

In the wake of this health care debate, despicable dysfunctional process and product, it is clear the most dangerous special interest is Big Government and President Obama is its lobbyist. In contrast to Americans' faith in themselves, every major piece of legislation proffered by the President and his Democratic Congress expands and empowers Big Government at the expense of the people, possessed of a smug, cynical, patronizing view of Americans as dependents desiring State benefits, this arrogant administration and its enablers have defied the American people and bipartisan opposition in Congress to unilaterally jam through a trillion-dollar government takeover of health care.

Why? For so many Americans, the answer is that this President and his Democratic Congress think they are smarter than you, want to run your life, and want to make government your ruler, not your servant. It threatens not only our health care system but it tears the social fabric of our Nation. Instead of working towards a more political Union, the President exacerbated the disorder of our Nation and wrought an experiment in human freedom and self-government on the precipice of implosion.

To do so the President has the power, but not the right. Thus he has merely scored a Pyrrhic victory over the American people. Ultimately, his government-run medicine scheme will be repealed and replaced because America's strength and salvation remains her free people, not a person.

And this November, America's sovereign citizens will remind the President and Democratic Congress that we the people do not work for government. The government works for us. No, the President and his Democratic Congress will not break us beneath Big Government. Devoted to our freedom and a more perfect Union, we will keep the faith, trust the public, calm the chaos, and heal our country.

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

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

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

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

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HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is

recognized for 60 minutes as the designee of the majority leader.

Mrs. CHRISTENSEN. Mr. Speaker, it is my honor this evening to anchor an hour for the Congressional Black Caucus on health care reform. I have several of my colleagues here to join me. Interestingly enough, three are from three of the relevant committees that put the bill together in the House.

When I left my private practice of 21 years, I promised my patients that I would continue to do everything I could to ensure that they got the health care they needed, even though I was leaving the practice. Too many were uninsured. Too many had several chronic diseases. Too many could not afford even 1 month's supply of medicine. And our low-capped Medicaid funding was of very little help.

Last night our Democratic leadership and my Democratic colleagues helped me make good on that promise. Because of the landmark legislation that we passed last night, the most momentous piece of legislation since Social Security, Medicare and the civil rights bills, not only my constituents but all Americans will have access to affordable, quality, and comprehensive health care. And African Americans and other minorities will benefit because of the provisions that are included to reduce the disparities that Surgeon General Heckler called an affront to American ideals and to the genius of American medicine.

So tonight some of my colleagues will help to explain the many benefits of the bill we passed last evening and the way that our communities will be able to be helped by the legislation.

I would like to first call on the gentleman from North Carolina (Mr. BUTTERFIELD) a member of the Energy and Commerce Committee and the Health Subcommittee who played a very important role in developing the bill as it went through Energy and Commerce.

Mr. BUTTERFIELD. Let me thank the gentlewoman for yielding me this time, and thank her for all of her good work on the legislation. For the past 12 to 14 months, I have watched you as you have worked tirelessly to get a finished product that we can all be proud of. And so I want to thank you on behalf of the 600,000 people that I represent in the First Congressional District of North Carolina.

Mr. Speaker, every President in this country for the past 50 years or more has tried to reform health care. Unfortunately, all of them have failed, both Democrat and Republican. We have a health care system in this country that is in serious need of reforming. And President Barack Obama, during the Presidential campaign of 2008, campaigned on the platform that if elected, he would bring health care reform to the American people and for the American people. It was a hotly contested campaign, as we can all remember, but he was victorious because the American people had confidence that Presi-

dent Obama had the ability and the vision to bring people together to enact this worthwhile legislation and to do other great things for our country.

Well, we started the 111th Congress, and President Obama told us from day one that he was ready to deliver on the promise that he made to the American people. And so we in the Energy and Commerce Committee and Congresswoman CHRISTENSEN and many of us worked very hard to put together a good, strong piece of legislation. But I can tell you that we would not have enacted this bill last night without the courageous, visionary leadership of President Barack Obama.

In the Energy and Commerce Committee, we worked very hard to craft legislation that we were very proud of. At the same time as we were doing our work, the United States Senate was also crafting a piece of legislation and they completed their work on Christmas Eve, as we all remember. Well, what the American people may not fully understand is that in this body, before we can have a piece of legislation delivered to the President's desk, both the House and the Senate must agree. And so during the Christmas holidays, the Democratic leadership from both Chambers worked very hard to try to reconcile the differences between these two bills.

