

total \$358.2 billion trade deficit with the rest of the world. Since 1983, the United States importation of petroleum and its derivatives has nearly quadrupled, rising from 1.21 billion barrels in 1983 to 4.65 billion barrels in 2003.

In 2003 the total deficit for trade of petroleum between the United States and the rest of the world totaled \$120.5 billion. Our total trade deficit for 2003 was only \$489.9 billion. That means if we as a nation were energy independent we would cut our trade deficit by one quarter annually. If we were truly energy independent it would mean we would have the creation of jobs, be a step closer to a trade surplus, real urban revitalization and rural development, and wealth being generated right here at home as opposed to increasingly exporting our jobs, capital and wealth.

Becoming energy independent here at home would yield the strongest job creation this Nation has experienced since we landed a man on the moon. Just focusing more effort in agricultural fuels production would produce growing economic security here at home.

Continued dependence upon imported sources of oil means our Nation is strategically vulnerable to disruptions in our oil supply. Renewable biofuels domestically produced directly replace imported oil.

Increased use of renewable biofuels would result in significant economic benefits to rural and urban areas and also reduce the trade deficit.

According to the Department of Agriculture, a sustained annual market of 100 million gallons of biodiesel alone would result in \$170 million in increased income to farmers.

Farmer-owned biofuels production has already resulted in improved income for farmers, as evidenced by the experience with State-supported rural development efforts in Minnesota where prices to corn producers have been increased by \$1.00 per bushel.

Biofuels hold the potential to address our dependence on foreign energy sources immediately. With agricultural surpluses, commodity prices have reached record lows; concurrently world petroleum prices have reached record highs and are expected to continue rising as global petroleum reserves are drawn down over the next 25 years. It also is clear that economic conditions are favorable to utilize domestic surpluses of biobased oils to enhance the Nation's energy security.

In the short term, biofuels can supply at least one-fifth of current United States fuel demand using existing technologies and capabilities. Additional plant research, newer processing and distribution technologies, and placing additional acres under cultivation can yield even greater results.

Biofuels can be used with existing petroleum infrastructure and conventional equipment.

The use of grain-based ethanol reduces greenhouse gas emissions from 35 to 46 percent compared with conventional gasoline. Biomass ethanol provides an even greater reduction.

The American Lung Association of Metropolitan Chicago credits ethanol-blended reformulated gasoline with reducing smog-forming emissions by 25 percent since 1990.

Ethanol reduces tailpipe carbon monoxide emissions by as much as 30 percent. Ethanol reduces exhaust volatile organic compounds emissions by 12 percent. Ethanol reduces toxic emissions by 30 percent. Ethanol re-

duces particulate emissions, especially fine-particulates that pose a health threat to children, senior citizens, and those with respiratory ailments.

Biodiesel contains no sulfur of aromatics associated with air pollution.

The use of biodiesel provides a 78.5 percent reduction in CO₂ emissions compared to petroleum diesel and when burned in a conventional engine provides a substantial reduction of unburned hydrocarbons, carbon monoxide, and particulate matter.

Mr. Speaker, I submit herewith for the RECORD the article I referred to earlier:

DISASTER LURKS IN APRIL JOBS NUMBERS

(By Paul Craig Roberts)

There is no good news in the April payroll data released last Friday by the Bureau of Labor Statistics. Disaster lurks in the jobs numbers: the U.S. labor market is becoming Third World in character.

The April jobs data show a continuation of the troubling pattern established in recent years. Despite a massive trade deficit that pours \$500 billion annually into foreign hands, the U.S. economy cannot create jobs in the export or import-competitive sectors of the economy. The U.S. economy can only create jobs in non-tradable domestic services-jobs that cannot be located offshore or performed by foreigners via the Internet.

The 280,000 private sector jobs created in April break out as follows: 104,000 were hired as temps and in administrative and waste services, 34,000 were hired as waitresses and bartenders, 30,000 were hired in health care and social assistance, 29,000 in wholesale and retail trade, 21,000 in manufacturing (half of which are in fabricated metal products), 20,000 plumbers, electricians and specialty contractors, 10,000 hired by membership associations, 10,000 in legal, architectural and engineering services, 8,000 in management and technical consulting, and 4,000 in real estate.

The vast majority of these jobs do not require a college degree. One can only wonder what will become of the June graduating class.

Since January 2001, the U.S. has lost 2.7 million manufacturing jobs. Job loss by sector: wood products 50,000, nonmetallic mineral products, 61,000, primary metals, 145,000, fabricated metal products, 272,000, machinery 300,000, computer and electronic products, 536,000, electrical equipment and appliances 136,000, transportation equipment 209,000, furniture and related products 97,000, misc. manufacturing 79,000, food manufacturing 53,000, beverages and tobacco products 13,000, textile mills 128,000, textile product mills 33,000, apparel 172,000, leather and allied products 18,000, paper and paper products 90,000, printing and related support activities 137,000, petroleum and coal products 10,000, chemicals 79,000, plastics and rubber products 125,000.

Since January 2001, financial activities created 247,000 jobs, and nontradable domestic services (education services, healthcare and social assistance, leisure and hospitality, and membership associations) created 2,026,000 jobs.

These service jobs were offset by 302,000 lost jobs in retail, 261,000 lost jobs in transport and warehousing, 124,000 lost jobs in management of enterprises, and 1,222,000 lost jobs in tradable services such as telecommunications, ISPs, search portals, and data processing, accounting and book-keeping, architecture and engineering, computer systems design, and business support services.

That leaves a net increase of 488,000 jobs in domestic services created during the past 3

and one quarter years. Offsetting these jobs with 2.7 million lost manufacturing jobs, leaves the U.S. economy with 2.2 million fewer private sector jobs at the end of April 2004 than existed in January 2001.

Once free trade was a reasoned policy based in sound analysis. Today it is an ideology that hides labor arbitrage. Because of the low cost of foreign labor, U.S. firms produce offshore for their U.S. customers. The high speed Internet permits people from all over the world to compete against Americans for knowledge jobs in the U.S. Consequently, the "New Economy" is being outsourced even faster than the old manufacturing economy.

Where does this leave Americans? It leaves them in low-pay domestic services. As the BLS 10-year job forecast made clear, 7 of the 10 areas that are forecast to create the most jobs do not require any university education—definitely not the picture of a high-tech economy.

Why then will Americans attend universities? Will Wal-Mart require an MBA to stock its shelves? Will nursing homes want their patients bathed by engineers?

Obviously, education and retraining are not answers to job loss from US employers substituting foreign labor for American labor.

One does not have to be an economic genius to understand what is happening. Capital is most productive where labor is most abundant, and labor is most productive where capital is most abundant.

Thus, we see US capital flowing to Asia where labor is cheapest, and Asian labor flowing via the Internet to the US where capital is abundant.

US labor loses both ways. Products Americans used to make are now made offshore, and the Internet lets foreigners compete against Americans in the US labor market.

An engineer in Boston, Seattle, Atlanta, or Los Angeles cannot compete with an Internet hire in India, China, or Eastern Europe, because the cost of living in the US is much higher. The Boston engineer cannot work for the Indian salary, because his mortgage debt and grocery prices will not adjust downward with the salary.

The man in the street has no difficulty comprehending this simple fact, but for ideologues, free trade is a virtue—regardless of the harm done to American labor and the US economy.

NATIONAL COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. BALDWIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Mr. Speaker, I rise today in the midst of National Cover the Uninsured Week to draw attention to the 43.6 million Americans who do not have health insurance and the millions more who are underinsured.

□ 2130

Ms. BALDWIN. Mr. Speaker, our Nation is in the midst of an escalating health care crisis. As health care costs soar, it becomes increasingly difficult for Americans to obtain comprehensive and affordable health care. Our current health care system is failing not only the 43.6 million Americans who are uninsured, but also the millions more who do not receive comprehensive health care. We can no longer turn our backs while millions more lose access to health care. The lack of comprehensive and affordable health care affects every single congressional district in every State.

To highlight this issue this evening and its real impact that Americans are experiencing, I have invited my colleagues to join me in sharing letters and thoughts, but letters particularly from our constituents who have had difficulty obtaining and affording comprehensive health care. I think it is really important that their voices are heard in this debate.

I would like to begin with just a few letters from my district in Wisconsin that express real people's difficulties in dealing with the ever-rising cost of health care.

Jen, from Oregon, Wisconsin, starts, "Please help. I cannot find affordable health insurance. My husband works for a small employer that cannot afford to provide medical insurance. We have a tiny 2-bedroom home, a car payment and a 2-month-old baby. We choose to live very modestly in order to provide the margin to pay for health insurance, but the cheapest premium I could find was \$200 per month with a \$3,350 deductible, and there are no maternity benefits. The amount is heartbreaking. There is no money to pay for clothes, let alone emergencies. If I worked full time for the health insurance, there would not be enough to pay for day care and somebody else would be raising my baby.

"It simply is not right that people in our society lack medical coverage when every other First World country provides for all of their citizens. Plus, how many people are underinsured? Also, our businesses are starting to go bankrupt just trying to maintain their health care benefits.

"Something has to change. Would you please help all of us as soon as possible?"

Next is from David, from Cross Plains, Wisconsin. David writes, "My wife and I have been self-employed for over 18 years, and have paid thousands of dollars for health insurance premiums. As of a few months ago, we had to drop out and are now without health insurance. The cost is completely out of reach. In fact, it is nuts. Now that I am 50 years old, it is not a matter of if I will have health problems, it is when.

"Tammy, we will lose everything we have worked for. So much for the American dream. We now look forward to dying broke and homeless. I still work 60 hours a week at my print shop

and can only hope that I drop dead in front of my press some night so I will not be a burden to society."

Emily from Stoughton, Wisconsin writes, "I am writing to you to express my utter frustration at the status of the United States health care system. It is my opinion that it is rapidly failing, and many, many people are finding themselves paying staggering monthly premiums and getting substantially fewer benefits every year.

"My husband runs a small business, less than 10 employees, and our family is being financially penalized for offering group health insurance to seven workers, two of which have had some significant health care needs in the last year. These two employees, just by getting illnesses not in their control, have jacked up our monthly premium by a staggering amount. It seems to us that offering health insurance is an ethical responsibility of ours as employers, yet our family still must pay a ridiculously escalating sum monthly just because of these two employees with unexpected health problems. In addition, I am routinely getting surprised upon regular visits to dentists, eye doctors, et cetera, to find we have no coverage at all from our HMO when only 1 year ago we had full coverage for these services.

"Thanks for letting me vent. I feel powerless and at times hopeless."

Before I continue with some additional letters from my congressional district, I am delighted to be joined this evening by one of my colleagues, the gentleman from Ohio (Mr. BROWN), a member of the Committee on Energy and Commerce, a tireless advocate for health care.

Mr. BROWN of Ohio. Mr. Speaker, the gentlewoman from Wisconsin has fought as hard as anybody in this body for universal health care for people who play by the rules, pay their taxes, most of whom have jobs and simply have been left out of this system, left out because this Congress, this President, do not seem to care.

We had 40 million people uninsured 3 years ago; today that number is 44 million. Of those people who do have insurance, many of them are underinsured. Many do not have a decent drug benefit. Many seniors do not have a good drug benefit, and this Congress has either done nothing or moved backwards as they have tried to privatize Medicare and tried medical savings accounts and other kinds of Rube Goldberg ways to try to provide health insurance, when in fact most of what they are trying to do is enrich the drug companies and the insurance companies.

We are also joined by the gentleman from Ohio (Mr. STRICKLAND) and the gentleman from New Jersey (Mr. PALLONE). My State of Ohio has 1.2 million people without health insurance, and 85 percent of those who lose their jobs also lose their health insurance. In Ohio, as much of the Great Lakes States, particularly Wisconsin,

Michigan, Pennsylvania, Minnesota, those States have suffered dramatically because of high unemployment, because of large numbers of job layoffs. In Ohio, we have lost one-sixth of our manufacturing jobs since President Bush took office. We lose 200 jobs every day, and about 170 of those people lose their health insurance, yet this Congress sits on its thumbs and does nothing about it.

But these are numbers, and I want to share some stories of people to put life situations to these numbers so people really see what this means.

Joseph from North Ridgeville writes, "Something has to be done about health care. We are going in the wrong direction. I cannot even think about retirement because of the cost of health insurance in Ohio. I am in Local 546, and a lot of us feel the same way. I am not sure how long I am going to have a job, to make matters worse. Sorry to complain."

Mr. Speaker, he writes, "Sorry to complain." This is a gentleman who works hard, plays by the rules, pays his taxes. He does not have the health insurance he needs. His employer, it sounds like, is doing the best they can, and Joseph says sorry to complain. If people are playing by the rules, this society needs to do better. Joseph also does not want to be a burden on society.

Judith from Medina writes, "We are currently without any health care coverage because the company where my husband works raised the monthly premium so high we could not afford it. It was either health care or food. So many people are finding themselves in this predicament now that something must be done on a national level.

"Surely Congress can come up with some kind of help for those of us in this situation before it is too late and before something tragic happens to us. We could lose our home and be out on the street if a catastrophic disease hit one of us. Please, please make this a priority. So many need help. What will the insurance companies do when so few can afford their coverage that most cancel? What will happen to the health care system in this country then? Please give this top priority. I believe it is vital to this Nation. Thank you." That letter was from Judith of Medina, Ohio.

Again, this family plays by the rules. They are working hard, and our government simply has not stepped up and fulfilled its obligation to them to make health care a right, not just a privilege.

Thomas from Cuyahoga Falls in my district writes, "Representative BROWN, I have a question. I have a full-time job, a wife and children. My employer does not offer health care benefits. I cannot afford to purchase coverage on my own. What can I do? Please let me know what the government is trying to do to remedy this problem. I am sure I am not the only one dealing with this. Thank you very much for your time."

All these letters suggest, first of all, great hardship that people face, great risk people face if they get a catastrophic illness, and they underscore the point that we are the only Nation in the world, as wealthy as we are as a country, we are the only Nation in the world that does not provide health care to all of its citizens. We are the only Nation in the world that allows drug companies to charge whatever they want to charge.

Our government's response is more tax cuts for the richest people in the country. President Bush's tax program gives a person making \$1 million a \$123,000 tax cut, yet they cannot provide insurance to Thomas of Cuyahoga Falls, Judith of Medina, Joseph of North Ridgeville, and all of the people that the gentlewoman from Wisconsin (Ms. BALDWIN) mentioned in Wisconsin.

We give huge tax breaks to the wealthiest people, we spend \$1.5 billion in Iraq setting up a health care system there, and my friends on the other side of the aisle and the President simply turn their backs on these people who are playing by the rules. These are people who work and have full-time jobs that are trying to raise their family, and we do not help.

What we ought to do is four things. First of all, we should extend unemployment benefits to the 1 million workers in this country and the 50,000 workers in the districts of the gentleman from Ohio (Mr. STRICKLAND) and my district who have lost their unemployment. They are working, they have lost their jobs and they are trying to find jobs, and their unemployment insurance expired.

Second, we should do the Medicare buy-in bill to allow people 55 to 64 who do not have insurance for whatever reason, to allow them to buy into Medicare.

Third, we need to work on the children's health insurance program. There are 8.5 million children in this country who do not have health insurance. In most cases, their parents have jobs at companies like Wal-Mart and places like McDonald's and places that do not do health insurance, even though the companies are making billions of dollars, in the case of Wal-Mart.

And then last, fourth, we need to pass the legislation we introduced today to give small businesses incentives to insure their employees.

Those three bills, the unemployment extension we have pushed and pushed and pushed. The majority and the President have stopped it dead in its tracks. The other three bills were introduced today by the gentleman from Texas (Mr. SANDLIN), the gentleman from California (Mr. STARK), the gentleman from New Jersey (Mr. PALLONE), myself, and a whole host of others. We should move quickly on those bills as the number of unemployed workers in this country who have lost their jobs is way too high and too many people who have lost their jobs have lost their health insurance.

It is discouraging, but worse than that, it is outrageous that we as a country, as rich as we are, simply will not take care of those who play by the rules, pay their taxes, contribute to their communities, and we do not do anything about their health insurance.

Ms. BALDWIN. Mr. Speaker, I thank the gentleman for sharing his constituent's words as well as his own to this critical debate. I must note that the gentleman points out that we are the only industrialized Nation in the world that does not offer health care to all of its citizens.

I was listening to the Special Order which occurred the hour before this, where Members from the majority were talking about nations with universal health care plans and berating them for rationing care. I cannot imagine how anyone believes that a system where 43.6 million people are uninsured, and many more underinsured, we are clearly rationing care here in this country and need to step up to the plate and address that.

I am delighted to be joined by another one of my colleagues whose work on the issue of health care I admire so greatly. The gentleman from New Jersey (Mr. PALLONE) is also a member of the Committee on Energy and Commerce. Day and night, the gentleman works on the issue of health care.

Mr. Speaker, I yield to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman from Wisconsin (Ms. BALDWIN). I know that both of us are involved with the Democrats' health care task force. One of the things that we work on is trying to come up with some solutions in dealing with the problem of the uninsured. As was pointed out, the number of the uninsured continues to go up. The gentleman from Ohio (Mr. BROWN) said it was 40 million a few years ago, now it is up to 44, 45 million. The number continues to grow.

I do not like to criticize the Republican side of the aisle unnecessarily, but I am amazed by the fact that our two colleagues who were here earlier were so convinced that other countries do not have the solution. Statements were made about how national health insurance does not work, yet the reality is, as my colleague from Wisconsin mentioned, in fact it does work.

□ 2145

I am not saying that we are advocating that. I would love to see national health insurance. I know that is not realistic politically, we are not going to get it; but to suggest that somehow these other countries, whatever country you mention, France, Great Britain, Canada, Italy, all of Western Europe, every developed country really, other than the United States, has some form of national health insurance.

The one thing I would stress, too, is I think when people talk about national health insurance, they get the

impression that somehow that means that the government is going to run the hospitals or salary the doctors or something like that. That is not what national health insurance is all about. National health insurance just means that everybody has health insurance. People can have thousands of different policies, but it would be wonderful if we could say that everybody has health insurance. We are not saying, I am not saying certainly that the government would run the system, but they would at least guarantee that everybody has some form of health insurance. But that is not going to happen, that is not going to happen in the near future, so I do not want to really stress that today.

I also heard my colleagues on the Republican side talk about community clinics or community health centers. The amazing thing about the Republicans is that they are in the majority and they act as if they are running for office and if they get in, they are going to implement these policies. They neglect to point out that they are in the majority, that the President is a Republican, the other body, the Senate, is majority Republican, there is a significant Republican majority here. So if they think these policies are so wonderful, why do they not pass them? The reason is because they do not have a consensus. In other words, they cannot get all the Republicans or a majority of their own party to agree on these three bills that they brought up today.

They have characterized this week as Cover the Uninsured Week. They basically have three bills that are on the House floor. One deals with associated health plans; the other Republican bill is the health savings account legislation; finally, the medical malpractice legislation. Every one of these things has already been passed in this House in pretty much the same form last year. Again, they are in the majority. I think these bills are terrible. I refuse to vote for any of them, but if they think they are so wonderful, then what is the the big holdup? Pass it here, send it over to the other Republican body, send it to the Republican President, it becomes law. That is the way we operate.

