This is such an important discussion. Your experience in California with the great amendments that you offered both in California but now, I understand, in committee are making it clear that the promise, we are not going to spend one dime of deficit, and yet it gets defeated on a straight party-line vote. It took some courage to offer that amendment, but at least it defined where we are in this entire situation. And I'm very thankful that you came out and joined with us today on a very important discussion.

The talk is that sometime in the next couple of weeks, this whole thing may come down to a vote. Once again, I go back to my own personal experience with having been a survivor of cancer, coming into this very building, having medical doctors tell me, Congressman AKIN, you are fit as a fiddle except for the fact you have cancer. That's a sobering kind of thing. So what had happened to me was the insurance companies had discouraged my getting a physical. I should have. If I had been smart, I would have forced myself to get a physical and line up and wait for it all, but I didn't do it until I got here in Congress.

Well, here's what happens, one step worse than an insurance company getting between you and your doctor, and that's when the Federal Government gets in between and starts to ration and dictate what's going to happen. We have this experience in the United Kingdom with what happens in cancer there, and in Italy and Spain. Then you take a look at the U.S. results, and in spite of the complaints about American health care, if you're some well-to-do sheik from Bahrain and you have got unlimited billions of dollars or millions of dollars to spend and you're sick, guess where you come. You come to the good old USA for our health care because we still have a lot of good things going on with the level of services we provide.

There are changes that need to be made, but the change doesn't need to be socialized medicine. It doesn't need to be a government system which will crowd out all of the privates. It doesn't need to be a system which is going to create an incentive for private companies to dump their employees on the government. It doesn't need to be a system which is going to take $500 billion of Medicare funds away from people who are on Medicare. It doesn't need to be a system that basically guarantees that illegals can get health care at the public trough. It doesn't need to be a system that says that we're going to use Federal money to provide free abortions for anybody who wants those. And it doesn't need to be, above all, a system that is driven by bureaucrats getting between the patient and the doctor. Those are things that we don't need in America.

Americans, in spite of the fact that a great preponderance of media have not been giving all the facts and pointing out that these quotations are not true, in spite of that fact, Americans across the board, whether they're liberal or conservative or whatever, they're saying, Please, don't take our one-fifth of the economy and completely redesign it to fit 15 million people who may not have insurance when 100 million people are comfortable with what they have.

We need some reforms. We need some changes, and there are some very good things we can do. We haven't even mentioned tort reform, the high cost of defensive medicine. That's one thing that's needed to be fixed for a long time. That will drive health care costs down. We haven't even mentioned here today the fact that people that work for big companies or the government get to buy their health insurance with pretax dollars; whereas, a small business or self-employed person has to pay for their health insurance with after-tax dollars. That is not just. It should not stand. We should not tolerate this.

There are changes we need to make, but socialized medicine is certainly not one of them. All you need is a little common sense to look at the foreign countries or the two States in America that tried this Pelosi-type plan and you will see that this is not the direction we need to go.

30-SOMETHING WORKING GROUP ON HEALTH CARE

The SPEAKER pro tempore (Mr. BOCCIERI). Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. I thank you, Mr. Speaker. This is our traditional 30-something hour. We will be talking about health care and try to rebut some of the claims that have been made earlier here tonight. But before we do this, we have had several situations going on in the Pacific, and we wanted to yield as much time as the gentlelady from Guam may consume to talk about the circumstances that are going on in her district.

I gladly yield to Ms. BORDALLO.

TSUNAMI IN AMERICAN SAMOA

Ms. BORDALLO. Mr. Speaker, thank you very much, and I want to thank the gentleman from Ohio for giving me some time to discuss the very serious disaster that just happened in one of the U.S. territories in the Pacific.

I come to the House floor this evening in the wake of a tsunami that struck yesterday on the shores of the Samoan Islands, resulting from an earthquake centered in the Tonga Trench of the Pacific Ocean. The epicenter of this earthquake is estimated to have been about 120 miles south of the islands of Independent or Western Samoa and from American Samoa, which is represented in this body by our distinguished colleague Mr. FALEOMAVAEGA.

The strength of this earthquake was measured by the United States Geological Survey at 8.0 magnitude on the Richter scale. Eyewitness accounts indicate that the tsunami triggered by this earthquake brought four back-to-back series of waves, ranging from 15 to 20 feet in height, to the shores of American Samoa and that these powerful waves penetrated up to a mile inland upon impact.

Given the gravity of the situation at hand, I convey on behalf of my constituents, the people of Guam, our deepest condolences and sympathies to the Governor and the first lady of American Samoa, to our colleague Mr. FALEOMAVAEGA, and to their entire community on this tragedy. Our hearts and our prayers are with the families who have lost loved ones or who have been injured as a result of the disaster.

Mr. Speaker, our island communities in the Pacific stand in solidarity with the people of Samoa, as do our fellow Americans from all across our country. When disaster strikes, we pull together as Americans and as a country, and in the Pacific, we do so as fellow islanders.

The people of American Samoa are no strangers to the course of nature and to the forces of the sea. The Samoan culture has survived over centuries. Living in harmony with the sea is rooted deep in their culture and way of life. They are a great seafaring and resilient people with a strong sense of family and community. We know that they are pulling together at this time to comfort and to console each other and to begin to rebuild and recover. Their spirit has not been diminished or dampened. Rather, it is being tested, and they are answering the call tremendously.

