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#### URGENT NEED FOR HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. I thank Speaker PELOSI and my colleagues for allowing us to come down for the next hour or so and speak to you. We're doing a joint hour. Occasionally, those of us who are pushing for health care reform to happen for our constituents this year have come down to the floor to share our thoughts about the urgent need for reform.

We're sharing this hour with the 30-something Working Group, which I'm honored to be a part of. And I know our hope is that, at the very least, Representative RYAN will be able to join us later this evening as part of this hour.

But we are here to focus our thoughts and our energies and to talk to our colleagues about the need to pass real comprehensive health care reform for this country and for our constituents. We know what the problem is out there because when we're out there at our town halls, when we're setting up our office hours at the supermarket or the grocery store, it's our constituents that are coming to us and telling us about the fact that they just can't afford this health care system any longer.

If you're lucky enough to have insurance, you've seen your family have to pick up more and more of the share. As the cost of health care goes up for businesses, they're passing more of it along to individual consumers.

So now, if you're a family of four out there, you're likely to be spending \$3,000 to \$5,000, at least, on health care, even when you have insurance. Your deductible now is in the thousands of dollars rather than in the hundreds of dollars.

That copay that you have to bring with you to the doctor's office now isn't \$5 or \$10; it's \$100 or \$150. Those drugs that used to only cost you \$5 or \$10 when you showed up, well, if it's in the wrong tier of drug, you may be paying 50 to 70 percent of the cost of that drug.

If you're a senior citizen and you happen to find yourself in the dreaded doughnut hole, not only are you paying the full cost of those drugs, and potentially bankrupting yourself in the process, but you're paying the highest prices in the entire health care market when you show up at the drug store.

You're paying more than the Federal Government pays for that drug. You're paying more than Blue Cross/Blue Shield pays for that drug. You're paying through the nose for it.

This health care system is broken. It's broken because the people that got it just can't afford it any longer.

Now, much of the cost is very visible to people. That cost that you now bear as an employee, that you didn't used to have to pay, that increased deductible or that copay, that hurt is felt. We're feeling it for you because we're hearing those stories increasingly about people that just can't come up with the money to pay that high deductible, people that just don't have the cash to fill in the drug company doughnut hole. That hurt is visible and real for our constituents.

But there is an invisible pain. There is an unseen hurt that we need to talk about here on this floor because there are a lot of businesses that are passing along the cost of health care, but there are also a lot of businesses that are eating the cost of health care, that don't want to have a high-deductible plan for their employees. So what they do is they pay it instead.

The business decides that they will pay the 10 percent increase in premiums, but it just means that their employees don't get a wage increase that year. Or when they were supposed to get a 5 percent bump up, they only get a 2 percent bump up.

There are millions, millions of employees in this country who should be making more in take-home wages but aren't because the businesses that they work for are paying more in health care costs than they ever have before.

Now that's just not me talking; that's just not anecdotes I hear from the business owners and the employees in my district. That's data. That's data that shows that over the last 10 years the premiums charged to employers from health care insurance companies have risen by 120 percent during the last 10 years—120 percent jump. More than double—a more than doubling of health care premiums charged to businesses.

During that same time, average wages have grown by only about 20 or 30 percent. During that same time, wages have grown at less than the overall rate of inflation. Guess what? That's because of the cost of health care eating into the money that people take home from their paychecks.

Lastly, the invisible cost comes here. Guess what, Mr. Speaker and my colleagues? We've got a system of universal health care in this country. We're not inventing a system of universal health care. We've got one now. It's just the most inhumane, most unconscionable, most inefficient universal health care system in the world because our Federal law guarantees you health care, but only until you get so sick, you get so crippled, that you get so desperate that you as an uninsured individual have to show up to the emergency room. And so you get care, but it's too late.

It's the most expensive, most inefficient way of delivering universal health care. There is a cost to that, because when that individual who could have just gotten a prescription to cover their growing infection and instead lets

it get to such an extent and such a degree of severity that they have to show up at the emergency room and they have to have major surgery to cure that festering illness and infection, there's a cost to that of 10 to 20 times what the cost of the preventative service might have been.

That cost doesn't just sort of evaporate in the air. It doesn't disappear into the ether. It's real. It's substantive. The hospital picks up that cost and forces private insurers to reimburse them more to help them cover the costs of the uninsured. Charges some of it back to the government. Every taxpayer in this country, a portion of your tax dollars that you send to the Federal and State government goes to hospitals and emergency rooms to cover the cost of all those 50 million people that walk in without insurance.

So there are costs all throughout the system, both visible and invisible, that we cannot sustain. And so we've come down here to the House floor today to not just focus on the problem—I think you've got to talk about the disease in order to get a diagnosis—but to talk about the fact that for the first time in almost a generation we are on the verge as a United States Congress of rising to the massive challenge that confronts our health care system.

We are on the precipice of passing real health care reform that lowers the cost of health care for everybody in the system whether you're an individual paying it or you're a business having to bear the burden of the cost, and at the same time makes the system more fair for people right now that are paying more for health care just because they happen to be sicker than somebody else; for those millions of people who can't find health care in the first place because they happen to have a pre-existing condition.

For all those senior citizens out there who are trying to decide between 20 different plans that the difference can only be deciphered in the fine print of the paperwork that they send you in the mail, we're going to make this system more transparent, we're going to make it more fair, we're going to give people more choice. And by doing that, we're going to lower the cost of the American health care system for everybody so that those very visible costs that are holding families back are controlled and those invisible costs that too often aren't seen by wage earners or by taxpayers disappear over time.