The problem is these proposals do not actually help the uninsured. They are bad proposals that will probably result in more people being uninsured, and that is why they cannot get most of the Republicans or enough Republicans to pass them. There is a certain amount of disbelief on my part when I listen to what they say.

The other thing is they talked about the community clinics. I have to go back to that. Again, if you believe that community clinics or health centers are a way of dealing with people who do not have health insurance, I do not. I think they serve an important role. I would rather see everybody have health insurance; but certainly if everyone does not, as my Republican colleagues mentioned, somebody could go

to a community health clinic or health center. These places are grossly underfunded. A few weeks ago when we had our break around Easter and Passover, I had a gathering, a forum at a community health center in Asbury Park which is in my district. They are so grossly underfunded. They try to accommodate everybody, but they cannot.

One of the things that was particularly egregious was dental care. We know how there is no dental care, and there are long lines. They do not even have the dental clinic there. It is at another location. There were long lines of people that cannot get in. The Republicans are in the majority. If they think community health clinics are the answer, why do they not just appropriate money so that they can accommodate more people or we can have more of them? I do not want to just totally discredit them, but when I hear these statements, and I hear this banter about how this is Cover the Uninsured Week, the bottom line is it is just a ruse.

I want to just talk about each of these bills that they say is going to address the problems of the uninsured. They claim that the associated health plan legislation, which I think was voted on today, that that is going to lower rates and provide greater access to insurance. The reality is that the associated health plan legislation would result in less health care access and dramatic increases in premiums for State insurance-based employers. Associated health plans would fragment and destabilize the small group market resulting in higher premiums for many small businesses. The Republican legislation would allow employers to cherry-pick, attracting younger, healthier individuals to join associated health plans while leaving older, sicker individuals in the traditional insurance market which results in increased premiums for the remaining pool.

One of the things that everyone knows about health insurance is that the more people you have in the pool and the more varied they are, young or old or sick or healthy, then the more it works. I do not want to get into all the details of that, but that is just the reality of insurance. What this associated health plan does, is break the pool and there is cherry-picking of the younger and healthier and leaving the others outside. So it just does not work. It makes the situation worse.

The second thing they mentioned is the Republican health savings account legislation. I think that is up tomorrow. That creates a tax-favored saving provision with no income limitations. The main reason Republicans want to pass this bill is to create a new tax shelter for the healthy and wealthy while at the same time threatening higher health insurance premiums for everyone else. Under this bill, basically you get a tax credit that would allow you to set aside up to \$2,000 tax-free in a new health savings account to sup-

posedly help pay for health insurance, but unfortunately it is practically impossible for someone who is uninsured, who inherently does not have a lot of money, to be able to take advantage of the program because they would have an extremely difficult time saving \$2,000 a year for health care. Again, it is not practical.

The last one, and I do not want to spend a lot of time on it, was the medical liability reform. I agree that we need to address the rising cost of medical liability insurance, but what does it have to do with the uninsured? How is passing that going to do anything? The nonpartisan Congressional Budget Office concluded, and I quote, "that even a very large reduction in malpractice costs would have a relatively small effect on total health plan premiums." It is not going to help the uninsured. It is not even going to reduce costs in any significant way for the patient. It is addressed to the physicians. That is certainly a good cause but it is not going to help the cost for the patient or result in any more people being insured. I later want to talk maybe a little bit about some of the Democratic proposals. I know that my colleague from Ohio did that.

Ms. BALDWIN. I too share the gentleman's passion for creating a system where everybody in this country has health insurance. I guess I agree that the short-term prospects are dim, especially given this administration, this majority. But I do have some hopefulness, because frankly I think that the voices of 44 million Americans cannot be silenced and ultimately will lead to that political change that we are seeking. Along that line, I would like to share the words of a few more of my constituents. I want to share the words of Roger from Waunakee, Wisconsin. He writes:

"I'm a baby boomer that was rejected for health care. The explanation was vague, so I'm taking efforts to address it and resolve it but I'm frustrated with the realization of flaws in our health care system. At 54 years old, I'm healthy enough to exercise year round and race competitively in triathlons but not risk-free enough for the insurance companies. My wife is also healthy but she has so many riders on her coverage that her policy is almost worthless. An issue that may haunt us is what I call use it or lose it. Our main problem appears to be that we once had insurance and used it to stay healthy. Our claims were very small, much smaller than our annual fees but the insurance companies are using the knowledge that we learned about staying healthy as a logic to reject us. I normally don't like to see government getting into private matters, but health insurance does not appear to be a private matter anymore. We could easily pay out of pocket for the health costs we've incurred. We just wanted protection for potential major losses but now we're being rejected because of that."

Aside from frustration with the higher cost of health care, thousands of other constituents write to me about the trouble they have finding an insurer to cover them.

Susan from Baraboo, Wisconsin, writes:

"I am writing you today regarding health coverage for single people with no children. As of this time, I feel that I am left out of the loop in regards to this topic. I am 42 and last September I was diagnosed with breast cancer. In January of this year, the company I worked for informed us that they would be closing down. I was laid off in December while I was out due to my cancer treatment. I have been searching for health care elsewhere because my COBRA will be going up. I am on unemployment, and I am barely able to pay the \$244.76 for coverage now. I cannot get insurance because of the breast cancer. The health insurance risk-sharing plan, HIRSP, the Wisconsin State program, is too expensive for me to get coverage since they want 4 months of premium up front and they only cover some things. What are single people supposed to do? We do not qualify for any government assistance because we are single. I cannot go without insurance. There are no programs to help us out. So when you are working on health care in the House, please remember that there are other single people out there also in my shoes. I am at a crossroads because I have no avenue for assistance when it comes to health care. Come November, I will be unable to get coverage when I need it at this point in my life."

