

medical products or services for sale to the public should at all times openly disclose all of their prices and guarantee that everyone has an opportunity to know the price of a pill before they swallow it and to guarantee that everybody knows the price of a chest x ray or any other medical procedure before they actually have that procedure done.

Transparency, that sunshine that's needed to help create a medical marketplace, is critically important. No discrimination against any citizen and complete transparency will help create that medical marketplace.

But we also need to develop a standard health benefit plan, one that will guarantee that if you are sick and covered by that standard benefit plan, you'll be in your house, not the poorhouse, a standard plan that each and every insurance company must offer to every citizen within regional markets to guarantee that a marketplace creates that competition to drive down prices immediately, not in 2013, but in early 2010.

Asthma is an important condition. It's a very common condition, best managed by specialists who cooperate collaboratively with primary care physicians.

As we go forward to reform our health care system, I hope that the House leadership will understand how important it is to collaborate between primary care and specialty care and to guarantee that no discrimination, complete transparency in medical pricing, and the standard health benefit plan will exist in our legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. DEAL) is recognized for 5 minutes.

Mr. DEAL of Georgia. Mr. Speaker, with my apologies to Charlie Daniels, I have some new words for one of his songs, and it goes like this:

Democrats went forth from Washington carrying a bill they wanted to seal. They were in a bind because they were way behind and looking for some doctors to deal.

You may think your health care is in pretty good shape, but give the Dems their due. They're willing to bet a fiddle of gold against medicine sold because they think they know better than you.

Mr. Speaker, I rise today to deliver a message to physicians and their patients across our great Nation. Don't be fooled by political attempts to buy off your support for a bill which the American people have already rejected. Despite the President's claim that health care reform will not add to the deficit, there is one very large problem: Medicare physician payment reform.

□ 2015

Just yesterday, Democrats in the other body attempted to force through

a bill which purported to fix a fundamental flaw in the way Medicare pays physicians. Attempting to move this legislation outside of the context of a health care reform package only underscores the fact that the fix is not paid for, will add to the backs of all American taxpayers, and is being used as a political bait-and-switch to lure providers into supporting a flawed health care reform bill that has already been rejected by the people.

President Obama has made repeated promises that he will not sign a health care bill that "adds one dime to our deficit, either now or in the future, period." By that very logic, the bills that are now pending in the House and the Senate are dead on arrival if President Obama wishes to keep his promise to the American people.

The problems with the sustainable growth rate, commonly referred to as SGR, have forced this body to act repeatedly to override detrimental cuts to physician reimbursement that is prescribed by this flawed formula. At the very core of this issue is patient access to physicians which literally hangs in the balance. If these cuts are allowed to occur, seniors will face an unprecedented loss of access to care, and doctors will be unable to continue to treat seniors when payment rates are far below the cost of providing care.

With a looming 21.5 percent reduction in reimbursement scheduled to go into effect at the end of this year, it is not surprising that the administration would use this political leverage to advance an agenda for health care reform that on its own merit has been and continues to be rejected by many of the American people.

Aneurin Bevan, the Minister of Health of Great Britain, when asked how he convinced his country's physicians to go along with the government takeover of health care, said, "I stuffed their mouths with gold." Mr. Speaker, this Congress and the Obama administration are attempting to do the same with fool's gold. Instead of being honest and forthcoming with the American people, the administration and Democratic leadership in Congress are choosing simply to ignore the cost of fixing SGR using budgetary games that will add another \$250 billion to the Federal deficit. Clearly, dimes aren't being added to the deficit, hundreds of billions of dollars are. This, of course, is in addition to billions of new taxes on individuals and small businesses and cuts to popular Medicare programs like Medicare Advantage.

What is at stake is our ability as a Nation to enact meaningful reforms which drive down cost, improve quality, and increase access to health care coverage of Americans by their own choosing. In fact, CBO estimates that tort reform alone would save Americans over \$54 billion over the next 10 years, and that's just one example. So much for bending the cost curve, though, because malpractice reform is being left behind to be fixed another day.

So to my colleagues and physicians looking to strike a deal on that fiddle of gold, remember, it is not your own soul that this legislation will steal; it is the soul of health care in America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. WEINER) is recognized for 5 minutes.

(Mr. WEINER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. POSEY) is recognized for 5 minutes.

(Mr. POSEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. WESTMORELAND) is recognized for 5 minutes.

(Mr. WESTMORELAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### PROGRESSIVE CAUCUS HOUR

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. Let me thank the Speaker for recognizing us today. And

let me also thank Mr. JARED POLIS, who will be joining me today for the Progressive Caucus hour.

We come together every week to talk about a progressive vision for America, a progressive vision, one that says, look, we all count, we all matter, we all need health care, we all need clean air, clean water, food free of pesticides, and now we all need health care. We need health care that works for everybody. We need to cover the uninsured. We need to stop the escalating costs for those of us who may have health care but see our premiums rise and rise and rise, doubled over the last 10 years, doubling over the next 10.

So tonight, Mr. Speaker, we come together to talk about health care, to talk about the fact that we are within grasp of major health care reform. The American people not only want it, they demand it, and they demonstrated their interests in the last election, which not only landed Barack Obama in the White House, but landed us in firm majorities in both the House of Representatives and the Senate.

So let me invite you and yield to Mr. POLIS of the great State of Colorado, who will share a few remarks as we jump into this subject of health care.

Mr. POLIS. Mr. Speaker, I rise to share with you stories of real people and how health care impacts real American lives every day.

One of my constituents from Westminster, Colorado, Barbara Graham, contacted me the other day and shared her story that I want to share with you.

In 1970, Barbara's daughter was born with cystic fibrosis. The longest period of time she went without being hospitalized was 7 months. At that point, they had insurance, and Barbara told me that unlike today's insurance, it covered all of her stays and it didn't cost them an arm and a leg. Unfortunately, her daughter died 6 weeks before her eighth birthday. Her son was born with cystic fibrosis in 1976. He is still alive, but because of his condition, today he has no health insurance. He is self-employed, and he couldn't begin to afford the cost of insurance with a pre-existing condition like cystic fibrosis.

