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House of Representatives

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Ms. EDWARDS of Maryland).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
October 27, 2009.

I hereby appoint the Honorable DONNA F. EDWARDS to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

SHANNON MELENDI AWARENESS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, October 20, 2009 should have marked the 35th birthday of Shannon Denise Melendi; instead, she will be forever the 19-year-old victim of kidnapping and rape whose life was tragically ended at the hands of a ruthless killer.

Shannon was a gifted young college sophomore from Miami attending Emory University in Atlanta. In Miami, at Southwest High School, my alma mater, she was president of the junior and senior class and a champion orator who was captain of the debate team for 3 years. She was also in the National Honor Society and graduated cum laude in the top 3 percent of her class.

As a member of the Legal Eagles club, Shannon was an aspiring attorney whose ultimate goal was to sit on the Supreme Court. During her senior year, Shannon even spoke before the United Nations and Congress.

With grand dreams and a promising future ahead of her, nothing could have turned out to be more tragic than her disappearance. The news was devastating to her home community as it was to the Atlanta area where she had already established herself as a bright individual with an even brighter future.

She disappeared without a trace on March 26, 1994 while working at a part-time job at a softball country club. Shortly after, the first 10,000 posters and 60 billboards went up in Atlanta with Shannon's picture declaring her missing. Not long after that, her father, Luis Melendi, had the signs changed to ''kidnapped.''

Calvin ''Butch'' Hinton was named as a suspect. He was a coworker and an umpire she knew through her part-time job. Many pieces of evidence linked him to the disappearance of Shannon, but unfortunately not enough for a solid case. In a strange twist of fate, this demented man burned down his own home to keep the authorities from investigating him further, but he was sentenced to 9 years in prison for fraud when he tried to collect insurance on that house fire.

Then, more than 11 years after Shannon had disappeared, Hinton had just been released from prison when he was rearrested and placed on trial for Shannon's murder. After many heart-wrenching moments in the trial, the verdict came back guilty and Hinton was sentenced to life in prison.

Because of the atrocious acts of this horrible man, a bright young life was extinguished and the world is forever poorer because of it. Chillingly, though, this murderer is up for parole in 2011. With the confessed perpetrator behind bars, we have the comfort of knowing that no other person can fall victim to him, and that is why we should fight to keep him there in prison. Unfortunately, many perpetrators are roaming the streets today still preying on the most innocent of victims. Let us make sure that Calvin Hinton is not one of them.

Shannon's parents, Luis and Yvonne, as well as her sister, Monique, are still active today in efforts to protect children by strengthening our laws and protecting and educating youth and their families about violence and perpetrators. They honor their daughter and their sister, Shannon, and the countless other children like Shannon through their work. Shannon's story must serve as a reminder to students that they must always be aware of their surroundings and stay safe.

As a mother and grandmother, I cannot imagine the heartache the Melendis have gone through. Luis Melendi still speaks to high school seniors about the dangers posed by perpetrators and reminds them that this could happen to anyone. Last week, on what should have been their daughter's 35th birthday, the Melendi family spoke to the students at Coral Shores High School in Tavernier to keep Shannon's memory alive and to drive home the idea of being aware and being safe. With these efforts and the laws that we pass, we can help protect our Nation's youth.

It is in honor and remembrance of Shannon Melendi that I urge my colleagues to remain champions and protectors of our youth. Through the life of Shannon Melendi we know that even though it was short, we can make sure that the lessons learned from her murder last eternally.

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I thank the Speaker for the time, and we will always remember Shannon.

REVITALIZING OUR ECONOMY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Madam Speaker, the challenge for all America, not just the new administration and Congress, but our communities, our businesses, especially American families, is how to revitalize our economy. There is a great deal of contention occasionally here in Washington, D.C. about the best approach, but this problem takes on a new urgency as the experts now tell us that while the economy appears to be recovering, the jobs aren't: A jobless recovery, posing special problems for Americans from coast to coast.

But beyond the problems with the economy, there are serious issues dealing with the state of repair of America; our electrical grid is inadequate and unreliable, too many roads and bridges are in serious disrepair, and there are problems with inadequate or nonexistent sewage collection and leaking water mains. And there is environmental damage in sites from coast to coast with Superfund, brownfields, even unexploded ordnance and military toxics on military defense locations.

The opportunity and the challenge is to combine the problems with the economy with what we need to do to rebuild and renew America. Luckily, this is a solution that is overwhelmingly supported by the vast majority of Americans—Republicans, Democrats, and Independents. This is a solution that in times past has been able to bring together people in Congress to deal with the revitalization of our infrastructure.

We have opportunities right now. There is pending a reauthorization of the Surface Transportation Act. If Congress acts, and the administration signs it, this could mean 6 million jobs revitalizing transportation from coast to coast, border to border.

I have legislation, House bill 3202, a water trust fund, that would enable communities to deal with serious problems like leaking water mains. We lose 6 billion gallons of water a day, enough to fill Olympic size swimming pools from here to Pittsburgh. Coincidentally this bill can help fix these problems while putting hundreds of thousands of more Americans to work dealing with those problems.

The administration has requested, and we have introduced, legislation to reintroduce the Superfund tax to deal with the problems of Superfunds again that are found in every State of the Union. Left unattended, the pollution actually gets worse and migrates, becoming more expensive to clean up over time. This is an opportunity to solve the environmental problem and return this land to productive use.

This is something that America supports. The time for the Obama administration and this Congress to unite on a vision to rebuild and renew America is now, to enact it into law and provide appropriate funding. This action will pay dividends to Americans for decades to come, making our communities more livable and our families safer, healthier, and more economically secure.

AARP GETS FREE PASS IN HEALTH CARE DEBATE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Madam Speaker, does America's biggest senior citizens organization, AARP, get a free pass in the ongoing health care reform debate?

Speaker PELOSI recently called insurance companies ''immoral villains,'' and Senator JAY ROCKEFELLER derided their tactics as ''rapacious,'' yet the majority has simultaneously relied on an organization that has received billions of dollars in windfall profits from those same insurers as an ''independent'' source to support their government takeover of health care—AARP.

The Democrat majority has even relied on AARP's support for legislation, S. 1776, that would increase the Federal debt by nearly $250 billion to fund physician reimbursements, even though the bill would raise seniors' Medicare premiums by over $60 billion. AARP opposed unpaid-for legislation as recently as December for the very same reason.

An analysis of Democrats' rhetoric and actions provides evidence why AARP may have changed its position. In exchange for its support of a government takeover of health care, AARP has received special considerations regarding several provisions in health reform legislation that could benefit the organization quite handsomely.

While the AARP Web site claims that the organization supports ''guaranteeing that all individuals and groups wishing to purchase or renew coverage can do so regardless of age or preexisting conditions,'' a review of the New York State Insurance Commissioner's Web site finds that AARP-branded Medigap coverage imposes a 6-month waiting period for individuals with preexisting conditions. Yet section 111 of H.R. 3200 would exempt Medigap policies from new limits on preexisting condition restrictions, thus allowing AARP to continue to deny Medigap individuals with serious health conditions.

The health reform bill approved by the Senate Finance Committee would eliminate the tax deductibility for all insurance company executive salaries over $500,000. However, as drafted by the committee, the legislation would exempt AARP from this requirement, even though fully 38 percent of its $1.1 billion in 2008 revenue came directly from royalty fees paid by United Health Care—more than AARP received in membership dues, grant revenue, and private contributions combined.

But for Chairman BAUCUS' exemption, AARP salaries would in fact be subject to the penalties in the Finance bill. In 2008, then CEO William Novelli received total compensation of $1,005,830, more than 78 times the average annual Social Security benefit of $12,738.

According to a story published today in the Washington Post, AARP collected $650 million in royalties and other fees last year from the sale of insurance policies, credit cards, and other products that carry the AARP name. One of the main products that AARP pushes are so-called Medigap insurance policies for senior citizens. These policies supplement existing Medicare policies that seniors already have.

So what's the big deal? Well, in case you missed it, AARP is helping push the Democrats' big government version of health care reform. They've been a vocal proponent of the government-run health care proposal before Congress. Interestingly, the proposal before Congress slashed funding for a Medicare program called Medicare Advantage. This program is especially popular with seniors in my district. About 40,000 seniors in my district enjoy the benefits of a Medicare Advantage plan, but these plans will be killed off under the Democrats' government takeover of health care, and AARP has been pushing this brand of health care reform.

AARP has the right to offer services to its members, but pushing for a version of health care reform that will hurt millions of seniors who have Medicare Advantage plans and that will almost certainly increase shares of AARP's Medigap policies is a very dangerous conflict of interest.

AARP has hundreds of millions of dollars in insurance revenue on the line in today's health care debate. I think America's seniors deserve to know the facts about how health care reform will affect them, and it appears that AARP may have a few too many dogs in this race to be an impartial source of information.

□ 1045

CHOOSING HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. I thank the Speaker.

I rise today to support the economic engine of America—our small businesses. Small businesses represent more than 99 percent of all businesses in this country and employ more than 50 percent of the private sector, nonfarm workforce. In fact, 25 percent of the total job growth from 1992 to 2005 came from those small businesses with

fewer than 20 employees. For all businesses, large and small, the employment growth rate during that period was 19 percent, demonstrating that small businesses led the way to economic growth. Simply put, the health of America's small businesses is the health of the American economy.

Unfortunately, the cost of keeping the employees of small businesses healthy is imperiling the financial health of many of these same businesses. Under our current health care system, where larger companies pool their risks over larger workforces to purchase insurance for lower rates, small businesses are paying up to 18 percent more per employee for health care coverage than their larger competitors. Sadly, it's easy to see how this happens. Indianapolis small businessman Bruce Hetrick testified at a House committee hearing earlier this year that his wife and business partner, Pam, got cancer and the insurance company said that the premiums for the 15-person firm would rise 28 percent. When his wife tragically passed away 1 month prior to the higher premium taking effect, the insurance company still increased the entire firm's premium by 10 percent. Due to the current health care system, one illness in a small business can have drastic consequences for everybody.

In fact, from 1999 to 2007, for all businesses, large and small, the employer contribution for health insurance coverage for families increased 120 percent, from $4,247 to $9,325. Employees did not fare any better, as their own individual premiums increased almost 118 percent in that time period. While large businesses were better situated to keep costs down due to bigger risk pools, reduced administrative costs and lower insurance broker fees, small businesses often have but one unpalatable option with respect to health care.

More and more small businesses are unable to afford health insurance for their employees. In 1995, 68 percent of small businesses offered health care. Only 38 percent offered health care this year. While just 10 percent of employees at large businesses are uninsured, 29 percent of employees at firms with fewer than 25 employees have no health insurance. Those small businesses that currently offer health care often are forced to reduce benefits due to those increasing costs. Family deductibles are roughly 60 percent more for companies with fewer than 50 employees.

Without reform, Madam Speaker, small businesses will have to continue reducing benefits and increasing costs. According to the National Business Group on Health, in 2010, and I quote, employers and employees will face shockingly higher health care costs. Madam Speaker, those premiums are projected to increase another 10 to 20 percent—next year. This year, small businesses will pay $156 billion for their employees' health care. Without reform, those costs will more than double to $339 billion by 2018, just 9 years hence. Over the next decade, small businesses will suffer the cumulative impact of these increased costs of between $546 billion and $855 billion. In other words, absent reform, small businesses' health care costs will hit $2.4 trillion in this time period.

As they have done over the last few years, small businesses will be forced to choose between their economic health and the health of their employees. Without health care reform, the increased costs over the next decade will force many small businesses to lay off employees. Those increased costs represent up to 178,000 employees—178,000 Americans who can lose their jobs because their employers can no longer afford the cost of health care.

Fifty-seven percent of existing small businesses already have had to eliminate health care coverage, and more soon will be forced to do the same. Twenty-nine percent of small business employees have no insurance of any kind. According to the Kaiser Family Foundation's recent survey, 8 percent of existing businesses said they will eliminate health care entirely this next year.

Increasing health care costs are crippling our small businesses and small business employees. Although every company faces increasing costs, under the existing health insurance system the economic burden falls disproportionately on small businesses.

Madam Speaker, I support health insurance reform that will lower the cost of health care to these small businesses and their employees; and I urge adoption of reform.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. DANIEL E. LUNGREN) for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, we are engaged in a serious debate on health care reform in this country, and there are those who believe that the only way to solve this problem is through a Washington, D.C. Federal Government takeover of health care. And I say that advisedly because I've looked at the bills that are the serious bills in the Senate and the House that are going to be presented to us at some point in time, or at least parts of them are.

One of the things that is obvious to me is that these bills stand on a number of different principles, and one of them is that there will be a requirement that every living man, woman and child must have health care insurance as defined by the Federal Government or be subject to a fine. Now they call it a tax but it is truly a fine. And the question is whether that is an appropriate exercise of authority by the Federal Government.

Some people say, Why do you even get involved in this sort of thing? Why would you even ask that question? Well, because the history of this Nation is a history of a nation that was established on the concept of individual liberty, freedom with responsibility. And because it was, our Constitution gave us a limited Federal Government, a Federal Government that could not do everything and anything it wishes to do. It is perhaps the inconvenient truth in this debate, or perhaps I should say the Constitution is the inconvenient truth.

Let me just cite what James Madison, often called the Father of the Constitution, said in the Federalist Papers, the documents that were written and then placed upon the public in order to get States to ratify the Constitution. This is what he said:

In the first place, it is to be remembered that the general government is not to be charged with the whole power of making and administering laws. Its jurisdiction is limited to certain enumerated objects.

Congress, in other words, can't get up in the morning and just say, Well, we see a problem; therefore, we're going to fix it and we're going to impose the authority of the Federal Government upon this problem by way of our solution.

Think of this: The President of the United States spoke here from the rostrum behind me in his joint session to the Congress a little over a month and a half ago; and at that time he argued that an individual mandate was constitutional, or was lawful because, he said, it is similar to what you have to do to drive in this country. You have to have insurance to drive on the public road. But there's a fundamental difference. If you analyze all the legal authority on this question, it is not that you have a right to drive on public roads, it is a privilege, and therefore it can be conditioned by the purchase of insurance.

What we're saying here is your right to breathe in the United States, to continue to exist in the United States, will now be conditioned on you buying health insurance; and if you don't, you will be fined, we are now told $1500, and if you don't pay the fine you can be jailed; not because you want to enter into the United States as an immigrant, not because you're asking anything of the United States but, rather, for the right to exist in the United States.

There are those who say that the commerce clause is so expansive, it can include everything. Well, the courts have told us it is not that expansive. Even as they have broadened its application, they have said it is limited to an economic activity that affects interstate commerce. And if we are going to say that the right for you to breathe in the United States, the right for you to exist in the United States, is an impact on interstate commerce, there is nothing left that the Federal Government cannot do.

That's why this debate over health care is important for many different

reasons. But if we are going to allow the government to take away our liberty, to allow the Federal Government to say there is nothing you can do in this country, including breathe, unless you have the permission of the Federal Government to act in a certain way, and if you don't act in that certain way, you will be fined, and if you do not pay the fine you will be jailed, there is absolutely nothing left of the freedom that this country was based upon.

The former Vice President of the United States likes to talk about inconvenient truths. The great inconvenient truth in this country is the U.S. Constitution. Let us not fail in our fidelity to it.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 55 minutes a.m.), the House stood in recess until noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BLUMENAUER) at noon.

PRAYER

The Reverend Chris Williamson, Strong Tower Bible Church, Franklin, Tennessee, offered the following prayer:

Our Father, we thank You for this opportunity to gather together and seek Your wisdom. We acknowledge You as our great God and king, and it is our desire to do the things that please You.

In centuries past, You have proven Your love to us, and You have blessed us bountifully to the degree that we constantly ask You to bless America.

But Father, in these pressing times, we rise up and America chooses to bless You. We bless You for Your love. We bless You for Your grace. We bless You for Your power, and we bless You for Your son, the Lord Jesus Christ.

Please guide these men and women as they discuss matters today that affect so many people in our great Nation.

We promise to give Your name all of the praise for any good thing that happens as a result of our meeting together.

These and many other blessings we ask in the name of our Savior, Jesus Christ, Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr. LANCE) come forward and lead the House in the Pledge of Allegiance.

Mr. LANCE led the Pledge of Allegiance as follows:

> I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

HONORING THE REVEREND CHRIS WILLIAMSON

The SPEAKER pro tempore. Without objection, the gentlewoman from Tennessee (Mrs. BLACKBURN) is recognized for 1 minute.

There was no objection.

Mrs. BLACKBURN. Mr. Speaker, I ask my colleagues to join me today in welcoming Pastor Chris Williamson of Franklin, Tennessee, as he serves as our honorary chaplain for today.

He brings with him today the associate pastor from his church, Anthony Hendrix, and also a longtime friend of mine, Scott Roley, who is now the senior pastor of Christ Community Church.

The music industry is really what brought Pastor Williamson to middle Tennessee, and as his music performance career ended, however, he really felt a calling to the pulpit.

In 1995, he founded the Strong Tower Bible Church and has built Strong Tower into one of Franklin's most dynamic and well-known churches. My colleagues will be interested to know that Congressman JOE PITTS' son and his family attend Strong Tower. His commitment to racial reconciliation is evident through his work as an author, his mission work, as well as the intentional multiethnic and diverse background of his congregation. He is a devoted family man, and I appreciate the opportunity to represent his fine family in Congress.

Please join me in honoring him on his service to the House of Representatives today, and I wish him only the best in the years to come.

HEALTH CARE REFORM

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

Mr. BOSWELL. Mr. Speaker, I rise today in support of the important strides Congress is making toward our Nation's health care reform.

I am pleased the Senate will be including a public option in their version of the health reform bill. A public option is absolutely essential. America's health insurance industry needs a mechanism that will level the playing field and protect consumers. The public option that we create must be fair and pay doctors and hospitals accordingly.

Many of us are very concerned that our rural doctors and hospitals are having many troubles. That is why I support language that will direct the Institute of Medicine to study the Medicare reimbursement formula and direct the Secretary of Health and Human Services to fix these flawed reimbursements.

Medical professionals in my home State of Iowa were recently ranked second by the Commonwealth Foundation for providing some of the best care in the Nation. Yet when we are reimbursed by Medicare, they receive half as much per enrollee compared to many other States. Without fair pay, these providers will be pushed further into the red and out of Iowa and other States with the same problem.

The studies that we have proposed to revise Medicare reimbursement rates and create quality measures will pave the way.

HEALTH CARE

(Mr. BOEHNER asked and was given permission to address the House for 1 minute.)

Mr. BOEHNER. Mr. Speaker and my colleagues, as we stand here, the health care bill is being written in secret in Speaker PELOSI's office and over in the Senate by Senate Majority Leader HARRY REID, even though the President of the United States during his campaign made clear that these negotiations ought to be out in the public and we ought to have C–SPAN cameras in there to allow the American people to see who is fighting for what side. Yet, it is not happening. It is being written in secret.

And no wonder it is being written in secret because the Democrat majorities are doing exactly what the American people don't want: a big government-run plan. I wonder if the 53 new agencies, boards, commissions and mandates that were in the original House bill will continue to be in this bill that is being written in secret.

But this bill is in secret for one big reason. It is going to cost over $1 trillion. It is going to raise taxes. It is going to have mandates on individuals. It is going to destroy jobs, and it is going to cut Medicare for our seniors.

What cuts to seniors are going to be in this bill? No one knows. All I know is that there were $162 billion worth of cuts to Medicare Advantage in the original House bill, $162 billion, and I have 27,000 Medicare Advantage enrollees in my district. And according to the Congressional Budget Office, some 80 percent of them are likely to lose their health coverage under this proposal.

Republicans have better solutions. Just go to healthcare.gop.gov and see the Republican solutions that will help make our current system work better and not have this big government takeover of our health care delivery system.

BOOSTING SMALL BUSINESS LENDING

(Mr. MICHAUD asked and was given permission to address the House for 1 minute.)

Mr. MICHAUD. Mr. Speaker, I rise today in strong support of the President's effort to boost small business lending.

Later this week, we will be taking up a bill that my colleagues and I on the Small Business Committee drafted to do just that. Each year, the bill is expected to support $44 billion in small business lending, helping to save or create 1.3 million jobs annually. Small businesses are the backbone of Maine's economy, and they are key to our economic recovery.

The recession and credit crunch have hurt small businesses' access to capital, and they cannot afford inaction. This bill will give them additional resources when they need it the most. I urge the Senate to join the House in passing a strong bill that we can get to the President's desk as soon as possible.

HEALTH CARE

(Mr. CANTOR asked and was given permission to address the House for 1 minute.)

Mr. CANTOR. Mr. Speaker, I rise in the midst of the increasing momentum we detect on the other side to push through a government takeover of health care in our country. To me, it is about four distinct questions.

One, does anyone believe that the passage of a $1 trillion bill, does anyone believe that won't aggravate the deficit? I think the answer is resoundingly ''no.''

Secondly, if it is going to be $1 trillion, who is going to pay for that? Well, we know that the majority is talking about small businesses and seniors paying for that.

Third, does anyone really think that the health care overhaul being proposed is going to make your health care better? I don't think so.

And lastly, is there any guarantee that this government is not going to get in between you and your doctor? Mr. Speaker, I say to that, the answer is ''no.''

We Republicans have a better way. We believe we can accomplish reform aimed at the discrete problems that exist, to fix those, and then expand health care opportunities for those who do not currently have it.

HEALTH CARE

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

Mr. KENNEDY. Mr. Speaker, the other side talks about the health care reform bill costing a lot of money. Right now, consumers in America are spending millions and millions of dollars paying that to the insurance companies. One-third of the health care dollar goes to no such thing as health care; it goes to the insurance companies. That's why the Democratic proposal restricts the amount of money that insurance companies can spend on bureaucracy. That's where the out-of-pocket expenses actually go to health care. That sounds like a smart idea to me.

Furthermore, the insurance companies can no longer discriminate against preexisting conditions, no longer can discriminate against people who need health care. That sounds like a good idea.

Finally, talking about reducing deficit spending, this bill requires insurance companies to keep costs under control. That saves the government money and reduces the deficit because the biggest spender in health care is the Federal Government through entitlements.

I don't know why the other side is so hell-bent on protecting insurance companies' medical inflation that only adds to the deficit in this country.

HEALTH CARE

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

Mr. PENCE. Mr. Speaker, at nearly $1 trillion in spending and tax increases, the Democrat health care bill is a bad deal for taxpayers; but it is a worst deal for American seniors, and senior citizens deserve to know about it.

Included in the Democrat health care plan are massive cuts in Medicare Advantage, $162 billion in reductions in this popular program. As a result, Medicare Advantage plans will drop out of the program, limiting seniors' choices and causing many to lose their current health care coverage through Medicare Advantage. This will have an exceptionally negative impact in rural areas, like my district of eastern Indiana.

According to the Congressional Budget Office as well, the Democrat's health care plan will increase the cost of Medicare prescription drug premiums by 20 percent in the next decade.

The President said, If you like your current plan, you can keep it. Well, after looking at the Democrats' plan for seniors, I guess he wasn't talking about senior citizens when he said that.

HEALTH CARE

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute.)

Mrs. DAVIS of California. Mr. Speaker, no doubt, the national discussion over health care reform has been emotional for all Americans. People from every corner and every background of our country have had a chance to tell their story, to weigh in on this issue.

Many of the stories we have heard from our constituents back home have been personal—they have been heartbreaking—about struggles with the health care system. Those kinds of experiences can sometimes be difficult and they can be emotional to share, but they have played an important part in the conversation.

Because we are starting to see that in our uniquely American way, all of that passion is being channeled to productive change. We are close to bringing forward a potentially life-changing bill.

Just think about what this means. For the first time, millions of uninsured Americans can have access to health insurance and all of us will have health security knowing we can't lose our coverage. Ultimately, voting on reform means voting to give millions of Americans peace of mind.

HEALTH CARE

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

Mrs. MCMORRIS RODGERS. Mr. Speaker, this morning I find myself reflecting on a recent town hall meeting where nearly 1,000 people showed up, many of them seniors, and they were not happy. In eastern Washington in my congressional district, it is estimated that 20,000 seniors may lose their health care because of the cuts to Medicare Advantage. H.R. 3200 cuts $162 billion from that program, and they are cuts that hit especially those who live in rural communities the hardest.

The Obama administration promised Americans that if they liked their doctor, they could keep their doctor; if they liked their health insurance plan, they could keep it. But I guess that doesn't apply to seniors.

These are real cuts to Medicare Advantage, and it will mean canceled insurance policies and higher premiums. For those living on a fixed income, this could mean less money for food, clothing, and shelter.

House Republicans are committed to a step-by-step approach to addressing health care that will start by reducing the cost drivers. We should pass these cost control reforms rather than financing a government takeover on our Seniors.

□ 1215

EDUCATION REFORM

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, one of the most notable improvements I've seen since the beginning of this administration is the importance the President has placed on education.

I know I'm not alone in recognizing how President Obama and Education

Secretary Duncan have changed the tone in the education community. Last Friday, David Brooks used his column in the New York Times to praise the President and the Secretary for their efforts in raising the bar on education reform. Partnering with Congress, they have set high standards and are providing $5 billion in competitive grants to those States that can best demonstrate their commitment to reform. As a result, there is real excitement among the States to put their best education reform foot forward as they gear up for the competition for these grants.

At a time when the U.S. is falling behind other countries in educational attainment and at a time when State budgets are stretched thin, we need to focus more, not less, on strengthening education in our country to enable us to compete in the global economy.

HEALTH CARE

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

Mr. DREIER. Mr. Speaker, last month, President Obama stood right behind me here in our Chamber and delivered an address to a joint session of Congress in which he said, ''Anyone who mischaracterizes our bill, we will call you out.'' His next line was, ''I will not accept the status quo.''

Well, Mr. Speaker, we all know that no one—no one—wants to accept the status quo. I've been listening to my California constituents, and they've been saying that we need to have exactly what our colleague from Washington (Mrs. MCMORRIS RODGERS) described as a step-by-step approach. They know and understand that a massive government takeover of health care is not the answer to our problem; in fact, it could exacerbate the problem, especially with the proposed Medicare cuts that will hurt our seniors.

We need to do things like allow people to purchase insurance across State lines, giving them a chance to have the best quality product at the lowest possible price. We need real medical liability reform, which, according to the Congressional Budget Office, will bring about a savings of $54 billion. We need to have the step-by-step approach that Mrs. MCMORRIS RODGERS said that we need. Let's make it happen.

HEALTH CARE

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, we are so close to achieving quality, affordable and accessible health care for all Americans.

If we were playing football, the team in support of consumer choice, the public option, is in the red zone, and we are determined not to go three-and-out as we've done for the last six decades. At last, we are going to take health care reform with a robust public option right across the goal line. Yesterday, the Senate Majority Leader helped ''move the chains'' when he inserted a strong public option in the Senate health care bill. This move down the field positions us one step closer to meaningful reform.

Now my colleagues in the House and I are keeping our offensive line strong in support of a robust public option, but it's time to score this touchdown for the American people, for the middle class, for working people and the young people, including those in the Hillside program at Central High School who bear the burden and brunt of this failed health care system.

The status quo is unacceptable and it's a losing strategy. Including a robust public health option is real consumer choice; it's the logical option to scoring the goal and achieving success.

FUTURE ACCESS TO QUALITY HEALTH CARE

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS. Mr. Speaker, I rise today to address the looming health care debate here in Washington, D.C.

The American people know the truth about the Democrat health care proposal. We know that it's full of mandates, full of taxes, and will result in further job losses, but it also cuts reimbursement to physicians and hospitals and creates an even larger access problem.

In the proposed health care reforms, congressional Democrats are racing to create an unsustainable government-run health care plan that would reimburse physicians and hospitals no more than 30 to 60 percent of market rates.

Public safety-net hospitals like Parkland Hospital—which serves as a critical health care provider to many in Dallas, Texas—need to keep their doors open to make this plan successful. My Republican colleagues and I believe that we need to guarantee physicians and hospitals adequate reimbursement for their services to ensure the American people have access to a delivery system that works—not mandates, not taxes, and not job losses.

HEALTH CARE

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

Mr. TONKO. Mr. Speaker, I rise this afternoon to tell you about a constituent of mine who is waiting on Congress to pass comprehensive health insurance reform.

Karen Rozzell resides in Colonie, New York. She had to quit her job as a cashier because her diabetes got so bad she couldn't stand and she hasn't been able to find other work. When she left her job, she and her husband lost their insurance. They thought they could rely on COBRA, but it cost them too much and they were forced to let their insurance lapse. Her husband, a painter, doesn't have access to health insurance through his employment.

As a diabetic, Karen should be seeing a doctor regularly, but she doesn't. A couple of years ago she was hospitalized for a staph infection; she was only able to stay in the hospital until the infection was cleared up. She signed herself out before her doctors wanted her to because she knew she couldn't afford the cost. It took her years to pay that bill.

After living without insurance, her husband was diagnosed with chronic obstructive pulmonary disease, but the cost of his treatment and medication is out of reach for them. She told me she worries every time her husband sneezes.

No one in this country deserves to live in fear like this. We need health care reform.

CONGRESS—LISTEN TO THE VOICES OF THE AMERICAN PEOPLE

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

Mr. MCCOTTER. In Michigan, the people know what the most important issue facing this Congress is: It's called jobs. My State has a 15.3 unemployment rate; it is expected to rise. And yet what we see in Congress is an unwillingness of the majority to listen to the concerns of the American people. They want this economy fixed; they want to provide for the livelihood of their families; they wish to pursue their happiness. And yet they watch a Congress that is willfully intent upon passing a partisan, government-run health care bill despite the voices of the American people.

I suggest that if we are to restore sanity and prosperity to these uncertain times, that this Congress start to listen to the voices of their constituents and start to act accordingly. That is why we have a representative government.

HEALTH CARE

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

Mr. ELLISON. Mr. Speaker, need I remind this body that between the years 2000 and 2006, the party apposite controlled the White House, the House of Representatives, and the Senate. What did they do for the American people regarding health care? Nothing; nothing at all. They didn't do anything to help the American people. And now that the Democratic Caucus is within a hair's breadth of delivering real reform, all we hear about is death panels, sex school clinics, and now, oh, my

God, the Democrats are after the seniors.

Seniors of America, in 1965, when Medicare was passed, only 22 Republicans voted for it; probably none will vote for health care reform now. Remember that at the polls.

JOBS AND HEALTH CARE

(Mr. MCCARTHY of California asked and was given permission to address the House for 1 minute.)

Mr. MCCARTHY of California. Mr. Speaker, as a former small business owner, I know that success is measured by results. If you don't achieve results, you have to rethink your approach to make your business successful. The same cannot be said of this Congress. Bipartisan stimulus ideas to help small businesses grow jobs were ignored. Instead, a $1 trillion spending bill was crafted behind closed doors with the stated purpose to create 3.5 million jobs. The results? We now find ourselves with an unemployment rate not seen in over 25 years. In my home State of California alone, the White House predicted that 396,000 jobs would be created. Well, 336,000 jobs, and counting, have been lost. So where are the jobs?

Now in addressing health care, the Democratic majority is again crafting a bill behind closed doors. Can we expect the same lack of results? Likely. Because how do you save money for American families and small businesses by raising taxes and once again ignoring bipartisan ideas, like lawsuit abuse reform?

Our families deserve better; our small businesses deserve better; America deserves better.

HEALTH CARE REFORM

(Mr. PIERLUISI asked and was given permission to address the House for 1 minute.)

Mr. PIERLUISI. Mr. Speaker, I rise in strong support of Congress' efforts to reform our Nation's health care system. Too many Americans have no health insurance or are a job loss away from losing their insurance, and reform will give them access to secure, affordable coverage.

The House bill will also benefit the vast majority of Americans who already have insurance. Your insurance company will no longer be able to deny you coverage or raise your rates because of a preexisting condition. Your insurance company will no longer be able to drop or reduce your coverage when you get sick.

Mr. Speaker, I represent nearly 4 million U.S. citizens from Puerto Rico. My fellow delegates from the territories and I have fought hard to make certain that the House bill is fair to our constituents who are no less American than their fellow citizens in the States and are no less deserving of care.

Thanks to the determined efforts of our leadership, I am confident that the House bill will ensure that quality health coverage will be available for all Americans, whatever their financial means and wherever they happen to reside.

GOVERNMENT TAKEOVER SLASHES MEDICARE FUNDING

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, what does a government takeover of health care mean for seniors? It's simple. According to the Congressional Budget Office, the Democrats' health care and tax increase bill slashes funding for Medicare Advantage plans used by millions of seniors across the country.

All told, the Democrat plan cuts $162 billion from Medicare Advantage. That will directly affect the 40,000 seniors in my mostly rural North Carolina district who enjoy Medicare Advantage plans. With such huge cuts, Medicare Advantage plans are expected to disappear, limiting seniors' choices and causing real hardships for seniors in rural areas who simply don't have many options.

So much for the President's promise that ''if you like your current plan, you can keep it.'' Sure, this promise is true, unless of course you're one of the millions who will lose their plan.

The bottom line is this one-size-fits-all government-run plan and tax increase combination is bad news for America's seniors.

HEALTH REFORM

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

Mr. LANGEVIN. Mr. Speaker, I am very encouraged by the progress being made on health insurance reform in this Congress. Where we are in this health care debate is truly historic. However, we're not there yet, and we cannot let this opportunity pass us by.

For millions of people without insurance, health reform will mean access to affordable, quality coverage. But what will it mean for people who already have coverage? For them, health reform will create stronger consumer protections that ensure coverage isn't dropped or scaled back when they get sick. It will ensure a lower out-of-pocket cost to make coverage more affordable, and it will provide greater access to routine checkups and preventive care. It will ensure real competition and transparency in the health insurance market so the American people are getting the best plans at an affordable price.

In short, health reform will mean security and stability for millions of Americans, and we should not make them wait any longer for these commonsense reforms. The time to act is now. This is a historic opportunity for the American people, and this Congress cannot let them down.

DEMOCRAT HEALTH CARE PROPOSAL HARMS SENIORS

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

Mr. WILSON of South Carolina. Mr. Speaker, Democrats are proposing $163 billion in cuts to the Medicare Advantage program as part of their government takeover of health care. A crucial program, Medicare Advantage offers seniors greater choice and affordability, the primary goal of health insurance reform. But Democrats want to cut funding for this program.

Squeezing senior citizens out of their current health insurance plan in order to impose new taxes and unworkable government mandates onto American families is not the way to reform health insurance. We need targeted reforms that will expand opportunities to get insurance, like association health plans and purchasing insurance across State lines.

The Republican Study Committee, led by Dr. TOM PRICE, has offered H.R. 3400 to promote affordability and accessibility for American families and small businesses.

The American people have a choice on how we reform. We do not need a big government takeover which will destroy 1.6 million jobs, according to the NFIB, the voice of small business.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

□ 1230

HOUSEHOLD VIOLENCE

(Mr. QUIGLEY asked and was given permission to address the House for 1 minute.)

Mr. QUIGLEY. Mr. Speaker, October is Domestic Violence Awareness Month, and now, more than ever, it is time to draw attention to household violence that results in more than 2 million injuries and 1,200 deaths among women each year.

Estimates of assaults on women by partners range from approximately 2 million to 4 million annually. Sadly, we have no real idea of how many incidents of violence actually occur each year because so many go unreported.

Those unreported incidents are the reason Domestic Violence Awareness Month is so vital. Only when we are no longer afraid to speak out about domestic violence will we empower those who currently suffer in silence. In my State of Illinois alone, there were 114,921 reported cases of domestic violence in 2006.

It is for those thousands of women and the countless others who suffer silently that I speak today. It is for those women that I encourage my colleagues to pass House Resolution 817, which supports the goals and ideals of National Domestic Violence Awareness Month.

HEALTH CARE

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

Mr. TURNER. Mr. Speaker, if the government's handling of the outbreak of H1N1 flu, known as swine flu, is any indication of how it will administer a public health care option, we should all be greatly concerned. With the media reporting that lines of hundreds of people wait for H1N1 vaccinations, it took a Presidential national emergency declaration just to cut through the bureaucratic red tape.

If this Congress is serious about health care reform, why not start with simple principles on which most of us can agree, such as prohibiting insurance companies from denying coverage based on preexisting conditions, portability of health care coverage, investing in medical research to ensure quality care, deductibility of health insurance premiums, ensuring access to health savings accounts, limiting frivolous lawsuits which raise health care costs, and allowing small businesses to group together to negotiate insurance plans.

Instead of the President's sweeping overhaul, which will likely result in pitfalls, we should look at simple reforms to adhere to mutually agreed upon principles ensuring that those who have health insurance can keep it and those who don't can obtain it.

PROTECT COWORKERS FROM ASSAULT AND ATTACK

(Mr. MELANCON asked and was given permission to address the House for 1 minute.)

Mr. MELANCON. Mr. Speaker, many of us have heard the terrible story of Jamie Leigh Jones, the employee of a U.S. defense contractor who was brutally attacked and sexually assaulted by coworkers while working in Iraq in 2005. Instead of being allowed to seek justice, Jamie Leigh was held in a shipping container by company employees so she couldn't report the crime.

When Jamie Leigh returned to the United States, she learned that a clause in her contract barred her from taking her case to court. Instead, it forced her into a company-run arbitration process; the same company that failed to protect her in the first place.

It is our responsibility to make sure that this horrific story can never happen again. No American citizen should ever have to sign away his or her rights to justice in order to get a job. Not a dime of taxpayer money should go to companies that would rather sweep an assault under the rug than allow our justice system to work.

The Franken amendment will forbid Federal dollars from going to companies that engage in these practices. If we fail to enact this measure, we have failed to protect the rights and values we were sworn to uphold when we took our oath of office. We cannot let this happen again.

U.S. DOLLAR ALARM BELLS

(Mr. LANCE asked and was given permission to address the House for 1 minute.)

Mr. LANCE. Mr. Speaker, for decades the U.S. dollar has been used to price virtually all of the world's commodities, with nearly every country having U.S.-backed securities in reserve; yet this could all change.

There is growing evidence suggesting that foreign investors are losing faith in the dollar as a secure instrument. Several important countries like China, India, Russia, France, and the Arab States voiced their concern over the role of the U.S. dollar as the reserve currency in world trade. Many have suggested a new world currency take its place.

A primary concern for those investing in the United States is the growing U.S. debt and staggering deficits. Yet, despite this, the majority party continues to push ahead with an agenda that taxes, spends, and borrows, including a health care proposal that could cost as much as $800 billion to $1 trillion over the next decade.

How many alarm bells must be set off before Washington gets serious about tackling our ever-growing debt and budget deficits?

BREAKING THE STALEMATE ON PUBLIC OPTION

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, we need to stop ranting and start reasoning. Health care providers have pushed against the public option, citing payment as one of their primary concerns. Instead of seeing the issue within the lens of payments based on Medicare rates versus negotiated ones, I believe we can attract health care providers to the public option with a new incentive to break the stalemate. Malpractice is a primary psychological, emotional issue with doctors, dentists, hospitals, administrators, and pharmacists.

Additionally, it is a principal issue of economic obsession with providers who bitterly resent paying for liability insurance. When it comes to you, it is not petty. If there is malpractice, you certainly want to contact an attorney.

Progressives have always championed community health centers. My proposal expands the liability program used by these community health centers.

HEALTH CARE

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

Mr. BONNER. Mr. Speaker, there is an old saying, common in south Alabama, that we need to practice what we preach. Well, if reports are accurate, it sounds like Congress will be moving forward with health care legislation that contains a government-run public option, no matter how hard the Democratic leadership might try to rebrand this poison pill.

Well, I am going to oppose with every ounce of me a Federal takeover of our health care system. I couldn't agree more with our friend Dr. JOHN FLEMING of Louisiana, who has introduced a resolution that says that any Member of Congress who votes for a public option should be the first one to sign up for it. After all, if a public option is good enough for you, Mr. and Mrs. Taxpayer, then your elected Representative should be the first to try it out.

This is especially true for our seniors who are looking at draconian cuts to Medicare, cuts to Medicare Advantage, and, according to the CBO, a 20 percent increase in their prescription drug premiums over the next decade, not to mention higher taxes for all Americans, just to help pay for this major step towards socialized medicine.

Practicing what we preach means just that. Congress won't ask the American people to take any poison that we don't take first.

HEALTH CARE

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, our Republican colleagues continue to amaze me with the creativity that they display in finding new ways to say ''no'' to health care reform.

First, a few weeks ago, it was Senator JOHN ENSIGN who said in the Finance Committee in the Senate, I am against the public option because—get this—it might work; people will like it. He was against it because people will like a public option.

Now, when we find out that the Senate has proposed an opt-out for the States, we are hearing from our opponents who say, well, they won't opt out, they just won't opt out. I wonder why. Probably because it would be effective in providing competition and choice for their constituents, for citizens of America who need affordable, secure health care.

That's what our efforts are for. That's what this bill is about. We need Republicans to stop saying ''no'' and to say ''yes'' to the health care that Americans deserve.

DON'T ROB SENIORS OF THEIR HEALTH CARE

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, as a family physician for over 30 years, I could have never imagined that the Democrats would come up with such a crazy idea as ObamaCare paid for on the backs of the American seniors.

As it stands today, $162 billion will be cut from Medicare Advantage, forcing seniors to buy Medigap insurance like that sold by AARP, one of the many special interest groups the President cut a sweetheart deal with behind closed doors. There is also another $350 billion that will be cut from the regular Medicare, which will directly remove access to medical care for this, the Nation's Greatest Generation.

In rural areas like much of my district in Louisiana, seniors will lose access to critical medical care as home health, doctors, and hospitals—they will all be closing their doors.

I call on Speaker PELOSI to stop this horrible attack on the health and welfare of our senior citizens now.

HEALTH CARE

(Mr. PERLMUTTER asked and was given permission to address the House for 1 minute.)

Mr. PERLMUTTER. Mr. Speaker, the mantra of our Republican colleagues here in the House is ''Just say 'no.' We like the status quo.''

Well, that was their mantra when it came to the Recovery Act, which has now helped improve the stock market. Housing starts are up, and, in Colorado, unemployment is down from 7.8 percent in July to 7 percent today. The trend is right.

In Colorado, we have some 42 projects, transportation projects, as a result of the Recovery Act. We have increases in energy. We have wind companies coming. We have solar companies coming to Colorado. It has been a success, to their chagrin.

Now we hear ''Just say 'no.' We like the status quo'' when it comes to health care. This country can't stand the status quo when it comes to health care. Premiums are up, deductibles are up, discrimination exists against people with prior illnesses. That's got to change.

We are going to vote ''yes'' and stop this inequity in health care.

HEALTH CARE

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

Mrs. SCHMIDT. Mr. Speaker, I rise today to talk about an issue of great importance—health care. The potential bill before us should concern all Americans. While I have numerous issues with this bill, I will highlight two.

The first is abortion. There is no language to exclude abortion coverage in this bill. An overwhelming majority of Americans are against Federal tax dollars paying for abortion; yet this bill opens the door to do just that.

Second, cuts to our seniors. This bill is paid for out of the pockets of our seniors, with $162 billion coming from Medicare Advantage, a plan millions of our American seniors, including 17,000 in my district, enjoy.

Mr. Speaker, we can do better than this. Let us not pass a bill that could harm our most vulnerable, our infants, and our elderly.

HEALTH CARE

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

Mr. GINGREY of Georgia. Mr. Speaker, my patients' health care reform should not be written behind closed doors.

When Democrats came to Congress, they pledged, led by Speaker PELOSI, the most open Congress in history; yet, now, they are planning a costly government takeover of health care in the dark of night without any public input.

Mr. Speaker, a $1 trillion, 2,000-page blended plan that will dictate how Washington will run our health care system deserves real transparency, not just empty promises about openness.

Speaker PELOSI, my patients deserve better. Your legislation is going to tell them what type of health care their family can receive and what Medicare benefits will be cut from our seniors.

Mr. Speaker, even if the Democrat majority is going to prevent minority participation, my patients deserve to know what's going on behind these closed doors in the dark of night. If this bill really is the right prescription for reform in the health care system, then it will stand up to the light of day.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded that House Rules require that they address their remarks to the Chair.

HEALTH CARE

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, when I was home recently, I spoke to a constituent who had lost his job because he had contracted gall bladder cancer. He was using every dime of his unemployment benefits to pay for the treatment necessary to keep him alive.

He is an example of the millions of Americans who have either lost their health care because they got sick and lost their job or the millions more who are just one paycheck or one illness away from losing their own. We have to have an answer for those individuals and for those families.

The Republican strategy of stopping health care reform at no cost provides no answer for the people of this country who have been waiting too long for a solution. It's time for this House to get beyond politics and start to provide real answers for the millions of individuals and families like that gentleman, who has his life put at stake by his lack of health care, and come together. Put politics aside and pass health care reform that will lower costs and expand access for the people of this country.

HEALTH CARE

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

Ms. JENKINS. Mr. Speaker, Republicans have health care solutions, but our solutions don't involve breaking promises to America's seniors. Our solutions don't involve slashing Medicare Advantage, a program that 7,400 seniors from my district rely on day in and day out. Our solutions don't involve massive cuts to Medicare that will go far beyond reducing waste and do real harm to current programs that Kansas seniors enjoy.

One of the President's stated goals for health care reform is to increase choice and competition in health care. Rather than moving forward with a plan that will reduce choice and have harmful effects on our seniors across the Nation, it is time to sit down and have an honest discussion about how we can extend health care coverage without a government takeover and without cutting Medicare.

□ 1245

HEALTH CARE

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, my mother is 83 and not in the best of health. When I see what is being proposed in this House, health care agendas that take away from seniors like her, I get a cold shiver down my spine. Medicare and Medicare Advantage are lifelines for many elderly Americans, especially in my area of south Florida.

How can this House justify $162 billion in cuts to Medicare Advantage? Why in this economic recession are we limiting the choices for seniors or causing many to lose their current health care coverage? For seniors in my congressional district, cuts to Medicare Advantage would be disastrous.

The Congressional Budget Office says that Medicare prescription drug premiums will increase by 20 percent because of the Democrat plan. I know, and my constituents know, that seniors simply cannot afford this.

The health care reform bill makes it tougher on seniors to get the coverage and the treatment they deserve after a lifetime of hard work and sacrifice. Of course we need health care reform, but reform should not be on the backs of our seniors.

HEALTH CARE

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

Mr. BROUN of Georgia. Mr. Speaker, Americans are growing tired of having to speculate about what is in a 1,000-plus page bill that is still being drafted in secret behind closed doors. The American people want transparency in this process, and they want real bipartisan reform. They want a step-by-step approach.

Why don't we work together out in the sunshine and add even a few of the elements Republicans have presented in our 53 health care alternatives?

One of these alternatives is my OPTION Act, H.R. 3889, that among other things would, number one, make the purchase of health insurance more affordable to more people. It would allow transparency in health care pricing; make all health care-related expenses tax deductible for everybody; and allow for individuals to keep their health insurance once they leave their jobs or shop across State lines.

We must bring health care reform back from the partisan abyss and give the American people real bipartisan health care reform.

RECOVERY ACT AIDING UPSTATE NEW YORK

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

Mr. MAFFEI. Mr. Speaker, I rise today to talk about some of the recent investments that the Recovery Act has made in my home district in upstate New York.

A few weeks ago, Secretary of Energy Steven Chu came to Syracuse to tour some of our innovative renewable energy research facilities. When he was in town, we announced more than $1.4 million in funding for energy efficiency programs in the city of Syracuse alone. The doors, windows, heating and cooling system at City Hall will be switched to a high efficiency, energy saving model. This is a great investment, because not only does it provide for lower carbon emissions, it will actually reduce the energy bills that Syracuse taxpayers will have to foot.

This weekend, I announced energy efficiency funding for the town of Irondequoit. Irondequoit has already had an impressive energy plan in place, so they will make the most of the $440,000 grant. Irondequoit will pursue projects like replacing lightbulbs at often-used public parks and creating a Deputy Commissioner of Public Works for Sustainability.

In my district, Mr. Speaker, the Recovery Act is making smart short-term and long-term investments. It is giving communities in my district the flexibility of making improvements and creating jobs.

HEALTH CARE

(Mr. REHBERG asked and was given permission to address the House for 1 minute.)

Mr. REHBERG. This Saturday, as Americans celebrate Halloween, we should learn a valuable lesson from the frightening results Dr. Frankenstein's medical experimentation had.

Today, Congress is debating its own dangerous health care experiment. Stitched together in hidden laboratories from parts of at least five different bills and countless special interests, the final health care monster will ultimately hurt American seniors.

In Montana alone, more than 26,000 seniors choose to use Medicare Advantage. The nonpartisan Congressional Budget Office warns of $162 billion in cuts to this popular program. Those will hurt those Montana seniors. Worse, this plan will increase the cost of prescription drug premiums for seniors by 20 percent over the next 10 years.

When it comes to America's health care system, the stakes are too high for reckless legislative experimentation. No one will remember how the monster was made, but they will remember the damage it did.

HEALTH CARE

(Mr. HIMES asked and was given permission to address the House for 1 minute.)

Mr. HIMES. Mr. Speaker, we are treated this afternoon to a steady stream of people rising, despite what they say, in opposition to fundamental health care reform. This long line of speakers, what do they have in common, apart from their party affiliation? They have really good health care, and they have got jobs guaranteed until January of 2011.

What about the millions of Americans who find themselves without jobs today and who, as they think about what the future holds, also think about and worry about and are terrified by the fact that their child may not be able to see a doctor when that child needs to?

We should talk about tort reform. We should talk about interstate competition of insurance. But only the bill being discussed now, not in secret, only the bill being discussed now provides for the coverage of those many millions of Americans who have lost their job in this recession. That is serious business, and that is what this House should continue to focus on.

HEALTH CARE

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

Mr. NEUGEBAUER. Mr. Speaker, the people of my district are frustrated and they are scared. They feel like their Federal Government is out of control. Now Speaker PELOSI is playing a game of hide-and-seek with a health care system that comprises one-fifth of our GDP.

The American people would like to know what you are hiding as they seek to find out what is in this bill, this massive, government-run health care bill. Perhaps you are hiding the fact that this will lead to government bureaucrats taking over control of seniors' health care.

Maybe you are hiding the fact that this bill is designed to include $163 billion in cuts to Medicare Advantage. These cuts will have an exceptionally harmful impact on seniors in rural areas, forcing many seniors into a one-size-fits-all government-run health care plan.

I would like to know, but I haven't seen the details of the bill because I don't know where they are hiding today. If you claim that it is true that the American people want government to take over health care, why is this process so closed and secretive, Madam Speaker?

The American people and our seniors deserve to know better. Madam Speaker, where are you?

OPENING OF THE JAMES A. FARLEY MEMORIAL BRIDGE

(Mr. HALL of New York asked and was given permission to address the House for 1 minute.)

Mr. HALL of New York. Mr. Speaker, earlier this week I attended the opening of the James A. Farley Bridge in Stony Point, New York. Eight months ago, that bridge was 80 years old and structurally deficient, one of 13 deficient bridges on the list issued by DOT after the I–35 bridge collapse in Minnesota.

This Monday, just yesterday, thanks to the hard work of so many, we celebrated the early opening of its replacement. This project is more than just a bridge; it is an investment in our community, in our country and in our future. It created jobs that cannot be outsourced, while strengthening the local communities.

The new bridge will hold three lanes of traffic and sidewalks on either side, keep our communities connected, reduce congestion, and strengthen the Route 9W corridor, providing faster response times for local EMS and less noise for neighborhoods with reduced detoured traffic.

We should celebrate the cooperation between Federal, State and local government officials, especially the supervisors, Howard Phillips and Phil Marino from Stony Point and Haverstraw, the two towns joined by the bridge. I would like to congratulate them and all the workers on a job well-done.

HEALTH CARE

(Mr. DANIEL E. LUNGREN of California asked and was given permission

to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, we have been told that the public option is now back on the table, but we have to call it by some other name. Well, I have done a little work on the criminal justice side, and we used to have something called prior acts evidence. You look at what someone has done in the past and you see how that allows you to interpret what they are doing now.

So let's look at what we have done with the issue of student loans. Oh, yes, we got rid of the private option for student loans this month, because the President and the Democrats said the government has to take it over. And now we have in this bill an effort to try and get rid of the only private option in Medicare. It is called Medicare Advantage.

But forget about that, because when they tell us now the private option is just an option for competition and they are not going to take over by government the health care system, trust them with that. Forget about the prior evidence. Give them the benefit of the doubt.

The American people aren't fooled. They look at what they have done before, they look at what they are doing now, and they are telling us, help us stop them. Help us stop them.

HEALTH CARE

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, you know, I will tell you what is scary. What is scary is the woman who came into my office a few weeks ago who shared her story with me to tell me about her breast cancer experience that she had just been through for the third time. She told me how I as a breast cancer survivor was fortunate because when I was diagnosed all I had to worry about was fighting the cancer. When she was diagnosed, she also one day later lost her job and, with it, her health insurance. So not only did she have to battle breast cancer, but she also was faced with battling how she was going to get her health care taken care of so she could get well from breast cancer and continue to be the survivor that she has been for many, many years.

Americans are tired of the party of ''no.'' Americans are tired of obstacle after obstacle standing at that podium insisting on making up things that just aren't true.

There are bills out there that are available and accessible to anyone to look at. This has been an open and transparent process. But the bottom line is there are 46 million people that don't have health insurance. We need to provide stability and security to those that do and bring the costs down.

I challenge our colleagues on the other side of the aisle to work with us on true health care reform, instead of being the party of ''no.''

HEALTH CARE

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

Mr. LATTA. Mr. Speaker, I come from northwest Ohio. I know that many of my colleagues from around this House go home every weekend, and it wasn't very long ago I was home and I was speaking with one of our small business owners.

He came up to me and said, Bobby, I have a question to ask you. He said, Where are we on this health care?

I told him. I said, This is where it looks like we are going.

He said, Do you think it is going to pass?

I said, I am not really sure right now.

But he said, You know what? I am going to tell you something. I have been trying to read these bills to the best of my ability to find out what is in them. I am going to tell you right now, if this bill passes, there is no way I can survive. I am going to have to close up.

We are talking about people and their health care, and it is very important. There is not one person in this Chamber that would say we should not be doing something about health care in this country. But we also have people out there trying to put jobs out there so people can work. And when I looked around that business where he was, you start saying, Where are these people going to go after this? We have over 10 percent unemployment in Ohio, and it is getting tougher. The worst is yet to come.

Mr. Speaker, the American people want health care reform, but we have to do it responsibly.

HEALTH CARE

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

Mr. MCDERMOTT. Mr. Speaker, the people may be wondering what is going on here today. Well, you are watching the charge of the light brigade. The Republicans believe that they can just throw themselves into it and they will stop it. But they are not going to stop it.

The other night, Tuesday night, New York City, a friend of mine had a problem. He called a doctor's office and got the first question, which is always, What kind of insurance do you have?

He said, Well, I don't have any insurance. I am from out of the country.

They said, Oh, well, you can come in and see the doctor, but you have to bring $250 in cash or the doctor will not see you.

He said, I don't have that kind of cash.

They said, Well, tough luck. Go to the emergency room.

Now, that is the health care system that my colleagues in the light brigade want to protect. Keep trying to protect it, guys. It ain't going to work. The American people want a change, and they are going to get one.

□ 1300

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded that the rules of the House require that Members address their comments to the Chair.