Florita of Madison, Wisconsin, writes:

"I am a divorced parent and am having difficulty obtaining health care coverage for my young adult son. My son, now 19, was dropped from my group HMO and this was based on his age and not being a full-time student. His employer offers a health care plan but there is a 1-year waiting period. When I tried to apply for individual coverage for him through my current HMO, my son was rejected because they needed more detailed information on his health status. When I telephoned them and discussed his recent diagnosis of high cholesterol and the medication prescribed to control it, I learned that this alone would make him ineligible for coverage. I learned from other insurers that he would have been rejected in that he had high blood pressure, migraines, obesity, et cetera. In other words, the HMOs deny applicants for the conditions that are quite common for a large segment of the population. This entire situation frustrates me. The government provides free health care for prisoners, but law-abiding, hardworking citizens are either denied health care coverage by the major HMOs, often for ridiculous reasons, or are drained financially if lucky enough to find individual coverage due to the high deductibles and premiums, coupled with dental, prescription and

optical costs that are not even covered in these plans. Health care has become a for-profit business at the expense of people's health. All citizens, regardless of their income, should not be denied full health care."

At this point I would like to yield again to the gentleman from New Jersey to share some of the remarks from his constituents.

Mr. PALLONE. I want to thank the gentlewoman again. I actually do have two letters that I wanted to bring to your attention. By way of background, though, I did want to say, obviously many of us do believe as I do that we should have national health insurance. One of the letters actually addresses that. I would like to read it now. But I would also point out that there are ways of dealing with the uninsured in a more piecemeal fashion to expand options for the uninsured that would cover a great deal of those 44 million Americans. And so whether or not you agree, as I do, that we should have national health insurance or you want to look at this in a more piecemeal fashion, either way certainly would be better than what the Republican majority is proposing because I think that their solutions really are no solution at all. But I did want to read this one letter. I am not going to mention the names of my constituents because I did not get permission, so I am just going to read some sections. This is from a gentleman who is an advocate of national health insurance. He writes a very good letter.

He says:

"I ask that you give some thought for national health insurance to cover every American citizen. We as a Nation are ranked 37th out of 191 countries as far as medical health care. Our country is considered one of the wealthiest in the world. That being the case, why shouldn't every American citizen have medical, dental, and prescription drug coverage? A recent study by the prestigious Institute of Medicine said 18,000 Americans die each year because they don't have health insurance. Myself, I wonder how many die because they don't have adequate health coverage because they can't afford the better coverage. Some can't afford to pay for their medication, glasses and other needs. I find it disgraceful that should you fall very ill or need extended health care or have to be treated for a terminal illness, all personal property and assets you work hard for all your life will be taken away from you and your loved ones. No other industrialized nation rations out health care to the degree as the United States does."

The letter goes on, but I think that last point is particularly apt, given what our Republican colleagues said earlier this evening and I will read that section again from this letter: "No other industrialized nation rations out health care to the degree as the United States does." For those Republicans that say that other countries are rationing health care, we do it more than

anybody else because we have so many uninsured.

The second letter that I have I think is particularly significant because this person is a small business owner.

□ 2200

And as we know, one of the Democratic bills that we introduced today and that we wanted to have considered as an alternative to the Republican bill is the Small Business Health Insurance Act which creates a 50 percent tax credit to help small businesses with the costs of health care, which I think would be very significant; but again I would point out that under the rules of the House with the Republican majority, we were not allowed today to bring up this bill, which is what we wanted to do. We did not have that option.

But in any case I will say this is from Christine, I will not give her full name, one of my constituents. And again I am not going to read the whole letter but I will read some parts of it.

She says: "Dear Congressman PALLONE: I am writing to you to make you aware of the desperate situation in which my husband and I find ourselves. Included in this letter you will find a copy of a newspaper article from the Star Ledger." Let me explain that this newspaper article in the Star Ledger, which is the largest newspaper in the State of New Jersey, basically talks about the State License Beverage Association which had a health plan to cover member restaurants and taverns but essentially went belly up. I do not know all the details, but if people read the Star Ledger article, it simply stopped paying out benefits because it did not have the money to do so, which I think highlights again how difficult it is for small businesses to provide coverage even through their trade association.

But let me go on about what Christine says. She says: "This is most upsetting to us, as my husband was released from the hospital, after suffering a heart attack and subsequent angioplasty the day before we read this article" in the Star Ledger. "I cannot imagine what his bills will be.

"For a year prior to reading this" Star Ledger "article, we have been trying to find out why our doctor bills and hospital bills are not being paid. We receive letters and telephone calls from collection agencies. We never got a straight answer from the New Jersey License Beverage Association. We are told to resubmit the bills. Our premiums of \$868 per month were paid in full, without exception. We also pay a \$500 deductible per person, per year. That amount is for the most basic coverage; no dental or eye care. In addition, our plan is a 70/30 plan, which means we pay a co-pay each visit plus 30 percent of the rest of the bill." We can see that this is not really the best of plans, but this is all they had. When we are seeing cardiac specialists, this 30 percent can be hundreds of dollars. Being restaurant owners, we know this

amount of money is more than many people who work for large corporations pay, but we know it is what we have to pay to take care of ourselves.

"In addition to being without health coverage through New Jersey License Beverage Association, we now have to try to find a new health coverage plan. This task will not be an easy one. My husband and I are both in our 50s and have a number of health problems or, as they say, 'preexisting conditions.' Health insurance plans do not like to see these words. They are reluctant to take on customers who may cost them money right away.

"Please look into this matter. Where did our money go, if not to pay our doctor bills? How can we possibly be held responsible for over a year's worth of doctor bills when we have paid our premiums?" And they go on.

And, again, the problem is real. The problem faces these 44 million uninsured Americans every day. And what we have proposed as Democrats here today, and I know my colleague from Ohio went into it a little bit, were three pieces of legislation which, again, are not going to cover all those 44 million uninsured but probably would cover the majority of them. And one of them, as I said, was the bill called the Small Business Health Insurance Act, which creates a 50 percent tax credit to help small businesses with the costs of health care, but I wanted to mention the other two. The second one is the Family Care Act, which essentially expands Medicaid and S-CHIP to provide affordable coverage to about 7.5 million working parents.

What we found a few years ago when we studied the 40 million uninsured was that the biggest group of uninsured were kids, and the second largest were the near elderly, those between 55 and 65 that were not eligible for Medicare, and then the third, of course, were the parents of the kids. So we tried through, as I call it, piecemeal legislation to address those problems. And then we did pass it. It was a Democratic initiative, but we did get enough Republicans; so we passed the Family Care or the S-CHIP, which gave money back to the States to provide for health insurance for kids. What this bill does that was introduced today, this Democratic initiative, the Family Care Act, basically expands Medicaid and S-CHIP to provide coverage for the parents of those kids, the 7.5 million people.

And then the third piece of legislation is the Medicare Early Access Act that provides coverage to 3.5 million people who are over the age of 55, but not yet eligible for Medicare, by allowing them to purchase Medicare coverage. These are the second largest group of uninsured, the near elderly. What happens is that when someone gets, say, 10 years prior to that, 65, when they are eligible for Medicare, they are often in a situation where they may be a spouse of a husband who may have died because he is older. I am

assuming the woman is still alive, but it could be either way. Then the other thing is that a lot of people at the age of 55 will sometimes lose their job or they will be in a position where they have an early retirement and they may think they have health care coverage, and then they do not have it or they lose it. So that is definitely a very vulnerable group, and they could be added to the Medicare program by simply paying a premium. It was estimated, I think, a few years ago, when President Clinton was in office, that it would be something like \$350. I guess it was probably a month, I would imagine, \$350 a month. Some people may not have been able to afford that, but it would have been an option.

So these are ways, as I said, that we can expand health coverage and cover the majority of the uninsured without having to go to the national health insurance. Again, although I would like to see national health insurance, the Democrats have a consensus that this is a way to address the problem through this, as I call, piecemeal legislation that would provide significant coverage for most of the uninsured.

Ms. BALDWIN. Mr. Speaker, I thank the gentleman for his comments.

I have several additional letters from constituents that really, I think, emphasize the crisis that we are in right now, and their voices are so powerful in this debate. This is ultimately what is going to make the difference in this debate, what will ultimately bring us to pass effective legislation, not just things with feel-good titles to them. And their voices are very powerful in this debate.

One letter, Norm from Mazomanie, Wisconsin, Norm writes: "I had short-term coverage through COBRA, but that was cut short when my last employer reorganized. With that change came a loss of coverage, without notice. For some this would be a case of purchasing private coverage. For me it was a crisis as my medical records include treatment for skin cancer, angioplasty with two stents in my heart, and one episode of a transient ischemic attack (ministroke). I was lucky in all three cases as early detection and proper treatment left me able to work without limit and able to carry on life normally. However, it also made me uninsurable. I am grateful for living in Wisconsin as I was able to secure coverage through the Wisconsin Health Insurance Risk Sharing Plan. The coverage is expensive and has a high deductible. It is, in fact, best described as an asset insurance rather than health insurance.

"My bottom line is that if one can get the insurance, many can ill afford it. And if they can afford it, it commands such a large portion of the budget for a retiree or unemployed person that it is often a choice of insurance or having access to other normal things as well.

"Would there have been any value in saying we have a medical coverage cri-

sis in this country and it's not only for the homeless or indigent. It has arrived for the common man. There is no place to turn. We can fund billions to defeat Iraq and will spend billions more to repair that country. We give aid to half the world and spend billions on one questionable project or another. Yet we cannot seem to find a way to provide decent, affordable health care to those of us who have faithfully paid large portions of our income to the tax system. It is time for Congress to get off their figurative and collective behinds and address this issue." And that is what Norm writes.

Niki from Madison, Wisconsin says: "I'm fighting a battle right now just to get coverage. After a layoff 6 years ago, I had a year of COBRA and then found an agent and got insurance rather easily with a company the agent represented. That company" was bought by another company and now the new company "has decided to get out of the medical insurance business. My agent recommended switching companies and that's where the sledding has gotten tough.

One company "turned me down for a jammed little finger and removal of a benign growth and again on appeal, despite a letter from my doctor saying I have been a perfectly healthy person all my life with no predisposition to anything uninsurable," a second company asked "'Have you ever been turned down for insurance?' Well, yes, just last week, for a jammed little finger and removal of a benign growth." That company "gave me no specific reason for also turning me down. I have to make a request in writing to them for that information and then they won't send the information to me, only to the health provider of my choice.

"What really irks me is the years and years that I have never made a claim."

Along with these individuals, there are millions of Americans who are fortunate enough to find an insurer willing to cover them at an affordable price. But oftentimes the coverage turns out to be inadequate, and necessary medical procedures and treatments simply are not covered.

Jean from Stoughton, Wisconsin writes: "Please continue the fight for coverage for mental health with medical coverage. We know all too well the devastating sadness that we have endured having an immediate family member with a severe eating disorder complexed with Type I diabetes. We have fought with the insurance company for 3 years with little success. Twenty visits for mental health is all that is included with most medical plans, and this does nothing to address a severe eating disorder and very possible death being a fact at all times for our family. It takes no rocket scientist to understand that being put in the hospital every 3 weeks in intensive care for the last 3 years is not saving any money for the insurance company, and yet the company will not budge. They would rather let a patient die

than to open up the door and give mental health access to get better and become healthy."

Barbara from Madison, Wisconsin writes: "In August, 1997, both my husband and my college-age child required major medical care. One had a disease of the kidneys and one suffered severe clinical depression. Both patients required emergency visits and extended treatment. Both patients were compliant and followed their doctor's treatment instructions. Both patients were covered under the same family policy, which had been in effect for over 25 years.

"But our insurance company paid his expenses at a rate twice as high as it paid hers, because he had kidney stones and her severe depression was 'mental illness.'

"My husband underwent three outpatient treatments to dissolve the stones, as well as the required X-rays, tests, and office visits. When these treatments failed, he underwent surgery to remove the kidney stones. He was not expected to remain in extreme pain for the next several months until the new calendar year came in order to have insurance coverage. He was not told that he had used up all of his allotted benefits.

"My daughter required an emergency room visit as the result of a depressive self-harm episode.

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Since this was not a psychiatric visit, the insurance paid 75 percent of the cost to treat her. But when she required psychiatric hospitalization to prevent any more self-harm, the insurance paid only 44 percent. And since she has been faithful about seeing her psychiatrist regularly, her insurance would not pay anything towards future psychiatric visits because she had used up her allotted number of visits for the year. She was expected to wait several months for psychiatric care to be covered, even though she was in extreme emotional pain, since she had used her allotted number of psychiatric visits for that year. Even though she was dangerously suicidal, the insurance company would not cover her psychiatric treatment. Of course, if she had harmed herself and survived, the medical bills would have been covered. Needless to say, we are not willing to take a risk with our daughter's life, so we accumulated an exorbitant amount of medical bills.

"Was my husband's health of more value than my child's? Of course not. But our insurance company paid his expenses at a rate twice as high as hers. Justice demands parity in insurance."

Mr. Speaker, as Cover the Uninsured Week comes to a close, I am very grateful to know that I have colleagues here fighting tirelessly for a better answer to our health care crisis in this country.

Before I close, I yield additional time to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I want to thank my colleague for not only doing this special order, but also for having all those letters and comments from her constituents, because I think that is the best way to show what the problem is. It needs to be personalized, because it is real.

