which public funding is allowed: The services described in this subparagraph are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is permitted.''

Now, we are hearing that tonight we are being held over here, which is fine. I don't mind going all weekend, going the rest of the week, the month, whatever. It is the job. It is fine by me. I think America is safer when we are not in session. But that is fine.

But we are hearing that supposedly we are in session because you have people browbeating Democratic Members who have taken the staunch position, and I think the wonderful position, a very moral position, that funds taken from the hands of law-abiding Americans who believe it is murder to kill a baby who is unborn should not go to fund abortion, and they are taking that wonderful, principled position. Now they are being told that they need to buy into this bill and do the right thing and vote for it.

We have others who have taken the position that if funding is not in this bill for abortion, they are not going to vote for it. So those who are trying to twist arms and get people to vote for this massive, terrible thing for America, this health care monstrosity, this power grab, as it is, are saying that they need to do the right thing for America and vote for this bill.

You have got some who believe what the President said at that podium right there, that there would be no funding in here for illegal aliens to have health insurance. And yet anybody that knows anything about the law knows that if there is no requirement to check the identity of someone who is being furnished free health insurance, then illegal aliens will be provided free health insurance.

So there are those friends across the aisle, Democrats who are principled, saying we need language in here so the President will be able to keep his word and he won't look like a liar. We need the language in there so illegal aliens will not be getting free health care, just like the President promised.

We have also been told by the President repeatedly, if you make less than $250,000, there will not be any tax of any kind levied on you. Yet we find Section 501, among many taxes in this bill that people are being forced and arms twisted to vote for, it is entitled ''tax on individuals without acceptable health care coverage.'' It turns out the provision basically says if you make too much money to be given free health insurance but you don't make enough to be able to afford to buy health insurance, then this Obama-Pelosi plan will tax you.

Oh, what a tangled web we weave, when first we practice to deceive. And that is exactly what has happened. This monstrosity of a web has been woven, and now it is catching so many in it as we approach this monstrosity of a health care plan.

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

(Mr. PAUL 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 South Carolina (Mr. BARRETT) is recognized for 5 minutes.

(Mr. BARRETT of South Carolina 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 New Jersey (Mr. FRELINGHUYSEN) is recognized for 5 minutes.

(Mr. FRELINGHUYSEN 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 Georgia (Mr. WESTMORELAND) is recognized for 5 minutes.

(Mr. WESTMORELAND 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 Tennessee (Mr. WAMP) is recognized for 5 minutes.

(Mr. WAMP 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.)

## PROVIDING MEANINGFUL, STABLE AND SECURE HEALTH INSURANCE FOR ALL AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Florida (Ms. CASTOR) is recognized for 60 minutes as the designee of the majority leader.

Ms. CASTOR of Florida. Mr. Speaker, the House of Representatives is poised for a very historic milestone this evening. We are on the cusp of beginning debate on the Affordable Healthcare for America Act, and Democrats are going to deliver what American families and businesses have been asking for when it comes to their health: one, meaningful, stable, and secure health insurance; two, improved Medicare for our seniors; and, three, vital consumer protections.

For families with health insurance, health reform will provide coverage you can count on. All Americans will have affordable options, even if they change their jobs or if their employer does not offer health insurance. We are going to get into a few of the important consumer protections tonight with a few of my colleagues.

Under this revised bill, families will not have to worry about insurance companies canceling their coverage because someone in the family gets sick or is diagnosed with cancer or another illness. Health insurance companies will no longer be able to bar you from health insurance just because you have cancer that is in remission or you have had a heart ailment. We are going to ensure that our neighbors are not forced to go bankrupt when a serious illness strikes.

What is insurance for, after all? It must be meaningful for American families. You have to admit, American families have been doing everything right. They have been paying their copayments, they have been paying their premiums, even as the cost has risen astronomically. What our health reform bill says is, in return, these American families must have coverage that is meaningful, stable, and secure.

Now, we reached this historic milestone reflecting back upon other important milestones in American history. It was January, 1935, when President Roosevelt sent his economic security bill to Capitol Hill. At that time, the Congress took that economic security bill and renamed it the Social Security Act; and, after many months of heated debate, in April of 1935 the Congress adopted the Social Security Act. President Roosevelt signed that bill into law at a ceremony in the White House Cabinet Room.

After President Roosevelt, it was President Truman who sought to build upon Social Security and provide that important stability and security to American families by launching the health care initiative. Unfortunately, it stalled under President Truman; and we have been in that stalling pattern for decades after, with the exception of 1965, with the adoption of Medicare.

In 1965, the House took up consideration of the Medicare bill; and President Johnson signed that bill into law at a special ceremony in Independence, Missouri, in 1965. President Johnson at that time, over the objections of some aides, insisted that the ceremony happen in Independence, Missouri, and that President Truman, who launched the national health care debate, be in attendance.

At that signing, President Johnson said, ''No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy savings that they have so carefully put away over a lifetime so that they may enjoy dignity in their later years.''

Mr. Speaker, with our corresponding health reform act that follows upon Social Security and Medicare, no longer will illness crush and destroy American

families. They are entitled to dignity as well.

Now, during those debates, Mr. Speaker, there was a lot of opposition, great opposition from the Republican Party. The Republicans' record on Social Security and Medicare in America is not outstanding. They opposed Medicare from the beginning.

In 1965, the GOP said that Medicare was ''brazen socialism,'' and they have kept up that mantra year after year. They have tried to undermine Medicare. The Republicans have voted against protecting and strengthening Medicare since it was adopted. They have sought to privatize Social Security and Medicare. They have consistently wanted to move seniors into private markets. And, just this spring, House Republicans offered a budget that would eventually lead to the end of Medicare programs as they are presently known. If we had listened to Republicans, American seniors during the economic downturn would have seen their lifetime savings nearly disappear.

So here we stand again on the cusp of an historic milestone, to follow upon the legacy of Social Security and Medicare, the foundational values of the Democratic Party, popular initiatives that provide great security and stability to all American families; and we are going to deliver again for America's families.

We have some outstanding Americans here in the Chamber tonight. I would like to yield time to my good friend from Ohio, Mr. RYAN.

Mr. RYAN of Ohio. I thank the gentlelady, and I think that is a perfect articulation of what has happened and why that tomorrow and this weekend has become such a monumental day.

I know our friends on the other side have been trying their best to try to undermine and scare. I just was hanging in my office just answering the phone with people calling in with complete misinformation about what this bill is going to do.

This is very, very simple. When you look at what happened with Medicare, there was a gap in the capitalistic system. Insurance companies couldn't make money off of insuring our grandparents and older parents because there was no money to be made there. So the government had to come in and establish the Medicare program, which I am sure our friends on the other side of the aisle would not want to get rid of right now, and now they are actually sticking up for all the slowing of the growth and all the changes we are making.

But the bottom line is this: We have two issues here. We have an economic issue where health care will bankrupt our country if we do not start reining in the spending. In the next 10 years, one of every five dollars in our economy will be spent on health care. In 30 years, one of every three dollars will be spent.

If we do absolutely nothing, which up until two days ago our Republican friends wanted us to do, but now they know something is going to pass so they have to hurry up and hustle and get some plan together, but if we do absolutely nothing, the average family in our country will pay $1,800 more a year next year in their health care costs. That is if we do nothing. And keep projecting that out, $1,800 the following year, $1,800 the following year. Compounding is a very powerful thing. So we must for economic reasons get our health care house in order, and this bill does it. It reins in the spending for Medicare and makes it stronger and more efficient by closing the doughnut hole.

In addition to that, we have human rights issues that we are dealing with in this country. American people who are sick, who go to the insurance company and get denied coverage, as we heard the other day at our press conference, because of infertility. You get denied coverage. Then the kicker was that spousal infertility was a reason to deny coverage and diabetes and cancer and all of these issues that insurance companies use to deny coverage.

□ 2045

To me, that's a human rights issue; and we cannot, as a country, look ourselves in the mirror anymore as of tomorrow, hopefully, and at the end of this year and not say, Health care is a right in the United States of America. If we all collectively, through investments in NIH and private investments and premiums and money, have come up with ways to make someone healthy, but we, as a society, say, You know what, sorry, you can't afford this one, and just those of us in the club are going to be able to afford it, you can't.

So, you know, you're going to have to get sicker faster, and you are going to have to die earlier than everyone else because you can't afford it. That is unacceptable. I yield to my friend who has been such an instrumental part—I just watched you in the Rules Committee—and continue to defend what we're trying to do here. To explain to the American people how important this is, I yield to my friend from New Jersey.

Mr. PALLONE. I want to thank my colleague from Ohio who is here almost every night, it seems, talking about how important this health reform legislation is and explaining it very well, I must say, in commonsense terms. Your comments made me think about, actually, one of our Republican colleagues in the Rules Committee much earlier today—I was there for 6 hours—who basically talked about this bill in ideological terms and referred to it as socialism or a government takeover of health care. I explained in the Rules Committee, and I would like to explain now, how untrue that really is.

Basically, we're just building on the basic system and using a lot of the framework, if you will, that exists now in both the private and the public sectors. What I point out is that for people who get their health insurance through their employer, private health insurance, they keep it, and the majority of Americans will continue to get their health insurance through their employer. Nobody's changing anything in terms of the process for that. A lot of other Americans, if they're seniors or disabled, get their insurance through Medicare, which is a government program, and then those who are below a certain income get their health insurance through Medicaid, which is another government program.

And I could mention other government health programs. The Indian Health Service, the Veterans program, whatever. What's new here, really, is that for those Americans who have no health insurance because they can't access it, it's not affordable or they have all these discriminatory practices based on their preexisting health conditions or their gender or whatever, now we are establishing a health exchange. It is just basically an opportunity for to you go to your computer or to some office where the government will entertain, if you will, private health insurance companies to come in and say, Look, if you offer a certain benefit package that includes what we think should be included and you're willing to offer it through this exchange, you can.

The government will make this exchange available, and people can buy health insurance through the exchange. They would have a basic benefit package where they can pay for other things that are not in the package, you know, dental care or whatever.

But the advantage is now that this acts as a very large group plan. The reason that employers, you know, oftentimes are able to offer insurance is because they buy it through a large group plan that brings costs down, but for individuals or small businesses that try to buy health insurance privately right now, it's hard because if you buy it individually or you have a very small group of employees, it becomes much more expensive because insurance becomes cheaper the larger the pool is.