HEALTH CARE

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

Mr. CASSIDY. Mr. Speaker, as a substitute for a plan that actually controls health care costs, the Senate majority leader has devised a gimmick. Under the plan announced yesterday, the Federal Government imposes billions of dollars of taxes on all 50 States, imposes billions in unfunded mandates via the Medicaid program, increasing the debt load of every citizen, creating a new government-run insurance program that, according to the CBO's official analysis, is more expensive than the status quo. Individual States can opt out, but their citizens cannot opt out of the taxes, and they can't opt out of the debt, and they can't opt out of the job losses that will result from these higher taxes and debt.

Real reform will not require gimmicks or job loss. States should not have to pass laws to save themselves. Real health reform lowers costs by empowering patients. If we give patients direct control over health care dollars and the information they need for value-conscious decisions, we will have reform.

HEALTH CARE

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

Mr. INSLEE. Mr. Speaker, the debate we're having today is between two groups—those who believe we can improve America and those who believe we can't improve America. We believe we can improve American energy; they believe we can't. We believe we can improve health care; they believe we can't. We believe we can stop insurers from preventing us from having coverage because we have a preexisting condition; they believe we can't. We need some more Republicans and fewer Republican'ts because saying we can't improve America is not up to the standards that America was built on. We can stop insurance companies. Let's get some more of these Republican'ts to become Republicans and help us reform health care in this country.

HALLOWEEN HEALTH CARE

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, in the dark caverns of the Capitol where the trolls roam at night, the Halloween health care bill is being drafted by a secret few. The bill is being written in secret so no one, especially seniors, see it.

Mr. Speaker, what is being cooked up in the dungeons of this building? Is it just too scary for people to know about? Well, probably so. You see, it takes $500 billion from Medicare and gives that money to the national Halloween health care bill. That's a frightening nightmare for people, especially seniors. And more importantly, it turns America's health over to the government.

Does anyone actually think the government can do it better? The Halloween health care bill will probably have the competence of FEMA, the efficiency of the post office, and the compassion of the IRS. The bill may be ready just in time for Halloween, and it will be a treat for the special interest groups, but it's a trick on the American people, especially the seniors. No wonder they're scared of it.

And that's just the way it is.

HEALTH CARE

(Mr. COURTNEY asked and was given permission to address the House for 1 minute.)

Mr. COURTNEY. Mr. Speaker, this past Sunday the front page of The New York Times reported a survey of insurance brokers across America who have now predicted that the increase in insurance rates for small businesses in 2010 will be 15 to 23 percent. Last year it was 7 to 12 percent. So if your premium as a small business for a worker was $4,500 in 2008, it will be $5,500 in 2010. That is the Halloween surprise for small businesses in America today. There is no group in America that takes a harder hit than the self-employed and small group markets who have no mechanism to pool their risk that large employers and people in the Congress benefit from, as members of the Federal Employee Health Benefits plan.

This bill will create a national purchasing exchange so that the risk-takers in America will actually have the opportunity to provide and buy affordable health insurance for themselves and their employees. It is for America's capitalism and for America's entrepreneurs that the need to fix this market is the most critical, and that is why it is time to stop listening to the voices of ''no'' and move forward with real health care reform that will make America's economy grow and be viable.

HEALTH CARE

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

Mr. ROE of Tennessee. As a physician with over 30 years experience in treating patients, I came to Washington to participate in the great health care debate. Everyone in this Chamber agrees, we need health care reform. I will tell you, to be the first, I want to opt out of the public option. We've tried that in Tennessee, and it was a fiscal disaster. Costs tripled in less than 10 years, quality decreased, and access decreased.

What are we going to do? We're going to take $400 billion to $500 billion away from our senior citizens' health care while in 2011, we're going to add 3 million to 3.5 million baby boomers each year. That's 30 million more people. Guess what: They can do the math. Decreased access, decreased quality, and increased costs will be the result of this right here.

Americans should ask themselves one question at the end of the day: When this huge, 1,000-page, incomprehensible bill, which I've read every page of, comes to fruition, will the health care that I get and my family gets and that my doctor is able to provide for me, will it improve? The answer is ''no.''

HEALTH CARE

(Ms. SUTTON asked and was given permission to address the House for 1 minute.)

Ms. SUTTON. Mr. Speaker, what we're seeing here is, we are on the brink of passing health care reform in this country. Why are we doing that? We're doing this for my constituents and constituents across the country. We're doing it for the grandparents who I saw on Sunday, whose 12-year-old granddaughter, a life full of promise, is awaiting a transplant, but she might not be able to get that transplant. They have optimistic signs that she would be fine, but she might not get that because her health insurance is about to reach its cap.

And we're doing it for the elderly gentleman who I met. He had a part of his arm stripped away because he had melanoma as a young man. He never had another day of sickness regarding melanoma in his life, but he has dodged health care issues forever because he couldn't get insurance because of his preexisting condition. Now he's on Medicare, and he has that system that is working for him.

But that's not how it should be in this country. You shouldn't have to wait to be 65 in order to access affordable, quality health care. We're better than that, and we're going to give the American people better than that.

HEALTH CARE

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

Mr. COFFMAN of Colorado. Mr. Speaker, the House of Representatives will soon be debating a health care reform proposal on the floor of this Chamber. The biggest question in this proposal will be whether or not we should have a government-controlled health insurance option called the public option that is targeted to cost about $900 billion, half of which is on the backs of the taxpayers and small businesses of this country in the form of higher taxes, surcharges and fees, and the other half is money stripped out of the Medicare system; hundreds of billions of dollars stripped out of Medicare.

When the proponents tell you that if you like the insurance that you have, you can keep it, they're not referring to the 10 million seniors who are on the Medicare Advantage Program that will be phased out. Mr. Speaker, it's important that the proponents of the public option be honest with the seniors of this country in terms of what it will do to them.

HEALTH CARE

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

Mrs. CAPPS. Mr. Speaker, the news from the Senate that they will include a public option in the health reform bill is encouraging, as we in the House prepare to vote on comprehensive reform. It is also precisely what the majority of Americans want. They want true competition in the health insurance market, and only the public option can do that. If the current insurance market had wanted to provide equitable and affordable health coverage for Americans, we wouldn't have 47 million uninsured people.

These are our constituents, our neighbors, even our family members. It's the young mother who called me to tell me that her daughter, born with spina bifida, was being denied a life-saving surgery. I urge my colleagues to join me in welcoming the news from the Senate. Let's pass real health reform now.

HEALTH CARE

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

Mr. CARTER. Mr. Speaker, the jury is out. The jury is looking right now, and they're wondering, What's going on with health care? We've heard all this evidence here today. Some say this; some say that. But the Democrats say, We're going to make it better, the government can do it better, and we're going to make it better. Our experience says, Wait a minute; the government doesn't do things very well.

So where's the evidence that it is going to do it better? Well, hold on. It's still behind closed doors. When we come out from underneath those closed doors, we'll give you 72 hours to try to

figure out what we're doing, and then we're going to make you vote. I think the American people and the jury of the American public want this thing out in the sunlight. Open the doors. Share the information. Let us know what's going on, Mr. Speaker. That's what the American people need to know. Their health care is at stake.

HEALTH CARE

(Mr. DEFAZIO asked and was given permission to address the House for 1 minute.)

Mr. DEFAZIO. Well, the Republicans are invoking Freddy Krueger and saying that he wrote the Democrats' health plan, and it's going to be dangerous for Americans. Really scary.

I'll tell you what's scary. Scary is losing your job and being confronted with a bill for continued health insurance that eats up two-thirds of your benefits. Even more scary—and this has happened to people in my district—is having your company go bankrupt and being told that your health insurance will cost more than your unemployment benefits. That is, if you can get it; if you've never been sick, if your kids have never been sick. You can go into the private market and buy a policy that exceeds your unemployment insurance. Of course if you have ever been sick, a preexisting condition, forget about it.

The Republicans promised 132 days ago that they would have their own health care plan. Where is it? Now 132 days later, you know why we don't have it, why there is a resounding silence on that side? Because if you are going to take care of people with health care, you have to take on their two biggest benefactors, the pharmaceutical industry and the insurance industry. And that's the last thing the Republicans want to do, take on their biggest campaign benefactors. We have to take on pharmaceuticals, take on the insurance industry and have meaningful reform for all Americans.

DEMOCRAT HEALTH PLAN HURTS AMERICAN SENIORS

(Mr. HASTINGS of Washington asked and was given permission to address the House for 1 minute.)

Mr. HASTINGS of Washington. Mr. Speaker, the Democrats, contrary to what we have been hearing, are behind closed doors, writing a sweeping change to our health care system. Unfortunately, a government takeover of health care, as we know, would raise taxes, eliminate choices, fine small businesses, and cut Medicare by more than $500 billion. According to the nonpartisan Congressional Budget Office, the proposed cuts would result in millions of seniors losing their current plan, including 100,000 in my State of Washington. I have spoken with many hospitals in my district who say that Medicare cuts would have serious consequences on them.

We need reform, Mr. Speaker, but Americans deserve better than secret deals. I support proposals to make purchasing insurance more affordable, expand health savings accounts, help small businesses afford their benefits and end lawsuit abuse. It's time to begin open, transparent, bipartisan work on legislation that actually increases choices and lowers cost.

HEALTH CARE

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

Mr. WEINER. Ladies and gentlemen, I have a viewer's guide for what's going to be going on on this side of the aisle this morning and this afternoon. What essentially it comes down to is my Republican friends don't want you, the American people, to have what they have.

They say they don't want any government-run health care, but 55 of them have Medicare. You don't see them sending that back. They say that they don't want the plan that we have, which would create more choices for the American people. Well, they don't want you to have what they have. Go to the Web site for the Federal Employees Health Benefit plan and see what a great plan they have, but they don't want you to have more choice.

Frankly, I don't know what it is they do want. They said 131 days ago they were going to have a plan. You hear that sound? That's the sound of their plan. They don't seem to have one. I have heard us talk about all this stuff going on behind closed doors. My friends, there are five committees, five bills. You can read them. I know it's a lot of words, but you can see exactly what the plan is. Listen to the American people. Give them what you in Congress have, a public option, like Medicare; and choices, like the insurance plan you have.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded that the rules of the House require that remarks be addressed to the Chair.

□ 1315

HEALTH CARE

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

Mr. WITTMAN. Mr. Speaker, today, millions of Americans cannot afford or do not have access to health insurance.

Since 1999, health care insurance premiums have more than doubled for most Americans. Virginians are not immune to the Nationwide trend in health care. For the last several years, health care premiums in Virginia have increased at approximately 10 percent a year, and today, more than 1.1 million Virginians are uninsured.

From the hourly worker in Newport News, Virginia, who must somehow find room in his or her budget to pay for health insurance, to the small business owner in Fredericksburg, Virginia, who voluntarily chooses to provide health insurance as a benefit to his or her employees but, with the slowing economy, is finding it incredibly difficult to absorb increased health insurance costs, Virginians are struggling to find affordable health care.

I've been traveling around my district, and have held dozens of meetings with constituents and with my 150-plus-member health advisory council, and thousands of e-mails are pouring into my office each week. In addition, I have also hosted multiple town hall meetings and tele-town hall meetings.

What I am hearing from my constituents is that they do not want to be forced into a new government-run health care plan that will limit their choices of doctors and of medical treatment options. Equally as important is to protect our small businesses, which are the backbone of our economy, from being penalized.

I hope that we will take this opportunity to craft legislation across the aisle that will make health care more affordable, that will enhance access for all Americans, that will ensure patients are getting their health care, and that will guarantee that doctors and patients, not insurance companies, are making important health care decisions.

HEALTH CARE

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

Mr. SARBANES. Hang on, America. Help is on the way.

Mr. Speaker, a bill that will create insurance coverage for millions of people who have no insurance coverage now is on the way. A bill that will provide better coverage for those who are underinsured and that will deal with preexisting condition exclusions from coverage provisions is on the way. A bill that will strengthen Medicare is on the way. A bill that will improve our delivery system is on the way. A bill that will strengthen the health care workforce is on the way.

That is what is coming. The simple proposition we need to test here and what Americans want to know is, when it comes to the insurance industry, are we going to go on living in their world and playing by their rules or are they going to start living in our world and playing by our rules? That's the question here.

The bill we're putting forward is finally going to make the insurance industry adhere to good practices. That's why we're going to pass this bill. We're going to do it for the citizens of this country.

HEALTH CARE

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

Mr. GOODLATTE. Mr. Speaker, somewhere in this Capitol, behind closed doors, the Democrats, by themselves, are writing a health care reform bill that is going to cost the taxpayers of this country more than $1 trillion.

Added on top of the enormous debt that we already have, this legislation is also going to include mandates that are going to risk millions of American jobs. At a time when we have nearly 10 percent unemployment and nearly 15 million people in this country looking for work, they're going to pass legislation that's going to cost millions of more jobs if they attempt to mandate on small businesses, which are struggling, an additional obligation of an 8½ percent payroll tax.

In addition, this is going to harm our senior citizens in a multitude of ways. Those of them who are on Medicare Advantage plans, like thousands in my congressional district in Virginia, are going to lose the opportunity to participate in those plans as they take $162 billion in cuts out of that portion of Medicare and $400 billion in cuts from Medicare overall.

Save our seniors. Vote against this bad plan.

HEALTH CARE

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Mr. Speaker, we need health care reform right now. We need it on behalf of the 47 million people who don't have insurance. We need it on behalf of the 217 in my district who don't have any insurance.

They talk about costs. What costs are going to go up if we don't do anything about health coverage?

Right now, many of our seniors are suffering. They're wondering how they're going to pay their health care bills, how they're going to put food on the table and how they're going to take care of themselves. A lot of youth are asking: How are we going to provide health insurance for a lot of us who don't have it?

We owe it to the American people. This is not about maintaining the status quo, and this is not about protecting the insurance companies. This is about doing something for the American people. It's time that we have a health plan that covers all Americans to make sure that we're not left out, to make sure that everybody has the ability to enjoy their quality of life and to be able to say: You know what? I know that I'm going to get coverage, and it doesn't matter where I am.

I am not going to maintain the status quo. With the Republicans, it's all about maintaining the status quo, and that's not what America wants. We need to make sure that we have a health plan.

HEALTH CARE

(Mr. ALEXANDER asked and was given permission to address the House for 1 minute.)

Mr. ALEXANDER. Mr. Speaker, Senate Majority Leader HARRY REID has included an opt-out plan into this health care plan. We all know that it is still just a government-run plan that's going to require a vote of the legislature.

Now, do we really think that the Governor and the legislature are going to vote for a plan that opts them out of the plan but yet requires the taxpayers of that State to pay for that plan? Why, of course not.

Whether it's opt-out, opt-in, trigger plan—whatever it's called—it's still a government-run plan that's going to create an unfair advantage for the government against private insurance, causing many people to lose their plans.

I am not going to vote for a plan that raises taxes, that cuts benefits or that drives a Washington bureaucrat between the patients whom I represent and the physicians.

HEALTH CARE

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

Mr. GEORGE MILLER of California. Mr. Speaker and Members of the House, during my recent trips back to my congressional district, I spent time with many small business owners who are still in business and who are able to continue to keep their doors open, but they do so by cutting back the health care benefits to themselves and to their workers. In some cases, they're getting rid of health care, and they lament that fact because they are very fond of their workforce. They believe that they're very productive and that they've helped them, but they simply cannot afford it.

They're part of a larger movement in this country of businesses, both large and small, to get out of the health care field and to stop offering these benefits, in some cases, to new hires and, in some cases, to all of their employees. We're seeing this with a record number of companies. Why are they doing that?

It's for the same reason that families are struggling. It's because the costs of health care continue to go up and up and up. It's crushing America's families and it's crushing America's businesses.

That's why we're going to have in the next couple of weeks a vote on health care in this House and in the Senate, and we will send a bill to the President's desk so that, finally, we will have real competition in this system and so that insurance companies will no longer run this system for their fun and profit.

The time for change is coming. It is time now for health care for all Americans.

HEALTH CARE

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

Ms. FALLIN. Mr. Speaker, one of the groups which is suffering under the tough economic times is seniors.

Some are still working to earn enough money just to make ends meet. Some are on fixed incomes, and every slight increase in expenses can cause them to experience difficult times.

That's why I'm very concerned about the Democrats' health care proposal to make massive cuts to Medicare Advantage plans, which would take benefits away from our senior citizens, even though President Obama has promised Americans that, if they like their health care plans, they can keep them.

The Democrats' plan to cut Medicare Advantage will limit choices; it will cause seniors to lose their coverage; it will increase prescription drug premiums by as much as 20 percent. It will even have an exceptionally harmful impact on seniors in rural areas when we try to force them into a one-size-fits-all government plan.

I will not support a health care plan that cuts benefits for millions of our seniors, who have worked their entire lives paying into this system. We can't ask our seniors on fixed incomes to pay higher costs, and we can't force seniors off of their health care plans they choose.

As a Republican, I am for health care reform, but it's wrong to finance health care reform on the backs of our seniors.

HEALTH CARE

(Mr. SCOTT of Georgia asked and was given permission to address the House for 1 minute.)

Mr. SCOTT of Georgia. Mr. Speaker, ladies and gentlemen, America is a great country. It is the greatest country on the face of the Earth.

The reason that it is the greatest country on the face of the Earth is that, at great moments of crisis, this country has risen to the occasion. When it was during the Depression, we rose to the occasion. When we needed Social Security, we rose to the occasion. With Medicare, we rose to the occasion.

Also at that time, there were the naysayers. There were people who would just say ''no.'' That's what my friends on the other side of the aisle did. Where is their plan? They have no plan.

At this moment of crisis, we Democrats are standing here, and are saying America deserves better. America deserves the best. Now, they talk about our being in the dark with plans? We've had health care debates. We've had

meetings. We've had bills moving through three houses in this Congress—two in the House and in the Senate. Republicans have had their shot. We need this bill. Let's stand up for America and have health care.

HEALTH CARE

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

Mrs. BACHMANN. Mr. Speaker, the Republicans were just castigated for being the party of ''no,'' and I would submit that it is just the opposite, and this is why.

The President of the United States, in a historic move, gave a speech to the joint session of the House. He said, If any Republicans have positive ideas, they need to come to me, and I'll be happy to sit down with them.

Well, I wrote a letter to the President, taking him up on that wonderful offer, and said, I have a positive alternative, Mr. President. Could I sit down and share that with you? I'm still waiting by my desk for that return phone call, and I have yet to receive the courtesy reply as have multiple of my Republican colleagues offered to the President to share with him their positive alternatives.

The party of ''no'' is the party that locks the door on Republicans to even prevent them from coming into a committee room to offer our positive alternatives. We have them. What has the majority offered? They've offered to cut Medicare to senior citizens by $500 billion. Is that a positive alternative? We have loads of them. We're the party of ''yes.''

Stop being the party of ''no.''

HEALTH CARE

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, all of the American people need health care now. Reform must come, and it's coming to the floor very soon.

For those who are pleased with their health care insurance, they can keep it. Their costs might even go down with reform. What we want to do is rescue the insurance from under antitrust-ignoring insurance companies. We all pay insurance, and we like insurance, but no one wants to be abused by any system, and we have seen that happen.

The hospitals are attempting to perform all of this uncompensated care. With this reform, it will be different. I suppose that correcting preexisting conditions and getting sick will cause some to lose health care support. We must make this change.

You know, I keep hearing what the Republicans are saying, but Mr. Speaker, but that's not what the plan says.

REPEATING OUR MISTAKES

(Mr. McCLINTOCK asked and was given permission to address the House for 1 minute.)

Mr. McCLINTOCK. Mr. Speaker, today's unemployment rate of 9.8 percent last reached that level in 1983. President Ronald Reagan responded by cutting taxes and by reducing regulatory burdens on the economy, and he produced the biggest peacetime economic expansion in our Nation's history.

Today, President Obama is doing exactly the opposite. ObamaCare, cap-and-trade and the other measures promise the biggest tax increases and the heaviest regulations that we've ever seen.

Three Presidents within the last 100 years have responded to recessions by reducing taxes and regulations. Warren Harding, John F. Kennedy and Ronald Reagan all produced rapid and dramatic economic recoveries.

We've had two Presidents in those 100 years who reacted to recessions by doing the opposite—Herbert Hoover in the early 1930s, who radically increased taxes and spending and who imposed unprecedented burdens on trade, and the other is Barack Obama.

As they say, those who refuse to learn from history are condemned to repeat it.

HEALTH REFORM

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

Mr. GENE GREEN of Texas. Mr. Speaker, I have to admit that I've never heard someone quote Herbert Hoover as being so bad and President Obama as being so good. We have to remember that Herbert Hoover was actually a Republican.

Mr. Speaker, am I supposed to have the floor or do the Republicans have it part time?

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 minute.

Mr. GENE GREEN of Texas. Thank you, Mr. Speaker.

I rise in strong support of a national health care plan that provides comprehensive health care for every American.

Three House committees had many public hearings and public votes on the bill, H.R. 3200. Democrats are using the same public rules that the Republicans used when they were in charge. They just don't like them because they don't have the majority now.

We have so many people uninsured in our country. My own district has the highest uninsured in the country of people who have private insurance—35 percent of our district has private health care, and over 40 percent is uninsured because they can't afford it or their employers don't provide it.

We've given private insurance companies plenty of time to cover the 39 million U.S. citizens who don't have health care, but they can't do it because they can't make a profit on someone like that. So that's why we need a public option. H.R. 3200 will help that. We will have health care for everyone.

□ 1330

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Members are requested not to traffic the well when another Member is under recognition.

HEALTH CARE REFORM

(Mr. MILLER of Florida asked and was given permission to address the House for 1 minute.)

Mr. MILLER of Florida. Mr. Speaker, the constituents of the First District of Florida and the people across this country have spoken loud and clear: We do not want a public option or government-run health care.

But I guess the Democrats can't hear from behind closed doors.

The majority leaders have turned a deaf ear to the American people and continue to insist on a public option. Whether it be an exchange, a co-op, single payer, or whether States opt in or opt out, the fact is the majority party leaders, behind closed doors, are crafting a final health care bill that would force a public option down our throats.

If a robust public option is absolutely critical to health insurance for Americans, then why does this increased coverage not occur until at least 5 years after enactment?

This health care reform bill is a farce and should be voted down. Americans don't want government-run health care as their only option.

HEALTH CARE

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

Ms. SCHWARTZ. Mr. Speaker, as I sit here and listen to one after another of the Republicans here in Congress finding reasons not to move ahead, not to find that uniquely American solution to helping every American have access to health insurance, the fact is that we have to do more. We have to act right now to ensure that every American has access to insurance coverage; that that insurance coverage is affordable, and that it is meaningful; that it covers preexisting conditions and provides for ongoing care for chronic diseases; that we can ensure that Americans get quality care and the right care, including for our seniors.

Legislation we have coming before us protects seniors, makes sure that they see lower copayments for primary care,

that they see lower copayments for prescription coverage.

The fact is that we can contain costs and help enable every American to have access to health insurance coverage. This is a moral imperative. It's an economic imperative for our families and for our businesses and for our Nation.

Fifty million Americans without health insurance, 14,000 a day being uninsured. It's time to get this done. It's time to act.

HEALTH CARE

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

Mr. KING of Iowa. Mr. Speaker, this whole health care debate started out clear back during the Obama-Hillary debate during the Presidential campaign.

President Obama has come to two premises: One is we spend too much money on health care. The proposed solution from Democrats? Spend a lot more, $1 to $2 trillion more.

The second premise: That too many are uninsured, 47 million or, as we just heard, 39 million. When you subtract from 47 million illegal aliens and immigrants and those who qualify under their employer and those who make over $75,000 a year and those who qualify for government programs, you're down to 12.1 million, not 47. That's less than 4 percent of the population.

They seek to overhaul 100 percent of the health insurance industry in America and 100 percent of the health care delivery system in America to do what? To reduce that number of uninsured from 4 percent down to something like perhaps 2 and, in the process, put in place the framework for socialized medicine.

Additionally, they give us an opt-out. Well, here's what I'll opt out of: I'll opt out of funding abortions. I'll opt out of funding illegals. I'll opt out of lawsuit abuse, tax increases, and Medicare cuts.

HEALTH CARE

(Ms. FUDGE asked and was given permission to address the House for 1 minute.)

Ms. FUDGE. Mr. Speaker, I have been listening to a lot of this today, and I just feel that it's time that the American people hear the truth.

The truth is that more than 60 percent of the American people want health care reform. The truth is that seniors pay much too much for their prescriptions and for their medications. The truth is that the American people are being mistreated by their insurance companies as they exist today. And the truth is that Democrats are working to fix the problem and not just be obstructionist.

LET'S MOVE FORWARD ON A JOB AGENDA FOR AMERICANS, NOT AN AGENDA OF GOVERNMENT-RUN HEALTH CARE

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

Mr. CAMPBELL. Mr. Speaker, it seems that the Democrat majority in this town is determined to install a government-run health care system which will be costly, inefficient, and provide bad care. We all know that.

I happen to support something that's directionally opposite to that, something called the Patients' Choice Act, which, instead of putting new bureaucracies in between people and their doctors, it would eliminate some of the existing bureaucracies and get employers and the government out of the way between people and their doctors so that they can control their own health care.

But you know what? As important as the health care debate is here, do you know what people in America want right now? Jobs. They want jobs. And if there is one thing this plan that the Democrats are proposing will do, it will cost even more Americans their jobs.

Mr. Speaker, I would ask you and I would ask the President where are the jobs you promised? Let's move forward in America on a job agenda, not an agenda of government-run health care.

HEALTH CARE

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

Mr. HASTINGS of Florida. Mr. Speaker, I have been here 18 years fighting for health care for Americans. There are, regardless of whose numbers you use, millions of uninsured people in this country and tens of millions who are underinsured and have become, in many respects, the prime justification for moving forward with one of the most aggressive health care reform agendas in modern history.

However, despite the unquestionable need for intervention, some have sought to dominate the health care debate with fear-mongering, misinformation, and blind opposition to key reform elements without offering substantive and high-quality alternatives. This perpetuation of fictions and misinterpretations is off base and has steered the health care discussion off course.

One thing I asked Americans all summer long as we got to this point was name me the day in the last 10 years that your health care went down. Name the day. You name the day.

HEALTH CARE

(Mr. COLE asked and was given permission to address the House for 1 minute.)

Mr. COLE. Mr. Speaker, the Democratic health care bill now being drafted behind closed doors is bad for seniors, bad for taxpayers, and bad for the quality of America's health care system.

It will cut Medicare spending on seniors. It will cost taxpayers $1 trillion, and it will push the American medical system toward an underfunded, overregulated, government-run health care system. We can do better than that.

Republicans have offered in good faith positive proposals putting patients first, reforms that protect the doctor-patient relationship, increase accessibility, and truly make health care more affordable. However, these ideas have never been heard in the back rooms of the Capitol where the Democrats are crafting their own partisan proposals.

Mr. Speaker, the majority's proposals continue to ignore medical liability reform, something the President himself said would be addressed. Tort reform has yet to be raised in the deliberations of our Democratic majority.

Mr. Speaker, we cannot allow the government to stand between patients and health care. Americans are smart enough to know the difference between no choice and a real choice.

THE TEA PARTY MINORITY

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

Ms. NORTON. Mr. Speaker, the TEA Party minority didn't succeed this summer as they thought they had, so they have come to the floor this afternoon. And they are not going to succeed any more on the floor than they succeeded with the noise of the summer. And how do we know it? The public option has come roaring back.

The people got through the noise, and they understand now to a fare-thee-well. In fact, my greatest fear is that now more people want the public option than will qualify for the public option in the bill, once they came to understand the relationship between what they're paying for insurance, that health insurance has been going up at a rate three times their wages, and that is why the wages of the residents of our country have been flat for decades. Once they understood that, they put two and two together.

The American people are smart. They are smarter than the TEA Party crowd that has taken to the floor this afternoon.

EXPRESSING CONCERN REGARDING THE EFFECT OF PROPOSED HEALTH CARE REFORM ON SENIOR CITIZENS

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

Mr. KLINE of Minnesota. Mr. Speaker, I rise today to express my concern

about the consequences of the majority party's proposed health reform to the members of our Greatest Generation.

As my colleagues have stated over and over today, the bill under consideration in the House would pose a major threat to our senior citizens. I'm especially troubled by the legislation's consequences for the more than 10 million Americans who rely on Medicare Advantage for their health care coverage.

In my home State of Minnesota, more than 230,000 senior citizens rely on Medicare Advantage. More than 17,000 of these men and women live in my district. And as their Representative, I simply cannot abide limiting their choices, let alone stripping them of their coverage completely. These are Minnesotans who, if they like their insurance, can't keep it.

Mr. Speaker, we can do better. Let's push the reset button and start over in a bipartisan way to write legislation, not behind closed doors, but out in the open.

HEALTH CARE REFORM FOR SMALL BUSINESSES

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

Mrs. DAHLKEMPER. Mr. Speaker, I came to Congress in January to make a difference for my community, to make a difference for my district.

Today, I heard from one of my constituents who owns a small business, a printing company in northwestern Pennsylvania. This small business owner received notification that health care premiums for his business are increasing by 51.1 percent this year. That dwarfs the 14 percent increase of last year and the 20 percent increase from the previous year and dwarfs the 28 percent increase that I saw in my own small business when I was still working there.

Anyone who has ever worked in a small business knows that these costs are unsustainable. This small business owner told me that his business' new family rate will be in excess of $1,700 per month. He wrote, ''I don't know what can be done, but it is small businesses like mine that cannot afford these increases.''

Mr. Speaker, we must not allow our small businesses to suffer so unnecessarily when something can be done. This is a clear and urgent need to pass health care reform legislation. I encourage my colleagues on both sides of the aisle to embrace reform.

HEALTH CARE

(Mr. LINDER asked and was given permission to address the House for 1 minute.)

Mr. LINDER. Mr. Speaker, if we were really debating health care, you could wonder if some of these things could be said with a straight face.

This isn't about health care; it's about control. Who's going to control these decisions? This entire debate could be put on a bumper sticker that says, simply, ''Who Decides?'' The majority wants Washington decisions and we want individual decisions.

Mrs. Clinton summed it up best 15 years ago in the last health care debate. She said, We can't trust the American people to make these decisions.

But the majority can't keep their hands off this trillion dollar decision; so they put into one of the bills things like $1.6 billion for streetlights. How many people are going to get insured with that? Or $10 billion to shore up union—their friends—insurance funds? I wonder how many people are going to get insured with that. Or the payoff to the trial lawyers, who cause us to spend $200 billion a year in defensive medicine to prevent being sued, who's helping them?

Mr. Speaker, this is about control.

THE PARTY OF ''NO''

(Mr. DOYLE asked and was given permission to address the House for 1 minute.)

Mr. DOYLE. Well, I guess all day we're going to hear from the party of ''no,'' no health care plan, no ideas for America.

To the people who have lost their jobs and can't get health insurance because the insurance companies said, No, you have a preexisting condition, they say ''no.'' Well, our party has an answer for that. Our health care plan will stop that.

For people in this country who have filed bankruptcy because insurance companies stopped paying on their chronic conditions, this party over here says ''no.'' Well, Democrats say ''yes.'' Our health care bill will cure that.

For our senior citizens who need help with their drugs and closing the doughnut hole, the party of ''no'' doesn't have a plan. This health care bill will help close the doughnut hole.

So I say to my friends over there, the negative nabobs of negativity, ''no'' is not a solution for America. Democrats have a plan that will cover all Americans and provide health care and reform this insurance industry that has abused so many people in this country.

□ 1345

HEALTH CARE

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

Mrs. BIGGERT. Mr. Speaker, for the first time since 1975, seniors will not be receiving a Social Security cost-of-living increase in fiscal year 2010. And now on top of that, seniors are worried about their Medicare plans. In almost every senior center that I have visited in my district in the last few months, 50 percent of the residents have told me they are on Medicare Advantage plans. These seniors like the plans that they have, and they want to keep them.

The administration has said many times that if you like the health care plan you have, you can keep it. That will not happen with Medicare Advantage, and seniors are upset and angry.

Let's support health care reform for all Americans that doesn't harm the plans that seniors rely on. Let's help all Americans.

HEALTH CARE

(Mr. BUTTERFIELD asked and was given permission to address the House for 1 minute.)

Mr. BUTTERFIELD. Mr. Speaker, what we are seeing today is terribly disappointing. Health care reform is necessary and it is urgent. There are powerful forces in this country who are determined to keep 47 million Americans without health insurance, and this same group is opposed to giving competition to the insurance industry.

If we don't reform health care, Medicare costs will surely bankrupt our Nation. That is a fact. If we don't reform the cost of employer-sponsored insurance, we will bankrupt companies and families. If we don't act now, uncompensated care will close the doors of rural hospitals in my district and your districts across the country.

We are ready to move forward. Democrats are ready to make this bold and visionary decision. I am disappointed we don't have help from the other side.

HEALTH CARE

(Mr. PAULSEN asked and was given permission to address the House for 1 minute.)

Mr. PAULSEN. Mr. Speaker, I rise today to call attention to another job-killing proposal that only Washington could dream up. Only here would people proclaim to lower the cost of health care by taxing it and making it more expensive.

Just today it has been reported that House leadership is now likely to include a $20 billion excise tax on medical devices as part of their health care reform bill. This new proposal will halt innovation and ultimately make health care more expensive for patients.

One week ago I held a field hearing in my district about the impact of this innovation tax. I heard from companies both large and small that there will be resultant job losses and cuts to research and development.

Mr. Speaker, these proposed taxes are a very wrong-headed approach. Let's get back on the right track and remove this tax so we can keep the jobs we have and make sure that we continue the innovation that is alive and well in both Minnesota and in our Nation.

HEALTH CARE

(Mr. HOLT asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. HOLT. Mr. Speaker, in these delaying tactics that we see from the other side, let's not lose track of the big picture. The health care reform legislation taking shape recognizes the different ways that Americans get their health care and helps each one. Those who get their health coverage through their employment will find that insurance companies cannot yank them around, or cut them off if their health treatment becomes expensive, or discriminate against them for preexisting conditions.

Those who get their health care through Medicare will keep the Medicare they know and love; only it will be better. Closing the gap in the coverage of prescription medicine, the so-called doughnut hole, and moving toward a more patient-based, less procedure-based system. And those not well served by today's existing system, small businesses, employees and employers, people between jobs, individual contractors and consultants, can get their coverage at lower group rates and can get assistance in paying those premiums. And overall, this will hold down the rising cost of health care in America.

HEALTH CARE

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

Mr. HARPER. Mr. Speaker, do we have good doctors in this country? Do we have good surgeons? Do we have good hospitals? And do we have reasonable access to that care? The answer is clear that we do.

Do you believe that a government takeover of our health care system will make health care better or worse? Do you really trust the Federal Government to take over this important part of our lives? The last thing that we need is to have some government bureaucrat standing between you and your doctor on making these important decisions.

Finally, the Democratic health care plan will hurt seniors by cutting Medicare. This Democratic plan will push unfunded mandates to my home State of Mississippi in the average amount of $360 million a year for the next 10 years. My district and our country simply can't afford this.

HEALTH CARE

(Mr. SCHAUER asked and was given permission to address the House for 1 minute.)

Mr. SCHAUER. Mr. Speaker and colleagues, I am from the State of Michigan, where people are losing their health insurance every day. Businesses are struggling to pay for health insurance for their employees.

I rise today to give voice to one of my constituents, Mike Gossett, who works for Apollo Express, a trucking company in Jackson, Michigan. He says he is a partner in this company of 70 full- and part-time employees. They have 42 employees on their health insurance program. Just this year, they received notice of a 15 percent increase in their health insurance rates for next year. He tells me this happens each and every year, and they are looking for answers. He fears that they will be forced to continue to decrease their coverage where they will just be able to offer catastrophic coverage for their employees.

Our families and our businesses are paying more and more every year and getting less and less. He is calling upon us, Democrats and Republicans, to fix this problem. That's why I am here in Congress, and I hope we can work together to pass health care reform.

HEALTH CARE

(Mr. JORDAN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. JORDAN of Ohio. Mr. Speaker, it happened last week. Who would have thought that in the United States of America, a Federal government pay czar, a Federal government bureaucrat, would tell a private American citizen how much money they can make. But it happened last week.

And now if the majority party has their way, coming soon to you and your family, a Federal takeover of health care with all of the taxes and all of the bureaucrats getting between you and your family.

Mr. Speaker, pay czar, car czar, energy czar, a $1.4 trillion deficit, sometimes I actually think the other party won't be happy until government runs everything. Sometimes I actually think the other party won't be happy until they have an IV hooked up to the taxpayer wallet and they can hit the drip button every time they want.

What we need is common sense, what we need is real reform, not more government.

HEALTH CARE

(Mr. FARR asked and was given permission to address the House for 1 minute.)

Mr. FARR. Mr. Speaker, I rise in strong support of a bill that obviously some people in this room haven't read. And some people in this room don't realize that in order to get results, you have got to do the positive. You have to work hard and you have to vote ''yes.'' Voting ''no'' doesn't provide any leadership; it just keeps the status quo.

But remember, part of this bill is going to have everybody in America have the same kind of insurance that we in Congress have. They don't want to admit that. They don't want to give up that insurance. They won't say ''no'' to that insurance. They won't say ''no'' to the TRICARE insurance that spouses and children of military folks get. That's what we are going to open it up to. That is the Medicare rates. They won't say ''no'' to Medicare for senior citizens. They just say ''no'' to the bill that is going to try to solve it for everybody else who doesn't have access to health care and can't afford health care and has preexisting conditions and can't get health care.

Also, insurance companies are raising premiums right now, all over this country, including the rates that we here in Congress will have to pay. And the party of ''no'' has said nothing about that. Read the bill. Yes, read the bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would ask Members to respect the gavel and allow each Member the opportunity to have their say.

HEALTH CARE

(Mr. POSEY asked and was given permission to address the House for 1 minute.)

Mr. POSEY. Mr. Speaker, 57 percent of Americans believe the majority's health care plan will raise their health care costs. Only 18 percent believe it lowers costs. Fewer than 1 in 4 Americans believe this plan will improve the quality of health care in America. And according to the Rasmussen poll out yesterday, this is a fact.

So what is Washington's response? To press on. The omnipresent defenders of the nonexistent problems of 80 percent of Americans are crafting another plan, in secret, one they haven't even read yet.

The American people have given this plan a vote of no confidence. Given the hundreds of billions of dollars in budget shortfalls for health plans Washington already runs—Medicare, Medicaid, SCHIP—is it any wonder the American people don't believe what they are being told about this?

It is time to go back to the drawing board, and we on this side of the aisle stand ready, willing, and able to work with you in a bipartisan fashion for the best interests of the people of this great country.

HEALTH CARE

(Ms. TSONGAS asked and was given permission to address the House for 1 minute.)

Ms. TSONGAS. Mr. Speaker, I rise today to discuss the important responsibility in front of us on health care reform. We are at a momentous time in our history. For the first time, we have a bill that has been approved by all five committees of jurisdiction. And although there are still details to be worked out, for the first time the majority of us have consensus on the structures and goals of this bill. We have never gotten this far, and I feel

privileged to be in the House of Representatives at this time.

So now is not the time to say ''no,'' to instill false fear, and to derail this important effort. We must work together to make sure that what we end up passing is the best it can be for the American people because the cost of doing nothing is too great. Without reform, the cost of health care for the average American family is expected to rise $1,800 every year, with no end in sight. If we don't act now, this problem is only going to get worse. If we don't act, 14,000 Americans will continue to lose their health insurance every single day. We are in a unique moment.

HEALTH CARE

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

Mr. BARTON of Texas. Mr. Speaker, my friends on the majority side have stood before this body today asking about the Republican alternative, where it is. Well, I would ask my friends on the majority side, where is their bill? The three committees in the House of Representatives each passed different bills back in the summer. Those bills haven't been merged. The Senate passed a conceptual document. Legislative language is not yet public on that bill.

We will have a Republican alternative, and I can tell you right now what will not be in it. There won't be individual mandates that millions of Americans can't afford. There won't be employee mandates that thousands of small businesses can't afford. There won't be a health care choices administration that tells the private insurance sector what kind of coverage they have to provide. And there won't be a comparative research bureaucracy that could easily lead to rationing of care.

There will be a national pool that covers all preexisting conditions. There will be subsidies for low-income Americans. There will be some sort of a compensation package for our health care providers. So I would ask my majority: Where is their bill?

HEALTH CARE

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

Mr. DINGELL. Mr. Speaker, I am sad today. I hear my Republican colleagues just getting up to say ''no.'' I tell my Republican colleagues, we have one of the greatest problems that we have ever confronted in this country. Health care has doubled in the last 8 years, and it will double in the next 8. And by the year 2020, health care costs will be $25,000.

The bankruptcy of the steel industry, the bankruptcies in the auto industry and the small business industries are directly a cause from this.

Listen to Daniel Webster and see what Daniel Webster had to say. He said this—it is on the wall up there, and I urge my Republican colleagues to look at it—Let us develop the resources of our land, call forth its power, build up its institutions, promote all of its great interests, and see whether we also in our day and generation may not perform something worthy to be remembered.

I urge my colleagues to join us in this. Let us sign together to move forward a bill that offers greatness to our country.

□ 1400

JOBS, JOBS, JOBS

(Mr. MARIO DIAZ-BALART of Florida asked and was given permission to address the House for 1 minute.)

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, a little memory check: Do we remember when the administration promised that by spending almost $1 trillion, unemployment would go no higher than 8 percent? Well, now it's close to 8 percent.

But not only has this administration failed to create jobs, it is rushing to enact other bills, other legislation that would lead to the loss of millions of more jobs.

The cap-and-trade bill would cost the loss of 2 to 3 million jobs a year here in the United States. This health care proposal could cost Americans 4.7 million jobs and lead to $1 trillion in new spending and cuts in Medicare.

Mr. Speaker, it's time to stop spending trillions of dollars in wasteful government programs. It's time to stop targeting our senior citizens. What will it take, Mr. Speaker, for this administration and this Congress to finally start focusing on creating jobs?

HEALTH CARE

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

Ms. WOOLSEY. Mr. Speaker, our chance to make health care available to and affordable for the people of the United States is here. I prefer that we include the robust public option in our final plan because, first, it saves more than $110 billion over any other plan, it covers far more people, and it provides real competition to private health insurers, which in turn will provide lower cost and higher quality for the people that are insured in the United States.

This is what we need. This is what we need to do for the people of our country. And now is the time for us to get on with it and do it.

HEALTH CARE

(Mr. BISHOP of Utah asked and was given permission to address the House for 1 minute.)

Mr. BISHOP of Utah. Over 200 years ago, the Founding Fathers foresaw the health care problems that we have today and they proposed a solution. We call it federalism. See, if something has to be done the same way at the same time by everybody, only the government can do it. But if you want creativity or to take into account different circumstances for justice, then States are, as Louis Brandeis said, the ''laboratory of democracy.''

My State of Utah has instituted a health care reform the right way based on consumer choice and options where business has stable cost, workers have affordable portable options, and it's designed for the demographics of Utah. But if the Pelosi bill or the Baucus bill were to be passed the way they are written today, that State innovation is destroyed.

All solutions and intellect are not here in this city. Creative solutions can happen when the Federal Government gets off the backs of individuals with their mandates and regulations and out of their pockets with their taxes; then real people have the ability to find truly creative solutions if we, the Congress, let them.

HEALTH CARE

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

Ms. RICHARDSON. I would like to show you the headlines from my community; ''It's Official: It's a Stinker.'' And what's a stinker? That, according to the U.S. Census and the American Community Survey, in the largest county in this Nation, 22.3 percent of the people do not have health care insurance. In my district, Long Beach, 18.8 percent; in Compton, 25.5 percent. That's one out of four people are walking around and do not have health care. And that's important to all of us.

Why are we the only industrialized nation that doesn't provide health care? Why is it that for my friends on the other side of the aisle we can spend billions for a war, but we can't spend the same for health care? Something is wrong.

We applaud the Congress and the Senate and Senator REID for stepping up. We need to do this, and we need to do it now. I'm not willing to look one out of four constituents in the face and say you're not good enough. Everyone deserves health care. And, oh, by the way, it helps all of us.

HEALTH CARE

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, if you like your current plan, it had better not be Medicare Advantage because the Democrat health plan proposal cuts $162 billion from that program for our seniors. The reason is twofold; they need cuts to pay

for their new government-run health care program and they think insurers in the program are overpaid by 14 percent. Tell that to the 25 percent of seniors who are enrolled in the program nationwide. I guess they weren't included in the folks who can ''keep their plan if they like it.''

Perhaps the Democrats didn't look at the plus side of Medicare Advantage. Studies show that those in the program spend fewer days in the hospital and experience fewer readmissions. A study in California showed that those enrolled in Advantage plans spent 30 percent fewer days in the hospital and were 15 percent less likely to be readmitted to the hospital. I would say that accounts for a huge savings.

The Congressional Budget Office also says the Democrats' health care plan would increase seniors' Medicare prescription drug premiums by 20 percent over the next decade. I thought reform was supposed to be improvements, not a plan to soak our seniors.

HEALTH CARE

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute.)

Mr. JOHNSON of Georgia. Mr. Speaker, the men and women of this great Nation are not stupid, even though there have been strident, permanent and significant efforts to mislead them; that reached its heyday in August. But now we're talking about a public option because the people are speaking now.

And so I want to salute the American people; you want affordable health care, which means you are sick and tired of the rise in premiums, the cost of premiums and the number of denials that you are getting after dutifully paying those premiums for years and years. So I want to congratulate the American people; you are about to have a victory with respect to health care.

PUBLIC OPTION TRIGGER

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

Mr. CONAWAY. Mr. Speaker, frustrated this summer by diligent and watchful Americans, the President, the Speaker and the Senate Majority Leader have been unable to create a single-payer health plan, the single largest expansion in the cost, size and authority of the Federal Government in 70 years. But rather than give up, the Democrat leadership have decided to float an idea as a misdirection play to get what they want. They call it a trigger; I call it a wolf in sheep's clothing.

While some might argue that a trigger would lower health care costs, Americans are awake and watching and they know better. They see this wolf and realize that a trigger paves the road toward government control of health care and the loss of individual choice of health care decisions.

On this Halloween week, I urge the Speaker to take off the mask of reform and focus on health care solutions that don't include the government takeover of health care. The American people deserve honesty in this debate and won't be scared into supporting a trigger.

HEALTH CARE

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

Mr. LUJÁN. Mr. Speaker, our constituents have asked us to put them first, not say no and support the status quo. I ask my colleagues from the other side, from both sides, to listen to them and help them.

I have a constituent who has had health problems since she was 21, who has spent her life shackled by high copays, inaccessible insurance, and little care, and is asking us to help her. She has endured through two bankruptcies and many undertreated health problems that cause her pain every day.

Another constituent is facing increases of 20 percent each year in premiums for her business. Each year, these insurance costs are skyrocketing, and neither she nor her employees can afford them.

Throughout the country, the American people are asking us to help, but we keep hearing ''no''—''no'' to those with illnesses and ''no'' to those who struggle with the high cost of health care.

Let us do what's right. Let's come together. Let's have the courage to say yes for the American people.

HEALTH CARE

(Mr. FRELINGHUYSEN asked and was given permission to address the House for 1 minute.)

Mr. FRELINGHUYSEN. Mr. Speaker, as the House majority debates with itself in secret on the future of health care, the American people are justified and worried about what is being discussed behind those closed doors.

As I always do, I have spent months listening to seniors across my district, and they are particularly concerned about how so-called ''reform'' will affect their Medicare and the medical care on which they rely every day.

Let me tell you, they are wise. They know that the so-called ''Medicare savings'' that are proposed to pay for the Speaker's $1 trillion reform bill sounds an awful lot like Medicare cuts to them. In fact, there are $500 billion in cuts to Medicare over 10 years in the bill, cuts that affect them, the doctors that treat them, and the hospitals who care for them.

Specifically, the majority plans to slash the Medicare Advantage program by more than $120 billion. Experts believe that nearly 3 million seniors will be thrown off Medicare Advantage and millions more will pay out-of-pocket expenses or face reduced benefits. We can't let this happen.

OPTING OUT OF THE GOVERNMENT TAKEOVER

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, yesterday we learned an interesting thing: the Senate health care bill will include a fig leaf opt-out of the government-run health care plan. Now, that brings up some interesting points and questions: Will Americans also be allowed to opt out of the rest of the government takeover of health care? Will they be able to opt out of the $800 billion in tax increases? Will they be able to opt out of the $500 billion in slashes to Medicare? Will they be able to opt out of forcing millions of Americans onto government-run medicine? Will they be able to opt out of a government bureaucrat getting between doctors and patients? The truth is, Mr. Speaker, anyone who seriously thinks an opt-out is the answer to all of these harmful provisions has already opted out of reality.

What the American people know is that there are positive solutions like H.R. 3400 and the others included from the Republican Study Committee and the Republican Conference. The American people want patients empowered and they want positive reforms. That's what we should be working on.

HEALTH CARE

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

Mr. MORAN of Virginia. Mr. Speaker, it's nice to see our colleagues on the other side of the aisle engaged in the health care issue. Unfortunately, it's in a negative manner again with no positive recommendations for us to move forward.

You know, this is what happened back in the 1990s when we tried health care reform; there was unanimous Republican opposition to that effort. And, of course, during the 8 years of the Bush administration, we had no effort to deal with a health care plan.

So now where do we stand? Well, back in the 1990s, the average family paid about $7,000 to $9,000 for a family policy; today, they're paying $12,000 to $14,000. We know that within another decade, if we don't do something today, they're going to be paying $29,000 to $36,000 for a family health policy. Now, that might be okay if we were healthier as a result, but out of 110 countries surveyed, we are 72nd. Seventy-one countries are healthier than we are.

Our health care system isn't working. It's too expensive, we're not getting what we're paying for, and it's got to change. Now!

COMMONSENSE HEALTH CARE REFORM

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

Mr. FORTENBERRY. Mr. Speaker, Terry recently wrote me, ''Congressman, I can buy a car in Iowa, beer in Kansas, a fishing license in South Dakota, land in Colorado, but health insurance? No place but Nebraska.''

Mr. Speaker, in these difficult times people are hurting. Families, and especially seniors, need more affordable options, from what they put on their table to what they put in their medicine cabinets.

My constituent, Terry, pointed out a commonsense reform—purchasing health insurance across State lines. There are other reforms, such as appropriately addressing preexisting conditions, promoting a culture of health and wellness to drive down costs, creating new insurance risk pool models for small businesses and families, strengthening community health centers, and expanding opportunities for health savings accounts. These changes could mark a truly bipartisan policy effort that increases competition among health insurance companies and benefits all Americans.

REFORM HEALTH CARE NOW

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, the President said our health care is too costly. I agree. But the Democrat plan doesn't reform or eliminate the $1 trillion in waste, so you will pay more—not just your children or your grandchildren, but you. How? Their plan has a wheelchair tax, a hospital bed tax, asthma device tax, artificial hip tax. Diabetes supplies, medicines, home oxygen equipment, all taxed. Have a heart attack? There's taxes on heart monitors, heart valves and pacemakers. How about health insurance? They tax you if you have it and tax you if you don't. Employer paid insurance? They tax them if they will and they tax them if they won't. States can opt out of the government-run plan, but you still have to pay the taxes. It's taxation without hospitalization.

Let's reform Medicare, reform Medicaid, reform health care, cut the waste, improve quality, let people buy across State lines, join groups, make insurance personal, portable, permanent. Millions of Americans are begging us to fix the problems, not finance them. Millions of Americans can't all be wrong.

□ 1415

HEALTH CARE

(Mr. WILSON of Ohio asked and was given permission to address the House for 1 minute.)

Mr. WILSON of Ohio. Mr. Speaker, I rise today in support of liability reform.

I have heard from people all across my district in Ohio about how much they need health insurance reform. I have heard from Dawn, a small business owner who has a story that is truly heartbreaking.

Due to a doctor's mistake when her son was 23 days old, Dawn's son was left with lifelong brain damage. For the past 10 years, she and her husband have struggled to find insurance for her son. When no insurance would cover him, they were forced to pay out of pocket for all of his doctors' appointments, physical therapy, and they are currently living at the poverty level. Between the two of them, they have held as many as five jobs to try to cover their son's medical expenses.

Last year, in my district in Ohio, there were 1,270 health care-related bankruptcies. Without comprehensive health care insurance reform, Dawn's family could be the next one.

We are at a breaking point. We must come together and bring security and stability to our health care system for families like Dawn's and for everyone else in this country.

HEALTH CARE

(Mr. WHITFIELD asked and was given permission to address the House for 1 minute.)

Mr. WHITFIELD. Mr. Speaker, there are many provisions of the Democratic health care bill that we support, like taking care of the preexisting condition problem.

But we also oppose cutting Medicare by $500 billion over 10 years. We oppose taking $155 billion out of the hospital account. We oppose reducing Medicare Advantage by $123 billion. We oppose taxing, putting a surtax on small business men and women, thousands of them. We oppose individuals being penalized 2.5 percent of their gross income if they do not buy a policy. We oppose requiring employers to pay 8 percent of the gross wages of their employees if they do not provide insurance. Then, after all of that, there still is $200 billion needed to pay for this expensive health care bill.

Those on this side of the aisle are willing to work with the other side of the aisle if they would simply open the door and give us the opportunity.

HEALTH CARE

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, I respect a great deal my colleague from Kentucky who is on the Energy and Commerce Committee, but I heard him mostly talk about what he opposes.

That's the problem with the Republican mantra on health care reform. They are opposed to so many things, but we really don't know what they are supportive of. The fact of the matter is from the very beginning we tried to include both sides of the aisle on this health care reform, but essentially what we heard from the Republican side was they didn't like this, they didn't like that, and, ultimately, they didn't like anything.

Now we are forced, I suppose, to bring a bill to the floor which probably will get mostly or maybe only Democratic support, but it will cover everyone. It will provide that universal health care that has been so lacking with so many people now who can't find health insurance or find it increasingly unaffordable. The public option is a very important part of that, because basically it will create competition and bring down costs for the average American.

We are moving forward now. We would like to have bipartisan support. But if we don't, we are still moving forward, because we know that the promise of health care for every American is really crucial.

PROTECTING AMERICAN SENIORS

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

Mrs. MILLER of Michigan. Mr. Speaker, as Democratic leaders retreat behind closed doors to craft their government takeover of health care, American seniors are rightly concerned about what $500 billion in cuts in Medicare will mean to them.

Throughout this process, Democrats have made clear that they intend to force American seniors to carry a large share of the cost of reform, and this includes eliminating Medicare Advantage. Democrats understand how negative the reaction will be when seniors learn that they are scrapping this program, so they have placed a gag order on companies that provide this coverage, stopping them from communicating with seniors on the ramifications of this change.

That's right, the Democrats who promised transparency and accountability have gone behind closed doors to craft legislation and have used the power of government to stop dissenters from communicating with American seniors. Well, American seniors are right to be concerned.

With the job-killing tax increases the Democrats are also talking about, American workers need to be concerned as well, Mr. Speaker. Perhaps that is why the Democrat majority will not allow us to have 72 hours to read the bill before it's voted on.

HEALTH CARE

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

Mr. ROSKAM. Mr. Speaker, if you are from the northwest suburbs of Chicago, today you woke up and you

looked at the Chicago Tribune and you read an article that said your property taxes are going to go up 20 percent. If you turned on the radio, you probably heard folks talking in Chicagoland about unemployment at 10.5 percent in Illinois, a number that we have not seen since the early 1980s. If you have been listening to the debate in Washington, D.C., in the past couple of weeks, you have been hearing about this crushing debt that is coming on you, your children, and your grandchildren.