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So I'm really glad to be down here this evening. I see Representative SPEIER's joined us, so I'd love to hear from her as well. We're going to be joined later on, I know, by Representative RYAN and others to focus some attention on this problem of health care and the approach that we're going to take in this House. So I'd love to have Representative SPEIER from California join us to talk a little bit more about the challenges that we confront and

some of the solutions that we put forth.

Ms. SPEIER. Well, thank you to the gentleman from Connecticut. I want to thank you for your leadership and for your comments because this issue can't wait. I think we know that better than most.

But tonight what I would like to do is talk to the 80 percent of Americans who have health insurance, who basically ask, Well, why should I care about health care reform? I have health insurance. And to the 80 percent of Americans who do have health insurance, I have a few things to tell them.

Right now, for all of us that have health insurance, we are in a position of paying for those that don't have health insurance. It's called cost shifting. So for the premiums that we pay, part of each premium is actually paying for the uninsured. It's called cost shifting. And it's estimated that every American family pays \$1,100 per year for the uninsured.

So, for instance, you go into the ER with a broken ankle, you get health care. The uninsured person goes into the ER for that same broken ankle, they get health care because we have a Federal law that requires that all people get health care when they return to the emergency room. But we pay \$2,000 for that broken ankle, not because it costs \$2,000, but because the individual who came in with no health insurance didn't pay. And that's where the cost shifting takes place.

So with health care reform, it's going to be much like many States in the country have as it relates to auto insurance. There's a mandate for auto insurance, and now we're going to mandate that every American have health insurance. And for those who can pay, they will pay. And for those that can't pay, we will help them pay.

Now, the next question I want to answer is why is health care so expensive.

Currently, the United States pays twice as much as any other industrialized country in the world for health care; \$6,700 for every man, woman, and child. Now, compare that to what's paid in Germany or Canada, where it's \$3,000. Or take the country of Japan, where it's \$2,500. And the cost of living in Japan is just as high as it is here in America.

Now, the conventional wisdom would suggest that, well, our health care is more expensive because our outcomes are better. You get better care if you pay more money. Well, that's simply not true. The U.S. ranks first in unnecessary deaths among the 19 industrialized nations.

Now, let me repeat that. The U.S. ranks first among—the most unnecessary deaths that take place as a result of a lack of health care. In fact, the number is pretty staggering. It's like 22,000 Americans will die this year for lack of access to health care.

We waste a lot of money on health care spending. Recent estimates are that one-third of the care provided in

this country, to the tune of some \$700 billion, doesn't improve anyone's health. Now, if a third of the care that's being provided isn't providing additional health care, then it's wasteful spending. And when they talk about \$700 billion of wasteful spending, it's time for all of us to sit up and think, wait a minute. What's really going on here?

And 20 percent of the health insurance premium goes for overhead and profits. Now, when I tell you that in 1994 only 4 percent of the health care premium went for profits and overhead, you've got to scratch your head and ask, how did we go from 4 percent in 1994 in overhead and profits to 20 percent in 2009?

Next question that I want to answer is how does this health care reform make it safer for me.

I want to tell you a dirty little secret. It's a dirty little secret about health care that no one wants to talk about, and it's about medical errors, and we have known about it for decades. The Institute of Medicine put out a report that said there are 100,000 deaths in America every year because of medical errors; 100,000 deaths.

Now, I'm going to talk about a specific bacteria infection that people get typically in the hospital. It's called Methicillin-resistant *Staphylococcus aureus*. Now we say MRSA for short. Now, the MRSA infection rate is growing by leaps and bounds. In fact, there's 100,000 cases of MRSA a year. Two-thirds of those people that get that infection get it in the hospital setting.

Now, of the 100,000 people that will get a MRSA infection, 19,000 of them will die because of that infection. Now, that's a stunning figure.

If there was a 747 that crashed in the United States every week, that's the equivalent of 19,000 deaths. And if there was a 747 that crashed every week in America, we wouldn't tolerate it. We'd call on the FAA. We'd call on the airlines. We would stop it. But we've done very little to stop the spread of MRSA in hospital settings.

Now, this health care reform bill takes an important step, not a full step. It doesn't go all the way, but it does now require that hospitals will have to report their hospital-acquired infections.

What we need to do, furthermore, is put the protocols in place so that we can stop these infections from occurring and we can stop the deaths as well.

Now, the last thing I want to talk about is something that not everyone is necessarily familiar with if you're in a group health setting, and it's called a preexisting condition. If you're in a group health setting, it doesn't matter if you have a preexisting condition. You are covered. But if you're in the individual market and have a preexisting condition, good luck.

And I'd like to show you these health care horror stories, preexisting condi-

tions. These are the types of pre-existing conditions that can prevent you from getting health insurance in this country. Depression, sprained ankle. How about a misdiagnosis for bipolar disorder?

This is an actual case. A young woman was given a bad diagnosis. Her doctor confirmed that she never should have been diagnosed; yet, when applying for individual insurance, she was denied due to her psychological history, even though it was a misdiagnosis.

Well, look down that list. Diabetes, gallstones, anxiety, stress. How about tested for multiple sclerosis? Not that you have multiple sclerosis, but that you were tested for it becomes a pre-existing condition and you can be denied health insurance in the individual market.

