

have determined that it is necessary to continue the national emergency with respect to the former Liberian regime of Charles Taylor.

BARACK OBAMA,
THE WHITE HOUSE, JULY 16, 2009.

HEALTH CARE FOR THE AMERICAN PEOPLE

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

Mr. ELLISON. My name is KEITH ELLISON; and I am appearing on behalf of the Progressive Caucus, which is again coming to the House floor to discuss a progressive vision for America, a vision of America that has a central focus of the American quality of life being better for all people, that has a central focus of the welfare of Americans being better than it was before. In the Progressive Caucus, Mr. Speaker, we have a set of values which say that yes, we can live in harmony with the planet Earth; yes, we can engage in activity that will allow all Americans to have health care; yes, we can have civil rights for all people; yes, America can be a party and a member in the global village in which we promote peace and in which we stand with nations who are struggling to emerge around the world.

The progressive vision for America, a progressive vision that says that the greatest points in our Nation's history were when we passed the law for civil rights for all people; a progressive vision where we said the Wagner Act, where workers will have rights, was a great moment in American history; a progressive vision where we put together the resources necessary to pull America out of the Great Depression and into a greater level of rights, a greater level of prosperity and a greater level of community.

Tonight we're talking about health care, and I hope to be joined by my colleague soon. But I just want to set out that this is the congressional progressive message; and if anybody wants to communicate with us, they can do so at cpc.grijalva.house.gov. It is very important that folks know how to get in touch with us. Mr. Speaker, this is the progressive message where we come every week on the House floor to talk about a progressive vision. Health care is the topic. Health care is the issue for the American people today. Health care is what everybody is talking about here on Capitol Hill, and this is the progressive message where we talk about a progressive vision for America.

Now I'm using these boards to help illustrate a point; but the main concept here, as we talk about the progressive vision for America's health care, we want to start out with a central idea; and that is, care should be the watchword. We should be talking about care, not who pays, not who doesn't pay. Care. We should not be talking

about all the complicated mechanisms first. We'll get to that as it's time to talk about that and there will be a good and appropriate time to debate these more complicated issues.

But the first thing we start with, as we talk about a progressive vision, is care, health care. Care should be where we start. Care should be how we end. If we care for each other, as Americans, if we regard all Americans as essential and important, we will construct a health care system and bring forth health care reform which makes sense for everybody, which costs less than this system does now because this system is not driven by care. It's driven by something else, which I will get to in a moment. We also have to have in this health care reform package a public option. But when I use the word public option, what I really mean is a we're-all-in-this-together option. A public option is an option that says that, look, we will have a public option, together with private options, in which the public can say, look, I want to select that public option because it works for me and my family or my business, and that's what people can take advantage of. There will be private options in the system, in the exchange. But this health care reform starts with the idea of care and states that the public option, which will be included in this health care reform bill and is in the bill now, is really a we're-in-this-together option.

□ 2000

That is what it is about. That is the point. That is what we are going for. And we will talk more about that later. But I think it is important that when people talk about a public option, we are talking about an option that is available for Americans to select which really says, we are not going to leave you out in the cold, you're not by yourself, this ownership society is not a you're-on-your-own society. In fact, it is a society in which we are all in this thing together. So, Mr. Speaker, as I said before, care is what drives our vision.

But the system, the status quo, has something else driving the vision. Health care reform means patients before profits. That is what health care reform means. Health care reform doesn't mean that there won't be profits. Of course, there will be. There will be private businesses on the exchange. There will be people making money. Doctors will continue to make good salaries, nurses as well; and other people who do good things for society will be compensated fairly, of course.

But the fact is we will not have these insurance companies that are not allowed to just charge anything they want and pay their CEOs anything they want. We will have something where patient care will be what is important in this health care reform system.

So, I want to talk tonight, Mr. Speaker, about exactly what health care reform must include. And so let

me just get to this board, and then I have a chart which will simplify it. Mr. Speaker, I believe there are folks who want to make this thing complicated. They want to make it hard to understand, and people just sort of switch off their minds and say, well, it is really complicated, so I don't get it, and they seem to be talking bad about it, so I am just not going to plug in.

I believe Americans really, really want health care reform. And I want them to know what this health care reform bill is talking about. As I said, a progressive vision is a vision that makes "care" the operative phrase in health care and puts patients before profits, although profits are not out of the picture. They are still around. But patient care is really what is driving the conversation.

A health care reform bill must include guaranteed eligibility. No American will be turned away from any insurance plan because of illness or preexisting condition. Mr. Speaker, how many Americans are at home right now who are checking over their bills, who are perhaps anxiety ridden or maybe even in tears because they have just been dropped or denied coverage because of a preexisting condition?

I told a story last week, Mr. Speaker, about a dear friend of mine who called me aside at a community forum I had on health care in my hometown of Minneapolis, Minnesota. She said to me with tears in her eyes that she had a dilemma. She didn't know what to do. Her sister and her mom had succumbed to breast cancer. She thinks she is at risk. She knows that if she goes to get the test to find out, then she will be presumed to have a preexisting condition and could be dropped. But if she doesn't, and she does have the early stages of breast cancer, she will not be getting the care that she needs. So she gets the test now, she can be dropped for having a preexisting condition. If she doesn't get the test now, her breast cancer could be advancing. This is the situation that so many Americans are in today, and it is wrong.