So if the government is now offering this exchange where all these private insurers come in and offer insurance, it's essentially like a group plan, and the cost comes down considerably because it acts that way.

Now within this health exchange, we're also going to offer a public option, which you can compare to Medicare or Medicaid if you'd like, and that's going to compete with these private insurance companies. So in addition to costs coming down in this exchange because it's like a group plan, costs also come down because there is now not competition between a public option, like Medicare, and all these private insurance companies. But, again, there is no ideology here that the public option is like Medicare and Medicaid. The private insurers are the

same private insurers that offer insurance now but, because it's a large group plan, the costs come down. So there is no radical change here in the way we're doing business.

We're not taking over health insurance. We're offering a public and private option. Now the third way that the costs come down is if you're below a certain income and you buy your insurance in this exchange, we offer you a major subsidy, and that can be 80 percent of the cost of your premiums if you're maybe making about $25,000 or $30,000 a year or maybe only 10 percent if you are making, say, $80,000 a year. So we're bringing costs down using innovative methods but methods that don't really take away from the private sector.

And for anybody to say this is a government takeover, this is socialism, this is radical—you know, I don't know what you want to call it, it's just not true. This is just a different way of doing things that I believe works and that I think collectively will cover everyone and make it affordable so that you don't have to worry that if you lose your insurance, you don't have a place to go.

Within this context, we're eliminating all the discriminatory practices so that insurance companies can't charge more because of a preexisting health condition or because you are a woman versus a man. They can't say that in the course of a year they'll only pay out a certain amount of money or in the course of your lifetime they'll only pay a certain amount of money. They can't drop you because you get sick. All of these discriminatory practices are very difficult and make it difficult for a lot of my constituents, I know, to find insurance. Those practices will all go away.

I yield back to the gentlewoman from Florida.

Ms. CASTOR of Florida. I would like to yield to the gentlewoman from California (Ms. WATSON). She has been here for a while and has been listening closely to this debate.

Ms. WATSON. Mr. Speaker, I have been here for about an hour and a half. I have heard the Affordable Health Care for America Act denigrated, demonized. I heard the most disrespectful description of our Speaker, of our President, and I have heard them call this socialistic. But what I never heard from all of those who are opposed, including the medical doctors, was a sense and a feeling for protecting the health of Americans. All I heard was them describing the number of pages. They even gave us the number of times that ''shall'' was used. They talked about this heavy load that they would throw out and abandon. But I never heard them throw in ''for the American people.''

There was something very insensitive about what they were saying. I never felt the depth of concern about protecting Americans' health. I heard misstatements. I even heard lies. And let me explain to you where I was able to pick up on the misconceptions. They talked about taxing, increasing taxes. They talked about small businesses going out of business. They talked about the debt on their children, their grandchildren and those yet unborn. Let me try to clear up some of the mythical misstatements that were used while I sit here in the last hour and a half.

Will the bill raise taxes? Get this: for the average individual, the bill would not—would not—raise taxes. If you are an individual who makes more than $500,000, that's a half a million dollars, or a couple who makes more than $1 million, you would be taxed 2.5 percent. That's not the average family's income. The average family does not make $500,000 or $1 million. It will be taxed, yes, 2.5 percent. If you make more than $250,000 and you do not purchase insurance, then you would have to pay a tax of 2.5 percent.

The Medicare part D prescription drug doughnut hole, this hole is created when a patient's prescription drug costs exceed a yearly limit. This includes those whose prescription drugs costs more than the initial benefit of $2,700. Catastrophic coverage begins after the beneficiary has paid $4,350 for medications. Over time, the bill creates a 50 percent discount for prescription drugs bought in the doughnut hole.

Will this bill increase health care costs? No. This bill is designed to reduce health care costs. The House bill is designed with a public option. Now what does the word ''option'' mean? It means, you have a choice. Option means your choice, your decision. So the House bill is designed with the public option which will compete with private insurers in the exchange and reduce health insurance premiums. Though the program is government run, it will be self-sufficient and not require tax dollars at the initial startup.

I have heard over and over again that the government will get between you and your provider. That is so untrue. People talk about government. These are the people who work for government and who are paid by government. And how do they get their pay? Because some taxpayer paid their taxes, and that's how we all get paid. If you're so against government, why did you run to be part of it? Because every minute you're here, you're using taxpayers' money. That's your salary. So if you don't believe in government, you ought not to be part of it. It was so irrational. I was steamed while I was listening, but I held my cool. Private insurers are unhappy with the public option and are, therefore, attempting to disqualify its advantages.

Now, you cannot tell me that the 10,000 people who were out there yesterday demonstrating just woke up and said, We need to go to Washington, DC, and demonstrate. It was an organized effort, my friends. Some people were paid. There were buses that were paid for to bring people in town. And what I said before, I will say again. Why is there so much anger and hostility over providing health insurance for all Americans? What does that anger portray? Why are people so irrational? Why aren't they more reasonable about what government is trying to do?