I went this afternoon to the Bureau of the Public Debt in downtown Washington and watched within a twinkling of an eye $44 billion that was borrowed on a 2-year note. That type of attitude and the attitude of spending and spending and spending is becoming weary for the folks that I represent in the Sixth District of Illinois.

It's time for this Congress to discipline itself and come up with a health care plan that meets people's needs but doesn't break the bank.

HEALTH CARE

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

Mr. CULBERSON. Mr. Speaker, the people in Texas that I represent oppose the Pelosi-Obama government takeover health care bill by a margin of 77 percent because we understand in Texas that our health care system needs a tune-up, not a trade-in. We need to focus, as the conservative minority has, on reducing the cost of health insurance and making it affordable and portable.

We, in the conservative minority, the temporary minority, have authored legislation that will make insurance portable across State lines, that will bring down the cost of health insurance by enacting tort reforms nationwide to protect doctors from frivolous litigation as we did in Texas. In Texas, we adopted tort reform, and the cost of health insurance dropped for all Texans, and about 400,000 additional Texans got health insurance who could not before.

We need to make sure that the greatest health care system ever created in the history of the world is protected, that we protect the doctor-patient relationship. Let's focus on reducing the cost of health insurance, making it affordable and portable.

Give our health care system a tune-up, not a trade-in.

GOVERNMENTAL TAKEOVER OF HEALTH CARE AND THE DETRIMENTAL EFFECT IT WILL HAVE ON OUR SENIORS

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

Mr. BROWN of South Carolina. Mr. Speaker, I rise today to highlight the Democrats' plan to pay for their government takeover of health care by cutting nearly $162 billion of Medicare at the expense of our seniors.

Across the Nation, nearly 11 million seniors chose Medicare Advantage plans as their preferred coverage. Of those 11 million, over 11,000 seniors in the First District of South Carolina, an area with many retirees, may have their coverage dropped or benefits cut if the Democrats have it their way.

Despite the President's promise that if you like your current plan you can keep it, it is clear that some seniors will eventually be forced into a government-run plan. Additionally, the CBO has said that the Democrats' plan will increase seniors' Medicare prescription drug costs by 20 percent over the next decade.

As Medicare dangerously approaches bankruptcy, Democrats must open the process up to Republicans to work to repair this rapidly failing program and protect our seniors from rising drug costs, limited coverage, and reduced quality of care. Republicans vow to honor our seniors by blocking Washington's bureaucrats from overregulating their health care and by providing options and the best quality coverage for all Americans.

HEALTH CARE

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

Mr. OLSON. Mr. Speaker, my colleagues in the majority have repeatedly promised that under their public option plan, individuals can keep the coverage they currently have and nothing will change except they will have more choices at a lower cost.

As I speak with employers and small businesses in my district, the truth is vastly different. Several employers in the district I represent have candidly stated that dropping private insurance for employees, instead of paying a mandatory 8 percent surtax, makes the most economic sense for their business. Employees will no longer have the choice to keep the coverage they currently have under this scenario.

Raising taxes, eliminating choices for Americans, and placing the government in charge of health care, that hardly strikes me as a choice. The hardworking Americans in the 22nd District of Texas and cities and towns across America were promised a choice.

I ask my colleagues on the other side of the aisle, where is the choice in this government-mandated care?

HEALTH CARE

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

Mrs. LUMMIS. Mr. Speaker, I would like to express what is my greatest hope and my greatest concern in 1 minute.

My greatest concern is that, by using Medicare as a means to fund this new program, you will be taking more money away from rural areas that are already inadequately reimbursed by Medicare for their costs. For example, in Casper, Wyoming, the hospital is only reimbursed at 32 cents on the dollar for Medicare actual costs.

We are underreimbursing now and having to subsidize Medicare. The government is not meeting its obligation to Medicare. My greatest hope is that Democrats will read the 40-plus Republican bills to reform health care and choose the best among them and bring those to the floor so we can discuss them and debate them.

We have over 40 bills that you can use for great ideas to reform health care in a way that will make it available to all Americans.

HEALTH CARE

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

Mr. ROHRABACHER. Mr. Speaker, there are 20 million uninsured Americans who just can't afford insurance, others who have lost insurance when they lost their jobs. Still others have a preexisting insurance condition and have been frozen out of the insurance market. Then there are frivolous lawsuits which drain very limited health care dollars. Of course, we find that our best insurance providers can't sell their insurance across the country. They are frozen out. There is no competition.

These are problems that Republicans are anxious to work with Democrats on. I plead with my Democratic colleagues, don't hold health care reform hostage, dependent on the enactment of some socialistic experiment with government-run health care.

What's going to happen? What's being demanded here is a transformation of our system rather than a reform of our system. That transformation of our system will hurt seniors. It will take people who now have insurance in small business and put them out of a job as well as with no insurance. Of course, it will not improve the situation but will be very costly for the American people.

SENIOR CITIZENS' MEDICARE COVERAGE

(Mr. FRANKS of Arizona asked and was given permission to address the House for 1 minute.)

Mr. FRANKS of Arizona. Mr. Speaker, it is so ironic that this Congress is debating the means of covering the uninsured while Democrats are planning to cut the existing coverage of those who need it most—our senior citizens.

Nearly 70,000 of those senior citizens will be affected and live in my district,

Mr. Speaker. Those senior citizens will experience drastic changes to their Medicare coverage as a result of the $500 million Medicare Advantage cut imposed by the Democrats' bill, H.R. 3200.

Democrats may silence all of our Republican bills, but they are wrong if they believe Republicans will keep silent and allow senior citizens in America, who have already spent the majority of their lives contributing to this Nation, to be forced to give up the health care coverage they so vitally need in order to pay for a socialist, government takeover of health care which has failed in every State and in every country that has been unwise enough to allow it to happen.

□ 1430

HEALTH CARE

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

Mr. SCALISE. Mr. Speaker, right now, while the Democrats who are running Congress are meeting behind closed doors to rewrite a government takeover of health care, the American people are asking why are they being left out?

Senior citizens know that they are being left out of this health care bill because they are looking at the $400 billion in cuts to Medicare that President Obama and Speaker PELOSI's bill will impose upon them, including almost the elimination of Medicare Advantage, which is a program that over 100,000 in Louisiana want and like and will be denied under their bill.

Small businesses and families are wondering why they are being left out of these discussions when they look at over $800 billion in new taxes that American families will have to pay, many of which make below $70,000, which violates one of the President's pledges.

What the American people want is real health care reform, and that is why we have brought a number of bills, including H.R. 3400, which actually goes in and addresses the problems, like preexisting conditions, addressing those problems like lowering the cost so that people can have portability and buy across State lines, and actually passing real Medicare liability reform to lower the cost of health care.

Let's fix the problems that are broken, not break what is working.

HEALTH CARE

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

Mr. LUETKEMEYER. Mr. Speaker, this morning I had the opportunity to meet with a group of Honor Flight veterans at the World War II veterans memorial. These ladies and gentlemen are our heroes. One of them came up to me and said, Congressman, please don't let them take my Medicare away. That is a solemn promise.

They are concerned about the quality of care, about the costs they are going to incur. This is something that is extremely important to our seniors.

Over the weekend, I had an opportunity to talk to a businessman. He came up and said, Congressman, please don't let them implement these mandates and these excessive taxes on me. I can't survive as a business.

The American people are looking over these proposals and they are saying ''no.'' A while ago we heard that it is not leadership unless you vote ''yes.'' I say it is time we start listening to the people and doing what they want. They have looked at these issues, they have looked at these proposals, and they have said ''no.'' I think we need to listen to them, because they are the ones who are going to pay the bills, they are the ones that are going to be impacted by it, and they say ''no.''

HEALTH CARE REFORM

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

Mrs. CHRISTENSEN. Mr. Speaker, I am sick and tired of all of the lines in the sand on health care reform. This is something that we have to do, something we cannot afford not to do. To quote Fannie Lou Hamer, on behalf of African Americans and all who are un- and underinsured, ''We are sick and tired of being sick and tired.''

This Congress has an obligation to end this, and those who continue to misrepresent the facts need to stop. The bills being put together will end insurance discrimination and the dropping of coverage when one needs it most. We will provide a public plan for those who choose to use it, and, if we do it right, we will reduce the high cost of insurance and will end those insurance horror stories.

With our bill, we will ensure security for our seniors, affordability for the middle class, access to quality health care for the poor and our responsibility to our children. We can do this without adding to the deficit.

So I think everyone needs to get up off of that hard line and come together around the most important thing we can do in our time here—give every American the possibility of health, wellness, and a decent quality of life.

HEALTH CARE

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

Mr. WESTMORELAND. Mr. Speaker, this majority has just run a $1.4 trillion deficit for fiscal year 2009, even as we are told a new health care entitlement will reduce red ink by $871 billion over 10 years. But let's look at history and what has happened since the government has got involved in health care.

Prior to the creation of Medicare and Medicaid in 1965, health care inflation ran slightly faster than overall inflation. In the years since, medical inflation has climbed 2.5 percent faster than the cost increases elsewhere in the economy.

Let's start with Medicaid. House Ways and Means in 1965 estimated that the first 5 years' cost would be $238 million. Instead, it hit more than $1 billion, and costs have kept climbing since.

Let's look at this. In 1965, Medicare, another government program, was projected to cost $12 billion by 1990. It cost $110 billion. Medicare hospital, 1965 projected 1990 costs, $9 billion; actual cost, $67 billion.

Let's look at history and see what happens when the government gets involved.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members should heed the gavel.

HEALTH CARE

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

Mr. RYAN of Wisconsin. Mr. Speaker, Wisconsinites might want to know that just recently our Blue Cross Blue Shield program announced that people in their twenties under this health care bill will see a 199 percent increase in their health insurance premiums. People in their forties will see a 122 percent increase in their health insurance premiums. People in their fifties will see a dramatic double-digit increase in their health insurance premiums.

Mr. Speaker, 214,000 Wisconsinites might want to know that their Medicare Advantage plan that they enjoy will be either dramatically more expensive or will go away completely. The American taxpayer might want to know that government estimators are telling us that this bill will cost $1 trillion to $2 trillion in a new health care entitlement, which will surely add more deficit and debt to future generations.

The shame of all of this, Mr. Speaker, is that we could fix what is broken in health care without breaking what is working in health care. Republicans have offered 40 different pieces of legislation in an attempt to get bipartisan compromise, to make sure that the uninsured get insured, that people with preexisting conditions get health care, and we do this without breaking the bank, without raising taxes and without creating new debt and deficit and entitlements.

SIMPLE UNIVERSAL HEALTH CARE ACT OF 2009

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

Mr. TERRY. I am introducing the Simple Universal Health Care Act, a plan which will let the uninsured opt into a system which is an identical twin to the health care that we have in Congress. This plan removes restrictions on preexisting conditions. It allows employers to opt in and maintain the current tax benefits for providing coverage. The administrative costs will be around $15 million, not billion, not $1.2 trillion, and would be paid for by the insurance companies, leaving the taxpayers with no cost.

This plan offers a variety of options, and companies compete for customers, thus holding down the cost and maximizing benefits without a government takeover of health care, without using taxpayer dollars, without taking money from Medicare or raising taxes on small business.

The SUH Act is a simple, affordable private-sector approach to making sure all people have access to health insurance, and I encourage Members of both sides of the aisle to support this simple solution.

HEALTH CARE

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

Mr. GUTHRIE. Mr. Speaker, as a Member of Congress, I not only have the responsibility of looking out for future generations, but also a duty to ensure that we are doing all we can to take care of our seniors. Real reform needs to make health care more affordable and more accessible. Unfortunately, the bills being crafted by the majority could threaten the health care benefits seniors already receive while raising premiums.

The plan currently in the House makes massive cuts to Medicare which the Congressional Budget Office anticipates will increase seniors' Medicare prescription drug premiums by 20 percent over the next decade.

For those who live on a fixed income, the possibility of having to pay more is very worrisome.

Their plan also includes cutting $162 billion from Medicare Advantage, a program widely supported by the seniors because of its choices and affordability.

We should focus on ensuring Medicare continues to be there for our seniors, not cutting their benefits to fund an unproven proposal.

PROPOSED HEALTH CARE REFORM WOULD BE HARMFUL FOR NORTH TEXAS BUSINESSES

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

Mr. BURGESS. Mr. Speaker, in August, in addition to the town halls in my district, I hosted two roundtables with small- and medium-sized businesses in North Texas. Parts of health care reform are going to affect business, like it or not. They are going to see a tax increase, a new employer mandate, and penalties for noncompliance.

The North Texas business representatives said they needed more tools, not more regulation, to make health care affordable for small and medium businesses. With regard to an employer mandate, one panelist explained this would add to the burden during what are arguably tough economic times.

An individual who was the health benefits manager at a large manufacturing plant in Denton said, Our employees are already very well taken care of without mandates. If more gets mandated on us, then we are going to have to look at what we will cut, what we are going to take away in order to be competitive.

Another individual said, If we had to furnish health insurance, if it is mandated on us, we just simply will not be able to afford to do so. We will have to cut jobs.

I promised to take the lessons learned back to Washington, D.C., as we continue to work on health care reform. Most Americans today are actually concerned more about jobs and the economy than the current health care proposals that we are debating here in Congress.

Washington should be working to help businesses create jobs, not writing penalties for those who are trying to provide employment.

MEDICARE CUTS WOULD IMPACT OUR SENIORS

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

Mr. BOUSTANY. Mr. Speaker, as a heart surgeon, I saw patients firsthand in our current government-run programs, like Medicare, who lacked real access to a doctor, leaving them out of the system. Many of our Medicare patients and seniors out there know exactly what I am talking about.

So I ask the Democratic leadership, how can you cut $500 billion, a half-trillion dollars, from Medicare, and not hurt access and quality for our seniors? I also ask our Democratic leadership, how can you create a government-run health care takeover that fails to control costs or improve quality?

We can do better. I know we can do better. We can achieve commonsense solutions in a bipartisan way. But the current Democratic-led bills do not do that. They do not constitute meaningful reform.

We need to work together to strengthen Medicare, to put it on a better and sounder financial footing, to ensure that it will be there for our seniors when they need health care. We need to lower costs for all seniors, and for all Americans, for that matter, by increasing competition in the health insurance marketplace, promoting wellness programs and limiting frivolous lawsuits.

Let's put the doctor and patient back in control of health care.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members must heed the gavel, please, and adhere to the 1-minute limitation.

HEALTH CARE

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

Mr. HERGER. Mr. Speaker, as the backbone of our economy, small businesses create over 72 percent of all new jobs. It defies logic that House Democrats would pay for their government takeover of health care by actually raising taxes on these same businesses by $820 billion.

During a serious economic downturn, we should be pursuing policies that will create jobs and put us on the path to recovery. Instead, these tax hikes will cost an additional 5.5 million jobs.

History shows that the American economy is at its strongest when taxes are lower and small businesses are permitted to keep more of their money to invest and grow.

Mr. Speaker, higher taxes for government-run health care is a bad deal for the American people.

IN SUPPORT OF MEDICARE ADVANTAGE

(Mr. MARCHANT asked and was given permission to address the House for 1 minute.)

Mr. MARCHANT. Mr. Speaker, I have heard repeatedly from the seniors about their high satisfaction with Medicare Advantage and their fears of losing it. The Senate Finance plan would slash $123 billion from Medicare Advantage.

Over 10 million seniors are currently enrolled in the Medicare Advantage plan, and, according to CBO Director Elmendorf, those proposed cuts to Medicare Advantage will force reduced benefits for many seniors, over 100,000 seniors in the three counties that I represent. This is in stark contrast to ''if you like your insurance, you can keep it.''

Director Elmendorf states very clearly that under the Senate Finance plan, Medicare Advantage enrollees will suffer reduced benefits.

We must preserve Medicare Advantage for those who are benefiting from the peace of mind that it provides, and

strengthen it for those seniors that have not yet turned 65.

□ 1445

JUST SAY ''NO''

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute.)

Mr. BLUMENAUER. Mr. Speaker, one of the interesting debate points that we are listening to today is the assertion that somehow what we need to do is just allow people to sell insurance across State lines, and that's going to solve all our problems. Well, first of all, you can buy insurance today across State lines. What we don't do is allow somebody who incorporates in a State with very weak protections and minimal provisions to go in and undercut the laws of other States that seek to protect their citizens. You can buy insurance as you see fit. It's just that people who are going to play in a market have to play by the rules, and if somebody cheats, then there is an opportunity to use the local insurance commissioner to protect the consumer.

Under the legislation that we're proposing, the only thing that changes is that for the first time, some of the States that haven't protected their consumers will have higher standards. This is a good thing.

HEALTH CARE

(Mr. ROGERS of Kentucky asked and was given permission to address the House for 1 minute.)

Mr. ROGERS of Kentucky. Mr. Speaker, the senior citizens in my district are scared, literally scared. They ask me, What are the Democrats planning to do to my Medicare and Medicaid? And I have to tell them, I really don't know because the Democrats are hiding behind closed doors in the dark and keeping the rest of us out of the picture. So we don't know for sure. Except we do know this: They are planning massive cuts to Medicare, upwards of $500 billion, and massive cuts to Medicare Advantage that will result in a loss of health care for millions of seniors. According to the Congressional Budget Office, that Advantage cut would be around $162 billion. As a result, Medicare Advantage plans will drop out of the program, limiting seniors' choices and causing many of them to lose their current health care coverage. Cuts to Medicare Advantage will have an exceptionally harmful effect on seniors in rural areas like mine. I urge us to reject this plan.

HEALTH CARE

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

Mr. LATOURETTE. Mr. Speaker, all throughout history, there's been the big lie, and we've got the big lie going here again.

It goes like this: Republicans won't let us have health care reform.

Republicans are the Party of No.

Why are Republicans stopping us from reforming health care?

Well, I'm going to tell you something—the Democrats have won the last two elections because we did such a bang-up job. But the fact of the matter is, there are 257 of them. There are only 177 of us, although it looks like a bigger number over here today. We couldn't stop a one-car parade. This health care discussion is a fight between the left and the far left. And sadly for the Democratic majority, they've got people in their party that think that this health care proposal proposed by the far left is wacky. It takes $500 billion out of Medicare. You do nothing with the lawyers as they file lawsuits and cause doctors to practice defensive medicine.

This is a bad bill. They can't even get their own team to row the boat, but they want to say, Republicans don't want to reform health care.

HEALTH CARE

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

Mrs. EMERSON. Mr. Speaker, health care reform has gripped the Congress for the better part of a year now, and we're finally getting to the core of this debate: cost. Without an affordable system of health care, we'll forever have problems with access. But too many good bipartisan proposals to lower costs have been ignored—eliminating international barriers to market access for U.S. consumers, speeding new generics to market, promoting comparative effectiveness research, and better decision-making tools for doctors and their patients.

You may ask, Why? It's real simple. The administration made an $80 billion deal with the big drug companies that prevents us from offering our proposals to save consumers money on their medicine. Our constituents who often have trouble paying for their medicines today will continue subsidizing the people from other countries who pay half of what we do for the same drugs. So this $80 billion deal actually makes more money for big drug companies because it will encourage more people to take brand-name pills instead of generics, increasing the market share and profits of the drug companies. No wonder they were so quick to accept this deal, and what a scam the administration has fallen prey to.

HEALTH CARE

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, I'm going to read the comments in a letter I received from Mr. Bradley Ball, one of my constituents in New Hampshire, because I don't think his voice is being heard on the floor today. He said that he was lucky enough to have insurance, but he had to pay for it himself, almost $7,000 a year. He said, ''So to keep my current health care policy is just less than $7,000 a year, and my copay for Thalidomide could be as low as $810 a month. That translates into $16,620, rounding off, just including that one medication in health care expenses for a year. Of course there are more. My monthly income is $1,660, $19,920 a year, through disability and pensions. How can I pay for my other expenses—heat, electricity, food, clothing, shelter, et cetera, on the remaining $3,300 I will have each year? Do I have some savings? Yes. But very soon I am going to run out of all my possibilities. What will you have me do next?''

Then he goes on to say that he could live if we could get the prescriptions for him and help him pay his health insurance. And then he says, ''I don't think that in the United States of America this is what anyone would wish on anyone else. I know you would not want to be in this situation. I don't care whether it's called a right or a privilege, the current system is broken. Please help fix it.''

WHEN WILL YOU LISTEN?

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

Mr. FORBES. Mr. Speaker, last week I received a call that every Member of Congress fears: a plant with 1,100 jobs in a town of 9,000 residents closed its doors. We want to be there for them, and we will be there for them as the symptoms of a bad economy entangle their lives. But Americans are asking you a larger question today. The question is, When will this government listen to the voice of wisdom, shouting for us to address the causes of a bad economy and not just the symptoms?

As one of 17 Members of Congress who voted against every one of your bailout stimulus bills, I watched you ignore that voice of wisdom as you saddled our grandchildren with a debt that they will wear for decades as a badge of dishonor for your deafness. I watched as you ignored it as you tried to impose your energy agenda, knowing it would stifle America's competitiveness and kill jobs. And I watched as you ignore it while you try to tax our existing jobs into oblivion.

Mr. Speaker, today Americans are asking a simple question: When will you listen?

HEALTH CARE

(Mr. HINOJOSA asked and was given permission to address the House for 1 minute.)

Mr. HINOJOSA. Mr. Speaker, I am here representing the families in my congressional district that need health

care reform to happen now. In my district, almost half of my constituents go without insurance. They face some of the most expensive costs and are afflicted with high rates of chronic diseases, such as diabetes and heart disease. Congress has neglected these problems for far too long. Those that are suffering the most and need the most care do not have access to the affordable coverage they need.

What's in it for you? Stability, security and quality. Let me summarize our Democratic plan like this: No discrimination for preexisting conditions like diabetes, heart conditions or cancer. No drop in your coverage because you become sick. No refusal to renew your coverage if you've paid in full and become ill. No more job or life decisions made based on loss of coverage. No need to change doctors or plans if you like the coverage you have. No copays for preventive and wellness care. No excessive out-of-pocket expenses, deductibles or copays. No yearly or lifetime cost caps on what insurance companies cover.

I urge my colleagues to support the Democratic proposal.

HEALTH CARE

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

Mr. KINGSTON. Mr. Speaker, how does Speaker PELOSI plan to pay for her $1.2 trillion government takeover of health care? Simple—higher taxes, higher premiums and cuts in Medicare. What does this mean to mom and dad back home? It means 6 million will be forced off of their Medicare Advantage Program. It means their doctor will now be assigned to them by a government bureaucrat, not by their own choice.

In the rural area that I represent, they're facing $83 billion in cuts, so rural nursing homes will close down. And for seniors in Medicare part D, a 20 percent increase in drug costs.

This is not a good plan. If the kitchen sink is leaking, you don't take a wrecking ball to the whole kitchen. You fix the sink. We need targeted, market-oriented reforms to make health care more affordable and more accessible for everyone, especially our seniors on a fixed income.

HEALTH CARE

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Mr. Speaker, so much is at stake, and the well-being of Americans is on the line. And it's clear that we need health care reform, but that reform must protect and strengthen the health care of all Americans.

The current overhaul bill would make $500 billion in cuts to Medicare, $156 billion in cuts to Medicare health plans and would affect 14 million Americans across this Nation. This is not the kind of reform we need.

Also, Mr. Speaker and seniors, pay close attention to this: There is an unusual advocate for these massive cuts to seniors' health care. It's AARP, who receives nearly 40 percent of its revenue from selling health insurance products. Why would AARP support a bill cutting benefits for its members? Are they truly looking out for the best interests of seniors? Could it be that AARP has a hidden profit agenda?

This morning's Washington Post explores this issue in an article entitled, AARP: Reform Advocate and Insurance Salesman. I urge people to read it. I do believe there is a conflict of interest here, Mr. Speaker, and I will continue asking the questions necessary to ensure we protect our seniors' health care.

HEALTH CARE

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

Mr. TIBERI. Mr. Speaker, throughout the course of this debate on health care, we've heard a lot about cracking down on waste, fraud and abuse. I support that. In fact, I wrote a letter to the chairman of the Ways and Means Committee and the chairman of the Government Reform Committee asking that we hold hearings on the issue. I haven't heard back. Why would we need hearings when this bill now is being written behind closed doors, behind closed doors for no one else to see?

And it appears to me, Mr. Speaker, that the majority's plan for paying for this in part is on the backs of seniors. In my district, a third of my seniors are on Medicare Advantage plans. They like what they have. Under the Democrat bill, they will not be able to keep it because it will be cut.

Now, Mr. Speaker, we can only guess at this point what the health care bill will look like because it's being written behind closed doors. Only time will tell. So much for openness and transparency.

PROPOSED HEALTH CARE REFORM HURTS SENIORS

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

Mr. BOOZMAN. Mr. Speaker, we need to contain the cost of health care to make it more affordable for all Americans, but we cannot do this by cutting the services to our senior citizens. We have the responsibility to ensure that we don't harm the health care they currently have through Medicare. But the legislation supported by the White House, Speaker PELOSI and Senator REID doesn't protect that care.

Included in this health care plan is more than $162 billion in cuts to Medicare Advantage. More than 25,700 residents of Arkansas' Third Congressional District are enrolled in this program, and I know the positive impact it makes in the lives of Arkansans and all American seniors. This is bad practice to cut from critical services like Medicare Advantage and something that I cannot support.

Rather than cut services, we need to examine how we can save money by getting rid of the waste and fraud in Medicare. Mr. Speaker, we can craft a bill that allows access to quality and affordable health care without sacrificing services to our seniors.

COMPETITION

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

Mr. PITTS. Mr. Speaker, there's been a lot of talk about choices and competition recently. We're hearing now that some on the other side of the aisle want to rename the ''public option'' the ''competitive option.''

Will the competitive option negotiate with doctors like private insurance? No. Will the competitive option be subject to thousands of different State mandates on coverage? No. Will a competitive option be subject to State and local taxes? No. Will the competitive option face an endless assault of lawsuits costing billions of dollars? No.

Senate Leader REID has brought forth a bill that would allow individual States a choice to opt out of the competitive public option. What we're not sure of is whether people in these States will be able to opt out of the billions of new taxes mandated by the bill. Like most Federal programs, the States will either accept the program or watch their citizens' tax dollars go to other participating States.

The government option offers few choices, and its competitive advantages will mean that in a very short time, millions of Americans will end up with no option, just the government.

□ 1500

SENIORS AND HEALTH CARE REFORM

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

Mr. ADERHOLT. Mr. Speaker, there is bipartisan consensus that Congress must help with affordability, with access and with the availability of health care for American families. There is no question that Congress must act and that we must address the issues, but the current Democrat health plan is not going in a bipartisan direction. Not only is the current Democrat health plan the wrong approach; it could harm various groups of Americans who need and who depend on quality health care the most.

One of the groups is seniors. In my home State of Alabama, seniors make

up about 14 percent of the population. That's higher than the national average. The seniors in Alabama and all over America deserve something better than the government takeover of health care.

The House Democrat plan includes massive cuts to Medicare that will result in Medicare Advantage plans dropping out of the program, limiting seniors' choices and causing many to lose their current health care coverage, and cuts to Medicare Advantage will have an exceptionally harmful impact on seniors in rural areas.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

SENIORS AND HEALTH CARE REFORM

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

Mr. BILIRAKIS. Mr. Speaker, in my State of Florida, millions of seniors rely on Medicare for their health care, including 130,000 in my district alone.

On Monday, I held my annual seniors' health fair, which provides free health screenings to area seniors and which gives me an opportunity to continue getting their input on health care reform.

The overwhelming consensus from seniors in my district is that the Democrats' health care reform proposals would lead to fewer choices, to higher costs and to reduced quality. Of particular concern to many of the seniors I spoke with was whether they would be able to keep their existing coverage.

The House bill calls for $163 billion in cuts to Medicare Advantage, which is wildly popular with Florida seniors. The cuts will result in health care providers dropping out of the program, undermining choice and jeopardizing the more than 50,000 seniors in the Ninth District who rely on Medicare Advantage for their care.

We must not harm the health care seniors already receive.

HEALTH CARE

(Mr. CRENSHAW asked and was given permission to address the House for 1 minute.)

Mr. CRENSHAW. Mr. Speaker, it has been pointed out that our Democratic colleagues have been drafting this health care plan behind closed doors, in the darkness of night; but yesterday, one of them emerged in the Senate—the majority leader—and he announced the best way to proceed with this plan is to have a government option with an opt-out provision for the States.

What does that mean? Nobody knows. How do you opt out? Nobody knows. How long do you have to be in before you opt out? Nobody knows. What if all of the States decide to opt out? Nobody knows.

We do know a couple of things: Number one, we do know under this Democratic plan your taxes are going to go up. We do know under this Democratic plan your Medicare benefits are going to go down. We do know under this Democratic plan there are going to be more bureaucrats controlling your health care.

So they're trying to keep us in the dark, but we know enough to know this: This is a bad plan and there is a better way.

HEALTH CARE

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

Mr. AKIN. Mr. Speaker, when people get into the details of health care, I think they sometimes miss seeing the very big picture. The big picture here is that the Pelosi and the Democrat health care plan has this final destination, which is that it's going to be run by some czar or commissar in the Federal Government.

I guess the question I have is: On what sense of faith is this decision made?

Is it the efficiency of the Post Office, perhaps, that inspires them or the compassion of the IRS, or is it, perhaps, the Department of Energy that was created to make sure we wouldn't be dependent on foreign oil or, perhaps, the Department of Education, which was studied some years ago, and it was determined in the study that, if a foreign power had done what the Department of Education has done to America, it would be considered an act of war?

Why do we want to destroy the health care system that 100 million Americans enjoy in order to just simply socialize it and to turn it over to some czar in Washington, D.C.?

That's an act of faith that's just too hard to follow.

HEALTH CARE

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

Mr. CHAFFETZ. Mr. Speaker, across this country, we have millions of people who are concerned. Deep in their bellies, when they go to sleep at night, husbands and wives are concerned about putting food on their tables; they're concerned about their jobs, their futures, their kids, and their country.

We have an opportunity to help them.

You listen to the Democratic side of the aisle, and you hear them say, Oh, just trust us—$787 billion on the credit card. That will help the economy.

It hasn't.

Unemployment is getting worse. It's over 10 percent in many parts of this country. Cash for Clunkers: Oh, yeah, that will be a great program. We'll pull money out of everybody's wallets, and we'll hand it to a select few. It hasn't worked.

I, for one, do not trust the Federal Government, and the one-size-fits-all, slam-it-down-your-throat Federal solution to government health care is not the solution for the United States of America. We need Americans across this country to rise up and to say, No, we are not going to stand for it anymore. We're going to be in control of our government.

May God bless the United States of America. May God bless the men and women, our troops, who are serving across this country.

HEALTH AND THE ECONOMY

(Mr. SOUDER asked and was given permission to address the House for 1 minute.)

Mr. SOUDER. Mr. Speaker, we are actually having a debate today far beyond health care, far beyond the economy. Not many businessmen are probably listening to this debate as they're too busy working to make a profit so other Americans can be employed.

As we face rising unemployment in a stagnant economy, the Democrats propose a government takeover of health care and of taxes on small business to pay for that government takeover of health care. They have an energy proposal that will cripple American manufacturing and that will enact endless regulations, increasing the cost of making things in America.

On this floor, Democrats have repeatedly confused gross profits and net profits. In the student loan debate, the person before me even confused revenue with net profits. He said he was going to take the revenue from the private companies and use it for government purposes.

From the President on down the party line, there has been a philosophical attack on the concept of profit and capital. Government does not create jobs. It redistributes profits. Profits create jobs. Capital creates jobs. That is why our system is called capitalism. This economy cannot recover if the leadership of our country has no basic understanding of how our economic system works, and we will not have growth by destroying the capitalist system.

HEALTH CARE

(Mr. CAMP asked and was given permission to address the House for 1 minute.)

Mr. CAMP. Mr. Speaker, the health care of every American is too important to risk on one gigantic piece of legislation, especially one being written in secret and behind closed doors.

The Democrat plan, or at least the last time any of us saw it, was over

1,000 pages long. It contained hundreds of billions of dollars in new taxes—taxes on families earning as little as $20,000 a year and taxes on small businesses. Even if our national unemployment rate were not 9.8 percent, or over 10 percent in my home State of Michigan, these massive new taxes would create an undue burden on families and on employers. To raise taxes while these Americans are losing their jobs is irresponsible.

To what end do Democrats raise these taxes? What do we get for these tax increases? While the Democrats' health care tax increases go into effect immediately, Democrats delay their so-called ''reforms'' for years to come. This plan is literally immediate pain for no gain.

Again, the health care of every American is too important to risk on this secretly negotiated 1,000-page bill.

HEALTH CARE

(Mr. LAMBORN asked and was given permission to address the House for 1 minute.)

Mr. LAMBORN. Mr. Speaker, President Obama has promised he wouldn't raise taxes on working Americans or go into debt for health care. Both promises are violated by the Democrat plan for health care.

The Congressional Budget Office's score of almost $1 trillion for the Baucus bill is based on 10 years of revenues but on only 7 years of expenditures. This is a dishonest budget gimmick that hides the true cost.

Is anyone so foolish to believe that a $1 trillion spending program won't translate into higher taxes and fees on working Americans or into higher deficits or both?

The nonpartisan Joint Committee on Taxation has confirmed that just the penalties for not purchasing government-approved coverage will translate into higher taxes on middle class families, in addition to possible jail time—a direct contradiction of President Obama's promise.

When the President's and the Democrats' actions do not match their rhetoric, the American people should know.

THE BACK TO WORK TAX CREDIT ACT

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

Mr. ROONEY. Mr. Speaker, 3 million Americans have lost their jobs since the Democratic stimulus plan passed. It was supposed to create 4 million jobs. National unemployment was at 8 percent when the stimulus passed, and now it's approaching 10 percent. In Florida, in my district, it's over 11 percent, and even in St. Lucie County, it exceeds 15 percent unemployment.

Now is not the time for partisan bickering but, rather, for bipartisan solutions. That's why I've joined with Democrat and fellow freshman JOHN BOCCIERI from Ohio to introduce a bill to get Americans back to work.

This week, we're introducing the Back to Work Tax Credit Act, a commonsense bill to expand the current work opportunity tax credit to the long-term unemployed.

The time for action is now. My neighbors in Florida and all over America deserve real solutions from Washington, not just talk and further inaction.

HEALTH CARE

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

Mr. BARTLETT. Mr. Speaker, this morning, I had what was, for me, a very emotional meeting in my office. Representatives from the home health care industry were there, lamenting the fact that tens of billions of dollars will be cut from home health care in this bill that we may have to vote on.

It was emotional for me because I thought of my mother, who, during the last months of her life, would have liked nothing more than to be home, and her family wanted her there. She would have been happier, and probably would have lived longer, but because of limitations of funds and because of regulations, she had to be in an institution. The toughest moment of my life was when I would go there to visit her, and she would say, ''I want to go home.''

Please, we've got to get it right. This bill doesn't get it right. It's just one more place where it doesn't get it right. Let's get it right before we finish it.

HEALTH CARE

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

Mr. SHIMKUS. Mr. Speaker, given 1 minute, what should I talk about?

Should I mention how Federal tax dollars will be used to fund abortion? Should I highlight the fact that tax dollars will go to fund illegal immigration since there is no verification? Should I talk about the thousands of seniors in my district who will lose their Medicare Advantage accounts?

I should, but I will primarily mention what the real plan is here, and that is to use a public option to enact a one-payer system. If you don't believe me, ask Chairman FRANK; Congresswoman SCHAKOWSKY; the head of the Democratic National Committee, Howard Dean; and last but not least, President Obama. They've always had that as their stated objective.

HEALTH CARE

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

Mrs. CAPITO. Mr. Speaker, I rise today to highlight the concerns my constituents continue to raise in the ongoing health care debate. Rather than listening to me, let's listen to them in their own words.

This is from a woman in Nitro: ''While I agree that changes are needed to today's system, I don't believe that a new government-run health insurance plan is the right solution. The government plan will shift costs to employers, which could force more and more businesses to stop offering benefits to their workers. I like my current coverage, and don't want to be forced into a government program.''

Or a quote from a gentleman in Scott Depot: ''Congress must not let government get between my family and my doctor. Please protect patient freedom, and expand our health care options with real reforms—focused on patients, not on politics.''

Or another quote from West Virginia: ''I see my country being spent into destruction and my daughter's and grandson's future being thrown away by reckless politicians. What in the world are they trying to do? Myself and other mothers that I am in communication with are watching with great interest to see what is going on with the public health care plan, which we can't afford.''

Yes, we want health reform, but we want a thoughtful, bipartisan approach that will result in solid reform.

□ 1515

HEALTH CARE

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

Mr. ROGERS of Alabama. Mr. Speaker, the Democrat majority likes to say this is about choice and competition when, in fact, they know this is about a road to universal, government-run health insurance.

The President says if we get this public option, you will have a choice between your insurance company. If you like it, you can keep it; if you don't, you can go into the public option. What he doesn't say is that after 2 or 3 years of this so-called competition, the private-sector companies won't be there any longer.

The fact is our insurance companies have to make a profit. They have to pay taxes, they have to meet Federal regulations, and if they have a tough year, they have to just eat it and hope they can do better the next year. If they have a couple of tough years, they go out of business.

This new government plan does not have to make a profit, will not have to pay taxes because it's the government, will not have to meet the same regulations because it's the government, and if it has a bad year, it's going to be subsidized by us.

If anybody in the majority tells you that we're not going to put money into this program, they're not being straight with you. And if they say they're going to let this program go under because it has tough times meeting its obligations, they're not being straight with you.

It will be subsidized. It will be unfair competition. It will end up with no private-sector competition, and we will all wind up in universal health care.

IT'S TIME FOR CONGRESS TO GET TO WORK ON REAL HEALTH CARE REFORM

(Mr. LEE of New York asked and was given permission to address the House for 1 minute.)

Mr. LEE of New York. Mr. Speaker, yesterday the House voted on two resolutions congratulating sports teams for winning national championships. Today, we're considering four noncontroversial suspensions, just four, and one of them marking the anniversary of the birth of Confucius.

Congress just doesn't get it. We should be working on real health care reform that lowers costs and expands access to all, such as real liability reform which is not on the table. We should be working to make America more energy independent and lower costs for all. We should be working to rein in Federal spending and addressing the $60 billion in Medicare and Medicaid fraud that we saw on ''60 Minutes'' on Sunday. Instead, we are congratulating sports teams and marking the birthdays of ancient philosophers.

I hope my colleagues across the aisle will get down to some real reform so that the American people can start trusting Congress again.

THE HEALTH CARE PLAN SHOULD NOT BE FINANCED BY RAIDING MEDICARE

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

Mr. LATHAM. Mr. Speaker, as millions go without health insurance and costs skyrocket, I strongly believe we need commonsense reforms so that all American families can have access to affordable health coverage.

But the plan should not be financed by raiding the Medicare program and shifting costs onto the backs of our seniors. Seniors are being asked to shoulder the burden while getting virtually none of the benefits.

H.R. 3200 cuts Medicare by a total of $500 billion over the next 10 years. This includes cuts to hospitals, nursing homes, life-saving imaging services, and home health care services. The bill cuts payments to Medicare Advantage plans by $172 billion, which, according to the CBO, will force more than 3 million seniors out of plans that could no longer operate.

More than 61,000 Iowa seniors and nearly 20 percent of Medicare beneficiaries nationwide are enrolled in that type of plan, which lowers premium costs by rolling health and drug coverage into one plan and negotiating with the health care providers.

MEDICARE CUTS

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

Mr. STEARNS. Mr. Speaker, in order to pay for a government-run health care plan, Democrats obviously plan to cut Medicare. They call it a ''savings,'' but it is cutting essential programs and services that are now available for our seniors.

I'm particularly concerned about the $117 billion in cuts in the Medicare Advantage program. In my district, there are over 20,000 seniors that are enrolled in Medicare Advantage. You cannot expect that they will continue to have the same level of coverage after you cut this program by $117 billion. Hasn't that been the President's promise all this time? If you like your insurance, you can keep your insurance?

My constituents want to keep their insurance coverage through Medicare Advantage. But cutting $117 billion will cause providers to simply exit the Medicare Advantage program, reducing options for these seniors and preventing them from keeping the insurance of their choice.

HEALTH CARE

(Mr. MCCAUL asked and was given permission to address the House for 1 minute.)

Mr. MCCAUL. Mr. Speaker, last August we went home to our constituents and we listened to the American people. The American people were loud and clear in their message, and it was: Congressman, we do not support the government's taking over our health care system.

Then we came back to Washington, D.C., away from our constituents. We've been up here for about 2 months now, and what are we seeing? We're seeing the public option being put back on the table.

And what did the President say? Well, we know what he said on the campaign. He said basically, I'm going to have all the negotiations around a big old table and we'll have the negotiations televised on C–SPAN.

Have we seen that? I don't think so.

What are we seeing today? We're seeing three Senators behind closed doors in the darkness of the night negotiate a health care plan for this entire Nation.

Sunlight is the best disinfectant. We need to bring these negotiations out on the table. Republicans need to be at the table. We have good ideas. We have good solutions. But they are not being heard and the voice of the American people is not being heard.

HEALTH CARE

(Mr. SHUSTER asked and was given permission to address the House for 1 minute.)

Mr. SHUSTER. Mr. Speaker, health care reform should empower all Americans to choose a health care plan that offers them choice and affordability. However, the Democratic plan will only lead to higher taxes, cuts in benefits, and government's taking away our seniors' health care choices.

For seniors on fixed incomes, the prospect of being forced to pay more for health care could become a frightening reality. The Democrat plan would raise Medicare prescription drug premiums by 20 percent over the next decade and deny seniors the choice of keeping their current coverage. The Democrat plan includes $163 billion in cuts to Medicare Advantage. Up to 38,000 seniors in my district would be negatively affected by these cuts. Nothing should ever come between seniors and their doctors; yet this is exactly what the Democrat bill does.

The American people and our Nation's seniors deserve better than this reckless rush to reform.

NINE MONTHS SINCE THE STIMULUS BILL PASSED; YET AMERICANS CONTINUE TO LOSE THEIR JOBS

(Mr. CALVERT asked and was given permission to address the House for 1 minute.)

Mr. CALVERT. Mr. Speaker, there's been a lot of talk from my friends on the other side of the aisle about the so-called improvement in the United States economy. Unfortunately, all the talk comes without the data to back it up.

Nine months ago, Congress had an opportunity to provide a real shot in the arm to our economy, and yet Americans continue to lose their jobs. While the Democratic leadership continues to push for radical and expensive changes to the American economy, such as a government-run health care system, cap-and-trade legislation, the question that should be asked every day on Capitol Hill is, simply, Where are the jobs?

When the leadership spent $800 billion of Americans' hard-earned tax dollars with lightning speed with no review in February on the so-called ''stimulus bill,'' the White House promised that unemployment would not exceed 8 percent. We are now at 9.8 percent nationally, 12 percent in California, and 15 percent in parts of my congressional district.

Congress certainly does not have all the answers—it rarely does—but what Congress can do is straightforward: Reduce the Federal tax burden on families and business, reduce spending, and target spending where we have real infrastructure projects.

HEALTH CARE

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

Mr. BRADY of Texas. Mr. Speaker, over the past few months, we have held over 50 town hall meetings and forums on health care reform in our district. Recently, we held one in The Woodlands with a panel of doctors to talk about health care. One of them was Dr. Peter Shedden, a Canadian-born neurosurgeon, who practices in The Woodlands. He was trained in Canada, is very complimentary about the way they trained physicians. He shared his experiences.

He told us how his father died after he was refused kidney dialysis, even as the disease entered the acute phase, because he was over 70 years old. He told us, ''You've got to know somebody'' to get to the front of the line. He said, ''There are no second opinions in the Canadian system . . . After age 70, if you get sick, you're done.''

Because of the long waiting lists, he told us ER doctors are forced to make a quick evaluation of whether or not someone is ''salvageable'' when they come in the door. He said, ''Within 48 hours, you'd better show you are going to improve; otherwise, your breathing tube is taken out and you move on . . . because there is nowhere for you to go.'' He also said many patients come from Canada to Texas to seek his treatment.

So before we go to a national, government-run system, I have one question for those proponents of that bill: When was the last time you went to Canada for your health care?

CONSTITUENT HEALTH CARE SURVEY RESULTS

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

Mr. McKEON. Mr. Speaker, a few weeks ago, I held a town hall meeting in my district. It was widely publicized. We had a great turnout. We had about 1,200 people there. This is a district that was won by President Obama 49–48 percent, even though I'm a Republican, and I just thought it would be interesting to tell the other side what my constituents think just in case they're listening.

Do you support the health care reform plan proposed by President Obama and the congressional Democrats? Yes, 12 percent; no, 81 percent.

Overall how would you rate the quality of health care in this country? Excellent, 27 percent; good, 46 percent; fair, 11 percent; poor, 11 percent.

Do you believe the Federal Government has a responsibility to ensure health care coverage for all Americans? Yes, 15 percent; no, 65 percent.

Do you support the creation of a government-run public insurance option to compete with private insurance? Yes, 15 percent; no, 71 percent.

Mr. Speaker, I think at least in my district the American people have spoken loudly and clearly that they don't want this Democrat government-run plan.

HEALTH CARE

(Mr. AUSTRIA asked and was given permission to address the House for 1 minute.)

Mr. AUSTRIA. Mr. Speaker, included in the Democrats' health plan are massive cuts to Medicare Advantage that could result in a loss of health care for millions of seniors.

In my State of Ohio, this isn't good. Cuts to Medicare Advantage will have an exceptionally harmful impact to seniors in areas that I represent in Ohio, rural areas, forcing many seniors into a one-size-fits-all, government-run health care plan.

The CBO also said the Democrats' health care plan will increase seniors' Medicare prescription drug premiums by 20 percent over the next decade.

It is time that Congress listen to our constituents, listen to the American people, and have an open, bipartisan debate on health care reform.

THE DEMOCRATS' HEALTH CARE PLAN: WE SIMPLY CANNOT AFFORD IT

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

Mr. DUNCAN. Mr. Speaker, Robert Samuelson is a long-time economics columnist for The Washington Post. He is considered to be a very middle-of-the-road writer, neither liberal nor conservative.

In yesterday's Post, he wrote a column entitled, ''Public Plan Mirage.'' Mr. Samuelson wrote that the public option ''is mostly an exercise in political avoidance: It pretends to control costs and improve access to quality care when it doesn't.''

He wrote that it is a mirage because it uses ''free market rhetoric to expand government power'' and added that the public plan ''would probably doom today's private insurance.''

The so-called opt-out provision is a mirage, too, because it does not allow people to opt out of paying for the program. No State could really opt out, because its citizens would then be paying medical bills for people in other States without receiving any benefits in return.

Medicare and Medicaid have both cost about 10 times more than was predicted. This new health care plan will also cost many times more than is predicted now. We simply cannot afford it.

□ 1530

HEALTH CARE

(Mr. SULLIVAN asked and was given permission to address the House for 1 minute.)

Mr. SULLIVAN. Mr. Speaker, a $1.5 trillion government takeover of our health care system is not the answer. People were not even consulted about this. When I was home in August, physicians, patients, doctors, providers were not informed. The stakeholders were not even told about the Obama health care plan before it came out. This is not the answer.

And people are suffering right now. Our economy is not doing too well. People are losing jobs. And an $818 billion tax increase on small business is not the way to reform our health care system. It is the wrong approach.

Republicans have a better way. We want people to have choice. One thing the Republicans want, we want people with preexisting conditions to get coverage and we want health insurance to go down, but we want to make sure that the bureaucrats don't get in the way of the doctor-patient relationship. That is what this plan does. There are 31 bureaucracies in place, bureaucracies and czars between you, the patient, and the doctor. That is the wrong approach.

We don't need an Obama health care plan. We need one that gives choice. We need one where people have an option to have a relationship with their doctor, and we need one that doesn't tax small business, especially right now when people are suffering and the economy is not doing that well.

HEALTH CARE

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

Mr. SMITH of Texas. Mr. Speaker, yesterday the Senate majority leader announced his decision to push health care legislation with a public option, better known as government control. He said, ''We've spent countless hours over the last few days in consultation with Senators.''

What the Senate majority leader did not say was that these negotiations took place behind closed doors with the media and American people shut out. Recent polls show when the American people have the facts, they oppose the Democrats' proposals by a wide margin.

During his campaign, then-Senator Obama promised he would, ''have all the negotiations around a big table'' and ''televised on C–SPAN'' to ''allow people to stay involved in this process.''

Democratic leaders have failed to be open and candid with the American people about the decisionmaking process. The public deserves to have all of the facts regarding a health care plan that would raise premiums and cut benefits.

HEALTH CARE

(Mr. FLAKE asked and was given permission to address the House for 1 minute.)

Mr. FLAKE. Mr. Speaker, there is much we don't know about the health care legislation being developed behind closed doors somewhere here in the Capitol. But this much we do know: the promises being made that this legislation won't add a dime to the deficit just don't hold water. Any characterization of this legislation as being deficit neutral is based on an assumption that we will obtain significant savings from Medicare, that we will somehow over the next 10 years summon up the courage to tell seniors that the benefits they currently are receiving are too lavish, and that they will need to sacrifice some of their current coverage to pay for those who don't currently have coverage.

Mr. Speaker, this type of courage doesn't reside with this Congress. We recently passed legislation to shield high-income seniors from a slight increase in Medicare part B premiums. If we have to shield seniors who make more than $170,000 annually from paying another $20 monthly, how are we going to find $500 billion in savings from Medicare over the next 10 years? It simply doesn't add up.

WHERE ARE THE JOBS?

(Mr. LoBIONDO asked and was given permission to address the House for 1 minute.)

Mr. LoBIONDO. Mr. Speaker, the people in the 2nd Congressional District of New Jersey are asking, Where are the jobs? They have watched as this Congress has passed bailouts for AIG, for GM and for Chrysler. They watched as this Congress passed a huge bailout for Wall Street, and then followed up with a stimulus bill that had very little thought and that isn't providing the jobs for our citizens. They are not too big to fail, so they are not getting help.

The unemployment rate nationally is about 9.8 percent. In most of my district, it is at least a couple of points higher than that. People are struggling. People want to understand when are we going to get spending under control, and when are we going to understand that we should pay attention to the real people, the people who have their connection to the real world, not the people who are connected to Wall Street, not the people who are getting multimillion dollar bonuses after running companies into the ground, but the people who are just trying to make America go.

HEALTH CARE

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

Mr. KIRK. Mr. Speaker, the rule of medicine is do no harm, and the rule here in the House of Representatives should be to build on the success of some of our States.

What are the Republican ideas for medical care reform? First, the Medical Rights Act, which says Congress should make no law interfering with decisions that you have made with your doctor.

Secondly, no reform is serious unless it has lawsuit reform in the United States.

And third, you should be given a right as an American to buy coverage from any State in the Union if you find a plan that is less expensive or more flexible for yourself or for your business.

We should avoid the mistakes of some States and repeat the successes of others. The smoking hole of health insurance in the United States is the State of New Jersey. No lawsuit reform, incredible administrative burden, it costs $5,500 a patient to insure someone in New Jersey. The best State in the country, California, where they have cut their costs to half of the New Jersey rate, but they have rock and rolling lawsuit reform in their State. What we should do is not pass the bill that is coming up next week, a $400 billion tax increase in the teeth of the Great Recession and a $400 billion cut for Medicare.

HEALTH CARE

(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. Mr. Speaker, many Kansans ask if health care reform will allow them the choices of options that Members of Congress and other Federal employees enjoy under the Federal Employees Health Benefits Program. That is a good question.

I sponsored legislation calling for Members of Congress who support a government-run health plan to automatically enroll in the soon-to-be-created public plan. In some of the health care bills crafted by Congress, Members of Congress have been exempt from participation. I am concerned that expansion of government-run health care will lead to rationing of care and higher taxes. If Members of Congress are so convinced the public government-run option will deliver quality, affordable care, then Members of Congress should be willing to enroll right alongside with the American people. Congress should not have a better health care plan than they are willing to provide the American people, especially since the American people are paying for both.

HEALTH CARE

(Mr. MICA asked and was given permission to address the House for 1 minute.)

Mr. MICA. Mr. Speaker, there is quite a bit of talk right now about the spread of the H1N1 virus, but I want to talk about amnesia in Washington. You might recall on September 12, hundreds of thousands of Americans from every State and every locality, community, converged upon Washington, and they left us some messages. And sometimes the people in Washington have forgotten those messages. One they left to me and the Congress in a petition was: serve us honorably and responsibly. They demand no more taxes. Stop spending our money. Exercise our freedoms; you will not take them away. Halt the dismantling of America. First, say ''no'' to cap-and-trade; second, say ''no'' to government-run health care.

Members, unfortunately, have amnesia around here. But I just wanted to bring forward the petition the people brought me from north central and really all of Florida petitioning their government: no government-run health care.

HEALTH CARE

(Mr. HUNTER asked and was given permission to address the House for 1 minute.)

Mr. HUNTER. This is an interesting debate about health care. The interesting thing about this is that Congress could fix it. We could increase portability. We could make it so there aren't any more frivolous lawsuits. We could make it so there is more access, so it is cheaper, and there are more tax incentives for health care. But we aren't doing that.

What we have with health care in this country is a leaky faucet, and liberal Democrats want to tear down the entire house for that one leaky faucet. We could fix the faucet without a 1,200-page bill that is so complex that 90 percent of the American people can't understand it.

We could fix health care and do it responsibly, and we could do it gradually. Unfortunately, it looks like we will be voting to tear down the entire house. I say we just fix the leaky faucet, reform health insurance in this country, and fix things one at a time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CUMMINGS). Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to instruct on H.R. 2996, by the yeas and nays;

Motion to suspend on H.R. 2489, by the yeas and nays;

Motion to suspend on H. Res. 854, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

MOTION TO INSTRUCT CONFEREES ON H.R. 2996, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The SPEAKER pro tempore. The unfinished business is the vote on the motion to instruct on H.R. 2996 offered by the gentleman from Idaho (Mr. SIMPSON) on which the yeas and nays were ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

The SPEAKER pro tempore. The question is on the motion to instruct.