The health care reform we are talking about, guaranteed eligibility, no American will be turned away from any insurance plan because of illness or preexisting condition, meaning that insurance companies just can't insure the people who are well and the people who never make claims. They have to insure everybody, comprehensive benefits.

The new public plan, this is the you're-not-on-your-own plan, will cover all essential medical services including preventative, maternity, mental health and disease management programs. This is comprehensive benefits. This is different from some of those plans you get that is a good plan for health care only it doesn't cover anything, only it has a high deductible, high co-pay, high premium and doesn't offer any real coverage, and this is excluded, that is excluded, doesn't cover this, doesn't cover that. That is not the kind of plan we are talking about.

Comprehensive benefits, affordable premiums, co-pays and deductibles, as I just said they got a certain version of health care out there now that the private market has coughed up where they have high co-pays, high premiums, high deductibles, meaning if you go to the doctor, you got to pay a lot, you got to pay a lot out of your check every 2 weeks or every month when you get paid; and then if you need a procedure, you got to cough up a lot of your own personal money because they don't cover everything or even nearly everything.

So, participants will be charged fair premiums and minimal co-pays and deductibles for preventative services. So that means if you want to stay healthy by doing preventative health care, that option will be available to you.

Subsidies. Individuals and families who do not qualify for Medicaid or SCHIP but who still need assistance will receive income-related Federal subsidies and keep health insurance premiums affordable. So we are not going to leave anybody out. Even people who are the lower income scale and have to have health care, have to be able to go and see a doctor, have to be able to get preventative services; and this will be covered.

So health care reform, guaranteed eligibility, no exclusion for a pre-existing condition, comprehensive benefits, a good plan that covers things that you need, affordable premiums, co-pays and deductibles and subsidies for people who need them.

So this is a chart that we developed, Mr. Speaker, to try to make it simple for folks, because it is complicated. It is our job in Congress to try to boil this stuff down and make it digestible. And so we came up with this little chart to try to talk about what is going on. Let's just say, here is the path to health care for all. Up here at the top of the box, Mr. Speaker, you got every American.

What the plan will yield is basically three of these bubbles that you will fit into. One of them is employer-based insurance. You have heard President Obama say, if you like your health care, keep it. That is what that is. If you like your health care, keep it. It is exactly what you have now if you have employer-based health care, but it is going to cost less. There will be no more discrimination for preexisting conditions. There will be no discrimination for age or gender. And we will have a medical loss ratio of 85 percent because 85 percent of the premiums must go to patient care. So they won't be able to just stuff their pockets with those \$100 million salaries some of these health care insurance companies CEOs make.

This is a lot like we have now, only we will have improvement because of cost, because of the medical loss, what is known as the "medical loss ratio" and because of the banning of the exclusion for preexisting conditions.

Then also we have public programs that exist now, Medicare, Medicaid, SCHIP, still available to children, seniors and families below the poverty line. This will still be there. This is not going anywhere. We are going to have Medicare, we are going to have Medicaid, and we are going to have SCHIP. That is still there.

What is going to be new, Mr. Speaker, is a health care insurance exchange. This is going to be new. This bubble is going to be kind of new. And it is going to go into effect in a few months perhaps after we pass the bill, perhaps as much as 12 months; but it will be counted in months.

Who is eligible for the health care insurance exchange? Individuals and small businesses will be able to go into the exchange. And what will be on the exchange? Private insurance plans that people can purchase, and what you will have there is a public option.

Now, people who go into the health care exchange will be subsidized for up to 400 percent of the poverty level. That means if you are at the poverty level times four, you take that income you have at the poverty level times four, if you make 400 percent of the poverty level, meaning you make well over the poverty level but still you don't have enough to afford health care, you can receive some sort of subsidy to make sure that you can afford coverage.

Then, you can go into the exchange, and you might be able to pick your policy because the policies will be standardized, and you will be able to pick one, be it a public plan or a private plan. And you will be able to get your health care policy picking the one that you want, guaranteeing that you will have choice, guaranteeing that you will have options and you will be able to select based on your needs. We are going to revisit this chart in a moment, Mr. Speaker, because it is important to go back to it.

So I just wanted to say that tonight what we want to do with this Progressive hour is talk about helping folks to understand the health care reform plan, helping folks to understand what the public option is. As I said before, the public option should be understood. It is something that is going to help you, something that means that this is our commitment to each other, like Social Security is our commitment to each other, like other important public programs are a commitment to each other, our roads are a commitment to each other. It is what we all do together to make sure people can make it. This is what the public option represents.

So, Mr. Speaker, many in Congress, the House and Senate, believe that any significant health care reform package must include a robust public option. We have seen leaders, brave and courageous legislators like RUSS FEINGOLD in the Senate and BERNIE SANDERS and CHUCK SCHUMER in the Senate over in the other body talking about the im-

portance of a public option. But here in the House we have heard the same commitment from some great leaders like JOHN LEWIS, LOIS CAPPAS and Congresswoman PINGREE from Maine, who is new to this body, all making important commitments to support a public option, on both sides, of course. We heard the President talk about the public option as well.

So we have people in all three, in both Houses and in the President's Office, talking about the public option. We have talked a little bit about what it means. But let me just elaborate on that a little bit. What it means at its heart is it means giving the uninsured the option to enroll in a public health care plan that is sort of like Medicare. That is what it means at bottom, giving the uninsured the option, the choice, the choice to enroll in a public health care plan like Medicare. A public insurance option would compete. We are talking competition here, Mr. Speaker. We are not talking about not competing. We are talking about competing.