This is not just some abstract theory we are operating under here. These are real people who are suffering and talk to us and approach us. Many of them are not in a position to write a letter, because maybe they are not articulate enough. But they tell you when they see you on the street or they see you at a function that they are having tremendous problems. And they are fearful. They either have no insurance or they are fearful they will not have insurance or they are under-insured.

I just want to spend a few minutes talking a little more about these three bills that we Democrats introduced today that I think will go far towards providing insurance for the majority of those 44 million uninsured Americans.

The one I mentioned before is the Small Business Health Insurance Promotion Act. This addresses small businesses trying to provide insurance for their employees.

I will not again get into all of it, but basically what it does is to provide a tax credit to help defray the costs of health insurance and encourage more employers to offer health insurance. It is available to any small employer who has 2 to 50 employees who provides coverage through a qualified pooling arrangement and who offers coverage to all employees. It is available to any self-employed individual who gets coverage through a qualified pooling arrangement. The tax credit, as I said before, is equal to 50 percent of the employer's cost of health insurance coverage.

Small businesses and self-employed individuals receive the tax credit for 4 years at least, and participating employers who increase the number of employees to over 50 after qualifying for credit continue to receive the credit for another 4 years.

The bill provides additional economic stimulus even to small employers who currently offer coverage, so it is something that those who offer coverage can take advantage of, so they do not get into a situation where they have to drop the coverage.

The second bill I mentioned is the one with the near-elderly. Actually, when I described it before, I made it sound as if you were going to have to pay all the costs of the premium. In reality, that is not the case. There is actually a subsidy in the bill. But I would like to describe it a little bit.

It again applies to those from 55 to 64. Starting in January 2005, individuals in that age bracket who have no insurance under another public or group health plan are eligible to purchase Medicare as their health insurance. They receive the full range of Medicare benefits and they are not re-

quired to exhaust employer-based COBRA before choosing the Medicare buy-in.

The way it works is the premium is set by the Centers for Medicare and Medicaid Services, and enrollees receive a 75 percent refundable advanceable tax credit to offset the premiums. So, basically the participants are only personally responsible for a 25 percent share of the monthly premiums.

The third bill I am not going to get into, because I see one of our colleagues has arrived, but it is the one for the parents of the kids who now receive funding and coverage for their kids under the SCHIP program.

Ms. BALDWIN. Mr. Speaker, I would like to now yield time to my colleague the gentleman from Rhode Island. The gentleman has distinguished himself on this issue since he joined us here in Congress.

I yield to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I want to thank the gentlewoman from Wisconsin (Ms. BALDWIN) and others for their leadership in organizing this special order, especially also the gentleman from New Jersey (Mr. PALLONE). The two of you deserve a great deal of credit, and I thank you for your leadership.

America's health care delivery system, Mr. Speaker, is incredibly flawed and in crisis. As premiums for employer-sponsored insurance rapidly rise, employers are struggling to maintain the same level of benefits or are offering less coverage and fewer options, and in some cases they are being forced to drop coverage altogether.

Even worse, the number of small businesses offering health insurance to their employees is rapidly declining. Existing public programs meant to reach those without access to private insurance are strained and still do not reach everyone. The challenges of the current system are affecting the health security of every American. Meanwhile, as we learned this week, the number of uninsured Americans is rising.

Mr. Speaker, we depend on coverage from a very haphazard system. If you do not qualify for a public program and do not work for an employer who is able to offer comprehensive benefits, you do not have access to affordable group coverage.

I find it staggering that over 30 percent of uninsured Americans are working and making more than \$50,000 per year. Most of these individuals who make too much money to qualify for Medicaid are willing to contribute a fair share of their own income to a health insurance plan, if only they had access to a reasonably priced private plan.

The fastest growing segment of the uninsured population is young adults. There are 8 million 18 to 24-year-old Americans without health insurance. We need to find a way to pull these

people into the system, which is breaking under the strain of rising costs and an aging population.

Like my other colleagues here tonight, I am going to read a letter that I received earlier this year from a young man in my home State of Rhode Island.

Mr. Speaker, it reads: "I am a 28-year-old resident of Warwick. The cost of medical care is astronomical. I do not have a job which gives me coverage, so I was forced to pay over \$400 a month to Blue Cross for my health coverage. Well, I am no longer able to afford that incredible price and they have dropped me. I then applied to the Department of Human Services in Buttonwoods for medical assistance, and I was rejected. They said my medical condition was not severe enough to warrant assistance.

"My medication and medical bills are far too expensive for me to afford more much longer. I live with my family and they have been giving me help, but it is an extreme strain. I have just recently gotten a job delivering papers, but that will not be much help.

"Are there any Federal programs which could help? Are there any State programs? There seems to be no information out there for people such as myself who are in desperate need of medical coverage. I can afford maybe \$100 to \$200 per month for coverage, but I do not know of any private companies in Rhode Island that provide that.

"I have heard of the Neighborhood Health Plan of Rhode Island and Right Aide, but they seemed designed for families and I was told initially I probably wouldn't qualify. What about singles such as myself?

"Do you or does anyone on my staff know how to help? Can you direct me to any government or private agencies, and can you tell me of any private health insurance companies in Rhode Island, aside from Blue Cross, that provide reasonably affordable health coverage? I have looked on the net, but most of what I see are scams and junk web sites.

"Also, I am a registered Democrat and I am aware of your work on health care, but I think that the U.S. Congress and our State could do a much better job at getting the uninsured more help and more information. Thank you."

Mr. Speaker, my constituent sees the value of health coverage and has expressed a willingness to contribute a fair amount of his salary towards the cost of his medical care. Yet, because he does not fit into one of the categories I described earlier, there are no affordable options available to him.

Mr. Speaker, this is morally and economically wrong. We must begin a meaningful dialogue about how to reach those who have been left out of our health care system.

I am presently at work on a health care proposal that will assure a system that can include people like my constituent. The plan that I am proposing, that I am working on, uses the Federal

Health Employee Benefit Plan as a model and would make a major step forward in achieving health care for all.

Mr. Speaker, I look forward to working with my colleagues on this effort and other legislative initiatives that will extend the promise of health insurance for every American.

Mr. Speaker, again I want to thank my colleagues for organizing this special order on such a critically important issue at this time.

Ms. BALDWIN. Mr. Speaker, reclaiming my time, I thank the gentleman.