The vote was taken by electronic device, and there were—yeas 267, nays 147, not voting 18, as follows:

[Roll No. 816]

YEAS—267

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Arcuri
Austria
Baca
Bachmann
Bachus
Barrow
Bartlett
Barton (TX)
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Cardoza
Carnahan
Carney
Carter
Cassidy
Castle
Chaffetz
Childers
Cleaver
Coble
Coffman (CO)
Cole
Conaway
Cooper
Costa
Costello
Crenshaw
Cuellar
Culberson
Davis (AL)
Davis (KY)
Davis (TN)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly (IN)
Dreier
Driehaus
Duncan
Edwards (TX)
Ehlers
Ellsworth
Emerson
Etheridge
Fallin
Farr
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Gordon (TN)
Graves
Grayson
Green, Gene
Griffith
Guthrie
Gutierrez
Halvorson
Hare
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Kline (MN)
Kosmas
Kratovil
Lamborn
Lance
Langevin
Larsen (WA)
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Loebsack
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Markey (CO)
Marshall
Massa
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (KS)
Moran (KS)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Oberstar
Olson
Ortiz
Paul
Paulsen
Pence
Perriello
Peterson
Petri
Pitts
Platts
Poe (TX)
Pomeroy
Posey
Price (GA)
Putnam
Rahall
Rehberg
Reichert
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Rush
Ryan (OH)
Ryan (WI)
Salazar
Scalise
Schauer
Schmidt
Schock
Schrader
Scott (GA)
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Titus
Turner
Upton
Walden
Walz
Wamp
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NAYS—147

Ackerman
Andrews
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Blumenauer
Brady (PA)
Brown, Corrine
Butterfield
Capps
Capuano
Carson (IN)
Chandler
Chu
Clarke
Clay
Clyburn
Cohen
Connolly (VA)
Conyers
Courtney
Crowley
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards (MD)
Ellison
Engel
Eshoo
Fattah
Filner
Frank (MA)
Fudge
Gonzalez
Green, Al
Grijalva
Hall (NY)
Harman
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Klein (FL)
Kucinich
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Lofgren, Zoe
Lowey
Lynch
Maffei
Maloney
Markey (MA)
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
Meeks (NY)
Miller (NC)
Miller, George
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Obey
Olver
Pallone
Pastor (AZ)
Perlmutter
Peters
Pingree (ME)
Polis (CO)
Price (NC)
Quigley
Rangel
Reyes
Rothman (NJ)
Roybal-Allard
Ruppersberger
Sánchez, Linda T.
Sarbanes
Schakowsky
Schiff
Schwartz
Serrano
Sestak
Shea-Porter
Sherman
Sires
Slaughter
Snyder
Stark
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Woolsey
Wu
Yarmuth

NOT VOTING—18

Abercrombie
Barrett (SC)
Cao
Castor (FL)
Deal (GA)
Gerlach
Granger
Hall (TX)
Hoekstra
Israel
Johnson, Sam
Kirkpatrick (AZ)
Pascrell
Payne
Radanovich
Sanchez, Loretta
Scott (VA)
Smith (WA)

□ 1612

Messrs. PALLONE, BRADY of Pennsylvania, Ms. CLARKE, Mr. SHERMAN, Ms. BERKLEY, Messrs. CUMMINGS, NADLER of New York, ACKERMAN, DOYLE, DAVIS of Illinois, LARSON of Connecticut, HIGGINS, Mrs. DAVIS of California, Messrs. SARBANES, LEWIS of Georgia, LYNCH, GEORGE MILLER of California, Ms. SLAUGHTER, Messrs. WU, McGOVERN, Ms. WASSERMAN SCHULTZ, Ms. BEAN, Messrs. BERMAN, ANDREWS, Ms. JACKSON-LEE of Texas, and Mr. SERRANO changed their vote from ''yea'' to ''nay.''

Messrs. BERRY, MANZULLO, AKIN, SCHAUER, BISHOP of New York, Ms. MARKEY of Colorado, Messrs. BISHOP of Georgia, STUPAK, BACA, Mrs. BIGGERT, Messrs. LOEBSACK, HARE, and CANTOR changed their vote from ''nay'' to ''yea.''

So the motion to instruct was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL LAND REMOTE SENSING OUTREACH ACT

The SPEAKER pro tempore (Ms. JACKSON-LEE of Texas). The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 2489, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 2489, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 379, nays 33, not voting 20, as follows:

[Roll No. 817]

YEAS—379

Ackerman
Aderholt
Adler (NJ)
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Butterfield
Buyer
Calvert
Camp
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coffman (CO)
Cohen
Cole
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Frelinghuysen
Fudge
Gallegly
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Graves
Grayson
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Harper

Hastings (FL)
Hastings (WA)
Heinrich
Heller
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Nunes
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pastor (AZ)
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sarbanes
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Space
Speier
Spratt
Stark
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—33

Akin
Broun (GA)
Burton (IN)
Campbell
Coble
Conaway
Culberson
Duncan
Flake
Franks (AZ)
Garrett (NJ)
Hensarling
Herger
Issa
Jordan (OH)
Kingston
Lamborn
Manzullo
Marchant
McClintock
Neugebauer
Paul
Paulsen
Pence
Petri
Poe (TX)
Rooney
Royce
Scalise
Sensenbrenner
Shadegg
Stearns
Tierney

NOT VOTING—20

Abercrombie
Barrett (SC)
Castor (FL)
Deal (GA)
Gerlach
Granger
Grijalva
Hall (TX)
Hoekstra
Israel
Johnson, Sam
Kirkpatrick (AZ)
Olson
Pascrell
Payne
Radanovich
Sanchez, Loretta
Scott (VA)
Smith (WA)
Waxman

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1620

Mr. LAMBORN changed his vote from ''yea'' to ''nay.''

Mr. CANTOR changed his vote from ''nay'' to ''yea.''

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: ''A bill to authorize a national cooperative geospatial imagery program through the United States Geological Survey to promote use of remote sensing data.''.

A motion to reconsider was laid on the table.

RECOGNIZING 120TH ANNIVERSARY OF WEBER STATE UNIVERSITY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 854, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Puerto Rico (Mr. PIERLUISI) that the House suspend the rules and agree to the resolution, H. Res. 854.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 412, nays 0, not voting 20, as follows:

[Roll No. 818]

YEAS—412

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Graves
Grayson
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E.B.
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pastor (AZ)
Paul
Paulsen
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner

Welch	Wilson (SC)	Yarmuth
Westmoreland	Wittman	Young (AK)
Wexler	Wolf	Young (FL)
Whitfield	Woolsey	
Wilson (OH)	Wu	

NOT VOTING—20

Abercrombie	Grijalva	Payne
Barrett (SC)	Hall (TX)	Posey
Boehner	Hoekstra	Radanovich
Castor (FL)	Israel	Sanchez, Loretta
Deal (GA)	Johnson, Sam	Scott (VA)
Gerlach	Kirkpatrick (AZ)	Smith (WA)
Granger	Pascrell	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1629

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

APPOINTMENT OF CONFEREES ON H.R. 2996, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The SPEAKER pro tempore. Without objection, the Chair appoints the following conferees: Messrs. DICKS, MORAN of Virginia, MOLLOHAN, CHANDLER, HINCHEY, OLVER, PASTOR of Arizona, PRICE of North Carolina, OBEY, SIMPSON, CALVERT, LATOURETTE, COLE, and LEWIS of California.

There was no objection.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO SUDAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111–74)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the Federal Register for publication the enclosed notice stating that the Sudan emergency is to continue in effect beyond November 3, 2009.

The crisis constituted by the actions and policies of the Government of Sudan that led to the declaration of a national emergency in Executive Order 13067 of November 3, 1997, and the expansion of that emergency in Executive Order 13400 of April 26, 2006, and with respect to which additional steps were taken in Executive Order 13412 of October 13, 2006, has not been resolved. These actions and policies are hostile to U.S. interests and pose a continuing unusual and extraordinary threat to the national security and foreign policy of the United States. Therefore, I have determined that it is necessary to continue the national emergency declared with respect to Sudan and maintain in force the sanctions against Sudan to respond to this threat.

BARACK OBAMA.

THE WHITE HOUSE, *October 27, 2009.*

□ 1630

GRANTING A FEDERAL CHARTER TO THE MILITARY OFFICERS ASSOCIATION OF AMERICA

Mr. VAN HOLLEN. Madam Speaker, together with my colleague WALTER JONES, I ask unanimous consent to take from the Speaker's table the bill (S. 832) to amend title 36, United States Code, to grant a Federal charter to the Military Officers Association of America, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

S. 832

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

SECTION 1. GRANT OF FEDERAL CHARTER TO MILITARY OFFICERS ASSOCIATION OF AMERICA.

(a) GRANT OF CHARTER.—Part B of subtitle II of title 36, United States Code, is amended by inserting after chapter 1403 the following new chapter:

"CHAPTER 1404—MILITARY OFFICERS ASSOCIATION OF AMERICA

"Sec.
"140401. Organization.
"140402. Purposes.
"140403. Membership.
"140404. Governing body.
"140405. Powers.
"140406. Restrictions.
"140407. Tax-exempt status required as condition of charter.
"140408. Records and inspection.
"140409. Service of process.
"140410. Liability for acts of officers and agents.
"140411. Annual report.
"140412. Definition.

"§ 140401. Organization

"(a) FEDERAL CHARTER.—Military Officers Association of America (in this chapter, the 'corporation'), a nonprofit organization that meets the requirements for a veterans service organization under section 501(c)(19) of the Internal Revenue Code of 1986 and is organized under the laws of the Commonwealth of Virginia, is a federally chartered corporation.

"(b) EXPIRATION OF CHARTER.—If the corporation does not comply with the provisions of this chapter, the charter granted by subsection (a) shall expire.

"§ 140402. Purposes

"(a) GENERAL.—The purposes of the corporation are as provided in its bylaws and articles of incorporation and include—

"(1) to inculcate and stimulate love of the United States and the flag;

"(2) to defend the honor, integrity, and supremacy of the Constitution of the United States and the United States Government;

"(3) to advocate military forces adequate to the defense of the United States;

"(4) to foster the integrity and prestige of the Armed Forces;

"(5) to foster fraternal relations between all branches of the various Armed Forces from which members are drawn;

"(6) to further the education of children of members of the Armed Forces;

"(7) to aid members of the Armed Forces and their family members and survivors in every proper and legitimate manner;

"(8) to present and support legislative proposals that provide for the fair and equitable treatment of members of the Armed Forces, including the National Guard and Reserves, military retirees, family members, survivors, and veterans; and

"(9) to encourage recruitment and appointment in the Armed Forces.

"§ 140403. Membership

"Eligibility for membership in the corporation, and the rights and privileges of members of the corporation, are as provided in the bylaws of the corporation.

"§ 140404. Governing body

"(a) BOARD OF DIRECTORS.—The composition of the board of directors of the corporation, and the responsibilities of the board, are as provided in the articles of incorporation and bylaws of the corporation.

"(b) OFFICERS.—The positions of officers of the corporation, and the election of the officers, are as provided in the articles of incorporation and bylaws.

"§ 140405. Powers

"The corporation has only those powers provided in its bylaws and articles of incorporation filed in each State in which it is incorporated.

"§ 140406. Restrictions

"(a) STOCK AND DIVIDENDS.—The corporation may not issue stock or declare or pay a dividend.

"(b) DISTRIBUTION OF INCOME OR ASSETS.—The income or assets of the corporation may not inure to the benefit of, or be distributed to, a director, officer, or member of the corporation during the life of the charter granted by this chapter. This subsection does not prevent the payment of reasonable compensation to an officer or employee of the corporation or reimbursement for actual necessary expenses in amounts approved by the board of directors.

"(c) LOANS.—The corporation may not make a loan to a director, officer, employee, or member of the corporation.

"(d) CLAIM OF GOVERNMENTAL APPROVAL OR AUTHORITY.—The corporation may not claim congressional approval or the authority of the United States Government for any of its activities.

"(e) CORPORATE STATUS.—The corporation shall maintain its status as a corporation incorporated under the laws of the Commonwealth of Virginia.

"§ 140407. Tax-exempt status required as condition of charter

"If the corporation fails to maintain its status as an organization exempt from taxation under the Internal Revenue Code of 1986, the charter granted under this chapter shall terminate.

"§ 140408. Records and inspection

"(a) RECORDS.—The corporation shall keep—

"(1) correct and complete records of account;

"(2) minutes of the proceedings of the members, board of directors, and committees

of the corporation having any of the authority of the board of directors of the corporation; and

''(3) at the principal office of the corporation, a record of the names and addresses of the members of the corporation entitled to vote on matters relating to the corporation.

''(b) INSPECTION.—A member entitled to vote on any matter relating to the corporation, or an agent or attorney of the member, may inspect the records of the corporation for any proper purpose at any reasonable time.

''§ 140409. Service of process

''The corporation shall comply with the law on service of process of each State in which it is incorporated and each State in which it carries on activities.

''§ 140410. Liability for acts of officers and agents

''The corporation is liable for any act of any officer or agent of the corporation acting within the scope of the authority of the corporation.

''§ 140411. Annual report

''The corporation shall submit to Congress an annual report on the activities of the corporation during the preceding fiscal year. The report shall be submitted at the same time as the report of the audit required by section 10101(b) of this title. The report may not be printed as a public document.

''§ 140412. Definition

''In this chapter, the term 'State' includes the District of Columbia and the territories and possessions of the United States.''.

(b) CLERICAL AMENDMENT.—The table of chapters at the beginning of subtitle II of title 36, United States Code, is amended by inserting after the item relating to chapter 1403 the following new item:

''1404. Military Officers Association of America ..... 140401''.

Mr. VAN HOLLEN. Madam Speaker, I am proud to rise in support of S. 832, a bill to grant a federal charter to the Military Officers Association of America. My colleague WALTER JONES and I joined with 140 cosponsors to introduce the House companion, H.R. 2017.

S. 832 recognizes the dedication, service and accomplishments of military officers and their families, and the enduring contribution of MOAA to the military and veterans' communities, and the nation.

I want to thank Senators BILL NELSON and BOB CORKER for their hard work in helping successfully report the Senate bill.

MOAA has been seeking a federal charter for 15 years. Despite bipartisan and bicameral support, the bill had never previously received a floor vote in either chamber.

MOAA serves a membership of 370,000 active, reserve and retired officers and their spouses in every branch of the military.

The variety of services MOAA provides includes:

The MOAA Scholarship Fund, which provides interest-free loans and grants to students of military families;

Supplemental health insurance; and

Personalized career transition assistance services for members and spouses;

The Military Officers Association has had a distinguished record of protecting and improving earned compensation and benefits for the entire military and veterans' community. Thanks to the support of Members of this Body and our colleagues in the Senate, MOAA has led efforts that resulted in enactment of major legislative accomplishments including:

TRICARE for Life, landmark legislation that provides lifetime government-sponsored health coverage for military retirees and their family members;

The Post-9/11 GI Bill, which provides cost-free education at any public college or university in the country for the current generation of Iraq and Afghanistan veterans;

Elimination of a dollar-for-dollar offset to military retired pay for retirees with VA service-connected disabilities of 50% to 100%;

Access to continuous TRICARE health coverage for currently serving National Guard and Reserve families and for reservists who qualify for reserve retirement but are not yet in receipt of reserve retired pay at age 60;

Elimination of financial penalties for retired regular officers who pursue second careers in the Federal civil service; and

Upgrades in compensation and transition services for severely wounded warriors, their families and the survivors of those who have made the ultimate sacrifice in defense of the nation.

MOAA serves a vital role in helping inform and shape public policy on national defense matters and by ensuring that the needs of the entire active duty, National Guard and Reserves, military retirees, survivors, veterans and their family members are given voice in the public forum.

I want to also congratulate MOAA for being recognized by ''The Hill'' newspaper for the third year in a row as the top advocacy organization representing veterans.

MOAA has long tradition of servant-leadership to the entire military and veterans community. The Association provides a variety of services not only to its members but to military men and women of all ranks and to veterans.

I am pleased to recommend a Federal Charter be granted to the Military Officers Association of America and ask for unanimous consent that S. 832 be passed.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1298

Mr. ALEXANDER. Madam Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 1298.

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Record votes on postponed questions will be taken later.

WELCOMING HIS ALL HOLINESS BARTHOLOMEW, ARCHBISHOP OF CONSTANTINOPLE, NEW ROME, ECUMENICAL PATRIARCH

Mr. CARNAHAN. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 838) welcoming to the United States and to Washington, DC, His All Holiness Bartholomew, Archbishop of Constantinople, New Rome, Ecumenical Patriarch on his upcoming trip on October 20, 2009, through November 6, 2009, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 838

Welcoming to the United States and to Washington, DC, His All Holiness Bartholomew, Archbishop of Constantinople, New Rome, Ecumenical Patriarch on his upcoming trip on October 20, 2009, through November 6, 2009.

Whereas Ecumenical Patriarch Bartholomew is the spiritual leader of nearly 300,000,000 Orthodox Christians around the world and millions of Orthodox Christians in the United States;

Whereas Ecumenical Patriarch Bartholomew is head of the largest Christian denomination headquartered in the Muslim world and convener of an ecumenical meeting which produced the first condemnation by Muslim religious leaders of the 9/11 attack on the United States as an anti-religious act;

Whereas the Ecumenical Patriarchate, located in Istanbul, Turkey, is the spiritual home of the world's oldest and second largest Christian church;

Whereas within the 2,000-year-old Sacred See of the Ecumenical Patriarchate, the New Testament was codified and the Nicene Creed was created;

Whereas the disappearance of the See would mean the end of a crucial link between the Christian and the Muslim world since the continuing presence of the Ecumenical Patriarchate in Turkey is a living testimony of religious co-existence since 1453;

Whereas Ecumenical Patriarch Bartholomew received on his first official visit to the United States in 1997, the Congressional Gold Medal, presented by the United States on behalf of the Congress in recognition of his outstanding and enduring contributions to religious understanding and peace, and was recognized by the United States in a manner reserved for a very small number of world leaders;

Whereas the legislation bestowing the Congressional Gold Medal on Ecumenical Patriarch Bartholomew had one of the highest numbers of Members of the United States House of Representatives cosponsoring it in Congressional history;

Whereas His All Holiness is one of the few living persons to have been awarded the highest Congressional honor, the Congressional Gold Medal, which has been bestowed only on the most eminent individuals, such as George Washington, Winston Churchill, and Pope John Paul II;

Whereas Ecumenical Patriarch Bartholomew is recognized in the United States and abroad as a leader in the quest for world peace, greater religious understanding, and respect for the Earth's environment;

Whereas Ecumenical Patriarchate Bartholomew was selected by Time Magazine as number 11 among 2008's 100 most influential people in the world;

Whereas Ecumenical Patriarch Bartholomew enhanced greater religious understanding by initiating a joint declaration that it is man's duty to protect the earth, signed by himself and Pope John Paul II, the spiritual leaders of nearly 1 out of every 5 people in the world;

Whereas Ecumenical Patriarch Bartholomew is called ''the Green Patriarch'' by leaders of the international environmental community;

Whereas Ecumenical Patriarch Bartholomew received the prestigious Sophie Prize of Norway for his environmental work;

Whereas the prize money was donated by His All Holiness to UNICEF's fund for destitute children and for environmental projects;

Whereas Ecumenical Patriarch Bartholomew has led symposia of international environmental leaders regarding the Adriatic, Aegean, Arctic, Baltic, and Black Seas, as well as the Amazon, Danube, and Mississippi Rivers, and His All Holiness was honored in New York through the Scenic Hudson River Initiative;

Whereas the Religious, Science, and Environmental (RSE) symposia are organized under the auspices of His All Holiness Ecumenical Patriarch Bartholomew, who originally conceived the movement in 1988 at a meeting of environmental and religious leaders for the purpose of establishing common ground on environmental issues between representatives of faith communities, scientists, and environmental nongovernmental organizations;

Whereas patrons of past symposia have included Prince Philip, Duke of Edinburgh; Jacques Santer and Romano Prodi, former Presidents of the European Commission; and Kofi Annan, former United Nations Secretary-General;

Whereas the symposia have also reached out across different faiths and denominations, revealing the wisdom of diverse theological traditions, as well as a common imperative to protect the natural world;

Whereas during the 2002 Adriatic Sea Symposium, Pope John Paul II and Patriarch Bartholomew signed a joint declaration underlining the spiritual duty of caring for God's creation in the interest of future generations; and

Whereas the outstanding accomplishments of Ecumenical Patriarch Bartholomew have been formally recognized and honored by numerous governmental, academic, and other institutions around the world: Now, therefore, be it

Resolved, That the House of Representatives—

(1) welcomes to the United States and to Washington, DC, His All Holiness Bartholomew, Archbishop of Constantinople, New Rome, Ecumenical Patriarch, and recognizes the importance to the United States and the world of the Ecumenical Patriarch's recent environmental seminar conducted on the Mississippi River with some of the world's leading environment experts;

(2) recognizes the importance to the United States and to the world of Ecumenical Patriarch Bartholomew's leadership on matters of environment, peace, and religion, and encourages United States foreign policy makers to continue to urge Turkey to grant religious freedom and property rights to the Ecumenical Patriarchate as well as to reopen the theological school at Halki; and

(3) expresses its support for Ecumenical Patriarch Bartholomew's noble efforts for the betterment of humankind.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CARNAHAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CARNAHAN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. CARNAHAN. Madam Speaker, I rise in strong support of this resolution and yield myself such time as I may consume.

I would like to thank my colleague, the gentleman from Florida (Mr. BILIRAKIS), a member of the House Foreign Affairs Committee and a leading voice in the Congress on issues concerning the Ecumenical Patriarch, for introducing this resolution.

We are all pleased to welcome Ecumenical Patriarch Bartholomew, the spiritual leader of nearly 300 million Orthodox Christians around the world, to the United States and to our Nation's Capital. Elected as the 270th Archbishop of the historic throne of Constantinople, Ecumenical Patriarch Bartholomew has been a tireless advocate for religious freedom, Muslim-Christian dialogue and international environmental protection.

Known as the Bridge Builder and the Patriarch of Peace, Ecumenical Patriarch Bartholomew has provided hope to those who have survived under Communist oppression and has also traveled throughout the Muslim world, advocating for religious tolerance and understanding.

Sitting at the crossroads between East and West, the Ecumenical Patriarchate itself is a testament to half a millennium of Christian-Muslim coexistence. In fact, Ecumenical Patriarch Bartholomew has strived to communicate his message of tolerance and understanding directly to millions of Muslims around the world.

Another important theme of Ecumenical Patriarch Bartholomew's has been environmental protection which has earned him the title of Green Patriarch. It is fitting then that the Ecumenical Patriarch began his visit to the United States in New Orleans and convened a symposium on the environmental health of the Mississippi River.

This marks the eighth environmental symposium Ecumenical Patriarch Bartholomew has held since 1995. In 2002, at the Adriatic Sea Symposium, Pope John Paul II and Ecumenical Patriarch Bartholomew signed a historic joint declaration, underlining the spiritual duty of caring for God's creation in the interest of future generations.

Madam Speaker, while I am pleased that we've come here today and expressed our strong support for Ecumenical Patriarch Bartholomew and his leadership on many important issues, we must also remember that the Patriarchate itself operates under numerous onerous restrictions imposed by the Government of Turkey, the country where the Patriarchate is located. The Patriarchate's property rights, its freedom to open religious schools and other issues of religious freedom must be properly addressed by the Turkish Government. Indeed, the very future of the Ecumenical Patriarchate is endangered by the Turkish requirement that the Ecumenical Patriarch be a natural-born citizen of Turkey. As the Greek Orthodox population of Turkey has dwindled to less than 3,000 persons, the pool of potential future Ecumenical Patriarchs has virtually dried up. This archaic requirement that the Patriarch be a natural-born Turkish citizen was born in the difficult post-World War I environment in which the modern Republic of Turkey was created. It is certainly unworthy of the self-confident regional power that Turkey has become, and we call on Turkey to end this requirement, and end it now, before it strangles the Patriarchate.

I urge my colleagues to join me in welcoming His All Holiness Bartholomew, Archbishop of Constantinople, New Rome, Ecumenical Patriarch and honoring all he has done to promote peace, religious understanding and the protection of our environment. I strongly support this resolution, and I urge all my colleagues to do likewise.

Madam Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I am so pleased and honored to yield such time as he may consume to my good friend from Florida (Mr. BILIRAKIS), an esteemed member of our Committee on Foreign Affairs and the author of this important resolution.

Mr. BILIRAKIS. Madam Speaker, I rise today with great pride to offer House Resolution 838, as amended, which welcomes His All Holiness Bartholomew, Archbishop of Constantinople, New Rome, Ecumenical Patriarch, as he visits the United States. I would like to recognize Foreign Affairs Committee Chair BERMAN and Ranking Member ROS-LEHTINEN for working with me to move this important resolution to the House floor expeditiously.

Consideration of this resolution underscores the importance and demonstrates Ecumenical Patriarch Bartholomew's relevance in the world as a spiritual leader, the leader of nearly 300 million Orthodox Christians around the world and millions of Orthodox Christians right here in the United States.

I was blessed to have been raised in the Greek Orthodox Church. As a child, I served as an altar boy in St. Nicholas Greek Orthodox Church in Tarpon Springs, Florida, as do three of my sons today.

Ecumenical Patriarch Bartholomew is the 273rd successor of the founder of the Eastern Orthodox Church, St. Andrew the Apostle. Madam Speaker, Ecumenical Patriarch Bartholomew must

ensure that the faith in the Holy See endures. The Ecumenical Patriarchate is the spiritual home of the world's oldest and second-largest Christian church located in Istanbul, Turkey.

Ecumenical Patriarch Bartholomew has a record of reaching out and working for peace and reconciliation among all faiths and has fostered dialogue among Christians, Jews and Muslims. In fact, His All Holiness convened an ecumenical meeting which produced the first condemnation by Muslim leaders of the 9/11 attack on the United States as an anti-religious act, an accomplishment that has yet to be repeated by any other world or religious leader. Indeed, His All Holiness was the second living person in U.S. history allowed to be honored in the United States Capitol Rotunda as a recipient of the Congressional Gold Medal, the highest congressional honor, previously bestowed on such historic figures as George Washington, Pope John Paul II and Winston Churchill.

Ecumenical Patriarch Bartholomew was honored by Time magazine in its selection of His All Holiness as number 11 among 2008's 100 most influential people in the world. He has been recognized in the United States and abroad as a leader in the quest for world peace, greater religious understanding and respect for the Earth's environment.

This resolution also recognizes the need for religious freedom and property rights to be granted to the Ecumenical Patriarchate as well as the need for the theological school at Halki to be reopened, both of which deserve our full support.

I urge my colleagues to support this resolution recognizing the importance of Ecumenical Patriarch Bartholomew's visit to the United States and his work on behalf of world peace, the environment and religious freedom.

Mr. CARNAHAN. Madam Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. SPACE).

Mr. SPACE. Madam Speaker, I rise today in support of House Resolution 838, welcoming to the United States His All Holiness Ecumenical Patriarch Bartholomew, Archbishop of Constantinople, New Rome. This visit of the Ecumenical Patriarch is a significant occasion for Orthodox Christians, Greek Americans and all Americans in general.

As a Greek American and as an Orthodox Christian myself, I am humbled by the visit of the leader of my church who is renowned for his work on peace and religious understanding and tolerance around the world. Patriarch Bartholomew has also distinguished himself by working diligently to bring attention to our environment, calling his followers to take heed of their physical and spiritual impact on this Earth.

All of us have been fortunate to live our lives and raise our families in a nation where we are free to worship and we can seek the spiritual guidance of our church leaders without fear. In too many places in the world, this is not possible.

I would like to thank my colleague from Missouri for his reference to the Government of Turkey and would, by these remarks, appeal upon the State of Turkey to embrace a sense of religious tolerance that has, regrettably, been missing. As one of over 300 million who follow the Orthodox faith, I look to Ecumenical Patriarch Bartholomew for spiritual guidance and leadership, and it fills me with great pride to welcome His Holiness to the United States.

I would like to thank my colleague and good friend from the State of Florida (Mr. BILIRAKIS) for introducing this resolution, and I am honored to be an original cosponsor. As a member of the Orthodox Church, as a Greek American, as a proud Member of this Congress, I strongly urge support for this resolution.

□ 1645

Ms. ROS-LEHTINEN. I yield myself such time as I may consume.

Madam Speaker, it is my great honor to rise in support of this important resolution put forth by my good friend from Florida (Mr. BILIRAKIS). I thank him for his leadership.

This resolution welcomes the Ecumenical Patriarch on his visit to the United States, which is coming up this November. Patriarch Bartholomew is the spiritual leader for over 300 million Orthodox believers around the world, millions of whom live right here in the United States.

As the leader of the oldest and second largest church in the world, the Patriarch has been an inspirational advocate for peace and religious tolerance. In fact, the Ecumenical Patriarchate in Istanbul has been an iconic symbol for religious co-existence since 1453, when the Muslim ruler and the Patriarch at that time signed an accord for the continuation of the Orthodox Church in what became a predominantly Muslim country.

Today, Patriarch Bartholomew continues to reach out to leaders of various religious faiths to encourage dialogue and understanding. In fact, following the horrendous attacks on our country on September 11, 2001, Patriarch Bartholomew convened an interfaith conference with representatives from the Christian, Jewish and Muslim religions—a conference that resulted in the first condemnation by Muslim leaders of those terrorist attacks. Patriarch Bartholomew has also been a global leader in efforts to protect our environment. He has sponsored symposia with international environmental leaders on initiatives to protect our clean oceans and to protect our rivers.

Despite his many contributions and the commitment to peace and understanding, the Ecumenical Patriarch continues to endure restrictions imposed by the Turkish Government. The prohibitions on the Patriarchate's right to own property and its right to determine for itself the requirements for Patriarchal succession must end. The closing of the theological school in Halki must be reversed. Such actions restrict the religious freedom of millions of Orthodox believers, and they threaten the future of the Patriarchate, itself.

I am pleased that this resolution clearly states the need for the lifting of these bureaucratic restrictions on the Ecumenical Patriarchate, and on the occasion of the Patriarch's visit to the United States, we again call on the Turkish Government to end them.

Madam Speaker, I reserve the balance of my time.

Mr. CARNAHAN. Madam Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. I thank the gentleman for yielding.

Madam Speaker, I rise in support of H. Res. 838. It is, indeed, a privilege to join with my colleagues in welcoming to the United States and honoring His All Holiness Ecumenical Patriarch Bartholomew, Archbishop of Constantinople and New Rome.

I want to thank Congressman BILIRAKIS for his leadership in developing this resolution.

As Ecumenical Patriarch, His All Holiness is the spiritual leader of the world's Orthodox Christians. Orthodox Christians constitute the second largest Christian domination in the world, numbering some 300 million. From the Phanar, located in modern day Istanbul, the Ecumenical Patriarch has challenged all of us through his unparalleled work in interfaith dialogue to respect each other's faiths and cultures.

He is a true messenger of peace and justice. Each day, the Ecumenical Patriarch reminds us through his good deeds and good words that we must reach beyond the value of material goods and look at one another as the brethren of a single family. The role of pastor to the world, the Ecumenical role of His All Holiness arises from the fact that he is the successor of the Apostle Andrew, who established the church in Rome's eastern provinces while his brother, Peter, established the church in Rome.

Unfortunately, while the Ecumenical Patriarchate in Istanbul is more than 1,700 years in existence, today, its survival is threatened because of the continued denial of religious freedom and human rights that is perpetuated by the government of the Republic of Turkey. The plight of this ancient and noble religious center exemplifies the ongoing struggle for international religious freedom that so many people of so many faiths continue to endure.

The United States must call upon its ally Turkey to restore the full rights of the Patriarchate, including property rights, and to reopen the Halki Theological Seminary.

I am particularly drawn to the Patriarch's efforts to promote environmentalism. He has been called the Green Patriarch for his powerful

commitment to restoring our planet. He initiated a joint declaration that it is man's duty to protect the Earth, signed by himself and Pope John Paul—the spiritual leaders of nearly one out of every five people in the world.

The moral force of his message is unassailable. Humankind must ensure that it exists in a world where there is fresh air to breathe, clean water to drink and pure soil from which to harvest our food. From the Phanar, the Ecumenical Patriarch has inspired millions of Christians, Jews, Muslims, and people of all faiths with his call upon humanity to honor its responsibility as a steward of the Earth's natural bounty.

We are so privileged to have Ecumenical Patriarch Bartholomew in the United States and to honor him for his continuing efforts to achieve a more peaceful and harmonious world.

Mr. VAN HOLLEN. Madam Speaker, I rise in support of H. Res. 838, a bill to welcome His All Holiness Bartholomew, Archbishop of Constantinople, to the United States and to Washington, DC.

As the spiritual leader of nearly 300,000,000 Orthodox Christians around the world and millions of Orthodox Christians in the United States, Ecumenical Patriarch Bartholomew is recognized here and abroad for his leadership in the quest for world peace, for his work to promote responsible stewardship of the environment and for his global efforts to spread religious tolerance.

In addition to receiving the 1997 Congressional Gold Medal and the Sophie Prize of Norway for managing to raise the environmental awareness of 300 million members of the Orthodox Churches, His Holiness was recognized in 2008 by Time Magazine as one of the world's most influential people. Time Magazine said His Holiness was recognized for his successful efforts to "stake out a clear moral and spiritual vision that is dominated by his concern for the environment."

I am proud to stand in recognition of the pioneering efforts of His Holiness in linking faith to the environment, for his tireless efforts to promote justice and human rights and for his global spiritual leadership.

I welcome His Holiness to the United States and urge my colleagues to join me in support of this resolution.

Ms. ROS-LEHTINEN. Madam Speaker, I have no further requests for time on this important resolution, and I yield back the balance of my time.

Mr. CARNAHAN. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CARNAHAN) that the House suspend the rules and agree to the resolution, H. Res. 838, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CARNAHAN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ENCOURAGING IRAN TO REUNITE JOSHUA FATTAL, SHANE BAUER, AND SARAH SHOURD WITH THEIR FAMILIES

Mr. CARNAHAN. Madam Speaker, I move to suspend the rules and concur in the concurrent resolution (S. Con. Res. 45) encouraging the Government of Iran to allow Joshua Fattal, Shane Bauer, and Sarah Shourd to reunite with their families in the United States as soon as possible.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

S. CON. RES. 45

Whereas on July 31, 2009, officials of the Government of Iran took 3 United States citizens, Joshua Fattal, Shane Bauer, and Sarah Shourd, into custody near the Ahmed Awa region of northern Iraq, after the 3 United States citizens reportedly crossed into the territory of Iran while hiking in Iraq;

Whereas officials of the Government of Iran have confirmed that they are holding the 3 United States citizens; and

Whereas officials of the Government of Iran have allowed consular access by the Embassy of the Government of Switzerland (in its formal capacity as the representative of the interests of the United States in Iran) to the 3 young United States citizens in accordance with the Vienna Convention on Consular Relations, done at Vienna April 24, 1963: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) encourages the Government of Iran to allow Joshua Fattal, Shane Bauer, and Sarah Shourd to communicate by telephone with their families in the United States; and

(2) encourages the Government of Iran to allow Joshua Fattal, Shane Bauer, and Sarah Shourd to reunite with their families in the United States as soon as possible.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CARNAHAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CARNAHAN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous materials on the resolution under consideration.

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

There was no objection.

Mr. CARNAHAN. I yield myself such time as I may consume.

Madam Speaker, I rise in support of S. Con. Res. 45, a resolution encouraging the Government of Iran to allow the American prisoners Joshua Fattal, Shane Bauer and Sarah Shourd to reunite with their families in the United States as soon as possible.

On July 31, 2009, these three American hikers were taken into custody by Iranian officials near northern Iraq. They were seized because the Iranians said they had crossed into Iranian territory while on a hike in a rural region near the Iraq-Iran border.

The three hikers certainly had no malicious or devious intentions. The area they were hiking through, part of Iraqi Kurdistan, is mountainous but not obscure. In fact, it is becoming increasingly popular with tourists. If the three Americans did, indeed, cross into Iranian territory, they almost certainly did so unknowingly and unintentionally.

At the time of her capture, 31-year old Sarah Shourd was teaching English in Damascus, Syria, where she was living with her boyfriend, Shane Bauer—a writer and photojournalist. Their friend and fellow University of California—Berkeley alumnus, Joshua Fattal, was traveling with them in Iraqi Kurdistan. Their adventure in Iraq turned into a nightmare when they were seized by the Iranians.

This important resolution calls on the Government of Iran to provide these three innocent, young Americans, at a minimum, the opportunity to speak with their families by phone. It also encourages the Government of Iran to free them so they can be reunited with their families in the United States as soon as possible.

Of course, Joshua, Shane and Sarah are not the only Americans currently being held in Iran. The Iranian-American scholar, Kian Tajbakhsh—an urban planner with a doctorate from Columbia University—was arrested in July, and was sentenced last week to 15-years' imprisonment for his involvement in the peaceful demonstrations that followed the July 12 election fraud.

Another Iranian-American, 71-year old Reza Taghavi, has been imprisoned since May 2008 without a trial or formal charges.

In April, this body passed House Concurrent Resolution 36, regarding the case of the former FBI agent, Robert Levinson, who has been missing in Iran since 2007.

As the United States and the international community engage Iran on its nuclear weapons program, we must not forget the plight of these innocent Americans. I commend Undersecretary of State William Burns for raising this issue with his Iranian counterpart at the October 1 Geneva meeting. I encourage him to continue to do so at all subsequent meetings with Iranian officials until our fellow citizens are freed.

A New York Times editorial this past Saturday said it well, entitled "More Iranian Injustice." The editorial called for the immediate release of the imprisoned Americans, and it went on to read, "Iran may sit at the negotiating table with the United States and other world powers, but it will never earn the respect it craves if it continues these kinds of human rights abuses."

I commend Senator ARLEN SPECTER for introducing this timely resolution

in the Senate, and I commend our colleague from Pennsylvania, ALLYSON SCHWARTZ. This deserves our deep appreciation for their leadership on this issue.

Madam Speaker, we care passionately about the freedom of our fellow citizens, and it is in that spirit that I urge all of my colleagues to support this important resolution.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. I yield myself such time as I may consume.

Madam Speaker, on July 31 of this year, the Iranian regime detained three U.S. citizens—Joshua Fattal, Shane Bauer and Sarah Shourd—who were hiking in northern Iraq and who allegedly strayed across the border by accident. Almost 3 full months later, Iran still holds them captive. This case should alert us once again to the true nature of the Iranian regime.

Almost 30 years ago, on November 4, 1979, this regime took 53 American hostages at the U.S. Embassy in Tehran, and it held them for 444 days. Three decades later, this is a regime that continues to hold American citizens hostage. This is a regime that remains the largest state sponsor of terrorism in the world—from Beirut to Buenos Aires. This is a regime that continues to support Iraqi and Afghan violent Islamist groups, which are responsible for the deaths of Americans. This is a regime that openly seeks to wipe out our ally, the democratic, Jewish State of Israel, off the map, and it acts accordingly. This is a regime that continues to relentlessly pursue unconventional weapons and the missiles to carry them.

Using conventional means, Iran has inflicted considerable damage on U.S. citizens, on our interests and on our allies during its 30-year war against America.

I strongly support Senate Concurrent Resolution 45, which draws attention to the fact that Iran continues to hold U.S. citizens hostage. The regime must release these young Americans immediately and unconditionally, and the United States and other responsible nations must fully recognize the nature of the regime, and they need to apply every form of economic and political pressure in our arsenal—now, not later—to compel the regime to abandon its dangerous course.

Madam Speaker, with that, I reserve the balance of my time.

Mr. CARNAHAN. Madam Speaker, I yield 3 minutes to the gentlewoman from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. I appreciate the opportunity to speak on this resolution.

Madam Speaker, I rise in support of three young American citizens who have been detained by the Government of Iran for nearly 3 months now.

On July 31, 2009, Joshua Fattal, Shane Bauer and Sarah Shourd were taken into custody after purportedly crossing into the Iranian territory while hiking in Iraqi Kurdistan. It is a peaceful region of northern Iraq which has become increasingly popular as a hiking destination for many Westerners. During the hike, it seems they accidentally crossed over an unmarked border into Iran.

As a result, these three young Americans, all graduates of the University of California-Berkley, have since been detained in Iran. While Swiss diplomats were finally permitted access to Josh, Sarah and Shane on September 29, the three have still not been allowed to have any contact with their families.

In response to this action, I have sponsored in the House—and Senator ARLEN SPECTER has spearheaded in the Senate—Senate Concurrent Resolution 45, which encourages the Government of Iran to allow Josh, Shane and Sarah to communicate by telephone with their families in the United States. More importantly, it also encourages the Government of Iran to allow them to reunite with their families here in the United States as soon as possible.

□ 1700

This resolution was unanimously passed by the Senate on October 6.

Josh, whose family is from Montgomery County, Pennsylvania, which I represent; Sarah; and Shane did not commit any malicious acts. They were three young Americans who have traveled extensively throughout the world seeking to learn about different societies and different cultures. Unfortunately, they made a single mistake: They got lost. For that they have been held for nearly 3 months with almost no contact with the outside world.

As a mother, I can well imagine the pain and frustration the families of the three young adults feel as they wait, hoping, doing all that they can but with little power to compel action by Iran to free their children. I know, especially through my conversations with Mrs. Fattal, how important this resolution is to them and their families.

I urge the Government of Iran to reunite Josh, Sarah, and Shane with their families, and I ask my colleagues to support this concurrent resolution and the strong but compassionate plea for action that it contains.

Ms. ROS-LEHTINEN. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CARNAHAN. Madam Speaker, I am pleased now to yield 3 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. I thank the gentleman for yielding, and I thank him also for carrying this resolution.

Madam Speaker, I am in strong support of Senate Concurrent Resolution 45, which encourages the Government of Iran to allow the three American citizens detained in Iran to reunite with their families as soon as possible.

Since July 2009—I think it was July 31—Joshua Fattal, Shane Bauer, and Sarah Shourd have been detained by the Government of Iran after inadvertently, inadvertently, crossing the unmarked border with Iran while attempting to hike in the mountains in Iraqi Kurdistan. Now, Sarah is a constituent, but Joshua and Shane, they are all graduates of the University of California in Berkeley, which is located in my district.

I have had the opportunity to talk with family members of Sarah, and I know how difficult it is for them during these trying times and I know how they are doing everything they can do to seek their release.

Reports indicate that for 3 months, the families of these young American citizens have had no contact with the detained, whether in person or by telephone. The lack of information regarding the whereabouts and welfare of their loved ones, as well as any indication of a timeline for their release, is deeply troubling.

Under article 36 of the Vienna Convention, consular officers shall be provided access to an arrested, detained, or imprisoned national without delay. I was relieved to hear that on September 30, 2009, Swiss officials were finally granted consular access to the three detained American citizens. However, like my colleagues, like all of us, we are deeply concerned that these officials and the three lack freedom of communication, which is also provided for by the Vienna Convention on Consular Relations.

This resolution importantly calls upon the Government of Iran to allow for Joshua, Shane, and Sarah to communicate by telephone with their families in the United States, who continue to passionately appeal to the Government of Iran for their timely and safe release. On September 22, President Ahmadinejad stated his intent to ask the Iranian judiciary to ''expedite the process'' of this case, as well as to ''look at the case with maximum leniency.''

In accordance with this resolution, I hope that the Government of Iran will live up to its promise and act without delay to ensure that these young American citizens may be reunited with their families and loved ones.

I stand in support of this resolution today. I want to thank the State Department and all of our colleagues for doing so much to try to gain the release of these three young individuals as soon as possible.

I thank my colleagues for their support of this resolution.

Mr. CARNAHAN. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CARNAHAN) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 45.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CARNAHAN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HONORING CONFUCIUS' 2560TH BIRTHDAY

Mr. CARNAHAN. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 784) honoring the 2560th anniversary of the birth of Confucius and recognizing his invaluable contributions to philosophy and social and political thought.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 784

Whereas September 28, 551 B.C., is recognized as the date on which Confucius was born in the town of Qufu, in what is now the Shandong Province of China;

Whereas Confucius, who is one of the greatest thinkers, teachers, and social philosophers in history, developed a philosophy that has deeply influenced, and continues to influence, the social and political thought of countries around the world, including China, Korea, Japan, Taiwan, and Vietnam;

Whereas Confucius counseled introspection, self-cultivation, sincerity, and the observance of respect within social relationships as a means of achieving justice and attaining morality in personal and public life, reflecting a moral fiber of the highest degree;

Whereas the teaching of Confucius that ''what one does not wish for oneself, one ought not to do to anyone else; what one recognizes as desirable for oneself, one ought to be willing to grant to others'' is a model for ethical behavior and for the promotion of harmony among us;

Whereas Confucius taught that an ideal government is founded upon loyalty, respect for elders, and recognition of the importance of family; and

Whereas Confucius taught that politicians must be models of truthfulness and morality, which serves as a reminder to all of our duty to serve with the utmost honor and respect: Now, therefore, be it

Resolved, That the House of Representatives honors the 2,560th anniversary of the birth of Confucius and recognizes his invaluable contributions to philosophy and social and political thought.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CARNAHAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CARNAHAN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. CARNAHAN. Madam Speaker, I rise in strong support of this resolution, and I yield myself such time as I may consume.

This resolution before us honors the birth of Confucius over 2,000 years ago and recognizes his contributions to philosophy and social and political thought. I would like to thank my friend, the gentleman from Texas (Mr. AL GREEN) for introducing this resolution.

According to Chinese tradition, Confucius was born in 551 B.C. to a poor but noble family. He became a high-level government minister but later resigned his position after becoming disillusioned with the misbehavior and corruption of the rulers in feudal China.

Confucius then embarked on a long journey throughout the small kingdoms that made up China with a devoted group of students, expounding his political philosophy. He would return home to spend his last years teaching and compiling his wisdom into a set of texts that would become known as the ''Confucian Classics.''

After his death, Confucius would serve as the ''spiritual ancestor'' of later teachers, historians, philosophers, and literary scholars whose lives and works figure prominently in Chinese intellectual history. Indeed, he would become not only China's preeminent philosopher but also Asia's most influential thinker as well.

Confucius' birth over 2½ millennia ago was not only celebrated in China late last month but throughout Asia, including South Korea, Japan, and Taiwan.

He taught respect for one's elders and for understanding one's responsibility to others within the existing social structure. He believed that government officials should be chosen for their virtue and ability, not for their birth.

Confucius believed that the purpose of the government was the welfare of the people. And perhaps most importantly, he taught that a ruler who was not righteous and humane would forfeit the ''Mandate of Heaven'' and, thus, lose the right to govern.

Confucius' teaching developed into a system of philosophy known as Confucianism, which would have profound impact on the thought and life of East Asia. Some have compared his influence with that of Socrates in the West.

I strongly support this resolution and urge my colleagues to do the same.

Madam Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of this resolution commemorating the 2,560th anniversary of the birth of that sage of Chinese culture, the philosopher Confucius.

Confucius is not only revered in his native China but also in Taiwan, Korea, Japan, and Vietnam. Confucius is best remembered for his promotion of social harmony and his emphasis on the virtues of education. His teachings have long provided an ethical guidepost for millions of people living throughout East and Southeast Asia.

Confucius is another philosopher who taught us the golden rule: ''Do not do to others what you do not want done to yourself.'' Confucius also taught that the path to both virtue and success is led through the discipline of study. His famous saying that ''a journey of a thousand miles begins with a single step'' encouraged his disciples never to give up no matter what the hardships.

Inspired by him, thousands of Chinese, Taiwanese, Korean, Japanese, and Vietnamese scholars and scientists have made enormous contributions to the world's pool of knowledge. Young American scholars, drawn from these Asian communities influenced by Confucianism, have made impressive contributions to the mosaic of American life in the fields of science, law, medicine, engineering, music, and art.

So it is fitting today to pass this resolution honoring the birthday of a man who has been called ''China's greatest teacher.''

Madam Speaker, I reserve the balance of my time.

Mr. CARNAHAN. Madam Speaker, I am pleased now to yield 5 minutes to the sponsor of this bill, the gentleman from Texas (Mr. AL GREEN).

Mr. AL GREEN of Texas. Madam Speaker, I think it appropriate that you be in the chair today because in Houston, Texas, in your district, I believe, we have a statue that has been erected in honor of Confucius. So I come here today and I thank you, Madam Speaker, and I thank the leadership for allowing this resolution to come to the floor. I thank the Honorable HOWARD BERMAN, the chairperson of the Committee on Foreign Affairs, for allowing the resolution to pass the committee. I thank the Honorable ILEANA ROS-LEHTINEN for allowing us to work with her and to manage this piece of legislation on the floor. I thank the Honorable RUSS CARNAHAN for acting as Democratic manager of the amendment.

This resolution honors the 2,560th anniversary of the birth of Confucius, recognizing his contributions to philosophy and to social and political thought. This resolution is a reflection of the diversity that we celebrate in the United States of America.

We are 46.9 million Hispanic and Latinos, 37.6 million African Americans, 16 million foreign-born naturalized citizens, 14 million Asian and Pacific Islanders. We speak 337 different languages. In my district, we have and we are African American, Latino, Vietnamese, Indian, Pakistani, Chinese, Nigerian, Somali, Ethiopian, Eritrean, Sudanese, Turkish, Ghanaian, and Taiwanese. And there are probably some that I have missed and I apologize to any constituent that was not properly mentioned.

On September 26, in our district, as I indicated earlier, this year, a bronze statue of Confucius was dedicated in Hermann Park in Houston, Texas.

I am honored to tell you that today on the suspension calendar we honored His All Holiness Bartholomew, Archbishop of Constantinople, and I commend my colleague for bringing this to the attention of the House. It is not unusual for us to honor persons who are not Americans for their contributions to America and to global society. We have honored many persons, including Tony Blair, Prime Minister of the United Kingdom; Nicholas Sarkozy, President of France; Her Majesty Queen Beatrix of the Netherlands; and we've also honored the Honorable Desmond Tutu and Nelson Mandela, both of South Africa. We have honored events. We have honored what is known as the religious and historical event that is the Festival of Diwali, which was presented to this House in September of last year. And I am proud to say today that we are going to honor Confucius, an Asian teacher, scholar, and philosopher.

Confucius was born in 551 B.C., was one of the great thinkers of his time and of all time. He was a teacher of prosperity and a preacher of peace. He developed Confucianism, a philosophy that has deeply influenced the social and political thought of countries around the world, including China, Korea, Japan, Taiwan, and Vietnam, to name a few. He emphasized that personal introspection, self-cultivation, respect of social relationships, personal and governmental morality, justice and sincerity reflect a moral fiber of the greatest and highest degree.

□ 1715

He preached that politicians must always represent truth and morality. He taught the philosophy of reciprocity: never impose upon others what you would not choose for yourself.

He taught the ''silver rule'' which complements the Golden Rule: do not do unto others as you would not have do unto you.

He taught the importance of shame in an orderly society by indicating, If people be led by laws, and uniformity sought to be given by punishments, they will try to avoid punishment, but have no sense of shame. However, if they be led by virtue, and uniformity is sought to be given them by rules of propriety, they will have a sense of shame, and moreover will become good.

I would note that shame promotes good to prevent punishment, whereas punishment precedes bad, to promote good.

He reminded all that, When you have faults, do not fear to abandon them. In different words what he said was, It is virtuous to know one's faults and change. He explained that self-respect begets self-respect when he made this quote, Respect yourself and others will respect you.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CARNAHAN. I yield the gentleman an additional 1 minute.

Mr. AL GREEN of Texas. He gave us with a great degree of simplicity a quote that I believe is one of his greatest when he articulated, To understand nothing is to understand everything.

I am honored to present this resolution today. I believe that the diversity that we celebrate in this country, the diversity that I have in my district which is 36 percent African American, 31 percent Anglo, 21 percent Latino, and 12 percent Asian, in my district I believe that my constituents are honored to have persons of Asian ancestry who honor and celebrate Confucius. But I think as a philosopher who has transcended time, he is someone we should recognize in the House of Representatives.

I beg that my colleagues would support this resolution, comparable to many others that we have had on the floor of the House.

Mr. HONDA. Madam Speaker, I rise today to support House Resolution 784, honoring the 2560th anniversary of the Birth of Confucius and recognizing his invaluable contributions to philosophy, and social and political thought. This resolution is sponsored by my friend and executive board member of the Congressional Asian Pacific American Caucus (CAPAC), Congressman AL GREEN of Texas.

Confucius was born on September 28, 551 BC in the town of Qufu, in what is now the Shandong Province of China. Though he grew up in poverty, Confucius recognized the value of education in creating an informed and knowledgeable society. He lived his life by this principle and traveled throughout China as a teacher to counsel others in introspection, self-cultivation, sincerity, and the observance of respect within social relationships as a means of achieving justice and attaining morality in the personal and public life. In a chaotic time of internal feuds and wars, Confucius established a peaceful intellectual and personal evolution in the minds and hearts of the Chinese people. He began a global effort to move society in an enlightened direction, and his teachings in the principles of self-transformation, humaneness, strength of mind, and an orderly society have contributed to our advancement.

In addition to being known for his commitment to education and self-enlightenment, Confucius's thought also included the principle that politicians must be models of truth and morality. He believed that government must adopt the practice of moral correctness and that politicians must rule with justice and sincerity. These principles have helped build the foundation for political philosophy, and have been a cornerstone for past and future leaders in representing their constituents. Confucius's philosophical teachings have been studied by scholars throughout the world, and his words of wisdom have inspired many generations of dedicated followers.

Confucius is considered to be one of the greatest philosophers, whose teachings and philosophy still influence millions of people around the world today. I am proud to be a cosponsor of House Resolution 784 to honor Confucius's birth, life, and teachings. This resolution recognizes the importance of Confucius's edicts in today's society, and conveys the House of Representatives's deepest respect to this important philosopher.

I would especially like to thank Congressman GREEN for making this resolution a priority on the House floor. As a member of CAPAC, Congressman GREEN is a committed and conscientious advocate on behalf of Asian American and Pacific Islander communities. I commend his efforts to recognize Confucius's great contributions to society, and I join him in asking you to support House Resolution 784.

Ms. ROS-LEHTINEN. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CARNAHAN. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CARNAHAN) that the House suspend the rules and agree to the resolution, H. Res. 784.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CARNAHAN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. CARNAHAN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 832.

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

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. MCMAHON). Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HALLOWEEN HEALTH CARE

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. Mr. Speaker, this year at Halloween, the Feds will be going door to door playing trick or treat on seniors by taking their Medicare coverage. When they knock, seniors should not answer the door. When they peek through the peephole, the bureaucrats will be dressed as snake oil salesmen because they are cutting Medicare parts A, B, C and D. They are going to try to sell seniors on the new bill which we call Medicare part E, but it doesn't cover one senior citizen. Not one. Just call it Halloween health care because it is really scary.

What is in this Halloween health care bill? Well, just look at the latest and greatest Senate bill. You know, that is

the bill that is being drafted in the dark corners and the dungeons of the Capitol where the light of transparency and truth never reaches.

The nonpartisan Congressional Budget Office says the Halloween health care will do the following things: It will cut Medicare part A for hospitals by $128 billion. It will cut Medicare part B for doctor reimbursement $130 billion. It will rob Medicare part C, Medicare Advantage, off $133 billion. We are not through yet. And yes, Medicare part D for prescription drugs is cut $20 billion. The total: $411 billion cut for seniors and Medicare. That is enough to scare everybody.

This new Medicare part E takes a half-trillion dollars out of Medicare, but it doesn't cover the seniors. In this new Medicare part E, the ''E'' stands for everybody else, including those in the country illegally.

I know, they keep talking about and saying that illegals will not be covered. But when attempts were made to require proof of citizenship to sign up for Halloween health care handouts, the amendments were voted down. The bill also raises $424 billion in new taxes.

Now why would they do that when the country is in a recession? The country is broke. We don't have the money. Well, Halloween health care will cost a trillion dollars, and they have to get the money from somewhere. We can't afford another thousand-page, trillion dollar bill. Our seniors are going to pay for more than half of the tab out of Medicare, and not one single senior will get more coverage out of this new health care bill.

