

muzzle media critics of the party of President Cristina Kirchner. It seems that the media was getting too aggressive in exposing and critiquing the ruling party's corruption. Sounds like a really great model for free speech and expression; right?

I hope that the newly elected Congress of Argentina scraps this law, and that we, as Americans, realize the gift that our form of government is and work together to preserve it. And, contrary to the advice of my colleague, hopefully the United States does not use this country's success as a model for reform.

HEALTH CARE IN COLORADO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Colorado (Mr. POLIS) is recognized for half the remaining time until midnight.

Mr. POLIS. If the gentlelady from North Carolina would care to enter a brief dialogue on the issue, I recall the comments earlier, and there was a reference to, the gentlelady made a reference to a fear that America would look like the developing world, especially South America.

Ms. FOXX. I said some countries in South America.

Mr. POLIS. Some countries. Yeah, there's a dozen or so odd countries in South America.

Was that based on the solar energy bill or was this a more general comment? If we passed the solar energy bill we would look like South America or a different bill?

Ms. FOXX. No. I was talking about my concern for the spending that's going on here. And what I said was last week we heard from John Allison, who is the chairman of the board of Branch Banking and Trust Company, BB&T bank in North Carolina, one of the most successful banks in the country. And last week, Mr. Allison was here and was speaking to a group of us, and he cautioned us about the economic situation that we have. And he said, if we don't rein in spending almost immediately, he believes that we have fewer than 25 years left before we become a Third World country like countries in South America.

□ 2220

Ms. FOXX. I was basically quoting him, although not quoting him verbatim.

Mr. POLIS. The topic, of course, at the time was the solar energy research bill. That was a bill that authorized some money, of course didn't actually spend any money. That would have to come through the appropriations process. But I take it the remarks that were made with regard to government expenditures were generally, not specifically, a solar energy bill.

The point that I made in response, certainly I stand by, is that America, which has experienced economic shrinkage as has much of the rest of

the world, has actually suffered more in this most recent recession than Brazil and Argentina, which have done very well in this fiscal year in 2009. Both have experienced economic growth, both having their currencies gain value against the dollar.

So I am not sure that—Mr. Allison's observations certainly weren't relating to the conditions of freedom of press or the various social ills that plague South American countries. I don't think it was a reference to the type of freedoms that we, as Americans, enjoy. We enjoy freedoms as Americans—and I am sure you would agree—independent of our economic condition whether we're in a recession or whether we're in a growth.

No matter how we're doing economically, we in America enjoy many freedoms that they don't enjoy in other countries. We have a vibrant democracy, we have freedom of the press, the right to assembly. And I don't believe that you or Mr. Allison, who I am not familiar with, or myself would feel those to be in jeopardy like South America.

Is that correct? We're talking about the economic condition?

Ms. FOXX. I was absolutely talking about the economic condition, and it was our exchange today.

I am glad to have a chance to have this colloquy with you. We do agree that we are the freest country in the world, and I hope you agree with me that we're the greatest country in the world as a result of that freedom. And I don't want anything to threaten any of our freedoms.

And I know you join me in that.

Mr. POLIS. I appreciate those comments, and I think those sentiments are shared by every Member of this body. That's why it's an honor and a privilege for me and you to serve the people of this country. And I certainly enjoy working with you on the Rules Committee in that capacity and look forward to continue working with you in service of the people of this country.

Ms. FOXX. I certainly feel the same way.

Thank you, Mr. POLIS.

Mr. POLIS. Thank you.

I rise today, Madam Speaker, to share with you and my colleagues here in the House, stories of real Americans and how health care reform affects us, affects them, for it affects every walk of American life. And many of my constituents have shared their stories with me and asked that I share their stories with my colleagues and with the American public. And perhaps my colleagues and the public might see in the stories something of themselves.

I want to share a story, not a happy one, but a story that one of my constituents named Kelly Lotts Andrews shared with me.

Kelly's father worked hard all of his life. He succeeded to a certain extent. He lived the American Dream, was very successful in the broadcasting field. And Kelly says at one point her par-

ents' combined worth was just over \$1 million. They had a successful career. They saved up. They had a house they made payments on. They built equity. They lived the American Dream. They were anticipating a comfortable retirement.

In their early sixties, as they were putting their affairs in order and preparing for what they thought would be a prosperous and long retirement, they decided to change health insurance companies. During the qualifications testing for the new insurance, Kelly's mother's liver enzymes were slightly off. So a couple of weeks later they asked her to redo the blood tests.

Kelly's parents were moving to a condo on the beach. So when they got settled, they found a doctor and got the required test done. Unfortunately, the doctor found a tumor on one of Kelly's mom's ovaries. The new insurance company then refused her coverage based on this preexisting condition, the scarlet letter of health care, even though she continued her coverage just before the diagnosis.