His and his mother, Barbara's daily thoughts are, how long can they get help from the Cystic Fibrosis Foundation, from family members trying to patch together what they need to help with his medication and his needs? How long can her son stay healthy enough not to be hospitalized because hospital stays have cost him everything? He can never accumulate assets, his hospital stays wipe him out. The last time he was sick he was turned away. His mother has watched him where he can hardly get a breath of air without thinking that it might be his last.

Yes, Barbara tells me, our country needs help with the health care industry. Barbara says that having an illness and a pre-existing condition is not elective, and it's a shame that insur-

ance companies control how and when a person is treated. Barbara watched—and how difficult it is for any parent to watch—one of her children die because of our health care system, and she fears and she writes that she will probably watch her son die before his time because of his inability to access health care.

Barbara wants us in Congress to remember those who can't help themselves because of illness. Well, in the health care reform plan before us, we ban pricing discrimination based on preexisting conditions. Through creating exchanges, we allow people like Barbara's son, who is self-employed, to have access to a low-cost option with some of the same negotiating leverage that a 10,000 or 100,000-person company might have through an exchange which allows for great choices between many private insurers and the public option. He would also receive affordability credits depending on his income—for an individual up to 300 times poverty, up to about \$42,000 a year in income. Barbara's son will receive affordability credits to buy the insurance that he needs through the exchange, which will be affordable because they won't be able to discriminate based on his pre-existing condition.

It is for families like Barbara's and to make American families stronger that the United States Congress needs to pass health care reform.

Thank you, and I yield back to my friend from Minnesota.

Mr. ELLISON. Let me thank the gentleman for yielding. And I will be yielding back to the gentleman in a moment.

It's so important that we keep this conversation real, real people going through real things. I want to thank you for bringing the story of that family to the floor of the House today. They deserve to be heard.

This is the progressive message, the Progressive Caucus Special Order hour, and I just want to share a few things.

As the gentleman from Colorado talks about real stories, let me talk about things a little more globally. Let me say that there are highlights that you need to know about regarding whether the American people want health care or not.

The majority has now backed two key and controversial provisions, both the so-called "public option" and the new mandate requiring all Americans to carry health insurance. Polling has demonstrated that the American people support both. Independents and senior citizens, two groups crucial to the debate, have warmed to the idea of the public insurance option. Fifty-seven percent of all Americans now favor a public insurance option. The fact is, 56 percent of all Americans favor a provision mandating that all Americans buy insurance because Americans know that if you decide to not get insurance and all the rest of us do, when you get sick, we are surely going to take care of you. So everybody has to help out and do what's right as part of this.

The number rises to 71 percent, should the government provide subsidies for many low-income Americans to help them purchase insurance; 71 percent of Americans say that we should do that.

I want to yield back to the gentleman. Maybe if you have some more stories, you can share them; otherwise, I can keep running down how things are going more globally.

I also want to share some stories tonight, but if you've got a few ready to roll, let me hand it back to the gentleman from Colorado.

Mr. POLIS. I thank the gentleman from Minnesota.

I rise to share stories of real people that highlight the urgent need for health care reform.

Eileen Fink of Colorado Springs is what we might think of as a soccer mom. Her kids, she told me, have a reputation for being involved in sports. They are a healthy and athletic family, but they, like many American families, lost their health care insurance. They encourage their kids to power on, play sports, have fun, live a normal and happy childhood. No one in their family was reckless, but they had a bad year when they racked up several orthopedic injuries in a short time with no insurance. This could happen to any family. Their daughter racked up over \$10,000 in bills after a fall that required reconstructive surgery and steel rods in her bones. Their other daughter fell ice skating, broke her wrist. That was a \$3,000 bill. Finally, their 14-year-old son broke his wrist, and feeling sorry for the family's financial predicament, he hid that for 9 days; he didn't tell his parents that his wrist was in pain or what he was suffering from. One night he finally said, Mom, I think I broke my wrist a while back, but I didn't want to make you cry about the bills. It turned out it was broken on a growth plate. The police came to question Eileen about the delay in treatment. Ultimately, it was her son who tried to protect his own family from the bills, hence the delay in treatment. What does that teach him about access to health care? Eileen feels terrible that her son suffered so long trying to save the family financially.

Eileen asked us in Congress to help hardworking families like hers. And she added that, by the way, my husband is Republican, but sees this as an important issue, too.

Families are bipartisan, families are nonpartisan. Whether they're registered to vote, whether they vote, whether they're Republican, when they're independent, whether they're green, whether they're libertarian, whether they're Democrat, what kind of system forces a 14-year-old kid not to tell his parents that he's hurt because he's worried about his mother crying because they can't afford the treatment?

Under health care reform now before Congress, families like the Fink family would have the option of getting insurance through the exchange, a low-cost

option that people who are self-employed or work for small businesses would have that would give them the same negotiating power and leverage as multinational corporations. Families like the Finks would also receive affordability credits and have the guarantee that they would have no more than \$10,000 out of pocket in medical expenses each year, preventing them from bankruptcy and from having to worry and having to worry their children about the cost of medical care.

It is urgent that this United States Congress keep families like the Finks in mind, soccer moms and soccer dads across the country, any of whom could be affected by the breakdown and the failures of our current medical system.

It's for families like the Finks that I call upon my colleagues in the United States Congress to pass health care reform and send it to President Obama's desk before the end of the year.

Thank you. I yield to the gentleman from Minnesota.

Mr. ELLISON. Let me thank the gentleman for yielding.

The gentleman is doing a great job highlighting what Americans are going through. Americans of all descriptions—Americans in the suburbs, Americans in the city, Americans in the rural areas, Americans in the East, the West, the Midwest, the South, all over America people need health care reform. They need it if they have health care through their job; they need it if they don't have it at all. We need health care reform and we need it now. The American people have sent a resounding message, and it's up to the American Congress to act now and not play politics.

□ 2030

Because, as the gentleman pointed out, even if you are a registered Republican, or a registered Democrat, no matter what you are registered for, the fact is that when you have an injury or an illness in your family and you have to consider what to do, given the costs that you will face or all the other implications, you don't really think about politics, you think about getting some care that you can afford. So the Congress has to be responsible and do the right thing.

Let me just say this, just a few stats. These are stats I am talking about. The gentleman from Colorado has been talking about real-life stories. Let me paint a more global picture for a moment, and I will yield back.

Forty-two percent of Americans have changed their health care coverage in the last 5 years. Thirty-eight percent of Americans worry they will lose their health care coverage in the next 5 years. That is a lot of people. Almost 40 percent are worried they will lose their health care coverage. That is a big deal.

The fact is that from 2003 to 2007, about 36 percent of Americans either experienced gaps in their insurance or relied on government insurance for all

or part of their coverage. That is a lot of people, fully a third. Fully a third of Americans in that 4-year period had gaps in their insurance or had to rely on government to keep things afloat for their family. This is a big deal.

A few more stats I would like to share before I yield back to the gentleman from Colorado. According to The Urban Institute, as many as one in five uninsured Americans is uninsured because of a change in or loss of job. When you lose your job, you lose your health care insurance, unless you can keep up with COBRA. But then, of course, that is on you to pay for, and if you don't have a job, you might not be able to cover that COBRA.

The fact is that people are suffering in individual homes, in apartments, on farms that they live on across America, and they are struggling in large numbers when we aggregate them and look at them statistically. They are dealing with a lot of tough things out there, and it is time for Congress to act.

Let me say in 2008, the average cost of an individual plan was about \$4,704. That is 2008. A family plan was \$12,608. That is an enormous amount of money in the course of a year. These numbers will double in the next 10 years, eating up a greater percentage of the family budget, chewing into expenditures that the family has to make for vital things just to be able to make it and just to be able to do well.

The reality is the time for change is now. No more delay, no more scare tactics, no more stories about community schools, about sex clinics; no more stories about death panels or stories about it is only covering the uninsured because everybody else has insurance. No, we need real reform for everybody. North, west, east, south, we need it now.

I yield back to the gentleman for another one of those great stories he has been sharing with us.

Mr. POLIS. I thank the gentleman from Minnesota. A friend of mine, a resident of Thornton, Colorado, but it might as well be Fresno, California, or Houston, Texas, or Mobile, Alabama, it doesn't matter, Lynn Zimmerman of Thornton shared her story with me. She wants to see a public health care option similar to Medicare in this country.

Two of her sons are working for minimum-wage jobs currently, and they can't afford health care insurance. Those in their community that earn between \$1,000 to \$1,200 a month can barely pay rent and car insurance, barely put food on the table. How can they expect to pay for health care on top of that, which they frequently, in the case of her two children, don't receive through their job? Their employers don't offer a health care package, and they are no longer college students so they can't be on Lynn's plan.

Lynn is a teacher, and a darn good one. But she shared with me that her health care plan has gotten so expen-

sive that it is an issue every time the teachers union goes through negotiations with the district.

The district can't afford health care coverage for their employees. In order to afford the health care coverage, teachers have been taking pay cuts for a decade. They still get a nominal pay raise, but the portion of the health care plan has been raised more each time they negotiate, and their take-home pay has been cut.

Lynn tells us that the current insurance programs spend too much time and money trying to deny payment for procedures that are covered under their health care plan. Lynn suggests, and with a tremendous amount of common sense, why don't we get rid of the people pushing papers and denying coverage, the very people that are driving costs in our system?

That speaks to the critical reason of having a public option as an alternative, to provide real competition for insurance companies, so insurance companies with exorbitant CEO pay, insurance companies that spend the money that we pay them with our premiums hiring people to deny the very claims that we retain them to pay out on, will be held competitive and forced to be competitive to retain their customers.

Having a public option which is revenue neutral—they will have only the premiums that we allocate to them to pay out in claims—will help keep the insurance companies honest in their competition as a critical component of health care reform.

Lynn finally implores Congress to act now and make good on our promise to the American people to improve the access and quality of health care so that Lynn's sons can have access to an exchange, a low-cost option that gives them buying insurance as individuals the same negotiating leverage as a multinational corporation with 100,000 people, that gives her sons affordability credits, for an individual up to about \$42,000 a year. Her sons making \$12,000 to \$15,000 a year will get affordability credits that will pay for almost all of the cost of insurance through the exchange.

What a transformative difference health care reform will make in the lives of the Zimmerman family and in the lives of millions of other American families like the Zimmerman family that are the backbone of America.

I yield back to the gentleman from Minnesota.

Mr. ELLISON. Let me join the gentleman from Colorado, Congressman POLIS, who is doing such a great job, in offering a few stories that people are dealing with out here today. We also want to just thank the gentlelady from the great State of Illinois. JAN SCHAKOWSKY is here joining us right now, and as she gets her bags straight and everything, I am going to just share one story from a family that is really, really working and pulling for real health care reform. Let me say I

will just leave the last names out just to protect folks.

Kelly is 50 years old and her husband is 55. They are both retired employees. They are retired from an American company. After a 2004 horseback riding accident, Kelly was in a coma for 3 weeks. Her insurer, United Health Care, refused to cover her emergency surgery. To this day, Kelly has no memory of the incident.

David called UHC from the hospital in the waiting room to report the incident, but the company denied coverage, saying David hadn't reported the incident. On top of that, the company told David the hospital was out of network.

The company, the health insurance company, eventually paid about half of Kelly's medical costs, which left the family with about \$200,000 in bills. \$200,000 is a lot of money even if you already have a lot of money. But that is how much they had in bills.

They were able to hold on to their house, but only by selling almost everything else they owned and declaring bankruptcy. Yes, bankruptcy. Kelly tried to go back to her job in the computerized drafting field, but the brain damage was too severe and she just couldn't do the work anymore.

David, also retired after 20 years as a communications technician, he suffered an on-the-job injury to his spine. To this day they pay about \$1,645 a month, which is a lot of money, to the bankruptcy court, and hope to be out of debt one day.

So that is just one story. But their story could be dramatized by the number of people who file for bankruptcy because of medical debt. More than half of the bankruptcy filings are due to medical debt that is just crippling families. Health care reform will bring that nightmare to an end, so we look eagerly towards it.