The fatality rate for this disaster continues to rise, as does the number reported to have been injured, and we grieve with our fellow Americans. The President this morning issued a major disaster declaration for American Samoa, and the Federal Emergency Management Agency, FEMA, under the leadership of its administrator, Mr. Craig Fugate, is marshaling and coordinating the relief resources as we speak. An AC–130 aircraft and a U.S. Navy frigate have been dispatched to deliver the first line of Federal relief. The arrival in American Samoa of other assets will follow in the coming hours, bringing critical food, water, medicine, medical supplies, and personnel. All branches of our military, including the National Guard, are organizing their contribution to this humanitarian mission as we speak.

Our allies and friends in the region have already reached out, extending invaluable diplomatic lines of support and important messages of encouragement. Governor Tulafono, Congressman FALEOMAVAEGA, and other island leaders have been in around-the-clock communications with Federal officials and leaders of neighboring islands as to the situation on the ground and the status of recovery efforts. Mr. FALEOMAVAEGA, we know, would be

with us today as we continue our legislative duties here in Congress, but recognizably is on his way home.

I know several of my other colleagues intended to join me tonight in commenting on this tragedy and in sending words of condolence and encouragement to Mr. FALEOMAVAEGA's constituency. I am facilitating this Special Order as the chairwoman of the Subcommittee on Insular Affairs, Oceans and Wildlife. The chairman of the Natural Resources Committee, Mr. RAHALL of West Virginia, is unable to join us in person tonight, but his remarks will be entered into the RECORD, and he has asked me to speak to this matter.

Before yielding, however, I want to also emphasize the importance that this tragedy has underscored for the network of Federal disaster and natural hazard resources and partnerships spanning the Pacific region. The United States Geological Survey of the Department of the Interior has provided real-time data on the earthquake. The Pacific Tsunami Warning Center at the National Oceanic and Atmospheric Administration's National Weather Service issued the watches, the warnings and the advisories for the region with respect to the tsunami and continues to stand watch. The National Ocean Service and other components of NOAA have been working in the region and with local officials in recent years to improve natural hazard planning and to map the coastal areas for their vulnerabilities.

FEMA's National Response Coordination Center and the Regional Response Coordination Center for Region IX have been critical to these early response efforts, as has the incident management assistant team and the planning and response team that they have deployed to provide direct support in American Samoa. The Coast Guard and other components of the Department of Homeland Security have also set in motion important services supporting these recovery efforts.

Every branch of the armed services under the Pacific Command is also to be recognized for the humanitarian missions that they have put underway for the people of American Samoa, Western Samoa, and the Kingdom of Tonga. Personnel at the Office of Insular Affairs at the Department of the Interior and the Department of State are also initiating response efforts within their respective agencies and with the governments of the affected islands.

And most importantly are the first responders and the civilian defensive authorities and personnel of the Government of American Samoa, including those working at the LBJ Tropical Medical Center, caring for the many, many injured. They are to be commended for the outstanding job that they are performing in this time of urgent need.

Ultimately, after recovery, we will review and examine the sequence of steps leading up to and immediately following this natural disaster. We will do so for the purpose of further bolstering our defense and to improve our capability to prepare for and respond to such disasters. I know Mr. FALEOMAVAEGA has long been a leader in Congress for strengthening FEMA and NOAA's capabilities in the Pacific region, and I have joined him in working to protect such disaster assistance and weather forecasting services for the freely associated States under the terms of the compact.

We have also worked to build these resources in the territories. Four years ago, in the aftermath of the devastating tsunami which hit Indonesia and affected more than 12 other countries in Southeast Asia, Mr. FALEOMAVAEGA introduced legislation to specifically provide for the establishment of a tsunami hazard mitigation program for all the United States insular areas. Mr. FALEOMAVAEGA's legislation was ultimately incorporated into an act of the 109th Congress, Public Law 109–424, which improved tsunami detection, forecasting, warnings, notification, preparedness, and mitigation for the entire United States, and is a basis for the United States leadership toward the development of a global integrated tsunami warning and education system.

Mr. Speaker, we will have challenges before us in terms of preparing our island and coastal communities for tsunamis and other natural disasters, but we have come a long way, especially since the Federal Government established the Pacific Tsunami Warning Center in Hawaii in 1948.

On Guam, we have weathered many, many supertyphoons and earthquakes, among other natural disasters. We recognize the tremendous lift that is provided to a community when our brothers and our sisters reach out to lend a helping hand and words of encouragement. When backup resources are sent and leaders work together in time of need, we pull together and we recover. This is the American way. But it is also deeply rooted in the values of the indigenous people of the Pacific, including our Samoan friends.

Again, I know Mr. FALEOMAVAEGA, his constituents, and Governor Tulafono have the support of this body with respect to recovery from this disaster. We look forward to working with them in the coming days and weeks to ensure the lines of relief are there for their community.

I want to again, Mr. Speaker, thank Mr. RYAN of Ohio for his indulgence in allowing me to utilize some of his time tonight. Mr. Speaker, I want to thank my colleagues for keeping the people of American Samoa, Western Samoa, and the Kingdom of Tonga who have been impacted by this tragedy in their thoughts and in their prayers.

□ 1730

Mr. RYAN of Ohio. Mr. Speaker, we also have the Representative here from the Northern Mariana Islands, Mr. SABLAN.

I yield to the gentleman.

Mr. SABLAN. I would like to thank the gentleman from Ohio for yielding to me.

Mr. Speaker, people in the Pacific Islands may be separated by thousands of miles, but we all feel that we are part of one family.

The tragedy that is unfolding now in American Samoa is not remote to us in the Northern Mariana Islands. We feel the horror and the pain, as if it were happening to us.

I am not speaking metaphorically. Some in my own family have relatives from American Samoa and our islands are home to many American Samoans. They are school principals. They are program administrators. They are utility engineers. They are neighbors. They are friends. They are family. And they fill a vital and much-appreciated role in the life of the Northern Mariana Islands.

So today we are terribly, terribly saddened by the loss of life in American Samoa, by the images of homes washed away, by the knowledge that it will not be days or months but truly years before the people and life of American Samoa can be said to be recovered.

I come to the floor today hoping to raise the awareness of this House to the challenges our fellow Pacific Islanders and fellow Americans now face in American Samoa, and I hope that this House and the Federal Government as a whole will respond as Americans traditionally respond when community in our Nation is struck by natural disaster, with every possible aid and assistance to help American Samoans rebuild.

I placed a call late yesterday afternoon to our colleague and friend, Congressman ENI FALEOMAVAEGA, just when this tragedy was taking place. He and his staff were already on the phone calling Federal and territorial offices to respond to this horrible tragedy. He is now on his way to American Samoa to do what he has to do for his people and the islands.

I want to commend President Obama, Homeland Security Secretary Janet Napolitano, Interior Secretary Ken Salazar, and the new Assistant Secretary for Insular Affairs, Anthony Babauta, who have already responded with the appropriate speed.

Even as the earthquake struck yesterday and the series of tidal waves began to sweep across the heavily populated coastal areas of American Samoa, the Interior Department was keeping the Speaker's Office and the rest of this House informed of events. The President has promptly issued a disaster declaration, and the Federal Emergency Management Administration is taking all appropriate response actions. The Coast Guard is on hand, and other elements of the U.S. military are assisting in bringing personnel and supplies as quickly as they can to American Samoa.

But the distances to cover are vast. The logistical difficulties are very

great. A disaster of this magnitude only serves to highlight the particular vulnerability of islands to natural disasters and, indeed, to any disruption to the normal day-to-day life.

Island communities, because of their isolation, do not have the same resilience that communities on the continent take for granted. The people of American Samoa cannot drive away from the devastation to seek shelter with friends and families in other parts of the United States. There are but a few air flights a week in and out of Pago Pago, and the cost is prohibitive for a community with income levels way below the national average.

FEMA cannot drive in with trailers to provide emergency housing, or tarps and tents to provide temporary shelter. There are no highways across the ocean. Power plants are stand-alone, not connected to some continental network. Fuel supplies are not replenished by pipeline but depend on long-distance tankers. Food stocks on-island are limited. Few people can afford to keep much in reserve. And now the thin line of supply for food is also no doubt disrupted.

Mr. Speaker, I hope I have made the point. Americans in American Samoa need the help of the rest of America. In the days of sorrow ahead for American Samoa, throughout the long days of recovery American Samoa now faces, I urge my colleagues to open their hearts and support every effort to give comfort and aid to a people who are truly in need.

Mr. RYAN of Ohio. Reclaiming my time, I thank the gentleman and extend the condolences from the people of my district in Ohio and the rest of the House. Tsunamis and hurricanes and all of the natural disasters that we watch on TV, I think it's important that the Representatives come here today and share with us kind of the human side of it, and we realize that these are human beings that have been hurt and families that have been displaced. And we want to just extend our condolences to the gentleman and the gentlewoman and also the gentleman who couldn't make it here from American Samoa.

Our hour tonight, Mr. Speaker, what is left of the hour, is to talk about an issue that is pressing for the country. It has been the topic of conversation here in the United States Congress for several months. It's been a topic in the country for decades going back to Teddy Roosevelt, Franklin Roosevelt, upward and onward to Truman and Johnson and as of late, in recent history, President Clinton in the early 1990s and now President Obama to try to deal with the situation of health care in the United States of America.

This is an issue that we hear as elected Representatives day in and day out where we get letters from constituents who have problems with the insurance industry, who have been hurt, displaced, not covered. The coverage that they have doesn't necessarily work.

I think this whole debate breaks down into two separate categories. There's the financial aspect of health care reform and bending the cost curve and making sure that our country doesn't go belly up because we keep going down the same road and we don't muster up the courage to have change. And then the other track is the social justice track, the idea that the way that human beings, the way that American citizens are now getting treated by insurance companies is unfair, not right, cruel, and something that needs to stop.

So collectively as a country in the past election, the country overwhelmingly voted for change, and they overwhelmingly voted for health care change. And one of the major planks in President Obama's platform was health care, health care reform, bringing some justice to the system, and helping to bend the cost curve in the system.

I think everybody recognizes the social justice side. I think everyone has heard stories. It has happened to them. It has happened to family members. It may happen to somebody that they know where someone is denied coverage because they have a preexisting condition or a family goes bankrupt because of a health care catastrophe in their family.

And what this reform does is it eliminates those two major problems that we have in our health care system, where we are collectively as a country saying it is not right for a human being, a United States citizen to have to file for bankruptcy because they got sick or someone in their immediate family got sick. Now, I hope we can all agree upon that.