Let's move down to bunions. How about too thin or too heavy? How about too healthy?

Believe it or not, this was a reason given to a gentleman for not giving him health care. In Florida, he sought insurance in the individual market because he was working for an architectural firm that didn't offer it. He'd been healthy all his life. He'd never been to the doctor. He did all the right things. He was a health nut and stayed in shape. And so when he went shopping and he was declined coverage, it was because there was a "lack of current medical records." Now, he explained that he didn't have any medical records because he hadn't been to a doctor because he's been healthy. But for that reason, because he was too healthy, he was declined health insurance.

I had a story that just came into my office today. It's a family in my district, and they called because they were concerned. They have twin sons. One of their sons just had a dislocated shoulder from an athletic event. Not unusual. But because he had that dislocated shoulder, they had been told by their health care insurer that they will now exclude coverage for any shoulder injuries for both sons, even though the twin brother was not engaged in the athletic activity and didn't dislocate his shoulder.

So, health care reform makes pre-existing conditions a thing of the past. All of this would be wiped away. All of these horror stories would be gone. Americans could breathe a sigh of relief that now, no matter what your ailment, and believe me, all of us have a preexisting condition of one sort or another; it just hasn't been tested because we've been in the group health market. But all of us will be able to access health care and health insurance through the health care reform proposal.

You know, much like you, I came to Congress to make this country a better place. With real health care reform, I believe we'll have an opportunity to do just that.

Thank you. I yield back.

Mr. MURPHY of Connecticut. Thank you very much, Representative SPEIER. Thank you for drawing attention to what this reform effort that we're talking about here tonight means, not just to these people that you're talking about that have been denied coverage for preexisting conditions, but what it means to all the folks that have insurance out there.

If I had a dime for every person I've run into that has talked to me about the fact that, you know what, they're not really happy in the job that they're in. They want to go do something else, or that they really have a great idea, a business that just has been germinating in their mind and they want to go out and start it, but they can't leave their current job. They can't go out and start that business because they're going to lose their health care because their daughter is sick and they've got some health care for her now, but if he leaves or she leaves and goes out and does what they really want to do with their life, or starts that small business, that they're going to lose that health care coverage. There are millions of Americans who have health care today and are trapped, are trapped in their job, are trapped in their place of employment, because they can't dare lose the coverage that they have.

Now, in the most powerful country in the world, in the beacon of freedom from around this globe, that kind of servitude to your employer, just because you have insurance that you can't leave, just doesn't seem right.

But it also is just absolutely silly economic policy. Think of all of the innovation that we're stifling. Think of all of the great entrepreneurs who never get to go out and invent, who never get to start that business because they can't leave the insurance that they have. So this really is fundamentally about trying to make health care for those that have it more meaningful, more real, but also more flexible. And I thank you for drawing attention to this issue.

Well, we are blessed to have with us on the floor Representative RYAN. We were talking earlier. This is kind of a hybrid health care hour/30—Something hour, and one of the things we're talking about here, Mr. RYAN, is that this is hard; right? This is a big problem. We've got one the most confusing, most complicated health care systems in the world, and we're going to take on a very complex and convoluted system at a lot of different angles.

So the bill that is going to come out is going to be big. It's going to have a lot of pages to it, because in order to tackle a really complicated and confusing health care system, you have to have the guts to think big. You've got to take on all of the various problems that have been created in this system, whether it be high cost health plans, preexisting condition exclusions, post-claims underwriting, all of the various tricks of the trade that insurers and others have used to try to make money

and exclude people we've got to take on and do things with.

But it also makes it really easy for folks who are critical of health care to just sit back and say, Well, what you're proposing isn't any good, and we're just going to sit back and criticize rather than propose alternatives. And that seems to be the dynamic once again that's playing out on this floor, that the Democrats are going to offer real solutions, real opportunities for this country to move forward on health care, and we're going to be met with opposition that defends the status quo and really doesn't offer alternatives. So we're here tonight to—

Mr. RYAN of Ohio. Will the gentleman yield?

Mr. MURPHY of Connecticut. Absolutely.

Mr. RYAN of Ohio. Because we have, hot off the presses here, a copy of and a chart of the Republican health care plan. And it has been the Republican health care plan for a good many years now, and it will continue to be the Republican health care plan, and it looks very similar to the Republican energy plan. Not quite sure exactly what it is. Lots of question marks. No real solutions for the American people. And as you, I think, articulated a few minutes ago, this is a major issue for real people all over the country, for people who have lost their jobs because of the downturn in the economy, for people who come from communities who have been dealing with the global restructuring, with the loss of manufacturing jobs.

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Many people from my district for the last 30 years, whether they were in the rubber industry in Akron or in the steel industry in Youngstown or in the auto industry in Warren, have had to deal with this tumultuous change in our economy. This is prior to Wall Street's pulling the rug out from the national and, really, from the global economy, and this is prior to the bad policies over the past, you know, 8 to 10 years that our friends on the other side have consistently pushed.

You know, from a lot of the people who do have some criticism, maybe, for what's going on, I don't hear anyone saying the answer is to cut taxes for the top 1 percent and to get defense spending kicking. We've been doing that. Prior to the Democrats' coming into office a couple of years ago in the House and then prior to President Obama's getting elected, we had a policy where there were tax breaks for the top 1 percent, and they were supposed to invest all of that money into our economy. It never really happened.