So without the insurance and without the hopes or ability of acquiring any, Kelly had to watch as her parents got rid of all of their assets, all of their savings, and all of their retirement funds—all became liquidated as her mother fought to stay alive and pay those hospital bills as uninsured Americans.

Kelly's mother lost the fight. After beating the odds by 5 months more than the doctors predicted, she passed away in 2004. Kelly's father, who is now 76, now, despite his successful career and doing the right thing and saving up, has no retirement funds, no savings, no house, and only his Social Security check as income.

There are millions of Americans who are denied coverage based on preexisting conditions.

One of the key things that we accomplish through health care reform is we prevent health insurance companies from discriminating or excluding based on preexisting conditions so at the very time in Kelly's mother's life where she needed health care the most, she would have had access to an affordable option through the exchange that's being created that would give families like Kelly's the financial security they need to plan for their retirement in a way where people can maintain their honor and their pride as families.

And it's for families like Kelly's that I ask my colleagues to join me in supporting health care reform.

Madam Speaker, I rise today to share a story with you that one of my constituents shared with me and asked that I tell my colleagues about to encourage them to support health care reform.

This is a woman from Broomfield, Colorado, who asked that her name not be used but wanted her story shared; but it just as easily could have been a woman from California, or Texas, Nevada, New York.

This woman is a retired educator. About 10 years ago she was diagnosed with rheumatoid arthritis. She knew what that diagnosis meant because her mother had lived with that crippling disease for 40 years. Soon after the diagnosis, she began to experience debilitating pain and had difficulty carrying out the most routine functions that you and I take for granted. Any physical exertion at all was very difficult.

She researched the disease on her own, with her sons, with her doctors. They found there were new medications on the market which showed promise, medications like Enbrel and Humira. She asked her rheumatologist about them. He said those medications might well work, but they were very expensive and not covered—not covered—by insurance.

This resident of Broomfield, Colorado, waited and suffered for years. Finally, her insurance did cover Enbrel and other drugs like it, and she was able to take this new medication. And she reports that the effect was nothing short of miraculous. She now has few symptoms and is able to resume a normal life.

The medication costs about \$3,000 a month, about \$36,000 a year. There's no way that she could pay for that on an educator's salary, and that's why she's thankful that she has insurance even though the costs are a major sacrifice financially. And she worries about those in her condition who have a chronic disease who don't have health care insurance, the years of pain and agony that she had to go through before the treatment was covered.

She tells us we need health care reform. We need preventative care for those with serious disease. She says in the long run, it will save a lot of money and be less strain on our economy to provide preventative care. She wants us to pass national health care to cover all who need it and get good medical care.

It's for American families like this, and like this story of a Broomfield resident that could have been in Anywhere, U.S.A., that I call upon my colleagues in the United States Congress to join me in passing health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you the story of a constituent of mine from Superior, Colorado. Now, Carla might as well be from Texas or California or Nevada, Anywhere, U.S.A. Carla works in the health care field. She's a registered nurse at Boulder Community Hospital. She sees a lot of cases. Many of the patients that Carla sees are in the ICU where she works because they can't afford health insurance and, as a result, don't have access to preventative care.

□ 2230

Carla told me that the catastrophic conditions that bring them to her hospital could either be prevented or treated successfully and less expen-

sively in earlier stages, but because they don't have insurance, they wait until the ambulances have to be called.

Kelly shared with me that these unfortunate people have so much suffering and pain visited upon them that, in most cases, could be prevented.

Kelly, like a lot of Americans, has a very commonsense conclusion that I want to share with you on the floor of the House of Representatives. Kelly says many more dollars are spent treating these people, and often, it's too late anyway.

Preventative care, Madam Speaker, can save money and, if not more importantly, can save lives. By diagnosing cancer early, by treating diabetes, we can save money, save lives, and we can strengthen American families.

I call upon my colleagues in the House to join me in supporting affordability credits so working families can afford health care; in preventing pricing discrimination based on preexisting conditions; in creating exchanges and low-cost options so individuals and small companies can buy insurance and get the same negotiating leverage that multinational corporations get; and allow them access to inexpensive insurance, including a public option.

Carla has seen a lot as a registered nurse, and we have all seen a lot through the stories of our friends and families across this country, and that's why it's time to pass health care reform.

Thank you, Madam Speaker.

Madam Speaker, a number of my constituents from Colorado have asked me to share their stories about why we need health care reform. This story could be from someone anywhere. It could be from someone in Texas or in California or in New York. It happens to be someone from Westminster, Colorado. He asked that his name not be used, but he wanted me to share his story.