I think the gentlewoman from Illinois is ready to hand it to the folks, so let me yield to the gentlelady and thank her for coming, JAN SCHAKOWSKY.

I yield to the gentlelady from Illinois.

Ms. SCHAKOWSKY. Thank you so much, Mr. ELLISON.

I was watching this wonderful Special Order on television. I wanted to share a couple of stories that I have, both from my district and from testimony we have recently had at a committee hearing.

I wanted to tell you about one of my constituents, Marie, who owns a candy store in Wilmette, Illinois. After she and her husband were denied coverage, they were finally able to find a policy that will cost them \$1,700 each month in premium and out-of-pocket costs. So how many small business entrepreneurs can afford that, particularly in today's economy?

Or take Jim Kelly of Glenview, Illinois, who works for a small business that can't afford to provide coverage to its workers. Jim and his wife are forced to take, in his words, "a risk."

"We are paying cash for our medication and hoping that nothing major happens until we are eligible for Medicare."

Americans shouldn't be asked to gamble their lives, and I think it is time for solutions.

Then in committee we heard from a man named, let's see, his name is Bruce Hetrick. This was a panel of small business owners. He said, "You should know that I am a hearing-impaired, migraine-suffering, diabetic cancer survivor who is also the father of a cancer survivor and the widower of a cancer victim. So I have experienced more than my fair share of the American health care system."

I would add, to say the least. He wasn't whining, believe me. This was a very brave guy. But he wanted to share some of his frustrations.

He said, "Health care and health coverage inflation is small business' enemy number one. My company pays 80 percent of employee premiums and 50 percent of dependent premiums. That is higher than typical firms like ours, but it helps us attract and retain good people. It also leaves us with a painful choice: Either the cost of health coverage cuts into our profits, or, if we pass it along to our customers, it renders us more expensive."

Then he gives us an example of something that happened to him.

"My late wife," he says, "Pamela Klein, who was also my business partner, was covered by our company's health insurance. In the last year of her life, the bill charges for Pam's cancer care totaled \$300,000. A few months before her death, our health insurance renewal came up. Lo and behold, the quoted increase for the health insurance portion of our benefits plan, just the increase, was a whopping 28 percent. That would have been devastating to our business and our employees. When Pam died just shy of the actual renewal date, I had our rates requoted. With Pam out of the mix, the increase for the very same health insurance coverage was just 10 percent."

A 28 percent increase reduced to 10 percent because of one person in need of care. That is the kind of thing that small businesses are facing. The underwriting is based on maybe 5, 10, 15 employees. And I wonder what an employer thinks when somebody perhaps with an obvious disability walks in? They have got to be thinking, can I really afford to hire this person? And that is not right in the United States of America.

I have got another one, but I will yield to either one of you to tell us your story.

Okay, let me tell you about Mick Landauer. He owns a small business, and he has been an owner for over 30 years, and one of the perks he offers, to quote him, "I offer the company's group insurance for those employees who desire coverage. The cost split is on a 50-50 basis, and those costs keep going up." He says, "The rates for em-

ployees have been rising tremendously. In order to keep them down, our deductible has been rising instead. Our monthly premiums are now around \$400 for an individual, \$800 for a family. The deductible is \$8,000 for an individual policy and \$16,000 for a family plan.

The muffler shop that he owns "pays for half the deductible with the plan we have now, which is a lot of money." He says, "Last year we had deductibles of \$4,000 for an individual and \$8,000 for a family. Two years ago the deductible was at \$2,000 for an individual and \$4,000 for a family." Then he says, "I expect deductibles to double once again, with monthly rates going up by \$500 or \$1,000.

"How can this be, you may ask," at the committee hearing? "It is because one employee was born with a congenital heart disease. He visits a specialist twice a year. A routine visit may cost from \$1,200 to \$1,500. Any specialized tests will run \$10,000 and up. The employee with the heart condition, that is myself."

This is a business owner. "The only way I see to keep our monthly rates and deductibles reasonable is by removing myself from the company policy."

□ 2045

I will not be able to get health insurance anywhere else, as I turned down our company group plan that's available to me. So I ask you, what options do I have? Pay for my own medical costs, in which case I'd be forced to sell the business; quit going to doctors, including the congenital heart specialist; or maybe move to Canada, which has a national health plan and ultimately being forced to sell my business.

Are these the choices that we should give to anyone in our country? I think maybe I'll move to Canada in order to get covered? Or give up my business? This just isn't right. That's why the legislation with the robust public option is the answer for people like this.

Mr. ELLISON. I thank the gentlelady for yielding.

I'll next yield to the gentleman, Congressman POLIS.

Mr. POLIS. You know what strikes me with the moving stories that my colleagues the gentlelady from Illinois has shared and the gentleman from Minnesota? You know, it doesn't matter whether you're from Texas or Minnesota or Illinois or Arizona or Colorado or New York. Kids everywhere get broken wrists. People anywhere could have a congenital heart condition. These are not the fault of the individual. These are preexisting conditions. It could happen to you. It could happen to me. It could happen to your sister, your brother, your cousin.

We all want to have that there, something there in case our own family faces this kind of situation. We all want and should be demanding and can demand now, by supporting health care reform, preventing discriminating based on preexisting conditions, preventing exclusions based on preexisting

conditions. The gentleman in the story that my colleague and friend from Illinois just shared with us would have access to an exchange, a low-cost option that would give him the same negotiating leverage as multinational companies with hundreds of thousands of people in buying his health care insurance, with a public option that would give him the choice and keep the competition and ensure that there was intense competition within the exchange.

Depending on people's income level, up to several hundred percent of the poverty line, they will get affordability credits. For a family of four, up to \$70,000 a year in income, they'll get affordability credits. And if they don't get their insurance through work, they'll be able to purchase them on their own through the exchange. It doesn't matter. Could be somebody from Illinois, Minnesota, Colorado, California, Texas, New York. These are American families we're talking about, and health care reform can help make American families stronger.

I yield back to the gentleman from Minnesota.

Mr. ELLISON. I thank the gentleman for yielding.

You know, Congressman POLIS, you're hitting the square tonight, as is our colleague from Illinois, Congresswoman SCHAKOWSKY.

