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.

RECISION

(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