The unfortunate thing, Mr. Speaker, and Mrs. CHRISTENSEN, is we had no participation, no help whatsoever from our Republican friends on the other side of the aisle. When I say we had no help at all, we actually had none. The fact of the matter is that out of the 178 Republicans who serve in the House of Representatives, not a single one worked with us on this legislation. We tried unsuccessfully on many occasions to try to include Republicans in our deliberations, but there was apparently a strategic decision, a political decision on their part to not participate.

Over on the other side of the Capitol, the same thing happened in the United States Senate. Out of the 40 Republicans who serve in the Senate, not a single one worked with us. And so it was Democrats who had to try to get this legislation shaped and to get it ready for passage. And so during the Christmas holidays, the Democratic leadership worked very hard. They worked through Christmas Eve and New Year's Eve and all through the holidays to try to reconcile their differences. And finally toward the end of the holiday season, there was a compromise between the Chambers and we reached a decision on this legislation.

The problem was that we lost a seat in the United States Senate. Due to the unfortunate passing of our hero, Senator Edward Kennedy from the Commonwealth of Massachusetts, we lost a Democratic seat in the United States Senate. Senator Kennedy's replacement was not from the Democratic Party. We found ourselves with less than the supermajority that is required in the United States Senate.

So President Obama called the leadership together many times, and we decided that we would go forward, notwithstanding the fact that we had a setback, that we would go forward and that this House of Representatives would take up and pass the Senate-passed bill, and that is important. That is a point that I want to make tonight. The bill that we passed last night was parliamentarily correct. It conformed with all of the rules of the House and the Senate. The bill that we passed last night was the identical bill that the United States Senate passed on Christmas Eve with 60 votes. We passed that bill last night in the House with 219 votes in favor of passage. We only needed 216 votes to get it done. Today the bill is on the President's desk, and we will go down to the White House tomorrow morning for the signing of the Senate bill that was passed by the House of Representatives.

Now here is the problem that we have. The Senate bill that we passed has some shortcomings. It has some areas that need improving, and so the President has worked with the leadership here in the Congress and we have come up with some fixes, if you will, with some amendments, with some changes to the Senate bill that will make it better. We all know about the provision in the Senate bill that was put in by a single Senator, that is going to be removed, and there are going to be other provisions of the Senate bill that will be removed.

Last night, not only did we pass the Senate bill but we also passed the fixes that the President asked us to pass, and those fixes are now pending in the Senate for consideration this week.

Senator REID, the majority leader in the United States Senate, has told us that the Senate will begin working on the fixes tomorrow after the President signs the bill. But, Mrs. CHRISTENSEN and Mr. Speaker, we have made monumental progress. No President has ever been able to do this, but because of the vision and the masterful leadership of the President and the Speaker of this House and the majority leader and the majority whip all working together, we have been able to finally pass this legislation.

This legislation does not go into effect immediately. There will be a phase-in. As you can imagine, we cannot reform the health care system in America and the health insurance system in America overnight. It is going to take time. But I can tell you, and I can tell the American people, that by the year 2019, 95 percent of the American people will have health insurance and access to quality health care. That is what we promised the American people. That is what we are going to deliver. There will be a phase-in starting within the first 6 months of this year.

We are going to help our seniors with their prescription drugs. Those who fall into the doughnut hole, they will be given a stipend to help them purchase. We will allow families to maintain

their children on their insurance policy up to age 26. So there will be a gradual phase-in.

Finally, let me conclude by saying that I represent a low-income district. The First Congressional District of North Carolina that I represent is the fourth-poorest district in the United States of America. We have a lot of low-income people, and I am happy to report to my constituents and to people all across America that for the first time in our history, individuals will be able to qualify for Medicaid. Low-income individuals will be able to get Medicaid. Right now families can qualify for Medicaid, but not individuals. An individual who makes less than \$14,400 a year will get Medicaid. A family of four that makes less than \$29,000 a year will be able to qualify for Medicaid, which is free. For an individual who is between the incomes of \$14,400 a year and \$43,000 a year, you will be able to get assistance. You will be able to get a subsidy in purchasing insurance. If you are at the low end of \$14,400 a year, you will pay \$36 a month in order to get a quality insurance policy. If you are at the high end of \$43,000 a year, you will pay \$342 in order to get a high quality insurance policy.

