

of the respective committees, and Chairman Emeritus JOHN DINGELL for the bill which will be before us tomorrow.

H.R. 3962 covers at least 36 million of the now uninsured, expands and improves Medicaid, strengthens Medicare, begins to close the doughnut hole, and makes it, as well as other insurance, more affordable. It will provide a robust benefits package, new prevention and wellness programs, with no copayments for preventive care. It ends insurance abuses that have led many families to bankruptcy or near bankruptcy—no exclusions for preexisting diseases, no dropping your coverage or putting limits on how much insurance will pay for you when you get sick.

It expands the health care workforce and especially supports the training of primary care physicians, nurses and physician assistants, as well as that of now underrepresented minorities. It provides community health centers and community health workers as well as programs that help communities to better prepare to take advantage of the new health care system. And it will strengthen our public health infrastructure and workforce. The bill is fully paid for, and will reduce the deficit over the 10 years.

What is not to vote for? I know that some of the hesitation is over abortion issues. I don't understand it because H.R. 3962 keeps the Hyde amendment in tact. It prohibits Federal funds from being spent on abortion. It excludes abortion from the basic benefits package. It prohibits discrimination against providers who do not perform abortions by insurance plans. It does not require any insurance plan in the exchange to cover abortion, and it provides that the exchange would have an insurance option that does not cover abortion.

I, like every Member of this body, I am sure, am deeply committed to life—to protecting lives, to saving lives, and to improving the quality of lives. Without passage of this bill, many will suffer the unnecessary loss of life that happens every day in this country of plenty to those who are uninsured and in people of color, whether they're insured or not.

In this 21st century, every year 88,000 African Americans alone, not counting American Indians, Latinos, Asians, or Pacific Islanders, 88,000 African Americans die who would not have if they were insured and if they had equal access to the services that this bill would now provide them, some of them for the very first time.

Have those who oppose this bill because of concerns of abortion considered that this bill would even reduce the need for abortion? Something everyone, no matter what side of the debate you are on, would want. It would do so by ensuring that everyone would have access to comprehensive health care and the kind of family-life counseling that is a part of it.

Tomorrow, we have the opportunity to save millions of lives. There is no

more important reason to vote "yes" for the Affordable Health Care for America Act than that. Everyone should want to be on the right side of the historic vote that awaits us tomorrow. We need health care reform now.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. This week, I had the honor of meeting 30 Kansas World War II veterans at the national World War II Memorial. These veterans, who are in their 80s and 90s, were part of Honor Flight, an organization that brings veterans to Washington, D.C. to see the memorial dedicated in their honor.

Welcoming these Honor Flight veterans is an incredible privilege and one of the most rewarding experiences of my time in Congress. As I visited with these veterans about the sacrifices they made, the friends they lost, and the love they have for their country, I was reminded about how serious my responsibility is as a Member of the United States House of Representatives to do right. It also caused me to reflect on the importance of this weekend's vote on health care reform.

As Chair of the House Rural Health Care Coalition, I know how important health care is to the survival of Kansans and their home towns. The vote we will take this weekend will affect all Kansans at every age, those proud aging veterans, the senior couple counting out their medications each morning, the young family just starting out, the children playing hide and seek in the yard, and the small business owner looking over the budget report.

The decision we make this weekend matters; it matters from coast to coast and across the sweeping plains of Kansas. Our State has unique health care needs, different from much of the country. We have an aging population that has spread widely across a large area. I consider these unique needs in each policy decision that I make.

Changes are truly needed in our current health care system, and I have written about my ideas for reform and have shared them with folks back home and anyone up here who will listen. After studying H.R. 3962, Speaker PELOSI's health care reform bill, listening to the concerns of Kansans and visiting with Kansas hospitals to speak with doctors and nurses, patients and administrators, I have concluded that the Speaker's 2,000-page bill will do

great harm to Kansans, and I strongly oppose it.