Under the system we have now, we don't have much competition. But with a public option, we will have some competition. And this public option will compete on a level playing field with private health insurers, and the uninsured individuals would get a chance to choose which plan is best for them.

If you look at the health care market today, and you go into a given area, everybody knows that one or two firms dominate in that particular area, maybe three. Sometimes you just really don't have any options at all, Mr. Speaker. And so we have a lack of insurance right now, a lack of a competition now; and what we need to do is get some real competition.

Why is having a public health care option important? There are many reasons, but here are a few. A broad number of research and a broad spectrum of research has confirmed that a public health insurance option is a key component of cost containment. To drive down the cost of health care, you need a public option, because what it does is it introduces more competition, lower administrative expenses and drives cost-saving innovation. Some folks don't know that our health insurance industry right now is exempt from antitrust legislation and doesn't really have to compete. But a public option will drive them to competition, which is a good thing.

Also, need for a public option, according to research from the Commonwealth Fund, the net administrative cost for Medicare and Medicaid are 5 and 8 percent respectively. These are plans, Medicare and Medicaid, which already drive reasonable cost down so that the folks who participate in these programs are not being charged for a bunch of stuff that they don't need. They are getting low administrative costs.

Now I just want to say that I have been joined now by one of my favorite

colleagues, DONNA EDWARDS, who by the way, is a pretty good softball player, that is an aside, but Congresswoman EDWARDS is here. She represents a district in Maryland. And let me just give her a chance to sort of jump in on this important conversation going on in Congress right now.

Congresswoman EDWARDS, how are you doing tonight? Let me yield to you.

Ms. EDWARDS of Maryland. Thank you for yielding. Good evening, Mr. ELLISON. It is good to be here with you this evening. And I just want to say a few words because I don't have a lot of time, and I know you're really holding the fort here talking about the importance of health care to all Americans, the importance of a public plan option that really covers all Americans, gives them a choice of their doctors and what do they want for their services.

I just want to say the U.S. health care system is really one of the most expensive systems in the world. We know that. We spend about \$2.2 trillion each year on health care services and products. At the same time, 46 million Americans are uninsured, and a whole bunch of others, 80 percent who have insurance, are actually from working families. They have insurance, but it is not enough, and it is not the right kind of coverage, and premiums are going up, and deductibles are going up. And it has become really an unaffordable system for American families.

Almost half of all personal bankruptcies are attributed to medical debt. I had that experience myself. I almost went bankrupt because I had a huge health care bill. I couldn't pay it. I got very, very sick, and I needed a choice. Fortunately, I was able to pay that off and then end up getting good insurance. But the reality is that when that happens, it can almost cripple a family. I don't want any other family to have to face the kind of choices I did about whether to take care of myself and my son or to pay for health care coverage.

□ 2015

And, at the same time, we also know that sometimes people make the choices. Do I buy my medications? Do I go see my doctor when I'm sick, or do I wait till I'm really sick? Those are choices that are unacceptable.

And let's look at the practices of our insurers. I mean, you know what happens. An insurer will say to you something like, well, you know, you've been a victim of domestic violence, and so we're not going to cover that and the cost of that because it's a pre-existing illness. I bet a lot of people across the country don't know that there are health insurers that deny coverage because of a circumstance of domestic violence. It's hard to believe that, and yet it's true, because it's considered a pre-existing condition.

And so we need not just a public option, we need one that's robust. We need one that says to insurance compa-

nies, here are the dos and the don'ts. Let's take care of the American people, and let's give them some choices.

Eighty percent of Americans have health insurance, and so that means that most people that you run into in your schools, your communities, your neighborhoods, your workplaces have health insurance. But for so many people, it's completely inadequate to do the task.

I think again about another situation of an insurer where my son actually had a little bit of an accident. He went up, he came down on his head. He needed to have an MRI. We talked to the insurance company. And what did they say to us? You couldn't go to the 24-hour MRI center; you had to wait and get that coverage in an emergency room. And it turns out that the emergency room was more expensive than getting the same examination that was a critical examination ordered by a doctor in an MRI facility. And so these choices don't make sense for the American public.

And as I said, Mr. ELLISON, you know, premiums are going up. Premiums have gone up 114 percent from 1999 to 2007. And that's greatly outpacing incomes in this country. And so the high costs, what are they doing? They're crippling the American middle class. They're crippling working families, they're crippling businesses.

Most of the small business people I know actually want to be able to provide health care coverage, good health care coverage for their employees. But I'll tell you, if you're trying to provide health care coverage and you're suffering the cost of \$10,000 and \$20,000 per employee for health care, you can't stay in business like that. And so we want to give small business, all business, a helping hand with making sure that they can provide affordable and low-cost coverage to their employees.

We want to make sure that people who are unemployed and maybe uninsured or underinsured have coverage. We want to make sure that there's a standard set of benefits that everyone should enjoy so you get the advantage of preventive care, diagnostic treatments ordered by your physician.

We want the patient and the doctor to have control of their coverage, not the patient and the insurer, not the doctor and the insurer, nobody in between, not the government or anybody else in between, but the doctor and the patient. And then we want to make sure that doctors are paid so that they can make a viable practice, so that they can engage in the kind of primary and preventive care that we think is most important to preserving and protecting our health and our quality of health over a long time.

