

decision. I cannot begin to count the number of times when I was insurance commissioner that complaints would be brought to me that the insurance company decided that this young girl was going to die because she was not going to get treatment for her leukemia. This is not unusual.

In California last year, the statistics collected by the Department of Managed Health Care showed that the five largest insurance companies that cover most everybody in California, the denial of claims and the denial of services ranged from 25 to 40 percent. So it is the insurance company, not the doctor or the patient, that is making the decision. It is the insurance company.

Now, on the other side of it, in Medicare and in Medi-Cal, you don't see those kinds of denials. There are denials for things that are inappropriate.

So we know in the reforms that are coming before us, we open the door for the patient and the medical practitioner, the doctor, the nurse, to have that relationship to make the decision on what is the appropriate care. That is not the case today. It is the insurance company, all too often, that is making the judgment on whether a treatment will be available.

Ms. WATSON. Congressman GARAMENDI, you know this, a few weeks ago, Anthem Blue Cross, the California Blue Cross program, announced to its consumers that they will have a 39, almost a 40 percent raise in their fees. If we did nothing in the State of California, it would cost a family \$1,800 annually for coverage.

Now, we had a series of community forums.

Mr. GARAMENDI. I think that is \$1,800 a month.

Ms. WATSON. It would raise their coverage up \$1,800.

Mr. GARAMENDI. Yes, additional cost.

Ms. WATSON. We had a series of town halls and so on, and I will never forget this man. He had a heavy accent, but he was an American citizen. He said he worked three jobs, and he said, My 2-year-old became ill, and even with my three jobs, I was not able to afford an insurance policy and could not get coverage for her, and she died. We should never get that testimony in the United States of America.

Mr. GARAMENDI. That is yet again an example of what is seen every day in every community in this Nation. There is a denial of coverage by the insurance companies. And for those who have no insurance, they face a situation of death, bankruptcy, and the loss of their jobs. It is not necessary.

Now, we have talked about the cost in the system, and perhaps this is where we will let this discussion end today. This Nation is spending 17.5 percent of its total wealth on health care. Our competitors around the world, not including China, which is completely different, but the other industrialized nations of the world, Japan, Korea, the European countries, spend 10 percent

or less of their wealth on health care. In all of those countries, they have universally available health care, different kinds of systems, but it is universally available. We are spending 17.5. They are spending 10. You would think with that additional expenditure we would be healthier. Unfortunately, we are not. We don't live as long. Our children die earlier. Our women die in childbirth more often. Our health care statistics rank us in the range of the nation of Colombia. This is a tragedy for America, and it is a blot on our reputation in America.

The legislation before us will begin to address that by providing better health care services, as we have discussed with the clinics and other reforms that are taking place; access to health care, because of the expansion of insurance to some 30 million Americans that don't presently have it; and control of the insurance companies. So no more preexisting conditions, no more game playing and discrimination and post-event underwriting, which is you get sick and suddenly your insurance is cancelled. Those things are gone.

We are also, in this legislation, controlling the cost of health care in America so that our Nation can once again revive its competitiveness, so we spend our money on education and manufacturing and the things that create a strong economy and a strong society with health care. That is our goal.

And the great opportunity that you and I have, and all 432 Members of this House and the 100 Members of the Senate and the President have, is to finally close the gap—finally, after a century of effort—to provide a system that covers Americans with a health insurance program that has the quality and the benefits that they need.

I know you have been there. You have been there since I first met you in 1976 in California and the years you have been here. So, Congresswoman WATSON, it is a great privilege to engage in this dialogue with you.

Ms. WATSON. I would just like to conclude by saying I serve on the International Relations Committee. We travel the globe. I served as an ambassador. I taught school in my twenties in the Far East and over in Europe. And so I have been around this world many, many times. Our status has dropped among other nations. My intent is to continue to lift the status of the most wonderful country in the world, and we are only as strong as our weakest link.

It amazes me to hear the criticism, to hear people rant over delivering health care rather than reason over delivering health care, when I know that they happily nodded their heads to spending \$15 billion a month on a war that has not really benefited the United States much, and that is the war in Iraq. And no one complained about adding to the deficit then. And now we come up with a health care re-

form that we want to strengthen America's children, America's adults, all Americans. And to think that would be the cause for these tirades we hear is beyond reason.

So I really appreciate you enriching this House with your experience and your knowledge. And I am a little prejudiced because you are from California, but I think your background helps to give understanding to our audience, Americans, that we are doing this for the benefit of all Americans.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. KILPATRICK of Michigan (at the request of Mr. HOYER) for today.

Mrs. NAPOLITANO (at the request of Mr. HOYER) for today.

Mr. JONES (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. WALDEN (at the request of Mr. BOEHNER) for today on account of attending a memorial service in the district.

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. PERLMUTTER) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Mr. GARAMENDI, for 5 minutes, today.

(The following Members (at the request of Ms. FOX) to revise and extend their remarks and include extraneous material:)

Mr. WHITFIELD, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, March 15, 16, 17, 18, and 19.

Mr. POE of Texas, for 5 minutes, March 19.

Mr. JONES, for 5 minutes, March 19.

Mr. DREIER, for 5 minutes, today.

Ms. FOX, for 5 minutes, today and March 15, 16, 17, 18, and 19.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Ms. BERKLEY, for 5 minutes, today.

#### ADJOURNMENT

Ms. WATSON. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 25 minutes p.m.), under its previous order, the House adjourned until Monday, March 15, 2010, at 12:30 p.m., for morning-hour debate.