

At least 62 people are working for the Newark Housing Authority, including union workers, to renovate vacant apartments and to prepare for future construction. These are just a few of the projects, but it's not just New Jersey that is seeing jobs increase as a result of the stimulus funding.

Yesterday, The New York Times highlighted Perry County, Tennessee, where hundreds of laid-off workers are now, once again, back to work. Since deciding to use the stimulus money to employ 300 jobs, ranging from the State Transportation Department to small businesses, the unemployment has dropped from 27 to 22 percent in that county. That's where the jobs went.

AMERICA'S AFFORDABLE HEALTH CHOICES ACT ADDRESSES PRIMARY CARE

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

Ms. SCHWARTZ. Mr. Speaker, finding a uniquely American solution to ensure that all Americans have access to affordable, meaningful health coverage must also ensure adequate access to health care providers and services.

Primary care providers are on the front line of our health care system, treating acute and chronic problems and keeping costly conditions from worsening. Yet, despite this essential role, it is primary care where we face the most acute shortages.

Since 1998, the percentage of residents choosing primary care has dropped from 50 percent to 20 percent. By 2025, America will have a shortage of 46,000 primary care providers.

I am very proud that the provisions in the health care reform legislation that is moving through Congress will address this impending crisis. It provides scholarships and loan repayments to primary care providers. It increases payments for primary care services. It eliminates copayments for Medicare beneficiaries who seek preventative care, and it creates incentives for doctors and nurses to coordinate care for patients with multiple chronic conditions.

These are significant reforms that will improve access to primary care, that will improve health outcomes, and that will improve health care costs. We should support better health care for Americans by supporting health care reform.

SMALL BUSINESSES CANNOT AFFORD THE STATUS QUO IN HEALTH CARE

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

Mr. HEINRICH. Mr. Speaker, I just held a roundtable in my district to hear from small business owners on how they feel about health care reform. Each of the small business owners

agreed that the system is broken and that keeping the status quo will only hurt small businesses in New Mexico.

With skyrocketing health care costs, many of these small businesses have been forced to consider layoffs and have been forced to consider lowering wages. In some cases, discontinuing insurance coverage for their employees has been the only way to avoid going out of business.

There is no doubt that our broken health care system is bad for America's small businesses. We can, and we must do better. We need a long-term, viable solution that creates stability, that prevents insurance companies from cherry-picking customers and businesses. We need a solution that supports a healthy workforce and that improves employee productivity. Now is the time to reform our health care system. Our small businesses cannot afford the status quo.

THE OBAMA-PELOSI GOVERNMENT HIJACKING OF HEALTH CARE

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

Mr. TIAHRT. Mr. Speaker, the more we learn about the Obama-Pelosi government hijacking of health care, the more we recognize how terrible the plan is. Let me point out just a few things that we've recently learned about the Democrat bill.

First and foremost, the Democrat bill creates a government-run health care plan that will ration care, that will remove choice and that will decrease the quality of health care for Americans. The bill imposes not only an employer mandate on health benefits, but it also creates a fleet of government auditors who will sail in to inspect every employer in the Nation to assess the health benefits they offer to a standard even the Democrats admit they haven't ascertained yet.

Individuals and employers will be taxed to pay for the public plan, and an independent commissioner, not accountable to anyone, will set the reimbursement rate for health care providers and will have power over what will and will not be covered.

Everyone over age 65 will be required to have an end-of-life consultation with their physicians and to assess that plan every 5 years. Democrats don't know why any Member of Congress would read a bill that's over 1,000 pages. Now we are learning why—apparently because they don't want us to know or the American people to know what the health care plan holds.

PASS HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. Mr. Speaker, I hope that our friends on the Republican side of the aisle who don't

want us to fix our health care system will listen to their constituents when they go home in August because they'll hear stories like I've heard in Connecticut.