And so I'm excited, actually, about where we are right now. I mean, I am so heartened because I think we've learned a lot over the years. And this time the American people aren't just going to get a promise, they are going to get the kind of health care they de-

serve. And so we should all be both excited and proud to prepare to cast a vote for the American people, for small businesses, for working families, for the uninsured, for the underinsured, for all Americans. It is the most that we can do for the American public.

And I'll have to tell you, I cannot wait to cast my vote for a public plan option that is robust, that covers all Americans, that ensures what I call the three C's. You know, we want lower costs, we want quality care, and we want continuity of care. It shouldn't matter whether you have this job or that job or another job. You keep your health care coverage. And when we cast that vote for the American people, they're going to stand with us because it's the right thing to do.

And so it's so good to be here this evening in this House, in the People's House, saying that at last, on health care, we are going to do what's right by the American people.

And I yield back.

Mr. ELLISON. Will the gentle lady yield to a question, perhaps?

Congresswoman EDWARDS, we've been hearing a lot of rhetoric about this health care plan. This health care plan, which I agree with you, we need to be excited about it because this is a great and propitious moment in America. But we've been hearing detractors. We've been hearing this government-run health care, all this kind of stuff. Have you heard this kind of rhetoric before? And should anyone listen to it?

I yield to the gentle lady.

Ms. EDWARDS of Maryland. Well, I thank the gentleman. And I've heard the rhetoric before. But I tell you, it rings hollow on somebody who has not had health care and who's also had really good health care coverage. And so, you know, I think the detractors, we know who they are. They're all the vested interests who are making a boatload of money off of the American people while they don't have health care. And so we have to just stop that.

It's really a pretty simple formula. I think the American people really get that. I think the American people understand that. And we want quality care, and we want to lower cost for everyone, and we want to make sure that we engage in the social responsibility that we have for all of those who, at some time or another, might find themselves uninsured or underinsured.

And so the detractors actually don't have anything good to say, and so they want to try to kill our opportunity, and a meaningful opportunity for the American people for health care reform.

And I think that those of us who know what the problem is, who understand what the solution is, who believe that we have to have a public option that competes with the private insurers, we know that that kind of competition in the marketplace will lower cost. And so we've got to, you know, zone out the detractors and focus on delivering health care reform for the American people.

Mr. ELLISON. If the gentledady would yield, I hope the gentledady doesn't mind me asking her a few other questions.

My next question is, why do you think that it's been reported that the detractors to health care reform are spending up to \$1.2 million a day here to lobby Congress?

I'd yield to the gentledady. Why are they spending so much money?

Ms. EDWARDS of Maryland. Well, you know, I don't like this mix of money and politics. And what it says to me is that somebody with that skin in that game stands a lot to lose, and so that means that the detractors out there know that if the cost of doing business for them is to spend that \$1.2 million or \$3 million every day to fight against health care reform because they know that without reform they get to make billions of dollars off the backs of the American people. And so no more to that.

The American people are pretty smart about this. I know the people out in my congressional district, the Fourth Congressional District in Maryland, understand health care. Many of them work and they have health care coverage. But they know that they're being burdened by increased premiums and deductibles. They know that there are insurance companies and bean counters and people on a telephone who stand between them and their doctor and good medical care.

They know that they have family members, young people like my son, getting ready to come out of college, will lose his health care coverage that's covered by his parents and will be on his own. Those young people need to have health care coverage. We know that they don't believe that they're ever going to get sick or injured. But that's not true.

And so we have an opportunity here to fight all of those interests. And you know what I say? Stop advertising. You know, we don't need to advertise for good health care reform. We don't need to advertise for pharmaceuticals that benefit us if that's a decision that our doctors make. And yet billions of dollars are spent in that industry. Millions and millions of dollars spent in lobbying against reform. And so that is a clear message to the American people that those detractors do not stand on the side of health care reform.

Mr. ELLISON. I agree with the gentledady, and couldn't agree more. And I want to thank her for making the point she's made.

We've been joined by Congressman HANK JOHNSON from the great State of Georgia. And we're talking health care reform tonight. The Progressive Caucus offering a progressive vision to care for Americans. And we were just speaking a moment ago about how we need a robust public option; that we're excited about the possibility to pass health care for Americans. This is a 60-year debate. Some people go back to 1994. But we all know this debate goes back way before that.

This is an opportunity, equal to passing, in my view, civil rights legislation, equal to passing environmental protection legislation, equal to making a leap forward for the benefit and welfare of all Americans.

And I guess my question to you, and I don't want to tailor what you want to share with us tonight, Congressman, but I do just want to see if I could get your views on why, for example, the Washington Post reported that the Nation's largest insurers, hospitals, medical groups, have hired more than 350, 350 former government and staff members and retired Members of Congress in hopes of influencing colleagues in opposition to health care reform to the tune of about 1.4, I'm reading now, I was going from memory before, \$1.4 million a day. Why would they do such a thing, unless they thought that this was a reasonable cost of doing business?

Does the Congressman have any views?

I yield to the gentleman.

Mr. JOHNSON of Georgia. Thank you Congressman ELLISON. And I want to also recognize my great freshman colleague, when we came in—now we're all sophomores—Ms. DONNA EDWARDS, who's been a real champion on this, as you have, Mr. ELLISON.

And Mr. Speaker, I just want to respond. It is a civil rights issue. It's just not racial. It is a matter of demographics. It's a matter of who has insurance and who does not. And you'll find, looking at it, you'll find that most poor people and most, at this point, I would venture to argue, middle class people have no health insurance coverage.

