

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