This started out covering those who were uncovered, about 38 million, and it's grown into, as our opposition says, a socialistic program to cover ineligible people, to cover those most feared people that are here illegally. I never heard compassion for Americans. So there was an organization that put that group together to come and shout and show their anger. I'm saying, Well, what is it that they're so angry about? They have been told that benefits will be taken away from seniors. Nothing can be further from the truth. Will the House bill negatively affect small business? No. The House bill exempts most small businesses from the employee mandate. Small businesses with a payroll less than $500,000 are exempt. Small employers with pay rolls between $500,000 and $750,000 will have contribution phases from zero percent to 8 percent required contribution. Businesses with payrolls above $750,000 will be required to contribute the full 8 percent of average salary for their employer.

□ 2100

What is the public option? Now, remember ''option'' means choice. ''Option'' means decision. It's a government-run health insurance option. It's like going into a market and having all these plans laid out and you make the choice. If you like your insurance, you keep your insurance. If you don't like your insurance or you want to buy insurance, you come to the marketplace. Taxpayers will not have to pay for the public option. It is a mechanism with which the government can encourage healthy competition in the health insurance market. Also an option that will be accepting of high-risk individuals. Now let me tell you what the immediate reforms will include:

There will be a ban on lifetime limits. There will be immediate sunshine or light against insurance price gouging. It will be transparent. We're creating a review-and-disclosure process for rate increases.

It will prohibit health insurance companies from rescinding existing health insurance policies when a person gets sick.

There will be limits on preexisting conditions. Insurance companies can only look back 30 days rather than the current 6 months.

Complete ban, existing conditions exclusive occurs in the exchange will begin in 2013.

It will prohibit domestic violence from being included as a preexisting condition.

It will immediately ensure the medical loss ratio of 85 percent of premium health care dollars.

Dependents can remain on their parents' insurance until the end of their 26th year.

It will extend COBRA coverage until the exchange is up and running.

Grants to States for immediate health reform initiatives will start immediately. And I want to say that again because I've heard people say that States will lose and be burdened. Grants to States for immediate health reform initiatives.

It improves benefits, reinsurance for early retirees.

It creates an immediate fund that will finance a temporary program for those who are uninsurable.

It creates a voluntary long-term care insurance program.

It increases funding for Community Health Centers.

It expands primary care, nursing, and public health workforce by increasing the size of the National Health Service Corps.

It increases Medicaid reimbursements to 100 percent Federal funding. And in 2013 the exchange will be up and running. Individual and employee mandates take effect.

Preexisting conditions cannot be used to refuse a health insurance policy.

It expands Medicaid to 150 percent of poverty.

It will be open to small employers with 25 or fewer employees.

Affordable credits issued to those below 400 percent of the Federal poverty level.

The public option then is operational, and the exchange expands to everyone over the next 5 years until 2018, when all employers will have to meet the essential benefits package.

So, Mr. Speaker, I conclude by saying this will be an historical movement for Americans. We are looking forward to a tremendous change in where we place our emphasis. We plan to build a stronger, healthier America, and I would hope that all Members of this House will recognize that we are bringing a health care benefit to our Nation so it will stay the greatest Nation on Earth.

Ms. CASTOR of Florida. I thank my good friend from California.

I can't blame you, after listening to some of the debate, for having some consternation because here we are, we are poised to take this historic step on behalf of the American people that really is akin to what this great body has done in 1935 for Social Security, again in 1965 for Medicare. The vast majority of Americans would never think of turning back the clock to a time before we had those very important securities, that stability for American families. But that doesn't mean that they came easy. They didn't. And a lot of the arguments that were used then against Social Security and against Medicare have been used over the past year.

But you just have to stand up. You have to stand up and speak out for the families, the seniors, the older Americans that you represent and understand what this reform will mean to those families, finally giving them health insurance that is meaningful.

One of my very good friends that has been so involved in this debate for many years, I've had the privilege of serving with him on the Energy and Commerce Committee and the Health Subcommittee, and he's simply an outstanding voice on behalf of the families in Connecticut. So I feel very privileged tonight, as we're poised to take this historic next step, to yield to my good friend, Mr. MURPHY from Connecticut.

Mr. MURPHY of Connecticut. I'm glad to be here and I thank my friend from Florida for yielding.

This is an historic moment. It doesn't come around very often when you have the opportunity to make good on a promise that seemingly every President has tried to make good on, frankly, with a couple of Republicans thrown into the mix over the years, to bring health care out to the millions of people that don't have it. And as my friend Mr. RYAN said, we don't have a choice any longer. If we allow the status quo to continue, we're not just going to bankrupt every family and business out there, we're going to bankrupt our government.

The sad thing is that at this critical juncture in the history of American government, the history of the American health care system, you would like to think that the arguments that were happening on the floor of the House or in the Rules Committee where Mr. PALLONE was all day or on the airwaves is a debate about what's best for this country. Instead, it seems that some of the debate is about what's best for one political party. This idea of the bill that we're debating being socialized medicine is laughable. It's laughable, but we have to talk about why we are hearing that phrase come up over and over again.

You have to go back to the spring of this year when the Republican Party's favorite pollster, Frank Luntz, came out with a memo, before the Democrats had even put their bill on the table, before there was a bill to critique, and the memo essentially said here's how you kill health care reform: You call it ''socialized medicine.'' You call it ''government-run health care.'' Before anybody had even looked to see what the bill was, the decision was made that for political purposes, a bunch of people are going to get behind killing this thing and they're going to call it these names no matter actually what's in the text.