When some of our friends on the other side talk about liberty and freedom and they cue up the patriotic music to try to destroy health care reform in the United States, I would like to ask the question, How free is the person that just had to file bankruptcy because they got sick? How liberated is the person who has to file bankruptcy because they got sick? Is that their idea of freedom, Mr. Speaker? Is that the TEA baggers' idea of liberty, Mr. Speaker? I don't believe that it is. But that is the great debate we are having in this country.

There are people in this country who will end up on one side of that fence or the other. And the side that President Obama and the Democrats have been pushing is to say that when you go bankrupt because you got sick or someone in your family got sick, you are less free. You have fewer options.

There are others who are trying to kill health care reform, who say if you go bankrupt, tough luck. We'd rather have the concept of liberty, the concept of freedom.

But our job when we come to Washington and make laws and reforms is to actually take these ideas that the Founding Fathers have given us that are written all over these buildings, all over Washington, D.C., in State capitals all over the country, and that our kids read about in the history books and on the computer that when they are implemented, those definitions mean something. And this health care reform will make American citizens more free. It will allow them more opportunity, more options. It's bad enough you've got to deal with being sick and you're sick enough that you have to spend so much money that you go bankrupt; then you've got to be bankrupt, which is not a pretty process. It strangles your ability to be free.

So I have to laugh, if it wasn't so sad, when we hear about people in this debate talk about liberty and freedom. You're doggone right it is. And we are trying to enhance liberty, enhance freedom, actually make it work for people. In my congressional district, if we do nothing, we will have 1,600 families go bankrupt because of health care concerns, 1,600 just in my district.

Half of the bankruptcies in the United States of America are because of health care issues. Now, to me that doesn't sound like the principal of freedom. And we're going to fix it.

The same with preexisting conditions. So you're in a job and you have health care and you or your spouse has some kind of condition that you know if you get out of the current pool that you're in, you're going to end up in the shark tank, basically, right now and you're not going to be able to get health care coverage. So you want to start a business or you want to go somewhere else where maybe you could make more money or you could express more of your talent, more of your ability. You could grow. You could learn new things and maybe provide more for your family. But you don't do it because you know if you leave your job that you won't be able to get health insurance.

Now, I ask my friends who talk about freedom and liberty, is that person more free? Is that person liberated to pursue happiness? I don't think they are.

So I will have the debate all day long, Mr. Speaker, with the TEA bag groups and the TEA baggers and everybody else who wants to have this debate about freedom and liberty because this reform bill and the insurance reform components of this are about increasing people's freedom. It's about protecting them in a market in which they need some consumer protections in order for them not to be strangled, not to be strapped, not to be forced to go bankrupt.

I yield to my friend from right across the border in Pennsylvania.

□ 1745

Mr. ALTMIRE. I thank the gentleman from Ohio.

I sat with the gentleman for a while and listened to one of the groups that came before us, and I couldn't help but think about the fact that they seem to miss the fact that I would agree: The worst possible thing we could do in

health care reform, as a Congress, is to pass a bill that makes the system worse. We are capable of doing that. We are not going to do that, but that would be the worst possible outcome.

But a very close second is to do nothing. The gentleman from Ohio said that businesses and families in this country struggle every day with the decisions relating to the cost of health care. I, in visiting my district recently, had an opportunity to speak to a Rotary Club in my district. A business owner came up to me afterwards, and he showed me his health care statements for the past 4 years, his annual increases. The lowest increase on an annual basis that that small business owner had experienced, he had 12 employees, was 28 percent. That was the smallest increase he had. He told me, I can't do this anymore. I can't afford health care. I'm going to have to tell my 12 employees this week that I have to drop them. He couldn't offer health care any more.

Well, that is unacceptable in America. And that is what is going to continue to happen if we sit back and do nothing while the cost of health care continues to rise two and three times the rate of inflation every single year.

I had a woman come up to me at one of my meetings who was one of these people who had attended one of the TEA parties that the gentleman refers to. She was very angry, and she was telling me all the reasons why she opposed what she perceived us to be doing on health care and everything else that was getting under her skin. She was really getting herself worked up. She looked at me, and she said, Don't you dare take my money to pay for those people who don't have health care. Because, she said, I have worked hard for everything I have, and my family is covered, and if those people aren't, well, that's too bad. That's their problem. I'm not worried about them. I have worked to put myself in a position to provide for my family. She said, forget about those people. That's not my problem. I'm not paying for them.

I said, Well, here is the issue: You are paying for them, because they show up at the hospital, they get treated, and the hospital sends the bill to us. That's how that works. And this woman who came to this event to fight, she wanted to take me on. When I said that, she softened. And she said, You know, it's so funny that you say that because I just had a procedure done at the hospital in February, and the insurance company denied part of my claim, and I had to pay $18,000 out of pocket. So she went through the bill very closely because she was the one paying the money. She called the hospital, and she said, Why does everything on this bill cost more than it should? Why does an aspirin cost $10?

And the hospital told her, Well, that is because we have so many people who come through our doors that can't pay at all, we have to shift those costs to the people who can pay. So therefore, everything on the bill costs five times more than it should.

Similarly, I had a gentleman tell me about all the reasons why he didn't want to do health care reform. He said that we have the best system anywhere in the world and everything worked fine, and even if you don't have insurance, you get treated, and everything is free, and it's great. He said, I have a nephew who is 15 who had a hip problem, and he showed up at Children's Hospital of Pittsburgh and he got the best care anywhere in the world. And he is great, and he is fine now. I stopped him. I said, wait a minute. You said he didn't have insurance. How did he pay for this great care that he got? He said, well, I guess Children's Hospital paid for it. And I said, well, no, that is not what happens. We paid for it, because Children's Hospital eats those costs, and then they transfer the loss to the people who have insurance. That's the way that works. And he got it.