I think what happened over the course of the last couple of years was that the Reaganomics—supply side economics—cut taxes for the wealthiest and then hoped the crumbs fell somewhere in Youngstown, Ohio, for some of the workers to maybe get a bite of. It has not worked. With the deregula-

tion of Wall Street, we saw what happened there. It has caused a global recession almost to the likes of the Great Depression. The only things I feel are saving this from being a Great Depression are the Great Depression programs—unemployment insurance, Medicaid, Medicare, Social Security, the Pension Benefit Guaranty Corporation, and the health care tax credit that we increased from 65 percent to 80 percent in the stimulus bill. Those are the only things preventing people from being on the streets. They've lost their homes, and they have no health care. If it weren't for these basic safety nets that we've set up, there would be cheese lines again. Let's be honest about it. No one wants to admit it.

So what we are trying to do here with energy, quite frankly, and now with health care, is to shift what's going on in our country. It has taken us a long time. Since 1980 this supply-side economic policy has been happening. What we are trying to do is to shift 30 years of this nonsense that has been implemented and to restructure our country, to unleash the power, as Mr. MURPHY stated earlier, of the American people. Those people in our districts who don't have health care or who have lost their jobs and who are scared in America need to be helped. I make no bones about it, and I don't think anyone else does, because the top 1 percent has been fine. They will be fine.

What we are trying to do is to restructure the system. We are trying to take health care as it currently is, Mr. Speaker, and squeeze the fat out of it, squeeze the special interests out of it, take the savings to help cover everyone, and invest at the front end by making sure that we don't have co-pays for preventative care, to make sure that no one will lose their insurance or will have to go bankrupt because of their health care issues. To me, this is basic common sense.

The security for the American people is what we are looking for so that they can confidently go about their business, so that they can create wealth, take chances and be entrepreneurs. That's what this is all about.

If you take these two pieces of legislation, the health care and the energy, you are talking about unleashing the potential, the innovation, the entrepreneurship, the talent, the intellect, and the skill of the American people.

Mr. MURPHY of Connecticut. Will the gentleman yield?

Mr. RYAN of Ohio. I would be happy to yield.

Mr. MURPHY of Connecticut. Let me go back to a number that I used at the outset of this hour.

Over the last 10 years, a time during which the Republicans had control of this House and the Senate and during which the Republicans had control of the White House, the employers in my district saw health care costs go up by 120 percent. Now, they've had a lot of things increase during that time.

Frankly, Mr. RYAN, the only thing that competes for that are energy costs, probably during that same time, depending on what oil was costing from coming abroad. Energy prices might have gone up by 120 percent, but nothing else has increased by 120 percent. That is an unsustainable rate of growth for our employers, and it puts them at a tremendous disadvantage vis-a-vis the rest of the world. We live in a global economy today.

If we want to go back and diagnose all of the reasons that our economy, essentially, went into a free fall at the end of last year—and that were abated at the beginning of this year, in part, by the actions that this Congress took—you've got to look at health care costs. You've got to look at the fact that \$1,500 of every car produced in this country can be accounted for just with regard to retiree health care benefits. That number is essentially zero for their competitors in Asia or in Europe. This economy is weighed down by a health care system that costs twice as much as every other health care system in the rest of the world.

So, if we want to talk about economic revitalization, if we want to talk about making this country globally competitive again and about coming out of this recession stronger than we were when we went back into it, then we've got to do something about costs.

We spent some time today in our committee, Mr. RYAN, with the non-partisan Congressional Budget Office. They outlined for us the economic effects of our bill, and they made it very clear: The reforms that are outlined in our bill are going to lower the costs of health care insurance for individuals and for employers, that the menu of options that we are going to present, an increased menu of affordable options for businesses and for individuals, is going to lower the costs of health care. In an era where most businesses are crossing their fingers and are hoping and praying that this year's premium increase is only 10 or 11 percent, a decrease in cost is almost unthinkable for those businesses, and it's central to why we're doing health care reform.

Mr. RYAN of Ohio. I thank the gentleman.

These numbers are from 2004, but they illustrate the point, and we'll get them updated.

The United States in 2004 spent \$6,100 per person on health care with one's life expectancy to be 77½ years. In Canada, France and Germany, they spent \$3,000 and a little bit of change, and their life expectancies are 3 years more than ours, 2 years more than ours and 1½ years more than ours. We're spending double. So what we're saying to our employers is that the status quo can't stand. We are being wasteful with our health care dollars. We are wasting money in this system.

So, if you're a conservative, if you're a businessperson and if you're standing in the halls of Congress and if you have

to look at and analyze the health care situation, you will come to the conclusion that it is better for us as a country to put money upfront toward preventative care and to save money on all of these costs that happen down the line.

We have universal coverage now, but it's through an emergency room, Mr. Speaker. That's no way to run a health care system. Don't come to us, you know, unless it's an emergency. Then come to us. Then we'll take care of you. No business would run that way. You would put money up front. We'll give you a prescription. We'll help you with your wellness. We'll help you deal with your stress reductions. We'll help you deal with mental health. We'll help you deal with a lot of these issues so that you don't come to our emergency rooms as often for health care.

I have a CEO in my district who talks about his hospital. He has said to me more than once, Give me the opportunity to get that person and to give him a \$20 prescription instead of my having to deal with him when he comes to my emergency room where it costs me \$100,000. That's what we're trying to do here. That's what this whole health care reform is all about.