Let me just take a moment to talk about myths for a moment before I hand it back to the gentlelady from Illinois. The fact is that as we stand here on the House floor tonight talking about the urgency of health care reform now, we want to also convey the idea that this is something that every American can participate in and can get involved in and can call their Representatives to talk about the importance of reform. But let me just talk myths, as I said a moment ago.

There's this idea out there that the public option is some government takeover or even a government-run program. It isn't true. The fact is the public option is a program where you'd have private doctors, where you would have the doctors of your choice that you could go to. It would be a low-cost alternative. And it certainly wouldn't be some kind of a takeover thing that they're talking about.

The idea that mandated health care is a new tax is also false. We're paying already for people who aren't covered. If you show up at the emergency room, we're taking care of you, so we're already paying. It's not a new tax on anybody.

There are other fallacies we'll talk about, and we'll talk about more as the hour wears on, but the fact of the matter is there are myths out there that must be debunked. And the American people are smart and they know very well what's right and what's good, and that's why a full majority continue to support the public option.

Let me yield to the gentlelady from Illinois.

Ms. SCHAKOWSKY. I thought you'd be interested in this. We had testimony

again in the committee from a man named Fred Walker who said, I thought it was my duty—he told his own story, but then he says, I thought it was my duty to ask friends, family, and mentors their opinion on this issue, and so he's paraphrased some of their responses, he says. Let's see.

Jack Grayson, owner of Seminole Realty, and my cousin who looks after me like a brother, told an unheard story about the 13-year battle his departed wife, Peggy, had with cancer. And I quote, "The last few years our copays were \$3,000 to \$4,000 a month, and we had good insurance. What do the less fortunate do?" Peggy passed in 2000. Jacks says we have to help those who can't afford the proper care.

Bob Howes, my friend and keyboard player, delivers car paint 2 days a week and plays music for money as much as he can to survive. Bob has an ongoing battle with skin care and has run out of options for treatment. He's conceded death within a few years.

Bill Walker, my cousin who is an RN and sells pacemakers for St. Jude Medical Division. Bill travels a lot and likes the French and the Canadian system. Most of my middle-aged, right-wing buddies who live week to week could never afford health insurance. Their clock is ticking and they don't have a plan.

And then he says, I'd like to note that while polling my friends and family on October 15, I finally found someone who is very happy with their health care. Pete and Pat Lamb are dear family friends and over 70 years old. Their combination of Medicare and coinsurance has provided well for them.

So finally, the people on Medicare are the only people he found that were really happy with their health insurance. But we have a bill now that's before us, a couple of days now, 2009, historic year, we're going to be able to, if we do a bill with a robust public option, make sure that every American can afford health care, and we're going to end these horror health care stories.

Mr. ELLISON. The gentleman from Colorado.

Mr. POLIS. I thank the gentleman from Minnesota for the time.

I want to share with you the story of Gerry from Boulder, Colorado. Several years ago, Gerry wanted to have an MRI on his left shoulder to determine the cause of rotator cuff pain that was becoming increasingly bothersome and disabling, but it took his insurer, Anthem Blue Cross, over a year to approve the procedure. In the meantime, he had to deal with that pain every day.

Gerry also shared that when his son turned 25, he needed to have his own health care insurance policy. And his son is healthy but takes an antidepressant. As a result, the insurance companies list him, like tens of millions of other Americans, with the scarlet letter—a preexisting condition. And he has to pay over \$300 a month for

a basic policy for a healthy 25-year-old, and that's despite the fact that his doctor wrote to the companies indicating the condition is very stable and is not currently in treatment.

Gerry's doctor now charges a membership fee so that he's able to have the ability to see less patients for longer amounts of time. He needs to have several clerical staff just to handle the insurance claims of the different companies. Each company, of course, requires different information.

Gerry and his wife pay a combined \$7,200 a year in health insurance premiums, and they have coverage, but they still have to pay about \$10,000 a year out of pocket for prescription drugs.

Gerry shares with us that our system may work when you're young and healthy, but it fails as you age and need care. What kind of health care system fails when you need health care? When you don't need health care, it works. When you need health care, it fails.

Mr. ELLISON. Will the gentleman yield?

Mr. POLIS. I will.

Mr. ELLISON. How would you like to have a car like that?

I yield back.

Mr. POLIS. That's right. When you don't need to go somewhere, the car works fine. The minute you need to get to work, the minute you need to go somewhere to visit your family, the car doesn't work. What kind of car is that? That's a lemon.

Ms. SCHAKOWSKY. It works fine. Although, let's remember, you're continuing to pay premiums, often very high ones every single month, even when you don't need it.

Mr. POLIS. That's right. And let's say you get in one accident or one speeding ticket, you're uninsurable for the rest of your life and you can't drive.

Well, these are our bodies we are talking about, not cars. And if you have one illness, one preexisting condition, you are virtually, if you try to buy insurance on your own, uninsurable for the rest of your life through no fault of your own. And that's what Gerry's son is going through at 25. Just takes an antidepressant, healthy kid, can't get insurance, pays a lot for a very basic program that isn't even comprehensive.

There are tens of millions of American families like Gerry's and others that will benefit from us passing health care reform now.

Mr. ELLISON. Well, let me share a quick story, and this one I don't have written down, but it actually happened to me when I had a town hall forum in my district in Minneapolis, Minnesota, and we had a packed-out room.

And I had this friend who was actually helping me get boards that I was using for a presentation, and she's just a wonderful person and I've known her for many years. And she was running around getting boards, getting coffee,

helping people out, just sort of getting people signed in who showed up. That's the kind of person that she is. She's just good people.

Anyway, she—after it was all over, it was pretty emotional. It wasn't bad, but it was a strong and powerful time. She said—she gave me one of those looks, Mr. Speaker, where it's like she said to me, I've got to talk to you. And I said, Okay, because I could have said, you know, Don't you see all these people? I'm busy. I'll get with you. I'll call you. But the way she looked at me, I said, Okay. So I said, You guys hang on.

