

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 entitle-

ment 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 bet-

ter 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