported. The Clerk will call the roll on H.R. 1215.

3385 The {Clerk.} Mr. Burgess?

3386 Dr. {Burgess.} Aye.

3387 The {Clerk.} Mr. Burgess, aye.

3388 Mr. Whitfield?

3389 [No response.]

3390 The {Clerk.} Mr. Shimkus?

3391 Mr. {Shimkus.} Aye.

3392 The {Clerk.} Mr. Shimkus, aye.

3393 Mr. Rogers?

3394 Mr. {Rogers.} Aye.

3395 The {Clerk.} Mr. Rogers, aye.

3396 Mrs. Myrick?

- 3397 Mrs. {Myrick.} Aye.
- 3398 The {Clerk.} Mrs. Myrick, aye.
- 3399 Mr. Murphy?
- 3400 Mr. {Murphy.} Aye.
- 3401 The {Clerk.} Mr. Murphy, aye.
- 3402 Mrs. Blackburn?
- 3403 Mrs. {Blackburn.} Aye.
- 3404 The {Clerk.} Mrs. Blackburn, aye.
- 3405 Mr. Gingrey?
- 3406 Dr. {Gingrey.} Aye.
- 3407 The {Clerk.} Mr. Gingrey, aye.
- 3408 Mr. Latta?
- 3409 Mr. {Latta.} Aye.
- 3410 The {Clerk.} Mr. Latta, aye.
- 3411 Mrs. McMorris Rodgers?
- 3412 Mrs. {McMorris Rodgers.} Aye.
- 3413 The {Clerk.} Mrs. McMorris Rodgers, aye.
- 3414 Mr. Lance?
- 3415 Mr. {Lance.} Aye.
- 3416 The {Clerk.} Mr. Lance, aye.
- 3417 Mr. Cassidy?
- 3418 Dr. {Cassidy.} Aye.
- 3419 The {Clerk.} Mr. Cassidy, aye.
- 3420 Mr. Guthrie?

- 3421 Mr. {Guthrie.} Aye.
- 3422 The {Clerk.} Mr. Guthrie, aye.
- 3423 Mr. Barton?
- 3424 [No response.]
- 3425 The {Clerk.} Mr. Upton?
- 3426 The {Chairman.} Aye.
- 3427 The {Clerk.} Mr. Upton, aye.
- 3428 Mr. Pallone?
- 3429 Mr. {Pallone.} No.
- 3430 The {Clerk.} Mr. Pallone, nay.
- 3431 Mr. Dingell?
- 3432 Mr. {Dingell.} No.
- 3433 The {Clerk.} Mr. Dingell, nay.
- 3434 Mr. Towns?
- 3435 Mr. {Towns.} No.
- 3436 The {Clerk.} Mr. Towns, nay.
- 3437 Mr. Engel?
- 3438 Mr. {Engel.} No.
- 3439 The {Clerk.} Mr. Engel, nay.
- 3440 Mrs. Capps?
- 3441 Mrs. {Capps.} No.
- 3442 The {Clerk.} Mrs. Capps, nay.
- 3443 Ms. Schakowsky?
- 3444 Ms. {Schakowsky.} No.

- 3445 The {Clerk.} Ms. Schakowsky, nay.
- 3446 Mr. Gonzalez?
- 3447 Mr. {Gonzalez.} No.
- 3448 The {Clerk.} Mr. Gonzalez, nay.
- 3449 Ms. Baldwin?
- 3450 Ms. {Baldwin.} No.
- 3451 The {Clerk.} Ms. Baldwin, nay.
- 3452 Mr. Ross?
- 3453 Mr. {Ross.} No.
- 3454 The {Clerk.} Mr. Ross, nay.
- 3455 Mr. Weiner?
- 3456 Mr. {Weiner.} No.
- 3457 The {Clerk.} Mr. Weiner, nay.
- 3458 Mr. Waxman?
- 3459 Mr. {Waxman.} No.
- 3460 The {Clerk.} Mr. Waxman, nay.
- 3461 Mr. Pitts?
- 3462 Mr. {Pitts.} Aye.
- 3463 The {Clerk.} Mr. Pitts, aye.
- 3464 Mr. {Pitts.} Are there other Members wishing to be
- 3465 recorded? Mr. Whitfield?
- 3466 The {Clerk.} Mr. Whitfield?
- 3467 Mr. {Whitfield.} Aye.
- 3468 The {Clerk.} Mr. Whitfield, aye.

3469 Mr. {Pitts.} The clerk will report the result.

3470 The {Clerk.} Mr. Chairman, on that there were 15 ayes
3471 and 11 nays.

3472 Mr. {Pitts.} The ayes have it and the bill is favorably
3473 reported. Without objection, the staff is authorized to make
3474 technical and conforming changes to the bills approved by the
3475 subcommittee today. Hearing no objection, so ordered. The
3476 chair thanks all Members and staff. The subcommittee stands
3477 adjourned.

3478 [Whereupon, at 3:17 p.m., the Subcommittee was
3479 adjourned.]