A woman in Thomaston, Connecticut, contacted me about her own horrific experience. She had a pulmonary embolism and was told by her doctor that she was in danger of losing her leg, but her insurance company decided not to pay for the surgery on the grounds that it was cosmetic. Her appeal was denied, and she lost the leg.

One of the biggest lies I hear about our health care system is that, if you have insurance, you're all set. Well, this woman had coverage, and it failed her. The cost of our broken system can't be measured just in dollars and cents. It's so much more. We have a system that just doesn't value keeping people healthy, and we can change this by passing health care reform.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to a joint resolution of the following title in which the concurrence of the House is requested:

S.J. Res. 19. Joint resolution granting the consent and approval of Congress to amendments made by the State of Maryland, the Commonwealth of Virginia, and the District of Columbia to the Washington Metropolitan Area Transit Regulation Compact.

GOVERNMENT TAKEOVER WILL RUIN HEALTH CARE

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

Mr. GARY G. MILLER of California. Mr. Speaker, think about it—government-run health care.

Now, the argument being made by my friends on the other side is that the only reason it hasn't worked everywhere it has been tried is that the right people aren't in charge. Think about that. It has never worked anywhere. It doesn't work.

An individual I represent, who lives in Mission Viejo, was a doctor for 60 years in the United States and in Canada. He holds two of the highest degrees in medicine. He said it not only hurts the poor; it hurts the wealthy, it hurts everybody. If you want to ruin health care, have the government take it over.

Now, the argument is we'll just have the government compete with the private sector. Think about that. Where does the government get the money? From you—the taxpayers—and the private sector has to charge people to provide health care. There is no way in the world the private sector can compete with government when the government is funded by unlimited amounts of money that they extort from you, the working people.

If you want health care in this country to be of quality and to be good,

there are things we can do, but don't destroy it by turning it over to the government. The government does very few things well. In fact, my colleagues complain about the way the government even handles wars. That's the one thing we can do in a quality fashion, but government-run health care is not something we want to turn over to the government.

□ 1030

WE MUST NOT LET OUR CONSTITUENTS DOWN

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

Mr. LANGEVIN. Mr. Speaker, as the Congress is working to resolve our Nation's health care crisis, I would like to take a moment to read an excerpt from a constituent's letter which I hope will serve as a reminder of why we are fighting for health care reform.

"Dear Congressman LANGEVIN,

"Ten years ago I was diagnosed with a brain tumor. As a single mother raising two children, I was nervous about supporting, feeding, clothing, and providing a roof over my children's heads. After my brain tumor was removed, I spent 30 days in the hospital. I was then terminated from my job. When I lost my job, I lost my health benefits. So I faced a choice that I don't want any other American to have to make—pay my mortgage or my COBRA premiums for continuing health coverage."

Signed, Nancy from Warwick, RI.

Mr. Speaker, choosing between your home and your life, it's not a decision that any American should have to face. In fact, catastrophic illness or accident is one of the leading causes of bankruptcy in America, and that shouldn't happen. We have an opportunity and an obligation to reform our health care system. We must not let our constituents down.

OUR BROKEN HEALTH CARE SYSTEM

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

Mr. POLIS. Mr. Speaker, health care reform is the single most important step we can take to help families and rebuild our economy. Our health care system is broken, and only a comprehensive fix will end the suffering of so many from sickness and financial insecurity.

Today, I want to share the story of Alicia Varela, a 56-year-old resident in my district in Colorado. Like many Americans, Alicia followed her dreams, bravely left her home, and moved to the United States—legally—where, like many other Americans, she's paid into the system, and like many Americans, her employer does not provide health insurance.

With common but pricey preexisting arthritis and blood clot conditions, Alicia could not afford the high prices quoted by private insurance companies. But when tragedy struck and she became seriously ill, like many Americans, Alicia went to the emergency room as a last resort. By the time she was rushed into surgery, her situation was so severe that doctors removed a tumor that weighed 10 pounds. She isn't 100 percent better and she doesn't know what to do.

