

A GOVERNMENT-RUN HEALTH CARE PLAN WILL LIMIT THE CARE THAT AMERICANS CAN RECEIVE

(Mrs. MYRICK asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MYRICK. Mr. Speaker, I am a 9-year breast cancer survivor, and I believe that I'm alive today because I was able to access and get the early diagnostic tests that I needed.

In 1999 I knew something was wrong and I went to five doctors, had three mammograms, and they all said you're okay. Finally the sixth doctor said, Let's do an ultrasound. He found my cancer. Otherwise, who knows what would have happened?

Under a government health care system like they have in the U.K. and in Canada, I really wouldn't have had that opportunity to get those tests so quickly and they may have found out too late.

Survival rates for cancer in countries that have government systems are much lower. In the U.K. breast cancer survivor rates are 11 percent lower than they are here in the United States.

So we need to look at sensible policies. We need to not be creating a huge new program for health care that only limits the care that not only cancer patients but all Americans receive.

LET'S FIRST DO NO HARM; PROTECT THIS ECONOMY AND PROTECT THE WORLD'S GREATEST HEALTH CARE SYSTEM

(Mr. CULBERSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CULBERSON. Mr. Speaker, we in Texas are very proud to be home of the Texas Medical Center, the world's greatest collection of medical institutions. I am proud to represent M.D. Anderson hospital, recognized around the world as the greatest cancer center in the world. And we in Texas understand better than I think almost anywhere else the importance of medical institutions that are driven by research, driven by the physicians, driven by the needs of patients and the desires of doctors. And we in Texas want simply to be left alone. We want Texans to run Texas.

The most important parts of anyone's life are our families and our health. And we want, as Texans, to make these decisions for ourselves. We need to be focusing as a Congress on protecting the magnificent health care system we have created, on encouraging job growth by giving small businesses tax credits, by allowing small businesses to pool their resources so they can negotiate with the big insurance carriers and bring down their rates. We need to focus on tort reform for doctors to protect them from frivo-

lous lawsuits, as we have in Texas, that has worked so well.

Let's first do no harm and protect this economy and protect the world's greatest health care system.

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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LUJÁN). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

WIPA AND PABSS REAUTHORIZATION ACT OF 2009

Mr. TANNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3325) to amend title XI of the Social Security Act to reauthorize for 1 year the Work Incentives Planning and Assistance program and the Protection and Advocacy for Beneficiaries of Social Security program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3325

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "WIPA and PABSS Reauthorization Act of 2009".

SEC. 2. REAUTHORIZATION OF THE WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM.

Section 1149(d) of the Social Security Act (42 U.S.C. 1320b-20(d)) is amended by striking "2009" and inserting "2010".

SEC. 3. REAUTHORIZATION OF THE PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY PROGRAM.

Section 1150(h) of the Social Security Act (42 U.S.C. 1320b-21(h)) is amended by striking "2009" and inserting "2010".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. TANNER) and the gentleman from Texas (Mr. SAM JOHNSON) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. TANNER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on H.R. 3325, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. TANNER. Mr. Speaker, I yield myself such time as I may consume.

Today I want to join with our colleagues on the Social Security Subcommittee and Mr. JOHNSON, our ranking member, in support of this reauthorization for 1 year. It is a 1-year ex-

tension of two programs that help Social Security and Social Security beneficiaries return to work.

The WIPA, the Work Incentives Planning and Assistance, program allows disability beneficiaries to get one-on-one assistance from community organizations to help them understand the rules and the effect they will have on their benefits if they return to work. The PABSS program, Protection and Advocacy for Beneficiaries of Social Security, provides legal advocacy services to help beneficiaries get a job or keep their job. The disability advocates and the return-to-work experts have both testified before our subcommittee about the effectiveness of these programs and how they will help people return to the workplace.

The reason we are doing this today is because the authorization for these programs will expire in September. The bill extends for 1 year the programs with no changes while the committee considers a longer-term reauthorization. The bill does not increase government spending because it comes from the discretionary reserves of the Social Security Administration.

What this bill actually does extending these programs, Mr. Speaker, is it actually helps people who have been sick or disabled who want to go back to work and become no longer a recipient of these sorts of public assistance to do so. So I think it is not only a worthwhile enterprise in terms of what the Subcommittee on Social Security has done, but it also is something that will strengthen the vibrancy of our economy as people who have been disabled or sick can actually return to the workplace.

Today I join with my colleagues, SAM JOHNSON, Ranking Member of the Subcommittee on Social Security, and JIM MCDERMOTT, Chairman of the Subcommittee on Income Security and Family Support, in support of the "WIPA and PABSS Reauthorization Act of 2009." This bill will extend, for one year, two programs that provide critical assistance for Social Security and Supplemental Security Income (SST) disability beneficiaries who are seeking to return to work.

Both of these programs were originally established in the Ticket to Work and Work Incentives Improvement Act of 1999, which passed Congress with overwhelming bipartisan support. Under, the Work Incentives Planning and Assistance (WIPA) program, the Social Security Administration (SSA) funds community-based organizations to provide personalized assistance to Social Security and SSI disability beneficiaries who want to work, to help these beneficiaries understand SSA's complex work incentive policies and the effect that working will have on their benefits. This program can help to reduce the fears many beneficiaries have about transitioning to employment.

Under the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program, SSA awards grants to designated Protection and Advocacy Systems to provide legal advocacy services that beneficiaries need to secure, maintain, or regain employment. The PABSS program also provides beneficiaries