The point of this story is we can hear all the examples on the other side politically of why it's better to do nothing, and we should make everybody very afraid of reform. But everybody in the country, every family and every business and every individual in the country, regardless of their political affiliation, has had an experience in the health care industry that shows them that we can do better. They have had to spend a half hour on the phone haggling with an insurance claims adjuster who has just denied their claim. There is that small business owner who has to make the heart-wrenching decision to drop coverage for his 12 employees. There is someone who had to wait 9 months for an appointment with the dermatologist or had a bad quality experience with a grandparent in a nursing home. Everybody has had something happen that shows we can do better.

Yes, we have to preserve what works in our system. I'm one who believes as much as anybody in this Congress that we do have the best health care system anywhere in the world. Our innovation, our medical technology, our research, our quality of care at the high end exceeds anything available anywhere else in the world. There is no question about that. And we need to preserve that. But that doesn't mean we don't pay too much, costs go up too much, we are pricing our small businesses out of the market.

And if you get sick or injured and that insurance company is able to drop you, well, what is the point of having health care insurance to begin with if you only have it until you get sick or until you get injured?

So what we are saying in the legislation that we are considering is, insurance companies won't be able to drop you as soon as you get sick or injured after you have paid premiums for years and years. They won't be able to do preexisting condition exclusions. They won't be able to set your rates based on your individual health status. They will have to take all comers, no lifetime caps or annual caps on out-of-pocket expenses for people with chronic diseases, which is a big problem in the insurance industry. These are the problems we are trying to solve.

We are going to help small businesses afford health care by helping business owners like the one I talked about in that Rotary Club to be able to qualify for tax credits to help him afford coverage for his employees. We are going to give more information to health care consumers in the country so they can compare based on cost, based on quality, and based on access to provider, all the plans that are available to them. We're going to squeeze out the inefficiencies of the current system and apply those savings to bringing more people into the system, those who are outside the health care system that simply can't afford health insurance now. These are the reforms that we're talking about.

So when you see the charts and graphs on the other side of the big bureaucracy identical to what those charts were in 1993 and they recycled them from 16 years ago, that's not what we're talking about. And we can come down here and have a discussion on the merits of the Canadian health care system or what they do in Great Britain. And that's interesting. That's an interesting discussion to have. But it has nothing to do with what we're talking about. That's not what we are doing in our bill. It's completely unrelated. But in order to scare people and gin up political support to foist a failure upon this Congress and this administration so that they can use it for political purposes, they make things up.

Mr. RYAN of Ohio. If the gentleman would yield. The issue coming from the other side is interesting, because just a couple of years ago, our friends had control of the entire government. They had control of the House, and they had control of the Senate. Your class came in, and we had a great year. But prior to 2006, there were 6 years that President Bush, the Senate and the House were all Republican. They could have implemented some kind of health care reform. It didn't have to be necessarily what we are doing, but really, not to do anything to try to bring some justice to the system and, in the process, spend $2.5 trillion over 10 years on the Bush tax cuts that went to primarily the top 1 percent of the people in the country.

Now we're talking about a bill here that is deficit neutral, that will be paid for, that is $900 billion over 10 years, a little more than a third of what they spent on tax cuts, and we'll start bending the cost curve and bring some justice to end these stories. I think it's important to talk about that, because we all run into the business person you talk to who says they don't have health care any more, from the example you used earlier.

So let's track those 12 families. Now they are out, and they are swimming with the sharks. Hopefully no one has a

preexisting condition so when they go out now on their own, out of the plan that they were in, and they try to get some coverage, hopefully they don't have a preexisting condition. But what if they do?

And I bet that there is somebody in that group, some family, some spouse, some worker there that probably does, and they are not going to be able to get insurance or they are going to have insurance that is going to cost so much that it is going to be really not helpful. And so they may go without. Now, not having gotten any treatments, they may go 1 year, they may go 2 years, but now all of a sudden a very small problem turns into a very, very big problem, so that at some point, this person ends up in the emergency room. If they are older they end up in the Medicare program. In both instances, they cost us a heck of a lot more money than they would have if they were able to stay in that plan, get preventative care and get consistent treatment. They could have dealt with a sickness that they may have had so it doesn't become chronic and costly.

That's what's happening all over the country. Our friends are scratching their heads saying, How in the heck does this get so expensive? Well, it happens every day. We see these situations happening all the time. A lady called in to one of my telephone town halls about a month ago. She is 60 years old. She makes $32,000 a year. She works. And her company, same situation, just dropped her health care. She basically said on the call, I may just wait until I get into Medicare. So here you have someone that is working, 60 years old, and can't get health care in the United States of America.

That is a whole other topic of how bad and wrong and cruel that is, but just from the sheer numbers standpoint, this person is going to go 5 years without health care? And then when she goes into the Medicare program, she will have how many different problems that could have been prevented in those 5 years? You wonder why Medicare is going to go belly up.

Well, part of the reform is to make sure that those people that are that age, all Americans, but people that age will have some basic level of health care.

Mr. ALTMIRE. I would just say before turning it over to the gentleman from Connecticut, on that point, as I said, we are already paying for the people who don't have health care. So to our colleagues listening here tonight and to those who may be paying attention to this debate, we are trying to bring people into the system so that we can spread out the risk pool and bring insurance costs down for everybody by bringing more people into the risk pool. So if somebody gets sick and they have insurance, they can show up and get an antibiotic in the first place, so it doesn't evolve into pneumonia where they spend 6 days in the hospital 2 months later, and then we have to pay their bill.

That's the point. We are trying to rationalize the system so that we bring down costs so people who have insurance today, that's the point here. We can have a philosophical argument about what our moral obligation is as a society on offering coverage to everybody and should everybody who lives in the United States of America have access to health insurance. That's not the debate we are having. The debate we are having is, we need to get them their health care in the most appropriate, cost-efficient setting, and that's not the emergency room. That's not the appropriate setting for them, and that's only going to drive up costs.

So by getting them into the system, we are bringing down insurance costs for everybody, and we are getting them their care in a way that is more appropriate and more cost effective.

I yield to the gentleman from Connecticut.

Mr. MURPHY of Connecticut. I just was in a meeting with some of my hospital CEOs, and they are talking about having a tough year this year. And they said that they were hopeful, though, that they might see some increases from their private providers, from their private insurance companies that send them obviously a lot of money. And they said that because they were making the case to their private insurers right now, Mr. RYAN and Mr. ALTMIRE, that because they had had so many more people coming in without insurance because the number of people that no longer have coverage has increased, and the number of people coming through their doors that don't have any source of payments has gone up, they are hopeful that they will be able to convince the private insurance companies to raise their rates by 5 percent or so to compensate for all those people that are coming in the door without insurance.

That happens every day out there in the negotiations between hospitals and doctors and private insurers. The pressure is on private insurance companies to make up for all the people that show up without insurance. The insurance companies don't eat that money. They pass that along in higher premiums. So everybody out there who is on private insurance today, the 70 percent of individuals who are happy with their current coverage, need to know that your premiums are higher so that those insurance companies can help compensate and keep in business the hospitals and physicians that are caring for all the people that don't have insurance.

Now to your point, Mr. RYAN, about how Medicare is taking on the cost of all these folks that are uninsured from age 55 to 65 and then show up at the door of Medicare with all sorts of problems—let me share this story. In Connecticut, our major insurer, Blue Cross Blue Shield, is walking around with a chart trying to sort of push back, as far as I can tell, on health care reform. And their chart shows, as they claim, that the cost of taking care of a Medicare or Medicaid patient is comparable or a little bit more than the cost of taking care of somebody that has no insurance today.

□ 1800

Apparently, the reason they're showing that chart is to make an argument that you should just leave these people uninsured, because if you put them on insurance, it will actually cost you more.

We know that's not true. We know that by giving insurance to people, by allowing them access to their primary care physician to get them preventative care, that's going to cost less than leaving them uninsured. But they make a totally unfair comparison. They're comparing the cost of someone who is uninsured to the cost of the Medicare and Medicaid system which have the sickest, the most expensive people on their rolls.

And so I think it's a caution for all of our colleagues who look at our current government health care program, Medicare and Medicaid, and say, ooh, if you really look at the per patient cost there, those are pretty expensive programs. Well, they're pretty expensive programs because Medicare and Medicaid insure the most expensive people out there, insure the sickest of the sick, the old and the frail and the elderly. All of the end-of-life care is paid for by that.

Mr. RYAN of Ohio. And why do the programs even exist? Because you can't make money off of sick people. I mean, how disingenuous to walk around saying, boy, look how expensive Medicare is. No kidding. Everybody is 65 and older. Yes, that's expensive, but no one was doing it. So we decided as a country that it may be a good idea to protect those senior citizens and provide them a little bit of dignity.

Mr. MURPHY of Connecticut. And you know what the insurance companies call the money that they spend on health care? They call it medical loss. Medical loss, that's what it is to an insurance company. To you, it's a medical benefit. It is care that you get that keeps you alive. To an insurance company, it is called medical loss. It is a bad thing to spend money on you.

That doesn't mean that there are bad people running insurance companies. It just means that in the end, if the motivation is profit, if the motivation is to return as much money to your shareholders as you can, then every dollar that you're spending on care is less money that you're getting as a return on your investment, which is why so many of us believe that there is just an inherent conflict between good business and good medicine. It doesn't mean that the two can't coexist. It means that government has to step in and try to set a set of rules to make sure that in every instance good business doesn't trump good medicine, and let me give you example of why that is.

Every insurance company executive will tell you, yeah, listen, if it was up

to me, I wouldn't deny care for all these people that have preexisting conditions. But if I stop doing that, then I'm going to be at a disadvantage against all my competitors. If I start accepting in all of these patients with cancer and hypertension and lupus and whatever it may be, well, then I'm going to get all the sick people, my premiums are going to go up, and I'm not going to be able to compete with everybody else.

And so they tell you, listen, if it was up to me, I would do it, but you need to set the playing field even between all of us. Insurance companies, listen, we might be fighting them on a lot of things, but they'll actually come in and tell you that if the government comes in and says that we should all take patients with preexisting conditions and we're all living by the same rules, well, then that's fair; we can live with that in the end.

The fact is that I listen over and over again to our Republican friends say that, yeah, we're for that, too. We think that we should stop people with preexisting conditions from being excluded from insurance. Well, they had control of this Congress for 12 years. They had the House. They had the Senate. They had the Presidency. They had everything. They didn't do it. They didn't do it. They would have had insurers with them on that. They would have the public with them on that, but they didn't do it.