His story relates to the diabetes that he suffers from. His insurance insists that he use a generic brand of controlled medicines for his condition, but he participated in a study which found he could reduce his high triglycerides by 75 percent if he used the primary drug for treatment. As a matter of fact, his readings improved so much in the study that he was removed as a candidate. He was advised by his doctor of the reading and of the improvement, and the doctor decided that he had to go back on the generic drug, and had to wait to see if his reading went back to the previous condition.

This gentleman from Westminster feels that takes away his choice, just like the choice is taken away from tens of millions of American families, not only the families who don't have insurance but even the families who do have insurance but who have no real choice in which insurance provider they use.

Even after this gentleman from Westminster, Colorado, stated that the cost from generic to primary was affordable and that he, personally, was willing to

pay the small difference between the two, the insurance company still made the decision on what drug he could use and whether it was working.

One of the many flaws in our health care system today is that consumers lack choices. Most Americans get their health care through an employer. Whatever the employer chooses, they get. If you're self-employed—an individual—in many markets, the insurance industry is dominated 50 percent, 70 percent or, in some markets, 80 percent by one or two insurance providers.

One of the critical aspects of health care reform that this body is undertaking is increasing insurance competition in the marketplace. Through the exchanges that are being created, we are creating a hypercompetitive environment where there can be dozens of insurance companies which are providing products and a public option because, surely, it's not fair to say to people, As a mandate, you have to have insurance, and by the way, here are some affordability credits to get it, and then throw them into bed with the sharks and say, You have to get it from the insurance companies.

It's great to have a public option there to help keep the insurance companies honest. By doing so, we give people like this gentleman from Westminster a real choice. If one insurer won't allow him to pay out-of-pocket the difference between the drug in the trial he was on, a drug which could prolong his life and save his health, you know what? He can switch.

As for small companies that insure through the exchange, each of the employees of those companies will be able to choose for themselves from any of the policies in the exchange. Yes, that's right.

Today, small businesses choose insurers, and if they're able to afford it, because Lord knows it costs small businesses a lot of money, every employee of that small business has that plan. Under the proposed Democratic plan, each employee of that small business would be able to pick from any of the insurance options within the exchange, giving this gentleman from Westminster, Colorado, and tens of millions of Americans across our country choices in health care insurance that they simply don't have today.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a story of a resident of Boulder, Colorado, who asked that I share her story on the floor of the House of Representatives. Barbara lives in Boulder, Colorado, but she might as well live in Fresno, California, in Houston, Texas, or in Las Vegas, Nevada.

When Barbara was diagnosed with breast cancer, her private insurance plan said it wouldn't cover treatment because it maintained that the cancer was caused by fibrocystic breasts, which it claimed was a preexisting condition. Now, Barbara didn't believe that for a moment, and her doctor backed her up. Her doctor wrote a letter to the insurance company, saying,

No, this was breast cancer, and it wasn't because of some preexisting condition. Barbara had to call the Colorado State Division of Insurance, and they called Golden Rule, which was the insurer.

All of a sudden, Golden Rule yielded a little bit, and said, Well, we'll cover the surgery on the affected breast but not a bilateral mastectomy.

Well, it took more calls and more fighting. She got some support from the State Division of Insurance. Finally, they found that the health insurance company agreed to pay for the bilateral mastectomy and breast reconstruction.

Barbara is now covered by Medicare plus a private insurance supplement, and Barbara says it's the best insurance she has ever had, and it's at way less a price than she has ever had to pay. She can go to any doctor she wants to get the treatment that she needs.

Barbara asked, Why wouldn't the under-65 group be delighted with the ability to have the same kind of insurance coverage?

When you hear about a public option, what you are hearing about is the ability to buy into Medicare early. Now, it's not exactly Medicare, but it's a Medicare-like program. Under the version of the public option, under the robust public option which I support, it will look very much like the Medicare system. It's pegged to Medicare. So this will enable people who are self-employed or who work for small businesses and who participate in the exchange to say, You know what? I'm 62. I'm 59. I'm going to buy into Medicare early. My premiums will go to Medicare. I'll have a provider network of Medicare.

Many people on Medicare are happy with Medicare. Now, again, be it public or private, no one is always happy with one's insurer. I had 22 town hall meetings during the recent recess, and I asked every group: Medicare might not be perfect, but aren't we happy that there is a Medicare? Where would we be if our country didn't have Medicare at all? I think we'll be asking the same question 10 or 20 years down the road: Where would we be if we didn't have a public option?

What a great way to provide real competition for insurance companies and to allow people to have access to a Medicare-like program at a younger age.

Thank you, Madam Speaker.

Madam Speaker, a number of my constituents have asked that I share their stories on the floor of the House of Representatives and with the people of the United States on why we need health care reform.

One gentleman from Niwot, Colorado, asked that his name not be used. He and his wife are healthy. They have a new baby son, who is also healthy. The mother returned to work when he was 12 weeks old, and they put him in daycare. Now, why?

She didn't need the salary. Her husband had a good salary that they felt they could live comfortably on. She likes her job, but she really wanted to be with the baby more. Don't they have savings? Well, they have a little money saved but only enough to carry 6 to 9 months of expenses. Then why, oh why, would a woman who wants to be with her baby have to go back to work?

It's very simple. They need health care insurance to fall back on if her husband is laid off, which is a real risk in his line of work. The idea of millions of Americans losing their jobs is a real risk for many American families. They wanted that peace of mind, and that's why she went back to work. Sure, they knew there was COBRA, but if they had to pay for that and if the tab had come to \$1,200 a month and if they had no income coming in, that would eat up their savings right away.

□ 2240

This woman from Niwot says, In our case, having affordable yet good health insurance would allow me to stay home with my son and free up my job for someone who actually needs the paycheck.

Health care reform can and will lead to stronger families, help provide jobs for those who need those jobs, and give peace of mind and security to families across the country like this family in Niwot, Colorado, and that's why they want us to pass health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you the story of Mike from Denver, Colorado. Mike shared a story with me and asked that I share it with my colleagues here in the House of Representatives.

Mike was diagnosed with non-Hodgkin's lymphoma in 2007. After his first week of chemotherapy, he contracted an infection and landed in the hospital. As anybody knows who has experienced a hospital stay, during the 2 weeks he was in this hospital he racked up an enormous bill, and of that bill about 80 percent was covered by insurance.

Now, Mike considers himself lucky that his out-of-pocket expenses were just under \$22,000 a year. Now, lucky that his bill was only \$22,000. Now, Mike can't imagine how he could even begin to afford the total bill, which cost over \$120,000. But for many American family, \$22,000 is almost as bad as \$120,000, because it's money that we simply don't have.

Mike wanted me to share that every American deserves to be provided for in case of catastrophic medical emergency, because it's the right thing to do. You know, non-Hodgkin's lymphoma, cancer, heart disease, they can affect any one of us, our brothers, our sisters.

I have a friend in Boulder, is 41 years old, lives a healthy lifestyle, had a heart attack, he survived. Lived healthy, through no fault of his own he had a heart attack. Now, that's going to be a preexisting condition for him

the rest of his life, just as for Mike, the non-Hodgkin's lymphoma is going to be a preexisting condition.

By preventing pricing discrimination based on preexisting conditions and providing affordability credits and empowering consumers to choose from a multitude of insurance options, including the public option, through the exchange, we can truly provide a better quality of health care to Americans for a lower price. That's why we need to pass health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you the story of Suzanne Perry of Parker, Colorado.

Now, Suzanne lives in Parker, but might as well be Los Angeles, California, might as well be Billings, Montana, might as well be Dallas, Texas. This is a story that could occur anywhere in this country. Suzanne is a breast cancer survivor. She had 13 of 16 positive lymph nodes and came very, very close to not making it.

Suzanne took a high dose of chemotherapy, radiation, bone marrow transplant, bilateral radical mastectomies to save her life. Because of those dramatic interventions, she has significant scar tissue under both arms that continues to tighten, making it very difficult for her to even lift her arms to write or to hug her four children.

The insurance company declined her doctor's request for scar-releasing surgery. They said, Oh, that is cosmetic. She had to take her case, Suzanne took her case all the way to the top of the insurance company's appeal chain.

When she arrived at the insurance company's conference room to discuss binding arbitration, there was a group of men sitting around the conference room holding copies of a picture of her bare chest, which had been submitted by doctors as evidence. Suzanne said, That was unquestionably intentional and felt demeaning and humiliating for me, and it certainly made it more difficult to present her case. Imagine going into a room filled with a bunch of men all with pictures of you naked showing your breast and your scar tissue.

Ultimately, the arbitrator ruled that Suzanne could have the scar tissue released on one side but not the other. That was akin to untying one arm from behind my back but leaving the other one tied or perhaps akin to King Solomon's famous solution to the issue of whose child was it when he was presented with two mothers claiming the same child, and he recommended that they cut the child in half to find out which mother actually cared more for the fate of the child.

That's frequently what arbitrators do. They split the difference. That's a commonly known theme.