And so the question is, after spending \$780 billion in a Wall Street bailout, do we have the will to handle and to address this civil rights issue that is so fundamental to our country?

And to me it's mind-boggling. We just heard reports of Goldman Sachs hitting the jackpot for \$3 billion in profits over the last quarter, of the taxpayers' money. And people want to know, well how much does this health care plan cost?

Well, I'm going to tell you, it's going to cost us a whole lot more if we do nothing, like my colleagues on the other side, if we do nothing, it's going to cost us a whole lot more. You know why? Because health care costs are going to continue to skyrocket through the roof.

In 2005, a study by Families USA and the Center for American Progress showed that the cost of treating the uninsured added \$330 to the average individual plan in Georgia, and \$900 for the average family plan. That's close to \$1,000, Mr. Speaker, every year. And high costs are what block access to health care because people don't have the insurance coverage to be able to become healthy individuals.

And certainly, for our economy, Mr. Speaker, we can't have a majority of the people in this country sick with

some kind of a chronic illness that, if left untreated, will kill them, and that, if there were preventive measures to keep those chronic diseases from happening, or if there were some treatment regimens to address and arrest these chronic diseases, then you would find that the American people would be ready to, our children would be ready to, go to school and learn and become great individuals who carry our economy into the 21st century. And that's simply one of the items that we're addressing here.

Are we going to just continue to do business as usual, tax cuts for the rich and famous and wealthy, as is advocated by my friends on the other side? Are we going to continue to do that?

We see where that has left us. We see where we are now, and we're in a bad situation.

□ 2030

And so we've got to take some important steps to address it, and people didn't—the same folks who supported the Wall Street bailout, now they're talking against our investing in the lives of people in this country who should be in a position to save us money by having—everyone having health care, that demand will drive down expenses in and of itself.

Mr. ELLISON. So I thank the gentleman.

If the gentleman yields back, I just want to do a very quick update for the folks who may have just tuned in. We're talking about health care reform tonight with the Progressive Caucus, and the health care reform must include guaranteed eligibility. That means no American will be turned away from any insurance plan because of an illness or preexisting condition.

The bill also includes comprehensive benefits. This is what we need to have. This is what the bill offers: affordable premiums, copays, and deductibles. Participants will be charged fair premiums, minimal copays, and subsidies of families who do not qualify for Medicaid or SCHIP but still need assistance.

What this bill calls for—and I think it's important, and I hope my colleagues agree—is to try to make this thing simple so that people can get a grip on it. The path to health care for all, under the proposed bill, what would happen is under these three bubbles, if you have employer-based health insurance now, you will be able to keep that, but you will have certain things that control costs, including no more discrimination for preexisting conditions, no discrimination for gender, for issues like that.

Also medical-loss ratio, 85 percent, so that at least 85 percent of the premiums must go to patient care. People who have public programs now such as SCHIP or Medicare or Medicaid can keep their program if they qualify. And there won't be much that they have to worry about. It will be pretty much how it is now.

But then there will be this exchange which is new. And who will qualify for the exchange? People who are the uninsured—individuals and small businesses. And they will be subsidized for up to 400 percent of the poverty level. And within this exchange will be a public plan, and there will be private plans which have standardized benefits which they will have to compete for and will drive down costs.

The fact is, it's not complicated. It's not that difficult. Of course, the bill has a lot of pages because there are a lot of things to consider. But the fact is that this is not a difficult thing, and we're going to be working to make sure people understand it.

I would also like to just mention that change is necessary. Change is necessary, and there will be some pay-fors. The fact is only 1.2 percent of American households will have to pay the American surcharge for health care reform. That leaves about 98 percent of American households who will not pay any surcharge.

And people who are blessed to be at that top, tip-top part of the income scale, I really believe, as good Americans who care about their fellow countrymen and -women, that they would not mind helping to cover the costs of health care. I think it's an act of patriotism, and I think it's a good act of social responsibility to say that if we, the top 1.2 percent, have been able to benefit from the massive tax cuts that have benefited this group of people over the last number of years, that now that the country needs health care insurance, now that it's not given up a substantial part of their income, that they would be able to contribute this.

But I think it's important to talk about the fact that under this bill, a family making up to \$350,000—which is a pretty good amount of money—in adjusted gross income will not owe any surcharge at all. And a family making \$500,000 a year in adjusted gross income will contribute about \$1,500 to help reduce cost and provide access to affordable health care for all.

The fact is it's important to try to keep on talking about what the bill calls for so people will understand it.

We've been very fortunate to be joined by JOHN HALL, who is out front on nearly every progressive issue. Let me welcome the gentleman and yield to him so he can get in this conversation.

Mr. HALL of New York. Thank you and your colleagues for spreading the word about this health care plan, which will include, for the first time in the United States, a public plan, a public option, a patient option, as some call it, so that all Americans will have access to some kind of coverage.

I just wanted to follow up on what you were just saying in terms of what a family of making, say, adjusted gross income of half a million dollars a year will be paying. It's important to recognize that the average American family is already paying an estimated \$1,100 a

year in extra premiums to cover those 47 to 50 million uninsured who walk into emergency rooms, walk into trauma centers with the flu or where the child is sick or with a sprained ankle, something that should be handled by primary care physicians. But because they don't have health insurance, they go to the ER instead, and those bills don't get paid. And the costs get spread over the rest of the population, and all of us wind up with higher premiums as a result. We're paying more than any other country in the world.

