

I want to talk about four particular things. One is that in this is one of the most weird economic terms: “unearned income.” There is a tax increase on unearned income. Unearned income is income you’ve already been taxed for once. If you put your money in an investment fund or you put it in buildings or in annuities, you’ve been taxed on that. It’s not unearned income. And for years, we’ve encouraged people to save so our Social Security system didn’t go broke, so our Medicare system didn’t go broke. Now we’re going to tax those who’ve saved, and we’re going to put a penalty on keeping people from saving. It seems counterintuitive that when we’re facing these huge challenges in a retirement system that we would raise taxes on the very thing that we’ve been encouraging people to do.

Then we have the question of industries like the orthopedics. In Warsaw, Indiana, a city of about 15,000 people, three of the four biggest orthopedic companies in the world are centered there: Zimmer, DePuy and Biomet. In addition, you have Medtronic with a large facility there and lots of other small ones. They bought the biggest companies in Switzerland, Germany, and France. It’s a category where we lead the world. So what’s our solution? If we’re the ones leading the world, we’re the ones inventing new things—well, we’re going to tax them, so maybe they’ll leave.

They only have two choices. Since the new tax is half of their R&D cost, they can either stop the R&D so we won’t know 20 years from now—I had one 13-year-old ask me on a teletown hall call the other night ask me, How will this bill affect me long term with my health coverage? I said, I don’t really know because the way we’re taxing orthopedic companies and these, we won’t know what would have been invented. The way we’re taxing the pharmaceutical companies, we won’t know what drugs would have been invented because we’re driving it out of the U.S. or out totally if they can’t make money on it anywhere in the world. So that’s another part of this bill.

Then I heard one Member on the floor tonight repeat one of the most often heard myths, that because Canada covers their health care, the health care for GM was cheaper. In fact, our Auto Caucus met with the head of GM when we were talking about what we were going to do related to GM. He said in direct response to some of the Members from the other party’s question, No, our costs are higher in Canada. It was so counterintuitive, every Member was asking why they were higher in Canada. They said, Well, unions aren’t going to take the base plan. They ask for the base plan with a supplement because the base plan in Canada and England isn’t satisfactory. So if you have enough power, you will negotiate it more, plus the taxes are higher in Canada. He said, that’s why—and that’s why GM has followed through with

this, as well as Chrysler—jobs have moved down to the U.S. because our health care was cheaper. How did this myth start? Why do we keep hearing that constantly repeated when they know the difference.

The other point I wanted to make is on the so-called savings in Medicare. How are they getting savings from Medicare? Partly from eliminating your choice of Medicare Advantage, the only program that’s ever come in under budget as part of Medicare because we had the big insurance companies negotiating with the big pharmaceutical companies. Rather than having somebody in a government office who didn’t know their head from a hole in the ground making the negotiations, quite frankly, we put people who are actually bottom line people who could figure out what the margins were and what they could survive with and move ahead with. That’s why Medicare Advantage works. But they’re going to do it by controlling the utilization of equipment.

We never had a discussion about utilization of equipment. They want to say 80 percent. In Indiana, the only city that can meet 80 percent on heart, on oncology and so on is Indianapolis. So Fort Wayne 270,000 people, the South Bend region with another 200,000 people, other parts of the State can’t reach that utilization. That’s the hub and spokes system, only they’re moving the hubs to the bigger cities in the United States.

We’re not talking about whether you can have this type of thing in rural areas. We’re talking about whether the type of diverse health care spread out with access all over America is going to be changed in the name of cost savings. It is a way to save money because people then have to do just like veterans do in the hospital system: they have to pay their gas. They have to decide if they’re going to stay overnight. If they get canceled, they have to drive back home or get a motel. All that has shifted to the individuals. No discussion. No discussion about that little clause in there that talks about utilization of equipment; yet it’s brutally already being implemented. So I hope that somehow in the next 48 hours, a miracle occurs, and we can defeat this bill.

