

The newly introduced bill, H.R. 3962, is a result of unprecedented participation by three House committees and more than 160 hours dedicated to open hearings, debates, and amendments. The bill and committee amendments have been available for review for more than 3 months, including on our respective Web sites, including my own. I have had more than 19,000 contacts from citizens in my district, each providing important input. I held a number of town hall meetings, including one televised nationally on C-SPAN, and I listened to the residents of the 11th District of Virginia.

I heard from my constituents that they're worried about previous existing medical conditions keeping them from obtaining medical insurance for their children. They're worried about the proposed changes to Medicare and what they might mean to them. I heard that the ever-growing cost of health insurance premiums is forcing some to choose between health care and financial ruin. They were insistent that the cost of whatever health insurance reform is adopted not add to the Federal deficit. And I heard that the potential surtax would be harmful to many families and small businesses, especially in my district.

One of the consistent themes of health insurance reform has been the outlawing of the insurance company practice of denying coverage and forcing families into financial distress as they try to afford treatment for things like childhood cancer, hypertension, asthma, diabetes, and many other conditions. Currently, 45 percent of us who are insured, who have health insurance, have such previous existing conditions. H.R. 3962 will ensure that no one can be denied coverage because of that previous existing condition.

The National Committee to Preserve Social Security and Medicare, an organization dedicated to protecting the well-being of American seniors, recently expressed its support for this legislation. The bill will close the doughnut hole for Medicare part D, which currently costs many seniors thousands of dollars out of pocket each year; it will permit Medicare to negotiate lower prescription drug costs for recipients; and it will eliminate required deductibles and copayments for preventative screenings for our seniors. The committee noted that H.R. 3962 protects Medicare Advantage recipients from out-of-pocket expenses.

One of the drivers of cost in the current health insurance system is the lack of interstate portability. Individuals are not permitted to purchase out-of-State insurance plans, thereby restricting competition. This bill will allow States to create regional health care choice compacts that will provide for greater choice among insurance providers and lower costs due to increased competition.

One of my primary concerns for health insurance reform was that it not add to the deficit. President Obama

declared that he would not support health care reform that added one dime to the Federal debt. Over the next decade, the Congressional Budget Office has stated that H.R. 3962 will actually reduce the Federal deficit by \$30 billion.

The originally proposed surtax to fund reform troubled me, frankly, and my constituents, and I worked tirelessly along with other freshmen to address that issue. Although my district has the highest median household income in the country, we have many two-income families, as both parents often work in order to afford the high cost of living in our district, child care costs, and the ever-increasing health insurance expenses. The surcharge as proposed would have imposed an undue burden on many small businesses—the economic engine of our economy.

Earlier this summer, I was among a group of freshman Members invited to meet with President Obama, and we expressed our concern on the surcharge. Subsequently, we joined with other freshman Members in a letter to Speaker PELOSI urging her to increase the income threshold. I'm pleased to say that that's been done—\$500,000 for an individual and \$1 million for a family. That improved level will affect less than three-tenths of 1 percent of Americans and exempts the vast majority of small businesses.

Madam Speaker, we need health insurance reform that is affordable; that maintains the freedom to choose one's doctor and insurance plan; that ends insurance company cherry-picking; and that helps small businesses afford health insurance for their employees. Americans cannot wait any longer. The time for responsible health insurance reform is now.

AMERICA DESERVES BETTER

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

Mr. BLUMENAUER. One of the most sad expressions that we heard in this Congress was by JOHN BOEHNER, the Republican minority leader, March 15, 2009. "As I told my colleagues, we don't have enough votes to legislate. We are not in the majority. They," referring to his Republican colleagues, "ought to get the idea out of their minds that they are legislators. But what they can be is communicators."

Madam Speaker, that is an unfortunate misreading of the role of Members of Congress. It is much too narrow and limited, tragically so.

I spent 11 years in the minority in this Congress, and at times I must confess extraordinary frustration on some of what I thought were decidedly wrongheaded policies like the tragic consequences we are seeing played out on Wall Street and in Iraq today. But in the course of those 11 years, I never stopped looking for ways to work cooperatively to find a majority of people

on both sides of the aisle to make productive change for America.

Some of my proudest moments were as a member of the minority when we were able to take small, bipartisan steps that made a huge impact. For example, the passage of my Water for the Poor Act, that was bipartisan legislation in both the House and the Senate that now enshrines in Federal policy an active effort to provide safe drinking water and sanitation around the world to save lives, while it improves the role and image of Americans abroad.

There has been described by some commentators, including some of my friends on the other side of the aisle, a "take no prisoners" approach. It's disturbing, as one who authored the end-of-life provisions that were hijacked and blatantly lied about to deal with what they called death panels, to see that "take no prisoner" approach in action. Well, we exploded that myth and I'm pleased that we do have strong, voluntary end-of-life provisions in the bill to protect the wishes of American families about how their families would be dealt with.

But one of the myths is that this "take no prisoners" attitude is just directed towards the Democrats because the consequence of a "take no prisoner" attitude might be, if they're successful, destroying our efforts at health care reform, where we have come further than any time in our history. In that case, the prisoners will be the American public that will be sentenced to continuing a process where we have millions uninsured and others who are not protected by the insurance which they are paying for.

Sadly, "take no prisoners" has actually affected the minority itself, because this attitude of being dismissive of a constructive role of legislation, being dismissive of the truth, actually has resulted in holding them hostage to the lowest common denominator—the TEA Party, tin-foil-hat people who have a paranoid, limited view of what America is and can be.

In the end, Madam Speaker, America deserves better. I think it will get better. But I sincerely hope that Republicans choose to stop being communicators, especially misrepresenting what we have brought before the American people, roll up their sleeves, and work with us constructively to reform America's broken health care system with costs out of control and coverage too limited.

Madam Speaker, together, we can make progress. Together, we can legislate and work on things where there is a common vision and a common goal. Together, we can make our government work better and our communities more livable and our families safer, healthier, and more economically secure.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair