

HEALTH CARE

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. Mr. Speaker, continuing on from my 1-minute I gave earlier, this bill, the Pelosi bill, the Pelosi health care bill that the Democrats are embracing is almost 2,000 pages long. It's going to cost \$2.25 billion for each word, and that does not include the manager's amendment, which we have not yet seen. I imagine it's going to come down probably sometime tomorrow.

As I said before, Members of Congress don't have to enroll in this public option which is in the bill. I hope everybody in America, if they happen to be paying attention—I know I can't talk to them, but if I were talking to them I would say, Hey, ask your Congressman why he is voting for a bill that's going to exempt him and make sure he can join a private health care insurance plan when there is a public option in here that he should be joining just like everybody else has to.

This bill is not going to cost under a trillion dollars as the Speaker has said. If you put the doc fix in there, it's going to cost another \$250 billion. So we are looking at something between 1.2 and 1.3 trillion at a time when we are suffering economically in this country. Unemployment is close to 10 percent. The deficit this year, the deficit this year is already 1.4 trillion, almost three times just what it was last year, and we are going to add this new bill, which is going to cost another 1.2 to 1.3 trillion dollars.

The American people simply don't want it. Let's go into some of the other things that are in the bill, the Pelosi health care bill.

First of all, there is a surtax on small business people. Now, at a time when we have unemployment that's almost 10 percent, this is going to drive additional jobs out of the country offshore or they are going to have to cut back some of these businesses that stay here in America and let people go, which means there will be more unemployment. There is an employer mandate that's still applied to small businesses. Small businesses that have a payroll as low as \$500,000 a year are going to be hit with a tax.

There is a new medical device tax. In Indiana, we have some companies that make medical devices to help people, prosthetic devices, wheelchairs and things like that. There's a new medical tax that's going to be levied on these kinds of devices of 2.5 percent, and that's going to be passed on to people who are suffering from medical problems that need these medical devices. We call that a wheelchair tax that's in this bill.

There's going to be new taxes on health savings accounts. The Pelosi bill eliminates the nontaxable reimbursements of over-the-counter medication from HSAs, HRAs, and FSAs.

There is a new payroll tax, and the Pelosi bill creates a new voluntary payroll tax to fund new long-term care programs requiring mandatory spending, also known as a new entitlement.

Abortions are authorized in a break from the Hyde amendment and other longstanding pro-life policies. The bill includes the Capps amendment to authorize government funding of abortions through the public option. It also establishes an accounting gimmick to justify subsidizing private plans that cover abortion.

Next, Members of Congress, as I said, are exempt. They say that they may—not have to—enroll in the public option. At the same time it says "may" in there, there are 3,425 times in the bill it says you must, shall do something, and "shall" means it's a mandatory. There are mandatory things in here to the tune of 3,425 times.

Doctors reimbursement levels are up in the air. They've got those budget gimmicks that I talked about, which removes the doctor fix, the medical doctor fix of 250 billion, which takes this up to between \$1.2 and \$1.3 trillion.

It reduces affordability credits and instead expands Medicaid. The States are going to love that. They are going to shovel a lot of this onto the States who are already suffering, and they are going to have to raise taxes.

The Pelosi bill reduces the size of affordability credits for patients to purchase the insurance in the exchange and, instead, expands eligibility for Medicaid to up to 150 percent of the Federal poverty level, placing more Americans on entitlement programs at a cost to both the Federal and the State governments.

As I said most States are in the red, and they are not going to like this. Ask any Governor; he will tell you.

This also significantly changes the Medicare part D prescription drug program. The Pelosi bill requires the Secretary of HHS to negotiate drug prices for the prescription drug program. There are also several provisions in the bill that will likely increase seniors' premiums as identified by CBO, including the bill that would force seniors, force seniors, to pay at least an additional 20 percent more for their Medicare prescription drug coverage. That's part D.

These things the American people need to know. This is not a good bill. There is a better way, a better way.

HONORING SENTINELS OF FREEDOM

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

Mr. MCNERNEY. Mr. Speaker, I rise today in support of H. Res. 461, a resolution honoring the Sentinels of Freedom, which passed this afternoon by a unanimous vote when I was coming here this afternoon on the airplane.

Our Nation's veterans made tremendous sacrifices in defending our great

Nation, and they deserve the best treatment upon returning home. Whether it is through education, employment, or health care, no veteran should fall through the cracks.

The Sentinels of Freedom, an organization based in San Ramon and Danville, California, provides opportunities to veterans returning from Iraq and Afghanistan and has demonstrated a commitment to America's heroes that we should all emulate. The Sentinels of Freedom Scholarship Foundation awards 4-year scholarships to severely injured veterans who began their service on or after September 11, 2001.

The program provides veterans with community support and mentoring, help with job placement, financial assistance for rent or mortgages, and continuing educational opportunities. The Sentinels of Freedom has helped dozens of veterans in States across the country, including California, Texas, Colorado, and Wisconsin.

Many military personnel fighting in Operation Iraqi Freedom and Operation Enduring Freedom are returning home with serious injuries that hamper their transition from military to civilian life. It's critical that we have programs in place that will help these veterans receive a quality education, secure a job, stay in their home, and lead a fulfilling life. I have seen firsthand the exceptional work and dedication of the Sentinels of Freedom and the way this organization helps to improve the lives of veterans. This group is a true leader in the community and deserves our highest respect.