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

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

DOCTORS TELL CONGRESS TO VOTE “NO”

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. Well, here we are, folks, Friday night. People are going to the movies, having dinner with their kids and grandkids, and we’re here in the Capitol of the United States trying to screw up everybody’s life.

Let me just give you a little information we found today. Mr. Speaker, 46 percent of the primary care doctors in this country said if this bill passes, they’ll leave medicine. Now think about that. Let’s just say that that’s off by 75 percent. Let’s say only a fourth of that happens, and we only have, say, 10 or 15 percent of the doctors leave primary care because of this bill. What do you think that’s going to do to the patients? We’re going to have more patients, according to this bill, because they’re going to bring in more people, maybe some illegal aliens and people that aren’t completely covered right now. So we’re going to have fewer doctors and more patients.

What is that going to result in? It’s going to result in what we’ve all been talking about for a long time, and that is rationing of health care because you won’t be able to take care of all these people. You have to pick and choose. It’s going to cost more, and there’s going to be long waiting lines like they have in other countries that have socialized medicine. I just can’t hardly believe that we’re doing this.

You know, in Massachusetts, today I watched on television the Democrat treasurer of Massachusetts said on television just a couple of hours ago that their State is going to go bankrupt because of their public health program, which parallels what they want to do here in Washington. I mean, think about that. Massachusetts has a system like this. Their State treasurer—not a Republican, a Democrat—says that they’re going bankrupt because of it. And yet we’re doing the same thing only more in spades right here in the Congress of the United States, and we’re not hearing as much about it as we should.

Now, I want to real quickly read to you just to let you know what the doctors think. We have some doctors who are going to be talking here tonight, some very eminent doctors. The State medical associations that are opposed to this: the States of Alabama, Delaware, District of Columbia, Florida, Georgia, Kansas, Louisiana, Missouri, New Jersey, Ohio, South Carolina, Texas, the American Academy of Dermatology, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology. It just goes on and on and on. There’s probably 100 of them here. And they’re not listening to these people. They’re telling us in Congress that people are going to leave the practice of medicine.

Now, the other thing that they're not talking about is we don't have tort reform. You know, doctors have to spend an awful lot of money protecting themselves against lawsuits. So we've said in our bill that we really need tort reform. Well, they don't have that. It's not going to be in their bill. So doctors are going to be still unprotected as far as liability suits are concerned. That's another reason why 46 percent of the doctors say they're going to leave primary care. Why wouldn't you? You've got some money in the bank that you've worked your whole life to gain and achieve and you know that one lawsuit will wipe you out, and there's no protection at all in these health care plans they're going to ram through, why would you risk it? Why would you risk lose you are your home and your business and everything that you've worked your life to save? You wouldn't. And so it might be better to go out and do something else. Take the money that you've saved and go into maybe some kind of a private practice that doesn't require this kind of a risk.

So I would just like to say to my colleagues back in their offices who probably aren't listening to too much tonight—they're fighting to try to get that last vote or two to make sure they can get this thing passed—think about what you're doing to America. Think about what you're doing to the future generations that are going to be paying for this. We won't be paying for all of it. Trillions and trillions of dollars that we don't have are going to be spent. They're going to have to print that money. Our kids are going to be the ones who are going to have to pay it back through inflation and higher taxes. It's just a terrible, terrible legacy to leave to them.

So to my colleagues on the other side of the aisle who may be in their offices, Mr. Speaker, listening to what we're talking about tonight, I hope they'll give this a lot of thought, especially if they haven't made up their minds. Don't leave this kind of legacy to the future generations, and listen to what's going on in Massachusetts that has a similar program. They're going bankrupt up there because of it. And we're going to put a program into place that's going to run doctors out of the business and possibly bankrupt America and run inflation through the roof because we're going to be spending money we don't have so they'll have to print it and raising taxes? It just doesn't make any sense.

The last thing I'll say is that the vast majority of the American people in addition to the doctors, Mr. Speaker, don't want this. So listen to your constituents before you go running off a cliff and killing yourselves politically.

