Exhibit 16

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

Mr. STARK. I thank the gentlelady for yielding.

Madam Speaker, since 1985, I have worked for today as we finish our job to enact health care reform in America. This reconciliation bill provides affordability of insurance premiums for low- and middle-income Americans. We've delayed the impact of the Cadillac tax plan on health benefits and ensured that changes are financed in a fair manner.

The reform bill signed into law by President Obama is a historic step for our Nation. These bills provide health security for all families. The people with no coverage are guaranteed affordable coverage. Those who currently have insurance will find that coverage improved and more secure.

I am honored to have helped to get us to this point. I look forward to working with all of my colleagues and the administration as we implement this vital new law. Today, we join all modern countries in providing quality, affordable health care to all. It's a great day for America.

If I didn't think they'd take down my words, I would want to say ''yippie.''

Madam Speaker, the staff of the Committee on Ways and Means, as well as staff from the other Committees, leadership offices and support agencies, logged countless hours to make this legislation a reality. We owe them our thanks for their efforts to bring us to this day.

Current and former staff from my office and from the Committee on Ways and Means who worked on this legislation over the past year include: Janice Mays, John Buckley, Cybele Bjorklund, Debbie Curtis, Chiquita Brooks-LaSure, Jennifer Friedman, Geoff Gerhardt, Tiffany Swygert, Drew Crouch, Marci Harris, Tom Tsang, Drew Dawson, Ruth Brown, John Barkett, Mark Schwartz, Matthew Beck, Lauren Bloomberg, Brian Cook and Cameron Branchley.

Because this legislation was really a product of three committees, I'd like to also recognize the health staff of the Committees on Energy & Commerce and Education & Labor.

We are truly indebted to the staff of the House Office of Legislative Counsel—Ed Grossman, Jessica Shapiro, Megan Renfrew, Henry Christrup, Wade Ballou, Lawrence Johnston and others in the office that I may have missed—who turn our ideas into legislative language.

Finally, I'd like to recognize and thank the very capable analysts at the Congressional Budget Office and Joint Committee on Taxation. Doug Elmendorf, Phil Ellis, Holly Harvey and the rest of the CBO team, as well as Tom Barthold and the JCT professional staff, have worked tirelessly to provide guidance, technical assistance and key analyses of the costs and effects of the various proposals during consideration of health reform legislation over the past 15 months.

On behalf of the Committee on Ways and Means, thank you all.

Mr. DREIER. May I inquire of the Chair how much time is remaining on each side?

The SPEAKER pro tempore. The gentleman from California has 14¾ minutes remaining. The gentlewoman from New York has 15½ minutes remaining.

Mr. DREIER. I will reserve the balance of my time, Madam Speaker.

Ms. SLAUGHTER. I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. This is the last step that we must take to make health insurance reform a reality in this country for millions of Americans. For far too long, the Federal Government has allowed insurance companies to get away with the most abusive practices that prevent people from getting the medical treatment that they need to be healthy.

Earlier this week, we said ''no more.'' Just as the leaders of the civil rights movement did before us, this House took the courageous step to put an end to the blatant discrimination that millions of Americans suffer from every year at the hands of insurance companies. We said that we aren't going to let insurance companies put profits before people anymore. We've said that we're going to put patients and their doctors back in charge.

I know already I'm hearing from the other side of the aisle, Let's repeal and replace this bill. What I want to know is what do they want to repeal first? Closing the doughnut hole in Medicare so that seniors can afford their medicines? Or stopping insurance companies from dropping people's health insurance when they get sick and need it most? Or letting dependents stay on their parents' health care policy until the age of 26, especially amid a recession when it's hard for people to even find a job? Or maybe even providing small businesses with tax credits to help them afford health insurance for their employees.

Madam Speaker, in the last few days I have heard from so many people here in Washington as well as at home about how important this bill is and makes a difference in their lives on a daily basis and is going to be good for them and their families.

We've already taken a great step forward on behalf of the American people. Republicans shouldn't let us take it back. We can't let that happen. Let's just keep moving forward. Let's take this last step. Let's finish the job and pass this bill on behalf of America's families. Vote ''yes.''

Mr. DREIER. Madam Speaker, at this time I am happy to yield 1½ minutes to a very hardworking member of the Committee on Rules, the latest recipient of the Ronald Reagan award, our friend from Grandfather Community, North Carolina (Ms. FOXX).

Ms. FOXX. I thank my colleague from California for yielding time.

I want to say that it has been said over and over again that Republicans want to block health care reform. We don't want to block health care reform. We want commonsense health care reform—not an overhaul of the system that is a government takeover of health insurance and health care in our country.

One of the things that people tell me they dislike the most about the way the Congress operates is when the Democrats put together two bills that are totally unrelated because one of those bills cannot get passed on its own. That is what happened in the reconciliation bill, a bill totally unrelated to health care where the government is going to take over the student loan program in this country making the Federal Government the fifth largest bank. That is reprehensible to the people of this country. We shouldn't have done that.

I offered an amendment in the Rules Committee to separate those two. The bill on student loans should have stood on its own but it can't and so it got attached to this bill. These are minor technical amendments, but we were denied major amendments. One hundred nine amendments were offered in the Rules Committee on Saturday. We had 13 hours of debate. Some of our amendments were excellent amendments and should have been accepted.

We want reform. Republicans want to change many things. We want to take care of preexisting conditions; we want to lower the cost. The problem with this bill is it doesn't lower costs; it makes them larger.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, earlier this week history was made with the enactment into law of the comprehensive access to quality affordable health insurance for all Americans. Tonight we complete action on this legislation and cement for all Americans their sense of security that they will always be able to afford and access health care for themselves and their families.

Since our passage of the underlying legislation last weekend, the American people are beginning to fully appreciate the benefits that we have written into law. When fully implemented, reform will bring 32 million uninsured Americans into the health insurance system, seniors will see immediate help with the cost of their prescription drugs, and people who have preexisting medical conditions will not be denied health insurance or charged more for that insurance. If you lose your job, you will not lose access to health care.

Our vote tonight improves on what President Obama signed into law on Tuesday. This includes closing the gap in Medicare prescription drug coverage, including the rebate this year to eligible seniors; improving affordability for those with income up to 400 percent of the poverty level; eliminating the special Medicaid deal for Nebraska; and increasing matching rates to States for the costs of services to newly eligible individuals to 100 percent for the first 3 years of coverage expansions.

Increasing Medicaid payments. The rates will be increased for primary care physicians so that new Medicaid beneficiaries will have access to primary

care and a greater investment into community health centers. These initiatives are fully funded and paid for.

The reconciliation bill reduces the deficit by more than $1 trillion over the next two decades.

Health security is a fundamental right for every American, and we remain faithfully committed to that objective.

I want to use my time here to give special thanks to our health team on our staff. First of all I want to single out Karen Nelsen, who has been director of the health staff going back to the time I was chairman of the Health and Environment Subcommittee and during the time we were over at the Oversight and Government Reform Committee. With her able assistance, we have Jack Ebeler, Tim Gronniger, Andy Schneider, Purvee Kempf, Brian Cohen, Ruth Katz, Anne Morris, Tim Westmoreland, Stephen Cha, Virgil Miller, Katie Campbell, Bobbie Clark, Sarah Dupres and Naomi Seiler.

I want to just close by saying I wish the Republicans would have worked with us instead of fighting this bill every step of the way. They're complaining now they didn't get amendments, but when we called on them to help us, they said no. They wouldn't work with us on the stimulus bill, they wouldn't work with us on the energy bill, they wouldn't work with us on the health bill, but we got it done anyway.

Mr. Speaker, the bill is to be commended as a model of cooperative federalism. Under the new law, ''a State is free to establish a health insurance exchange if it so chooses. But if it declines, the Secretary will establish an exchange.'' This is a strong example of what the Supreme Court has recognized as an appropriate exercise of federal power to encourage State participation in important federal programs. ''[W]here Congress has the authority to regulate private activity under the Commerce Clause, we have recognized Congress' power to offer States the choice of regulating that activity according to federal standards or having state law pre-empted by federal regulation. *Hodel* v. *Virginia Surface Mining & Reclamation Assn., Inc.*, supra, 452 U.S., at 288, 101 S.Ct., at 2366. See also *FERC* v. *Mississippi*, supra, 456 U.S., at 764–765, 102 S.Ct., at 2140. This arrangement, which has been termed ''a program of cooperative federalism,'' Hodel, supra, 452 U.S., at 289, 101 S.Ct., at 2366, is replicated in numerous federal statutory schemes.'' *New York* v. *United States*, 505 U.S. 144, 165 (1992).

INDIVIDUAL RESPONSIBILITY

The individual responsibility requirement requires individuals to pay a tax on their individual tax filings or provide information documenting they fulfill the requirements for having essential minimum coverage over the past year. Congress makes the following findings to support this requirement, these are in addition to those made on Sunday, March 21, 2010:

(1) The requirement is necessary to achieve near-universal coverage while maintaining the current private-public system. It builds upon and strengthens private employer-based health insurance, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened employer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased. Sharon K. Long and Karen Stockley, Massachusetts Health Reform: Employer Coverage from Employees' Perspective, Health Affairs, October 1, 2009.

(2) Under the Patient Protection and Affordable Care Act, if there were no requirement, many individuals would wait to purchase health insurance until they needed care. Those individuals would then get the benefit of the lower premiums that are a direct result of the Act's reforms, even though those lower premiums result in part from the fact that other younger and healthier people bought insurance at an earlier point. Higher-risk individuals would be more likely to enroll in coverage, increasing premiums and costs to the government. The Urban Institute, January 2008. The requirement will broaden the private health insurance risk pool to include healthy individuals, which will spread risk, stabilize the market, and lower premiums. Congressional Budget Office, An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act, November 30, 2009. It is necessary to create effective private health insurance markets throughout the country in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

(3) Administrative costs for private health insurance, which were $90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current individual and small group markets. Congressional Budget Office, December 2008. The requirement is necessary to create effective private health insurance markets throughout the country that do not require underwriting, eliminating its associated administrative costs. By significantly increasing health insurance coverage and the size of purchasing pools, which will increase economies of scale, the requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will significantly reduce administrative costs and lower health insurance premiums.

(4) Health insurance and health care services are a substantial part of the national economy. National health spending is projected to increase from $2,500,000,000,000, or 17.6 percent of the economy, in 2009 to $4,700,000,000,000 in 2019. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections, 2008–2018. Private health insurance spending is projected to be $854,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Centers for Medicare & Medicaid Services, Office of the Actuary. Since most health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

(5) The requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will add more than 30,000,000 consumers to the health insurance market. Congressional Budget Office, Patient Protection and Affordable Care Act, Incorporating the Manager's Amendment, December 19, 2009. In doing so, it will increase the demand for, and the supply of, health care services. According to one estimate, the use of health care by the currently uninsured could increase by 25 to 60 percent. Congressional Budget Office, December 2008.

(6) Under the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Patient Protection and Affordable Care Act, the Federal Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the health insurance market.

(7) Payments collected from individuals who fail to maintain minimum essential coverage will contribute revenue that will help the Federal government finance a reformed health insurance system that ensures the availability of health insurance to all Americans.

The preceding 7 points cite numerous studies and papers which illustrate the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act, substantially affects interstate commerce. These citations are included as hyperlinks or in their written entirety for the record.

Mr. DREIER. Mr. Speaker, it's nice to see you, but I should say for the record I did enjoy seeing Ms. EDWARDS in the chair more than I am enjoying seeing you here. But it's always good to see you.

The SPEAKER pro tempore (Mr. OBEY). The Chair thanks the gentleman.

Mr. DREIER. With that, I would like to yield 1½ minutes to our very hard-working colleague from Bainbridge Township, Ohio (Mr. LATOURETTE).

Mr. LATOURETTE. I thank the gentleman for yielding.

Mr. Speaker, I served 14 years on the Transportation and Infrastructure Committee and was proud of the wastewater treatment plants that we were able to install in my district. But I have to tell you on a busy Friday night, I saw less sewage go through those facilities than I've heard here this evening.

The President invited people down to this big powwow down at Blair House. It reminded me of my favorite movie, ''Braveheart,'' where the king has all the Scottish nobles down and gonna talk peace, and winds up hanging them all in the barn. The takeaway from that meeting, however, was the President said, These are the things that I agree with you Republicans on.

So it really surprises me to hear my friend from California say that the Republicans didn't want to work together.

One of the things the President said he thought was horrendous were the special deals in this bill. I've heard my friends proudly talk about Florida and Nebraska. Unless I am misunderstanding it, Connecticut, still a hundred million dollars for a hospital; Montana miners are treated differently than everybody else; North Dakota frontier counties get an enhanced physician payment; Massachusetts and Vermont get higher Medicaid reimbursement rates; and Nebraska and