I want to thank my colleagues for helping me to recognize and honor the outstanding work the Sentinels of Freedom have performed on behalf of our Nation's veterans.

WOMEN'S INFLUENCE IN HEALTH CARE

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

Ms. ROSLEHTINEN. Mr. Speaker, in many households, women are the main link between our family members and the health care that they receive. Women make the majority of health care decisions for their families. As the mother of two young adults and a new grandmother, I know the many responsibilities placed on women with children. From the time children are born to far beyond when they reach adulthood, a mother's care and advice are never far away. If we are fortunate, eventually we will be the grown children of elderly parents.

In my family, my mother suffers from Alzheimer's, among many other age-related problems. I know the responsibility of caring for our elders. My day would not be complete without at least making sure that I, along with my husband, children, and parents, have and take all of our prescriptions

and make it to our doctors' appointments on time. It is no wonder that women are the majority of health care workers in the United States. We are well prepared for this task.

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Every American deserves access to health care insurance. This is our goal, and it must be the goal of our Congress. The goal must not be a bill that costs \$1 trillion. The goal must not be a bill written behind closed doors. The goal must not be a bill that increases taxes on our families and all of our small businesses. The goal must not be a bill that passes huge debts on to our children and grandchildren.

Women deserve better. Every American deserves better. They deserve health care treatment, and every American deserves both health care treatment and efficiency at an affordable cost. But as America's mothers will tell you, Congress should be utilizing what works in our health care system and fixing what does not. Mothers are masters at finding commonsense and practical solutions.

What we currently see is a health care system burdened by excesses and inefficient bureaucracy. What we see is our children denied coverage because of a preexisting condition. What we see is parents changing jobs, causing our families to lose our doctors. What we see is women and our parents being charged more for insurance premiums because of their gender or because of their age.

What we don't see is how a government takeover of our health care is going to provide for our families' needs. What we don't see is how a bureaucratic takeover of our health care will bring down the cost of health care procedures or health care insurance. What we don't see is how the Pelosi \$1 trillion bill helps us more than it hurts us.

Every American family deserves affordable health care and affordable health insurance. To use a mother's saying, let's not go throwing out the baby with the bath water. Simple, commonsense, cost-effective reform is how we can include all families in our health insurance market. We can and we must accomplish health care reform without ruining the current health care coverage that is enjoyed by the majority of families.

Women across the United States want to protect their family's coverage while ensuring that every other mother out there has the same access that she does. The Pelosi bill is not the answer. We can do better. We must do better.

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

(Mr. INGLIS 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 gen-

tleman 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 Kansas (Mr. MORAN) is recognized for 5 minutes.

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

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

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

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

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

HEALTH CARE FOR WOMEN IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Tennessee (Mrs. BLACKBURN) is recognized for 60 minutes as the designee of the minority leader.

Mrs. BLACKBURN. Mr. Speaker, I am so thrilled to be here tonight to talk about health care for women in America. Throughout this evening, you are going to see colleagues of mine join me on the floor as we talk about women's health care, to talk about the alternatives that we as Republicans have; how we would answer these questions that women and families have; how they would make the decisions; and some of the great ideas that we would bring forward.

You know, I think there is something that has become very evident to us over the last few weeks; women make most of the health care decisions in their families. Indeed, we have surveys that show that women are making as many as 85-90 percent of all health care decisions for their families, for their children, for their grandchildren many times, and for elderly parents. The Sandwich Generation is really jumping in and making these decisions. They are watching so closely the alternatives for health reform.

Of course, while we all agree that there is indeed a need for health re-

form, there is a big divide in this House. We have many to the left that are saying they want a government-centered plan, and then we have many of us who are on the right who are saying we want it to be patient-centered. We want the focus to stay with patients, with families, and let's not have a bureaucrat in the room.

We know that women are indeed watching. They have seen what the Democrats have to offer, and they are unimpressed. They are not impressed with this. They know that it limits and restricts their options.

Women are the drivers in the health care marketplace, and I think American women are going to be the drivers in the decisions that are made as we look at how we reform health care, because indeed it should be patient-centered, with families and individuals having control of those health care decisions. We don't want Washington and a layer of bureaucracy making those decisions.

A couple of weeks ago, I saw a story in Politico, and it said the Democrats needed to do a better job in messaging and trying to get their message out to women. I wrote a response to that, because I felt like, you know, they have gotten that message out. Women did not like what they were seeing.

So I am very appreciative that CATHY McMORRIS RODGERS, who is vice chair of our caucus, and MICHELE BACHMANN from Minnesota have taken the lead for the Republican women tonight in establishing this Special Order time. We know that we have better bills, and they will put women more in charge of health care decisions and bring down the cost, because just like too much of the family budget gets spent on taxes, too much of it gets spent on health care.

We need something to bring the costs down. Even the CBO says the Democrat bill is going to drive the cost up. It is going to drive the cost of health care up, it is going to drive the cost of health insurance up, and we know also it is going to restrict access. We know that women want to have a say in this, and they don't want a bill that is going to end up hurting them and hurting their alternatives at the end of the day. So making certain that we have a plan that works for women is important.

Now, we know that in Speaker PELOSI's bill the Democrats outline how much the government will pay for certain procedures. A doctor who wants to do business with the government will have to accept that rate, and if you are an insurance company, why would you offer any more money than the going rate established by the government?

Well, we also know from what we have seen, from public option health care and the test case that took place in my State of Tennessee, that this doesn't always work. What you see is, when you have a public option plan in competition with private insurance,