So we went over to sort of like the corner of the room as people were filing out and she looked at me with eyes full of water. She looked like she could cry at that moment, and she said, you know, I just need to tell you this. I'm 39 years old. I have two teenage sons. My mother and my mother's sister, my aunt, both had breast cancer, and we lost my aunt last year. My sister has had a positive diagnosis, a mammogram. She's being treated now. I don't know what to do because I know that I need to go get the exam, but I also know that if I get it, they're probably going to say I have a preexisting condition. I could be dropped.

This young woman, full of life, full of care and concern about everyone else, said to me, I'm too young to die. I've got teenagers. That's who she's worried about. She said, If I go get the test, they could drop me for having a preexisting condition. If don't get the test, I don't know what illness is growing within me, and I don't know what to do. I said, You know what? I'll make a personal pledge to do everything I can do to make sure that there's answers for you and your family, and that's my promise to you. And I shook hands with her that moment, and I'm down here on this floor today telling her story.

And I yield to the gentlelady from Illinois.

Ms. SCHAKOWSKY. You know, women are really discriminated in health insurance. The average woman, 40 years old, pays about 48 percent more for health insurance. And our committee did some research, in the Energy and Commerce Committee Oversight and Investigation Subcommittee, and we found that a 21-year-old woman was paying 143 percent more, healthy woman, than a healthy young man of the same age, 21 years old.

I think the worst story I have heard so far is a young woman—it has to do with reproductive—it has to do with what it is to be a woman, and we're discriminated against. And this woman went in and had a—had to have a cesarean section for her baby. Her insurance company told her that if she wanted to maintain her coverage after the cesarean section, she would need to be sterilized. I kid you not. People I've told that to gasp. We have the woman. We can, you know, present her. She's a

real living person to whom that happened.

And then, a couple of men who were testifying before our committee, both of them were recommended to get a divorce from their wives so that the wives could go on Medicaid and, therefore, they would get the health care that their—one, a hemophiliac child, and another who had needed a liver transplant. That was the answer that they were given. Get a divorce, and then your wife may, and child may be eligible for Medicaid.

What is going on in the United States of America when one woman is told to get sterilized and two couples are told to get a divorce? The choices, the options are wrong. We need a public option, a robust public option that gives people a choice of a plan that competes with the insurance industry that has brought us to this time of crisis right now. It has to stop.

□ 2100

It's only going to get worse if we don't pass legislation that gives people a real choice, real competition and start to bring some sanity to our non-system of health care in this country.

Mr. ELLISON. Let's kick it to the gentleman from Colorado (Mr. POLIS).

Mr. POLIS. People wonder why there's such passion with this issue created on both sides of the aisle. It's because this issue is an issue of life and an issue of death.

One of my constituents from Boulder, Colorado, asked her name not be used for her very personal story but wanted me to share it with the people of the country and my colleagues in Congress.

She tells us that she doesn't even consider her story unusual. Her sister was 62 and hadn't been able to afford health care for most of her life even though she worked as a legal secretary.

Sixty years ago, her son, the niece of my constituent from Colorado, became very depressed at age 24. He was a part-time student, he didn't have access to any health care, let alone the mental care he so desperately needed. And 60 years ago on the night of July 4, he went to a park and shot and killed himself. The devastation to her sister and their entire family, as any of us know, is beyond words, beyond explanation.

"Isn't my nephew as important as any politician or rich person in this country?" And that could be a question that any of us asks. She writes that health care is a right for all citizens, and there must be a robust public option. This could be any American family.

We're talking about lives like the life of this young man with mental health parity, with access to mental health service. He first of all could have been on his parents' plan up to age 26 under our plan. If he wasn't able to participate in the parents' plan, he would of gotten affordability credits for his own plan to get insurance through the exchange, including a public option.

How many lives must senselessly end like this before Congress acts? It's stories like this that continue to multiply; and until Congress takes action, we're going to have more unnecessary deaths. And that's why people get so passionate about this issue. We're talking about life and death; we're talking about people from across the entire country and what health care reform really means to them and their loved ones and their security.

Mr. ELLISON. Let me thank the gentleman again.

The points are powerful. As you mentioned, the robust public option, I have to mention that the question emerges, Who wants a public option? Who wants it? Doctors want it. About 63 percent of all doctors say that they want a health care reform plan that includes both a public and private option. There's another 10 percent of doctors who say they want a public option only. They just want a single-payer like I want. And so that is a full two-thirds.

So doctors want it; two-thirds of doctors want it. Nurses want it. They're on record. Nurses want a public option health care reform. Congress wants it. Congress wants it, and we're going to show that and not too long from now. Faith communities have come forward and said, We want a public option. The President has publicly stated he prefers a public option. He's made this very clear. He's on record. Go out and Google it. And the American people want it, too.

The most recent poll showed 57 percent of Americans want a public option. It has been up there in the 60s, in the high 50s. We want a public option. We have to fight hard to get it. It won't be easy, but we're going to do it.

Let me just say this: a young man tells me he wants to know measures to encourage more medical students to enter primary care, what can we do about that and health care reform; and he also had some views that he wanted to express about tort reform.

But can I just ask you guys, either one of you would be interested in taking on this one. What about encouraging medical students to do primary care? Is that an important part of health care reform in your view?

Ms. SCHAKOWSKY. Absolutely. I think our legislation is going to create incentives for medical students to go into primary care, not necessarily a specialty, and to make sure that we help them afford their medical education, which is so important. Young people going through medical school can end up with tens of thousands of dollars' worth of debt. We want to make sure that it's affordable for young people to go into health care.

And the reason that primary care is so important is then we have the opportunity to keep our people healthy. We can take care of all of those things before they become sort of a crisis that's going to need some sort of surgery or some sort of dramatic or long-term care. So that is built into the legislation. And, in fact, I am going to be

speaking to some medical students this weekend who are very much supportive of our legislation because they know that it will give them an opportunity to go into primary care and be able to make a living and do what our country needs.

Mr. ELLISON. Let me offer a few other thoughts, that is, as we are embarking on this effort, we're on the House floor tonight—Progressive Caucus comes week after week. We've been talking about health care since summertime. We're going to have to get another topic but not until we get health care reform.

But I just want to take a moment to say this is an opportunity to talk about what real people are going through.