I have a business background, and in our judicial system, sometimes if you take a case to court, they might decide whole-hog one way or the other. If you

go through a binding arbitration process, it's very, very common, doesn't always happen, but very common the arbitrator will try to split it down the middle. In this case, she can lift one arm but she can't lift the other.

By providing Americans more choice in health care coverage, we empower consumers to choose the insurance company of their choice. In a market system, it simply doesn't work if one or two companies and a monopoly or oligopoly have an 80 or 90 percent market share, as is the case with insurance in many markets today.

Through the exchange, we are providing a very vibrant and active marketplace where dozens and hundreds of insurance companies can compete, as does the public option. People like Suzanne will have the ability to go to other insurance companies to not be discriminated against based on their preexisting condition.

Hopefully, any insurance company that forces a woman to fight for a surgery she needs by showing up to a boardroom with 12 men and naked pictures of that woman's chest, that insurance company should lose business, and they will under any plan in which they face real competition, and that's exactly what the Democratic plan does. That's why Suzanne's story should be powerful testimony as to why my colleagues should join me in supporting health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a very moving story from Lucius Day of Littleton, Colorado. Lucius wanted me to share the story of their family's experience with health care.

Lucius was married 56 years ago. He and his wife didn't have health insurance at that time. Few people did. But within a few years, they, as many American families, they got their health care benefits provided from their employers and they always had at least one member of the family who was steadily employed. Lucius is, of course, now comfortably retired and he has Medicare. But, Lucius writes, his children haven't been as fortunate.

Their children have, like many Americans, experienced extended periods of unemployment and part-time employment. They have had extended periods of time under which they didn't have health care benefits and couldn't afford to purchase any meaningful health care insurance. On more than one occasion, one or more of Lucius's kids have been forced to rely upon emergency room health care, for which they were unable to reimburse their provider.

Lucius told me that all of the arguments against a government-provided health care option are, quote/unquote, nuts, and they are fundamentally flawed.

Lucius wanted me to share with you that we need public health care that covers the basic needs of everyone, and Lucius says if some want more health

care, they can buy it, but everyone should have basic health care as a right, not a privilege.

Through health care reform, Lucius's kids would be receiving affordability credits. What that means is, if you make \$20,000, \$30,000 a year or if you are in a family of four, even if you make \$40,000, \$50,000, \$60,000 a year and you don't get insurance through your employer, it's very hard to afford insurance on your own for your family. What do we do under this plan? You receive affordability credits. They are vouchers you redeem for the health care product of your choice.

Now, that won't be enough, just that step in today's market, because the cost of buying health care, if you are on your own, is outrageous, particularly if you have a preexisting condition. So we take a couple additional steps. One, we create an exchange. What the exchange does is it gives every individual and small business the same buying power as a multinational corporation with hundreds of thousands of employees. They can get those same rates that used to be reserved for the big boys.

The other thing we do is prevent pricing discrimination and exclusions based on preexisting conditions. So Lucius's kids would have access, if we can pass health care reform today, to real health care insurance and security for them and their families.

I hope that Lucius's story helps my colleagues to understand the human face behind why it's so urgent for us to pass health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a powerful story from Beth Hunt in Longmont. Beth asked that I share her story on the floor of the House of Representatives to help put a human face on health care reform for my colleagues.

□ 2250

Beth has a young family of four. It's a two-income household; but like a lot of two-income households, they're still struggling to get by. Beth gets her insurance through her job, and they cover the two kids under her plan. Her husband is a self-employed handyman. He works very hard; and as anybody knows who is a handyman or knows one, that can sometimes be a dangerous job. Beth can't cover her husband under her insurance because it was way too expensive. It would mean her checks from her job would go 100 percent completely to insurance with nothing to spare. Why? Well, her husband has high blood pressure. And they applied with many independent insurance companies, but they all denied him.

What are we supposed to do, asked Beth? Every day, I just hope, I just hope that nothing happens to him, Beth says, because they can't afford it. Beth says, I love him so much, and he deserves to have insurance. He works very hard at his job. Nobody is watch-

ing out for my husband. Nobody seems to care about us. Please help.

Health care reform will help Beth and her family. And here is how. Depending on the income level of the family, they're a family of four, if they make under \$72,000 a year under the House plan, they will receive affordability credits to buy insurance. That's vouchers that they get that they'll be able to take to the insurance provider of their choice.

Even if they make over \$72,000, if they make \$80,000 or \$90,000 they will finally have a low-cost option for Beth's husband. What is that option? It's the exchange. The exchange is a pool of individuals and small businesses that buy insurance together, effectively giving individuals that are covered, like Beth's husband who is in business for himself, the same kind of buying power and negotiating leverage in buying insurance that multinational corporations with hundreds of thousands of employees have. So they will be able to get that same favorable rate.