Now for a family of four, it is a little bit more but it is very affordable. For a family of four that makes \$29,300 a year, your premiums will be \$73 to insure four people in your family. At the high end, if you make \$55,000 a year, you will pay \$369 a month. We have made tremendous progress with the passage of this bill. We are very proud of the progress that we have made, and I just want to publicly thank the Speaker of the House of Representatives, NANCY PELOSI, the majority leader, STENY HOYER, and the majority whip, Mr. CLYBURN. I want to thank all of the leadership and the chairmen of each one of the relevant committees who participated in this bill: the Energy and Commerce Committee under the leadership of HENRY WAXMAN and formerly JOHN DINGELL; the Ways and Means Committee under the leadership of Mr. LEVIN from Michigan, formerly under the leadership of Mr. RANGEL; and the Education and Labor Committee under the leadership of GEORGE MILLER from California. All of these committees, working together with the Budget Committee led by JOHN SPRATT of South Carolina and LOUISE SLAUGHTER from New York leading the Rules Committee, all of these individuals working together to get us to the point where we were last night.

The passage of this bill is monumental. It is historic. Yesterday was not an ordinary day in the House of Representatives. I thank my colleagues who voted for this legislation. I look forward to the results that it will yield.

Mrs. CHRISTENSEN. I thank Congressman BUTTERFIELD, and thank you for going through the process that we have gone through over the past year because it has been a little difficult, I

think, for the American people to understand, and I think you helped to clarify how we got to where we were last night, and also you were able to clarify what some of those exchange subsidies and Medicaid would mean to the average family.

I just wanted to say before I recognize Congressman SCOTT, when you look at the uninsured that are going to be helped in this country—10.8 percent of non-Hispanic whites are uninsured. The uninsured rate for African Americans is 19.1 percent; for Asian Americans, 17.6 percent; and for Hispanics, the Latino Americans, the uninsured rate is 30.7 percent. So just providing coverage for the 32 million Americans that will be covered for the first time by this legislation will make a big difference in the lives of people of color and their families. But insurance is not enough, and there are other provisions that we will talk about a little later.

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But at this time, I'd like to yield such time as he might consume to the gentleman from Virginia, Congressman BOBBY SCOTT, who not only is on the Education and Labor Committee, which played a major role in crafting the original House bill, but also on the Budget Committee, a senior member of the Budget Committee, which had a major role in preparing and reporting out the reconciliation bill that we voted on last night.

Mr. SCOTT of Virginia. Thank you very much. And I want to thank you, Dr. CHRISTENSEN, for your hard work and dedication. The Congressional Black Caucus is fortunate to have a leader in health care who is a physician and knows health care and, particularly, a physician with an expertise in public health. So we're very fortunate, and I want to thank you for bringing us together. You've worked long and hard on health issues, and particularly those issues in which there are health disparities, where African Americans suffer disproportionately in some diseases and knowing what we can do about it.

Mr. Speaker, America has been debating health care for 100 years, and we've come to some agreements. We know, for example, and I think there's general agreement within this House, that the status quo is unsustainable; 14,000 Americans losing their health insurance every day. The costs are going up. Twenty years ago, the average American family spent about 7 percent of the family income on health care and now it's 17 percent, and it's going and continuing in that direction.

Millions have no insurance at all, particularly those with preexisting conditions who are unable to get any insurance. So we know that one thing that, if we're going to deal with the problem, one thing that we have recognized is that any solution that's going to be meaningful has to be comprehensive. You cannot solve the problem of preexisting conditions, those with preexisting conditions not getting insurance unless everybody has insurance.

If people can wait until they get sick before they buy insurance, many people will wait until they get sick before they buy insurance. And those in the insurance pool, on average, will be sicker and sicker; the cost, average costs will be higher; more people, healthy people will drop out; and the costs will spiral out of control. We know that. So we know if we're going to deal with preexisting conditions, it has to be in the context of a system where virtually everyone is buying insurance.

We know that we have to make some comprehensive changes. We know we need to debate the issues. But, unfortunately, during the recent debate, we've heard complaints. We've heard some blames. We've heard a lot of misrepresentation. We've heard some slogans and even name calling. And yesterday, we finally took a huge step in guaranteeing quality and affordable health care for all Americans, and we have a bill that we can discuss. You can talk about what might be in the bill, what isn't. We have a bill. And let's talk about what's in the legislation.