Her salary, while too high to qualify for Medicaid, is nowhere near enough to cover the high costs for a hospital stay. She can't afford costly medications and copes each day with pain and financial worries.

I encourage my colleagues to join me to help Alicia and many Americans like her.

RECISSION

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

Ms. SPEIER. I would like to talk about a dirty little secret about the insurance industry. It's called recision, and the health care reform bill will ban it.

Consumers who have paid their premiums on time for years are suddenly cut loose by their insurer because they have the audacity of getting ill. These are people with severe medical conditions who depend on their coverage. It could be devastating when the lifeline that they've paid for is suddenly yanked away.

A woman recently addressed the Congress about having an insurance policy canceled days before her mastectomy surgery. The reason, she was told, is because she didn't disclose on her application that she had suffered from acne.

Recision is an inhumane and abusive practice. The good news is recision is outlawed in the House health care reform bill. Never again should anyone have to worry that their insurance that they've paid for will be canceled if they get sick.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

IMPROVED OVERSIGHT BY FINANCIAL INSPECTORS GENERAL ACT OF 2009

Mr. MOORE of Kansas. Mr. Speaker, I move to suspend the rules and pass

the bill (H.R. 3330) to amend the Federal Deposit Insurance Act and the Federal Credit Union Act to provide more effective reviews of losses in the Deposit Insurance Fund and the Share Insurance Fund by the Inspectors General of the several Federal banking agencies and the National Credit Union Administration Board, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3330

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improved Oversight by Financial Inspectors General Act of 2009".

SEC. 2. AMENDMENT TO DEFINITION OF MATERIAL LOSS AND NONMATERIAL LOSSES TO THE DEPOSIT INSURANCE FUND FOR PURPOSES OF INSPECTORS GENERAL REVIEWS.

(a) IN GENERAL.—Section 38(k) of the Federal Deposit Insurance Act (U.S.C. 1831o(k)) is amended—

(1) in paragraph (2), by striking subparagraph (B) and inserting the following new subparagraph:

"(B) MATERIAL LOSS DEFINED.—The term 'material loss' means any estimated loss in excess of \$200,000,000, occurring after March 31, 2009.;"

(2) in that portion of paragraph (4)(A) that precedes clause (i), by striking "the report" and inserting "any reports under this subsection on losses";

(3) by striking paragraph (6);

(4) by redesignating paragraph (5) as paragraph (6); and

(5) by inserting after paragraph (4) the following new paragraph:

"(5) LOSSES THAT ARE NOT MATERIAL.—

"(A) SEMIANNUAL REPORT.—For the 6-month period ending on September 30, 2009, and each 6-month period thereafter, the Inspector General of each Federal banking agency shall—

"(i) identify losses estimated to be incurred by the Deposit Insurance Fund during that 6-month period with respect to insured depository institutions supervised by such Federal banking agency;

"(ii) for each loss to the Deposit Insurance Fund (as a loss to such Fund is defined in paragraph (2)(A)) that is not a material loss, determine the grounds identified by the Federal banking agency or State bank supervisor under section 11(c)(5) for appointing the Corporation as receiver and whether any unusual circumstances exist that might warrant an in-depth review of the loss; and

"(iii) prepare a written report to the appropriate Federal banking agency and for the Congress on the results of the Inspector General's determinations, including—

"(I) the identity of any loss that warrants an in-depth review and the reasons why such review is warranted, or if the Inspector General determines that no review is warranted, an explanation of such determination; and

"(II) for each loss identified in subclause (I) that warrants an in-depth review, a date by which such review, and a report on the review prepared in a manner consistent with reports under paragraph (1)(A), will be completed.

"(B) DEADLINE FOR SEMIANNUAL REPORT.—The Inspector General of each Federal banking agency shall—

"(i) comply with the semiannual report requirements of paragraph (A) expeditiously, and in any event within 90 days after the end of the 6-month period covered by the report; and