

raised the issue of our being here today, not doing anything today to promote job creation.

And as far as any quarrel we may have with history as to why we got or how we got to where we are today, I would just like to quote to the gentleman in closing Winston Churchill's speech to the House of Commons June 18, 1940. And he said, "Of this I'm quite sure, that if we open a quarrel between the past and the present, we shall find that we have lost the future."

And with that, Madam Speaker, I yield back.

ADJOURNMENT TO MONDAY, MARCH 15, 2010

Mr. HOYER. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 12:30 p.m. on Monday next for morning-hour debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

VIRTUAL COLONOSCOPIES AND MEDICARE

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

Mr. THOMPSON of Pennsylvania. Madam Speaker, the President just had a physical and is apparently very healthy. Among the tests he had was a virtual colonoscopy to screen for colorectal cancer. A virtual colonoscopy employs x ray technology that produces a three-dimensional image of the entire colorectal structure. However, it is much less invasive and does not require sedation that is often needed for a standard colonoscopy.

I bring this up because the Centers for Medicare & Medicaid Services have denied coverage of this procedure for seniors enrolled in Medicare. Colorectal cancer is the third most diagnosed cancer among men and women in the United States and the second leading cause of cancer death, despite having a 90 percent cure rate when detected early. Many insurers like Anthem Blue Cross-Blue Shield and CIGNA cover this virtual procedure but not Medicare.

The National Cancer Institute Colorectal Cancer Progress Review Group predicts that the minimal invasiveness and lower cost of this procedure could attract more people to be screened, with the possibility of saving 20,000 lives annually. The President has set an example. The American Cancer Society recommends it. Medicare should cover it as a provided procedure.

RESPECT FOR OUR DIPLOMATIC GUESTS

(Ms. JACKSON LEE of Texas asked and was given permission to address

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

Ms. JACKSON LEE of Texas. Madam Speaker, I have served on the Homeland Security Committee, tragically, since the occurrences of 9/11, and I want to congratulate this Nation for moving toward securing its people in a way that balances civil liberties and as well recognizes our responsibilities.

As the chairwoman of the Transportation Security Committee, I want to acknowledge that in looking at how we treat our guests that come from other countries, we should always continue to review those circumstances. Just a few days ago, our guests from Pakistan, Pakistani parliamentarians, were traveling through our airport and were detained and asked a number of questions even though they were traveling with State Department escorts, as we understand it. I believe it is important to always remain secure but to remain balanced as well. I think it is appropriate that we look again at our procedures to ensure that our international diplomatic guests receive the kind of responsible treatment that is appropriate. We thank those who serve us on the front lines, but I will be looking forward to a full report by the Department of Homeland Security, and I offer to those dignitaries our respect because we do believe in international diplomacy.

HEALTH CARE

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

Mr. TURNER. Madam Speaker, it is irresponsible for Congress to continue debating an increasingly unpopular and costly health care bill at a time of record-breaking deficits and uncertainty about our economy. We should be focusing on reducing spending and creating jobs. In Tuesday's New York Times, columnist David Brooks editorialized that the majority's "passion for coverage has swamped their . . . commitment to reducing the debt. The result is a bill that is fundamentally imbalanced." Brooks wrote that "they've stuffed the legislation with gimmicks and dodges designed to get a good score from the Congressional Budget Office but that don't genuinely control runaway spending." He points out that the bill appears deficit-neutral because it immediately collects revenues but doesn't pay for benefits until 2014. It also doesn't include \$300 billion in additional costs because it assumes Congress will cut Medicare reimbursements by 21 percent.

Unfortunately, this proposed government takeover of health care has blocked the path to reasonable reform. We can and must work together on a bipartisan basis to achieve real reform that will bring down costs and increase access for all Americans without increasing the national debt.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HEALTH CARE

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

Mr. GARAMENDI. Madam Speaker, if I might, we heard just a moment ago from one of our esteemed colleagues from the Republican side that there were no savings in the health care bill. In fact, there are substantial savings, at least according to the Congressional Budget Office, and over time, the American deficit would be substantially reduced. Let me just tell you some of the reasons why. First of all, by extending coverage to most all Americans, you eliminate one of the most pernicious and most difficult cost increases in the system, and that is that the uninsured wind up in the emergency room, usually very, very sick, and that gets to be a very, very expensive matter. That cost is in the system and is passed on to both the Federal Government as well as to those people that are buying private insurance.

Also there is a major effort in the legislation to extend the medical technology information systems. We know that that will reduce errors and omissions, and create not only better care but reduced cost. We know that the system will also have a Medicare panel look at ways of reducing the costs in the Medicare system. Finally, there are programs in the system and in the legislation to promote wellness. Healthy people are not expensive. If you are well, you are not going to be increasing the cost of the systems. There are many, many parts of this bill that will significantly reduce the cost, and therefore, this is a good piece of legislation.

Finally, I want to speak to one of the issues that our Republican colleagues constantly put before us as a way of reducing costs, and this is the ability of the insurance companies to sell products across State lines. Now, I was the insurance commissioner in California for 8 years, 1991 to 1995 and again from 2003 to 2007. During that period of time, we had insurance companies that were not licensed for business in California, selling products illegally in the State of California. There was a reason why we had a procedure to make sure that insurance companies that were selling health insurance in California were licensed. We wanted to know that they were legitimate companies, that they actually would have the financial strength to pay claims, that their policy actually provided benefits, and that they were able to carry out the contract that they had made with people.