I want to yield to a friend of mine. We have worked on a variety of issues together and will continue to. He is a great Member from Rhode Island, and he is a very dear friend, Mr. LANGEVIN.

Mr. LANGEVIN. I thank the gentleman for yielding.

I just want to echo your comments because you're right on target.

Clearly, in the United States, we have a health care system that is broken. We're in crisis and it's unsustainable. It is clear, when you look at statistics from around the world, that we have the highest costs and yet the worst outcomes when it comes to health care. That's because, when you look at the number of uninsured and when you aggregate it, well over 47 million Americans are without health insurance. That is the reason we are on a path that we cannot sustain, and it's not serving anyone in terms of delivering good health care and good quality when we have a system that has so many who are uninsured and when we're spending our dollars so inefficiently. So I want to be here tonight to add my voice to this clarion call for health care reform.

I want to begin, of course, by thanking my colleague from Connecticut (Mr. MURPHY) for organizing this Special Order to discuss health care reform. I thank Mr. RYAN for his contributions to this effort tonight, and I thank the other speakers who have spoken or who will speak later.

Let me say that I believe that we need to have a frank discussion, an honest discussion, with the American people about this issue. It's an issue that directly impacts everyone in this country—individuals, families, businesses—at every level of our government. Regardless of one's age, gender,

race, religion or income level, everyone has a direct stake in our health care system, and it's important that Americans are properly informed of their choices as Congress moves forward with health care reform.

Now, I think every Member of Congress certainly is in agreement on one fact, which is that our current health care system, as I said before, is not sustainable. I'm really disturbed, I have to say, by allegations from my colleagues on the other side of the aisle that proposing real solutions which offer substantive changes to the status quo is somehow seeking to socialize medicine or is seeking to ration care. I think this is something that we should address, so I'd like to offer some insights into this, some clarifications on this point.

First of all, the thing that we must acknowledge—and Mr. RYAN was talking about it earlier, the unfortunate truth—is that we're already experiencing rationing under the current system. We experience it when insurance companies deny individuals coverage based on their health statuses or pre-existing conditions. We see it in the millions of families whose premiums and co-pays are so high that they have to forgo basic care and life-sustaining treatments or have to choose between medications and groceries. We see it in businesses that can no longer offer insurance as a benefit to the employees, not because they don't want to but because they simply can't afford it. Each of these circumstances represents a form of market-based rationing, which is a basic failure of our current health care system, of our private health insurance markets, due to skyrocketing costs.

I want to be very clear to my colleagues and to the American people that reducing costs and expanding health coverage to all Americans doesn't mean reducing quality, access or choice. On the contrary, we can and we must use the money already in the system more efficiently to ensure access and to expand everyone's choices of insurance coverage—of doctors and of more effective treatments.

The most recent draft of the House proposal, while far from a finished product and while far from perfect, does build on the strengths of our current system, the employer-based system, and then supplements that with a health insurance exchange. What does that mean?

Well, it means that Americans who are happy with their current health care coverage can keep it, but those who don't have coverage through their employers will be able to shop for their choices of private health plans just like Federal employees and Members of Congress do. They will also have the option, of course, of choosing a public plan alternative, which, I think, is vitally important. Those Americans who cannot afford to purchase insurance in the private market will receive assistance in paying for the coverage that they do choose.

Under this new system, private health insurance companies will now have to play by a new set of rules. The insurers are no longer going to be in the driver's seat. We are putting the American people in the driver's seat.

□ 2000

We're going to make sure there is a basic new set of rules and fairness in our health insurance system. Again, the health insurers will no longer be able to deny coverage based on a person's previous health condition, and they'll have to participate in a more transparent and competitive marketplace. This means reducing out-of-pocket costs or unexpected fees when patients become sick and need the care that they have paid for and have been promised. Greater transparency will translate into more manageable costs so that when we open our bills or statements, we know exactly what we're paying for. Most importantly, under this vision of health care, doctors and patients will make medical decisions, not insurance companies or the government. I cannot overstate this point enough. Medical decisions should always be left to the patient and his or her health care provider. That's what we're going to ensure under this system. This is the health care system that we can and we must strive for, one that offers stability for families, where coverage is not lost because someone changes or loses their job or becomes unexpectedly ill. These are, as we know, without a doubt challenging times. We face extraordinarily high unemployment in this country. In my home State of Rhode Island right now, the unemployment rate has reached 12.1 percent. This is on my mind every single day when I come to work, at night when I go to sleep, the first thing when I wake up in the morning is this on my mind, and how do we fix that and get our economy back on track. Well, fixing health care is going to be vitally important to do that because the current status quo is just unacceptable. Even more unacceptable is that every job lost places access to even the most basic health care coverage at even greater risk.

As I conclude here tonight, let me just say this: That in a Nation that has led the world in health care innovation, every citizen should have access to affordable high-quality care. I believe this to be true not only for moral reasons but because this is what will ensure that we remain the global leader in health care innovation in the 21st century. It also makes sure that our workers and our businesses will continue to be competitive in this global economy in which we now live.

I urge my constituents and Americans from across the Nation to engage in a real, honest, clear discussion on health care reform and to demand a universal health care proposal that puts the American people first. I am just proud to be able to join this Special Order tonight, talking about the

need for health care reform. Again, I want to thank and commend the gentleman from Connecticut (Mr. MURPHY) for organizing this event. I'm pleased to be here with you, with Mr. RYAN and with all of our colleagues who care passionately about health care reform. This is our time. This is the year when we are going to fix health care in America once and for all for the American people.

