

Act. This bill will assist in our fight against terrorism around the globe. Currently, the terrorist rewards program run by the State Department assists in our hunt for terrorists by promising a cash reward or other type of reward for information leading to the arrest of some of the world's most deadly terrorists. This program has been very successful in the past in apprehending key people including Mir Amal Kansi, a terrorist who had murdered two CIA employees and injured three others in a 1993 shooting outside CIA headquarters in Virginia.

Under current law, the U.S. may not pay a reward to an officer or employee of another government. I have traveled to Pakistan each of the last 4 years, where I met with a number of government officials. At the strong suggestion of Pakistan's ISI and IB intelligence and police bureaus, I believe the President should be able to pay such a reward to anyone having information leading us to the greatest terrorists. If there is anyone, anywhere, even if they work for a Pakistani government agency, who has information about the whereabouts of Osama bin Laden, we should be doing all we can to elicit that information.

With the increasing number of cross-border incursions into Afghanistan coming from the Waziristan region of Pakistan, it is more important than ever to develop a complete picture of where al Qaeda and Taliban terrorists are hiding. We need to provide our State Department and intelligence officials with all the possible tools to aid in the capture of the world's number one terrorist. The Terrorist Rewards Enhancement Act will provide one more of these tools.

INTRODUCTION OF THE VETERANS
HEALTH EQUITY ACT OF 2009

HON. CAROL SHEA-PORTER

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 6, 2009

Ms. SHEA-PORTER. Madam Speaker, today, I introduced The Veterans Health Equity Act of 2009. This legislation requires the Department of Veterans Affairs to ensure that every State has a full-service veterans hospital, or access to equivalent care in-state. I have been calling for the VA to provide full-service medical care to New Hampshire's veterans since October of 2007 and introduced identical legislation in the 110th Congress.

New Hampshire has not had a full-service veterans hospital since 2001 and is the only State without a full-service VA hospital or comparable facility. While New Hampshire may be a small State, it has a veteran population over 130,000.

Because we lack a veterans hospital, New Hampshire's veterans are often forced to travel out-of-state for medical care. Veterans traveling from the most Northern parts of the State may have to travel three hours to Manchester and then may be forced to travel up to 2 hours to Boston, if they are referred there for their care.

Unfortunately, this routinely happens—each year, hundreds of patients are referred to the Boston, MA or White River Junction, VT facilities.

It is simply a matter of fairness that our veterans in New Hampshire be afforded the

same services as veterans in every other State. Though New Hampshire may be a small State, even smaller States with fewer veterans have full-service care available.

I am a realist, and a fiscal conservative. That is why my legislation does not require the VA to construct a full-service hospital in Manchester if it is not economically feasible. Instead, the Department could work with health care providers in the state to provide care through local hospitals.

The Manchester VA facility has done a great job of reaching out to local partners and getting our vets access to as much local care as possible within their current restrictions. In fact, they have submitted a business plan that would allow them to contract with more local health care providers. I urge the Department to strongly consider this business plan. Its approval would make a big difference in the quality and accessibility of care for New Hampshire's veterans.

If the VA will not consider restoring Manchester to a full-service facility or ensuring that New Hampshire veterans have access to care in New Hampshire, Congress must do so.

Our veterans, regardless of the services they need, deserve the same care their counterparts receive in every other State. It is unconscionable that we deny them this full-service care and instead offer them ad hoc services.

I will continue to work with the Director of the New Hampshire VA and with the new Obama Administration to ensure that our veterans have care in New Hampshire. Last summer's expansion of radiation services proves that the VA can work to ensure that local care is available. It is time for the VA to go further and for the government to live up to the promises we've made to those who have served so honorably.

HONORING FORMER U.S. REPRESENTATIVE CHARLES T. CANADY UPON HIS INVESTITURE AS A JUSTICE TO THE FLORIDA SUPREME COURT

HON. ADAM H. PUTNAM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 6, 2009

Mr. PUTNAM. Madam Speaker, I rise today to pay tribute to a former member of this body, Representative Charles T. Canady on the occasion of his investiture as a Justice to the Supreme Court of the State of Florida.

During his tenure in the U.S. House of Representatives, Justice Canady served this nation and the people of the 12th Congressional District, which I now represent, with honor and distinction. His steadfast commitment toward upholding the laws and principles on which our nation was founded, will serve the people of the State of Florida well through his appointment as a Justice to the Florida Supreme Court.

Born in Lakeland, Florida, Justice Canady earned his B.A. from Haverford College in 1976 and Doctorate of Jurisprudence from Yale University in 1979. Thereafter, he practiced law in Lakeland at the firm of Holland and Knight and with the Lane, Trohn, Clarke, Bertrand and Williams law firm. In 1984, he was elected to the Florida House of Representatives where he served through 1990.