First, the bill will provide affordable health care insurance for over 30 million Americans who are uninsured today, including those with preexisting conditions. The gentleman from North Carolina has outlined how affordable it is. Those at the very low end of the spectrum will pay very little. Those much higher up in the spectrum will pay more, but it's still easily affordable, particularly when you compare it to what people are having to pay today.

These bills will provide security for those who have insurance because 14,000 Americans will no longer lose their insurance every day. And those who have insurance will not have to watch the cost of their insurance skyrocket every year.

And insurance companies would be no longer able to cancel policies right when you get sick by looking back and finding a little comma out of place or something so they can cancel your policies when you most need them.

They also can't stop making payments in the middle of your illness, because we remove lifetime caps on benefits. Just because you have a very expensive and chronic disease, with the insurance that we're providing, you will get the medical care that you need.

No longer will those with health insurance have to pay copays for preventive services. And those with insurance won't have to go bankrupt, because the bills provide affordable limits on copays and deductibles.

Most of the people in bankruptcy court are there because of health expenses. And most of those there because of health expenses have insurance, but their copays and deductibles are such that they still have to lose everything in bankruptcy court.

And because the legislation will provide affordable health insurance to vir-

tually all Americans, families with insurance will no longer have to pay an extra \$1,000 a year to offset the health care costs for those that show up in the hospitals without any insurance.

Seniors will no longer have to fall into the doughnut hole where they're paying premiums and getting no benefits.

Our youth will be able to stay on family policies until they're 26 years old.

Small businesses will see significant savings in health insurance because they can purchase insurance with the same price advantages as big businesses do now with the large cost advantages of volume. And many small businesses will also receive tax credits, temporary tax credits to help them provide insurance for their employees.

This plan is more than paid for. CBO projects significant savings during the first 10 years and huge savings in the next 10 years. The major funding for it is treatment of unearned income for those making more than \$250,000, just like earned income.

Whatever your earned income, you pay a Medicare tax on that income, if it's earned income. If it's unearned income, stocks and bonds and trading and dividends and interest, you don't pay a Medicare tax on that.

The major funding in this provides that whatever your income, you will be paying a Medicare tax. So those making more than \$250,000 will pay on their unearned income just like everybody else is paying on their earned income.

The gentleman from North Carolina has indicated some of the provisions that go in fairly soon. Most won't go into effect until 2014 because it takes time to put all of the provisions together and get them active, but there are a lot of things that go into effect right away.

Small business tax credits, for those small businesses to make employee coverage more affordable, tax credits up to 35 percent of the premiums will go into effect immediately.

We will also begin to close the doughnut hole. For those seniors in the doughnut hole, we'll provide a \$250 rebate to help them, and gradually we will eliminate the doughnut hole.

Pre-preventive care under Medicare. Right after the bill becomes effective, we'll eliminate copayments for preventive services and exempt preventive services from deductibles under the Medicare program. So those who are getting preventive services won't have to pay copays and deductibles.

There's help for early retirees. We'll create a system to help offset the costs for those businesses that are providing health care for early retirees, those 55 to 64. Before they get on Medicare, there will be a program to help those. Those are very expensive to cover, and many companies want to cover them but can't afford it. We will provide an affordable way for them to cover them.

We will end rescissions. There will be a ban against insurance companies

from dropping people when they get sick.

There will be no discrimination against children with preexisting conditions. We will prohibit health insurance from denying coverage to children with preexisting conditions.

There will be a ban on lifetime limits and coverage. We will prohibit health insurance companies from placing lifetime caps on coverage. So if your chronic illness is very expensive, they can't cut you off right in the middle of treatment. There will be a ban on annual limits on coverage. And there won't be a complete ban early on, but we will tightly restrict any new plan's use of annual limits to ensure that you can get all of the health coverage that you need. Eventually, there will be a total ban on lifetime benefits.

Free preventive care under all new private plans. We will require all new private plans to cover preventive services with no copays and with preventive services being exempt from deductibles.

We will provide a new independent appeals process to ensure that consumers in new plans have access to an effective internal and external appeals process so that, if you're not treated properly by your insurance company, you have an effective means to appeal.

There'll be immediate help for those with preexisting conditions. Eventually, those with preexisting conditions will get insurance just like everybody else, won't be able to discriminate against those with preexisting conditions. But until the plan is fully implemented, those with preexisting conditions will be able to buy from a high-risk pool that will be subsidized because, obviously, the cost of that insurance will not be, should not be affordable, but we'll make it affordable with subsidies. So those with preexisting conditions can get relief right away.