Mr. MURPHY of Connecticut. I thank the gentleman who has been such a great leader on this for a very long time. I think he is right. This is our moment. But it's no coincidence that it's taken a long time to get here because there are a lot of forces that are aligned against health care reform happening here. For whatever reason, for a long time they had control of the levers of power down here. The folks that have been doing very well off the status quo have stopped health care reform from happening here for a long time. There are a few individuals out there who are running some of the big health care companies, who are down on Wall Street, who have made their fortunes off this health care system. But what's happened is they've priced their products, whether it be a drug or a medical device or an insurance plan, to such an expensive degree that people can't afford to get it; and so the cost of their fortune ends up being people's lives, people's health. So it is no coincidence that it's taken us this long to get here. There are powerful interests that are aligned against getting health care to people that don't have it.

Mr. RYAN of Ohio. If the gentleman would yield, one of the reasons is the projection for costs. If we do nothing, this plan here, if we implement or just let the Republican health care plan continue, that means an \$1,800 increase next year and down the pike. So the reason Mr. LANGEVIN thinks about this before he goes to bed and when he gets up is because we know the cost of inaction. We don't have to explain to people in the heartland what the cost of inaction is. It's an increase of \$1,800. It's more people being knocked off the rolls, more people calling our offices saying, Hey, can you help us? I just got denied coverage. It says in my policy I got covered, but now I'm not getting covered. All of this happens, and it is a cost to all of us. So I think the reason we have to act now and why it's so important is because the cost of inaction is an \$1,800 a year increase.

Mr. MURPHY of Connecticut. That is absolutely right. As I was saying earlier, some of that cost is sort of invisible to people because all of the money that we send to emergency rooms to cover the uninsured, all of the extra medicine that is being practiced out there that doesn't need to be practiced that we're paying for through our Medicare and Medicaid systems is buried in the people's tax bills. The wages that people never got because their employers took all of the extra money they earned that year and sent it to

the insurance company to pay for their increased premiums. So that increase in the health care system that we're going to see if we don't enact health care reform is visible in some places, to some people out there, and it is invisible in other places. I just see no way to get this economy back up and running unless we take on the high cost of this health care system.

Now it's one thing to sort of be for cutting costs in our health care system. We heard a lot of people on the Republican side of the aisle talk in unison with us about cutting cost. It's another thing to be for things that cut cost. I want to talk for just one second about the element of the Democratic plan that saves our health care system about \$100 billion over the next 10 years and is giving small employers and individuals the option, if they want to, to buy into a government health care plan—you know, not unlike the one that you and I have access to or the Medicare plan that lots of other folks have access to. All we're saying is that people and businesses should have the choice to go out there and buy a not-for-profit government-sponsored health care plan. If they think that their private insurance is better, then stay there. But if they think that maybe they'll do better on a government plan which costs less because it doesn't have to pay the big CEOs' salaries, it doesn't have to return big returns to shareholders, if they think they'd be better off there, let them go there. And our nonpartisan budget office has told us that that's going to save the health care system about \$100 billion a year. The Commonwealth Fund, a nonpartisan research group, estimates that an individual might be able to save \$1,100 a year by choosing that government-sponsored health care option. Now it's up to them whether they want to do that. But we are hearing from both our budget experts here and our budget experts outside of this building that there are real cost savings. That's why when we're looking at surveys on this issue of whether or not the public wants to have the option to buy into a public health care plan, every single survey they have done shows that 65, 83 percent, 76, 72 percent want that option. In fact, on this chart the most remarkable thing is that the highest survey here, the survey that shows 83 percent of people wanting the option to buy into a government-sponsored health plan, that survey was done by a group called EBRI, which is essentially all of the major institutional health care companies' research arm. So even when the groups out there that are a little bit more skeptical about health care reform do a survey, they find the same thing that everybody else finds. So listen, I think that there could be some real bipartisan agreement here on cutting costs. But it's one thing to stand up on the House floor if you are a Republican and

say that you want to cut costs. It's another thing to actually be for legislation that does it, that actually implements cost-cutting measures.

Mr. RYAN of Ohio. That's the money that we reinvest back into those cost-saving measures, that we reinvest back into preventive care so that kids will have dental, kids will have oral, which could be the same thing. Kids will have hearing checkups. All of these things will be included for young kids. Vision. These are all things that, as we save this money and steer it back into the front end of this program, we are going to have healthier citizens.

Now I was reading an article last night that hit me about energy, and it also makes a good point about health care. We are in a direct competition, Mr. Speaker, with China. I don't think anybody will deny that. I think we all know that we are in a direct competition with Asia and with China. In China they lose 400,000 people a year, who die because of the air pollution in China. So the point on the energy bill is, they are clearly not doing enough. At some point those people are going to say, We want clean air. And once we jump ahead in the energy field and start making these products and exporting them to China, we now have created a massive export market. But the philosophy is different because we are saying that our values, our priorities here are about putting the money on the front end, making sure everybody's covered. This chart here, the difference in the \$6,000 that we spend per citizen and the \$3,000 and some change that Canada, France and Germany spend and have a higher life expectancy is because they cover everyone. They allow people to get preventive care so they're healthier, so that they can go to work, so that they don't miss weeks at a time of work. They get the prescription, and they can go back to work.

