

costs, we need to step in and do something.

Representative MURPHY, I want to thank you for bringing us together so we can share together with the American public our messages of enhancing the quality of services, of reducing costs and of providing access for everyone as we move forward in this health care discussion and reform. Thank you so very much, Representative.

Ms. EDWARDS of Maryland. Thank you.

Before we close out, I do want to say before we get out of this that we've been about clearing up the mythology about what is and is not in our health care bill, and one of those myths really has to do with our seniors.

So, Mr. Speaker, I want to say to all of our seniors across this country that we're protecting you, that we are going to make sure that we phase in completely by filling in that doughnut hole that has left you covering the brunt of your costs for prescription drugs. We're going to eliminate co-payments and deductibles for preventative services under Medicare, and we're going to limit cautionary requirements in Medicare Advantage plans to the amounts that are charged for the same services in traditional Medicare coverage. This is really important for our seniors. We're going to improve low-income subsidy programs in Medicare by increasing asset limits for programs that help Medicare beneficiaries pay premiums and cost-sharings.

So let's be really clear with the American people and especially with our seniors. Don't let them scare you out of supporting this plan for our seniors. This is a good plan for our seniors. It is a good plan for middle-income families. It is a good plan for working families. It is a good plan for people who have insurance, and it surely is a good plan for all of those who don't.

With that, I'll yield back.

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Mr. MURPHY of Connecticut. Let me just close our hour here with a quick story.

A guy came to me at one of the supermarket office hours that I hold. He's a wallpaper hanger. He lost his job, and he's got diabetes. He can't afford his medication. He's just waiting for the day when he gets so sick that he's going to end up in the emergency room, cost his family a fortune, go into bankruptcy, and have their lives forever altered. We've got to have an answer for that guy and his family.

And over the course of the next weeks and months, it's time for this Congress to step up to the plate and get health care for this country.

Mr. RYAN of Ohio. If I could add one thing.

So the American people, every time our friends on the other side sold something to the American people when they were in charge, it was fear-based. You know, it was fear. We have to im-

plement this policy. Here's the fear, we have to implement this policy. Here's the fear, we have to implement this policy. And so the only play in their playbook they have is to try to scare the American people. And now they're trying to do it again.

Big government-run health care plan. Not true. You're going to lose your choice. Not true. You are going to have more choices. Everyone is going to be forced, 100 million people forced into this public option. That's not true. Even the CBO, which is nonpartisan, says maybe 10 million people will access the public option. There will be an increase in the employer-based. All of these things aren't true.

So I think it's important, as we close out, to say when you hear the fear, you know some bad policy is tracking right behind it.

Mr. MURPHY of Connecticut. I thank my colleagues for the time. We will be back here as soon as we can to continue to push forward.

With that, I yield back the balance of our time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3288, TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Mr. CARDOZA, from the Committee on Rules (during the Special Order of Mr. MURPHY of Connecticut), submitted a privileged report (Rept. No. 111-219) on the resolution (H. Res. 669) providing for consideration of the bill (H.R. 3288) making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE

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

Mr. AKIN. Mr. Speaker, it's a pleasure to be able to join you tonight and my colleagues and friends to talk about some things that are of tremendous significance to us here in this country. And in order to do our discussion tonight, I'm going to back up just a little bit and answer an interesting question. It was about—I guess it was about 3 weeks ago, and it was a situation that occurred here on the floor of the U.S. Congress.

If you go back from the day that we actually voted on the bill, what's going on was that at 3 o'clock in the morning, we had an 1,100-page bill called cap-and-tax or cap-and-trade. It was the largest tax increase in the history of our country, and that bill was going

to be coming up for a vote. Well, at 3 o'clock in the morning, a major committee that was influencing that legislation at 3 o'clock in the morning passed a 300-page amendment to this 1,100 page bill.

Now, this amendment was not just one amendment but was a whole series of amendments that went into the bill. So starting at 3 o'clock, or whenever the staff got here, they started to put each page of those 300 pages of amendments into the bill as we were just finishing the debate and going to vote on the bill. So before we even voted on the bill, the question was asked, Do we have a copy of the bill that we're going to be voting on? And the funny thing was we're supposed to have a copy of it here on the floor before you vote on a bill, and there wasn't any copy here. In fact, the clerk was still turning the pages trying to get these 300 pages passed in the dark of night into the bill. And then, of course, the thing was rushed forward and was voted almost a straight party-line vote.

It was the largest tax increase in the history of our country, but it also had a lot of other component parts which were very onerous. For instance, it put the Federal Government basically into the building code business telling local communities that, for instance, if you have a garage, you've got to have an outlet for your electrical car. So it was very intrusive from a red tape point of view.

But the reason that I wanted to introduce our discussion on health care tonight in this context is why in the world would the U.S. Congress be voting 300-page amendments into a bill at 3 o'clock in the morning and we don't even have a copy on the floor and rush it to a vote?

Now, to an average person, an average American, that would seem like not much transparency, not much time for people to read 1,400 pages of bill and know what they're voting on. So why would you do something like that? The logic is simple. If people don't know what it is in the bill, it's easier to get them to vote for it. You may say, Well, that's not a very honest or fair tactic, but that's what we do on this floor over the last 6 months. That's what has been going on.

And that's what the attempt is going to be on this great big bill of basically taking 20 percent of the U.S. economy, that is the entire medical sector, and putting it under government control. This is a very, very big change in America. You wanted change. Boy, when you see 20 percent of our economy going to be run by bureaucrats in Washington, D.C., I guarantee you there is change.

This bill, we've been talking about it a number of weeks, but the same idea. People don't really want you to know what's in the bill, so we're going to talk about what is in the bill.

Now, on the surface—and I have been joined by a doctor from Louisiana, a fantastic guy, a medical doctor. He