Here is where it really gets dicey. The new Halloween health care proposal still rations health care services based on age. If you need a pacemaker, the snake oil salesmen are going to look at your age, the cost in what they call survivability rates. If the bureaucrats think your health care needs are just too expensive, they will hand out pain pills instead of approving that new pacemaker. That is what they already do in other countries where the government runs the health care system. In England it is called, and get this, the Quality Adjusted Life Years, and they have the power to make these life-and-death decisions on seniors.

When the Federal Government is in charge of health care, they are the only game in town and this so-called public option will be costly. You think health care is expensive now, just wait until it is free.

There are commonsense health care reforms we can all agree on. We don't have to have the government take over the whole system to fix what is specifically wrong with the system. That is like pulling all of your teeth when you have a toothache.

Halloween health care will be another thousand page, trillion-dollar bill. It will raise Medicare and other premiums, raise taxes, and slash Medicare coverage for seniors. This is not reform, that's abuse. But that is Halloween health care and it is coming to your door. Trick or treat.

And that's just the way it is.

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

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

MILITARY STRATEGY FOR AFGHANISTAN

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. Mr. Speaker, tonight I want to read a few paragraphs from an article written by Andrew Bacevich. It was in the American Conservative in May of this year, and the title is ''To Die For a Mystique: The lessons our leaders did not learn from the Vietnam War.''

''In one of the most thoughtful Vietnam-era accounts written by a senior military officer, General Bruce Palmer once observed, 'With respect to Vietnam, our leaders should have known that the American people would not stand still for a protracted war of an indeterminate nature with no foreseeable end to the U.S. commitment.'

''General Palmer thereby distilled into a single sentence the central lesson of Vietnam: to embark upon an open-ended war lacking clearly defined and achievable objectives was to forfeit public support, thereby courting disaster. The implications were clear: never again.''

I further read from the article, ''To Die For a Mystique.''

''To cite General Palmer's formulation, the citizens of this country at present do appear willing to 'stand still' when considering the prospect of war that goes on and on. While there are many explanations for why Americans have disengaged from the Long War, the most important, in my view, is that so few of us have any immediate personal stake in that conflict.''

Again, that was from the book written by General Bruce Palmer.

Mr. Speaker, I further read from this article. This is the close. ''The President who vows to 'change the way Washington works' has not yet exhibited the imagination needed to conceive of an alternative to the project that his predecessor began.

''The urgent need is to demystify that project, which was from the outset a misguided one. Just as in the 1960s we possessed neither the wisdom nor the means needed to determine the fate of Southeast Asia, so today we possess neither the wisdom nor the means necessary to determine the fate of the Greater Middle East. To persist in efforts to do so—as the Obama administration appears intent on doing in Afghanistan—will simply replicate on an even greater scale mistakes like those that Bruce Palmer and John Kerry once rightly decried.''

Mr. Speaker, I read this for this reason: I want to first say to the President, thank you for taking the time and thank you for being very careful in making your decision as to what our future plans are for Afghanistan. And, Mr. Speaker, I wanted to read this because Andrew Bacevich knows better than anyone. He fought in Vietnam for this country. He later became a professor at West Point. And during the Iraq war, he buried his son, a lieutenant, who was a graduate of West Point who was killed for this country. So I think we need to be very careful as we move forward, and I want to again say to the President, please take your time, make the right decisions for this country.

I have the privilege of having Camp Lejeune Marine Corps Base in my country. I have gotten to know a lot of marines, both active duty and retired. I recently spoke to a general that I cannot name because I don't have his permission, but if I did, he would be well known to the Marine Corps.

□ 1730

He said to me 3 weeks ago, Please tell your colleagues on both sides of the aisle to move very carefully, to have a full, understood plan and a defined plan as to what we're supposed to accomplish in Afghanistan. Again, this general fought in Vietnam for this country.

So with that, Mr. Speaker, I will close as I always do by asking God to please bless our men and women in uniform. I ask God to please bless the families of our men and women in uniform. I ask God, in His loving arms, to hold the families who have given a child dying for freedom in Afghanistan and Iraq. I will ask God to bless the House and Senate, that we will do what is right. I will ask God to give wisdom, strength and courage to the President of the United States, that he will do what is right in the eyes of God. And three times I will ask, God please, God please, God please continue to bless America.

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

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

RYAN WHITE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I am so proud to represent one of the most beautiful, most diverse regions in our country, south Florida. Sadly,

though, our local paradise, well known for its sunny weather, its world-class beaches, its artistic style, also is one of the areas hardest hit by the HIV/AIDS epidemic. We are continually confronted with the challenge of providing adequate and timely treatment to those impacted by this terrible disease.

The number of people suffering from HIV/AIDS in south Florida has increased immensely over the past few years. We have over 32,000 people currently diagnosed in my home county of Miami-Dade, and it ranks second among large metropolitan areas for people living with AIDS. On top of this, Florida ranks third in the Nation on the number of AIDS cases. These individuals need our assistance in fighting this terrible disease.

There are wonderful programs designed to mitigate the terrible consequences of HIV/AIDS. One of the most innovative, one of the most effective is the Ryan White HIV/AIDS Treatment Program. This program funds HIV/AIDS treatment for low-income, uninsured, and underinsured people. Ryan White provides funding to cities, to States, as well as directly to select clinics and care providers for core medical and support services.

In 2009, my home State of Florida received over $209 million in funding through Ryan White to assist countless low-income Americans living with HIV/AIDS. This life-saving program was set to expire this month. Thankfully, Mr. Speaker, this amazing program was granted a 3-year extension through the Ryan White HIV/AIDS Treatment Extension Act, and I thank my colleagues for this.

With strong bipartisan support, this bill was overwhelmingly approved. I voted for and the House passed this legislation, and we should all be proud of that. Passage assures the continuity of this vital program. It will allow us to help States, communities, and families cope with the impact of the HIV/AIDS epidemic while creating a support system for those dealing with the disease.

I am constantly working to improve the quality and the availability of care for persons with HIV/AIDS and their families and their support system. It is my mission to promote awareness and education so that each day we can help assure that fewer people will be afflicted with this disease.

I have seen firsthand the impact this disease has had on so many individual lives and families in my community, and I know that extending this important program is not just a priority, but a necessity.

The Ryan White program is the largest federally funded program in the United States for people living with HIV/AIDS. It has been the largest supplier of services for those living with HIV/AIDS in the United States as well.

As a payer of last resort, the Ryan White Act offers a method of payment for treatment unlike Medicare or Medicaid. In the United States, over 500,000 people a year benefit from the Ryan White program. I know that through the extension of Ryan White, we can—indeed, we will—save and improve the lives of countless individuals in my congressional district and throughout our great country of the United States of America.

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

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

RECOGNIZING HANOVER PUBLIC SCHOOLS

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. Mr. Speaker, our country faces many serious challenges, but it's sometimes useful to know that good things are still happening out there in the real world, out there across our country, and mostly away from Washington, D.C. So Mr. Speaker, I recognize tonight the Hanover Public Schools for their commitment to providing quality education.

Located in the community of Hanover in northern Kansas, the school serves about 175 students from the surrounding rural area. Though Hanover Public Schools are small by most standards, their accomplishments are great. The students, teachers, and administrators at Hanover Public Schools are dedicated to excellence in education. This excellence is evident by the recognitions that they have received.

For the past 3 consecutive years, Hanover High School has received the Kansas Governor's Achievement Award. This award is given to the top 5 percent of schools in Kansas that meet the highest standards on Kansas assessments. Only five other schools in our State have received this award 3 years in a row.

Not only has Hanover High School been recognized as one of the best schools in the State of Kansas, it has also been honored nationally. For the second year in a row, Hanover High School has been cited by U.S. News and World Report as one of the top schools in the country.

Having a well-rounded education means more than what can just be learned in the classroom. Students at Hanover Public Schools have also excelled in extracurricular activities. During the 2008–2009 school year, Hanover High School became State champions not in one, but in two sporting events. Last November, the Hanover High School football team took first place at State in the eight-man division. And after placing second at last year's State tournament, this year's Hanover High School basketball team placed first in the 1A division. The team finished with a perfect record, winning all 28 games.

The success of Hanover Public Schools serves as a model for other schools in our State and across the country. That success could not be possible without the strong support of the Hanover community. Small-town values and small community ties have produced generations of successful graduates.

I commend the Hanover Public Schools for their success and for achieving their mission, to create a learning environment dedicated to developing lifelong learners and responsible citizens.

My congratulations to the students, staff, faculty, the Board of Education, and the community. I am honored today to recognize this outstanding school in the State of Kansas.

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 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 gentlewoman 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 Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT 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. GRAYSON) is recognized for 5 minutes.

(Mr. GRAYSON 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 gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX 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 Minnesota (Mr. PAULSEN) is recognized for 5 minutes.

(Mr. PAULSEN 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 Nebraska (Mr. FORTENBERRY) is recognized for 5 minutes.

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

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank my leadership on the Republican side for allowing me to control the time during this Special Order hour this evening. And surprise, surprise, we're going to be talking about health care reform.

Mr. Speaker and my colleagues, we all know that this is something that has been on the front burner for the entire 7, 8, 9 months of this 111th Congress. It has certainly been a priority of the President; the President has said so on many occasions. In fact, President Obama indicated that reforming our health care system is the number one priority of his administration. First and foremost, it is the thing that he is willing to spend political capital, whatever it takes, to have comprehensive health care reform and to have it before the end of this first year of his first term.

I certainly can see that the President, Mr. Speaker, has followed through on that pledge. I personally feel that he has made a mistake on that. I don't think that the American people believe that fixing our health care system to the extent that we literally would throw out everything that we've got and let the Federal Government essentially take over lock, stock and barrel our health care system—which accounts for something like 16 percent of our total economy—at a time when our economy is literally, figuratively in the tank. We're sitting here with a 10.5 percent unemployment rate across the country and 15 million people out of work. It has even affected my own family very, very personally, one of my four children. They say, Mr. Speaker, that when your neighbors lose their job it's a recession, but when you lose your job all of a sudden it's a depression. I know that feeling right now, and a lot of people across this country know that feeling.

When we adjourned for the August recess, the District Work Period that's traditional in this Congress, all Members go back home, they may squeeze in a little family vacation, but you've got about a month, August, it has been traditional probably for 100 years that Congress has done that. And we got an earful, did we not, Mr. Speaker, during those 4 to 5 weeks of these town hall meetings that Members had all across the country? And by a factor of 10, the attendance had increased that much.

On a typical town hall meeting in my 11th District of Georgia in the nine counties I represent—and we would always try to have our town hall meetings at a time that was most convenient to our constituents, that would be easy for them to get to, maybe at a senior center, and try not to schedule it during suppertime or during prime time TV evenings—you might get 50 people on a good night, maybe 75 people when they were really ginned up about something.

Well, in my case, in the 11th of Georgia, we were getting 750 people, 1,100, 1,500—in one instance 2,000 in some of the town hall meetings we had. And we were seeing the same thing all across the country, whether they were Republican districts or Democratic districts. Mr. Speaker, what these constituents were saying—many of them, of course, were seniors—they're most concerned about the economy, of course, because they're on a fixed income. My mom is one of those. God bless my mom, Helen Gannon Gingrey, originally from Manhattan, New York City, but lived in the South most of her life. She is 91 years old now on a fixed income, relies on Social Security and Medicare and Medicare part B and part D. She's a little disappointed she's not going to get a COLA this year. But these folks showed up at these town hall meetings telling us, We don't want to pay for some new government-run health care system from A to Z that's going to be paid for on our backs. And what they're referring to, of course, is mostly the cuts, the deep cuts that the bills in the House and the Senate propose to take out of the hide of the Medicare program.

I'm going to be joined, Mr. Speaker, by a number of my Republican colleagues. In fact, tonight the participants in our hour are going to be for the most part the doctors on the Republican side. We have a caucus, a group that we call the GOP Doctors Caucus; there are about 15 of us in that group. We have a number of M.D. physicians. We have a doctor of psychology, we have a doctor of optometry, we have a couple of dental doctors, and people that have spent before coming to Congress—and some of us now have been here 8, 10, 15 years even, but before coming here our day job, if you will, our profession was delivering health care. We were health care providers.

□ 1745

We keep our licenses active, I think most of us do, and we keep up with medical issues, realizing, of course, that Congress is not necessarily forever, particularly young ones who may want to go back and go back into the practice of medicine. Those doctors will be with me tonight.

When I totaled up, I asked my colleagues, well, how long did you practice? Some of them are OB/GYN doctors, some of them are orthopedic surgeons. There is a gastroenterologist. There is a family practice, a couple of doctors do family practice, just all across the spectrum. In the aggregate, we probably have about 400 years of clinical experience. That says something about our age, Mr. Speaker.

But as an example, I spent 31 years, from the day I graduated from medical school, practicing medicine either as a family doctor in a small town or while I was in training during my internship and my residency and then 26 years of being a part of an OB/GYN group and delivering over 5,000 babies in my hometown, which became my adopted hometown. My hometown is Augusta, Georgia, but Marietta, Georgia, in Cobb County is where I now live and practiced for 26 years.

Mr. Speaker, we feel we have a lot to bring to the table. It's so disappointing we get to do these things at night—as I say, my colleagues will join me and I will yield to them when they arrive—because this is our only opportunity. It's a shame we are in the minority. God forbid that it happens to the other side one of these days, and they will understand the feeling, but when you have got that knowledge of a particular profession, you would think, wouldn't you, that the Speaker of the House, the leadership, the minority side, both Chambers, they would open their arms and say, for goodness sakes, come on in here. Come on here behind this green door where we are trying to work out how we are going to do this health reform bill and tell us a little bit how it was when you were seeing patients and practicing and what were the things that would upset people about insurance, health insurance companies and denial of coverage or not being able to get insurance because of preexisting conditions. Also, Doctor, what do you think is causing the 10 percent, 12 percent rate of inflation in the cost of health insurance premiums year after year after year? Why is that?

Could it be this? I have heard some people say that maybe it's a medical malpractice issue and doctors ordering a lot of defensive unnecessary tests because they are afraid that if they are dragged into a court of law someone would say, well, you know, we have got, plaintiff's attorney, I have got this expert witness here from California. They will say, well, looking at the chart, I see where, Doc, you didn't order a fizzle phosphate level on this patient or some other esoteric test

that nobody has ever heard of and say, ah, you know, you are guilty of malpractice. Doctors order everything, almost to the point of the patient coming to the hospital, have blood drawn one day and becomes anemic the next morning for all the testing that's done.

Again, I bring up this point, Mr. Speaker, because we should be participating. We should be doing it on a bipartisan basis. If we would, if we had done it—and it's still not too late, my colleagues. It is still not too late. It's not soup yet. We have yet to vote on these bills that have come through committee on the House side or come through the committees on the Senate side. They haven't reached the floor of either Chamber. So there is plenty of time to amend, to start over. We don't need to rush it any more than we need to rush the decision to send the troops to Afghanistan.

The President, Mr. Speaker, made it very clear, as did his advisers and this administration, well, you know, you can't, you shouldn't knee-jerk now. I know what the General said. I know he said what his needs are, but we need to think about this. We need to get it right. It's better to get it right than to do it quickly.

Well, I sure wish they would take the same attitude toward reforming one-sixth of our economy, and I think that we could do that. There is no rush.

I will tell you where there is a rush though, Mr. Speaker. There is a rush in putting people back to work and stemming this tide of unemployment and all these jobs just disappearing and now 15 million people in this country out of work. That should be the President's number one priority.

But, anyway, we are going to talk about these issues tonight, and there are a lot of thoughts that my colleagues have, as I see them begin to join me. I am going to try to go in order of those that walked on the floor.

The first person that I am going to call on is our former majority whip, minority whip, someone who has been a part of the leadership with distinction on the Republican side of the aisle, and I am speaking of the gentleman from Missouri, ROY BLUNT.

I yield to Mr. BLUNT.

Mr. BLUNT. I thank my good friend from Georgia for yielding and appreciate the doctors letting me join them here for a few minutes.

Most of our doctors in the House, Republican doctors in the House have been on the Health Care Solutions Group that we worked hard on all year to have alternatives, alternatives to government-run health care, alternatives to create access to health insurance, health coverage for people, even people with preexisting conditions.

When I joined the doctors on the floor one day last week, there were 15 bills stacked up in notebooks behind, on the dais, Mr. Speaker, that talked about the 15 things that Republicans would like to do. We don't think they have to be in a 1,500-page bill. In fact, the things we have talked about, like access for everyone, allowing people to stay on their parents' plan until they were older, then they have to leave the plan today, medical liability reform, more competition in the system, associated health plans, all of those things could happen individually.

It would be great if all 11 bills that I personally cosponsored would pass and none of them conflict with the others. We think that's the way to move forward.

But our doctors are consistently our best leaders on this issue, because they know all the problems that come up in health care, all the challenges that come up in health care, the importance of the doctor-patient relationship and how important it is that you don't have someone come between the doctor and the patient.

I know, Mr. Speaker, that I and others have been criticized for saying that in the Canadian system, if you want to have a procedure done, you have to get permission from the government. Often that has been interpreted to mean that we are saying you couldn't possibly have that procedure done. What we are saying is not that. What we are saying is that somebody besides your doctor decides whether you get that procedure done or not.

A well-read Wall Street Journal article back in the spring talked about the 57-year-old Canadian that even wanted to pay for his own hip replacement procedure and wasn't allowed to do it. It doesn't mean that you couldn't get a hip replacement. It just means he couldn't get one. It just means some bureaucrat decided he couldn't get one.

We are going to be talking in the next few days, because of the apparent nature of the closed door, behind closed doors negotiation, we are going to be talking again about this government-run health care plan. The government option would be government-run health care as a competitor. My belief, sincerely, is that the government would not compete fairly. It would drive the other competitors eventually out of business. Now, this new wrinkle, Doctors, to the government-run option is, well, the States could opt out.

Now, I was never in the State legislature, but I worked in a capitol building that had lots of legislators in it. Many of my colleagues were in the legislature, and they know and I know, and the majority knows, that if the government-run option is cheaper—and it will be because they, like Medicare and Medicaid, don't have to pay the whole bill—if it's cheaper, no legislature is going to opt out and say people in this State are going to become the example of standing against government-run health care. We are not going to have in this State that cheaper competitor until the other competitors go away. That's just not going to happen. This idea that somehow this is any kind of a compromise doesn't stand any scrutiny.

And then the other big issue over the next few days will be this issue of why seniors and people who have been told their entire working career since 1965, and anybody who started work after 1965 has had Medicare, a Medicare deduction from their paycheck every single paycheck, now to be told we are going to cut Medicare benefits for half a trillion dollars to pay for this new government plan, if seniors figure this out in the next 10 days, this will not happen. If seniors understand how this bill would theoretically be paid, this would not happen.

Whether it's the elimination, as is proposed, of Medicare Advantage for a whole lot of seniors, one out of four, or whether it's finding $300 billion in cuts in Medicare to pay a majority of the costs, that $500 billion in Medicare Advantage and cuts in Medicare to pay a majority of the cost, now everybody who will walk on this floor is surely for finding any legitimate savings in Medicare, but, my friends, if we are going to find savings in Medicare, we should use them to save Medicare.

Everybody else that walks onto this floor knows that Medicare is supposedly in significant trouble beginning as early as 2017. Why do you take savings from a program already in big trouble and say we will use these savings to pay for some new program? It won't make sense to seniors or anybody who really, frankly, doesn't like the idea that they have paid into this program out of every single paycheck they have ever had, and the Congress and United States is not going to allow that program to be solvent in order to start down another road of more health care.

Mr. GINGREY of Georgia. I appreciate the gentleman's comments.

I am sure the gentleman would agree with me that it's really disingenuous to take $500 billion out of the Medicare program over the next 10 years and then, at the same time, tell seniors that, oh, by the way, next year you are going to get to pay $110 a month for your Medicare part B—I think it's $98 a month, $98.50 now—and we are going to raise it to $110 a month at the same time that we are going to cut $500 billion out of the program.

Mr. BLUNT. That's exactly right, you know, one out of every four seniors on Medicare Advantage, that would go away under any proposal out there right now. The administration apparently told the providers of those Medicare Advantage plans that they couldn't tell people that there was legislation that would eliminate the plan.

Now, after a lot of appropriate outrage about that administration decision, that gag order to these plans, apparently now they are going to say, okay, you can tell them the truth. What a step forward that is. You can tell people in Medicare the truth about this. If people in Medicare find out the truth about that, and they figure out the truth about the other way to pay for this new government program and

they start calling Members of the Congress of the United States, this will not go forward and we will be back to where my friend from Georgia said we should be, where we start over. We work together. We do the things that will fix what's broken in the system, but we also ensure that we keep what's working. More is working in health care than is broken.

If we are not careful about this, we will eliminate what's really working and will actually encourage the things that are broken. None of us here on the floor at this minute want to do that, and hopefully none of our colleagues will either, and we can all work together in new ways.

Again, I thank the doctors for the incredible credibility and knowledge base that they bring to this discussion. I know they are going to continue to be at the forefront of this debate between now and the end of the year, and, if possible, if it takes until next year. This is one-sixth of the economy. This is the most important thing to every family, people in your family being well. We ought to take the time that it needs to do this right.

Mr. GINGREY of Georgia. I want to thank the gentleman from Missouri and thank the gentleman for his work in leading Leader BOEHNER's task force on health care reform on the Republican side.

My doctor colleagues that are with me tonight were a part of that small group of about 15. We worked on coming up with meaningful reform issues in an incremental way over the last several months. I think we had a good plan that we submitted to the President, Mr. Speaker, and we are still waiting to hear back from him on that, unfortunately.

Before I yield to my good friend from Louisiana, in fact, my two good friends from Louisiana—I am going to start with Dr. CASSIDY, the gastroenterologist from Baton Rouge—I just want to say one thing. I have got this one poster. Dr. MURPHY may have some other posters when he arrives, but we have a second opinion.

□ 1800

The GOP Doctors Caucus is the second opinion. The Republican minority, 178 of us, Mr. Speaker, we have a second opinion, and that second opinion is, no government-run health care.

We listened to our constituents during the August recess, and that is what they told us loud and clear. Somebody might dig up some ABC-Washington Post poll that says people want government-run health care. I would suggest, Mr. Speaker, to all of the Members on both sides of the aisle, go back and check with your constituents, like I did last night during a tele-town hall meeting, when all of the seniors were on the phone and said, Goodness gracious, Congressman, we don't need that.

I will make this point, and then yield to Dr. CASSIDY. There has been so much gnashing of teeth and wringing of hands and pulling of hair over the last several months, Mr. Speaker, trying to say how are we going to pay for this thing? It is going to cost a minimum of $1 trillion. And then President Obama said, No, we are going to limit the expenditure to $900 billion, but we are going to pay for it all. I won't sign a bill that adds one dime to the deficit.

So, you figure out, well, we are going to tax here, we are going to tax there. We are going to take $500 billion out of Medicare, as the gentleman from Missouri just talked about, Medicare Advantage. We are going to gut that program. And, hey, we have come up with $900 billion and we are going to do this government-run health care. What in the world, Mr. Speaker, have we accomplished?

I want to use this analogy. It would be like a family 25 or 30 years ago scrimping and saving and cutting down on food and clothing and family vacation and college education for the children to save up enough money, and you finally save up enough money and you buy an Edsel.

My colleagues, I hope you all remember the Edsel. I am not knocking Ford Motor Company, but I think most of you are old enough to remember the Edsel. You saved up enough money, yes, you have sacrificed, and you bought an Edsel.

That is what it seems to me, Mr. Speaker, what the Speaker, Speaker PELOSI, and the leader, Leader REID and the President and his advisers, many of them holdovers from the Clinton administration, that is what they are wanting us to do. They want us to buy an Edsel. I don't care whether it is paid for or not, it is a bad deal.

With that, I yield to my friend from Louisiana, Dr. BILL CASSIDY.

Mr. CASSIDY. Thank you, Dr. GINGREY.

I think Congressman BLUNT made some great points. One of them is we want reform, but we want reform that works. Actually, I want to compliment President Obama, because of the three things we want in reform, one is to control costs so we can increase access to quality care. I think he has nailed it. My concern is the approach to achieving these will not work.

I am also concerned that the Democratic proposals before us attempt to achieve that through gimmickry. They are using gimmicks to try and convince the American people that they are achieving the appropriate goal that President Obama has laid out, that it will not add to our deficit.

I was struck today that on the Senate side they are saying that States can opt out of the public option. I am wondering, can you opt out of the taxes that will go into offsetting it? Can you opt out of the debt that the Congressional Budget Office says will accumulate? Can you opt out of losing the jobs that the increased taxes and the increased national debt will inevitably lead to? No. All you can opt out of is the benefit that is offered. You cannot opt out of the high cost that goes into providing this marginal benefit.

I am also struck that there is this tax that they are creating for the American people, and on some similar criticism, it is truly bipartisan. The bill before the Senate Finance Committee that Mr. REID says that we can opt out of is funded by about $350 billion in taxes. If I may quote Speaker PELOSI, she says that these savings, these taxes, if you will, come off the backs of the middle class.

So I think we have a bipartisan criticism of the bill that is before the Senate right now. I think we would agree on the Republican side with Speaker PELOSI that the ''savings'' in those bills, that $350 billion, comes off the backs of the middle class. Indeed according to the Joint Committee on Taxation, families earning less than $200,000 pay 87 percent of these taxes.

This is remarkable. During the presidential campaign it was stated that if you earn less than $250,000, your taxes will not go up. Yet, now, through these various accounting gimmicks, we are seeing indeed 87 percent of these new taxes will come off of those who earn less than $200,000.

There are other gimmicks in this as well. It is pushing the cost of an expansion of Medicaid. And for those watching who don't worry about—I used to work in a hospital for the uninsured. For 20 years I have spent my life trying to bring health care to the people who don't have insurance. Medicaid is the safety net insurance program that is partly funded by the Federal Government and partly by the State government.

Now, in this plan before both the House and the Senate, both plans, they are going to expand Medicaid. In the Senate plan, they are going to make the State taxpayers pay for this expansion. That is really great. It looks like we are saving money on the Federal level, but all we are doing is shoving that cost upon a taxpayer, it is just through the State income tax or property tax or sales tax, not through the Federal tax.

That is a gimmick. If you want to say it is the taxpayer paying for it, absolutely she is paying for it. And so this expansion, this increased cost is going to lead to increased taxes, but it will be through the State tax code, not the Federal. There is the sleight of hand that is being passed off as fiscal responsibility.

Now, on the other hand, we agree on the goals. We want to have quality health care, accessible to all at an affordable price. But we can see that this kind of bargain being offered by the Democratic proposals is really not controlling costs at all. It is merely shifting it onto State taxpayers or it is using taxes upon the middle class to fund.

I like to say they are using new tax dollars in the old wineskin of an old health care delivery system. Just as we

know that new wine in old wineskins will not work, so we know that these new taxes, these savings off the back of the middle class, as Speaker PELOSI says, will not work in the old wineskin of an old delivery system.

Republicans, on the other hand, I think we truly want a transformation of how health care is delivered. The Republican proposal I have signed on to, and I think several of my colleagues have, H.R. 3400, is wonderful in the sense that it empowers patients to make cost-conscious decisions.

If I might yield to my friend from Shreveport, he has got this great anecdote of how Health Savings Accounts in his business worked not only to hold down costs, but how by empowering his employees, also improved our health, if I may yield.

Mr. GINGREY of Georgia. Dr. CASSIDY, if you will yield back to me and I will yield to our good friend from Shreveport. That, of course, is our family practice doc who spent many years, and he will tell us about that, seeing lots of patients in south Louisiana, Dr. JOHN FLEMING.

I do yield to Dr. FLEMING at this time.

Mr. FLEMING. I thank the gentleman. And thank you, Dr. GINGREY, for having this hour. You have shown tremendous leadership over the last few months and even before that, of course, but particularly the last few months in being willing to control time for us to have these discussions. Of course, Dr. CASSIDY, my colleague from Louisiana, has been deeply involved in this issue, and we have all worked together, I think, as a great team, the GOP Doctors Caucus.

I will get to that anecdote in just a moment. I think it is an important one. But let me stay with the subject just for a moment about the gimmickry, because I think that is essential to our discussion. I will develop it very carefully, but quickly, and also point out that this is an important part of the macroeconomics of health care that everyone must understand, and that is this: Currently Medicare and Medicaid, which are the current government-run health care systems, do not pay for the service that they are providing.

Let me repeat that: These programs, Medicare and Medicaid, do not pay, at least completely, for all of the services that are provided, because the government requires and forces doctors, if you will, hospitals and other organizations, to provide care for less than the 100 percent reimbursement. Physicians, nurses, hospitals, home health agencies and so forth actually have to settle for less.

So, how is it that we can stay in business, we in the health care industry, and get by on less? The answer is that the private insurance market, a much bigger market, subsidizes to the tune of about $1,700 to $2,400 per year per family. If it were not for that subsidy, it would collapse. Yet and still, Medicare is scheduled to run out of money by 2017.

Now, how long is 2017? This is 2009. That is about 8 years that we are going to run completely out of money. Nobody in Washington is advancing any solutions to that.

All right, where did the gimmickry begin? Remember that in the time period from about 1997 to 2003, Congress decided in its infinite wisdom that Medicare will be subject to a limitation on the budgetary increases from year-to-year. We call that the sustained growth rate, SGR for a lot of people. But because it was recognized even in the first year that such cuts would block access to health care by patients, it has never been enforced. So it has been a bookkeeping gimmickry that now has created an incremental difference of about $250 billion, and growing. And even the other day the Senate attempted to resolve this.

Mr. GINGREY of Georgia. If the gentleman will yield for one second, Mr. Speaker, for clarification, that limitation based on that formula, Dr. FLEMING, applies to the doctors, doesn't it, all the health care providers? This is not applicable to the hospitals. They are reimbursed under a different system.

Mr. FLEMING. That is correct. It is just physicians only. It is actually part B, which is mainly physicians. It simply says if you guys can't keep your billing and your costs and everything down in totality, we will just cut across-the-board. Well, that is an impractical solution. It is gimmickry. It would never work. Now we have a $250 billion gap that is not being paid for. The Senate the other day tried to address that and failed to, because they knew it would be dumped on to the budget.

Let's advance, fast forward to this bill today. Right now this plan for approximately $500 billion that will be cut from Medicare, $160 billion or so of that would be a direct cut out of Medicare Advantage, which, as you know, is the more generous private system that is funded by Medicare dollars. If that happens, then those who are on Medicare Advantage, such as Humana Gold, will have to go back into the regular Medicare system and they will have to purchase Medigap insurance that they didn't have to purchase before. Again, seniors taking on the added burden.

On top of that is another $300 billion to $350 billion coming directly out of Medicare on the basis of some future savings, some future efficiencies that no one has been able to figure out.

So where are we today, Mr. Speaker? Basically $250 billion of doctor cuts, which have never been cut and will never be cut and are growing, that is going to end up in the budget at some point, another part of the deficit; another $350 billion which everybody in this room has known will never be paid for, but yet somehow it is being booked by the CBO as some savings. It is just continuous gimmickry. That is the only way this bill will ever be paid for, is gimmicks, which really means it is going to be taxpayers and premium holders.

Then to go back and kind of summarize, my point here is that, as Dr. CASSIDY points out, the only way that this is going to be an efficient health care system in terms of cost is the decisionmaking has to be in the exam room between the doctor and the patient, and one of the best methods to do that was a plan started in 2003 or so, Health Savings Accounts.

□ 1815

All this does is allow the employer—and government could do this, too, for Medicare and Medicaid—to put money in the bank that can be used at the discretion of the patient to buy medications or whatever, and it's his money or her money to use efficiently.

Just an example of how it works, we implemented this with my own private health plan with my companies a few years ago, and instead of our rates going up an average of 15 percent per year, they're going up an average of 3 percent per year. I was giving this discussion to my employees one day, and one of my employees piped up and said, Well, look, if we go to this health savings account idea, that's going to mean that I'm going to have to pay out of my health savings account $100, $150 a month for inhalers.

I said, Well, let me suggest to you this: Why don't you stop smoking? You will save money from the tobacco. You will be able to stop your inhalers, and then you'll just be banking all this extra money, which will end up removing any deductible you're going to have in the future. She came back to me 3 months later and said, I stopped smoking. I no longer have to use inhalers, and I've got extra money every week.

I wanted to pull together some of these salient points that have to go with the gimmickry and how we're going in the wrong direction. Expanding government control is going to expand cost. Instead, we should be looking inwardly and bringing it down to the doctor-patient level where the decisions can really be made efficiently.

With that, I will yield back.

Mr. GINGREY of Georgia. Dr. Fleming, thank you for those comments. Before I yield one more time to Dr. CASSIDY, just following through on this point that you are making, you may have mentioned one of the companies, Safeway and others who have testified up here—I don't know if they have been before the entire House or Senate, but certainly they have met with Members on our side of the aisle and explained some of the things that they're doing in regard to incentivize people to take care of themselves, to take better care of themselves, to realize there is a personal responsibility issue here. You pointed out in regard to smoking cessation, to not be using recreational drugs, to exercise on a regular basis. Certainly if you are overweight, particularly massively overweight, get on

a good program. In fact, some of these companies, Dr. Fleming, I think they have programs in-house where it's free, and these employees are incentivized by a reduction in their monthly premiums for health insurance, their copay, their deductible.

When we were marking up the bill, the health reform massive H.R. 3200, a 1,200-page bill in the Energy and Commerce Committee of the House of Representatives, we had an amendment on the Republican side of the aisle to actually expand this program that Safeway and others had initiated to allow even more incentives. You know, for the life of me, Mr. Speaker, I do not understand even to this day—and it's been 6 weeks ago July 30 that we passed the bill in the Energy and Commerce Committee—that amendment was voted down strictly on a party-line vote. Maybe one of these days they'll explain it to me. But to actually get healthier employees so there is less absenteeism, they have a longer work life, and to incentivize them with giving them monetary breaks in the cost of their health insurance, why in the world would we not want to do that?

Mr. FLEMING. Would the gentleman yield for a moment?

Mr. GINGREY of Georgia. Yes.

Mr. FLEMING. That is a great point you make. What I would like to say is that something we have all observed as physicians is that while we all recognize collectively that, yeah, we should lose weight, we should exercise, and we shouldn't smoke, we, as human beings, tend to not address those issues until something comes up, until it affects us immediately in day-to-day life. The beauty of systems such as Safeway's is that they implement a financial impact, both positive and negative, that encourages healthy behavior before you ever get to a point where you go, You know what, I'm going to have to have heart stents or bypass surgery. Now I am going to make changes. Why not make the changes 5 years in advance? Then you don't have to go through that. Look at all the money you save and the health that you have as a result of that.

I yield back.

Mr. GINGREY of Georgia. I thank the gentleman for yielding back. His final point was, give them the incentive when it really matters, not wait until it's too late.

With that, I will yield back to the gentleman from Baton Rouge, Dr. CASSIDY.

Mr. CASSIDY. I am actually going to disagree with my colleague from Shreveport—and by the way, he is from north Louisiana, not south. The point being is that these gimmicks only pay for on paper. So the Congressional Budget Office, which makes an assessment, Does this achieve the goal of controlling cost? Because as President Obama points out, controlling cost is important. These gimmicks only control it on paper. Ultimately, this would be paid for not by gimmicks, but it will be paid for by taxpayers or by debt. Ultimately, that debt will come from taxpayers again. That's why I think Speaker PELOSI says of the savings—this is a public statement—The savings in the bills before the Senate side, the Democratic bills before the Senate, will come off the backs of the middle class, and these taxes will continue to be paid for by the middle class.

I have learned in my practice—because, again, I have worked in a public hospital. I have worked in a government-run hospital where the nurses, doctors, med techs, therapists do their absolute best to bring health care to those who otherwise would not have it, a true safety net hospital. But when there is no money, the lines lengthen. When there is no money, something has to give. Now as it turns out, either we're going to raise taxes, we're going to borrow money, or their lines are going to grow; and our reform goals of controlling cost and, thereby, increasing access to quality care will not be achieved.

On the other hand, let me just kind of amplify on your health savings account. The Kaiser Family Foundation has a study—I believe the Web site is kff.org—and they looked at a family of four with a health savings account and a wraparound catastrophic policy versus a family of four with a traditional insurance policy. They found that the cost of the patient-empowering health savings account with a wraparound catastrophic policy was 30 percent cheaper than the traditional insurance policy, that 27 percent of folks who had the health savings account with the wraparound catastrophic policy were previously uninsured, and that these folks who now have insurance access preventive services as frequently as a family with a traditional policy. We achieve the goals. By empowering patients, we, the folks buying those policies, lower their cost. By lowering their cost, folks who were previously uninsured now have access to insurance and, once having access to the insurance, are accessing the primary and preventive services as frequently as those who are paying 30 percent more for their insurance. The goals of insurance have got to be that.

Now, again, I'll go back to the analogy I used earlier. We can either put the new financing, the new tax dollars in the old wineskin of a top-down, government-controlled, bureaucratic health care delivery system or we can use new wineskins, and I think the new wineskins that the Republican Party wants to use are patient-empowering. How do we empower patients to make a decision that's good not only for their health but also for their pocketbook? And by so doing, you lower cost. People previously uninsured can now afford it, and once they have their insurance, they're able to access those primary and preventive services. As practicing physicians, as a guy that's been working in a safety net hospital for some time, that seems the wineskin for us.

Mr. GINGREY of Georgia. I appreciate the gentleman for being with us. Mr. Speaker, I can't quote the chapter and verse, but obviously the gentleman's been reading the Good Book. It's somewhere in the Old Testament. I know about those wineskins as well, and I really appreciate his analogy and his great insight on health care reform.

We've been joined by another member of the GOP Doctors Caucus, and I will yield to him momentarily. But Mr. Speaker, as we heard from our colleagues from Louisiana—north Louisiana. I'll get that straight one of these days. Shreveport is not New Orleans. But they brought out some excellent points. There was some commentary about health savings accounts. I think most of our colleagues surely understand that program now, and maybe many of them—I bet many of them—I know that was the insurance plan that a lot of the doctors in Congress had when they were in practice, and Dr. BURGESS may want to talk about that in just a minute when I yield to him. But a high deductible—in other words, you don't get first-dollar coverage on your health insurance. You have more out-of-pocket expense, but your monthly premium is much lower than your standard first-dollar coverage-type policy. I mean, it might be less expensive by a factor of four, and you can fund it by putting in money. Your employer can do that. You can do it yourself. Family members can do it and get a tax break from doing that. But up to the limit of your deductible, every year you can fund these plans, and for the out-of-pocket expenses, whether it's an annual physical or Lord knows if somebody breaks their ankle playing soccer or something, you know, you pay for that out of this health savings account. If at the end of the year you haven't spent all that money, and you don't have to get into the catastrophic coverage, then that rolls over to the next year. And if you take good care of yourself and you exercise personal responsibility, which does include exercise, maybe at the end of 20 years, a young person has an account that has enjoyed the miracle of compounding, and they may have accumulated $125,000 in an account by the time they are 65 and they're eligible for Medicare.

Mr. Speaker, these are great programs, and I, personally, would like to see them expanded. In fact, I would suggest that we could make some changes in the law in regard to COBRA, where if a person loses their job through no fault of their own, that they are able to continue to stay on the company group health plan, except they have to pay all of the premium, plus 2 percent administrative costs. They can do that for 18 months while they're trying to get another job and get other coverage. Well, most people when they're out of a job, they can't afford that. They can't afford to pay those premiums. So why not let them, during that 18-month period, switch

over to one of these health savings accounts that has a high deductible and a low monthly premium? This is an incremental thing that could be done and that Members on our side of the aisle have suggested. Just as we have a number of other incremental things, like equalizing the tax treatment, setting up State-administered high-risk pools, absolutely giving government subsidies to those who are low income but not low enough to be eligible for Medicaid or some other safety net program, let people buy insurance across State lines.

I live in Georgia. Why can't I shop on the Internet for a policy that's offered in Florida, South Carolina or Alabama, my neighboring States, that fits my needs better and is more cost effective, less expensive, something that I can afford? We have done all of these things, made these suggestions. And yes, also on the Republican side, Mr. Speaker, we have a number of comprehensive bills. Some of my colleagues on the floor tonight have written and introduced comprehensive health care reform that would be cheaper than what the Democrats want to do with H.R. 3200, with the majority in the Senate, with what they want to do, the bill that Senator REID, the majority leader, is about to put on the Senate floor. But I would say that probably my colleagues on this side of the aisle would tell you in all honesty, yeah, we have better bills and they're less expensive, but you know what, we don't even recommend that we pass those right now when the unemployment rate is over 10 percent and the economy is in the tank, people are suffering, and 15 million have lost their jobs. We might want to do it next year or the year after that. Eventually we'll do it—probably better in an incremental way—but it is not the number one priority of the Republican Party to totally reform our health care system, throw out the baby with the bath water, spend $1.5 trillion and have the economy get worse and more and more people lose their job. This is not the number one priority.

With that, Mr. Speaker, I want to yield to my OB/GYN colleague and classmate, someone who I am proud to serve with on the Energy and Commerce Committee, MICHAEL BURGESS, an OB/GYN doctor from the Dallas-Fort Worth area, a great Member.

Mr. BURGESS. I thank the gentleman for yielding.

I actually didn't intend to come over here talking about HSAs. But having initiated the discussion, I do want to just mention that the HSA is a way to save significantly on the premium. I currently have an HSA. It costs me about half of what a PPO insurance cost last year. Most importantly, in addition to an insurance card, I also have a debit card, and that debit card is something I can use to pay for expenses that occur throughout the year, and as Dr. GINGREY pointed out, the money in that account does roll over at the end of the year. It does not go away if it is not used at the end of the year.

□ 1830

You know, earlier today, we had many people come down to the floor of the House and speak on the issue of health care reform. One of the criticisms that was leveled at Republicans was that we were doing nothing but obstructing the process and that we had no ideas of our own. I did feel obligated to just touch on that point for a moment.

Let's be honest. We do not have the numbers. We do not have the organization. There is no way that the Republicans in this body can obstruct anything that the Democrats wish to do. They have a 40-seat majority in the House. They have all kinds of ways of getting to 218, and really, because they are the majority party, it is up to them to do it. True, they don't have much Republican support, but tell me: If you have an excess of 40 votes and if you can't pass your own bill, it tells you that something may be wrong with the bill, that it's not something wrong with Republicans. Something is wrong with the bill the Democrats have crafted.

More to the point, what makes a bill bipartisan? Is it because you can pick off a couple of Republicans at the final vote and can record a couple of Republican ''yeas'' in the final tally as the vote is passed? No. What makes a bill bipartisan is inviting the minority party in at the beginning and encouraging them to have their ideas as well as the ideas from the majority. That's exactly what didn't happen through this discussion.

In November, I reached out to the transition team. I told them I didn't leave a 25-year medical practice to sit on the sidelines while we discussed health care. I was thanked very much for my interest. Never heard back. I reached out to the chairman of my committee, the Committee on Energy and Commerce. Again, I reiterated that I did not give up a career to sit on the sidelines. Again, no response from the committee.

There was ample opportunity early in the year, as these bills were being crafted, to bring members of the minority party in and to get their ideas on paper, on record. Maybe there was room for some horse trading. Who knows? The problem is we never tried.

Then 5 weeks ago on the floor of this House, when the President came and spoke to us—and this is the same President who said he would meet with Hugo Chavez and with Ahmadinejad without preconditions but who won't meet with congressional Republicans without preconditions. This is the same individual who, as a candidate in 2004, said there are not just blue States and red States. There is the United States. This individual was elevated in the eyes of the Nation as someone who could rise beyond partisanship. Yet we see a city today that is absolutely immobile because of partisanship.

The fact of the matter is they've got the votes. They've got the votes on their side in the House of Representatives and in the Senate. They have a 60-vote majority in the Senate. There is nothing they can't pass if they want to. Please do not attribute the lack of passage of this bill to Republican obstruction. Again, I'd like to take credit for it, but the fact is we don't have the numbers.

The American people deserve a great deal of credit because, during the month of August, they spoke up and gave many Members pause, and caused them to reflect on where we were going with this bill. Unfortunately, today, it's almost as if August did not happen, because we're going full speed ahead with the direction they intended to go in the first place. Never mind what we heard or saw during the month of August.

I know the time is tight. I'll yield back to the gentleman the balance of my time.

Mr. GINGREY of Georgia. I thank the gentleman from Texas for yielding back, and I thank him for his comments.

Mr. Speaker, I'm going to yield the remaining time that we have. I wish we had more. When you're having fun, it goes fast. We've been joined by my co-chairman of the GOP Doctors Caucus, clinical psychologist Dr. TIM MURPHY from Pennsylvania. He is my classmate and is president of our class. He is going to take the rest of the time. Dr. MURPHY served with me—or I should say I served with him on the Energy and Commerce Committee, and I'm proud to yield time and the concluding remarks to Dr. TIM MURPHY.

Mr. TIM MURPHY of Pennsylvania. Thank you, Doctor. I appreciate that.

You know, the big question becomes: Are we going to reduce the cost of health care or are we going to increase it?

During the President's inaugural address, he said our health care is too costly. I could not agree more, and that has been our passion to reduce health care costs, and I still want to work with the President and with my friends on the other side of the aisle to make that work, but there are a couple of questions here.

If you're on Medicare, if you're sick or if you have health insurance under the plans being proposed, you may pay more. Let's review that really quickly.

First of all, with $500 billion cut from Medicare, there will be less to hospitals, less to skilled nursing facilities, $5 billion cut from inpatient rehab facilities, $56 billion cut from home health care, and fewer payments to doctors for drug programs, for part D and for Medicare Advantage, which has a lot of preventative services.

Those are a lot of cuts. When you're taking away preventative services and when you're taking away money from the programs that we know save money, such as disease management—and that's important—they're going to end up with higher costs.

The second thing is, in taxing the sick, the proposal that's being kicked around the Senate now is increased taxes on all of these medical devices: heart monitors, heart valve rotators, pacemakers, artificial hearts—I hope you don't have a heart attack, because it will cost you more—defibrillators, hearing aids, hospital beds, nebulizers, artificial hips. There are a number of things. There are wheelchairs and ventilators. All will be taxed, including the insurance plans because it comes down to this:

With the insurance taxes, you get taxed if you do have it and taxed if you don't. If the employers offer insurance, they may tax employers if they do offer it and tax them if they won't.

Finally, there are issues with States. If States have an opt-out provision where they do not have to have as a provision in their State where they will have this health insurance plan run by the Federal Government, they may still pay the taxes, and that becomes taxation without hospitalization.

Look, there's a lot we can do to fix this system. There's a lot we can do to reform Medicare. There are so many problems with the Medicare system, not just the fraud and abuse. I believe Congress will work on that, but it's just how things are run there, and we need a more effective and efficient system to make changes in how we operate with Medicare.

Why does it take months to get a power wheelchair for someone? Why do you need such expensive procedures to get a crutch? Why do we have so many things that cost so much money? It's because they're done ineffectively and inefficiently.

Let's change that. Let's make Medicare and Medicaid work better for people. If we're going to do anything so that the Federal Government can run it better, shouldn't we start off by making the government run it better? Let's cut the waste. Let's improve the quality. Let people cross State lines, as so many of my colleagues have said. In a survey in my district, 70 percent of people said that they wanted that.

Let people join groups and have the purchasing power of the group. Let's make insurance permanent because millions of Americans are begging Congress to work together with both sides of the aisle to fix the problems. That's what we should be doing. Millions of Americans can't all be wrong. Let's not dismiss Americans as being frivolous with all of that.

With that, Dr. GINGREY, I yield back to you for the remainder of our time here. Let's continue to work together as a Congress and as a Nation to fix this problem, not just to finance the problems.

Mr. GINGREY of Georgia. Dr. MURPHY, thank you so much.

I failed to mention to my colleagues, Mr. Speaker, that Dr. MURPHY is also an author, and has written a number of books on child psychology, and he knows of what he speaks.

I think the theme tonight, Mr. Speaker, is to try to present Members who are knowledgeable on the subject matter. If we were talking about the law, if we were talking about national defense, there would be the people like JOE SESTAK and Colonel JOHN KLINE on our side of the aisle. You'd listen to those folks. I hope that our colleagues will understand that we're trying to do this in a bipartisan way to help impart knowledge. Knowledge is power, and we hope and pray every day that God will give us all wisdom and that we'll make the right decisions and that we'll reform our health care in a way that doesn't destroy what really is the best health care system in the world.

With that, Mr. Speaker, I thank you for the time. I yield back.

HEALTH CARE REFORM

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

Mr. KAGEN. Thank you very much, Mr. Speaker. I feel very flattered that you have provided me with sufficient time to explain some of the problems and solutions that we're looking at in helping to solve our crisis in health care across America.

By way of background, my name is STEVE KAGEN. For the first time in my life, I ran for public office in 2006, and I was elected and reelected in 2008. I grew up in Appleton, Wisconsin; went to public schools; went to the University of Wisconsin; studied molecular biology; went to medical school. I went back home to Appleton with my wife, Gayle, to raise a family in 1981, practicing allergy, asthma and immunology.

Over the years, what has been happening to my patients is they've been having more and more difficulty paying for their prescription drugs. What has been happening to my friends I went to high school with is they've had more and more difficulty running their businesses and having access to affordable health care.

The health care costs in this country have simply gone through the roof. It's becoming more and more impossible for people to pay for, not only their medically necessary and life-saving prescription drugs, but also their health care coverage that they so dearly need. It's not just difficult for families. It's difficult for small businesses. It's difficult for large businesses.

Recently, I received an e-mail from a large employer in Green Bay, Wisconsin—home of the world champion a long time ago, the Green Bay Packers. This very large employer-CEO said: KAGEN, keep the public option on the table. I just got my quote from Blue Cross, and they're jacking it up by 29 percent in 2010.

People have to understand that, if we don't address this crisis and begin to solve it immediately in 2010, they'll either have a job with no health care coverage or no job at all, and good luck with the coverage you can get.

Now I'd like to share with you some of the personal stories and comments from people in Northeast Wisconsin, and I trust that they're very much the same as they might be all across this great land.

Ned writes from Dunbar, Wisconsin: The part D doughnut hole needs to be eliminated.

Well, Ned, you're right, and we're working very hard on the Democratic side, and I'm sure the Republicans will go along with the idea of closing the doughnut hole in Medicare part D. Medicare part D, after all, was a prescription drug plan which was written by and for the insurance industry, which was nothing more than a windfall profit of billions and billions of dollars for Big Pharma. It wasn't intended to help my patients. It wasn't intended to help the senior citizens who live in Northeast Wisconsin. It was written by and for Big Pharma, and they're the ones that had the windfall profit. Ned needs help now because he needs to be able to go to the pharmacy and pay for his prescription drugs without having to go to the bank before doing so.

Jack from Kaukauna writes: I need help. Prescription drugs are most important to very many seniors on limited incomes.

In these economic times, those people who are most at risk are people who are living on fixed incomes, not only because they may not receive a cost-of-living adjustment but also because they have fixed incomes. They're not getting the interest payments they were before on their investments.

So it is for Ned, for Jack and for everybody who is living on fixed incomes that we must write a bill here in the House that will guarantee access to affordable prescription drugs, and we have to do it soon.

Eleanor from Green Bay, Wisconsin writes: Drug prices rise since part D. One of my husband's drugs in December 2005 was $144; in January of 2007, $189. A $45 rise in 14 months is too much.

They need help now with prescription drugs, and we intend to provide it in the legislation that we're writing.

Deb from Florence, Wisconsin writes: I have no health insurance. We cannot afford it.

Well, we've got to make sure that the prices are driven down. Ordinary people, both seniors and hardworking families, students alike—everybody understands there is a crisis in affordable health care.

Here is a note from Carl from Greenleaf, Wisconsin: I have a pacemaker, and feel better than I had a year ago. I don't know why I had to pay $1,725 every 3 months for insurance with a $3,500 deductible.

You know, one of the games that's being played by the health insurance

corporations, which are pretty much Wall Street-run, is to increase the premium and also to increase the deductible. What ends up happening is the patients are paying for their own health care with their deductibles, and then they're paying for the health insurance corporations' profits as well.

Sheila from Weyauwega, Wisconsin: Family businesses need affordable insurance for health care.

I think she's right.

It goes on. Pat from Green Bay: Health care issues are critical. We need to develop a plan to help the elderly and the uninsurable.

You know, one of the ideas on the Senate side is to create a high-risk pool, in other words, to allow for some discrimination where the insurance companies would be cherry-picking you out if you were an expensive date, if you had health care issues and cost a lot to care for.

In my view, I think that's an act of discrimination, and one of the greatest ideas in the Democrat bill, which is moving through the House, is the idea that we're going to bring an end to discrimination in health care. No longer will a health insurance corporation be allowed to cherry-pick you or your children or your family out of the risk pool. No longer will they be allowed to say ''no'' to you because of a preexisting condition or because of the way you were born.

□ 1845

And to families like the Wendel family here next to me, they need access to that affordable health care now. And like many, many families across the country who have preexisting conditions—heck, these days who doesn't?—we have to bring an end to discrimination. President Obama agrees, the Senate agrees, and so does the House. But to create a toxic risk pool, so to speak, of these patients with preexisting conditions I feel is a wrong direction, and I hope that the Senate turns this around. We cannot allow for any discrimination against any citizen due to preexisting conditions.

Well, one of the problems in practicing medicine today is that Medicare may not cover all of the overhead costs of caring for patients even when you provide high-quality care. And I'm going to use my great State of Wisconsin as an example. A State where we have covered nearly 97 percent to 98 percent of every citizen within the State by one form of coverage or another.

According to studies in quality care, Wisconsin ranks number 2 in the Nation, the 1st being the State of Minnesota, our neighbor. But when it comes to where we rank with the rates paid to health plans to provide coverage, the Medicare Advantage monthly payment rates in Wisconsin are number 44 in the country. In other words, we are paying on average $765. States like Florida, Louisiana, New York, and Texas are some of the highest in the country, where in Florida the Medicare Advantage programs are taking $1,013 as an average monthly payment.

The Medicare Advantage plans that we have available in northeast Wisconsin are wonderful. They're affordable. They're great. They should be measured in terms of the quality of their service, and if they don't measure up, they should be eliminated. We have to seek out and root out and eliminate all wasteful practices in spending in health care, beginning with our hospitals and also within the Medicare system.

I heard my colleagues on the other side of the aisle make the case that there was some cutting coming up in Medicare. Well, I'd say what we're trying to do is make your tax dollars go further. We want to be able to invest our tax dollars and get the highest quality care available anywhere at the lowest possible price.

This is something that northeast Wisconsin knows a great deal about. We have a health care facility called ThedaCare, and the ThedaCare Center for Healthcare Value has been able to drive down the cost of caring for patients at a hospital by 25 percent. By lowering the cost, at the same time they have also improved the quality. Higher quality care at a lower price. This is something that should be replicated across the country, and if it were, we would be able to save in every year $40 billion of savings. Now, this is not a cut to Medicare; this is about making your tax dollars stretch and go further. Higher quality care at a lower price. This is exactly what you would want.

Now, what happens when you talk about the total Medicare patient spending at hospitals and clinics? When you look at that, New York, per patient, is spending about $9,564; Wisconsin, $6,978. Wow, about a 30 percent increase.