In fact, 16.2 percent of our GDP is going to pay for health care, but we're not getting the best results. We're not at the top in terms of lifespan. In terms of infant mortality, we're not even close to the top. And I think that it's also important to realize that, first of all, this plan is still being tweaked. The bill is still being worked on.

There are those who have questions about one aspect or another. I'm particularly, in my district, concerned that small businesses be protected as well as possible. Although many small businesses have come to me, including the chambers of commerce in my district have come to me and said the number one issue for their member businesses is health care; the cost is spiraling out of control, the cost of providing health care to their employees. They want to do it. They're just going to be broken by doing it.

But the other question I hear is, well, a couple of things. I hear some people say, and they've heard this from TV, from the ads that are running already against this, I don't want the government between me and my doctor. Well, neither do I. But I also don't want your insurance between you and your doctor, and that's the situation we have now.

People say, I don't want rationing. We already have rationing. People say, I want to have my choice of doctor. You don't. If you have an HMO, they give you a list of doctors, and if you're not in the system, you know, you wind up paying for yourself and filing for reimbursement. And good luck, it won't be the same rate if you do get it at all.

But the main myth that I would like to dispel is the idea that the government can't run a health care program well. This isn't going to be government-run health care. It's going to be a standard set of plans, the exchange into which any business or any individual can go and choose from among private choices, and one of those choices will be the public option.

But just think about our military, for instance. All of the many members of the military and folks I know who work at West Point, which is in my district, are covered by TRICARE. TRICARE is a single-payer, government-funded, one-source health care plan. Same goes—Medicare is another one, and the Veterans Administration. There are certainly problems with veterans getting into the system. Once they're in, they're very happy. Matter

of fact, don't talk to a veteran about taking away their VA care because most of them, once they get that card that's so portable—it goes anywhere in the country. Their records pop up instantly on computer.

So, there are several examples already of—my parents are quite happy with their Medicare coverage. They buy supplemental sometimes if they need it, and that option would be available under the bill that we're talking about.

But I mainly just wanted to thank you and add my voice to the chorus of those that are saying it's time for this change to happen for us to join the rest of the G-20, the rest of the industrialized, developed world in having some kind of universally available, accessible health care.

Mr. ELLISON. Now let's hear from the Congresswoman from Maryland, Ms. EDWARDS.

How do you react to these claims?

Ms. EDWARDS of Maryland. I thank the gentleman.

I was listening to my colleagues, Mr. HALL and Mr. JOHNSON, and I want to say particularly something about that the critics charge that we don't want government running health care and government is going to choose your doctor.

I grew up in the United States Air Force. My father was in the military. So when we were young children and had to get health care coverage, we called, made an appointment, got the tonsils checked, got whatever medication was needed and went home. We saw primary care physicians. It's a government-provided system.

My father on his retirement was in the VA system, got excellent coverage through the VA system. My brother retired from the United States Air Force, excellent service and care through the VA system. Those are government-provided systems. Medicare. Medicare is one of the most efficient health care systems that we have.

And so what are we talking about here?

The critics can say what they want, but they know that when it's Medicare or veterans' coverage or coverage through these systems that people get quality care, that it's low cost, that it's a very efficient system.

Now, do we need to make some changes and tweaks? Absolutely. And you know what? In this bill that we are going to be voting on, those tweaks and changes are made to Medicare, to reform it so that it actually saves taxpayers money.

So I just thank my colleagues for pointing out that while government can provide the mechanisms for health care, you still get to choose your doctor. Under a private system, you choose your doctor. Under the public system, you will choose your doctor, and then you can decide what works best for you. And that's the beauty of this.

For people who believe in the marketplace, they need to believe in a public plan option because the public plan

option is all about making the marketplace work for the American people, making it work for health care.

So I thank my colleagues because I think that we are going to do something very special for and with the American people, and at the end of the day, we will celebrate because all of us will have quality, affordable, and accessible health care.

And as I close, I want to say to the gentleman, as well, that quality and affordable and accessible health care can't be just for that top 1 percent. It has to be for the other 99 percent. And the same choice that I get here in the United States Congress for my health care where I can look at an array of plans and make a choice we want to deliver to all of the American people.

Mr. ELLISON. I thank the gentlelady for yielding back.

Let me now go to the gentleman again from Georgia. And I actually have a question I would like to pose to the gentleman, although the gentleman will talk about whatever he wants.

And the question that I would like to pose to the gentleman is: Is this thing that we're embarking on, this health care reform plan which includes the public option, historically, is this a small thing or is this a big deal? Is this a time for rejoicing? Is this a big moment in history that people should be excited about?

I yield to the gentleman.

Mr. JOHNSON of Georgia. Like I said earlier, to quote you, this is a civil rights issue, and 100 years from now people will be looking back and seeing what a fundamental change in the delivery of health care in this Nation was accomplished by the 111th Congress.

And so we cannot continue as things have gone in the past—17.7 percent of Georgians do not have health insurance, and those that do, their premiums have increased 88 percent since the year 2000. This is a big number that cannot be sustained, Congressman ELLISON, and we just simply must do what is right. And I will feel proud about being on the right side of this issue, along with my fellow Members of the Congressional Black Caucus.

You know, we've got rising bankruptcies across the Nation; 62 percent of those involve medical bills that have resulted from a catastrophic illness or even just—not even catastrophic, but an illness, and more people going into bankruptcy because of this. Bankruptcy courts are overwhelmed with new bankruptcies.