I mean, we heard a lot over the last decade or two about family values. What is a deeper value than the health of your kids and the health of our families? There is not one. Because if you don't have health, you don't even have happiness. There are very few unhealthy happy people. When you are unhealthy, you are unhappy. So this is fundamental to the values that we have as a country. It will unleash a level of productivity in this country. All of the anxiety that people have will be channeled and unleashed into more positive endeavors and at the same time begin to move us in a direction where we are not going to bankrupt the country. We are going to make the country healthier, more productive, create more wealth and at the same time contain our health care costs, which will probably end up saving us a lot of money in Medicare. I mean, one of the things that people forget is, all of these people who don't have health care that are older, that think, I'm going to wait until I get on Medicare; and then once they get on Medicare,

the problem is exacerbated. The cancer has spread, and a variety of other problems ensue. So this is an opportunity for us to say that as we try to compete in a global marketplace, we have the opportunity to enhance the intellect, the productivity and the health of our citizens.

Mr. MURPHY of Connecticut. You know, there are a lot of really great companies out there who have figured this out. I think of a company in my State, Pitney Bowes, who has been a leader in health care reform because they've figured out over time how much money they were losing to sick workers, how much productivity they were losing because they had a health care plan that somebody else was administering out there that had a financial incentive to deny care. So they decided that they were going to take on their health care plan themselves, that they were going to put health care clinics in their facilities, that they were going to put health care close to their employees, that they were going to give rewards to employees that worked out, that invested themselves in keeping themselves healthy. There are companies out there that have figured out really great models to provide better health care, more immediate on-site care for their employees; and they have benefited not just because they feel good about keeping their employees healthy but because their bottom line has been strengthened by the fact that their employees are healthier, showing up for work more often and ready to produce and ready to compete.

You mentioned the fact that this health care system is going to bankrupt this economy. Right now we're spending 17 percent of our GDP on health care, and economists are telling us that in the not so distant future \$1 out of every \$3 that we're spending in this country is going to be on health care. That is just unsustainable. But on a much more local level, these are personal bankruptcies too. We think of bankruptcy in this country as, you know, being somebody that went out there and bought too many snake oil securities or made a real bad bet in a real estate investment and then all of a sudden they've gone belly-up. No, Mr. RYAN. You know this. Half of the bankruptcies in this country, half of the families that have to go into bankruptcy do so because they had an unexpected medical cost, a cancer or a terminal disease that bankrupted their family. Lives, families devastated through no fault of their own, just because they got sick and they either didn't have insurance or they had insurance that wouldn't cover the full extent of the illness.

□ 2015

The dirty little secret out there is that a lot of insurance plans, you may not know this because it is in the fine print, have a lifetime limit on the amount of money they will spend on you. So you're okay until you get real-

ly, really sick. But for that 1 or 2 percent of people that are spending millions of dollars on their care over their lifetime, your insurance runs out even if you think that you have it

So this is about individual people whose lives are shattered, shattered by having expenses that they can't control. That is what this health care reform is about as well, Mr. RYAN.

Mr. RYAN of Ohio. And when you look at the company you were mentioning, no co-pays on prevention, no rate increases for preexisting condition, there will be a big sigh of relief in this country when this is passed. An annual cap on out-of-pocket expenses, and we are saying to people in America, in 2013 or whatever the date is that this gets implemented, you will not go bankrupt because of a health care condition that you may have or a member of your family may have. It is said and done. That is what this bill is about.

Mr. MURPHY of Connecticut. Mr. RYAN, it is not that we are not going to ask people to contribute to the cost of health care. We are talking about caps on the amount of money that you're going to contribute. But we are still going to expect people to step up to the plate and pay for part of health care, to have a little bit of exposure and scratch in the game themselves. And that is important. It is important to have shared responsibility.

Nobody is talking about the government coming in here and either taking over our health care system in general or paying for everybody's health care or even asking insurance companies to pay for 100 percent of health care. We want individuals to have some scratch in the game. We just don't want it to end their lives.

Mr. RYAN of Ohio. Exactly, and flip their families and send them out of their homes and the whole ripple effect that happens. And there is another point to this that is in here but it is not in here. As we talk about prevention, and there's great sections in here about community health clinics and different preventative measures that are going on and that we are going to continue to promote preventative medicine and public health training grants and those kinds of things that I think are very, very important to what we are trying to achieve here.

It is sending a signal, and I think President Obama has been sending a signal, people have got to take care of themselves as well. This is not just, okay, you can now do whatever you want and you're going to be covered. Like Congressman MURPHY said, Mr. Speaker, each citizen will have skin in the game, and their health care decisions at some level will affect what they pay. But what we are saying is, we will be helpful, you will contribute, there will be shared responsibility here, and at the time you have to do what you need to do to take care of yourself.

And we all have that responsibility now as we have the demographic train

coming down the pike with baby boomers going into Medicare, going into Social Security and all of these issues. We have got to be a lean, mean, productive economic force in the world so that we can drive our economy and help pay for a lot of this debt that has been accumulated over the course of the last 8 to 10 years and move us forward.

But, again, we know the cost of doing nothing. We know exactly what will happen. Health care bills will go up another \$1,800 on average next year and as far as the eye can see. Again, this is not a plan. This is our friends on the other side; this is their Republican health care plan, a bunch of lines going to a bunch question marks and back again and maybe, you know, at some point, maybe off the chart somewhere there is a solution there. It hasn't worked.