Now, as it turns out, the bill that's presented before the House for a vote this weekend or early next week is so far from socialized medicine, from government-run medicine, to make that claim is absolutely outrageous. But if you make it over and over again and you get a few allies on talk radio and the cable news entertainment shows, the same people will start to internalize it.

The fact is that the Congressional Budget Office says pretty plainly that over the 10-year window of this bill's rollout, there will be more people, millions of more people, on private health care than there are today. Why? Because we fix the existing private health care market. We think that the salvation of our system can be the private market but not under the rules we're playing by today. Under those rules, the price of health care over the last 10 years has shot up by 120 percent for small businesses in my district. This year, our major insurer in Connecticut announced they were going to be raising rates by 30 percent in one single year for small businesses. The rules of this game have meant that millions of Americans are kicked off their health care just because they get sick and millions more can't get on health care because they were sick to begin with. The rules of this market don't work.

So all we say is let's set up some fair rules that aggregate the purchasing power of individuals, that don't deny health care to people that need it. Let's just fix the market. That's what this bill does. It fixes the market.

We are at the very last minute, Mr. RYAN, presented with an alternative bill from our friends. Now, you and I have been on this floor for a long time. We come down here and we talk about the differences between the Democrats' approach to health care and the Republicans' nonapproach to health care, but then over the last year we have talked about the places we agree on. And one of the places that we all thought we agreed on was that if you have a preexisting condition, you shouldn't be denied health care. I mean, I heard Republicans come down here night after night and say we should absolutely do that, and I listened to them on the talk shows and they said Democrats and Republicans should come together. We came down here on the floor and we wanted to lock arms and say you know what, let's do it. Let's stop sick people from being denied health care.

Then we see their proposal that they're apparently going to offer on the House floor as a substitute to the Democratic plan, and it does nothing for people that are sick and need health care. It doesn't even come close to banning the practice of insurance companies to deny coverage based on preexisting conditions.

So even the things that we thought we had agreement on we don't any longer, because when it comes down to it, the Republicans are more interested in preserving the profits of their friends in the health insurance industry, more concerned with stopping President Obama's quest to bring health care to Americans at a lower cost because it scores political points, Mr. RYAN.

Ms. CASTOR of Florida. I thank my good friend from Connecticut. What a great summary.

And I know my good friend from Ohio, just what you were saying when you kicked it off, we simply cannot stand still. We cannot wait a decade more to stand up for American families and provide them with some meaningful and stable insurance that they're paying. I mean, they have been doing everything right; isn't that right? Paying those copays, paying those premiums month after month after month, and then someone in their family gets sick. And the health insurance company oftentimes will say or find a way to say, We're sorry, your policy does not provide what you thought it provided.

I yield to the gentleman.

Mr. RYAN of Ohio. There are a lot of issues here.

Earlier in the evening, I was watching someone, one of our friends on the other side, in the Rules Committee explain the Republican plan. And one of the questions from one of the committee members was, Does your plan cover everybody? And after dodging that question for quite some time, the answer is no. And then he went on to say that, Well, our plan is incremental.

And that's the slow walk that our friends on the other side want to do here. They want to kill this and go back to the original political memo that was given: How do we kill health care reform? How do we not give Barack Obama a victory on health care? And that's all this is is playing the politics of it and to say, Well, our plan doesn't cover everybody. Our plan doesn't bring down costs. Our plan is not going to reduce costs for small business by allowing them to go in and do all this negotiation.

I mean, think about what our friends on the other side of the aisle are going to vote against when we take this vote in the next couple of days. They're going to vote against everyone in America being protected from being denied insurance because of a preexisting condition. They're going to vote against that. They're going to vote against our saying that no one in America will ever go bankrupt again because of a health catastrophe in their family. Our friends are going to vote against that. Subsidies to help middle class families afford health care, they're going to vote against that. Extending COBRA until the exchange gets set up, they're going to vote against that. Increasing the age to 27 years old so that people can stay on their parents' insurance, they're going to vote against that. And giving small business people an opportunity, instead of swimming with the sharks in the current insurance market, to go in and negotiate with hundreds of thousands, if not millions, of other people to drive costs down, they're going to vote against it.

□ 2115

So we are sitting here telling you, Mr. MURPHY, here is what we are for: the exchange, competition, choice, the public option, eliminate preexisting conditions, no more bankruptcies, stay on your parents' insurance until you are 27, here are some subsidies, close the doughnut hole on Medicare part D so our seniors can have consistent prescription drug coverage. They are going to vote against it.

We are here saying, this is what we are for, this is what is going to pass, and this is what is going to help the American people. You can call it whatever you want. Our friends like the socialized transportation system we have here when they fly into Reagan Airport and back to their own airports. They like socialized Medicare for their parents. They like socialized public schools. They like socialized roads, socialized ports, and socialized defense. They like all that. But the one thing that is not socialized, they try to label it as being socialized. It doesn't make any sense.