I want to tell folks about Courtney. She's 31 and a mother of a toddler. In college, she was diagnosed with Crohn's disease, a debilitating and chronic digestive illness, serious illness. If you have any experience with Crohn's disease, you know it's tough.

To control her disease, Courtney needed expensive medication, about \$1,500 worth of shots four times a month. After first approving the treatment, her health care provider, United Health Care, denied Courtney coverage of the medication 12 months later saying that the shots were no longer medically necessary.

Courtney and her doctor fought the insurer; and by January of 2009, the company reinstated coverage of the medication, but it was too late. Courtney's condition had already deteriorated, and she was in chronic pain with decreasing energy and quality of life. In May, she underwent major surgery, spending a week in the hospital and missing almost 2 months of work.

I yield to the gentleman from Colorado.

Mr. POLIS. Thank you. I thank the gentleman from Minnesota.

You alluded to other topics.

I want to take this opportunity to remind our viewers that for the cost of the war in Iraq and Afghanistan, not only could we cover every American with health care, but we would reduce the deficit by hundreds of billions of dollars over 10 years. And I know that that is a topic that many of us plan to return to as well.

But I would point out, to put things in perspective, there were those on the other side of the aisle that didn't ask, didn't worry how much it would cost to invade and occupy not one, two countries; didn't ask how long it might cost to be there 10 years, 20 years, how much to increase it 40,000 troops, 60,000 troops, 80,000 troops.

But there's a new-found commitment of fiscal responsibility when it comes to health care. And I am proud to say that the Democratic plan fully pays for health care reform. Not only will it fully pay for health care reform, but it will reduce the budget deficit over 10 years and help rein in growing health care costs.

I think it's important to put a human face on what health care reform means for American families.

I want to share with my colleagues in the House the story of Deborah Abbott Brown from Boulder, Colorado. Deborah, like a lot of Americans, lost her job about a year ago in the recession so she was faced with COBRA payments. Her COBRA payments would have been \$1,800 a month to continue the health care for her family. She couldn't afford that. That was more than her mortgage payment, and at the same time she was losing her income. How could she afford \$1,800 a month in COBRA payments?

So she wanted to turn to—being responsible and wanting to keep her family with some kind of insurance—she turned to the individual insurance market in Colorado to try to find affordable coverage. She thought, You know, I'm willing to pay a reasonable amount and maybe we'll have some kind of high deductible or catastrophic plan. But she soon found out that her family was denied coverage on the individual market even though one of the companies she applied for was the same provider of the COBRA care that she couldn't afford.

The reason is that her husband, Deborah's husband, had recently turned 50, completed his baseline colonoscopy, as was recommended by his physician, and was told that the procedure counted as a surgery and in the individual market they would not offer insurance to anybody who had a surgical procedure in the last 3 months. Deborah was shocked. How can a common medical procedure when there were no findings be the basis for denying coverage?

That's when it dawned on Deborah, as it dawned on millions of Americans every day, that insurance companies work for their own profit. They unreasonably deny insurance in the individual market when they don't provide needed insurance profits. That's when Deborah became a convert and told us that's why the public option is a must.

This is a routine occurrence. Families across our country—California, Illinois, Minnesota, Texas—they want to do the right thing. She wanted to get COBRA, but for \$1,800 a month, she said let's find an affordable option. Oh, your husband had a routine preventative procedure that he should have had—and it was a good thing he had from a medical perspective—came out clean but, oh, he had a surgery in the last 3 months.

This is what American families are being told, and this is where we in Congress have a historic opportunity to fix and make a health care system that's good for American families.

I yield back.

Mr. ELLISON. Before I yield to the gentlewoman from Illinois, I've got a story here.

A 50-year-old woman with Morton's neuroma. Surgery was scheduled, but she was laid off and lost her insurance.

Now she can barely walk, and she can't get to surgery.

So I yield to the gentlelady again.

Ms. SCHAKOWSKY. At this point, I just want to thank Mr. ELLISON, the gentleman from Minnesota, for coming down to the floor and helping to educate our Members of Congress and whoever may be watching about the dilemma that we face right now and how Congress can fix it, that we can gather all of these stories that we've been telling tonight and then work out a plan that actually addresses them. And if we don't take this opportunity to lift the burden of fear, of distress, and sometimes even death from American families, then shame on us.

It is time to act. We have a plan that can fix this problem. And we have just a few more weeks. We've got to do it before the end of this year.

And I just want to thank the gentlemen from Minnesota and from Colorado for contributing to the solution to these problems.

I yield back.

Mr. ELLISON. I thank the gentlelady for yielding.

I just want to point out this. Because you know, let's just face it, we all want bipartisanship. I want it. My dad's a Republican, and I love my dad, and my brother is, too, and I love him; and we debate, you know, tax policy and all of this kind of stuff. And we have a good time over dinner time whenever I can be in Detroit.

But the point is when it comes down to the basic necessities of life like health care, why can't we all come together on this thing? Why can't we say that, you know what, in the richest country not only in the world but in the history of the world, that 49 million people shouldn't be left in the cold and we shouldn't have people who have employer-based health care facing doubling of premiums every 10 years. We shouldn't have people being dropped and rescinding everything else for pre-existing conditions.

Let us have our values and form our behavior. We have a historic opportunity right here in front of us.

Because we are running out of time—the gentlelady from Texas has just joined us—we're going to give her an opportunity to share her experience on this tremendous fight that we're in right now.

I yield to the gentlelady from Texas, Ms. SHEILA JACKSON-LEE.

Ms. JACKSON-LEE of Texas. I thank the gentleman from Minnesota for his kindness.

It is typical what Members say. We could not avoid coming here to this floor because of the enormity of the power of what you are presenting to the American public and our colleagues.

I am pleased to be with my colleague from Illinois and my colleague from Colorado. It indicates how widespread and how diverse the need for a public option, a vigorous public option, and health care reform actually is.

We're from many different areas. All of us have nuances to the needs for health care reform. Many of us have different hospital issues. But we have been working on this now for almost a year, and what I like about what I heard on the floor today is I heard Members saying that we now are at the hour of no return.