I was very proud to work with other Members in the Midwest from the State of Nebraska over to Ohio to bring about an agreement with the leadership of the House that we have to address a Medicare payment discrepancy, a disparity, an unfairness. Something you may not know, but if you retire from the State of Wisconsin, Minnesota, or anywhere in the upper Midwest, including the State of Washington in the Northwest, your Social Security check will follow you wherever you go and it will be the same amount in the State of Washington or the State of Wisconsin when you retire, let's say, for example, to Arizona, New Mexico, Texas, or even into Florida. But the same cannot be said about Medicare. Your Medicare tax dollars that you've been paying in for your entire working life may not follow you when you move out of the upper Midwest or the Northwest.

So we have reached an agreement with the Speaker of the House to begin to address this payment disparity with Medicare, and at the same time we took up the conversation about how are we going to pay for medical services with your hard-earned tax dollars. Well, with Medicare and Medicaid, what we are seeking to do is to make certain that we reward physicians and hospitals for higher quality care and the value of that care that they're offering and delivering, and we intend to measure it. We intend to change the payment mechanism away from the volume of tests and care that you're receiving and more towards rewarding value. Not volume but, yes, to the value. And I think physicians and hospitals across the country will welcome this idea of moving up.

Well, there's another topic that is very important. When I, as cochairman of the Congressional Business Owners Caucus, had a listening session with employers and the representatives here who came to Washington who represent them, groups such as the Small Business Majority and the Franchise Owners of America and others, they had some very simple requests. They asked us for immediate results where we would lower the cost of care. Lower costs have to be gotten immediately or as soon as possible. Why? Because the businesses can't survive with their current overhead. The single greatest component of their overhead is the cost for health care, and they want very much to see Congress help them to drive it down. And one way to do that is to provide transparency in health care pricing.

Imagine this: You go to the grocery store. You put the food you're looking to buy for yourself and your family in the cart. You go to the checkout counter. They put it in the bag, and you take it home. You've never seen the price and they never billed you at the cash register. You simply take what you feel you need, go home, eat it, feed it to your family, and then later, a month or so later, they send you the bill. That would be unimaginable in this country. But that's what's happening in this health care, because you really don't know the price when you go to the hospital, to the doctor. You don't know the price, and the price really is whatever they can get.

And I will get one picture here to take a look at. I will hold it in front of the Wendel family. This is a little picture I took at a grocery store. It's got Bayer Aspirin, generic aspirin, and then there's a flavored aspirin as well. And for 20 percent less, you can buy the generic aspirin. The price is openly disclosed, and if I take this off the counter and so do you, when we get to the cash register, we get to pay the same openly disclosed price.

I think it's time, and I think you might agree, that we need to have open and transparent pricing throughout the health care industry. That way you will know the price of a pill before you swallow it. And I'm sure you would agree with that. We don't have that yet, but we're working hard to get it.

Now, immediate results in 2010, it's a difficult challenge. And joining me here on the floor is Mr. MURPHY.

Thank you, Mr. MURPHY. I yield to you in this fine hour to help reassure people across America that we have been studying this problem for a number of decades and we are beginning to take action on their behalf.

Mr. MURPHY of Connecticut. I thank the gentleman for convening us here on the House floor.

I think that transition is important. There are a lot of people back in our districts and people on the Republican side of the aisle who say, You're moving too fast. Slow it down. Why does this have to happen this year? Why don't we wait until next year or why don't we wait until the year after that or maybe 5 years from now or maybe do a little piece now and see how that works and 10 years from now come back and check it out and make a little different adjustment?

Your point is exactly right. We've been debating this for 50 years. We have been on a journey to try to make good on our promise as the most affluent and most powerful Nation in the world to the millions of Americans who, through no fault of their own, wake up every day and go to bed every night sick just because they can't afford a doctor, not because they aren't trying to do the right thing and get insurance and health coverage for themselves and their families. We have been talking about this for a very long time. We have been doing a lot of talking. I think you can go back to probably every campaign that's been waged for the last 50, 60 years since this concept was first introduced by Harry Truman. And we are now to a point where we can actually do something about it.

Now, this specific proposal that we are debating right now has been debated here in Congress and throughout this country for coming on 12 months now. As many of us hope, we'll get a bill to the President's desk by the end of the year. We will have started this process in January or February of this year with legislative hearings, debated it out in public, debated it in five different committees in the United States House of Representatives and Senate, in countless, thousands of town hall meetings throughout this country, and we're going to end up with what I think is going to be a pretty sound product. And it's because we took time. It's because we didn't rush it through in the first 100 days of the Obama administration, because this House decided to step back from an original self-imposed deadline of passing it by the August break, because we have stepped back and taken the time to get this right. But our constituents can't wait any longer.

I'm always afraid of legislating by anecdote, Mr. KAGEN. I mean, we should be legislating here based on facts and data and statistics. But when it comes to whether or not we should pass reform, both the data and the anecdotes are on our side. So we're happy to talk about the real facts that underlie the necessity for change. The fact that this chart plainly illustrates. The fact that health care costs are bankrupting this Nation, comprising 5.2 percent of our economy in 1960 to 2009 when health care costs comprised almost 18 percent of our economy. It's predicted to go up over the next 8 years to 20 percent; $1 in every $5 in this country soon to be spent on health care costs, a cost internalized by every business and manufacturer that's trying to compete and sell products throughout the globe. The facts are on our side when we talk about our need to control health care costs so that it doesn't cripple this economy.

When it comes to families in this country who have seen, just over the last 10 years, a 119 percent increase in the premiums that they pay for health care, and the worker contribution that workers specifically make has gone up 117 percent during that same time, a 10-year 119 percent increase in health care costs. The facts are on our side, but so are the anecdotes.

This morning, I came down to the House floor, as maybe Mr. KAGEN did, because we saw a lineup of dozens of our Republican colleagues to give 1-minute speeches on the House floor. We have the ability on mornings like this to give unlimited amounts of 1-minute speeches on the House floor. And our Republican friends were here to deliver a message: Stop health care reform. Don't let it happen. Don't pass it. We want to preserve, essentially, the status quo.

I know some of our friends get up and talk about cross-State purchasing and tort reform, which are laudable goals, but they don't solve the problem. They are working largely around the margins of the root causes of the crisis within our health care system. The message was pretty loud and clear: Stop this health care bill from happening. And the hope, I think, for some people on the Republican side is that by doing that, they can provide a world of hurt to the Democratic President of the United States.

So I came down and interrupted that long train of Republican Members saying to stop health care reform by telling a story that I'll share with you, Mr. KAGEN, again tonight.

At one of the roundtable discussions that I held back in my district, a gentleman who lives in New Britain, Connecticut, came and told a very simple story. He had gotten a job at the Carnival Ice Cream factory in my district, one of the, frankly, success stories of New Britain, Connecticut, a new company which has located several hundred jobs in an old abandoned factory footprint. And he got sick, unfortunately. He was a good worker but he got sick. He got really sick. He got cancer, gallbladder cancer, and that gallbladder cancer caused him to miss enough days of work that he got laid off. He got fired.

He's now collecting insurance, unemployment benefits, and he is devoting almost every dime of those checks to pay for health care costs. He has lost his job because of his cancer. He is now having trouble paying for food because of his cancer. He can't wait any longer. And for all of this talk that I hear from conservative talk show hosts and Republican Members of Congress about preserving freedom and defending liberty, what kind of freedom does that guy have? What kind of liberty does he have every day when he wakes up having contracted a potentially life-threatening disease that has taken away from him the ability to make a living and now sucks every dime of out of his pocket to pay for that treatment? What kind of freedom is that?

□ 1900

If we really want to talk about preserving freedom and liberty in this country, then let's talk about the ability to wake up every day and know that you are going to be able to get care for yourself and your family when you get sick. That's freedom.

And so I reject the notion that this has gone too fast and that we haven't taken our time. And I reject the notion that people out there, like the family you talked about and the gentleman I talked about in my district, can wait any longer for this Congress to wake up and realize that this current system does not work for all of the businesses that are being run into bankruptcy due to the incredible expansion of health care costs, due to the families and small businesses that have had 120 percent escalation in their costs, and the millions of Americans who have gotten sick and lost their jobs because they can't afford health care, Mr. KAGEN.

Mr. KAGEN. Thank you for your comments. Everybody who has a human heart has feelings about people who are in need.

I went into health care, into medicine, became a physician because I wanted to help people out. But what good is it to be a doctor if you write a prescription that people can't afford to pay for? What good is it to be a doctor if people can't afford to come in and get the tests that they require?

We have the right ideas. We have heard a lot from many people who reject change. No, no, no. No, you can't do this, you can't do that. They are trying to create a great deal of fear. It is easy to scare and frighten people when you hand them the wrong information and threaten their livelihood and lives. That is what this is. If people don't have access to the care they need, their lives and their livelihood are at risk.

In northeast Wisconsin, the greatest cause of bankruptcy is health care costs, people who can't make their payments. We have the right idea of fixing things as quickly as we can. We intend to close the doughnut hole beginning in the first year by closing it by 50 percent. That is a step in a positive direction. We intend to do things for people

rather than the Wall Street-run corporations who today are controlling our health care industry.

I can tell you as a doctor, in the room with me was the patient and their family, and that invisible person in the room was also the health insurance corporation who would be telling my patients where to get their tests, what tests they could have, and how much they are going to be paying for it. I think it is time to move the insurance industry out of our examination rooms. And the focus of the Democrats here in the House is to make certain that that happens, to guarantee that you have control of your health care decisions. It is between the patient and the doctor and the patient's family.

In the health care legislation that we are putting together, the winners, first of all, will be Medicare patients, because with our legislation, with the efforts we are about to make, there will be no deductibles and no out-of-pocket expenses for prevention services.

The other winners, the biggest winners in this legislation in my view as a business owner, is small businesses, because small businesses can't afford to continue to pay 30 percent more per year. They will have it as a big win because we are going to pool small businesses together in large risk pools, large buying groups, to leverage down the prices for them. Just like the big businesses get discounts, today the numbers are almost unbelievable. If you are in small business, you are paying anywhere from 18 percent more than a large business, or 60 percent more, even though you live and work and recreate in the same location.

Another big winner is people who have coverage now. You will be able to keep it and hopefully at a lower cost. We want these insurance companies to compete against one another. Today they are exempt from the antitrust laws. That allows them to talk about where they are going to sell and compete and where they are not, or to conspire about prices. We want to eliminate that. Whether or not that gets into the bill is yet to be determined.

If you don't have coverage now, coverage will be available to you through some credits. We are going to help those, a helping hand up. It is not a handout; it is a helping hand up.

In my State of Wisconsin, with the fix to the geographical disparities, where a doctor or hospital might get paid $40 for a service and the same service would be compensated by Medicare in Florida about $200, we are going to address that. So Wisconsin hospitals and Wisconsin physicians, you are going to get an increase in compensation for your services through Medicare very shortly.

Overall the big winner will be our economy because when we drive down the cost of health care and improve the quality, you will have an opportunity as a small business owner to hire more people, to invest not in the Wall Street-run health insurance corporation, but to invest in your business and acquire the equipment you need to expand and hire more people so we can begin to work our way through this recession.

Mr. MURPHY of Connecticut. In Connecticut, we have an organization of thousands of small businesses who have joined together to make the push that you are talking about, Mr. KAGEN. They have figured out that the status quo doesn't work for them. It is actually run by one gentleman in particular who runs a small company who doesn't provide benefits for his employees because he surveyed the landscape of insurance options he could purchase, and he realized that there was no way he could afford it. For the margins he was making on his maintenance business and for the small number of employees that he had, that offered him no bargaining leverage with the insurance companies. He couldn't buy insurance for his employees and he desperately wanted to.

This is a guy who has some tragic personal and family stories with respect to health care concerns, so he knows more than anybody how important it is to have health care insurance and how health care costs can bankrupt you. When he found out that he couldn't afford it and keep the business up and running, he wanted the employees to have a wage to bring home, rather than fire half of them in order to give the remaining half health care, so he started an organization of small businessmen who have bound together in Connecticut. I don't know the latest numbers, but it is in the thousands, and they are pushing for health care reform, both at the State and Federal level.

And just to underscore what you have said again, it is a simple concept that when you have five employees and you are negotiating with the insurance company, and an insurance company in many States that has almost no competitors, they can take or leave you. If you don't want to pay their price, there is no reason to give you a lower price because you are only five employees. Even worse, if you are an individual negotiating only on behalf of yourself, you have absolutely no leverage. If you can't pay that insurer's price, they will be happy to move on to the next person who can pay their price.

In the 50 percent of the States in this country that have one insurer that controls more than half the market, the balance is even further thrown off. So what we are doing is simple economics. We are saying, instead of Joe and Mary and Sally, and Joe's garage and Mary's factory all negotiating on their own, let's put Joe and Mary and Sally all together into one pool. And let's put all of the rest who are negotiating on their own or negotiating as small businesses together, and then let's make the insurance companies bid to be able to provide insurance to those Joes and Marys and Sallys, and we will let the 10 insurers who give us the best price in, and the others out. All of a sudden they have leverage for the first time ever, and they do it within a marketplace. It is a marketplace that is structured.

Mr. KAGEN. Do you mean capitalism?

Mr. MURPHY of Connecticut. It is capitalism. It is not unbrokered, unfettered capitalism but it is capitalism nonetheless where private health care companies offer the lowest price that they can, and they get business if they offer that lowest price. That doesn't happen today in this marketplace.

We are simply changing the rules of the marketplace to give a little better deal to those small businesses and individuals who right now are getting screwed in the marketplace.

Now, frankly, I think this isn't a Democratic idea, it is not a liberal idea or a conservative idea or a Republican idea. But for some reason when the Republicans ran this place for 12 years, they didn't come up with it. For some reason, even though they profess to be for the end of the preexisting condition exclusion, they had 12 years and they didn't come up with that idea. Although they profess to be for changing the way that we pay for medicine, as you talked about tonight, so we stop reimbursing just volume for volume sake and start reimbursing for quality health care systems, they had 12 years to implement that, and they didn't do it.

So again, I draw issue with a lot of my Republican friends who say we have gone too fast. And I draw issue with my Republican friends who say don't do anything, and I draw issue with some of my Republican friends who have found recent religion on this subject, because they have had a long time to implement some of these reforms, and it has unfortunately taken a change in the leadership of this House and the Senate to get it done.

Mr. KAGEN. I think what you are trying to say, it is hard to negotiate when you have a gun held at your head. How do you negotiate as a single purchaser against a large corporation? You can't negotiate; it is a take it or leave it.

We did something in Wisconsin where we created a prescription-drug program for senior citizens in low-income situations. I think it is the best prescription-drug plan in America. We have got about 103,000 senior citizens in a buying group, and that buying group leveraged down their prescription drugs tremendously. It is life saving. It saves taxes because when you are healthy you don't end up in the emergency room where it is expensive on the government who cares for these elderly seniors and low income.

So senior care saves lives and tax dollars, and it is exactly the same kind of concept that we did with the SCHIP, the State health insurance plan for low-income children. But let's not mix the metaphors, senior care and SCHIP are not government-run health care. It

is private doctors, private hospitals, private drug companies who provide the care and get paid through a government system. It is very fair. It is a level playing field.

So senior care is a wonderful model, a prescription-drug program that really works for senior citizens who are in lower-income situations.

Now I think a buying group is a good idea. Who do you think would stand against having large risk pools and lowering the cost of insurance coverage? My guess is going to be the Wall Street insurance corporations, for one. I think they would be against that, don't you?

Mr. MURPHY of Connecticut. And I would add to that list, Mr. KAGEN, some of the other industries that have profited off of the scattering of purchasing power. Pharmaceutical companies have also made a killing off our current policy, really founded initially in the Medicare part D benefit, that refused to centralize purchasing power, thus guaranteeing some pretty generous profits.

Mr. KAGEN. A buying group drives down the price in a competitive, openly disclosed price situation. When you have a very competitive medical marketplace where the power and the leverage and the purchasing power of people buying together, that is when you drive down the price.

But I want to burn this point into the American people: We are not talking about government-run health care. The government, hey, if you get sick, don't call your congressman, call your doctor. Today, you are calling your insurance agent to make sure that you can go to the doctor or hospital of your choice. We want people to have choices when you call your doctor. Ask your doctor for help, don't call your congressman or your governor.

Earlier today, I met with World War II veterans. They took the honor flight where they flew from Wisconsin this morning to see the World War II memorial that they hadn't visited before. There were over 80 of them. The youngest is about 85, and the oldest is about 92. What a great honor and pleasure it was for me to greet them and listen to some of their stories and to thank them for their service.

□ 1915

One senior came up to me, a World War II veteran, and he's much like a lot of people in the country, and here's his quote: ''I don't want the government involved in deciding my health care choices, period.'' I said, Sir, I want to thank you, and I will share that quote on the House floor tonight with my colleagues so all of America will hear your voice. That's my job; I'm listening and transmitting their message. And then I asked him, How is the VA treating you? ''Good. That's different.'' Well, it's different in some senses because he has earned his benefit and he is receiving the benefit at the Veterans Administration clinic and hospital, and it's a benefit well deserved. We're fighting very hard to move those benefits up and to guarantee that it gets out to every veteran. But you see, it isn't that much different. It is government run, and he's happy with the service.

Now I will be the first to admit, as a doctor practicing in the VA hospitals in the 1970s, beginning in 1973, it was terrible, it was disgusting, it was to the point of becoming inhumane. Our shelves were not bare, but close to it. We didn't have the newer drugs to help our veterans who came back from Vietnam, in particular, and many World War II veterans. It got to the point where at one time I had to kidnap a patient and take him several blocks away in Chicago to a real hospital to get him the surgery that he needed because our operating room wasn't open after hours.

Things have changed. This Congress, the 110th and the 111th Congress have stepped up for our veterans, increasing by 77 percent—the biggest increase in the history of the VA—its funding. We're not at the top yet, but we're getting there, and we intend to invest in our veterans' care. The government isn't going to be your doctor. We're not talking about government-run health care.

Two others things that some World War II veterans were concerned about: KAGEN, now in that bill, are you putting in money for illegal abortions? Are you putting in money for people who are here outside the law, here illegally, who immigrated here but did it illegally? And the answer is no and the answer is no.

You're going to hear, unfortunately, a great deal of misinformation, but it is our intention to work with Members of all parties to guarantee that your tax dollars are going to you, who earned it like our veterans, and to make sure those benefits go towards legal causes.

I yield.

Mr. MURPHY of Connecticut. I thank you, Mr. KAGEN, because there is obviously a tremendous amount of misinformation.

I think the reason why there is momentum right now in this country in favor of health care reform is that as we have taken the time over the summer and the fall to confront this misinformation, we have made people understand that there is a difference between rhetoric and reality when it comes to health care. A tremendous amount of people who are driving the rhetoric have no interest in connecting that to reality because their agenda is not to really influence the contours of the health care reform bill, their agenda—and I'm talking about some Republicans, but I'm more talking about the folks who are in the entertainment news media—their agenda is to sell air time and to sell commercials and to say outrageous things that get them some attention in the world, and you can do that best by distorting.

So it is our job to come down here to the House floor, to go out and stand at town hall meetings, on town greens, in supermarkets—wherever it may be—to talk about the reality here.

I caught, as I entered the Chamber, Mr. KAGEN, you talking about Medicare. This is such an important piece of this debate. I actually caught some of our Republican colleagues down here earlier with a list of Medicare cuts that are in the bill. Listen, everybody seems to agree on both sides of the aisle that something is wrong with Medicare, right, that we have more money going out than coming in? Medicare is going to go bankrupt someday at the current pace—it's certainly not going to be around for me, and it may not even be around for some people who are becoming current beneficiaries today. So everybody agrees that we've got to do something about it.

Well, here's the problem: There are only two things you can do to fix Medicare, you have to start slowing the amount of money that goes out that we pay, or you have to start increasing the amount of money that comes in. Now, the second one isn't very attractive because that's increased payroll taxes, that's more money coming out of people's paychecks—and I'm not sure that a lot of Republicans are for that. So if you're not for more money coming into Medicare, the only way that you save it is by stopping the money from going out. And what this bill does is it slows the rate of Medicare growth, of overall Medicare spending, without cutting or harming benefits for seniors, and in fact improving them.

Now people might say, How do you do that? That doesn't sound right. That sounds like political double-speak. How do you cut Medicare costs but maintain Medicare benefits? Well, the problem as you've talked about already this evening is that we have all sorts of medical systems and hospitals and some physicians out there that are billing for all sorts of extra procedures and extra treatments that aren't adding any value. We have a lot of hospitals out there who do a procedure on somebody, send them home before they're ready to go home, and they show up again and again and again and again in the hospital, and we pay them every time that they come back.

And then we have a system of reimbursement to drug companies and insurance companies that are paying them 120 percent of the cost of actually providing the service, as we do for our Medicare Advantage plans. So how we have done this is by starting to tailor health care payments—not benefits—health care payments to hospitals and providers and drug companies and insurance companies to promote value, not volume—and you've said this already today, Mr. KAGEN—and then we take most of those savings and apply it to the overall health care bill to try to get people coverage that don't have it, but we take some of those savings and

make benefits better, as you said, closing the doughnut hole, eliminating all copayments for preventative services, increasing for the first time in the last 6 years the amount of money that doctors get on a routine basis to provide care for patients.

So we need to dispel this mythology out there that the Medicare growth restraints in this bill are benefit cuts. They're not. They are payment cuts and payment reductions that are going to save Medicare in the long run. And if Republicans want to come down to this floor and argue against any restraint of growth in Medicare, then if they want Medicare to survive in the long run, Mr. KAGEN, they then have to be prepared to argue for more taxes to pay for it.

Mr. KAGEN. But isn't that elimination of wasteful spending?

Mr. MURPHY of Connecticut. It is. You're talking about waste, fraud and abuse. Now fraud, we've got to do a better job of rooting out fraud in Medicare, but no matter how tight you get on fraud, it's never going to get you all the way out of bankruptcy. So you've got to get to the other pieces here, which are waste and abuse. If you ask me, medical procedures performed on me or on my family that don't add any value to my health but do add reimbursements to the doctor and hospital that I go to, that's waste, and we shouldn't be paying for it.

Mr. KAGEN. There are three other ways we could help to save money to reduce the cost of health care. The first idea is not a new one, we did it in Wisconsin with Senior-Care; we negotiated for deeper, steeper cuts and discounts from prescription drug makers. We need to be able to negotiate with pharmaceutical companies for deeper discounts for all of Medicare, for all the VA, for all the Coast Guard, and for all of us.

The men and women I saw today at the World War II monuments, they fought for this country, not only for themselves and their family, they fought for the entire country. So why can't we allow a veteran, who has a deep discount for a prescription drug, why can't we give that same discount to his wife and his family? What about his neighbors? What about his whole town? What about the whole country?

If we have a steep discount that we're benefiting from as we invest our tax dollars in the health care of our veterans, that discount should be spread out to all Americans who are here legally. So let's begin to negotiate for deeper discounts for prescription drugs for all of us.

The second thing we must do is to encourage hospitals to cut their overhead costs, to deliver care more efficiently, to make sure that our tax dollars are stretched to the very limit, not by cutting quality, but by cutting their cost of care. It has been done in a number of institutions, one of them in my district I mentioned earlier, which is the ThedaCare health care system. We have to take that model and replicate it across the country. In over 10 years, we will save $400 billion. That's called the elimination of wasteful spending. It's becoming more efficient. We have to do that not just in the corporate world and the business world, but in our hospitals. After all, we just proved in the sands of Iraq that we can deliver world-class health care in a tent in a desert. Then maybe we can do the same by getting skinny, getting leaner in our hospital system.

So negotiating for steeper discounts from drug companies, driving down the cost of care in hospitals. And the third, the biggest savings yet to come, is prevention, which is why we want people to get to a primary care doctor and make sure we diagnose things early because you're a cheaper date; your illnesses are better managed through prevention. And that the government can't do for you. That's something that you have to do with your family in the personal choices you make, in consultation with your own family and personal physicians.

Mr. MURPHY of Connecticut. I think that last point is important, but also important to understand the limitations. Prevention is critical, and there are all sorts of personal choices that we can make and be incentivized to make through the way that our benefit is structured to try to be healthier. But again, I come back to some of the arguments against it. I hear over and over again opponents of health care reform sort of putting the burden on individuals, like it's their fault. There are a lot of people who have gotten sick because of choices they made—bad eating habits, smoking, unhealthy lifestyles. There are millions of people out there who could have made better choices and avoided getting sick, but there are millions more who got sick through no fault of their own. We have to understand—and I agree, I'm not disagreeing with my friend, but as important as personal responsibility is in health care, it seems to sometimes be the only answer that we hear from the opponents of health care reform, that why should the government get involved in remaking the insurance markets? Why should we get involved in remaking our Medicare bargain? Why don't we just tell people to stop getting sick? Well, you know what, there are some people out there that can make better choices, but there are a lot of other people out there—like the gentleman that I spoke about who contracted gallbladder cancer that have no power over that, and we've got to have a system that answers for those people.

I just want to turn it over to our colleague here, because it happened to be as we were starting to talk about the transformation of our health care payment system that one of the champions of that transformation came down to the floor. So I will kick it back to you, and then you can kick it over to Mr. BRALEY.

Mr. KAGEN. I was a little concerned that you were going to blame all the lawyers; I'm glad you didn't do that. But when we bring this subject up about reducing costs, many people on the other side have been screaming that if we just got tort reform, we could really drive down the cost.

I wonder, Mr. BRALEY from Iowa, if you could address this issue and other issues that we haven't yet discussed?

Mr. BRALEY of Iowa. Well, I think one of the things that people always overlook is the cost of patient safety on our health care delivery system. The Institutes of Medicine, which is the foremost authority in terms of independent, nonpartisan medical research has looked at this in three studies they did in the last decade there: patient safety treatise on to err is human; their patient safety study; and also their study of medication errors. Their conclusions were interesting because they concluded that the cost of preventable medical errors on our health care system every year is between $17 and $28 billion of preventable medical errors. That's the added cost in additional health care that's imposed on people who are injured due to preventable medical errors.

So if you multiply those numbers over the 10-year life of this bill that's being scored by CBO, you're looking at an opportunity cost loss by not focusing on patient safety of somewhere between $170 and $280 billion. That's why patient safety should be the primary focus of any health care reform, and that's what the Institute of Medicine concluded.

That is why when we were coming up with a solution to the enormous problem of over-utilization in certain parts of the country—it's a well-known problem—it costs, according to medical economists, somewhere between $500 and $700 billion a year, which would be $5 to $7 trillion over the 10-year period that's being scored by CBO. You could pay for everything in this health care bill five to seven times with those types of savings.

Mr. KAGEN. But if I can interrupt for a minute, this internal conservation about the CBO, Congressional Budget Office—for those of you listening, the CBO, the Congressional Budget Office, only counts money that goes into and out of the United States Treasury. They don't measure those savings, do they?

Mr. BRALEY of Iowa. Well, they don't because they don't have the opportunity to look at what portion of those would be directly related to Medicare, Medicaid patient and the cost shifting that takes place when we ask other people to carry the burden of fixing those problems.

But I want to focus more on what's in the photograph next to you, because we stand on this floor every day and talk about policy.

□ 1930

To a lot of people policy is vague. It's hard to understand. It's complex. But you, Dr. KAGEN, have put a human face

on health care. I want to spend just a few minutes talking about the human drama of health care that nobody seems to really be talking about.

When I was out at my 17 town hall meetings in my district this summer and people were complaining about this health care bill and who was going to benefit from it, I would always bring them back to the human side of health care. I would talk about my nephew's 18-month-old son, Tucker Wright, who lives in Malcom, Iowa.

Tucker was 18 months old when he was diagnosed with liver cancer. He had two-thirds of his liver removed. He faces a very uncertain medical future. The medical costs, as you know better than anyone, Dr. KAGEN, were astronomical from that surgery and from the followup and from the constant monitoring that has to be done on a young patient with such a serious medical condition. He is almost certain to get another form of cancer before he reaches the age of 18.

His parents are the classic example of what we want responsible adults to do. They are both employed in full-time employment. They had health insurance coverage. But with a lifetime cap on benefits in most private health insurance policies available now, his parents are locked into jobs that they cannot leave. If they do, under our current health care delivery model, they will be denied future payments for his health care needs, which are enormous, because of something called preexisting condition exclusions.

It's more than that, because I have attended fund-raisers for this adorable little boy, because even with good health insurance, they have tens of thousands of dollars of uninsured and underinsured health care needs. You have seen that human drama play out, and I would like you to talk about the toll that that takes on the families that you cared for in Wisconsin.

Mr. KAGEN. Well, I will tell you about Brandon Rudie, who is a 2-year-old who, through no fault of his own, accidently fell below the lawnmower of the father cutting the lawn. They busted through the cap. They stand to lose not just their jobs but their home. We had a bake sale to try to come up with money for Brandon, who lost much of his face and some facial structure. He is going to have to go through a lot of surgery that this family cannot afford.

The days of having bake sales to pay for a child's health care needs must come to an end.

I yield to Mr. KLEIN from Florida. Thank you for joining us.

Mr. KLEIN of Florida. Well, it's my pleasure to join my colleague from Iowa, Mr. BRALEY, and Mr. MURPHY from Connecticut and Dr. KAGEN. We have been doing this now for a couple of years together and it's an honor to represent our respective communities.

I am from Florida, a wonderful place to live, great place for retirees to come. As you know, a lot of people retire to Florida or retire to other places, and they know that they have got Medicare.

Medicare was something that was set up many, many decades ago, and I think just about every American wants Medicare because they know they have got security. They have got the security to know that they are not going to fall into a situation where, as an older person, that they are going to have a medical expense that will be out of control. They may have a nest egg they have put aside after all those hard years of work.

When Medicare was originally set up, it was set up as a way to cover hospitalization and significant medical costs; it was doctors and providers and things like that. What happened that's a good thing over the years is we have got some tremendous scientists and medical researchers who have come up with some really good prescription medications that keep people healthy and keep people alive longer, and that's a good thing. We have to thank the great companies and great people in the United States that make our pharmaceutical industry the envy of the world.

However, the problem, the down side of all of this goodness, is the cost. Unfortunately, the cost has just gotten out of control, out of control for private businesses who have to pay for it as part of the medical plans, out of control for Medicare and for anybody who has to provide, to buy their medicine.

As a matter of fact, there was an argument a couple of years ago about you shouldn't be able to buy your medicines from Canada. What absurdity. Many times it's the same medicines that are produced in the United States, sold to Canada, and you can buy it for a lot less. We all understood that. We tried to fix that. The previous administration didn't allow us, but that's obviously being fixed now.

One of the things that was passed is the part D part of the Medicare prescription drug plan, and it's called the prescription drug plan because people who are Medicare patients can now get a prescription drug plan that can cover a lot of their costs, and that is really a lifesaver.

I take some of these pharmaceutical products. I have got a little hereditary problem with cholesterol. I take Lipitor, which many people do. I will mention it by name because it is what it is. My father, who is 80 years old, he is really a wonderful man and still plays tennis three times a week, but he takes Lipitor. He has blood pressure—these are the things that keep him alive today. If he didn't have them he probably would maybe had some serious illness.

But the problem when the Medicare prescription drug plan was constructed is they created something in the middle called the doughnut hole. For those people who pay a few thousand dollars of medical expenses or it's counted up to a certain point, at a certain point they have to pay 100 cents on the dollar. If you have chronic medical problems—and there are a lot of our senior citizens that do—all of a sudden they go to the pharmacy and they have to pay $160 for this and $640 for that, and all of a sudden thousands of dollars out of their pocket.

You know, the story you just told about the young people who have had their serious illnesses, what about those senior citizens in our hometowns that are making decisions about medicine or food or a mortgage payment or medicine? That's not where this country should be.

Good news, good news. In the bill that's being proposed right now, we are going to phase out this doughnut hole, reduce it in size and allow people from day one to buy medicines at a lower cost and eliminate it eventually. It's very expensive to do, but it has to be done over time.

Originally, the way they talked about this was it was going to start in 2015 or 2020. Great news. Last week, it's part of the whole discussion, the bill is still a work in process, but many of the things that many of us have been fighting for—I have been fighting for this, I know, as my colleagues have from day one of getting elected—was helping close the doughnut hole. The good news is we fought and we just now got an agreement in the House that on January 1 of next year we will start that process of closing the doughnut hole and reducing those out-of-pocket prescription costs for our seniors.

It makes you feel good because this is something that I have heard from so many people and, you know, I know my own dad and his costs, and he and his wife hit that doughnut hole. This is real. If we can do whatever we can to keep people out of hospitals and having a peace of mind and quality of life, that's exactly what all of this is about.

Mr. BRALEY of Iowa. I think one of the things we have been talking about is how you put a human face on complex health care policy. When we were out in our districts, we got a lot of feedback about the public health insurance option and people saying don't do anything to disrupt our private health insurance system.

I had a recent meeting with a young woman, 20 years old, Hannah Rodriguez is her name. She is a student at the University of Northern Iowa in my district. She sat down to interview me, and one of the first things I noticed about her is she had a cleft palate, 20 years old in the United States of America. She was so excited because she said she was soon going to have her final surgery to fix her cleft palate.

I said to her, Well, what's taken so long for you to get this surgery? She says, Well, my mom and dad don't make much money and they have been saving up money to have this surgery done. I said, Well, why isn't this covered under your health insurance? Your folks have health insurance, don't they? She said, Yes, but this is considered cosmetic surgery.

Think about that. A young woman, for 20 years, born with a birth defect, just like cystic fibrosis, just like cerebral palsy, all of which are covered under a regular health insurance policy, and this young woman has been struggling with this for 20 years. That's why we have to fix this broken health care system.

Mr. KAGEN. Thank you, Mr. BRALEY.

I will summarize by saying that we are working hard to fix what's broken. We are going to improve what we already have and make sure that it's at a price we can all afford to pay. What kind of nation, what kind of nation would we be if we didn't take this positive step forward?

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, it is a privilege to address you on the floor of the House. I have the chance to do so, perhaps, with some people that have expertise in the subject matter that I heard just go through my ears a little bit ago, and that would be where do we save money when it comes to this cost of health care in America?

I listened to the gentleman from Iowa (Mr. BRALEY) talk about 17 to 28 billion in added costs of preventive medicine. Preventive medicine. When I first heard that, I actually misunderstood his point. I thought surely he was talking about defensive medicine, but, I am sorry, it wasn't the case. It was preventive medicine.

This amorphous target of how you save money on health care by watching your diet and being physically fit and getting regular checkups, yes, that's important. But his discussion of $17 to $28 million multiplied across 10 years, actually, when you look at it, it pales in comparison to the overall costs that are included in the lawsuit abuse in the health care in America.

I will submit these numbers, that the lowest number that I find is that the costs of medical malpractice, Mr. Speaker, and the liability insurance and the defensive medicine that definitely takes place so that doctors can protect themselves from lawsuit abuse adds up to a number of something like, a lowest number is 5½ percent of the overall health care costs. The health insurance underwriters put that at 8½ percent of the overall costs. That's $203 billion a year, and this is still a low number. If we take Mr. BRALEY's analysis and multiply it times 10 for the 10-year life of this bill, that comes in to over $2 trillion, the costs of the defensive medicine that's taking place and the funding that goes into the pockets of the trial lawyers.

I talked to an orthopedic surgeon who had told me that 95 percent of the tests that he runs are unnecessary, that his diagnosis actually will apply. It will be there, but he has to protect himself for that 5 percent that he may need to be right. But the 95 percent are there, money that's wasted, he said completely wasted, in order to protect him from lawsuits that come from trial lawyers.

It's interesting that a trial lawyer would come to the floor of the House of Representatives and talk about the value of preventive medicine but not the cost of defensive medicine. That's a subject that I will never hear defended on this side of the aisle. If anybody over there would like to ask me to yield, I would be happy to take this up how many trial lawyers might be in that large caucus that has a 79-vote advantage over Republicans and still wants to blame Republicans for their socialized medicine bill not being passed in the House of Representatives.

Those are the circumstances and the facts, Mr. Speaker. Actually, I believe it's a 78-vote advantage, and it lets the Speaker be able to have 39 votes to take a walk and still have 218 votes to pass a socialized medicine bill.

Now, you would think that if you had roughly 80 people swirling around over there that are extra over the number of Republicans, you might be able to turn your sights on the people in their own caucus, Mr. Speaker, and resolve this issue, instead of coming back here to the floor as the gentleman did, Mr. MURPHY, and point his finger at Republicans and accuse Republicans of not having solutions.

Oh, yes, we have solutions, Mr. Speaker. We have many solutions. In fact, I have in my hand here the health care solutions, not just from the Republicans, just from, oh, a little more than half of us, the conservative Republicans that are members of the Republican Study Committee. This report was produced by the Republican Study Committee, and the chairman, of course, is TOM PRICE of Georgia, a medical doctor himself and a lead thinker and a real national voice on health care, along with many of the doctors that we have in our caucus.

I looked down through the list of legislation that has been offered by Members on the Republican side of the aisle, and I see my name there, yes, but I also see names such as Mr. ISSA of California, Mr. FORTENBERRY of Nebraska, Mr. STEARNS of Florida, Mr. LATTA of Ohio, Mr. ROYCE of California, Mr. SCALISE of Louisiana, Dr. GINGREY of Georgia, MARSHA BLACKBURN of Tennessee, KENNY MARCHANT of Texas. It goes on and on, the mountain of legislation that has been introduced by Republicans.

It's quite interesting that another gentleman from Georgia this morning, Mr. DAVID SCOTT, made the allegation that Republicans had no solutions. Well, Mr. PRICE followed him over to the side of the floor and offered to give him this stack of Republican solutions. He smiled nicely, but he refused to take it. Now, we don't always get a nice smile from the other side, but they refused to accept this whole stack of ideas. This is just a list of ideas. This isn't bills. These are a list of ideas. These are pieces of legislation that Republicans have seen fit to put into language for law and introduce into the CONGRESSIONAL RECORD and seek to get it passed into committee and try to offer these health care solutions as amendments to the overall markup of H.R. 3200, the bill that is the House version of this national takeover of our health care, or at least the framework to do so, Mr. Speaker.

□ 1945

So, it is something the American people need to see through. I can express frustration. I can speak from facts and I can speak from a level of experience being engaged in this debate. The American people, Mr. Speaker, need to focus on what is true and what isn't; what is honest and what is just; and what is, I don't want to describe it as dishonest, I will describe it as political hyperbole designed to reach a conclusion that I don't believe is in the best interests of the American people.

So I come to the floor this night to raise this issue and to enlighten I believe yourself, Mr. Speaker, and in the process the American people. And I will start out again, take us to this Medicare issue that was brought up by the other side.

Now, their argument is that there are billions of dollars to be saved in Medicare. And so they only want to cut Medicare by half a trillion dollars, $500 billion in cuts to Medicare, and they will argue that Republicans want to raise the fees on payroll in order to fund Medicare if we are not willing to slash Medicare to our seniors by half a trillion dollars.

I recall watching a spokesman for the AARP on television one day arguing that, well, that half a trillion dollars in cuts to Medicare really isn't that much money. It is a small percentage of the overall layouts. Half a trillion dollars. What could they possibly be getting that would offset a half a trillion dollar cut directly to their members?

Here are some of the places that these cuts come from: $133 billion, and now the most recent number that came out within the last few days is actually $162 billion, cut from Medicare Advantage. A lot of those people are in my State, Iowa. Of course, they are senior citizens, and they want to have some extra options and they are willing to invest in Medicare Advantage. But since this is the only component of the Medicare program that actually has the private sector engaged in it, which keeps the costs down, the Democrats want to scrap Medicare Advantage.

They seem to despise free enterprise and despise economic competition. So this $133 billion apparently has grown to a minus $162 billion right out of the pockets of our seniors, taking away their Medicare Advantage, killing the rest of it after they have already landed a severe blow on this year.

Here is a minus $128.8 billion from our hospitals. I don't have any hospitals that tell me they are being overpaid in Medicare, and I don't expect if I did have they would tell me that. But I can tell you the national number for Medicare reimbursement rates is only 80 percent of the cost of delivering that service—80 percent of the cost.

Now, some of these doctors and nurses and health care practitioners are actually in business for a profit, Mr. Speaker, and I don't begrudge them that profit. I hope there is competition, and the more profit they make, the more competition it is likely to attract. Some of these hospitals are for-profit hospitals; they all are not. So we can't begrudge them that profit. That is what has driven the United States of America.

In fact, over in my desk at 1131 Longworth there is a stack of flash cards in there that are produced by USCIS, the United States Citizenship Immigration Service. They are laminated glossy cards with a red background and pictures on them, and they are there so, let me say, naturalizing Americans that seek to pass the naturalization test to become American citizens can study on these flash cards the things they need to know.

For example, Who was the father of our country? George Washington. It has the question on the front side, George Washington on the back side. Who saved the Union in the Civil War? Front question. Back side, Abe Lincoln.

Question, What is the economic system of the United States of America? Flip the card over, answer: Free enterprise capitalism, Mr. Speaker. I mean, that is like the simplest no-brainer question for the economy of the United States that we require of anyone that wants to naturalize to become an American citizen in this country; they have to know it is a free enterprise system.

Yet we have people in this Congress that are constantly assaulting the free enterprise system. We have seen the nationalization of one-third of our private sector just in the last one year, one-third, according to The Wall Street Journal. And this health care industry, one-sixth of our overall economy, perhaps another 18 percent. If you add those together, we are very close to if not exceeding over half of our economy being nationalized, meaning a Federal Government takeover of management and running the show and calling the shots and freedom disappearing, all of that within, what, a year or a year and a couple of months, Mr. Speaker?

It is appalling to think that we have had an all-out frontal assault on free enterprise while at the same time we are testing our immigrants who want to become Americans to make sure they understand that this Nation is for free enterprise, that that is the basis of our economy. It is appalling. It is ironic.

It is disingenuous to take this attack against the free enterprise system in America and go against Medicare Advantage, the only free enterprise component of Medicare, to knock all of that out, which is what they propose to do in H.R. 3200, and go after our hospitals and ding them for $128.8 billion, when many of the hospitals and many of the hospitals that I represent are taking a high percentage of Medicare patients, and every time they take a patient, they know that they are losing money, and it has to be picked up somewhere else or they can't keep their doors open. So it requires cost shifting, and that is where we get the medical costs that seem out of line.

Then you can go on down through the line. Cutting home health care by $56 billion. Cutting Medicare Commission, $22.2 billion. Cutting Medicare Improvement Fund by $22.3 billion. Part D, $19.8 billion. We will be down to aspirins in no time. Skilled nursing facilities, $14.6 billion. Cut part B schedules, except for physician services, $23.1 billion. You go on down, CMS, innovation center, hospices, accountable health care organizations; $800 million out of the power wheelchairs component of that. That must be MCCASKILL out of Missouri. And comparative effectiveness, $300 million. The list goes on. Medigap $100 million.

This stack here takes us up there in the neighborhood of $500 billion cut out of Medicare. And what do we hear from the other side? ''Well, we are always going after waste, fraud and abuse.'' ''There will be always be abuse,'' I heard a gentleman say, ''so we are going after the waste and the fraud.''

Are we? If they know where the waste and the fraud is, rather than pointing to categories, tell me. Tell me, Mr. Speaker, what is it that is going on in Medicare in my State, in my hospitals and the clinics in my district, that is waste, fraud or abuse, when they are receiving on the national average 80 percent of the cost of delivering that service. I don't have anybody in my district that is making money off of Medicare. But Iowa is the lowest reimbursement State in the Union, and that is the biggest reason why.

So we have the lowest reimbursement rates in the entire United States of America. We rewrote that bill in 2003, and Iowa got a little better off. They climbed a little bit up out of that 50th in the Nation for reimbursement rates for Medicare. They closed the gap a little, but we never got up to 49th.

Who was number one in the Nation at the time in reimbursement rates for their citizens? Louisiana. Who got the most per capita out of the entire 2003 Medicare rewrite legislation and the prescription-drug component of that? Louisiana.

We look across this country, and Democrat after Democrat says ''there is waste, fraud and abuse in my Medicare.'' Well, maybe it is in yours. It is not in mine. But you want to cut mine, not yours. You will defend those reimbursements to your districts. You won't let us adjust those rates. You have a little package over there which I support, and I have worked with some of the people on that side of the aisle, and I appreciate the effort they put in. They deserve more of the credit than I can certainly take on this, although I did write some language into the 2003 bill that allowed for consideration for cost and quality.

But this is supposedly a component of a negotiation that we will get, and that number is something like $8 billion that would be rolled back in to help compensate cost and quality. But it is pretty vague. You can't get your fingers on it. The language isn't there. We don't really know whether it is cost and quality or whether it is demography and geography. I mean, that is the question now. If it is going to be demography and geography, that is what Democrats usually want to do.

So I suspect that they want to change the rates so that people that live in their chosen areas that meet their demographics will get a higher reimbursement rate. And I can only conclude that that means that they will target minorities and inner cities. And I think that every American should be considered as one of God's children, regardless of what their ethnicity or national origin is and regardless of where they live.

So, if you take that off the table, and I sure would like to because it pits Americans against Americans and causes some people to focus on skin color instead of the content of our character, but if we could take that off the table, it is still geography, and they will define the demography that gives them the advantage. They will still take away our Medicare Advantage and decrease and gain themselves an advantage to their constituents, without regard to justice and equity.

Now, justice and equity would look at this and conclude that the States with the lowest reimbursement rate should be in a position to get the greatest bump up. But even if that is not the case, what if it would be the States and the locales and the metropolitan service areas that had the best cost and quality ratios in America? Who ranks number one in cost and quality? And shouldn't we reward the people that produce the best product for the best value?

Now, my State will rank in the top five in every broad health care results analysis that comes out. Every objective, broad health care results analysis that comes out, I will be in the top five. Sometimes we are number one in some categories, and sometimes it moves across the spectrum. But they will be in the top five in quality because of the result that they get, because a lot of people that are there put their hearts and their heads and their souls into this and their backs and their hands and all their know-how and resources, and they get a good result.

So that is the quality. But they are rewarded with the lowest reimbursement rate in Medicare in the Nation.

So they get a low cost, because they aren't being paid for the service that they are providing. They produce a high quality anyway. And I am saying that we need to recognize the best cost and quality combination in America and reward those.

If you want to go out and find a half a trillion dollars in savings in Medicare, don't come to my State. Don't come to my district. We are producing the best combination of cost and quality in America. Go to those places then where Medicare reimbursement rates are high and results are low and advise them that they are going to have to get their standards up, but you are going to reduce their reimbursement rate, if that is your determination, to take half a trillion dollars out of this. That is my suggestion.

This is the chart. This is the reality. To cut Medicare and argue that there is waste, fraud and abuse everywhere, slash it across-the-board and starve the people that are doing the best good for the least amount of dollars is unjust, and there is no equity there for anybody involved, not the providers, not the practitioners, not the patients, not the senior citizens in this district that I represent, which I believe is the most senior congressional district in America.

The Fifth District of Iowa and Iowa itself has the highest percentage of the population over the age of 85. And then of 99 counties in Iowa, 32 of them are in my district, and in that 32 county district, we have 10 of the 12 most senior counties in Iowa. So, 10 of the 12 most senior counties in Iowa in the most senior State in the Nation results in, I believe, the most senior congressional district in America. And we are looking at a half-trillion dollar cut across this country because some people have to figure out a way to pay for this $1 trillion to $2 trillion bill.

Now, this takes us to this conclusion that was drawn by President Obama while in debate with Hillary Clinton in the presidential primary process last year, in 2008. And I think it was a given that going into this presidential contest on the Democrat side, Hillary Clinton clearly owned the field as far as knowing her health care issues. And here is a point as to why I say that, Mr. Speaker.

She produced this for America, working in conjunction with her husband, Bill Clinton, who, by the way, came to this floor and spoke from this well on September 22, 1993, to plead with and entreat a joint session of Congress, House and Senate Members and the galleries full, to adopt his concepts and write into law a national health care act that would completely take over at that time one-seventh of the U.S. economy. And Hillary Clinton was instrumental in that.

□ 2000

She held the meetings and put together a bill. Some were closed-door meetings. That sounds a bit familiar these days. I remember my frustration at the door being closed with Hillary Clinton and a big table full of people who were sliding papers around, arguing and hammering out the destiny of America. I have always had an aversion about turning people loose to go make decisions for Americans or Iowans behind closed doors.

I recall a policy that needed to be handled when I was in the Iowa Senate. They appointed six Democrats and six Republicans; the 12 apostles, I called them. They put themselves in a room and closed the door. They all swore an oath that they wouldn't talk about the product they were working on until they all agreed to come to a conclusion and sign off on this document, and then that's what they did. One of my close friends was in that room and would not utter a word of what was going on, what was being negotiated inside that room, and of course I didn't pry very hard because I respected his integrity.

But you know what happens, Mr. Speaker, when they meet behind closed doors, when they meet in secret, when they appoint themselves as the people that are the—how shall I say—the sole repository of wisdom inside the room when they close the door. They come out. And once they reach a consensus inside the room, they produce a document or a philosophy, and they all sign off, either in ink or verbally, and they go out and stand together behind the microphones. Then they say, We have produced the best product possible. We've had the right brains in the room, and I am really optimistic about what we've done. This is the right thing for America or Iowa or whatever group it is that they're seeking to impose this policy on. And invariably they will say, Don't amend this because if you do, this perfectly balanced specimen that we have would be knocked out of balance, and it won't be able to function properly.

It actually reminds me of former Secretary of the Treasury Paulson when last year, on September 19, he came to the Hill and asked this Congress to write him a check for $700 billion. His response to us and his presentation to us was, I've been looking at this for 13 months. You've only been looking at it for 24 hours. I have thought of everything. Whatever you think of will knock it out of balance. Don't try to amend this. You will destroy the overall product. This is a perfectly balanced vehicle.

Well, it doesn't take much to perfectly balance a vehicle when it happens to be not a blank check but a check for $700 billion, signed by the American taxpayers and borrowed from the Chinese to be paid with interest and principal by grandchildren yet to be born. Those were about all the details that were in there, and I had to write some in myself as I speak about it; not in the language itself. That's what came out with the $700 billion TARP piece.

By the way, the Wall Street Journal came out today with some regret that they supported that $700 billion. Now they would like to see the plug pulled and the money paid back to the American taxpayer and no more doled out in the fashion that it was. That's an inside-the-closed-doors rush to judgment. And right now we've got behind-the-closed-doors negotiations taking place in the House of Representatives, in the United States Senate; people frantically negotiating at different stages with doors closed. Maybe three Senators over on the Senate side right down that hall, Mr. Speaker. A few more House Members maybe.

I've talked about some of these things that are ironic, but here is the irony: As President Obama was campaigning—and I will have to circle back to the Hillary issue in a moment. But as President Obama was campaigning, he said that he would open up unconditional negotiations with Iran. That meant to a lot of us, Mr. Speaker, that we envisioned Barack Obama sitting down across the table with Ahmadinejad or the Mullahs and maybe asking them if they would just be nice people and shut down their nuclear weapons operations.

Now aside from how that makes the United States look and how it rewards people for threatening Israel and the United States, aside from that, Mr. Speaker, it seems ironic to me that the President is meeting with people like HARRY REID, NANCY PELOSI, a handful of Democrats, and they're crafting legislation behind closed doors, yet he's not willing to sit down with people like MITCH MCCONNELL, JOHN BOEHNER and ERIC CANTOR. What is it about that, Mr. Speaker, that the President of the United States would announce that he's willing to do unconditional bilateral negotiations with Iran, Ahmadinejad, because he is the boss there. If you will remember, he won an election, an election supported by the White House—or the result, at least, supported by the White House. To sit down with Ahmadinejad potentially or the Mullahs but not the leaders in the Republican Party or the leaders on the health care issue—and we have many on our side—is a real irony. I was about to make the case that during the campaign, Hillary Clinton made the argument that her version of health care—now it wasn't exactly this. She had some alterations because 14 years have gone by, and we know that the shape of this body isn't the same that it will be after 14 years of wear and tear. But this is the 14-year-old, now 15-year-old flow chart of HillaryCare.

I believe that her background in this is what drove President Obama into taking positions on health care that now he is seeking to sustain in the same way that he's seeking to sustain his Executive Order that closes Gitmo, Guantanamo Bay, on January 22 of next year. The difficulty of accomplishing such a thing looms now over the Justice Department in an imposing dark cloud, a hasty Executive Order, a

policy in health care that was hammered out in the face of, I'll say, persistent, skillful debate on the part of Hillary Clinton. But this is her plan. This is from the New York Times back in '93-'94, shortly before Senator Phil Gramm stood down that hallway on the floor of the United States Senate and said, This plan passes ''over my cold, dead political body.'' A lot of people thought that Phil Gramm was wrong, that this health care bill couldn't be killed. Phil Gramm wasn't the only one lined up to kill it, Mr. Speaker. There were many of us that did, but he was a man that was in the lead. He was one of the generals fighting this war to fold this scary flow chart and end the effort to take over what was at that time one-seventh of our economy. He inspired people in the House, people in the Senate and people all across America with his belief and conviction that this could be killed.

So this scary flow chart, this thing that I've said a number of times scared the living daylights out of me when it showed up in the paper, and I ended up with a laminated chart. And I do think it's someplace in my archives. But I hung it on the wall in my construction office in that '93-'94 era, and it stayed there all the way through the nineties. When I got to wondering about government and how I was going to keep a construction business operating in the middle of the tax increases and the changes in regulation and the burden that I had of government, I would look at that chart, and I would see that it had been buried by the leadership of Phil Gramm and others and by the American people, it gave me great heart that the common sense at the core and the heart, soul and conviction of the American people prevailed over this scary flow chart, which is a complete takeover of the health care system, and almost every one of these boxes would have become and our future would have been these proposed organizations, proposed agencies.

Now we have a new flow chart, not the 1993–94 version. Fifteen years later, we have the 2009 version. Mr. Speaker, if you observe this, the white boxes are existing entities out there. Here is the private sector entity, private insurers. Here are the traditional health insurance plans that they produce. You can go on around and see what exists along here. The Office of Civil Rights is there. The Office of Minority Health is there. But there are at least 31 new agencies and now, on a more careful inspection, it grows this up to more than 50 new agencies created by H.R. 3200.

This is a scary proposition. HillaryCare, scary in black and white, was scary enough to scare some of us into public life. It didn't scare me out of the private sector because this was killed. It was killed by the American people; but it helped motivate me to come into public life. I wonder if that had not been proposed to the American people whether I would be standing here opposing this or even in the United States Congress today. This takeover now of one-sixth of the American economy is a scary proposition. This takeover of a good share of our freedom, the freedom to buy the health insurance policy of our choice, the freedom to move to another State if we don't like the accommodations and the regulations that we have, the freedom to go without health insurance if we chose choose to do so, the freedom to take our risk and then be able to accept the profits that come from that, and pay the price if we take the risk.

Here are the few premises that President Obama has hung his hat on as a means of counteracting the very active and informed health care approach in the primary that Hillary Clinton mounted. He was forced to take a position on health care, so here are the two conclusions that he drew. One is, we spend too much money on health care. We have to fix that. The other one was, we have too many uninsured. We have to fix that. So somehow they've morphed along and have gotten away from the idea that, you know, there are rights and there are responsibilities. It seems to be that the point that they would like to make is a point that you're more likely to hear of in Western Europe than you are in the United States of America, and that is an argument that people have a right to a health insurance policy. The policy. I mean, everybody has access to health care. It may not be the best. They may go into a public health clinic. I know some awfully good practitioners there that have committed themselves to working in that environment, and I see high-quality care when I walk into those in my district. So maybe they go into a public health clinic. Maybe they walk into the emergency room, and it does run up some costs. But everybody has access to health care in America. Whether they have a dime, whether they have $1 billion or whether they're in the hole and they have a negative net worth, they have access to health care. That is not the issue.

So they make a new issue which is too many uninsured. I will go to that chart in a moment. But I want to make the other point and it's easier to make, and that is President Obama's premise that we spend too much money on health care in America. You can argue that, and you can debate it. We're at around 14.5 percent on up to maybe more than 16 percent of our GDP is spent on health care in America. They'll point to numbers that show that about 9.5 percent of the GDP of the other industrialized world is spent on health care, some above, some below that number. Well, you know, this is all in the eye of the beholder. Those that are receiving this health care that need it, the lifesaving procedures, they will tell you that it is worth the price. But I won't belabor that because we get into anecdotes to no end. I will just say this, if President Obama is right—and I am not conceding that point. But if he is right, for the sake of conjecture, I would make this point. His solution for spending too much money on health care is, spend more. Spend $1 trillion to $2 trillion more on health care, and then somehow it magically fixes the problem of spending too much.

You heard the words from one of the gentlemen that spoke in the previous hour. It's counterintuitive. It's kind of hard to rationalize. Well, it is. It's not just counterintuitive. Mr. Speaker, it's completely illogical to make a point and take a drive for the presidency and seek to impose upon the American people through the leverage and the majorities in the Congress, the Pelosi majority here, the Harry Reid majority down that hallway, a $1 trillion to $2 trillion health care plan. Because we spend too much money, now we'll spend $1 trillion to $2 trillion more.

And now one of the President's moving targets—I feel like a cat chasing a ball of string here—but one of the President's moving targets now is, Well, it's got to be under $1 trillion, in the $900 billion range. So write me a bill that does that because we can't take the political hit of something that's over $1 trillion. So they brought the doctors fix to the floor of the Senate the other day, and the doctors fix was $247 billion to try to fix the adjustment rates for our doctors that are underpaid in some of these cases. It failed on the floor of the Senate, and 13 Democrats voted with Republicans. How can this be? That was a way to take that $247 billion out of this government health care bill so that the bill didn't go over $1 trillion. If they would have passed that, the doctors fix wouldn't be a part of it, they wouldn't have to put it in there, and they could keep it all under the $1 trillion category. We're really here with AARP making a public statement that $500 billion is a very small percentage of the overall outlays, and they can take a hit and have their reimbursements reduced in the category I showed in this chart earlier, by $500 billion, and still their hearts are cold.

How can they do that? I have a chart here that shows me a little bit about why AARP might do that. A couple of points here. One of them is that there is a section in H.R. 3200 that would exempt Medigap policies from new limits on preexisting condition restrictions.

□ 2015

Well, AARP's Medigap insurance, which they sell and which they collect a good deal of premiums on—and it's the lion's share of the profits that AARP makes—continues to deny Medigap claims to individuals with serious health conditions. There is a preexisting condition clause written into Medigap policies, and H.R. 3200 would preserve the preexisting condition component for AARP. So I presume that is one of the reasons AARP can watch $500 billion be cut out of Medicare as long as they preserve their preexisting condition component of their

Medigap insurance, which is so they can stay in that business.

There are several others on the list, but that's the easiest one to understand.

The President wants to solve a problem with spending too much money by spending more—$1 trillion to $2 trillion more. The Democrats in the Senate, HARRY REID, sought to blur that and sought to exempt the doctors fix so that they could keep their, I'll call it, socialized medicine bill down below $1 trillion. The $247 billion piece of legislation that dealt with the doctors fix independently was shot down in the Senate, and it could not receive a majority vote.

So let me get that other part of the President's position illustrated, Mr. Speaker.

This is the other position of the President's. The first, remember, is that we spend too much money. Therefore, we'll spend more. It's not logical because it's not logical. Here is the other one. We have 47 million uninsured in America—too many uninsured. Thus, we must insure them all because people on this side of the aisle believe that having your own health insurance policy is somehow intuitively withdrawn from the Constitution as a right that comes down from God, that flows through the Declaration of Independence, that shows up somewhere in the Constitution and maybe in the Bill of Rights, and that now they can divine that and hand that over to everybody in America, legal and illegal, no matter who you are.

I know that there are a good number of Democrats who have actually endorsed legislation that says that every human being in America—every person in America, would be the language—has a right to one's own health care, to receive it for free and that health care practitioners will be salaried employees who are working for the government. That would be a 1981 bill that I happened to read the other day, introduced by Ron Dellums and JOHN CONYERS. JOHN CONYERS is still here, and he's still pushing the same kind of issues.

This is the 47 million, Mr. Speaker, the 47 million who are uninsured. Now, that's the highest number that anybody defends. We could take this on down to, maybe, 39 million, but here is how you do the math:

These two categories right here are illegal aliens and immigrants. Add those both together, and it comes to 10.2 million. They're not part of the 47 million. They're not part of the people who, I think, we ought to impose upon taxpayers to fund their insurance.

I want to take illegal aliens and immigrants out of this equation of those who would be handed gift-wrapped health insurance policies. I want to subtract from that list the Americans who have the means to provide their own insurance. Those Americans making over $75,000 a year can find ways to write checks for their health insurance premiums. They don't. Nine million of them who are making over $75,000 a year don't.

Here, this is 9.7 million who are those eligible for a government program but who are not enrolled—mostly Medicaid. They don't bother to sign up. Why would they sign up for another program if we hand them silver-plattered health insurance policies? All they have to do is walk in and sign up, but they don't—9.7 million.

Here are those who are eligible for employer-sponsored insurance but who are not enrolled—6 million. Hmm. They told their employers ''I don't want it'' or they don't bother to sign up.

Now, all of these people who I've described are the people who, I don't believe, the American people want to hand silver-plattered, gift-wrapped health insurance policies. For the ones who are left, we do have some compassion. Those are the Americans without affordable options. That's 12.1 million people. They are the Americans without affordable options.

Right before I yield to the gentleman from Texas, I want to show you what it looks like when you look at all of America. This is 47 million. This is 47 million in America's population. Here we are. Eighty-four percent are with health insurance. This is 306 million Americans in this circle.

These folks in these categories here are the ones who I say I don't want to insure and that the Americans don't want to insure—illegals and those with the money and those who are already qualified, et cetera.

Yet, as to this red sliver here, this tiny, little piece of the pie, that's 12.1 million people. That's less than 4 percent of the overall U.S. population—Americans without affordable options. Now, it would be nice to help these people. I'm open to doing some of those things, and we've got some proposals here on the RSC's list to do that.

Yet the real bottom line is that Democrats and the President, behind closed doors, are putting together a policy that they want to ram down our throats which will maybe reduce this 4 percent number down to 2, but the price would be to transform completely 100 percent of the health insurance industry in America and to start down the path of a complete transformation of 100 percent of the health care delivery system in America. It's the best health insurance system in the world. It's the best health care delivery system in the world.

We have a whole list of fixes, some of which we've passed out of this House but which were blocked by the trial lawyers and the Senate in the last few years. It's the Republicans who preserve your free enterprise; it's the Republicans who preserve our freedom, Mr. Speaker, and it's the Republicans who will reduce these costs in our health care and who will reduce this number of 4 percent slightly, not by a big amount, maybe by a percent or so or two. That's about half. All of this is coming out of the lists here of the Republican Study Committee and of the list of the 10 things that I carry around in my pocket which are the solutions that I propose.

So, Mr. Speaker, I recognize that the most tenacious, resilient and, perhaps, entertaining Member of the United States Congress, who is from East Texas, is here tonight. Whenever I see Congressman LOUIE GOHMERT on the floor, I want to hear what's on LOUIE's mind.

I'd be so happy to yield as much time as he may consume to the gentleman from East Texas, Mr. LOUIE GOHMERT, the judge.

Mr. GOHMERT. Thank you, and I appreciate the gentleman, my dear friend from Iowa, for yielding.

It is interesting when we talk about people who do not have coverage. As my friend from Iowa knows, earlier today, there were a great many 1-minute speeches given by Republicans and numerous 1-minute speeches given by Democrats.

A Democrat, whom I happen to like a great deal—he has always been most gracious to me—gave a 1-minute in which he pointed out that he had a friend who had called a doctor's office, seeking help with a medical problem.

The doctor's office asked the question, Do you have health insurance? He responded that he did not.

They said, Well, we will see you, but you'll need to bring $250 to pay for the visit and treatment, to which he responded, as I recall, Look, I'm not from this country. I don't have $250.

The doctor's office responded, Well, then you'll need to go to the emergency room.

So this individual is going to get health care, is going to have it provided. Obviously, somehow this person got into this country, and we don't know if he was legally here or illegally here. My friend across the aisle, my Democratic friend, said that's why we've got to have this universal health care bill. That's why we've got to pass this so that people like his friend could have health insurance and could be covered and would not have to go to the ER to get, apparently, his free care.

Well, that, I think, really points out a distinct difference between the approaches of the two parties. That is why, even though the Democrats have about 40 votes more than they need to pass any bill they want to, they still haven't got the votes they need, because our Democratic friends have indicated they can't support the bill that has been presented to them. Yet they take the opportunity to blame Republicans. We're not on board.

When you have someone come into this country—and let's give him the benefit of the doubt—who's here legally, he comes into this country and immediately demands free health care? I mean, that's incredible that somebody would have that kind of demand.

I know that, in China just recently, someone from the United States was

over there, and required a test. He was required to pay the money up front before he could get his testing. That goes on. China, for example, and Europe have been chastising the United States for squandering money—imagine that.

Here you have the Democratic position that somebody from another country who is visiting here, who is not a citizen, who is maybe here legally or illegally should be able to call up and demand that any doctor in the country he wants to see should be forced to see him even though he can't pay for it. It is amazing to me because, you know, I thought the Civil War was fought and won to show, among other things, that the Constitution did not allow people to become or to be made slaves. That's what would happen to the health care profession if you were to allow that kind of thing. By golly, the heavy-handed government is going to demand that you, Doctor—you who went through so many years of training and education and through all those sleepless nights while working as an intern and as a resident—will be required to provide free health care to someone who just comes into this country.

I was recently with a group that went over to the Middle East. We flew on a commercial airline—that is a long flight—and one of our congressional friends said that the lady next to him seemed well-to-do and that she had commented during the long flight that her husband worked with Hamas. Well, we recognize Hamas as being a terrorist organization, and here she's very cavalier about it. Well, he works for Hamas. During the course of the trip, she also volunteered that her son-in-law is with Hamas. Eventually, she said they were about to have their second grandchild, and with this grandchild, they were going to do as was done with the first: This daughter who was pregnant was going to fly over to the United States right before the baby was due, at the end of August, and have the baby. She pointed out that their family liked the option of having American citizens in their family. That's why they call them ''anchor babies.'' That would allow them—her husband with Hamas and her son-in-law with Hamas—to come into the United States as an excuse because they're raising an American citizen. So they get visas. They come over here. They have babies. As she pointed out to a fellow Member of Congress, not knowing who he was: Do you know what the best thing about it is? She'll fly home with her new grandbaby, and she won't have to pay a dime.

That's what's going on, and that's what our friend across the aisle was pointing out earlier today that he thinks should go on, that people should be able to come into this country and demand free health care from whomever. Most of the people I know on our side of the aisle take the position that this country is such a blessing and that, through this country, we've been the most philanthropic country in the history of the world. We've been able to help people around the world in times of crisis, and we're willing to do so in times of crisis; but if we take on the health care expense of the whole world as much as we're doing with pharmaceutical costs—and we seem to be subsidizing the pharmaceutical costs. If we do that with all of the health care costs for anybody who wants to just come in and get free health care—anybody who wants to at any time anybody wants to—we will bankrupt this Nation. This blessing that we've been handed will not be around to be passed on to our descendants.

You know, we've heard over and over—and I get so tired of hearing it because it's so untrue—that Republicans have no solutions. This is a bill that I've filed. It's a health care solution that, I think, trumps anything that I've heard any of the Democrats point out since we now know from Secretary Sebelius that the President, even though he keeps talking about ''my bill'' and ''my plan'' actually doesn't have any bill. He's talking about a set of principles. That was quite a revelation.

Anyway, in my bill, section 301 reads that, notwithstanding any other provision of law, a consular officer defined in section 101(a) of the Immigration and Nationality Act, 8 U.S.C. 1101(a), may not issue or renew an immigrant visa to an alien unless the alien presents evidence, which may be in the form of an attestation, by a sponsoring employer or individual in the United States in whose household the alien intends to reside who will be responsible for providing the requisite coverage, that the alien and the alien's spouse and children who are accompanying or following to join the alien will be covered by a high-deductible health care plan as defined in section 223 and will be an account beneficiary of a health savings account under such section after the alien's admission to the United States as an immigrant for the duration of the alien's residence in the United States or be subject to removal.

In other words, the long and short of this is, under my bill, we welcome immigrants coming into this country. We welcome them. It has made this country strong. Yet, since it's a matter of national security that we not let non-American citizens bankrupt this country, then in the future, if they allow my bill to come to the floor for a vote, anyone wanting to come in will have to prove that they will be covered, that their health insurance needs will be covered. They'll be met before they get visas. If their health insurance expires before their visas do, they will be subject to removal from the country. That would help provide some sanity.

□ 2030

And I know my dear friend from Iowa was with me when we journeyed to the United Kingdom, over to England, to talk about immigration over there, and we had one conversation with some people with the British Government. And it was a bipartisan trip. There were people from both parties who were there. But a lady, she may have been on their type of Social Security, but she pointed out that before you can receive Social Security in the United Kingdom, they require, as I understood, that you be there paying into their system for at least 5 years before you could get a dime. And one of our friends from the other party was outraged: But that's discrimination based on national origin. You shouldn't be forcing them to pay in before they can receive. That doesn't seem fair. And she very calmly, and with that beautiful English accent, pointed out that, Well, in this country we happen to think it's fair that before you receive benefits from everyone else in the country, you help pay into the benefits pool.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Texas.

I recall that conversation. And just to give a balanced view of this, the lady was with the British Embassy and had a Ph.D. in Africa studies and a delightful intellect.

And I remember in part of that discussion and debate that I engaged with her, she made the statement that she believed that there was more freedom in China than there is in the United States.

''Why would you come to that conclusion?'' was my question. And her answer was, ''Well, because they have access to health care, free health care, in China.''

I don't know that it is free in China, but that's the difference in a British viewpoint and an American viewpoint. We know what our rights are. We established those rights in the matter of wresting our freedom out of the British Crown. They're still under the Crown, so theirs have evolved in a different way. But we received a lot of the underlying principles of freedom. And they are delineated in our Constitution and in our Bill of Rights, and the foundation for them is in the Declaration, the rights that come from God.

So we see rights differently in America than anyplace else in the world, and it's awfully hard to talk about freedom with people who speak English that have a different definition of the word ''freedom.'' So if there is more freedom in China because they don't have to earn their own health insurance policy, I'd say there is less freedom in China because they don't have to. We get to struggle here. We get to try. The people that excel and take personal responsibility need to have an opportunity.

Jimmy Carter would be the person I would quote on this. I don't know if he ever lived by it, but Jimmy Carter once said, and I think it was when he was in Iowa campaigning for the Presidency and establishing the first-in-the-Nation caucus. He said, I believe the people that work should live better than those

that don't. That's Jimmy Carter. And I don't know that he lived by it, but I believe those words made a lot of sense. That's why I remembered them.

I yield to the gentleman from Texas.

Mr. GOHMERT. I appreciate the gentleman's yielding.

And I note interesting headlines in the news this evening. For example, one article says, the headline, ''Reid Targets Government Takeover of Health Insurance.'' Another says, ''Snowe,'' talking, I'm sure, about Senator SNOWE, ''Rejects Reid Public Option Plan.'' Another says, ''Democratic Senator Lincoln, Public Option a Nonstarter.'' Another headline, ''Lieberman Backs GOP Filibuster of the Public Option.'' Another Gallup poll: ''Conservatives Outnumber Moderates.''

So these can't be too good of news. This article from Monday says that in an appearance at a Florida senior center during the day, Speaker NANCY PELOSI suggested a new name for the same approach to ease the opposition, talking about the public option. She suggested, ''the consumer option.'' Representative DEBBIE WASSERMAN SCHULTZ, a friend from across the aisle, Democrat from Florida, appearing at PELOSI's side, used the term ''competitive option.''

The article says, ''Critics say that by any name, the approach amounts to a government takeover of the insurance industry,'' with which I would tend to agree. This article quotes Senator OLYMPIA SNOWE of Maine, the only Republican to vote with Democrats on health care so far this year, issued a statement saying she was ''deeply disappointed'' in the approach the Democratic leader had chosen.

But, anyway, it can't be too good of news for ramming this bill down America's throat and forcing us to take care of people who come into this country and immediately demand free health care.

We just have a difference of opinion across the aisle as to how that should be handled, but I also do know that we have friends across the aisle that simply do not believe that that will restore our country's ability to avoid bankruptcy by ensuring and providing health care to the world.

Mr. KING of Iowa. I thank the gentleman.

Reclaiming my time, I know that we are very near the end of this. But, Madam Speaker, the point that I would like to leave you with tonight is this: There was a time just 3 years ago when the American people rose up. They rejected a policy that was being driven through the House and the Senate, a bipartisan policy driven by the President and Democrats and Republicans that was called ''comprehensive immigration reform.'' I called it ''comprehensive amnesty.'' They rose up. They jammed the telephone lines, and they killed that bill.

This bill, this bad bill, affects more Americans. It does not have bipartisan support. It has only Democrat support, and they're behind closed doors. The American people can rise up, Madam Speaker, and they can jam the telephone lines and they can stall the United States Senate and they can do so in the House of Representatives as well. They can convey this message to kill this bad bill so we can start all over with some real solutions, real solutions, among them the list that I have: tort reform, buy insurance across State lines, portability, full deductibility, association health care plans, health savings accounts, transparency in billing, electronic medical records, preserve catastrophic insurance, extend COBRA. That's just the top 10 on my list.

And here's what I'd reject. I would say that if we are going to be able to opt out, as HARRY REID said yesterday, well, I'm going to opt out of this: I'll opt out of abortions. I'll opt out of funding illegal aliens. I'll opt out of the lawsuit abuses that are costing us billions every year. I'll opt out of the tax increases and the Medicaid cuts.

Madam Speaker, I want to kill this bill, and I appreciate your indulgence.

HEALTH CARE REFORM

The SPEAKER pro tempore (Ms. PINGREE of Maine). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 60 minutes.

Ms. JACKSON-LEE of Texas. Madam Speaker, let me express my appreciation for having the opportunity to share with my colleagues.

Listening to my good friends who have spent the last hour giving us the reason why, and usually in that question there is a sense of hopelessness and frustration, I rise today to speak of the answer, why not? After some 60 or so years since the 1930s, 1940s, 1950s, and 1960s when America has attempted to travel on the journey of health care reform, why not in 2009?

Frankly, I believe that we can. And as I listened to my good friend Congressman GRAYSON some few days ago on this very floor and he asked individuals who tragically had lost loved ones because of the tragedy, the inequality of lack of health coverage, health care insurance, I join him, and I ask that those who are sick today in America and want to be heard, that they are sick and getting sicker because of no health care insurance, I would like you to write in on my Web site, United States Congress, Congresswoman SHEILA JACKSON-LEE. Let us hear from you. For as we have lost, tragically, those who have passed, those countless families responding to a call for them to express their sadness and to provide us with this information, I know that there are those who are now suffering with their sickness alone because they have no health insurance.

So, today, I rise to the floor to give sort of a summary of a hearing that was held today in Judiciary that allowed individuals to come to that room and for members to listen to them on their stories about those family members that are sick. Yes, some did die, but they spoke of their sickness. And I am delighted but saddened that those stories had to be told. The room had doctors, patients coming together around the question of why not? And if not now, then when? The Congresspersons came from States as far away as Ohio and Texas. They came from Washington, D.C. They came from Michigan and Arizona and New York to listen to these various Americans coming from faraway places, as far away as California, to talk about the tragedy of sickness and being alone.

Let me, first of all, start with the obvious question of what happens when America becomes sick? Well, right now we're in the midst of a pandemic of H1N1. It has risen to the level of national headlines. The President has declared a national emergency. In fact, newspaper articles are being written that one in five children will become infected with influenza-type ailments. So we know that our children are being impacted negatively.

On this past Monday in my own congressional district, I held a hearing with leaders from the public health sector, the private health sector, Ben Taub Hospital, Harris County Hospital District, Harris County Health Department, the City of Houston Health Department, our school districts, community citizens and leaders, who indicated that, as we work with our government, the Federal Government, here's how you can do better.

But as I was listening to their testimony, I could just think of sick people, in this instance sick with H1N1. And what will my colleagues say if this turned into the raging pandemic where lines and lines of people wrapped around buildings, where people were languishing in their apartments and home because they were sick and could not access doctors?

As a member of the Homeland Security Committee, we were founded and created after 9/11, the tragedy of unpreparedness in some circles. It was defined as people and this Nation not being prepared. So, for example, our first responders who addressed this question, our public health workers, our Public Health Corps here in the United States Federal Government, FEMA, and others were doing what they could do, but they were overcome by the fact that so many people did not have access to medical care.

□ 2045

There were those who might have been able to be cared for who were hesitant to go to a doctor. One, they could not access one, and, two, they didn't have the resources. Maybe they didn't have enough community federally qualified clinics, which is in H.R. 3200. Or maybe they had been denied insurance because they had a preexisting

disease and they said they could take care of it themselves. They were on various over-the-counter drugs when in actuality they should have seen a doctor. Maybe they should have seen a doctor at the first signs of the symptoms of this ailment and maybe they could have kept others from being infected. Health care becomes part of a national crisis.

I listened to some challenge to the Constitution about the right to health care. I frankly believe that the Bill of Rights does embrace this concept because the Fifth Amendment suggests the question of due process. And one does not have due process under the Constitution if your neighbor can have health insurance and save his children from the scourge of H1N1, not losing their lives because they might have vulnerabilities as a child, and you cannot.

So, Madam Speaker, everything is intertwined. It is an action and a reaction. As I listened to the hearing, I made several remarks. This the Monday congressional briefing where Members of our delegation joined us and they listened to the idea or to the fact that H1N1 is more widespread now than ever before. Health authorities say almost 100 children have died from the flu, and 46 States now have widespread flu activity. More than 5,000 people have reportedly died from swine flu since it emerged this year and developed into a global epidemic.

The World Health Organization said Friday since more countries have stopped counting individual swine flu cases, the figures are considered an underestimate. The flu has infected millions of Americans and killed nearly 100 children in the United States. The chief of the Centers for Disease Control and Prevention said Friday that over 1,000 people have died as a result, with 46 States reporting widespread H1N1 activity.

What happens as this is compounded by the millions who are uninsured?

Specifically, in Houston, Texas, there were two swine flu deaths confirmed on Wednesday, October 21, 2009, that have brought the H1N1 death toll in Houston up to 15. The 15-count death toll includes residents of many different areas surrounding Harris County. The State reported one new influenza-associated pediatric death last week. What do we say to that child's parents? I don't know whether they did not have health coverage, but I can assure you that there will be those infected who do not. The child who died was an 11-year-old with significant underlying medical conditions. The child was not vaccinated for influenza for the current season. Not H1N1, but the regular flu shot. I can only imagine that there might have been some difficulty in that child receiving that flu shot. So many are in that predicament. So many do not have access to doctors and clinics and health insurance; or a vigorous, robust public option which would help the millions of those who now languish who may be working, but do not have the ability to access health insurance.

So I want to thank my colleagues and my chairman of the Judiciary Committee, Chairman JOHN CONYERS, for co-hosting and granting me the opportunity to act on my idea, and that was for this Congress to listen to the sick. And woe, did we listen to the sick today. From 9 a.m. to 2 p.m., we listened to people's stories. And so I share with you, Madam Speaker, some of the excerpts of these stories.

I have in the backdrop what America will do if this surge, this pandemic of H1N1, begins to filter into every nook and cranny and find the uninsured, those who could not earlier get a flu shot, those who don't have access to a physician to determine what they have. No doctor to give them Tamiflu, no place to go. Not because our very fine Federal authorities will not be having the opportunity to work with local and State authorities to provide offsite places for the H1N1 vaccination to take place as we get the doses and as they are being produced, but who knows of those who will go unattended because of their lack of understanding or lack of information or lack of ability to access a medical professional. Maybe they will crowd into the emergency rooms and make it a national and unending crisis.

In the hearing today, we mentioned the Vietnam War, where we tragically lost 50,000 of our brave and courageous treasures of the United States. We acknowledged their sacrifice and expressed the horror of that loss of life, although applauding their service to this country and never forgetting it.

But, Madam Speaker, without health insurance as I stand here today, we are losing 45,000 Americans every single year, a war that does not seem to have a peace table where we can sit down and resolve this conflict of those with no insurance because we are stuck, if you will, and people are not listening to the American people to be able to provide for a passage of H.R. 3200 with a vigorous public option, a bill that eliminates the preexisting conditions, that provides for opportunity for small businesses to be covered, that provides for the children's health insurance, that closes prescription part D, the horrible doughnut hole that no senior ever wanted to hear about, that protects Medicare and expands Medicaid and opens the doors of opportunity for all Americans.

Madam Speaker, The Wall Street Journal has never been a paper of great liberalism. They tell it like it is. However, many people not believe these numbers. A Wall Street Journal-NBC poll of today, October 27, 2009: Nearly three-quarters of Americans believe it is extremely or quite important to give Americans the choice between a government-run care plan and a private plan in any final health care bill, according to the latest Wall Street Journal and NBC news poll. Some 73 percent said it was important to do so; 45 percent called it extremely important; and 27 percent said it was quite important.

What more do we need to do to make it clear that we need to put that kind of bill on the floor of the House and the Representatives of the people need to vote to ensure that the sick are responded to. The sick that work, the sick that pay taxes, the sick that have children, the sick that own homes, before catastrophic illnesses causes them to go into foreclosures.

The strength of the support continues to come from many Democrats around the Nation. But let me tell you something: It is extremely important to include the fact that more than one in three Republicans, 34 percent, want a public option and view it as being extremely important. As did 39 percent of Independents; 40 percent almost of Independents want a public option.

Now, some are arguing for a lot of different issues. I, likewise, will be advocating to keep St. Joseph Hospital open. Physician-owned hospitals have a meritorious role in this Nation. They take care of the sickest of the sick. But as we do this, the question becomes why not in taking care of the sick.

So, let me begin recounting some of the stories that were told to us from 9 a.m. today, October 27, in the House Judiciary Committee room until 2 p.m. It was certainly an appropriate forum, a place of justice where people's rights are judged as we work through legislative issues, making sure that every person has a voice.

I listened to some of my colleagues speak about the life and times of Dr. Martin Luther King, who himself understood that there was a necessity in this Nation to speak for the vulnerable, in his leadership of the Poor People's March, in his voice on the 1963 March on Washington, and in his own eulogy on April 3, 1968, in speaking about this Nation reaching the promised land, knowing that he might not get there with us, but that we as a Nation, as a people, could find the kind of promised land that would provide people with equality for all.

I am very glad to have been able to hear from the General Board of the Church and Society of the United Methodist Church. James Winkler, the general secretary, came to this hearing today to speak of the commitment of his church body, recognizing their role. In 35 congregations across the United States, he said there are far too many people in our pews who have fallen through the cracks in our broken health care system and they are not able to afford insurance and they are ineligible for Medicaid. I ask the question again, why not?

He spoke to us about Barbara, an attorney. Her husband and her children were covered by health insurance through her law firm. She developed cancer, received needed treatment; and, fortunately, the cancer went into remission. A few years later, however,

the cancer came back, and the family was slated to be dropped from their health insurance. Sound familiar? Preexisting disease. Barbara faced a decision no one should have to face, whether or not to divorce her husband so that he and their children could receive health insurance. The question is, is this our America?

So we can listen to a long list of noes, a long list of proposals of what bills many may have. And I have the greatest respect for my colleagues. Obviously, when we drop legislation, we are sincere about it. But, Madam Speaker, there will be many opportunities to address some of the very good ideas that many of our Members have. I look forward to an ongoing debate on health care, but we ask the question, Why not? In the middle of a surge of a pandemic of H1N1, the swine flu, countless persons in their homes right now as we speak, maybe even suffering, doctoring themselves because they have no access to a physician.

The General Board of the Church and Society of the of the United Methodist Church and James Winkler, the general secretary, added this to his testimony today. Michael, a college student, was hit by a drunk driver and spent 3 days in a trauma hospital. Five months before the accident, he was dropped from his parents' health insurance because he turned 25 years of age. The very same population of 18 to 25 that a vigorous public option will help.

How many parents are out there right now knowing that their child is going to graduate from college, or even knowing that their college's health insurance plan is not enough. Your child could be on a vigorous public option. Michael was ineligible for Medicaid because he had also held down a job while attending college to assist in his hospital expenses. During his 3-day hospital stay, he accumulated $97,000 in medical expenses and is now in the midst in a long physical rehabilitation, including major dental reconstructive surgery. His mother managed to convince her employer to add COBRA benefits for this young man at an added cost of over $1,000 per month to what she is already paying for the rest of her family. Now the family faces financial ruin because of the accident.

These are tragic stories that we hear over and over again. James Winkler proceeded to say that the growing cost of health care means that many of our clergy and their families have inadequate health care and that many of our local churches have had to resort to part-time pastoral leadership. Many of our lay employees go without health benefits because of the high cost.

Madam Speaker, the stories of the sick, those that live that are begging this Congress to provide a vigorous and robust public option. Our speakers were many, but I am grateful that they were willing to share their testimony.

What about the documentary film producer? One would think that she would have the world in the palm of her hands. What an exotic life. Natalie Noel was willing to come to this place and express the pain of what she has seen in her filming of New Orleans and the survivors of Hurricane Katrina, but also to tell her story of what happened personally to her.

□ 2100

Natalie Noelle, a journalist with news from Indian country, she is also an independent filmmaker; and, as she said proudly because she lives, a breast cancer survivor. She is a native of Mobile, Alabama, and of course she knew well of the civil rights movement.

Since August, 2007, she, working with a media company, had been co-producing ''Reinventing Paradise.'' This is a heart-wrenching documentary that tells the dramatic stories of Gulf Coast residents who suffered unimaginable hardships. As she was in the midst of doing this, she became devastatingly sick with the disease of breast cancer. But as she was talking about her own story, she told us again about the people who are still suffering in New Orleans in the area, people who, with great strength of spirit and inspiring self-determination, are struggling to rebuild their lives, homes and communities.

But the people are also faced with physical and psychological problems, and they have little or no access to care, no access to care. Even in a video that she showed in that room, an EMS worker began crying because of the many people that she had to pick up for mental health challenges; they were in crisis, and there were no health facilities for them to go to.

She told this story as she began to tell of her fight as well. And her fight was that she, too, took ill and was enormously ill with cancer. Her story was one of courage, but it was devastating. In the middle of doing her movie ''Reinventing Paradise'' she was diagnosed with stage three breast cancer. She was suddenly hearing surgeons recommend an immediate mastectomy. ''At the time I had private insurance with Alabama's single dominant carrier and a comfortable apartment in Mobile.'' And let me, Madam Speaker, for a moment just highlight that.

What the robust public option will do will provide the competitive edge that we don't have, will in fact save Americans $110 billion. Can I simply ask the question, why not? Why would we reject that underlying premise, that a vigorous robust option as documented by the CBO that will save $110 billion and it will provide an opportunity for your premiums to go down? And in States where there is only one or two insurers, you will have a competitive element. You won't close them down in no way. So much of our health insurance is based on employer-based insurance, but you will give the opportunity for low-cost insurance and you would have answered the question that Noelle is speaking to us now. This is her voice. Soon I was undergoing multiple surgeries, several courses of chemotherapy, radiation, experiencing pain that I cannot begin to describe. I know there are breast cancer survivors who live today because of that regimen, but I also know that there are probably those who are struggling alone. Some may be recently getting the news and wondering how they will be able to continue their health care. Let us hear your story.

''Unable to work, I lost my hair, my apartment, and found myself marginalized, humiliated, hopeless. My insurance was canceled.'' Are there sick who hear us today and tonight who could tell that story, your insurance was canceled? In a public option, no preexisting disease will disallow you from having insurance.

''My insurance was canceled,'' but her testimony is, ''Thankfully it was canceled after covering my first year or so of treatment, but my medical bills continued to pile up.'' She began crawling back to life with the help of a former business partner and the support of friends.

She recently moved to Pennsylvania where she was able to receive physical therapy and to complete her healing process because of the public medical assistance program that the State of Pennsylvania has in place. Can you imagine, she had to crawl her way back to a State that would allow her to finish her health care?

What is the answer to the question, why not? It is simply that we must pass H.R. 3200 for the sick, the sicker, and the sickest.

I want to make mention now of some of the doctors that came because I will tell some of their stories. But I wanted to have a poster that they actually brought. They wanted us to read off these names—the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American College of Surgeons, the American Medical Association, the American Medical Student Association, the American Osteopathic Association, Doctors for America, the National Medical Association, the National Physicians Alliance and SCIU, the Committee of Interns and Residents, Doctors Council and National Doctors Alliance. They wanted us to know that all of these members stand for health care reform. And the large print says, Did you know half a million doctors support health care reform? Did you know that they support health care reform?

Many of these doctors were present with us in this hearing. Remember, this was a hearing for the sick, the sickest, and those family members who had suffered, and doctors came to share with us stories. And so as many as I can share with you tonight, I will do so.

What about Joan S., Kosloff, whose son, Eric, lost his battle because of lack of access to health care? Joan cried with us in that hearing. Joan was

comforted by the other witnesses. But her son, Eric, who had a strong constitution, had bounced back from other illnesses, had previous bouts with substance abuse but was recovering and was leading his life as a lawyer who handled pro bono cases. He was an advocate for those who could not speak for themselves, and he was working on behalf of those people. Around October 15, 2006, he was visiting in Philadelphia from Atlanta. The family noticed after a brunch and a happy time that he had a bad cold and suggested that he go to a doctor when you get home, your cough sounds terrible.

Occasionally, he went to the ER at an Atlanta public hospital. They prescribed an antibiotic and sent him home. Remember, he didn't have a doctor. He went to the emergency room. This has been the plight of Americans all over this country; their doctor is an emergency room. Those doctors are overwhelmed. I've gone sometimes with my mom, who is not Eric's age, but is 83. I know full well by being in emergency rooms often that what you see is an inundated system.

And so he went to the emergency room. That was his doctor. They sent him home. He took the medicine and he didn't get better. His mother spoke to him after the first trip to the ER and heard him still coughing. On November 18 he returned to the ER—remember, not to a doctor, not to a primary care provider, which, by the way, H.R. 3200 will provide enhanced opportunities for primary care physicians as well their specialists and other medical professionals, such as nurses and nurse practitioners and others who will help in the medical system. He returned to the ER and was given a painkiller because he complained of severe head and neck pain. It had codeine in it. His mother said, I can't imagine giving codeine medication to a recovering substance abuser, and I cannot understand why the emergency room doctors did not want to find the reason for his head and neck pain.

I don't know if Eric took the medication they gave him. Eric's daughter came to visit him and they went to a friend's house. The next night he became violently ill and threw up. Remember, this person is walking around, not seeing any primary care physician, not under constant care, no insurance. His roommates called his wife to pick up their daughter. She wanted to take Eric to the hospital, but he told her he just wanted to sleep. He then fell into a semicoma and his housemates took care of him and notified the authorities.

Finally, they called 911. An ambulance took Eric to the same hospital he had been to 4 days previously. He never regained consciousness. No doctor, no health insurance. Of course if he had a primary care physician he might have been diagnosed with meningitis and bacterial pneumonia.

These are stories of Americans who didn't deserve to die, who wanted to live a full life, who were making good on their life and wanted to raise their children. This is a picture of Eric as his mother wanted us to see, vibrant, happy, serving those indigent clients that he wanted to serve, providing them with justice.

What about Dr. Rebekah Gee—and I call her a miracle—another accident victim hit broadside, both she and her husband, by an SUV while they were riding on a motorcycle. She says in the hearing room that she was lucky. She is the daughter of a university president and she had access to the best medical care and services in the country. I told her that she was a miracle. She is practicing OB/GYN now after that terrible tragic accident. And her husband did lose his life. But she admitted that they did not have insurance, he did not have insurance, and she is where she is today because of the position her father had and the willingness of their care to be at cost or not charged.

In my rehabilitation center, I spoke to a young woman whose husband got into a car accident—this is her talking about when she was being rehabilitated. He was severely mentally damaged. A family with three children, she had stayed at home and he had worked several jobs. Not only did this young woman have to deal with the fact that her husband would never be the same, but she would have to put all the money that she saved towards medical bills and lose her hope for helping her children's financial future. This was someone who was with her in the rehabilitation center. An accident or illness is punishment enough. That family, she was trying to say to us, was unlike her because she had resources through her father. Even though as a married couple they had no health insurance that would have covered her illness, she was in the same facility with a young woman who had children, whose husband was severely mentally damaged through an accident, and that person was going to have to pay. That was a sick husband, a sick family member, and they were going to have to pay and pay and pay and pay because they had no insurance.

We listened to the sick, but they were not worn out, they were not hateful, they were not angry. They were hurt, and they were pleading for us to do something for them. They were pleading for H.R. 3200. They were pleading and pleading and pleading and asking us to care. They were asking for a robust public option to bring down costs in insurance premiums that employers and others provide.

They were asking us to care about having insurance for 18- to 30-year-olds who were in the prime of their life, but who are also at the beginning of their careers or they are in college. They're asking us to care about hardworking families who, because of the expenses of the day, did not have enough money to pay for insurance.

And so I ask not why, but I ask the question why not?

And what about the story of a young doctor, so highly credentialed—George Washington University, faculty appointment, fellowship at NIH and internship at Vanderbilt University. Long before she earned a master's in public health from Harvard and a medical degree from the University of Chicago, she had dreams. She grew up as a child of a single parent in Detroit, Michigan. She saw the diseases that came about through inequity and disparities in health care. She saw family members not have access to health care. And this young girl, now a doctor, had a dream; she wanted to serve those people. She wanted to serve you and you and you that are now sitting in America with no health insurance. She wanted to be your doctor, your primary care physician.

□ 2115

But yet, in the system that we have, she could not find a way to serve the poor, to serve individuals that did not have access to health care and, in this instance, access because there are probably no federally qualified community health clinics, not enough. These individuals did not either enroll or qualify for Medicaid. These individuals didn't have H.R. 3200 or health care reform to provide a robust public option. She couldn't find a way.

So, in her own words, Dr. Anthony said she boycotted and is boycotting America's medical system today. She boycotted hospital care. She left the hospital treatment system because she could not treat patients because there were these oversight boards that would stop her from treating people who did not have insurance. They could be in the hospital, but they would be sent home, and she would feel empty because she was not able to provide them with care.

She told us about patients like her Aunt Chris who couldn't afford health insurance and, therefore, went without preventive screening and was diagnosed with invasive cervical cancer. She said she would never forget waiting for months to get her appointment at Cooke County or standing at the hospital pharmacy waiting in line wrapped around the corner just to drop off the prescription for her medication. Sadly, her aunt died in July of this year.

There are patients like her grandfather, who died in May from complications of CHF, leaving his retired wife with medical bills greater than the combined salaries of two physicians, or patients like her who were denied health insurance from private insurance when they were unemployed.

She boycotted the health insurance system because she, in her own words, said that she was disgusted and disheartened by the reality that 90 percent of the patients I choose to serve as a doctor, my family and community, could not get an appointment to see me if their life depended on it. She had difficulty sleeping at night.

Then she tells the story, this credentialed doctor tells the story of

having boycotted the system, and becoming unemployed, she joined the 47 million uninsured when she first moved to the District of Columbia. COBRA was offered for approximately a thousand dollars a month, but she was unemployed and she owed $217,000 in medical school loans and simply could not afford it.

The private insurance companies denied her application for private insurance, including BCBS, Aetna, and Kaiser. She assumed her premiums would be higher due to the height and weight ratio, but I never imagined I would be flat out denied. Let me just say that again so I can get it right.

She accepted the fact that she was going to have to pay very high premiums. She was willing to accept that. She has already got $217,000 in medical expenses. She thought maybe her physique would cause her to have increased payments. But can you imagine this credentialed doctor could not get health insurance at all? She was denied.

Madam Speaker, the loss of health insurance is not a respecter of age. It is not a respecter of your economic status. It's not a respecter of region. It's not a respecter of racial disparities or what race you are. It is an equal opportunity offender. It will attack those who suffer disparities because they are African American or Hispanic or Asian or if you are older or if you are younger or if you have a preexisting disease or if you have lost your job.

It is not a respecter of anyone. If you happen to have been wealthy and fallen upon hard times and lost everything, if your home has been foreclosed, you will fall into the trap of having no access to health care under this present system. I don't believe we can tolerate this kind of system anymore.

What about the story of a young physician who wants to ensure that he does what his life dream was, Dr. Alex Blum, who is a physician, a pediatric physician, who is concerned about making sure that he treats the sick children that are out there right now whose parents don't have health insurance and they may not be enrolled in the Children's Health Insurance Program because it has not been expanded as we plan to do in this legislation, H.R. 3200. But let me tell you his story, personally, what happened to him.

Six years ago, he says, when he was a medical student at Howard University College of Medicine in Washington, DC, he spent the summer doing an internship at the Centers for Disease Control in Atlanta. Don't we applaud that, a young doctor goes down to be an intern at a Federal agency? It speaks to the call of President Obama for those young people to serve. He probably could have gotten any other kind of internship. He became very sick. He went to the emergency room, was told he was in acute kidney failure. The problem was that his medical school insurance only covered him if he got sick near Washington, DC, not Atlanta, near Washington, DC.

So all of you parents, like myself, that have college-age children—they have graduated since—who want to go all the way around the world, in fact, they want to go way around the world; they want to work maybe down in New Orleans, as my son did, way away from his school, in order to be able to work at that time—he was in college—with Hurricane Katrina survivors; or my daughter, who went to the Mississippi Delta, way away from her school, to be able to help and work with those in that region. This young man went to the CDC. What parent could understand that he did not have health insurance because he had to be in the Washington, DC area?

It didn't cover me in Atlanta, he said. I qualified as underinsured. Aware that we could not afford out-of-pocket payment for a renal dialysis unit as was being recommended, my dad—his dad, a physician—drove him through the night from Atlanta, waking him every few minutes to see if he was responsive.

Let me see if I can get that. Here you are driving, trying to get through the dark of night. You have got a child that you love sitting in the seat going in and out of the consciousness, and you are trying to make sure that you are checking on that child, rushing up to get within the guidelines and boundaries of Washington, DC, so that you can get medical care. Until we finally reached Washington, DC, the next morning, even those of us who choose to enter the profession of caring for others are not immune to the dysfunctional health care system.

I thought that was a powerful statement that he, himself, had this concern. He is, of course, concerned about the 47 million uninsured and the 87 million underinsured Americans who deserve better. He trained in pediatric medicine at a county hospital outside of Los Angeles. At this county hospital, he cared for uninsured children, those enrolled in SCHIP and Medicaid. What he enjoyed most about working within that system was that he provided high-quality care to those who needed it the most.

His patients on Medicaid and SCHIP were able to easily see subspecialists. But he has a story here, and let me just tell it to you quickly.

He once cared for a 9-month-old boy who had a swollen face covered in a rash on his forehead and cheeks and raw in his neck folds. Any of us who picked up a bouncing baby, and we know how much we love to just nestle and kiss it. And just think of this baby with this rash. And many of us who are moms and dads know how babies can get chafe. This was raw rash, as he described it. How painful this must have been for that little 9-month-old who couldn't express himself. He sat before me and scratched his arms and trunk and uncontrollably to the point of bleeding. Because of his constant scratching, his skin had started to harden. He had uncontrolled eczema, and his mother told me, in tears, how she had not been able to obtain a referral to a dermatologist, the county pediatric dermatologist, one afternoon a month, clinic time.

That same day, to prevent the mother from receiving a large medical bill, I did what I normally do. I got on the phone to a private insurance company and asked the insurance bureaucrat to agree to pay for the visit. As my other patients had to wait for me, I wasted time on the phone trying to solicit preapproval from an insurance company, but I could not sway the insurance gatekeeper. I tried my hardest to make this bureaucrat understand the child's bloody scabs, the mother's tears, but to no avail. The dermatologist took pity on the child and he did what physicians often do, he saw the child for free.

What a tragedy in this Nation. How can one accept this predicament? I ask the question, why not?

I thank Dr. Blum for going the extra mile, as so many of our doctors do day after day and time after time. I know it well, as my area includes the Texas Medical Center, Texas Children's Hospital, Hermann Memorial, Baylor, Methodist, St. Luke's, MD Anderson, and many others; St. Joseph's, the Doctors Hospital on Tidwell, so many where doctors just say yes. They just say yes.

But can you imagine? What could I have done? What do you think Dr. Blum could have done? Could he have taken a BlackBerry picture, an iPhone picture of this 9-month-old baby? Could he have squeezed it through the telephone for this bureaucrat to be able to answer?

A vigorous public option has to be the answer for there to be the kind of reality that we cannot allow this kind of system to continue to take the lives of the sick, the sick who want to live, the sick who deserve to live. This kind of condition is one that I believe can be enormously unacceptable.

Let me share with you some additional stories that I believe are important to make the story complete. We were very pleased to have at our hearing today the wife of Senator Fulbright, Harriet Mayor Fulbright, who came to advocate—she did not have to do that—for a vigorous public option. She could have continued her philanthropic work. We certainly know of the great work of her husband, Senator J. William Fulbright, and the legacy that he had left.

But she wanted to tell us of a condition that she was suffering. She had experienced anemia. There was a lot of different testing of what was her condition. Finally, she got a diagnosis. It involved cancer.

She had a doctor at Johns Hopkins whom she liked, as she said, from the start. He finally told her that even though the chemo was indeed killing the cancer, it was also causing such damage to my immune system that he felt I needed a second opinion. So he

suggested that she go to another specialist at Dana-Farber Cancer Institute.

She saw another doctor, and in a few months her life began to improve. The complete transformation you now see, and she was before us, and she looked wonderful, came slowly, but it was like a miracle, she said. I am not and cannot be cured, but I am in complete remission.

She went on to say it came about because of a medical team extending around the world, doctors who shared research findings and techniques freely, swapping patient stories in an effort to treat us all with greater efficiency and compassion, brainstorming ideas about how to spread the word about this disease so that future patients would not go through a year of more frustration.

She wanted to emphasize to us it was because she had health insurance of the kind that would allow that to happen. But she came to tell us that she was not satisfied that her life was saved, that she was sick, sicker and the sickest person that she could have imagined, but now she has the opportunity to play with her grandchildren because she had health insurance. But she testified today, as a sick person formerly, now in remission, that she wants to see a vigorous public option.

Again, we want to hear from the sick, the sicker and the sickest, because they are, in fact, the reason why we need to pass health care reform. H.R. 3200 is health care reform legislation that will, in fact, provide us the opportunity to save lives.

Madam Speaker, you know I mentioned earlier 50,000-plus of our brave men and women died in Vietnam, how many we lost in World War II and World War I and our other wars and, of course, the gulf war and the Iraq war, Afghanistan, as we are still on the front lines.

□ 2130

Those are enormous tragedies and treasure that is lost.

I am very grateful that one of my constituents that I have great admiration for that we lost just recently, Dr. Michael E. DeBakey, whom we had the privilege of naming the veterans hospital after, was the doctor that created the MASH unit.

Now, with modern technology we are seeing our soldiers come home from the battlefield, even different from Vietnam, and even though we have lost a high toll in Iraq and Afghanistan, we are saving lives because of a public health system, the military doctors who are in the field taking care of these brave men and women, allowing them to come home to their families, a government health care system.

I want the men and women who may live to serve in the United States military, or the child that may grow up to join the United States military, to be able to live if they would have access to health care and a vigorous public option, so that that 9-month-old baby who could not speak for himself laying on that table blistering his own body, uncontrollably scratching, and not knowing, just being a baby, an infant, that someone would be so callous as to refuse a treatment that could have occurred right there. Short of that doctor saying yes, that baby would have gone home with that mom.

Or the accident victim, the story that I heard in my own community, where a car was totaled with a mom and a couple of her daughters' friends, and where one child may have refused to go to the hospital, was told not to go because that family member could not afford the cost of the hospital, of the cost of the ambulance to take the child to the hospital. It was ultimately worked out that the child could see a doctor.

But I don't blame that parent or that family member. You have got to understand what that means, what that means to those who are paying rent, providing for three and four children, who are being the parent that we ask them to be, trying to provide for all the children.

Or maybe the parent that stood up in my town hall meeting and said to me, ''What do we do? I have insurance. I went to the doctor. I took it there and the doctor said, 'This insurance is not worth the paper it is written on. What it says is it provides you with emergency care.' My son needs a physical in order to go into school.'' In order to start school, he needs a physical.

So many of us as Members of Congress in our town hall meetings on health care reform heard those stories. I told my staff immediately, we are going to get her the care that she needs. We are going to get that son a physical. We referred her and made sure that she got the very next day or within a day or two into one of the Federally qualified clinics. She knew nothing about it.

There are not very many in our community in Houston. We want to build up in Texas. They are growing. We are looking to invest in one with Rev. Ethan Ogletree, who is looking to put one in the Greenspoint area. We are looking to work with the Acres Home community to ensure that we have one there. And others are planning such clinics. Out of H.R. 3200, we will find the opportunity and the language and the provision to establish Federally qualified community clinics.

But that young man was able to get into one that our office provided him the access to, because that family did not know about that opportunity, so that he could get a physical and be able to return at that time to school.

Madam Speaker, I don't know how many more stories we need to hear. There are so many. I know that there are people who are sick, who are denied the access to a physician, or themselves make the decision that they are not going to go and get medical care. They are going to take care of themselves. They may try to ask a pharmacist and get some over-the-counter drugs.

As one testified in our hearing as well, another film producer who was willing to say in her story that she wound up asking friends who had similar conditions, can I borrow your medicine? Dianne, who was a TV producer, she told us that story. Many people do that.

Madam Speaker, many of them as well not only do that, but they cut their medicine in half, or they don't take their medicine. How many seniors do that?

So we have to fix this system so that the cost of prescription drugs for seniors does not price them out of caring for themselves and taking the medicine that they have. We must fix the system so that Medicare costs do not cause Medicare to not be able to serve all of the seniors and those that need it.

By the way, Madam Speaker, if we just count the lives that were lost pre-1965 before Medicare and look at the life expectancy term now, how much it has grown. I did not know my paternal grandfather. My grandmother told me that he died in the 1930s at home with pneumonia, not seeing any doctor, not having any insurance. That was America during that time. Congress even from that time, the 1930s, the 1940s, the 1950s and the 1960s, tried to do health care reform. How many lives, countless lives, were lost because of the fact that we did not have health insurance?

So this hearing today was a moment in history, one that I was so very proud to be a part of. We heard from Dr. Lucy Perez, a past president of the National Medical Association, who insisted eloquently that we should have the right kind of health care reform that brings down premiums and allows access for all Americans.

We heard from Dr. Aziz, a renowned and respected cardiologist. He has extensive training in heart and lung transplants and was a co-director of the heart transplant program at the University of Washington. This doctor advocated for a vigorous public option because he wanted to be able to use his skills on those who may not be the wealthiest in America. He wanted to cure the heart problems and lung problems through surgery of those who now languish in their apartments and homes because they do not have health care insurance, who have not seen a doctor, whose health is deteriorating, whose heart disease is growing and expanding.

I do want to make mention of the fact that Eric in his death shared his liver so that someone else might live. Can you imagine that person who needed that liver not having health insurance? Can you imagine that kind of continuing crisis in America?

It is important to note that doctors like Dr. Murphy came as well to speak about the importance of letting the message of doctors from around the country come out. The poster board

that I had that indicated that all these doctors from all of these organizations are in fact supporting, they are supporting, health care reform.

The question is not why, but the question is why not? We thank him for his presence. And we thank Elizabeth Wiley, who came as a medical student and indicated that 62,000 medical students across America are supporting a vigorous public option.

I believe, Madam Speaker, that the stories of the sick, as we mourn those who have lost their lives, are potent and powerful. As we listened in the waning hours of this hearing and listened to many, many others, Dr. Ben Carson joined in by telephone and told us, this great surgeon, of the need for full access and the need for the ability to be heard on this issue.

Madam Speaker, I close by simply saying if the question is asked why, we ask why not? A vigorous public option will save lives; 45,000 die every single year. And to the sick who are listening, let us hear from you, because we will be propelled by the cause and necessity of providing you, the sick, with good health care so that you might live.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the ordering of a 5-minute Special Order speech in favor of the gentleman from Texas (Mr. GOHMERT) is vacated.

There was no objection.

PROVIDING AFFORDABLE, ACCESSIBLE HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. Madam Speaker, it is always an honor to be here on this floor where so much history has been made. I can't help but think of the quote from Thomas Jefferson: ''The natural course of things is for liberty to yield and government to gain.''

What we have been faced with and what is being negotiated behind closed doors, interesting negotiations, there are no Republicans that have been allowed anywhere near, despite all the promises of the most open government that we would have once President Obama was in the White House and Speaker PELOSI was Speaker and HARRY REID was the Majority Leader in the Senate. Those things just simply have not materialized.

I keep hearing people, and I have heard them on both sides of the aisle, say we want health insurance for everyone. What I want for everyone is health care; health care that is affordable, health care that is accessible.

Health insurance? I gave a speech to health insurance folks here last year and I pointed out, you think you are selling insurance, but this is not insurance. You are selling management by health insurance companies of health care. It is not insurance.

Look it up. Insurance is not paying a company to manage everything for you. Insurance is when you pay a little premium, a small premium, sometimes monthly, sometimes quarterly, sometimes for a whole year. You pay that to insure against some unforeseeable event out there in the future.

Now, when I was growing up in East Texas, there were precious few people that had any insurance, but the ones that did, they paid a tiny premium to insure against some catastrophic illness overtaking them or some terrible accident that left them in need of expensive health care, and that insurance would cover them.

For the rest of us, if you got sick, you knew exactly what the cost was at each doctor's clinic, at the hospital, and you also knew if you got sick and had to go to the doctor's office what it would cost. But if it was more than you could pay, then there was usually someone near the front counter who could work out a monthly payment for you to pay. But, as a patient, you had control of your health care.

I have been intrigued. It just leaves you with a broken heart to hear all the troubling stories from our colleagues across the aisle about the tragedies of sickness or accident. But I have heard the same thing except, many-fold more, about socialized medicine.

As an exchange student in the Soviet Union in 1973, I had a chance to see socialized medicine up close and personal, the way it gets after it has existed for a number of years. People rarely ever saw the same doctor when they went.

The doctors, it was not an honor to be a doctor there. College students with whom I came in contact and got to know, if they had a parent, a father or mother that was a doctor, they were not all that thrilled to tell you. They were tickled to death to tell you if they had a parent that was assistant to the assistant manager of a factory, but not so much of doctors.

Here in the United States, doctors traditionally have been paid well, and it has inspired the very best and brightest among us to aspire to go to medical school and become doctors to help people. And what seems to have been missing from heartrending story after heartrending story are any good stories.