Ms. CASTOR of Florida. I think you have summed it up well, Mr. RYAN. We are simply going to stand up for American families against the powerful interests that oftentimes and unfortunately the way health care has developed in America, it is take the money from well people. And the profits of these health insurance companies has been astronomical.

Why is it so difficult when somebody needs to call upon that policy, they have been diagnosed with cancer, they high blood pressure, and it is a fight. It is not a fight when you have to send the premium or the co-payment in, but it is a fight when you need to call upon what you have been paying for month after month.

So our reform is going to give the consumer, these families that we have the privilege to represent, greater bargaining power when it comes to their health.

You have to hand it to President Obama. He has reached out. He reached out early on in a bipartisan way. I know each of us here on the floor tonight have done the same. Early on, I called a bipartisan meeting of the Members from the State of Florida to say, What are our Florida priorities? We came up with a number. We have a terrible doctor shortage. We want to improve Medicare. And I am glad some of those ideas are incorporated in our legislation.

We have been having bipartisan meetings. We have had committee meetings, hundreds of committee meetings over the past couple of years, and hundreds of amendments incorporated. Our families back home, this isn't something where we are only listening to one side of the aisle. I know all of us have been taking the ideas, no matter what your political persuasion, because this is a critical American issue and it demands a unique, American solution.

As we begin the debate, I know there will be a lot of partisan rhetoric, but I want folks at home to know that we are going to stand up for you and fight for your family to ensure that if you have a diagnosis in your family of a serious illness, we are not going to let that insurance company cancel you. And if you have to change your job and your cancer is in remission, our reform will ensure that you will have affordable options. These are our fundamental values.

I yield to Mr. PALLONE.

Mr. PALLONE. I want to thank all of you for what you have been contributing to this debate.

I was on C–SPAN this morning where they ask you questions. These are questions that I get from some of my constituents who initially at least were opposed to the bill. One question is from people who say, Well, why should I help contribute through subsidies, for example, to help pay for health insurance for people who don't have insurance? And another, I am young. I am healthy. This guy got on and said, Why should I have to have insurance at all if I don't want it?

The bottom line is, right now, a significant portion of your premium, whether you get it through your employer or you get it by buying it on the individual market, as well as a significant portion of Medicare and Medicaid, is paying for people that have no insurance. So when that person who has no insurance goes to the emergency room and they rack up a bill of $10,000 or $20,000, you end up paying for it if you have insurance. It could be 2 or $3,000 a year of your premium is actually paying for that uncompensated care.

The bottom line is, if everyone has insurance, even if you are subsidizing it in some way through your tax dollars, that brings your cost down because now that person, instead of going to the emergency room, they go to a doctor on a regular basis. They don't get sick and run up the costs of having to be hospitalized or put into a nursing home, and so the system saves money and you save money.

The next thing, what about the guy who was on C–SPAN this morning: I am 25 years old. I don't want to buy health insurance. Why should I buy it? I don't need it. I can probably stay around for another 10 years until I have any serious problem.

Again, it is the same thing that I mentioned before. The only way that insurance becomes cheaper is if more and more people are included in the insurance pool. So if you have this health exchange and you want to make insurance under this health exchange affordable, you have to have all of the people in it. Then you have the healthy and the young people, the older and the sick people, and you have a larger pool that essentially brings costs down because everyone is in it.

I think it is important to dispel some of these arguments about why should I help the other guy or why should I have to have insurance. The only way this works to bring costs down is if everyone is covered and everyone has access to a doctor on a regular basis and

everyone pays into the system. Either their employer pays or they buy it through the health exchange. That is the beauty part of this. Everyone gets covered and everyone contributes and the cost goes down and we emphasize prevention, not having people get sick and not having to go to the hospital because they don't have enough preventive care.

We could go on and talk about the idea of prevention and wellness, which is an important part of this system, but I yield back.

Ms. CASTOR of Florida. Chairman PALLONE, you have hit upon another important underpinning of this bill, and that is personal responsibility. We are, through many initiatives in this bill, calling upon the American people to take personal responsibility for their health.

You are right. It is very expensive, very expensive, and American families know it. They know that one of the reasons that the costs have risen astronomically, and they are in the open enrollment period now, and families I hear from, they can't believe the rate of increase. But they understand, especially in a State like Florida where we have the second highest percentage of uninsured out of the 50 States, that we are paying, the folks with insurance are paying for the uninsured that show up in our emergency rooms, the most expensive place to receive care, and those costs have to be paid for somehow. Most often, it will make its way onto the copayments, premiums, and policies of American families that have taken personal responsibility, and that is just not fair. We can do better, and through our Affordable Health Care for America Act, we try to shift this very expensive way we deliver health care and make a historic investment in wellness and prevention.

Communities all across the country are going to have new incentives to build their communities in a sustainable way. Our hospitals are going to partner with universities and communities and nonprofits all across the country to focus on the most effective way to reduce childhood obesity and encourage folks to refrain from smoking, the way we can really control costs over the long term.

I appreciate the leadership of Chairman WAXMAN and you, Chairman PALLONE. You encouraged me to offer an amendment in the Energy and Commerce Committee to encourage small businesses to do more in wellness initiatives. Big companies encourage employees to exercise and eat right and quit smoking. But, oftentimes, it is the small businesses that are left in the lurch. Certainly in this economy, they do not have the wherewithal to initiate those types of wellness programs. But in our health reform bill, we provide grants to those small businesses that are willing to cut their health care costs through new wellness initiatives. I know that it will pay great dividends for families and those businesses.