In 1992, Justice Canady was elected to the 103rd Congress and served four terms in the United States House of Representatives from January 1993 to January 2001. Throughout his tenure in Congress, Justice Canady was an active member of the House Judiciary Committee. For three terms from January 1995 to January 2001, former Rep. Canady was the Chairman of the House Judiciary Subcommittee on the Constitution. In this capacity, his efforts toward protecting and defending the laws of our nation made a lasting mark not only on this body, but on the American people for whom we are called serve.

While a member of the House of Representatives, Former Rep. Canady worked with steadfast dedication and fortitude on the issues found at the core of our country's belief system. Among his contributions include passage into law of the Religious Liberty Protection Act, which protects all citizens' right to exercise their religious freedoms. He also championed the Civil Rights Act of 1997, the Partial-Birth Abortion Ban Act, the Religious Land Use and Institutionalized Persons Act, the Private Property Rights Implementation Act, Equal Opportunity Act, as well as the Family Caregiver Enumeration Act.

Appointed as a House Manager to conduct the presidential impeachment proceedings, he worked to uphold the laws of our nation through his unwavering commitment to the principles of the Constitution of the United States and the governing rules of our country.

Justice Canady kept his term limits pledge, and did not seek reelection to a fifth term in 2000. After leaving Congress, Justice Canady returned to the practice of law, serving as counsel to Governor Jeb Bush. In 2002, Governor Bush appointed him to Florida's Second District Court of Appeal. On August 27, 2008, Governor Charlie Crist nominated Justice Canady to the Florida Supreme Court. His nomination was confirmed and Justice Canady took his seat as the 82nd Associate Justice to the Florida Supreme Court on September 8, 2008, and was sworn-in through a formal investiture on December 3, 2008.

Former Congressman Charles T. Canady resided until his appointment to the Florida Supreme Court in Lakeland, Florida, and is married to wife Jennifer and has two daughters, Julia and Anna. Charles T. Canady is the son of Charles and Delores Canady.

INTRODUCTION OF THE
AMERICARE HEALTH INSURANCE
ACT OF 2009

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 6, 2009

Mr. STARK. Madam Speaker, it gives me great pleasure to reintroduce the AmeriCare Health Care Act of 2009. I have often spoken before this body about the great need to reform our health care system. For too long, we have been plagued with an inadequate patchwork system that today leaves nearly 46 million Americans uninsured. We spend more per person than any other country in the world, yet our health outcomes lag well behind that of other industrialized nations.

The failing economy is even more proof of our need to act now. Our broken health system is a tremendous financial burden on our

Nation's families and businesses alike. Since 1999, family premiums for employer-sponsored insurance have increased 119 percent, nearly 4 times the increase in wages (34 percent) and inflation (29 percent) during that same time. About one in three Americans reported a serious problem "paying for health care and health insurance" in October 2008. Half of all bankruptcies can be traced to medical bills. 49 percent of people in foreclosure named medical problems as a cause of their financial difficulties.

According to the New America Foundation, our economy lost as much as \$207 billion last year because of the poor health and shorter lifespans of those without health insurance. General Motors spends more on health care than on steel. While I'm not suggesting we import the Canadian health system, it is worth highlighting that if we paid the same amount for health care as Canada, G.M. would have accumulated an additional \$22 billion in profits over the last decade. Inadequate health coverage is crippling our economy.

The President-elect declared that health care reform should happen "this year". Chairman RANGEL and I are ready to work with him, Chairmen WAXMAN and MILLER, our leadership and the Senate to achieve this goal.

AmeriCare is a template of a way that we can achieve universal health care. AmeriCare is built on a framework that is consistent with many of the principles that President-elect Obama identified during the campaign.

Like President-elect Obama's plan, it includes a public plan option. It uses Medicare's existing administrative infrastructure, but improves upon Medicare's benefits to address some of the current gaps in coverage. A public plan option is the only way to ensure that beneficiaries have access to an option that promotes people over profit. As Medicare itself includes both public and private plan options, one could make the case that AmeriCare has an exchange, like Obama's plan as well.

Like President-elect Obama's plan, it maintains employer sponsored coverage. People can keep the coverage they have if they like it. We need to build on what works, not create an entirely new system.

Like President-elect Obama's plan, it includes a pay-or-play component to ensure that the private sector continues to play a role in providing health care.

AmeriCare meets the Health Care for America Now! reform principles. It was endorsed last year by the coalition, as well as provider groups, beneficiary advocates, and unions including: American Academy of Pediatrics, American Nurses Association, Center for Medicare Advocacy, Consumers Union, Families USA, National Association of Community Health Centers, National Association of Public Hospitals, SEIU, Universal Health Care Action Network.

AmeriCare is a practical proposal to ensure that everyone has affordable health coverage in our country. It builds on what works in today's health care system to provide simple, affordable, reliable health insurance. I look forward to working with President-elect Obama as he assumes the office of the President to

achieve a universal health care program that meets the principles that he will outline to Congress.