So it just is beyond me how we can listen to so many of our colleagues on the Republican side of the aisle come down here and tell us that they were for this all along, that they were for trying to stop these discriminations against people with preexisting conditions, because they could have done something about it. They could have done something about it.

And for all those people out there that say, listen, government should stay out of health care, this is a prime example of where government needs to come in and set fair rules that insurance companies needs to play by, because if you leave it up to the private sector, they're going to push sick people off of their rolls, push sick people off to the side.

I don't want a government takeover of health care, you don't want a government takeover of health care, but there are some places that government needs to step in and fix it.

Mr. RYAN of Ohio. Well, you think about how a game started like basketball or football or just of any sport; right? At some point, you know, Naismith puts up the peach basket and starts throwing a ball and they decide, well, we'll cut a hole and the ball will fall through. That will be good. But then you start getting teams, and at some point someone threw an elbow at somebody's face and hit them with an elbow in the face and they couldn't play anymore. And the people organizing the game said, you know what, that's not really fair. That's not what the game is. So that's illegal because here's the game. You each get five people. You put it in the thing, but whatever the rules are, and then rules consistently evolve to make the game more fair.

And so here we are in the United States, well, we're saying that government is not going in to run anything. What we're going to do is create new rules, and one of the rules is you can't be denied for a preexisting condition because it's unfair. We are all agreeing as a country, and our friends on the other side, we will see how they vote when they have an opportunity to vote for this, because it's unfair. Going bankrupt in the United States for a health care reason is unfair. We want to change that rule. That rule no longer applies. And so what we're trying to do is make the game of health care more fair.

But there's a point that I wanted to just touch on for a minute. One of the points I wanted to touch base on that Mr. MURPHY just made is how the insurance industry has acknowledged that this will be a level playing field for all the different insurance companies, and if we do preexisting condition, making sure that no one can pay any more than a certain percentage of their income out of pocket per year to prevent bankruptcies, those kinds of things. There's an important point that I think we need to acknowledge and talk about more.

If insurance companies have to cover everyone, if they can't play the game that they're playing now—the game now is how do I get sick people off of my rolls so they don't cause me a medical loss and how do I not get people on my rolls that I know are going to cost me money, and those people are going to be diabetics and heart disease and cancer patients.

And I had one cancer patient come to a roundtable I had who said, you know, she had cancer and then she lost her job and then was out with another job trying to get insurance on her own. She was denied. Her cancer had been gone for years and years, but it hadn't been gone 10 years, so insurance companies would continue to deny her coverage.

And so what we're saying here, if everybody is covered, if insurance companies can't deny anybody coverage, they will have to take you. There is a new business model that will be created within the insurance industry, because the game of keeping people off your rolls, or getting sick people off your rolls, is over. The new game for the insurance company is going to be how do we keep the people that are in our pool under our coverage healthy.

So you are going to see them investing money into wellness, prevention. They're going to be very interested in what the kids are eating at schools. They're going to be very interested in the pesticides that we're putting on our food that may cause cancer. They're going to be very, very interested in obesity rates. They're going to be very interested in what physical education programs look like in our schools.

We can have a real ally among the insurance industry to partner with us, with nutritionists, with dietitians, with, you know, preventative and wellness groups. We will now have an ally. Instead, the insurance companies are now the enemy because they don't want to make these investments.

Now they're slowly starting to because I think they're reading the tea leaves here is that they're going to be slapped down and they're going to have to cover everybody, and because of that, they are going to be able to make investments, and I think it's going to end up being a very, very good thing.

Mr. MURPHY of Connecticut. I agree, and as I said, I think that's why, on this issue of setting a level playing field amongst insurers, where they're not allowed to keep out people who are sick, where they're also not allowed to price people who get sick at an exorbitantly higher rate than other people, you know, insurers want to be part of that change because it does allow them to get back to trying to be about wellness and about health care rather than trying to be about moderating risk.

So I think in this fight we have allies. Now, listen, insurers may not like other parts of this bill. They may not want the public option to put pressure on their rates to come down, but there are a lot of other pieces here that they're partners on.

I want to just present one other example of where it's appropriate for the government to come in here and set new rules, and you said it right here. You know, if you don't want the government regulating health care, well, then you've got to dial the clock back about 50 years or so, because the government right now not only is paying about 55 percent of all health care dollars in this country, but we're heavily regulating health care insurance today.

It happens mostly at the State level, but every single State has a pretty well staffed insurance department that's regulating health care today. It just doesn't do it very well, in large part because if you're an individual buying health care insurance or you're a small business purchasing on behalf of you and maybe five others, you're getting a pretty raw deal. It's pretty simple economics. You are negotiating on behalf of one or five versus large employers who can either bear the risk themselves and they just self-insure or they have enough employees so that when they're trying to cut a deal with the insurance company they can get a pretty good deal. But for that one guy out there that's just buying an individual policy, he's paying the highest rate. He's paying the highest rates because he's got no purchasing power.

So we're just trying to change the rules for him. He would still go out and purchase insurance, but he would be able to purchase insurance in an exchange that this legislation sets up,

where he would be joined with everybody else in his State or in his region who is looking for an individual policy, and we would join their forces together and negotiate on their behalf. We'd have insurance companies bid into the exchange to bid to have the right to offer coverage to all of those individuals, and we would leverage the purchasing power of thousands of individuals.