Mr. PALLONE. If I can talk about small businesses, a lot of people don't understand that the way that this bill is set up in the bill that we are going to vote on in the next few days, small businesses, when they try to buy health insurance, like individuals, because the individual is only buying for himself or the members of his immediate family, the cost is high because he is not part of a large insurance pool.

The same is true for small business. In other words, if you have only five or ten employees and you try to buy a health insurance policy on the open market, you have the same problem. You are only insuring two, three, four, five, maybe up to ten people, and you are not part of a large insurance pool and so your costs are very prohibitive.

What we do in this bill is say that not only can an individual go to this health exchange and be part of this large insurance pool, but also a small business can do it. If a small business can't afford a small group policy or has one but it is increasing, the costs of the premiums are going up, they can go into the exchange. They don't have to have all of their individual employees and their family go into the exchange policy. They can go into the exchange and buy a small group policy, and it will probably be a better benefit package than they have now. So they are essentially buying a small group policy that is part of a larger pool that brings the cost down.

That hasn't really been brought up very much. What you mostly hear is, is my employer going to continue with his insurance or is he going to send me into this health exchange? The reality is that the business can buy a group policy for a lot less and with better benefits in the health exchange. I think you are going to find a lot of small businesses do that because they are going to get additional tax credits for it and it is just a better package.

So many people today complain not only about the cost of health insurance, but when they actually buy it, it doesn't cover anything, or it covers very few things and there are a lot of out-of-pocket expenses. So we are also trying to eliminate those problems, that you can buy a basic benefit package that has good coverage and that doesn't have a lot of deductibles and co-pays as well. That is an important part of the reform as well.

Ms. CASTOR of Florida. I thank you for that. Small businesses clearly are going to be big winners under this initiative.

Just a couple of months ago, I had a roundtable of small businesses from the Tampa Bay area, and there is one great business that has a lot of those retail shops in the airports. They do very well. She told me the story about trying to negotiate with health insurance companies. The problem, unfortunately, has grown over time where there is not much choice. There are so few options. As these small businesses attempt to go out and compete with their small numbers of employees, it is practically like sending a person out alone. It is just astronomical. I don't understand it because the profits of these health insurance companies are so high, but they don't offer affordable options to small businesses.

She told me this terrible story where, because they have a largely female and young workforce, it was very important to them that they have maternity care covered. And so they negotiated and had an agent, and maternity care was covered. The only problem was the health insurance company refused to pay for the baby's delivery of one of her employees.

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These kinds of tricks have got to end. It's time that we stand up for families across America, make insurance meaningful, provide some stability, some security, just like Social Security did in 1935 and Medicare in 1965. These are the types of commitments we are trying to make with the American people.

We have great support as we launch the debate. I mean, let's go over a few of these great endorsements from just this week. Coming from the State of Florida, the AARP endorsement will ring out loud and clear because the AARP advocates for older Americans and our seniors. And the American Medical Association, also, doctors across America believe in our health reform initiative.

Mr. PALLONE. If I could ask the gentlewoman to yield on that.

Ms. CASTOR of Florida. I will yield to my friend.

Mr. PALLONE. The major reason why the AMA, which is the major doctors association of this country, I believe supports the bill is two reasons: first of all, right now under Medicare the reimbursement rate for physicians as well as hospitals is rather low; it doesn't pay for the actual cost of their delivery services under Medicare. So we have a major increase in here for provider payments, in other words, both hospitals and physicians.

Part of the problem under Medicare is, I know in New Jersey it's not hard yet, but it's starting to get more difficult to find a doctor who will actually take Medicare. If you're on Medicaid, it's almost impossible because the reimbursement rate under Medicaid is about 30 percent of actual cost in New Jersey, and we increase that rate as well.

With regard to hospitals, by eliminating the uncompensated care, because now everybody is covered, they are getting more money for Medicare, more for Medicaid, and we have eliminated the people that don't have any insurance, which basically, you know, they have to sort of eat that, it goes into their balance sheet. So we're going to make it a lot easier for hospitals to stay open. I've had two close in my district in the last 10 years because they were too dependent on Medicare and Medicaid, and they had too many people who didn't have health insurance.

I yield back.

Ms. CASTOR of Florida. And that's highly important because our hospitals oftentimes are taking care of folks who do not have health insurance. So there is a great amount of uncompensated care, and it feeds that vicious cycle in America where someone has to pay that cost. And it is put on to the backs of families with insurance oftentimes having to pick up the tab for some people who have not taken personal responsibility for their health.

As we launch into the debate, it is very heartening that we have groups like the American Medical Association and AARP on our side, along with the American Cancer Society, the American Academy of Pediatrics, the American Academy of Ophthalmology, the Campaign for Tobacco-Free Kids. I mean, these lists go on and on. These are Americans and interest groups from all across the country that have been involved for years in trying to get to this point to provide meaningful health care to American families, to ensure that that insurance, when you pay those premiums and copays, is really something you can count on. It's coverage that you can count on.