I would like to also address this issue of small businesses. As small business is defined by the broadest definition, which means basically any individual with as little as \$1 of small business income, those people will not be impacted by a health care surcharge whatsoever. In fact, 96 percent of small businesses will not have to pay any surcharge at all, and those that make basically \$250,000 or less, they won't pay anything.

□ 2045

If you make over \$250,000 in payroll, then you would have, I believe it's \$500, those employers who don't offer health insurance would have to pay about \$500 per year, and it goes on up. The folks that make \$1 million or more would sustain a responsibility of—it's close to \$1 million a year, like \$900,000 a year. If you have payroll, you're going to pay that much.

And so those are the same folks who got the tax breaks back in 2001, a cut in their capital gains taxes with more spending in this Congress by my colleagues on the other side of the aisle which caused the humongous deficits that we are experiencing today, and we have nothing to show for them except for the people suffering.

Mr. ELLISON. I want to thank the gentleman. Again, this is the Progressive Caucus coming with our weekly progressive message on the floor tonight with three progressive leaders who have been speaking up for health care reform.

Let me turn now to Congressman HALL for a moment. We've only got about 10 minutes left. So I'd like to see the three colleagues share this time equally, and I don't need much time to close, but I'd like the public to hear, Mr. Speaker, from these three leaders in our Congress, and I guess I will just hand it right on over to Congressman HALL.

Mr. HALL of New York. Thank you, Congressman ELLISON, and I'll just tell you a brief story about my mother who was on a trip to the Slovak Republic with my dad and my brother, the priest, going back to see her great grandparents' hometown. And she's a very friendly person, talkative, and as she was leaving a restaurant one night, she turned around to say good-bye and thanks in Slovak—by the way, the language came back to her when she was there—and she tripped and fell down the stairs of this restaurant and broke her right femur just below the hip. And it was too much pain for her to get on the airplane and fly back to the United States and have her leg repaired here.

So she went into a hospital in a little town in what was Czechoslovakia back when her relatives lived there and now is the Slovak Republic, a post-Soviet country that we think of as a backward nation. Probably most Americans who think of the Slovak Republic think of a backward nation.

She went in the hospital, spent 2 weeks, had pins put in through the marrow of her leg to hold the bones in alignment, plate put in the side of it, screws put in. It's an elaborate operation. Spent 2 weeks in the hospital, and at the end of that time, my father went down to the office of the hospital and asked if he could pay the bill because they were leaving to get on the plane to go home. And the administrator said, What bill? Send us a postcard, tell her to do her exercises, and have a good trip.

Now, I'm not sure that we're going to be able to do that, certainly not for,

you know, every visitor to this country, but we ought to certainly try to do that for our own people, for those who can't afford it. For people who can afford it, they can pay for it. The people who can afford the insurance, they can buy it. For those who can't afford it because they're living at or below the poverty level, then we have found ways and are still addressing ways to fund that.

But for the first time in this country we will do what Israel, Canada, the Slovak Republic, Sweden, Holland, France, Taiwan, you can read on the list of all our allies and all of the industrialized developed countries in the world what they do for their citizens and that is make sure that every one of them can go to bed at night and have that certainty, not worrying that they or their children might get sick or injured and not be covered by some kind of health care.

Mr. ELLISON. I want to thank the gentleman, and that was a very important story for us as we wind down, and now I turn to the gentlelady from Maryland, Congresswoman EDWARDS.

Ms. EDWARDS of Maryland. I thank the gentleman for yielding.

You know, each time Mr. HALL has spoken, he reminds me of something else, and I have to tell you, I, too, left my appendix in Spain in a clinic, but I didn't get a bill. Now, that is not what we're doing here, but we are doing something really important for the American people.

And I believe that the strongest health care reform that we can pass out of this Congress also embraces a robust public plan option that gives people choice, that's competitive in the marketplace, a bill that makes certain that we don't have exclusions for pre-existing conditions like domestic violence or any other so-called preexisting condition.

And so I think that, in order to meet the test for real reform, we have to have a system in which patients choose their doctor, doctors and patients choose their care, and insurers and government bureaucrats alike stay out of those decisions.

And so I say to the American public, we're ready to cast a vote for real reform, and so let's bring on the choice, let's bring on the competition, and let's bring on the care for patients.

Mr. ELLISON. I thank the gentlewoman, and let me yield to the gentleman from Georgia.

Mr. JOHNSON of Georgia. I thank Congressman ELLISON.

We're having or they are having a TEA party outside one of my district offices on Friday, and I would venture to speculate that many of those people who will come don't have health insurance or recently lost their health insurance and they are frustrated. They feel like this is going to cost them some money, but actually, when you stop and think about it, some folks have only the choice of going into the emergency room when their illness becomes so dire that the family makes

them come, and that's the only health care that they have.

But with this bill, with a strong public option, those folks will be able to choose whether or not to be enrolled in that program or not. And if so, then they will get coverage for their medical throughout their lives. And that's exactly what we need in this country because this plan that would enable a public option will keep the insurance companies honest because it will be competitive, and so we're talking about lowering the cost of health care, taking some of that 88 percent of health insurance, rising cost, off the backs of the middle class.

Mr. ELLISON. Well, let me thank the gentleman, and let me remind everybody that this is the Progressive message, the Progressive Caucus coming together; and I just want to leave us with this.