The Pelosi bill is essentially the same version that the Speaker started out with months ago, except it's 1,000 pages longer. Instead of working to repair our current system, which a majority of Americans favor, the Pelosi bill will turn much of our system on its head by creating a new government-sponsored health care program financed by deficit spending and taxes.

This bill levies taxes on businesses, cuts Medicare benefits to seniors, eliminates jobs with employer mandates, and enables bureaucrats to define what form of health coverage is acceptable for Americans.

The bill would create 118 new boards, bureaucracies, commissions and programs to carry out its so-called "reforms." I am especially troubled how \$500 billion in Medicare cuts and proposed reimbursement rate changes contained in this bill will affect Kansans with our high population of seniors. Only in Washington does cutting billions of dollars from a near bankrupt Medicare program seem like a good idea. These cuts will reduce benefits and raise premiums for Kansas seniors and make it harder for us to find a doctor or nurse when we need one.

We strengthen our health care system by reducing cost. The Speaker's bill does nothing to reduce cost. In fact, Medicare and Medicaid's own actuaries have warned that the plan will dramatically increase Federal health care spending.

The veterans I met at the World War II Memorial fought for a country they love and that country's promise of liberty and opportunity. After the war, these men and women returned to their homes and ventured off in different directions, some rejoined families and jobs, some got married, some went to college, and some started a business. But one thing they all shared was the desire to continue fighting to make a better life for their children, a life better than the one they had for themselves. This is the desire that my mom and dad—my dad who turns 94 tomorrow—had for my sister and me, and the one that my wife, Robba, and I have for our daughters. This is what we do in America: we leave the next generation better off.

I have concluded this bill will not make health care more affordable or more accessible to Kansans. I have also concluded that, coupled with all the other bad ideas of this Congress—stimulus packages, bailouts, Cash for Clunkers, cap-and-trade—we will be leaving our children with more debt, less freedom, diminished personal responsibility, and fewer economic opportunities. Worse, we will have failed to honor the dreams of those Kansas soldiers for a better life for another generation of Americans.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr.

McDERMOTT) is recognized for 5 minutes.

(Mr. McDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, this has been an engaging debate and discussion by my colleagues, and it is a momentous time in our history.

Earlier this evening, I reminded my colleagues of the imagined debate for those of us who were not here when Medicare was introduced to the American people. Medicare can document the number of lives that were saved. And we are privileged to have in the House Chairman JOHN DINGELL, who was here during that debate and who has crafted this legislation based upon decades of attempting to achieve universal access to health care for all Americans.

My friends are talking about how we rushed this legislation through. They obviously have not kept up with history's stories. For America has been working on providing access to health care for all Americans since the 1930s, the 1940s, the 1950s, the 1960s, 1970s, 1980s and the 1990s.

We must come to grips with the collapsed system that allows 18,000 people to die because of lack of insurance, that has a number of States with high uninsured rates, meaning that their population is uninsured.

It seems like an oxymoron to suggest that a city that can be called the energy capital of the world, with all of the attributes and wonderful neighborhoods that Houston has, the spirit of the people, NASA, so many things to call America, and yet our numbers are very high for those who are uninsured, hardworking Houstonians who desire to have access to health care.

This is not an indictment of the facilities in our community that work very hard to make this happen. The Harris County Hospital District, for example, the Texas Medical Center, the number of hospitals outside of that area, including St. Joseph's Hospital, the physicians and nurses and clinics that work in the area all work hard to provide access to health care.

But, Mr. Speaker, it's not enough. And our friends on the other side will introduce legislation tomorrow that they call "cost saving," that will merely insure 3 million people. Well, I wonder what decision would have been made about Medicare if we had thought about penny-pinching, not cost containment, not being efficient, penny-pinching. And that is what's going on on the other side. There is no vision about what will happen if we wait one more decade without debating health insurance.

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I have heard some of my friends say, "Kill the bill." Well, we're killing Americans, and I believe most of us would rather not engage in those kinds of theatrics.

I believe that small business owners, of whom we are very concerned, will have the ability to secure insurance for their employees. All the time when I listen to them, they are committed and dedicated to their employees. They are the backbone of America. This bill exempts 86 percent of small businesses from the requirement to offer or to contribute to coverage by increasing the thresholds for exemption from a \$250,000 payroll to a \$500,000. It decreases obligations for employers of payrolls between \$500,000 and \$750,000. It allows those employees to go into the exchange.

Small employers and the exchange: It increases the size of small employers automatically allowed to purchase coverage through the exchange, which will include the public option, of up to at least 100 employees within the first 3 years. It permits an additional expansion to even larger employers in future years. A small business tax credit modifies the policy to limit the tax credit to a 2-year period per firm to help firms transition to providing health care benefits to their employees.

Health insurance co-ops provide startup loans to establish not-for-profit, or cooperative, health plans that compete with private insurers and the public insurance option all in the vein of bringing down costs.

It provides veterans and members of the Armed Forces the assurance that members of the Armed Forces, veterans, and their families have access to the exchange, to obtain health insurance if they choose and that they fulfill their responsibilities to have qualified health insurance if they are enrolled in a VA health care or TRICARE.

Remember, this legislation will allow Americans to keep their insurance. I am proud of that. As well, there is a definitive decline in the percentage that Americans will have to pay of their income for health insurance coverage. That is not the case now, and that is why you find so many Americans without health insurance.

Mr. Speaker, I would only say it is time now to move on health care reform.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE MOTHER OF ALL UNFUNDED MANDATES

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Tennessee (Mr. ROE) is recognized for 5 minutes.

Mr. ROE of Tennessee. Mr. Speaker, I came to Congress to help enact health care reform. As a physician, I've seen firsthand the problems insurance companies have created for patients. I've seen firsthand how government programs have made beneficiaries worse consumers of health care. I've seen how the cost of health care has exploded so much so that many can't afford insurance. I've seen all of these problems, and I want to help fix them.

When I first heard that the Democrats were proposing to insert a government competitor into the insurance marketplace, I thought, surely, they can't be serious. When I realized they were, I thought I could change their opinions by telling them about the real-life failures I've seen under our State's program, known as TennCare, and how H.R. 3200—now H.R. 3962—is simply a bad extension of these mistakes.

For months, I've gone to the House floor with many of my physician colleagues to talk about the problems with this plan. The TennCare plan tried to provide universal coverage and to make health insurance affordable. In the end, it nearly bankrupted the State as the program's cost tripled. It created an incentive for beneficiaries to seek unnecessary care because it cost them nothing. It shifted costs to the private plans, which were forced to make up these underpayments of the government program by increasing everyone's premiums. In the end, 45 percent of those on the public plan previously had private insurance, and they either dropped their coverage or were dropped by their employers.

Our Democratic Governor, Phil Bredesen, saved our State's budget by doing something very hard. He cut the rolls. He controlled costs. He introduced an alternative plan called Cover Tennessee, which requires an equal contribution from employers, individuals, and the government. It is a model for shared responsibility. Incidentally, Governor Bredesen has called this bill on the floor the mother of all unfunded mandates.

Democrats continued to ignore this evidence. I have asked President Obama three separate times since July to sit down and talk about a health care bill and to talk about what I know the effects to be, yet I've received no call from the White House. It's one thing to disagree with evidence that undermines the premise of the reform you're pushing, but to not even consider it is unbelievable.

So here we are today with a health care bill that's over 2,000 pages. It's loaded up like a Christmas tree with special interest provisions. Sanitation facilities for Indian tribes, biofuel tax credits, nutrition standards for chain restaurants, and references to pizza and doughnuts all made it into this bill, but somehow Democrats could not come up with a real solution for medical malpractice reform except to try