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WOMEN AND HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, the entire Nation is counting on us to pass comprehensive health care reform. The millions who have no coverage at all desperately need this legislation, but so too do those Americans who are insured and are being squeezed out by outrageous premiums. So do the businesses that are less profitable because they will be buckling under the weight of high health care costs. But above all, American women need us to do the right thing this week and overhaul the health care system.

Mr. Speaker, in ways both overt and beneath the radar, the current system discriminates against women. The health care reform bill with the corrections bill prohibits insurance companies from refusing coverage or charging higher premiums based on a pre-existing condition. And the fact is being a woman is a preexisting condition.

There are documented cases in which pregnancy was treated as a preexisting condition, with women denied the very basic prenatal care benefits that they needed. On other occasions, women have been socked with a huge hospital bill following a C-section because their insurance company would not cover the procedure which is used roughly one out of every three births in the United States.

And here is the most outrageous and unconscionable one of all. In several States, a woman who has endured domestic violence may also be out of luck when she goes to file a claim because domestic violence is defined by many of the large insurance companies as a preexisting condition. Talk about adding insult to injury. Literally, Sorry, ma'am, you're on your own. We can't pay to wire that broken jaw because it was given to you by your husband. Next time you get a facial injury, make sure it is from tripping or falling; then we might be able to help you. This is the health care equivalent of telling a rape victim she has no case because she was asking for it.

There's more. Systemic forces and biological realities conspire to make the health care crisis that much more severe for women. Because of their reproductive health needs, women, especially young women relative to their male peers, simply need to visit their doctor more often on average.

Women are less likely to have full-time jobs with large companies so they are less likely to qualify for employer-based coverage. That puts them at the mercy of the very expensive individual insurance market where women are at a disadvantage because they earn less. Thanks to the fact that women earn 78 cents for every dollar a man brings home, they are poorer. Many of the policies on the individual insurance market, 71 percent of them according to one study, don't offer comprehensive maternity services at all.

And thanks to a practice known as gender rating, many women are essen-

tially assessed an estrogen penalty when they sign up for health care coverage. Insurance companies are allowed to charge women more simply because they are women.

The legislation before us will close these disparities and correct these injustices. We should all be ashamed of a broken system that marginalizes more than half of our population. We have to stop putting health insurance company profits ahead of healthy American women. Let's answer history's call and pass health care reform.

STOP GOVERNMENT TAKEOVER OF HEALTH CARE

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. Mr. Speaker, tonight it seems like the popular target is health care, and I rise tonight, Mr. Speaker, to talk about my opposition to government takeover of health care. And there are a lot of reasons why we should all be against this bill, a lot of reasons why I should be against this bill, but the main reason I want to talk about is jobs.

Right now in my home State of South Carolina, Mr. Speaker, about 270,000 South Carolinians are out of work. We have a record unemployment rate of 12.6 percent. Families and small businesses are trying to figure out how to put food on the table and keep the lights lit. And you know what? Here in Washington all we are doing is making the matter worse. If this bill passes, thousands of mothers and fathers and hardworking South Carolinians will be without a job. Businesses will be saddled with new taxes, resulting in additional layoffs, cutbacks, and businesses closing.

In South Carolina, taxpayers will pick up the tab for sweetheart deals Democrats made behind the scenes to muscle this bill through Congress. Despite the Democrats' best efforts to keep the American people in the dark, though, by resorting to shady tactics and backroom deals, nobody is fooled in this country about what is going on here. This is a trillion-dollar boondoggle that will kill job creation and take over one-sixth of the Nation's economy. It will mean nearly \$600 billion in tax increases, over \$500 billion in Medicare cuts, and a massive expansion of the Federal Government.

In South Carolina, we know government mandates only stand in the way of economic growth and jobs. With this bill, Democrats have found another way to help stifle this country.

Mr. Speaker, let me say this. If this bill does pass, South Carolina won't stand for it. And I will tell you today that I will do everything within my power to defend the States' rights that are set forth by the 10th Amendment of the Constitution of the United States. The truth is we can avoid the lawsuits and legal action that will result in further wasted taxpayer dollars.