Another thing we do is prevent pricing discrimination and exclusions based on preexisting conditions. So just because Beth's husband has high blood pressure doesn't mean he won't be able to be covered, and they no longer will be able to deny him. He will be able to get inexpensive insurance through the exchange without pricing discrimination based on the preexisting conditions. That will afford families like Beth real financial security.

Health care reform will make families like Beth's and millions of other families across our country stronger, stronger because they have some degree of health care security, some degree of financial security, and they can go to bed every night without worrying about what they're going to do if, God forbid, they have a medical emergency.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a very powerful story from my home State of Colorado. But this story could be from San Francisco, California. It could be from Austin, Texas. It could be from Salt Lake City, Utah.

Carol from Denver is a single mom with two kids. Carol became disabled about 12 years ago while she was working at Burlington Northern Railroad. Because of that injury, in part, it's one of the reasons that led to her divorce because it became very hard for her and her husband. Carol got Kaiser Connections coverage through her church, but that only lasted 2 years. As soon as she had the coverage, she went in for severe headaches, and they found a brain tumor. Carol had surgery on the brain tumor, but they weren't able to remove all of it. And as soon as her 2 years were up, she was dropped. And of course, she is unable to get new coverage because of the scarlet letter that far too Americans wear: preexisting conditions.

Carol was still undergoing treatment when they dropped her, and she

couldn't continue taking the medicines that they had her on for seizures that were also causing her headaches. Also 2 months after her brain surgery, her ex-husband passed away. Now she's the only one that is there to support her 11-year-old son.

Carol tried getting coverage through a public-private partnership in Colorado that wanted about \$500 a month. That would be almost half of her income. She makes just over \$1,000 a month. She can't afford the rent, food, gas, no extra money. Try surviving on \$1,000 a month. How are you going to spend \$500 a month on health care?

Carol shared with me that she is desperate to get health care coverage, but she feels she keeps hitting a brick wall. She says if there is anything to this health care reform that can help me at this time, I would be forever grateful.

Carol, there is. And I call upon my colleagues in the House of Representatives to pass health care reform.

What would it mean for Carol? Well, at her income level, she would receive affordability credits, that is effectively a voucher, that she would be able to take to the insurance provider of her choice and that would basically pay for the cost of health care insurance. Those affordability credits are on a sliding scale. So for a family of two, they go up to about \$45,000 a year in income. So even if you're making \$35,000 or \$40,000, you still get some affordability credits. But at \$12,000 or \$15,000, they basically cover about 100 percent of the cost of health care.

Now, that's not just any health care. That's health care through the exchange, which is a low-cost option for anyone who is self-employed, buying insurance on their own, small companies. That will give Carol the choice of dozens, perhaps even hundreds, of insurance options in that exchange, one of which would be the public option. The others would be a plethora of private options that she would have the choice to choose.

Health insurance today is unattainable, unattainable for Carol and 45 million other Americans like her. By passing health care reform, we can help Carol and her 11-year-old son have a mother as he grows up. That's the face of health care reform.

As my colleagues cast their votes on health care reform in the coming weeks, I encourage them to remember Carol and her story, and the millions of others like her across this country.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a powerful story from Jeannette Thorner of Colorado. Now, Jeannette happens to live in Colorado; but she might as well live in Houston, Texas; Salt Lake City, Utah; or Portland, Oregon. Her story could occur anywhere. It could occur to any of us.

Jeannette's husband is self-employed, and they have always been able to obtain their own health insurance. Now, in their younger years where they didn't have any health issues, it wasn't

a problem. It was automatic. Like a lot of things, when you don't need it, it's there. But the real question is what happens when you need it.

In more recent years, Jeannette says it has been very difficult to get the coverage they need because of pre-existing conditions, some of which she says aren't even serious. Approximately 3 years ago, Jeannette couldn't get insurance coverage because of acid reflux problems. And she had to go, finally, with American Republic Insurance Company who did insure her, but of course excluded any coverage related to acid reflux disorders. The premiums were higher than they were with the previous plan, and they've gone up every year, and the coverage isn't even as good as before and doesn't include any prescriptions. Doctors' visits are limited to three a year with a maximum payment of \$100.

Well, 2 years ago, Jeannette was diagnosed with stage three breast cancer. Now she has been in a constant battle, not only for her health, but a constant battle with her insurance company to cover tests and treatments. Even when it was 100 percent clear that Jeannette's policy covered her treatment, her insurance company initially refused payment.