They had an opportunity here when they controlled the House, the Senate, and the White House to implement whatever it is they come up with. Maybe they have a couple of these squares they can fill in. But whatever it is they came up with, they had a chance to implement it. And now it is Johnny-come-lately, and we are going to get this done. And I think the President is committed to this; we are committed to this.

Every time I go home, I meet thousands of Delphi employees who have been left behind in the GM bankruptcy, both salaried and union, and steel workers who have lost their jobs and had their pensions cut in half, those in the PBGC, lose their health care. This is what this is about. Those are the people that will benefit from this, Mr. MURPHY.

I want to thank you as we wind down here for the opportunity to do this. We will be here tomorrow and possibly Friday and next week, day in and day out, because it is that important for us to pass this. I really believe that the health and welfare of our country depend on it. And I think that the energy bill and with this, I think this is transformational for us and I think a great opportunity for places like northeast Ohio.

And I yield back to my friend.

Mr. MURPHY of Connecticut. I thank you for joining us here. We will be down here talking about this because it is so important to get health care for America. As you said, our friends on the other side of the aisle had 8 years to get this done. And people may say, well, Mr. President, you're taking on a lot really quickly. But we are paying for the costs of inaction. We are paying for the costs of a Republican Party which for whatever reason decided not to do much about the cost of our health care system.

And we are going to get this done. We are going to get this done so that nobody loses their livelihood, nobody loses their access to the apparatus of opportunity just because they get sick and can't afford to treat themselves.

We are going to lower the cost of doing business. We are going to lower the burden of the cost of living for families, and we are going to do it this year.

And with that I yield back.

#### HEALTH CARE REFORM

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

Mr. KING of Iowa. Thank you, Mr. Speaker. I appreciate the privilege of being recognized here on the floor of the House. And I would be happy if I could borrow the poster from Mr. RYAN with all of the question marks on it, because I have the one with the Democrats' answers on it. And I think what he has done is perhaps looked at these question marks and created, I'm not sure who actually comes up with these things, and decided that he would produce government solutions for all the question marks that could be produced on the poster that he has delivered here earlier in this hour.

And so I have here something that looks to me like the basis of it, which is HillaryCare, and I believe if I go back to my office in Iowa and I dig through my archives from my construction company that was seeking to thrive during the Clinton administration, I have in there the very poster that was laminated that showed the entire flow chart of HillaryCare which was presented to the American people and rejected by the American people. It has got to be, once I compared the two to the template, for what we have here that is produced off of this bill.

There really aren't question marks with what Republicans want to. We have more ideas than we can agree upon. I will concede that much. We have sought to improve health care, but we fought Democrats every step of the way. Now it is clear that when you look at the differences between the proposals that we have and what it is that they are poised to vote for, here is what will happen. You will hear all kinds of platitudes about how we can't stimulate the economy and grow our way out of this situation that we are in unless magically the solution that arrives is "let's go to socialized medicine and that is going to fix our economic woes." Somehow when I hear that said, I can't connect it, Mr. Speaker.

I'm listening to the dialogue that comes out, and with such great self-confidence it flows. Let me see. I wrote it down. I was listening to Mr. MURPHY from Connecticut, and he said, let me see, I see no way to get this economy back on track unless we fix health care. Fixing health care means nationalizing health care. It means turning into socialized medicine. And what goes on, if we look at the flow chart here, is the Health Choices Administration, HCA, just a moment, I will get this back where I can read it too, Mr.

Speaker, the Health Choices Administration, HCA sets up a commissioner. There is a health insurance exchange that would presumably broker health insurance through this exchange. It's kind of like where you might trade on the Board of Trade for a commodity like corn oil or beans or gold. And they want to trade traditional health insurance plans that would be in there and then a public health plan matched up against it. Now that is the center piece of this proposal.

And what it really says is that they want to establish a government health insurance program that would compete directly with the private health insurance programs that are out there. And we have hundreds and hundreds of those insurance programs that are out there, and if I remember correctly, the number that I have seen was 1,300 different companies competing in health insurance and the health insurance business. That is a lot of competition. It is not a little competition; it is a lot of competition.

If you believe competition brings out the best in us and the markets that are driven because of the competition and the demand that is there, then you have to know that there are a lot of different models that have been tried, and there may be some good models that weren't marketed very well, and there may be some bad models that were marketed well, and there may be some other alternatives out there.

But this I can guarantee you, Mr. Speaker, if there is a better idea in how to insure health care in the United States of America, it will not come from government. Government doesn't provide solutions. The creativity is not there. And this proposal that comes from the Democrats that was just unleashed on America yesterday has within it a series of presumptions on how they are going to save money on health care.

One, if we listen to the gentlemen that made their presentations here within the last hour, they would tell you they are going to squeeze the profit out, that there are people that are actually making money by providing us the very best health care in the world, and we surely couldn't have that. We couldn't have people that are making money doing this.

I don't know where people get incentive. We have good hearts. We are altruistic people. But it is nice to have a little profit so that you can justify going to work. Otherwise you might just stay home and raise the kids and work in the garden, go fishing, golfing, mow the grass, whatever you do. If you squeeze the profit out, people are going to quit going to work. And that is what they suggest is going to happen. Squeeze the profit out, take it out of whatever might be there for the insurance companies, take whatever might be in the profit for the health care providers, our doctors and our nurses and our administrators and all the people