I will submit for the RECORD a short summary of AmeriCare. More can be found on my website at <http://www.house.gov/stark>.

AMERICARE HEALTH CARE ACT OF 2009

Overview: The AmeriCare Health Care Act ("AmeriCare") is a practical proposal to ensure that everyone has health coverage in our country. It builds on what works in today's health care system to provide simple, affordable, reliable health insurance. People would be covered under the new AmeriCare system, modeled on Medicare, or they would continue to obtain health coverage through their employer.

Using the administrative efficiencies within Medicare and building on the existing coverage people receive through their jobs today, we can create an affordable, efficient, and stable universal health care system in America—and guarantee access to medical innovation and the world's most advanced providers and facilities.

Structure and Administration: Creates a new title in the Social Security Act, "AmeriCare." Provides universal health care for all U.S. residents, with additional coverage for children (under 24), pregnant women, and individuals with limited incomes (< 300 percent FPL). Sets out standards for supplemental plans with a focus on consumer protection. Requires the Secretary to negotiate discounts for prescription drugs.

Benefits: Adults receive Medicare Part A and B benefits; preventive services, substance abuse treatment, mental health parity; and prescription drug coverage equivalent to the BC/BS Standard Option in 2008. Children receive comprehensive benefits and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage with no cost-sharing.

Cost Sharing: There is a \$350 deductible for individuals/ \$500 for families (indexed over time), and 20 percent coinsurance. Total spending (premiums, deductibles, and co-insurance) is capped at out-of-pocket maximum of \$2,500 individual/\$4,000 family (indexed over time), or 5 percent of income for beneficiaries with income between 200 percent–300 percent FPL and 7.5 percent of income for beneficiaries with income between 300 percent–500 percent FPL. There is no cost sharing for children, pregnant women and low-income individuals (below 200 percent FPL). Sliding scale subsidies are in place for cost-sharing for individuals between 200 percent and 300 percent FPL.

Financing: At April 15 tax filing each year, individuals either demonstrate equivalent coverage through their employer or pay the AmeriCare premium based on cost of coverage and class of enrollment (individual, couple, unmarried individual with children, or married couple with children). Employers may either pay 80 percent of the AmeriCare premium or provide equivalent benefits through a group health plan (the contribution for part-time workers is pro-rated). AmeriCare does not affect contracts or collective bargaining agreements in effect as of the date of enactment, and employers may choose to provide additional benefits. Employers with fewer than 100 employees have until January 1, 2014 to comply (employees of small businesses would still only pay 20 percent of the premium).

TRIBUTE TO TERRY TOEDTEMEIER

HON. DAVID WU

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 6, 2009

Mr. WU. Madam Speaker, I rise today to remember a man who dedicated his life to the art of photography and the history of Oregon, Terry Toedtemeier. We sadly lost Terry on December 10, 2008. Terry served as the curator of the Portland Art Museum's photography collection and was widely known as one of the Pacific Northwest's finest landscape photographers. Terry and a colleague had recently published a book, *Wild Beauty: Photographs of the Columbia River Gorge, 1867–1957*, and Terry had finished curating a show of the same name at the Portland Art Museum.

Terry Toedtemeier was a passionate explorer of the Gorge and one of its greatest interpreters. He was a trained geologist, photographer, photo historian, curator, and educator, who realized this stretch of the Columbia River is one of the natural wonders of America. Terry studied geology at Oregon State University. He had a strong desire to understand the forces of the earth that created the world around us, and it was being outdoors and experiencing Oregon's geological features that inspired him. As a student, one day Terry spied through fog-obscured sunlight a freshly plowed field and in the middle, growing serenely, a tree that he could only describe later as "scrubby" and "a wreck." Terry took a photo and when he printed the image he said that he understood "this creative possibility with the camera."

A colleague of his noted that Terry had immersed himself in the photographic history of the Northwest over the course of his career. Terry's curated show at the Portland Art Museum, *Wild Beauty*, revealed his technical expertise in describing geologic and geographic changes, as well as a photographic history of the Gorge over 90 years, ending in 1957 when the construction of The Dalles Dam submerged one of the last great Native American fishing grounds at Celilo Falls.

From the images taken by Carleton Watkins in 1867 when Americans were first establishing industry in the West, to those by Al Monner as the federal government was constructing hydroelectric dams throughout the area, the Columbia River Gorge has served as a place of meditation, wonder, and discovery for artists. It has been Terry's astute effort that has brought these artists' visions together to teach us about the vastness, power, and beauty of the Columbia River Gorge.

Madam Speaker, I commemorate the life of Terry Toedtemeier and share with you his commitment to the preservation of our knowledge and history in the Pacific Northwest and the Columbia River Gorge. I believe in his work reflects why we must act to protect and preserve the crown jewel of Oregon's natural heritage.