And then correspondingly, as we've gotten smarter and realize we need to do more in prevention and wellness, we're going to invest in a great new health care workforce. It means a lot to my home district in Tampa because we have a large research university, the University of South Florida, with a College of Medicine, College of Nursing, College of Public Health, Physical Therapy directly across the street from the busiest VA hospital in the country.

The new loan repayment scholarships that will be provided to young people, or anyone that wants to find a job in the health care workforce, this is a landmark investment in that new workforce. When you look at the unemployment numbers across America right now, the one sector where jobs are being created and there are opportunities is in health care. It might be in IT, in the electronic medical records, but we are going to need a modern health care workforce. Fortunately, that's what our initiative provides.

I yield to my friend.

Mr. PALLONE. Well, I will just say, I don't want to call it a jobs bill because that's not the major focus of it, but it essentially is.

This is an economic issue. We are creating jobs, and we are certainly making it a lot easier for businesses to function because they don't have all these additional costs that are associated with more expensive health insurance.

So this bill actually addresses a lot of economic problems in a significant way. I would characterize it as a jobs bill, and in some ways as an economic recovery package as well. And, again, I yield back. Thank you.

Ms. CASTOR of Florida. Well, I think as we begin to close our hour out, we are eagerly looking ahead to the debate. We've had many, many months—many years waiting for real health reform for American families and older Americans, and we are very close. I would really like to thank my colleague, Chairman PALLONE, for his years of service on behalf of New Jersey families and Americans when it comes to health care.

The Democratic bill that will soon be on the floor will finally deliver for American families, building upon those fundamental values and early initiatives that came under Social Security in 1935 and Medicare in 1965. It has taken us awhile to get to this point, but I think we will get home.

## REPUBLICAN PRINCIPLES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Arizona (Mr. FRANKS) is recognized for 60 minutes as the designee of the minority leader.

Mr. FRANKS of Arizona. Mr. Speaker, I have some prepared remarks tonight about the Pelosi health care reform bill, but you know what I would like to do here in the beginning is just to talk about some things that Republicans believe in.

I have plenty of criticism about Ms. PELOSI's bill, and I will definitely make that known in a few moments; but you know sometimes I think it is incumbent upon all of us in this place, rather than just saying what we're against, to say what we're really for.

Republicans have believed since the beginning of the party that no matter who one was, that they had the right to be free, the right to live, and the right to pursue their dreams. This is something that we have felt was the essence of America from the very beginning. In fact, the Republican Party was born out of a commitment on the part of a group of people that believed that African Americans were human beings deserving of the same protection that all other human beings had, even though the Supreme Court of the United States had said that, under Dred Scott, that Dred Scott, a slave, was not a human being or not a full person under the Constitution.

Of course, you know there was some unpleasantness about that debate, Mr. Speaker; we had a great Civil War in this country. But the commitment on the part of Republicans to restore equal protection to all people regardless of their station in life sustained them in that crucible of that horrible Civil War, and I hope that Republicans will maintain their commitment to that no matter what happens.

We have been debating a great deal on trying to make equal access to health care in this country, and Republicans believe in that with all of our hearts. I've often heard in this Chamber, What are the Republican ideas? They have challenged us and said that we really don't have anything that we believe in, that we are just the Party of No. That is such tragic injustice because there are about 40 bills that have been introduced into this House by Republicans saying what we wanted to do with health care reform, and we have not had the opportunity for any of those bills to be presented on this floor, and oftentimes even our amendments are not allowed.

Mr. Speaker, for a moment let's just ask ourselves, What has given America the most powerful economic engine and force of productivity in the face of human history? It has been that thing called freedom, that thing that allows each person to pursue, to the greatest extent possible, what they believe to be true and good, whether it be in the area of their own self-interest or the area of trying to help other people or in the area of just trying to make a better world, that we believe freedom created innovation, it created a sense of almost dreaming about what could be. That innovation, I think, is probably the most important difference in the effect of the Republican's version and the Democrat version of health care reform.

Republicans believe that when health care is in private hands, that even the providers of health care—sometimes because they want to make money, sometimes because they want to help others—but the providers of health care are always seeking new ways and better ways to do things, new innovation, ways to come up with new, less expensive, but more effective procedures. I think that we all delude ourselves if we believe that we can accomplish making affordable health care available to everyone if we don't focus on this thing called innovation.

Let me, if I could, deviate and give an example, Mr. Speaker. There was a time in America where the government controlled our telephone company. It was true that our telephone company—at that time we called it Ma Bell—was a private company, but it was almost entirely controlled and regulated by government. Of course you know you had one old clunker telephone and you had to dial the number, and of course sometimes the operator would get smart with you if you asked her what time it was. It was a government-run system with all of the attending bureaucratic nightmares.

And the equivalent in today's dollars for long distance would be about $3.10 a minute. It was a real disaster. Now, it was nice just to have a phone system, but the reality is we never really saw a great deal of innovation.

But then, when I was just a young man in the legislature, we decided that maybe it was time to break this thing up and give it to the private sector and see if they couldn't do something better with it. And what happened was profound; we created a system that would serve everyone. In other words, we told those companies that if you're going to provide telephone service, you've got to make sure you provide it