Mr. Speaker, I want to thank all of my colleagues who this evening amplified the voices of their constituents. The crisis is dire. I know that we are rededicating ourselves as Democrats, but also as Members of this body who have constituents in dire need, to work towards the day where there is no need to have a Cover the Uninsured Week because we found solutions, workable solutions, to this problem.

Again, I thank my colleagues who shared this hour.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I rise this evening to speak for a few moments about the almost 44 million Americans, including 8.5 million children, who are uninsured.

Mr. Speaker, this week is Cover the Uninsured Week. As part of an intense effort to highlight the state of the uninsured in this country, more than 800 national and local organizations are working together and holding events, including health and enrollment fairs for uninsured Americans and health coverage seminars for small business owners.

In a study released yesterday, the Kaiser Commission on Medicaid and the Uninsured estimates our Nation will spend \$41 billion to care for the uninsured in 2004. Federal, State and local governments will bear as much as 85 percent of these costs according to the study.

This study comes on the heels of new research from the Robert Wood Johnson Foundation, the national sponsor of Cover the Uninsured Week, which found that 20 million working adults in the U.S. are uninsured.

In my home State of California, approximately 6.5 million State residents were uninsured for all or part of 2002. Mr. Speaker, the uninsured are not only the poor or unemployed. In California, 2.5 million working residents are uninsured. That's 16 percent of the working population.

According to the Kaiser Family Foundation, between 2000 and 2001, the number of the uninsured increased by 1.4 million, and low income Americans are the most likely to be uninsured.

Mr. Speaker, earlier this Congress, I introduced legislation, H.R. 1143, the Keep America Healthy Act. My bill amends title XIX of the Social Security Act (SSA) to permit States to expand Medicaid eligibility to uninsured, poor adults.

The eligibility is expanded through the creation of a new optional Medicaid eligibility group for individuals between the ages of 21 and 65 whose family income does not exceed a State-specified percentage of up to 200 percent of the applicable poverty line.

I believe that Congress must take steps to insure the health of all Americans. In addition,

the working poor should be confident that unfortunate incidents would not affect their ability to provide for their families. These citizens are left vulnerable by the lack of Federal health care assistance available to them, and my bill seeks to fill that gap.

Mr. Speaker, we all are aware that there is a health care crisis in our Nation, and while there are no easy solutions, I ask my colleagues to support not only my legislation, but also the mission and goals of Cover the Uninsured Week.

Mr. RODRIGUEZ. Mr. Speaker, I rise today in observance of Cover the Uninsured Week.

Over 40 million people are walking the streets of America without the most basic of protections. A protection that you and I have, and one that has been afforded to our families. But for many working families, the prohibitive cost of health insurance puts it out of reach. And this can lead to tragic consequences. The uninsured are more likely to be in poor health, receive diagnoses too late, and use the emergency room for primary care.

Research also shows that being uninsured has a financial cost too. After jobs loss, being uninsured and getting sick is the most common reason people file for bankruptcy.

While the cost for solving the problem of the uninsured is high, the cost for ignoring this problem is even higher.

In Texas, a huge budget deficit led to drastic cuts in the CHIP program and optional Medicaid benefits. While some restorations were made, those cuts will undo any gains that Texas has made in the fight to increase access to care.

We must begin to think of healthcare as an investment. It is an investment in our children, in our workforce and in creating a better quality of life that we all strive to achieve. Until we can guarantee coverage for all, then we must take measures to fill in the gaps.

Earlier today we heard spirited debate about the merits of Association Health Plans and revisited the debate on medical malpractice reform. But the bills that we considered would do little to address the problem of the uninsured.

In fact, the legislation could actually make people worse off as was the case with the Small Business Health Fairness Act, H.R. 4281. Under this plan, the CBO estimates that 80 percent of small businesses would see premium increases and as many as 100,000 of the sickest workers would lose coverage altogether. This is not the answer.

Instead, I urge my colleagues to cosponsor three bills that if enacted could provide help to over half the uninsured.

The Family Care Act will make it possible for the working parents of children who are enrolled in Medicaid or CHIP to also participate in the program. This bill will promote health for the entire family as people work their way up out of poverty.

Second, The Medicare Early Access Act is designed to assist uninsured people who are 55 and over, but not yet eligible for Medicare. The bill would allow this pool to purchase Medicare for a premium and a tax credit to help defray the cost of the premium.

Lastly, the Small Business health Insurance Promotion Act would provide tax credits to eligible small businesses, including the self-employed, to help secure affordable health insurance.

This week, Robert Wood Johnson Foundation released data showing that Texas has the

highest rate of uninsured working adults at 27 percent. These are the folks that are out there working hard and paying taxes, but don't make enough to provide for their own benefits.

We must begin to tackle this problem by creating programs that will help small businesses offer health insurance to employees.

I would like to thank the Members who have worked tirelessly to promote and improve upon these bills, especially Representative DINGELL and Representative RANGEL. This three-pronged approach will help increase access to health insurance.

Again, I urge my colleagues to cosponsor these bills. Let's provide an answer to covering the uninsured.

PUTTING PEOPLE IN CHARGE OF THEIR OWN HEALTH CARE

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

Mr. BURGESS. Mr. Speaker, I have had the opportunity for the last hour to listen to some of the rhetoric coming from the other side. I will just have to say we have heard a lot of stuff on the floor of this House today about health care and medical liability insurance.

My firm belief is we need choices and options for the uninsured. Unfortunately, the other side chooses to characterize that as a piecemeal approach, but I believe that is an approach that is working and will continue to work, if we will simply give it the chance to do so.

There are fundamental differences between the Democrat side and the Republican side of this House. The Democrats believe that the government should be in charge of all health care and mete it out as they see fit.

Mr. Speaker, I worked for over 20 years as a private practitioner, as a physician, back in Texas, and I will just tell you I cannot imagine giving up that control over that much of my life to the Federal Government. I would much rather see people own their health insurance, be in charge of their health care themselves. I believe if you put people in charge of their health care, they will ultimately make better health decisions, and they will certainly help keep the costs of delivery of health care down.

One of the really painful things that I had to listen to over this past hour was discussion of the initiatives that were passed on this House floor today, particularly medical liability reform and the Association Health Plans. Yes, those are Republican initiatives, and a Republican House has passed both of those initiatives, well over a year ago in the case of medical liability insurance, and last June for Association Health Plans.

But, unfortunately, 440 feet away from us, we cannot get that legislation taken up; not because our Republican colleagues are opposed to this legislation, but because of the arcane rules of