□ 2145

So if someone is visiting the United States, and the only exposure that they have to hearing about our health care is from the stories from our friends across the aisle, they would certainly want to avoid U.S. hospitals, U.S. doctors and U.S. clinics because of all the terrible tragedies that seem to be the only thing that occur; when the fact is, this country provides a better level of care than anywhere not only in the world but in history.

I've had doctors who were historians indicate that before 1910—not even a full 100 years ago—before 1910, if you went to the doctor, the odds were about 50–50 that you would actually be helped by going to the doctor instead of being harmed by going to the doctor. Just down the road out here you can get to Mount Vernon, to George Washington's home. We have a beautiful painting over here similar to the one hanging in the White House of George Washington, all 6-foot-3½. Though some say he was not that tall, they knew he was that tall when they measured him on the slab after his death. But he died at an age that was unexpected for him because he seemed to be in such good health. He had been out marking trees that were going to be cut down. He didn't know that he might someday get a carbon credit for them, so he had marked them to be cut down. It was during the cold and during the rain, and he got a cold. He didn't get out of his wet clothing very quickly. He had dinner the night he came back. He didn't do much about the cold. But before long, it began to overtake him.

One of his closest friends in the world was his doctor, Dr. Craik. I think he was bled three times, and they just could not understand why they kept draining out the bad blood, as they thought, out of the great father of our country, and he just seemed to not be getting better. They didn't know the damage they were doing to this giant of a man.

But we get past 1910, and because of the free market system in this country, health care has been elevated to a level never before seen in the history of mankind. What is missing in some of the stories that have been told are some of the stories that I have personally heard and have become familiar with.

Sue Clark lives in Tyler. She told me that she emigrated from England. Her mother got cancer living in England and, as is normally the case with socialized medicine, there, in Canada and soon to be here if the health care bill either the House or the Senate is talking about makes its way and gets passed, signed into law, people will go on lists the same way here. So when the President says, We're cutting $500 billion or so in Medicare, but we're not going to deny coverage to anyone, not going to deny treatment, what we see in these other countries is that they're not technically denied treatment or care. They're put on lists. And as it goes with socialized medicine, in order for the socialized medicine health care system not to go broke, people end up dying on the list, waiting to get their health care coverage.

That's what Sue said happened with her mother. Because her mother got cancer in England, she died of the cancer, which would have been an unnecessary outcome, had she been living in the United States, as Sue said. Sue got cancer here in the United States. She didn't go on a list. She is a secretary,

as I recall, and she said she didn't go on a list. She knows she's alive today because she emigrated from England and got away from the socialized government, single-payer health care, whatever you want to call it, public option. Over there it's not a public option. It's a public requirement. But, anyway, her mother died of cancer because she was in a country that had the kind of health care that those across the aisle—many of them that is, not all of them—are aspiring to give us here.

By the same token, I know personally of incredible stories, of people who didn't have money for health care and doctors provided it, doctors who answered the call in the middle of the night and came rushing down to help, even though they knew there was a good chance they wouldn't get paid. Doctors, hospitals and clinics providing free care. I come back to my friends across the aisle who seem to indicate, like the one indicated earlier today that the guy was told because he was not from here in the United States and because he didn't have health insurance and because he didn't have $250 to pay cash, he could not demand and require that the doctor he wanted to see had to see him. My friend across the aisle was upset about that. He was told he'd have to go to the emergency room to get that treatment.

I've also talked to physicians who said that if there was any way to require even a $5 copay, it would root out so many of the people that just show up at the emergency room with colds, things like I get—maybe because of the stress or I'm not getting more than 2 or 3 hours sleep so often around here. We get colds. I don't go to the hospital. I don't go to the doctor. We have got great over-the-counter medical supplies. So you can go pick them up. I don't use insurance for those kinds of things. You just get what you need. I am familiar with what it costs. When I went out on my own as an attorney and left the big firm I started with, I was determined not to steal any clients, as I knew some lawyers had been accused of doing. So I started out with next to nothing. That first year that I was on my own, my adjusted gross income was $12,000. We had a daughter who was about 2, and the only thing we could afford to give her that Christmas was a free puppy dog that my late mother had found and thought my daughter would love, and she did.

I know something about having to scrape and scrimp and build a business. Within 3 years of going out on my own, I ended up paying more in income tax than I ever made at the big firm where I went to work after I got out of the Army service. So I know something about scrimping. I know something about not having the money to give your child everything you want. I understand. But the free market system, when allowed to work properly, can do amazing things.

But I'm telling you, Madam Speaker, and I would tell the world, I don't want health insurance companies or the government managing my health care. I want to make those decisions, and I want everybody else to have that same freedom. I want them to have coverage where they can afford it, and I want them to have the best health care that is available in this country, and that's doable. But not by socializing medicine.

You hear the stories over and over. We heard about a company in Canada which, in order to attract the best and brightest employees, was offering them the added perk that if you get sick and need surgery or need testing, we'll put you on a plane and fly you to the United States to get it done within 24 hours. That's what they were offering as part of their contract because you couldn't get that in Canada, working up there. But here if we emulate those systems, you go on lists.

The seniors, having lived on this Earth for so long, they understand what's going on. They understand when you talk about cutting Medicare $500 billion what that means, that they're expected to do as Robert Reich recently said, You know, they're not going to get the health care they need at the end of their lives; it's too expensive. Basically, we'll let them die within a couple of months.

If you remember the President's own town hall meeting at the White House, there was a lady there named Pam Sturm. She had said that her mother was 99, close to 100. Her own doctor said that he couldn't do any more unless she got a pacemaker, but that seemed awfully old to be getting a pacemaker. Everyone else said, Yeah, sure. Go for it, except, according to Ms. Sturm, the arrhythmia specialist. But he had never met her mother. Well, her doctor contacted the arrhythmia specialist and said, You really need to meet this lady before you make that medical call. Don't just do it off a list. You really need to meet her. He met her, and according to Pam, the specialist saw her and saw her joy of life, and he said that he, indeed, was going forward with the pacemaker. It's been 5 or 6 years since then. She's now 105 and doing well, according to Pam.

Now the question she asked the President, she wanted to know under President Obama's plan what treatment someone elderly could have, and asked this question: ''Outside the medical criteria for prolonging the life for somebody who is elderly, is there any consideration that can be given for a certain spirit, a certain joy of living, a quality of life? Or is it just a medical cutoff at a certain age?''

I watched the video, and I typed this up so I could have every comment exactly right. President Obama said, ''We're suggesting—and we're not going to solve every difficult problem in terms of end-of-life care.'' My English teacher mother taught eighth grade English for most of her adult life, actually taught me English my whole life and got frustrated with me quite a bit. But I know that she would outline that sentence and say, The President needs to clean that up, just as she did with some of mine.

Anyway, he apparently is talking and thinking and trying to come up with an answer, kind of beating around the bush. But he goes on and says, ''A lot of that is going to have to be—we as a culture and as a society starting to make better decisions within our own families and—and for ourselves.''

The President goes on and says, ''But what we can do is make sure that at least some of the waste that exists in the system that's not making anybody's mom better, that is loading up on additional tests or additional drugs that the evidence shows is not necessarily going to improve care, that at least we can let doctors know and your mom know that, you know what, maybe this isn't going to help; maybe you're better off not having the surgery but taking a painkiller.''

That is the President's answer. How ironic. She had just explained that her mother had lived 5 or 6 years, a very joyful life after the pacemaker, and here the President is saying, Maybe you're better off not having that pacemaker surgery but just take a painkiller.

The seniors get that. They understand what that means to them, and they don't need a death panel to read them the writing on the wall that comes from that kind of approach to health care.

I had one senior say that she's concerned that they're cutting health care costs for seniors because they know that's where all the wisdom—not all of it but a great deal of most of the wisdom resides. The longer you are around, hopefully the greater your wisdom grows. I know from having been a judge that it is true. You live and you learn. Unfortunately, there are those who just live. Very unfortunate. Some never get to that learning part.

But we have seniors who have lived and learned. They've seen the threats of fascism. They've seen the threats of communism. The greatest generation that provided us the protection and afforded us the opportunity to enjoy the blessings we enjoy, and now we say, ''You know what, maybe you're better off taking a painkiller''? What have we come to? You know, are we so self-absorbed, and we look at the money that we're throwing around from this body. We're supposed to have the purse strings and have some self-restraint as an obligation to those who sent us here, and yet we pass a bill to spend $770 million on wild horse habitat to buy them another area the size of West Virginia so they can roam around more when we have 3 million or so people, I understand, who have lost their habitats? Why aren't we taking care of their needs by creating new jobs and creating the ability to afford health care?

My health care, my health insurance here in Congress, is part of the same

big thick booklet that all other Federal employees get to have, but it was costing over $1,000 a month. It was just too much. So I elected to go with a health savings account, and it went to $300—well, it's under $300 a month, but a majority of that goes into my own health savings account. I've had some disagreements with the insurance company. I hear lots of people say, Everybody in America ought to be able to have what our Congress has for health care insurance.

□ 2200

My answer to that is you don't want my insurance. I'm changing it at the end of the year. I don't like it. I'm changing it at the end of the year. But what you want is not the insurance I've got right now, I don't think. What you want are my choices, because I've got a big, thick book like everybody else in here, and all the clerks, all the support staff and personnel, all the Federal employees have the same opportunities. It's not exclusive to Members of Congress.

I do support I believe it's H.R. 615 that JOHN FLEMING came up with that a number of us have signed onto. I think it's a good bill, that Congress shouldn't pass any health care system created at least with legislation that we do not put ourselves on. It seems fair to me. But people should have choices, and that will bring about better health care options for people.

But you have health insurance companies right now managing health care. It's not insurance. They're just taking care of people's health care. And it reminded me that—and someone, Madam Speaker, may be interested in taking this idea and actually going public and trying to sell the public on the idea. Maybe it will work. It sure worked in health care. And that is to tell people, You know what? Gasoline goes up. Sometimes it goes down, but it seems like more often it's going up. So why don't we tell the American public, Look, we will provide you what we will call gasoline insurance. You pay us a truckload of money every month, and we'll give you a copay and a deductible, and then we will pay your gasoline bill above that every month. How does that sound? Well, that's what people are doing with health insurance, and they're paying an awful lot of money.

The same thing is true with Medicare and Medicaid. When you take the total expenditures for Medicare and Medicaid in the year 2007—we're still looking for 2008 full-year numbers, don't have them yet—we were approaching $10,000 average for every household in America to pay for Medicare and Medicaid. A small percentage of the population is on Medicare and Medicaid; yet the average is $10,000 for every household in America just to pay for Medicare and Medicaid. That just seems outrageous. There's an easier way. I filed a bill that has a solution. There are lots of other people that have suggested solutions.

I want health insurance companies to get back into the business of insurance, and the way to do that is to have a high deductible policy and to provide tax incentives for companies to pay into employees' own personal health savings accounts, not like the old kind where if you don't use it by the end of the year, you lose it. No. If you don't use it, it rolls over to the next year, and it will accumulate and grow. And statisticians tell us that young people in their twenties and thirties, the vast majority of them, if they do that, will have such tremendous accumulated amounts in their health savings account by the time they reach retirement age that they won't need nor want Federal assistance with their health care decisions or payments because they can address it themselves with their own health care savings account and with the money that they have stored up. We provide tax advantages for businesses to do that.

Now, I do agree with those on both sides of the aisle, and not everybody agrees but I think we do have some joint agreement, on the fact that we should have health insurance policies where the insurance company just can't up and cancel the insurance policy after you find out you have some dreaded disease. That seems grossly unfair. And I would agree that would be fair, and the Federal Government can do that. We can be about making sure there is a level playing field and there's fairness across the country. That's what we are supposed to do.

This body was never intended to run everyone's life in the United States. But you give control, you give the cost to the Federal Government of all health care in America, well, that can't be paid for by the Federal Government unless they get it from the people living in America; so they're forced to tax Americans more to pay for their health care, and then you have the Federal Government, whose role is supposed to be that of referee, not only being referee but being the player.

I mean, we are constantly, it seems, most every day having people come in who are having problems with the Veterans Administration or the Social Security Administration, and it is such a nightmare dealing with the Federal Government when they are the player and the referee. There's nobody else to go around. The Federal Government is it; whereas, if it took its role from our original Constitution, it would be the referee.

I heard someone call into my friend Sean Hannity's show and he was berating health insurance companies, and he said, One of your precious health insurance companies had to settle a lawsuit for $3 million dollars and that's why the Federal Government ought to be providing the health insurance for health care.

Well, he didn't know what he was talking about because what that shows is you don't want the Federal Government in the business of being both the player and the referee because they don't play fair when they're the only player and the referee. They treat you as some of our veterans have been treated or, should I say, mistreated. What you want is the Federal Government to be the referee.

To me, if the insurance company got tagged for $3 million for some heinous way they handled somebody's situation, that means the Federal Government is doing its job. It provided an arena in the judiciary system where people could have a right of redress. That's what we are supposed to do. And by having such a heavy hammer as the arena of redress, forcing the free market players out there to play by the rules, to be fair and don't mistreat people, we do a better job when that is what we concentrate on; not telling automakers how to make cars or taking control of all these other areas that we seem to have taken control of in the last year or so.

I want to go back to the comment of Thomas Jefferson: ''The natural course of things is for liberty to yield and the government to gain.''

Of course, it was John Adams that commented, ''In my many years I have come to the conclusion that one useless man is a shame, two is a law firm, and three is a Congress.'' What a wise man John Adams was.

With regard to health insurance, my bill that has been filed we have been trying to get CBO scoring on. But it may be recalled that earlier this year after CBO came out with a score on a Democratic bill that upset the White House, the head of CBO, the Congressional Budget Office that does all the scoring that people constantly refer to as this unbiased source, the head was called over to the White House, called to the woodshed at the White House. And lo and behold, after that trip to the White House, it's amazing how CBO seemed to try to reach out and help the majority party, the majority in the House, the majority in the Senate, and the White House.

□ 2210

So Senator BAUCUS can rush in a bill, rush in something that is not even a bill, just a plan, and get them to score it. Well, I was told back in June that they would not score my health care bill unless I could get it into the form of a bill that could be filed here in the House.

Well, I couldn't get my bill. I had the plan all drafted, what we wanted in it, and I could not get Legislative Counsel to put it into the form which is required in order to file it normally. And so we pushed and pushed. I told Newt Gingrich about my health care plan. He said you need to get that in bill form and get it scored. That should score. Well, I tried and tried. I was told, well, you are in the minority party and besides that, you are not on the Energy and Commerce Committee. So I got the highest-ranking Republican, JOE BARTON, who was extremely helpful. He

made the request. He and his office started pushing to get my plan into a bill form so I could file it. That wasn't good enough. We got other Republicans. We kept pushing and pushing. It took about a month, but we finally got it into bill form so we could go about getting it scored by CBO.

We got it filed on July 31, and there are some amendments that we have prepared in this bill here that I am holding that we will file shortly. But we have been trying to get it scored by CBO. We made the official request August 19. We were told by CBO what we had heard from the Legislative Counsel Office, you are not in the majority. We knew that. I'm smarter than I look, perhaps. Then we were told, and you are not on the committee of jurisdiction, Energy and Commerce. So we got again Ranking Member JOE BARTON to assist and make the request. That was done in September. And then we were told later, you know what, you don't have anybody from the joint commission, tax commission, who has made this request. So we got the highest-ranking Republican on the commission to make the request.

Senator KAY BAILEY HUTCHINSON down in the Senate had requested a scoring as a Senate amendment, and she has not been successful in getting CBO to score that.

What happened to the fair government we were going to get when this Obama administration took over? What happened to the fairness and the openness and treating both parties alike? We have been shut out of all negotiations. Unless the President has allowed a Republican into the White House to talk health care in the last few weeks, we had heard that it had been since March since a Republican had been allowed in.

When he stood there at that second level during the joint session and said, Look, if you have solutions, my door is always open. Well, lots of us have filed bills. Lots of other Republicans have plans that they would like to get into bills, but they can't get Legislative Counsel's assistance. I am still plugging to get CBO's assistance to score my bill. But amazingly, they fall prey to the gimmickry of the Baucus bill of saying, oh, well, 10 years of revenue and 5 or 6 years of cost may come close to balancing out and only costing the country just under $900 billion. But as we know, that has been bumped up to over $1 trillion. What happened to the openness and fairness? We have solutions. We held them up so the President would see we have solutions. We would love to talk to him, to someone drafting the bills, because they are good ideas.

As I mentioned back during the days when I was on the active deacon status of my church, sometimes people would say we all ought to be of the same mind here in this body. And my comment was, unless one person has a 100 percent lock on God's truth all the time, we ought to listen to each other. In a deacon body, you need to do so prayerfully and seeking truth in God's grace and help. In this body, it wouldn't hurt to do that either. We ought to listen to somebody. There seems to be such an atmosphere of arrogance when someone will say that there is not one single thing that nearly half of the Congress can contribute.

We all have basically the same number of constituents. There are the same number of constituents who elected Speaker PELOSI that elected me from my district. But it means just under half of the country is now not allowed input into the bills that are being passed and put together in this body. We have some proposed solutions, and the great thing is, as I have continued to talk to Democrats and Republicans, I find new things that will make my bill better.

So one of the things that we deal with is this issue of people owning their own policy. That is required in my bill. An employer will have the tax advantage, the business expense, of paying for employees' health care insurance, but that will change in the respect that it will now be the employee's policy. So that means if the employee goes elsewhere or is fired, the business goes out of business, it is still the employee's policy and they can keep paying. We will get rid of COBRA. I saw that after I left the Bench and started running for Congress. My health care was going to go up so dramatically under COBRA that I couldn't afford it. My wife and I cashed out every asset we had except our home in order to make the run for Congress. So I do know something about sacrifice. It is kind of tough when you know you can't provide your children what you know you could have if you had stayed in the private sector, but that is what we did.

I came representing my constituents with their expectation that everybody, as Speaker PELOSI and President Obama and Senator REID have promised, that everybody would have input, and we have been shut out. It really is a tragedy.

For seniors, since Medicare came into existence, seniors have never had complete coverage nor control of their own health care. The government has had that control. They would have to find out if the government was going to cover a medication or a procedure. They would have to find out from the government. The only thing worse I can imagine would be if we had a system like Canada or England where the government puts you on a list. And as one individual told me from Canada, that his father needed bypass surgery and he went on a list. He was told we do make adjustments in the lists based on our own determination. I can just picture some guy in a cubicle looking at the list, I think I will move this guy, not this one. He said he guessed wrong with my dad. He needed the bypass surgery very quickly, he didn't get it, and he died on the list, waiting to get bypass surgery for a number of months.

We want people to control their own destiny and have access to affordable health care. I saw across America it was currently costing over $10,000; in 2007, it had gone from $8,500 to $9,200 a household. For every household in America, on average they were paying nearly $10,000 to cover the people on Medicare and Medicaid.

We would be better off to say to our beloved seniors, you know what, we can do better if we just pay for what you need and we put cash money in your Health Savings Account. If you are an individual living alone, $2,500, if it is two or more, $3,500 in your household Health Savings Account, and then we will buy you health insurance to cover everything over that.

□ 2220

You control the first amount, up to $2,500 or $3,500, with a debit card that is coded so it will only pay for health care treatments, medications, over the counter, prescription drugs, the things you need for your health care; and then health insurance, a private health insurance company, would provide insurance for everything over that that was not elective. We're not going to pay for liposuction, but if it's not elective, then it would take care of it. We're better off doing that for seniors; then they have absolute control of their own destiny and they have full coverage so people like seniors and our families would not have to buy supplemental Medicare coverage.

I know that scares AARP. The loss of revenue would be just so traumatic to AARP. I get it. I understand that. But it would be better for AARP's members if they didn't have to buy the supplemental coverage from AARP, if they didn't have to buy wraparound coverage from some outside source, if we took care of it and gave them what they deserve for handing us the greatest country with the greatest freedoms in the history of the world. We owe that to them. That's what we owe to those who have gone on before us.

To those who are coming behind, my heart breaks. We're spending money like it grows on trees. Of course we're printing it like it grew on trees. Instead, we're cutting down massive forests and printing it. Chairman Bernanke told us he wasn't monetizing the debt, and we find out it appears the Federal Reserve is buying our debt with newly printed money. I wish that we could get Madam Speaker to bring the bill to the floor that has over 300 cosponsors—it only takes 218 to pass—that would require an audit of the Federal Reserve, but we can't get that to the floor.

In any event, we owe future generations so much better than we're giving them. And I just keep thinking about how absurd, if a parent brought a bunch of kids and grandkids into a bank and said, I need a loan because I can't stop spending, I'm just spending wildly, it's more than I earn, it's more than I could ever get, but I need a loan

so I can just keep spending—you know, $25 million on rare dogs and cats that don't even live in the United States, $770 million for wild horses, $400 billion for a land omnibus bill, $800 billion for a stimulus package that won't stimulate anything, hasn't saved jobs, it doesn't appear, just a few thousands of jobs while there has been millions lost; $800 billion for that? And don't think that I exclude the TARP bailout, that ridiculous bill that never should have been passed through this House 1 year ago. That's part of the problem, spending money like crazy.

Can you imagine that parent saying, give me the loan, and see all my kids and grandkids back here? I am going to swear that when I'm gone and quit spending—because I'm dead—they're going to pay it all back to you. That is what we are doing. We owe them so much better after what we got in this country, and we're leaving them debt they will never be able to pay off and they will have to pass to their children and their children's children.

With us and this arrogant spending that's going on in this body—and I know it didn't just start with the Democratic majority, but they've kicked it in exponentially since taking the majority and especially since January. They won the majority on promising America they would bring down the spending, and it's been exponential, it seems, since then. We owe future generations so much better.

So we're told, gee, the initial H.R. 3200, it was probably going to cost $1 to $2 trillion. We were told the Baucus bill is going to be over $1 trillion. Folks, the last numbers we were able to get is around 119 million households in America, you divide 119 million households into $1.19 trillion—which is a conservative estimate of any of the Democrats' bills—and what you have is an additional $10,000 per household for their health care bill that will not cover all Americans, but will cover a lot of illegal immigrants in this country. My bill deals with that.

By the way, this bill I have before me, it would be a choice for seniors; if you want to keep Medicare, keep it, but I know in my heart that when you see what an advantage it would be to have the government give you a health savings account with cash in it and the government pay for the insurance to cover anything over that, that's the way people will want to go. And then eventually we will be able to bring down dramatically the cost. And as the young people move up, it costs less and less and we get this spending under control.

But one of the things that we've heard is about how many people come into this country knowing they've got a health care problem, knowing they may need heart surgery, come in, present to the hospital, get heart surgery. See, you can do that in this country; you can't necessarily do that in other countries. But we've got to rein that in.

In my bill, there is a specific provision that says, if you want a visa to come into this country—whether it's a migrant worker visa or whether it's a travel visa or whether it's coming in for some extended stay to work here—you have to show that you will be covered by health insurance either by your employer, by the household in which you're going to reside, that you will be part of their health insurance, you have to show that document or you don't get a visa. It is a matter of national security that we not let people coming in bankrupt the country. We've got to get this under control.

The law of the land is—and has been and allowed to stand—if you're illegally in this country and you present for health care, you'll get it. We believe in abiding by the law, and so that will be addressed, that will be taken care of. You will get the health care. But because it is, again, a matter of national security that you not be allowed to bankrupt our country, then if you're here illegally and get free health care, then you will be deported. And since we can't let you keep coming in to bankrupt this country, if you come back in, then it would be a crime. It's not considered a crime right now, but if you come in illegally, get free health care, and then after being deported come back in, that would be a crime under this bill.

Another thing we need, though, is transparency. These are all part of Republican solutions. And it's in this bill. It's in other people's bills. Transparency. People don't know what it costs for health care. I have seniors get scared. They say, wow, that costs $30,000? Oh, my goodness. Thank goodness for Medicare because I only have $10,000 in the bank. I could never have paid for that. Well, guess what? It didn't cost $30,000. It probably didn't cost more than $3,000 for that $30,000 in care.

As I've mentioned before, I know of a specific instance where $10,000 in 2 days of hospital care, ambulance, doctors, testing was paid in full by a health insurance company for $800. Americans ought to be able to do the same thing. It shouldn't just be Blue Cross or some other health care insurance company. Americans ought to be able to get the same good deal that insurance companies or the government can get, and they could do that if they had their health savings account and start saving. And even if someone is self-employed or wants to put in money of their own, they can do that. That's pretax money if they're willing to do that. Those are the kind of things that would help us.

With regard to transparency, under this bill, health care providers would be required to provide you the exact cost of the treatment of whatever it is you're getting in the way of health care from the health care provider before the treatment.

□ 2230

They also, under my bill, would have the right to know if you are providing that service to anyone else cheaper. They have the right to know how much it is. Chances are, if a health care provider is providing it cheaper to one than they will with a health savings account or somebody with cash, then that person with cash or the health savings account will take their little debit card down the road, like we used to do growing up. The truth is we used to go back and forth between doctors. My parents were looking for a good deal and didn't have money to waste, and so you knew what things cost and we might go to a different doctor. But you might know in advance. That's the way it ought to be now. You ought to know, and you might get the same deal, Madam Speaker, that Blue Cross gets. That's in this bill.

Another thing would be that insurance companies—and that's in this bill, and JOHN SHADEGG is the one that talked about it so adamantly for so long. It's a good idea. Insurance companies should be able to cross State lines.

I have been looking on the Internet lately for some new term life insurance—and I am not giving out my e-mail address, because I sure don't want any more of the spam that I keep getting—but you can get that online. People are competing across the country, and there are some very good rates on life insurance.

You ought to be able to do that with health care insurance. People ought to be able to get as good of health care plans no matter who they are. But, unfortunately, under H.R. 3200, and basically the Baucus bill, as I understand it—I haven't read it like I have 3200—you will not have a lot of choices. There will be one basic plan. There will be one enhanced plan. There will be one premium plan. It may be that you are in an area of the country where you only have one policy, the basic policy. The terms will be dictated by the Federal Government.

It's not choices. You may have a number of companies initially that offer those, but if there is a public option, then, just like with the flood insurance, the government will put private insurance companies out of business and you will have one choice of company; that's the Federal Government. You will have one plan, and that's what's dictated. My bill avoids that problem.

There are lots of solutions out there, but I do want people to know that, again, when they are told that you can keep your own insurance company, here is the House bill here, 3200, Section 102, the grandfathered health insurance coverage means an individual has insurance coverage. In order to keep this, you have to meet these requirements:

The insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first

day of Y1. You can't add a single individual to your policy. If you do, you will lose the policy. It's a retirement medical policy, and one more person retires and goes on, that's gone. You are back under the Federal bill here.

Then the second is the issuer does not change any of its terms or conditions, including benefits and cost sharing. That means nobody is going to be keeping their own health insurance policy is exactly what it means.

The other stuff, even if you take out the public option, this kind of stuff that you can find in our 1,000-page bill—and I bet this kind of stuff is in the Baucus Senate bill, studying reports. It shall, the commissioner, Secretary of Health and Human Services, Secretary of Labor, shall conduct a study of the large group insured, self-insured employer health care markets.

It will include types of employers by key characteristics, including size that purchase insured products versus those that self-insure. Similarities and differences between typical insured, self-insured health plans. The financial solvency and capital reserve levels of employers that self-insure by employer size. The risk of self-insured employers not being able to pay obligations or otherwise becoming financially insolvent. You get that, being able to pay obligations.

That means we are going to send in—we have never balanced anything around here for very long. We are going to send in a Federal agent to help people in private business, that we think you are not making good decisions and so we are going to help you run your business because you are not making good calls. We are doing a study. I mean, this opens the door for the Federal Government to come in and service people in a way they don't want to be serviced.

We don't need the Federal takeover of health care. We just don't. We need a referee. We do not need the Federal Government to be the player. That's the way it always works out.

I would encourage, Madam Speaker, anyone in this body or anybody across America who would like to know exactly what the President's plan says, because he has referred to it constantly, my bill, my plan, this bill, this plan, contact the White House if they would be interested and ask for a copy of the President's bill. Anybody on this floor can do that, anybody across America. What you will find is what we finally found—the President has no bill. There is no bill. There is no President's bill, nothing there. All those claims about my bill, this bill, my bill, it's not there, doesn't exist. They finally admitted it.

Madam Speaker, I am so hopeful that Americans will speak out and make sure that their Representatives or their Senators and the President know how they feel about the government taking over another aspect of their lives, and I hope and pray that doesn't happen.

Madam Speaker, I yield back.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GERLACH (at the request of Mr. BOEHNER) for today on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. CARNAHAN) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Mr. GEORGE MILLER of California, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, November 3.

Mr. JONES, for 5 minutes, November 3.

Mr. FORTENBERRY, for 5 minutes, today.

Mr. CARTER, for 5 minutes, October 28.

Mr. DEAL of Georgia, for 5 minutes, October 28.

ENROLLED BILL AND JOINT RESOLUTION SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill and joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 1209. An act to require the Secretary of the Treasury to mint coins in recognition and celebration of the establishment of the Medal of Honor in 1861, America's highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States, to honor the American military men and women who have been recipients of the Medal of Honor, and to promote awareness of what the Medal of Honor represents and how ordinary Americans, through courage, sacrifice, selfless service and patriotism, can challenge fate and change the course of history.

H.J. Res. 26. Joint Resolution proclaiming Casimir Pulaski to be an honorary citizen of the United States posthumously.

A BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on October 26, 2009 she presented to the President of the United States, for his approval, the following bill.

H.R. 2647. To authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, to provide special pays and allowances to certain members of the Armed Forces, expand concurrent receipt of military retirement and VA disability benefits to disabled military retirees, and for other purposes.

ADJOURNMENT

Mr. GOHMERT. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 35 minutes p.m.), the House adjourned until tomorrow, Wednesday, October 28, 2009, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

4299. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Congestion Management Rule for John F. Kennedy International Airport and Newark Liberty International Airport [Docket No.: FAA-2008-0517; Amendment No. 93-93] (RIN: 2120-AJ48) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4300. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Congestion Management Rule for LaGuardia Airport [Docket No.: FAA-2006-25709; Amendment No. 93-92] (RIN: 2120-AJ49) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4301. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Establishment of Class E Airspace; Litle River, CA [Docket No.: FAA-2009-0617; Airspace Docket No. 09-AWP-5] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4302. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Platteville, WI [Docket No.: FAA-2009-0512; Airspace Docket No. 09-AGL-9] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4303. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Pueblo, CO [Docket No.: FAA-2009-0349; Airspace Docket No. 09-ANM-6] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4304. A letter from the Regulations Officer/Attorney Advisor, FHWA, Department of Transportation, transmitting the Department's final rule — Interoperability Requirements, Standards, or Performance Specifications for Automated Toll Collection Systems [FHWA Docket No.: FHWA-06-23597] (RIN: 2125-AF07) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4305. A letter from the Assistant Chief Counsel, Department of Transportation, transmitting the Department's final rule — Hazardous Materials: Revision of Requirements for Emergency Response Telephone

Numbers [RSPA Docket No.: 2006-26322 (HM-206F)] (RIN: 2137-AE21) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4306. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 737-300, -400, and -500 Series Airplanes Equipped with a Digital Transient Suppression Device (DTSD) Installed in Accordance with Supplemental Type Certificate (STC) ST00127BO [Docket No.: FAA-2009-0521; Directorate Identifier 2008-NM-187-AD; Amendment 39-16034; AD 2009-20-11] (RIN: 2120-AA64) received October 13, 3009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4307. A letter from the Assistant Chief Counsel, Department of Transportation, transmitting the Department's final rule — Hazardous Materials; Minor Editorial Corrections and Clarifications [Docket No.: PHMSA-2009-0237 (HM-244B)] (RIN: 2137-AE50) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4308. A letter from the Paralegal, Department of Transportation, transmitting the Department's final rule — Bus Testing; Phase-In of Brake Performance and Emissions Testing, and Program Updates [Docket No.: FTA-2007-0011] (RIN: 2132-AA95) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4309. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30686; Amdt. No. 3339] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4310. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30685 Amdt. No 3338] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4311. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Establishment of Restricted Area R-2502A; Fort Irwin, CA [Docket No.: FAA-2009-0490; Airspace Docket No. 09-AWP-3] (RIN: 2120-AA66) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4312. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Glaser-Dirks Flugzeugbau GmbH Model DG-100 Gliders [Docket No.: FAA-2009-0897; Directorate Identifier 2009-CE-048-AD; Amendment 39-16036; AD 2009-20-13] (RIN: 2120-AA64) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4313. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 767-200 and -300 Series Airplanes [Docket No.: FAA-2008-0682; Directorate Identifier 2001-NM-237-AD; Amendment 39-16025; AD 2009-20-02] (RIN: 2120-AA64) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4314. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Franklin, NC [Docket No.: FAA-2008-0986; Airspace Docket No. 08-ASO-15] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4315. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — IFR Altitudes; Miscellaneous Amendments [Docket No.: 30689; Amdt. No. 483] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4316. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747-100, -100B, -100B SUD, -200B, -200C, -200F, -300, -400, -400D, -400F, and 747SR Series Airplanes [Docket No.: FAA-2009-0293; Directorate Identifier 2008-NM-221-AD; Amendment 39-16035; AD 2009-20-12] (RIN: 2120-AA64) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4317. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Establishment of Class D Airspace, Modification of Class E Airspace; Bunnell, FL [Docket No.: FAA-2009-0327; Airspace Docket 09-ASO-014] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4318. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Modification of Class D and E Airspace, Removal of Class E Airspace; Aguadilla, PR [Docket No.: FAA-2009-0053; Airspace Docket No. 09-ASO-11] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4319. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Teledyne Continental Motors O-470, IO-470, TSIO-470, IO-520, TSIO-520, IO-550, and IOF-550 Series Reciprocating Engines [Docket No.: FAA-2009-0367; Directorate Identifier 2009-NE-10-AD; Amendment 39-16023; AD 2009-19-06] (RIN: 2120-AA64) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4320. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Establishment of Class D Airspace and Amendment of Class E Airspace; North Bend, OR [Docket FAA No.: FAA-2008-0006; Airspace Docket No. 08-NM-1] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4321. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A310-203 and -222 Airplanes and Model A300 B4-620 Airplanes [Docket No.: FAA-2009-0431; Directorate Identifier 2007-NM-174-AD; Amendment 39-16029; AD 2009-20-06] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4322. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A318, A319, A320, and A321 Series Airplanes [Docket No.: FAA-2007-0390; Directorate Identifier 2007-NM-260-AD; Amendment 39-16028; AD 2009-20-05] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4323. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Glaser-Dirks Flugzeugbau GmbH Model DG-100 Gliders [Docket No.: FAA-2009-0881; Directorate Identifier 2009-CE-050-AD; Amendment 39-16027; AD 2009-20-04] (RIN: 2120-AA64) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4324. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 727 Airplanes [Docket No.: FAA-2008-1117; Directorate Identifier 2008-NM-106-AD; Amendment 39-16026; AD 2009-20-03] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4325. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; DORNIER LUFTAHRT GmbH Models Dornier 228-100, Dornier 228-101, Dornier 228-200, Dornier 228-201, and Dornier 228-202 Airplanes [Docket No.: FAA-2009-0574 Directorate Identifier 2009-CE-028-AD; Amendment 39-16030; AD 2009-20-07] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4326. A letter from the Chief, Trade & Commercial Regs. Branch, Department of Homeland Security, transmitting the Department's final rule — Foreign Repairs to American Vessels [CBP Dec. 09-04] (RIN: 1505-AB71) received October 19, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BARTON of Texas (for himself, Mr. SHIMKUS, Mrs. BONO MACK, Mr. TERRY, Mr. SULLIVAN, Mr. BURGESS, Mrs. BLACKBURN, and Mr. WALDEN):

H.R. 3932. A bill to expand the authority of the Secretary of Health and Human Services to impose debarments in order to ensure the integrity of drug, biological product, and device regulation, and for other purposes; to the Committee on Energy and Commerce.

By Mr. RANGEL (for himself, Mr. NEAL of Massachusetts, Mr. STARK, Mr. LEVIN, Mr. VAN HOLLEN, Mr. MEEK of Florida, Mr. DAVIS of Illinois, and Ms. LINDA T. SÁNCHEZ of California):

H.R. 3933. A bill to amend the Internal Revenue Code of 1986 to prevent the avoidance of tax on income from assets held abroad, and for other purposes; to the Committee on Ways and Means.

By Mr. COBLE:

H.R. 3934. A bill to amend title 5, United States Code, to require at least biennial review of the per diem allowances and the maximum reimbursement amounts established for official travel by Federal employees to localities that include, or that are adjacent to localities that include, certain military installations; to the Committee on Oversight and Government Reform.

By Mr. LATOURETTE:

H.R. 3935. A bill to establish a temporary minimum price for Class II and Class III milk under Federal milk marketing orders, and for other purposes; to the Committee on Agriculture.

By Mr. POMEROY (for himself and Mr. TIBERI):

H.R. 3936. A bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to allow

time for pensions to fund benefit obligations in light of economic circumstances in the financial markets of 2008, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TERRY:

H.R. 3937. A bill to establish a health benefits program, based on the Federal employees health benefits program, to provide health insurance coverage for the President, Vice President, and Members of Congress, and citizens not eligible for coverage under the Federal employees health benefits program; to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform, Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ADERHOLT:

H.R. 3938. A bill to suspend temporarily the duty on certain nonwoven polypropylene zippered sleeping bag carry cases, not under 77.5 cm in circumference and not exceeding 106.7 cm in circumference; to the Committee on Ways and Means.

By Mr. FARR (for himself, Mr. PAUL, Mr. COHEN, Mr. ROHRABACHER, Mr. FRANK of Massachusetts, Mr. HINCHEY, Mr. KUCINICH, Mr. WAXMAN, Mr. MICHAUD, Ms. BALDWIN, Mr. BERMAN, Mrs. CAPPS, Mr. GRIJALVA, Mr. POLIS of Colorado, Mr. STARK, Ms. WOOLSEY, Mr. SHERMAN, Mr. HONDA, Mr. MCGOVERN, Ms. SCHAKOWSKY, Ms. ESHOO, Ms. BERKLEY, Mr. MORAN of Virginia, and Mr. GEORGE MILLER of California):

H.R. 3939. A bill to amend title 18, United States Code, to provide an affirmative defense for the medical use of marijuana in accordance with the laws of the various States, and for other purpose; to the Committee on the Judiciary.

By Ms. BORDALLO:

H.R. 3940. A bill to authorize the Secretary of the Interior to extend grants and other assistance to facilitate a political status public education program for the people of Guam; to the Committee on Natural Resources.

By Mr. BURGESS:

H.R. 3941. A bill to amend the Internal Revenue Code of 1986 to eliminate the temporary increase in unemployment tax; to the Committee on Ways and Means.

By Mr. BURGESS (for himself, Mr. BRADY of Pennsylvania, Mr. GORDON of Tennessee, Mr. MARSHALL, Ms. ESHOO, Ms. MCCOLLUM, Mr. HENSARLING, Mr. MCCOTTER, Mr. SESSIONS, Mr. WITTMAN, Mr. WOLF, Ms. ZOE LOFGREN of California, and Mr. PLATTS):

H.R. 3942. A bill to provide for the issuance of a veterans health care stamp; to the Committee on Oversight and Government Reform, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. COURTNEY (for himself, Mr. PETRI, and Ms. MATSUI):

H.R. 3943. A bill to amend the Elementary and Secondary Education Act of 1965 to allow members of the Armed Forces who served on active duty on or after September 11, 2001, to be eligible to participate in the Troops-to-Teachers Program, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FILNER:

H.R. 3944. A bill to amend part Q of title I of the Omnibus Crime Control and Safe Streets Act of 1968 to authorize grant funds to be used for Troops-to-Cops program; to the Committee on the Judiciary.

By Mr. SPRATT:

H.R. 3945. A bill to suspend temporarily the duty on Himic Anhydride; to the Committee on Ways and Means.

By Mr. STUPAK (for himself and Mrs. MILLER of Michigan):

H.R. 3946. A bill to amend the Federal Water Pollution Control Act to prohibit the sale of dishwashing detergent in the United States if the detergent contains a high level of phosphorus, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. SMITH of Texas:

H. Res. 871. A resolution directing the Attorney General to transmit to the House of Representatives certain documents, records, memos, correspondence, and other communications regarding medical malpractice reform; to the Committee on the Judiciary.

By Mr. MACK (for himself and Mr. KLEIN of Florida):

H. Res. 872. A resolution calling for the Bolivarian Republic of Venezuela to be designated a state sponsor of terrorism for its support of Iran, Hezbollah, and the Revolutionary Armed Forces of Columbia (FARC); to the Committee on Foreign Affairs.

By Mr. ROHRABACHER (for himself and Mr. DAVIS of Tennessee):

H. Res. 873. A resolution establishing a United States Consulate in the Kurdistan Region of Iraq; to the Committee on Foreign Affairs.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 99: Mr. SESSIONS.
H.R. 104: Mr. WATT.
H.R. 182: Mr. MAFFEI.
H.R. 345: Mr. THOMPSON of Pennsylvania.
H.R. 413: Mr. JACKSON of Illinois, Ms. WATSON, Mr. BARROW, Mr. PRICE of North Carolina, Mr. SERRANO, Mr. HALL of New York, Mr. HINCHEY, Mr. WEXLER, and Ms. MCCOLLUM.
H.R. 442: Mr. LINDER.
H.R. 503: Ms. TSONGAS, Mr. TONKO, and Mr. KILDEE.
H.R. 510: Mr. NYE and Mr. HOLDEN.
H.R. 517: Mr. MCMAHON.
H.R. 534: Mr. JONES.
H.R. 537: Mr. HILL.
H.R. 644: Mr. GEORGE MILLER of California.
H.R. 678: Mr. WOLF, Mr. SCHIFF, Mr. KENNEDY, and Ms. SUTTON.
H.R. 690: Ms. EDDIE BERNICE JOHNSON of Texas.
H.R. 697: Ms. TSONGAS.
H.R. 734: Ms. DEGETTE and Mr. QUIGLEY.
H.R. 769: Mr. ROTHMAN of New Jersey.
H.R. 795: Mr. CARSON of Indiana.
H.R. 816: Mr. BACHUS.
H.R. 848: Ms. SUTTON.
H.R. 868: Mr. SMITH of New Jersey and Mr. ROSS.
H.R. 877: Mr. LATTA.
H.R. 901: Mr. RANGEL and Mr. ELLISON.
H.R. 1074: Mr. UPTON.
H.R. 1182: Mr. MCHENRY, Mr. HASTINGS of Washington, Mr. BOREN, Mr. SERRANO, Mr. DELAHUNT, Mr. NADLER of New York, and Mr. FATTAH.
H.R. 1207: Mr. BISHOP of Georgia.
H.R. 1240: Mr. DUNCAN.
H.R. 1283: Mr. PIERLUISI.
H.R. 1300: Mr. PENCE.
H.R. 1326: Mr. CLAY and Mr. BUCHANAN.
H.R. 1340: Ms. BALDWIN.
H.R. 1378: Ms. VELÁZQUEZ, Mr. SPACE, Mr. KRATOVIL, Mr. PRICE of North Carolina, Mr. PLATTS, Mr. HALL of New York, Mr. MITCHELL, Mr. CONYERS, Mr. MORAN of Virginia, Mr. PETERS, Mr. ROGERS of Alabama, Mr. TIERNEY, Mr. NYE, and Mr. MASSA.
H.R. 1423: Mr. LATOURETTE, Mr. PETERS, Mr. DAVIS of Illinois, Mr. CARSON of Indiana, and Ms. DEGETTE.
H.R. 1479: Ms. CHU.
H.R. 1522: Mr. BOREN and Mr. HALL of New York.
H.R. 1526: Mr. WELCH, Mr. WITTMAN, and Mr. PERRIELLO.
H.R. 1548: Mr. TERRY.
H.R. 1549: Mr. WEINER, Ms. WOOLSEY, and Ms. SUTTON.
H.R. 1585: Mr. WALZ.
H.R. 1670: Mr. BERMAN.
H.R. 1708: Mr. LEVIN.
H.R. 1826: Mrs. MCCARTHY of New York.
H.R. 1835: Mr. DANIEL E. LUNGREN of California and Mr. WITTMAN.
H.R. 1844: Mr. HONDA.
H.R. 1960: Mr. TIAHRT.
H.R. 1977: Mr. MASSA.
H.R. 2000: Mr. MURPHY of New York, Mr. MARKEY of Massachusetts, and Mr. HILL.
H.R. 2006: Mr. DAVIS of Illinois and Mr. KRATOVIL.
H.R. 2017: Mr. PERRIELLO.
H.R. 2136: Mr. SCOTT of Virginia, Mr. MINNICK, Mr. KILDEE, Mr. SHERMAN, Mr. HINCHEY, and Mr. WHITFIELD.
H.R. 2138: Mr. BISHOP of New York.
H.R. 2161: Ms. KILPATRICK of Michigan.
H.R. 2194: Mr. EDWARDS of Texas and Mr. TANNER.
H.R. 2227: Mr. KLINE of Minnesota.
H.R. 2254: Mr. HIMES, Mr. KLINE of Minnesota, Ms. KILROY, Mr. ANDREWS, Ms. TSONGAS, and Mrs. KIRKPATRICK of Arizona.
H.R. 2273: Ms. HARMAN.
H.R. 2279: Mr. FRANK of Massachusetts, Mr. MCGOVERN, and Mr. ORTIZ.
H.R. 2296: Mr. UPTON.
H.R. 2365: Mr. TIM MURPHY of Pennsylvania.
H.R. 2372: Mr. WILSON of South Carolina.
H.R. 2382: Mr. HALL of New York.
H.R. 2452: Mr. MILLER of Florida, Mr. STEARNS, and Mr. WELCH.
H.R. 2478: Mr. DEFAZIO.
H.R. 2579: Mr. POLIS and Mr. JOHNSON of Georgia.
H.R. 2642: Mr. COURTNEY.
H.R. 2699: Mr. CONNOLLY of Virginia.
H.R. 2708: Mr. MCDERMOTT.
H.R. 2715: Mr. MCCLINTOCK.
H.R. 2799: Mr. CARSON of Indiana, Mr. BROUN of Georgia, and Mr. REHBERG.
H.R. 2807: Mrs. NAPOLITANO.
H.R. 2831: Mr. KRATOVIL.
H.R. 2894: Ms. KOSMAS.
H.R. 2900: Mr. CASSIDY.
H.R. 2931: Mr. HEINRICH.
H.R. 2964: Ms. GINNY BROWN-WAITE of Florida.
H.R. 2999: Mr. BARROW, Mr. FARR, Mr. ROGERS of Michigan, Mr. YOUNG of Florida, Mrs. NAPOLITANO, and Mr. MCGOVERN.
H.R. 3053: Mr. TOWNS.
H.R. 3185: Mr. GRIJALVA.
H.R. 3186: Mr. BOREN.
H.R. 3407: Ms. KOSMAS.
H.R. 3421: Mr. DOGGETT and Mr. HINOJOSA.
H.R. 3458: Mr. MCDERMOTT.
H.R. 3463: Mr. TIAHRT and Mr. SCHOCK.
H.R. 3486: Mr. MCCOTTER and Mr. MCMAHON.

H.R. 3559: Ms. BERKLEY.
H.R. 3564: Mr. CONYERS, Mr. GRIJALVA, and Mr. RANGEL.
H.R. 3577: Mr. ROGERS of Alabama and Mr. COSTELLO.
H.R. 3596: Ms. WATERS, Mr. ROTHMAN of New Jersey, Mr. ELLISON, and Mr. SHERMAN.
H.R. 3613: Mr. PAUL, Mr. BARTLETT, and Mr. CAO.
H.R. 3633: Mr. MORAN of Virginia.
H.R. 3634: Mr. KILDEE, Mr. SCHAUER, Mrs. MILLER of Michigan, Mr. LEVIN, Ms. KILPATRICK of Michigan, and Mr. DINGELL.
H.R. 3635: Mr. SCALISE.
H.R. 3641: Ms. TITUS, Mr. BISHOP of New York, Mr. MCNERNEY, Mr. MCMAHON, Mr. SCOTT of Virginia, Mr. BARTLETT, Mr. SCHAUER, Mr. BARROW, Mr. WITTMAN, Mr. KRATOVIL, and Mr. HUNTER.
H.R. 3650: Mr. LEVIN, Mr. ABERCROMBIE, Mrs. CHRISTENSEN, Mr. HONDA, Mr. KENNEDY, Mr. MURPHY of New York, Mr. CAO, Mr. GRIJALVA, and Mr. THOMPSON of California.
H.R. 3652: Mr. LATHAM.
H.R. 3654: Ms. BORDALLO.
H.R. 3667: Mr. GRAYSON.
H.R. 3688: Mr. MCCAUL, Mr. ROE of Tennessee, and Mrs. EMERSON.
H.R. 3691: Mr. BILIRAKIS.
H.R. 3710: Mr. KILDEE and Mr. ISRAEL.
H.R. 3712: Mr. RANGEL, Mr. BURGESS, Mr. CUMMINGS, Mr. NADLER of New York, and Mr. JACKSON of Illinois.
H.R. 3731: Mr. MEEK of Florida.
H.R. 3734: Mr. LYNCH and Mr. MCGOVERN.
H.R. 3778: Mr. THOMPSON of Pennsylvania.
H.R. 3789: Mr. CANTOR.
H.R. 3790: Mr. KENNEDY, Mr. COURTNEY, Mr. ORTIZ, Ms. CASTOR of Florida, Mrs. DAHLKEMPER, and Mr. KING of New York.
H.R. 3791: Ms. CHU.
H.R. 3798: Mr. RANGEL.
H.R. 3810: Mr. PAYNE.
H.R. 3827: Mr. GUTIERREZ.
H.R. 3837: Mr. LANCE, Mr. LOEBSACK, and Mr. DRIEHAUS.
H.R. 3855: Mr. ELLISON and Ms. LEE of California.
H.R. 3885: Mr. MEEKS of New York, Mrs. BLACKBURN, and Mr. MINNICK.
H.R. 3905: Mr. SCHOCK, Mr. PAUL, Mr. ROSS, Mrs. BLACKBURN, Mr. SIMPSON, Mr. NYE, and Mr. ROONEY.
H.R. 3921: Mr. BARTLETT, Mr. BOREN, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. PAUL, and Mr. ROONEY.
H. J. Res. 11: Mr. LAMBORN.
H. Con. Res. 42: Mr. CARSON of Indiana.
H. Con. Res. 43: Mr. CARSON of Indiana.
H. Con. Res. 128: Mr. CONYERS.
H. Con. Res. 160: Mr. RAHALL, Mr. BUCHANAN, and Mr. BOCCIERI.
H. Con. Res. 170: Mr. MCHENRY.
H. Con. Res. 198: Mr. HIMES, Mr. CUMMINGS, Ms. GINNY BROWN-WAITE of Florida, and Mr. SIRES.
H. Res. 89: Mr. PERLMUTTER, Mr. ALEXANDER, and Mr. ORTIZ.
H. Res. 278: Mr. FARR and Mr. FATTAH.
H. Res. 554: Mr. TIM MURPHY of Pennsylvania, Mr. NYE, and Mr. BUCHANAN.
H. Res. 605: Mr. NADLER of New York.
H. Res. 611: Ms. SCHAKOWSKY.
H. Res. 704: Mr. BISHOP of Utah, Mr. CONYERS, and Mr. BISHOP of Georgia.
H. Res. 708: Ms. KILROY, Mr. GRAVES, Mrs. NAPOLITANO, Mr. MASSA, Mr. BOSWELL, Mr. BUCHANAN, Mr. BERMAN, Mr. LUETKEMEYER, Mr. CUELLAR, Mr. BROUN of Georgia, Mr. SHIMKUS, Mr. ROE of Tennessee, Mr. KIRK, Mr. SNYDER, Mr. TIAHRT, Mr. LATOURETTE, and Mr. MACK.
H. Res. 711: Mr. BUTTERFIELD.
H. Res. 713: Mr. COBLE, Mr. PASCRELL, Ms. CLARKE, Mr. QUIGLEY, Mr. HIGGINS, Ms. FUDGE, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. KILPATRICK of Michigan, and Mr. WATT.
H. Res. 715: Mr. LAMBORN.
H. Res. 764: Mr. CAO and Mr. LAMBORN.
H. Res. 780: Mr. ISSA and Mr. RANGEL.
H. Res. 831: Mr. WAMP and Mr. CARDOZA.
H. Res. 839: Mr. SHERMAN, Ms. SCHAKOWSKY, Mr. ENGEL, Mr. INGLIS, Mr. GRIJALVA, Mr. MANZULLO, and Mr. CROWLEY.
H. Res. 845: Mr. ORTIZ, Mr. JONES, Mr. HALL of Texas, Mr. REYES, Mr. GENE GREEN of Texas, Mr. AKIN, Mr. WILSON of South Carolina, Mr. KLINE of Minnesota, Mr. BARTLETT, Mr. BISHOP of Utah, and Mr. FRANKS of Arizona.
H. Res. 847: Mr. CARTER, Mr. CAO, Ms. FOXX, Mr. GARRETT of New Jersey, Mr. BURGESS, Mr. WALDEN, and Mr. NUNES.
H. Res. 848: Mr. BOSWELL.
H. Res. 856: Mr. MCKEON and Mr. PATRICK J. MURPHY of Pennsylvania.
H. Res. 863: Mr. SIRES, Ms. GIFFORDS, Mr. RANGEL, Mrs. EMERSON, Mrs. MCCARTHY of New York, Ms. ROS-LEHTINEN, Mr. JONES, Mr. COBLE, Mrs. BIGGERT, Mrs. MALONEY, Mr. WEXLER, Mr. ELLISON, Mr. ENGEL, and Ms. WATSON.
H. Res. 866: Ms. BORDALLO, Mrs. EMERSON, Mrs. CAPPS, Mrs. MALONEY, Mr. HOYER, Mr. CHILDERS, Mr. LEVIN, and Mr. DREIER.
H. Res. 867: Mr. PAULSEN, Mr. CANTOR, Mr. BLUNT, Mr. MCCOTTER, Mrs. BACHMANN, Mr. ROE of Tennessee, Mr. BUCHANAN, Mr. SESSIONS, Mr. LOBIONDO, Mr. TOWNS, Ms. BERKLEY, Mr. MORAN of Kansas, Mr. FALEOMAVAEGA, Mr. KLEIN of Florida, Mr. TIAHRT, Mr. LATTA, Mr. SHIMKUS, Mr. ENGEL, Mr. MACK, Mr. MCMAHON, Ms. CHU, Mr. CROWLEY, Mr. MCHENRY, Mr. CAMPBELL, Ms. JENKINS, Mr. ISRAEL, Mr. WAXMAN, Mr. BISHOP of Utah, Mr. LINDER, Mr. HASTINGS of Washington, Mr. BRADY of Texas, Mr. WEXLER, Mr. SIRES, Mr. MEEK of Florida, Mr. ROSS, Mr. KINGSTON, Mr. HASTINGS of Florida, Mr. LAMBORN, Mr. SCHIFF, and Mr. KING of New York.
H. Res. 868: Mr. GONZALEZ, Ms. ROS-LEHTINEN, Mr. WITTMAN, Ms. FOXX, and Mr. ROONEY.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative VELÁZQUEZ, or a designee, to H.R. 3854, the Small Business Financing and Investment Act of 2009, does not maintain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

DELETIONS OF SPONSORS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1298: Mr. ALEXANDER.