□ 2115

We're at Martin Luther King's, "If not now, then when?"

As I listen to a number of colleagues speaking about the lack of health care reform or health insurance—there are many numbers—I hear 18,000 people die every year without health insurance and because they don't have health insurance, and those numbers are mounting. I hear as well that there are people with breast cancer who are trying to get insurance, but they have a pre-existing disease, and that is called acne.

We heard of the tragic story, which happened about 7 years ago or about 5 or so years ago, of the leukemia victim, of the 8-year old, who literally had her parents take her to the insurance company's office in California and beg for the opportunity to have a bone marrow transplant, which they repeatedly denied over and over again. Tragically, that little girl lost her life.

So I just want to say to my colleagues that a vigorous public option is about lower premiums, saved dollars and saved lives, and I believe that now is the time.

To my dear friend, as you well know, you will be joining us in a very special hearing on Tuesday, October 27, in room 2141, when Members will open themselves up to hearing from those patients, or from those Americans, who will come to this Hill.

There will be no tickets. We will not bar you from coming to give witness to health crises that you've experienced alone and without help because you had no health insurance. A number of us will be hosting this hearing where we will listen to patients and doctors. We open it up, and we ask that you come to the Rayburn room—to the Judiciary Committee room—which is 2141, Rayburn, on Tuesday, October 27, with JACKSON-LEE, CONYERS, ELLISON, JOHNSON, BARBARA LEE, KUCINICH, CLARKE, WOOLSEY, and many others.

I'm going to yield to the gentleman by simply saying this: When you think of health care, let us not selfishly think of the people who, in essence, have their own. Maybe they have employer-based insurance. Just look beyond. Look at your working neighbor. I would imagine that two houses on your block or more are without health care insurance. That is what we will be addressing on Tuesday, and that is what we will be doing when we take this vote as we go into this period of time of no return to vote for a health care bill that helps those who have helped America—a vigorous public option and, as well, health care reform that ad-

dresses the question of America's needs.

I yield back to the gentleman, and I thank him for his kindness.

Mr. ELLISON. Let me thank the gentlewoman from Texas. It was great to get her in at the end of this Progressive hour.

I just want to say that I just got a message which says, I'm a health care worker who continues to see people come into the hospital who are sicker than they should be due to no insurance.

Ms. JACKSON-LEE of Texas. Wow.

Mr. ELLISON. With that, I think the gentleman from Colorado is probably going to have the last word, but I just want to say this has been the Progressive hour. We come here week after week to talk about progressive values that make America better and stronger, and we're going to continue to do that.

So I yield to the gentleman, and I think you'll probably take us out.

Mr. POLIS. I thank the gentleman from Minnesota, and I thank you for your ongoing leadership and for fighting for working families and for fighting to make America stronger.

You know, there are a lot of slogans that are tossed out. What's in this bill, if you look at it, is not the government takeover of health care. There are not government-employed doctors or government-run hospitals. There are no death panels. Who would support that? I wouldn't support that.

Would you, Ms. JACKSON-LEE?

Ms. JACKSON-LEE of Texas. Absolutely not. Absolutely not.

Mr. POLIS. No. Who the heck would support it?

So what we're talking about supporting is making health care more affordable for American families. That's what we're talking about doing here.

I yield back.

Ms. JACKSON-LEE of Texas. And protecting seniors.

Mr. ELLISON. We might have about 10 more seconds, but I just want to say this has been the Progressive hour. I am so honored to appear with you great Members, with you great servants of the people.

I believe we're going to get a public insurance health care option with major health care reform. The time is now. Let's not back down.

We yield back.

#### THE IMPACT OF HEALTH CARE REFORM ON SMALL BUSINESS IN AMERICA

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

Mr. COFFMAN of Colorado. Thank you, Mr. Speaker.

Tonight, I am joined by Congressman DOUG LAMBORN of Colorado and by Congressman GLENN THOMPSON of Pennsylvania.

What we want to talk about tonight is the impact that health care reform, or the Democrat proposal, is having on small businesses throughout this country. It wasn't that long ago that the President's chief economic adviser, Christina Romer, looked at the proposal, H.R. 3200, and said that this could cost up to 5.5 million jobs. So it is important that we talk about why this happens.

About \$900 billion is the target for the cost of the proposal, of H.R. 3200, with half of it coming from Medicare and with half of it coming from increased taxes, surcharges and penalties.

So, with that, let me first refer to my colleague from Colorado, Congressman DOUG LAMBORN, to talk about the effects of these new taxes, surcharges and penalties on small business.

Mr. LAMBORN. Well, I thank the gentleman for yielding. Representative COFFMAN, I want to thank you for your leadership and for taking the time to speak on this important issue of the economic impact of H.R. 3200, the Democrats' health care proposal, here in the House. It's a little different from the one in the Senate, but there is an impact that it will have on small business.

I remember very fondly, Representative COFFMAN, when you and I served in the Colorado legislature together. It was before you were either the State treasurer or the Secretary of State in Colorado. I really knew at that time, as I think you knew with me, that we were proponents of small business and that we wanted to have lower taxes and a more favorable economic environment and climate for the State of Colorado so that young people would have jobs when they graduated from high school and college, so that we would have a strong economy and, I think, as a result of that, so that we would have a better quality of life.

Sure enough, with some other tax-saving kinds of measures the State voters passed, like TABOR, Colorado had the best business environment in the United States. Now it has slipped a little bit, but we're still, in the latest ranking I've seen, No. 4 in the country. That's an excellent thing. It's because of trying to hold the line on taxes. So I'm concerned that, when we talk about H.R. 3200, the Waxman bill for health care which my colleagues on the other side of the aisle are promoting, it is going to have a negative impact.

For instance, House Democrats pay for a portion of their health care in this bill by imposing a 2 percent surtax on individuals with more than \$280,000 in income, or \$350,000 for a couple. That's a lot of money. Keep in mind that many small businesses file as individuals. They use the subchapter S type of status for their tax returns. So this is actually the income that a small business can have when it's hit with a 2 percent surcharge.

Mr. COFFMAN of Colorado. Will the gentleman yield back just for a moment?