Now, Jeannette was on a drug called Femara for several years, and it's a very expensive drug. They're a middle class family. They don't qualify for public assistance. The least expensive price in the U.S.A. for this drug with a discount card is \$350 a month. What Jeannette does is she actually re-imports from another country for a lower cost. You're allowed to do that for your own personal use. And, unfortunately, many American families with no other alternatives are forced to resort to that. Jeannette's husband is now 67, and she is 64, almost there for Medicare. Jeannette knows there are many other people in her situation, and she asked us to do something.

What does health care reform do for Jeannette and others like her? First of all, we provide affordability credits, depending on your income level, so for a family of four, up to \$72,000 a year in income, you will receive vouchers or credits that will enable you to help pay for the insurance policy of your choice.

□ 2300

Secondly, you will have access to the insurance policy of your choice through an exchange. What is an exchange? Well, it is one large risk pool where there are many different insurance options available under one rubric. Effectively, the exchange has the negotiating leverage that previously only multinational corporations had, so an individual or small business seeking insurance will be able to get the same favorable negotiated rates that previously exclusively had been the domain of large corporations.

So we prevent pricing discrimination and exclusions based on preexisting conditions. Yes, Jeannette, your acid

reflux would not be excluded. Yes, Jeannette, you would not have lost coverage with your prior carrier because they would not have been able to cut you because of acid reflux.

For families like Jeannette's across the United States, it is critical that this United States Congress act now to pass health care reform.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you a story from Colorado of a resident of Lafayette. He is the president of a nonprofit, statewide organization that operates across several States, a well-known organization based in Boulder, Colorado, an organization with a philanthropic mission of promoting access to good education for the citizens of the Western United States. They do good work, and I attest to that, having served on the Colorado State Board of Education and having worked with them and many others in the education community.

He writes that in 2000, his organization was paying \$11,150 a month for their share of health care costs for their roughly 40 employees. Today, the organization is paying \$24,500 a month. Eight years, it has more than doubled. And, he adds, this buys less health care, because they have had to reduce the breadth of health care over time.

Spending twice as much for less. Sound familiar? I hear this story from hundreds and hundreds of businesses, from nonprofits, from individuals.

It is getting worse, folks. The cost of not taking action means that 10 years from now we will be asking ourselves again, why did it double in cost? Why are we getting less for twice as much?

For organizations like this nonprofit, as well as other nonprofits and for-profit organizations and small companies, it is critical that we pass health care reform; rein in growing costs; give small employers access to exchanges that give them the same negotiating leverage that large corporations have; have a public option that provides real competition with insurance companies; and make sure that no one is forced to choose between one or two providers in a monopoly or duopoly.

Let's empower consumers with choice and let them choose the insurance company of their choice. By creating that market dynamic, we can rein in growth in health care costs and make sure that organizations like this one won't be telling the same story 10 years from now.

Thank you, Madam Speaker.

Madam Speaker, I rise today to share with you the story of Barrett. Now, I went to high school with Barrett. I hadn't heard from him in a couple of years, and I was honored when he chose to share his personal medical story, not just with me, but asked me to share it with the people of the country and my colleagues here in the United States Congress as a way to encourage them to help support health care reform.

Barrett has been living with diabetes, like many millions of Americans, for

about 35 years. And yet, Barrett says, the biggest battle he faces is not the battle with the disease. The biggest battle that Barrett faces is his battle with the diseased health insurance system.

Barrett has no complications due to his diabetes, yet every year his insurance plan finds new and creative ways to increase his premiums with, of course, no benefits to him. For the last 7 years, Barrett used a product called Lantus insulin to survive, but his insurance company hasn't added it to its formulary. His insurance company states that it is not necessary to his overall health. Well, the reality is, says Barrett, "if I don't take it, I die." It sounds necessary to me.

Plain and simple, Barrett shared with me, insurance companies make more money from nonformulary drugs. Substantially more. The insurance companies and drug companies are turning huge profits. These two conglomerates understand there is a lot of money to be made.

"Let's face it," Barrett says, "the health insurance industry has become nothing more than legalized extortion."

You know, there are millions of Americans like Barrett; Americans who, because of a preexisting condition, through no fault of their own, any of us could be born with or develop diabetes, anybody could develop cancer. I had a friend with a healthy lifestyle, worked out and biked a lot, 41 years old, had a heart attack. You know, it can happen. That is going to be a pre-existing condition for the rest of his life.

Too many Americans bear the scarlet letter of preexisting conditions, like my friend Barrett.

In health care reform, we ban pricing discrimination and exclusions based on preexisting conditions, one.

Two, we empower consumers with choice through an exchange, forcing insurance companies, in some markets for the first time ever, to have real competition with one another, including a public option.

Three, we provide affordability credits to help middle class families afford health care.