Now, health insurance companies would still be regulated, just like they are today, but rather than operating in a market in one State at a time, rather than operating in a market where they are allowed to essentially negotiate with one person and one person and one person, they would now be negotiating with a pool of individuals, which would lower the costs for those people. Just a different way to structure the market. Still a regulated insurance market. It's just a different set of regulations.

It's another example of where government, by setting a more fair set of rules for insurance companies and individuals, can lower prices. That's what this legislation is talking about doing; not taking over the health care system, but establishing a different set of rules that benefits our constituents, individuals, and small businesses who have gotten the short end of the stick so far.

Mr. RYAN of Ohio. And so you go to this exchange that's going to be—there will be an essential benefits package that will be set by the Surgeon General and a group of experts who will decide what the essential benefits package would be, you know, dental, maternity, hospital, all the basics, and every insurance company that goes into this exchange, that will be the bare minimum. So there won't be any of this, I'm paying a lot of money out of pocket but my coverage is terrible, or, I don't have any to begin with. There will be this essential benefits package which will be the baseline coverage for every single private insurer that comes to the exchange.

Then they can build on that with premium plans, Cadillac plans, however high they want to go, so people who have a lot of money, there are still going to be plans up there because insurance companies will be making money.

What we're asking here in the House side now is, in addition to all of these private insurers, we put in, basically, a Medicare program, a Medicare program that will compete with all of the other private insurers. Everyone, 80 percent of the people who have Medicare like it. Sixty-five percent of the American people say this is a good idea. But that Medicare that would be in the exchange with all the other insurance companies would compete with all of them, but they wouldn't have to put money into marketing. They wouldn't have to pay a CEO $100 kajillion a year or, turns out, like $200,000 a minute or an hour, whatever it is nowadays and would compete. And by not having to put all that money into advertising and all those other things could help bring costs down, and everyone else in the exchange would now have to compete with that.

So you want to talk about choice, that public option and the way we're setting up the exchange is all about choice. And if you're a family of four making less than $89,000 a year, you're going to qualify for some health care credits, some subsidies. So you will get the subsidy from the government based on your income, and then you go to the exchange and pick any plan you want. No government bureaucrat's telling you what—no, you've got to pick this plan; no, I mean that one; you pick this one. There's none of that.

□ 1815

You get the credit and then you go to the exchange. And if you want the public option, you could pick it. If you don't want it, you don't have to pick it.

Mr. MURPHY of Connecticut. Mr. RYAN, I think for those of our colleagues who are against this exchange, they've got to go to their constituents and the American people and explain to them why they don't believe that individuals should be able to join together and negotiate for lower rates.

If they're against the public option, they have to make the argument to their constituents why they don't think their constituents should have the choice to choose the same kind of health care that Members of Congress and Medicare beneficiaries and soldiers and veterans and public employees have. This is about banding people together to get lower rates, giving people more choice. And the reason why both of those ideas, Mr. RYAN, and I'll wrap up, have broad public support, every single poll that comes back says 60, 70 percent support the idea of the insurance exchange and a public option within it is because that's what they want. That's what they want, the ability to negotiate together and the ability to have more choice.

Mr. RYAN of Ohio. And how do our friends who talk about freedom and liberty want to deny the ability to basically buy into a Medicare-type program? That seems to me like it's limiting the consumers' choice, limiting freedom. And what we're saying is they have all got to compete. They have all got to be there. We're going to help you pay for it because we know if you don't get insurance you're going to go cost us a heck of a lot more money in the emergency room and this is all about choice.

And you know, if you like what you have, you keep it. That's fine. So you know, this is good. I think about the 1,600 families in my district that go bankrupt because of health care. I think of the people that will have opportunity and options because of what we're trying to set up here and reform this system.

But as we close, Mr. Speaker, I would just like to say, if you look at what we have tried to do and what we have done over the course of the last 7 or 8 months, we've taken on the oil industry; we're taking on the insurance industry. Since we've been here, we've raised the minimum wage, increased money for Pell Grants, taken the banks out of student loans so that people can afford to go to college, make investments back into the middle class, infrastructure money, stimulus money, thousands of teachers are at school right now because of stimulus money that is coming out, invested in the green technologies, green energy.

If you look, issue by issue by issue by issue, everything that we have done has been sticking up for the middle class and taking on the special interests that have been driving down wages, driving up health care costs, making it difficult for small businesses, making it difficult to go to college, cutting every business in on the deal, no matter what; and it's important to recognize that this reform proposal and this reform bill is all about giving the middle class consumer protections, choice, and affordable health care in a system that has justice.

So I want to thank my friend from Connecticut, I want to thank our friend from Pittsburgh, western PA, who was here. And, again, our condolences out to people in the Pacific who are going through a very, very difficult time who shared with us earlier in the hour.

With that, we yield back the balance of our time.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to a concurrent resolution of the House of the following title:

H. Con. Res. 191. Concurrent resolution directing the Clerk of the House of Representatives to make technical corrections in the enrollment of H.R. 2918.

The message also announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2918) ''An Act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes.''.

NATIONAL HEALTH CARE

The SPEAKER pro tempore (Mr. SCHAUER). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, it is an honor and a privilege to address you here on the floor of the House of Representatives. And having listened to the dialogue that was presented by my colleagues, often I will be able to see them on C–SPAN and then I'm inspired to come over here and take up the