Mary from Minneapolis says, My daughter needed her wisdom teeth out. At the time with insurance we were told to pay \$375 and we did. Then we got billed over a thousand. Resubmitted, eventually the amount was reduced to 750. In the meantime, my husband had no paycheck.

Her second story was, she had calcium deposits in her back which make it difficult for her to walk, and yet she's having to delay her treatment until such time that it gets to be an emergency.

There are health care nightmare stories all across America. This Democratic Caucus is hearing the cries of the American people and bringing forth reform, with a bill that includes a robust public option, will stop people being dropped and denied for pre-existing conditions; and we hope, Mr. Speaker, that people all over America talk about the fact that hope is on the way, change is on the way.

And I'm looking forward to pushing green on this bill, just like my colleague from Maryland talked about, feeling good about this change that's coming. Not that we don't have some tweaks to do, but, hey look, any tweak is nothing compared to the hope that this bill represents to the American people.

So, Mr. Speaker, I want to thank you and the Congress.

LIFE AND THE HEALTH CARE REFORM BILL

The SPEAKER pro tempore (Mr. MAFFEI). Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the minority leader.

Mr. FLEMING. Mr. Speaker, we're going to be spending the next hour, I and my colleagues are going to be talking about issues that are really on the forefront right now of debate.

We've been talking for weeks and will continue to talk about health care reform; but as these bills are rolling out of committee, we're learning new facts

that are, I think, disconcerting to many of us, particularly those of us who are of the pro-life persuasion. So we're going to be talking this evening about the subject of life. We're going to be talking about abortions, preventing abortions, the up and down and the frequency of abortions. We may even get into end-of-life issues because all of these are relevant, of course, to what's going on with the health care debate today in Washington.

I want to start out with the first slide and notice it says from 1973 until the Hyde amendment was passed in 1976, Federal taxpayers were paying for 300,000 abortions per year, even though abortion was never mentioned in the original Medicaid statute. Think about that. There was no provision for abortions to be paid for under the Medicaid statutes, and yet 300,000 abortions per year were being provided, all at taxpayers' expense. How can this happen? How can this happen in America where something is being paid for, something that is unconscionable for, at least today, over 50 percent of Americans, and yet it's paid for by taxpayers?

You know, it's interesting in the abortion debate, some of us are definitely against abortions. We call ourselves pro-lifers. There are those who are in favor of abortions. They, of course, call themselves pro-choice. But the interesting thing about this matter, many of those who call themselves pro-choice actually say that they would like to see fewer abortions, perhaps even no abortions if it could be done, even though they would prefer that there not be a law against that. In fact, a recent study showed that 69 percent of Americans are against taxpayer-funded abortions.

So you have many different issues here. You have whether or not there should be abortions in the first place. You have the issue of those who even want to leave it to the mother would rather not see abortions, and then many Americans who really see no problem with the taking of life, don't want to have to pay for it, at least not through their taxes, of course.

But you know, it's very interesting that, again, from 1973 until the Hyde amendment was passed, there were 300,000 abortions per year. In 1976, something very interesting happened. The Hyde amendment was attached to an appropriations bill, and it prevented any further taxpayer funding of abortions except in the unusual case such as rape, incest, the health of the mother, of course; and we've seen a tremendous dip in the number of abortions. And, again, this slide illustrates the fact I mentioned a moment ago, 69 percent of Americans oppose taxpayer funding for abortions. That's a vast, vast majority of Americans.

We go to slide three. Abortion advocates are using health care reform to advance a hidden agenda. And here's a quote from Wendy Chavkin, who's former board chair of Physicians for Reproductive Health and Choice, obvi-

ously a pro-abortion advocate. She says, Public option—and that's referring to the current bills that are before us today, that is, the option of choosing a public plan, a government-run health care system—public option is key to the health reform, and using medical standard of care in language, instead of listing reproductive services that will siphon off votes, is key to this.

□ 2100

And what is she referring to? Well, if we talk about reproductive care, that of course implies reproductive services, including abortions.

Well, if we just leave it to the medical standard of care and let someone else define that standard of care, then what we really end up with is a standard of care out there that can be dictated to all that means, of course, abortion services.

So, really, what are we getting to in this entire debate and discussion? We're going to be getting into the weeds here in just a moment with my colleagues. But the bottom line is that if, according to the courts and according to the rules that can be provided by the administration, if abortion is not explicitly excluded under taxpayer funding, under Medicaid, any kind of single-payer, government-run health plan, if it is not specifically excluded, then it is included. Let me repeat that. If it is not explicitly excluded, it is included.

What does that mean? It means that it is a de facto mandate. The courts over and over have judged that if Congress does not say it's not to be paid for, it is considered a standard of care and therefore will be covered.

Again, I want to give you another quote here from the National Abortion Federation, which, "supports health care reform as a way to increase access to comprehensive reproductive health care, including abortion care for all women."

So, you see, the pro-abortion people are using this to advance their own goals, and that is to get the number of abortions back up again. I don't understand how that is in any way a desirable goal, but it's obvious they're doing that.

So what we're seeing here is a history that the more accessible abortions are—that is the easier they can be provided, and certainly for free without any costs—the fewer barriers there are, the more abortions there are going to be.

Now I have a quote from Barack Obama, our President. He says, Well, look, in my mind, reproductive care is essential care, basic care. So it is at the center, the heart of the plan that I propose. Insurers are going to have to abide by the same rules in terms of providing comprehensive care, including reproductive care that's going to be absolutely vital.

It's very clear where our President is going with this. Again, between the judicial branch and the executive