Barrett asked, "What is the cost of my health to my wife and daughters?" Barrett says, "I would say it is worth more than the annual bonuses the executives get on top of their six-figure salaries."

Well, I agree with my friend Barrett. The life of Barrett, the health and financial security of his wife and family, the health and financial security of tens of millions of American families is worth more than the bonuses that insurance executives get.

I call upon my colleagues to support the Barretts of the world in your district and join me in supporting health care reform.

Thank you, Madam Speaker.

Madam Speaker, as we discuss health care in this body, and we have had a

good and healthy and extensive debate on health care over the last 6 months, and we will continue to over the next month or two, I think it is important to remember the human face; the face of our constituents who put us here to represent them; the face of a family whose 11-year old boy broke his wrist skating and didn't want to tell his mother because he knew it would bring tears to her eyes because of the financial ruin it could cause the family; the story of somebody who is a breast cancer survivor who can't get coverage because of a preexisting condition.

This is the face of health care in America today. And we can do better, and we will do better, and I call upon my colleagues in the House of Representatives to say, enough is enough. Let's make a health care system that we can be proud of, that makes American families stronger, and promotes our economic growth and our financial health.

SUPPORT FREEDOM AND DEMOCRACY IN HONDURAS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. MARIO DIAZ-BALART) is recognized for 60 minutes.

Mr. MARIO DIAZ-BALART of Florida. Madam Speaker, it is no secret that there are many challenges to democracy in our hemisphere. There are a number of anti-democratic regimes within our hemisphere that are doing everything they can to expand their influence, to expand their anti-American, anti-democratic, anti-freedom agenda across the hemisphere. But tonight I want to speak about a little country in Central America that is fighting a heroic battle to stop that trend, to keep their democracy alive, to keep their freedoms, their rule of law, their electoral process intact, and that is Honduras.

The people of Honduras, Madam Speaker, have for decades had a democratic process. It has been a process that, frankly, has been a model for many around the world. They have great established democratic institutions. They have had presidential and other elections on regular cycles. And that took place again in November of 2005 when a new President was elected. Mr. Manuel Zelaya was elected.

What happened though, unfortunately, Madam Speaker, is that president then started going in the same direction as other authoritarian regimes had gone, like Mr. Chavez in Venezuela.

□ 2310

And he started violating the Constitution. He started violating the rule of law, not to mention obviously, other things like massive corruption and theft and allegations of ties with the narco—with drug trafficking. But again, he also was violating the Constitution.

On March 23, 2009, right almost at the end of this man's term, he then started an illegal effort to try to change the Constitution so that he could stay in power, remain as President after his term had expired. Now, it's very interesting, we need to understand something, that because Honduras had had dictatorships in the past, their Constitution, which is revered by the people there, was very clear that you could not do that. You could only serve one term as President and that's it for life. You could not do it again. Article IV of that Constitution states very clearly that a President's term may never—is one term, and that that part of the Constitution can never be amended. In other words, a President cannot try to stay on after his term.

March 25, the Office of the Public Prosecutor, as again I mentioned, because President Zelaya tried to start the process so that he could remain in power, the Office of the Public Prosecutor begins investigating what President Zelaya is doing, focusing on the legality or the possible illegality of that proposed referendum to change the Constitution.

May 2009, because President Zelaya's actions were a clear violation of the Constitution, the Attorney General also petitioned the Administrative Law Tribunal to annul, to stop this illegal process that President Zelaya was trying to do, a referendum again so that he could keep himself in power.

May 11, 2009, the Office of the Public Prosecutor publicly states that the referendum violates the Constitution. On May 12, 2009, the Administrative Law Tribunal issues a temporary injunction, prohibiting this referendum that President Zelaya is trying to do to keep himself in power from taking place.

May 27, 2009, the Administrative Law Tribunal rules that the referendum violates the Constitution and orders suspension of all acts in its support. May 28, 2009, despite the referendum already having been declared illegal by the Administrative Law Tribunal, then President Zelaya continues to advocate for that referendum so that he can stay in power.

On May 29, 2009, the Administrative Law Tribunal clarifies its previous May 27 ruling, explaining that any and all acts that would lead to any vote or poll similar to the referendum that President Zelaya was trying to put forward is a violation of the Constitution.

On June 9, 2009, the appellate court, now, of the Administrative Law Tribunal unanimously, unanimously rules that Zelaya's actions violate the Constitution. I think you're starting to see a pattern here; that there is a broad consensus in the courts and everywhere that what Mr. Zelaya's trying to do to keep himself in power is in violation of their country's Constitution.

June 19, 2009, the Honduran appeals court orders the Honduran Armed Forces to not provide any support for this proposed referendum that the