

Or in the Chinatown section of Los Angeles, the Pacific Alliance Medical Center is a 142-bed full-service hospital and has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish this facility. Throwing a lifeline, this is what these hospitals do.

Or in Wisconsin, the Aurora Bay Care Medical Center, a 167-bed full-service hospital, holds seven centers of excellence, and it was the first hospital in the country to become a designated emergency center.

Or the Wenatchee Valley Medical Center established in 1940 in the State of Washington is a large rural health care center that helps serve patients in a largely rural area.

There is a lot of good work that has already been done. This bill has been reviewed over and over again. So what my opponents say on the other side or the opponents of this bill, this bill has been on the table for a long time. We know that we can work going forward to make things better.

So no amount of attack, being spat on by those who have come here to this place to show their opposition, or being called names is going to stop us from seeing success just down the road. But we want to work for these hospitals who are in rural and minority areas and poor areas to be able to stay open as well.

I know that in working with my colleagues and moving to the other body we will have that opportunity. Why don't my friends on the other side sit down and work as well so that we can have what all America is crying out for, those who are listening and understanding the issue, that is, health care for all Americans. Not socialized medicine, not a government takeover, but the opportunity to see the good and the value of good health care for this great country of ours. I want to see success. I am not going to allow failure to get in the way of success.

Mr. Speaker, I have three amendments at the desk and I rise to speak in support of my amendments No. 1, No. 2 and No. 3 to H.R. 4872, the Reconciliation Act of 2010. My first amendment would preserve physician-owned facilities that have a greater percentage of Medicaid Inpatient Admissions than the state average in operation and allows them to expand.

My second amendment is extremely critical for minority communities and high poverty areas.

This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

As you know during the ongoing healthcare debate, discussions about physician owner-

ship of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

Physician-owned hospitals have created a positive change in the quality and delivery of care to minority populations.

The insight gained by the diversification of hospital ownership has led to many new advances in care delivery and opened up untapped avenues and knowledge in the race to cure and/or prevent diabetes, AIDS, cancer, and other illnesses we all face.

While we are pleased that language to grandfather existing physician hospitals has been included in the Senate Amendment package, this bill still contains language that prohibits these needed institutions from expanding. This prohibition will lead to their eventual closure and endanger hospital access for minority and low-income communities.

Physician ownership has enabled high poverty and minority areas to open hospitals where corporate-owned facilities wanted to abandon a current site or refused to bring in needed services. By way of competition, physician hospitals have raised the bar of service in communities often ignored by large healthcare corporations, offer exceptional overall care, and forced all hospitals in an area to do better for their community.

To help you understand what is stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full service general acute care center, is the only hospital that serves one of the most income-challenged and minority sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at risk community.

In Wisconsin, Aurora Baycare Medical Center, a 167-bed, full-service hospital hosts seven Centers of Excellence and was the first hospital in the country to become a designated Emergency Center of Excellence. The Women's Center at Aurora Baycare was also the first in Wisconsin to be accredited for breast care by the American College of Surgeons.

Established in 1940, Wenatchee Valley Medical Center in the state of Washington, is a large rural healthcare delivery system that helps serve patient needs in a largely rural area. It has brought countless life-saving procedures to a community in need.

Without physician ownership, the number of minority hospital owners will decrease substantially, low-income and minority communities will see a reduction in the amount of available services in their community, and some will be left with no access to hospitals. While this may sound extreme, unfortunately, it has happened and will happen if this measure is left unchanged. This is also extremely distressing since the effect of this section will be to reduce access while simultaneously adding 30 million new Americans to the healthcare system, mostly in these very communities that will see their safety net hospitals close.

While I support all physician-owned facilities and comprehensive efforts to incorporate everyone into our national hospital network, today I start that process by helping preserve physician-owned facilities that serve poor, disabled, indigent, or uninsured patients. These amendments were crafted with strict adherence to the reconciliation process and fully comply with the Byrd Rule.

As a Member of Congress whose constituents are greatly assisted by physician-owned facilities, I urge my colleagues to—help my community, help my constituents, and help America build a better and inclusive health care system.

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

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

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

Mr. FRANKS of Arizona. Mr. Speaker, this government health care takeover has been debated on so many fronts. The President says it is to save money; and, yet, Mr. Speaker, in every corner of the planet, in every corridor of history, socialized medicine has always cost more, not less. Every government health care program the United States has ever implemented has cost many times the amount that was first predicted. So if this bill saves money, Mr. Speaker, it will be the first in human history.

Democrat leaders say that the government takeover will increase the quality of health care; and yet once