It extends coverage for young people up to their 26th birthday on the family policy. If young children aren't getting health insurance on their job or while they're in school, they can stay on their parents' policy up until their 26th birthday.

We significantly increase funding for community health centers, and that starts right away. So within the next 5 years, we will absolutely double the number of patients being seen at community health centers. And we'll start making investments in training programs to increase the number of primary care physicians, nurses, and other public health professionals. All of that goes into effect right away.

Now, some are criticizing the plan, and it's interesting to listen carefully to the criticism. With all of what this bill does, one of the criticism is, Well, the bill has too many pages. Another is, We don't like the order in which we're casting the votes. Look at all of this comprehensive health care, and all they can talk about is the order we're voting in and the number of pages.

Now, some believe that the program is unconstitutional, and, when pressed,

they'll also say that, Well, Medicare is unconstitutional, too, and they want to repeal Medicare. And when we talk about repealing Medicare, I'd like to refer everyone to the budget introduced by the lead Republican on the Budget Committee. The long-term budget on that committee offered by the Republican side does not include a Medicare program. It includes a little voucher program where the cost increases will not keep up with medical inflation, so gradually, year by year, the value of that voucher erodes to the point where, 50 years from now, it'll be worth about 25 percent of the costs of medical care for senior citizens. They will allow it wither on the vine. So when you talk about Medicare being unconstitutional, be careful, because they actually want to repeal Medicare as we know it.

Others complain that it takes away their freedom to be uninsured. I was first elected to the Virginia House of Delegates in 1977. This is the first year I've heard anyone talk about their urgency of the need to enjoy the freedom to be uninsured.

Now, I'd like to—they say, well, they're going to debate it during the campaign for reelection, and I can't wait, because what will the campaign be?

Seniors, get back in that doughnut hole where you belong. We're going to repeal the law.

Young adults, get off that family policy and get out there on your own.

Small businesses, give those tax cuts back and start buying insurance at the retail rate rather than the wholesale rate. Pay 18 percent more like you're doing today.

Those with preexisting conditions, give me that policy back. You weren't supposed to get the policy. That was in the legislation that we want to repeal.

I can't wait for that debate because, as I said last night before we took that important vote, I said that future generations will look back at the votes we cast last night just as today we look back at the votes on Social Security and Medicare. And when they passed Social Security and Medicare, the votes were not unanimous. There were those that voted "no." But future generations will look back and see that many of us proudly voted in favor of health care for all. And I hope they look back with the same pride on those votes we cast last night as we do to the votes cast in favor of Social Security and Medicare.

Mrs. CHRISTENSEN. Thank you, Congressman SCOTT. And thank you for going over the provisions and those that come into play this year, when the President signs the bill, when the reconciliation bill is signed, and which provisions start perhaps in a year or so, because it's very important to understand that as this bill is passed, within 6 months, many of the provisions that provide, that stop the exclusion for children with preexisting disease, for example, is already in place,

that the doughnut hole will start to be closed, that we'll start to build our primary care workforce to meet the needs of the 32 million newly insured, and that the small business tax credits will begin, all within 2010.

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I would like to now yield such time as he might consume to my co-chair of the Congressional Black Caucus Health Task Force and also a valued member of the Ways and Means Committee—again, one of the committees that had a major responsibility for crafting the bill and the pay-fors in the bill that we passed in the House and the bills that we worked on and passed last night.

Thank you, DANNY, for joining us.

Mr. DAVIS of Illinois. Thank you very much, DONNA, and I want to thank you for the tremendous leadership that you have shown the whole time that we have been together in Congress. As a matter of fact, we came in at the same time, and you've been engaged in health activity before getting here and you have been a leader ever since.

As I listened to Representative BUTTERFIELD, I was reminded of the fact that the Bible says that where there is no vision, the people perish. And I think we have been very fortunate to have a bold, courageous, and visionary President as the leader of this country. As a matter of fact, he was bold enough, brave enough, and visionary enough to say that we are going to reform health care delivery. And many people thought that that was a far stretch, that it was a far reach because people had been trying to do it, had been talking about it, but had not been able to accomplish it. And I guess as the boys on the street would say, And then along came Barack. Along came President Obama.

I know that there are thousands and thousands of people who have been engaged in the struggle to push health care forward. And, DONNA, I can imagine that you have been in thousands of hours of discussions over the years with the National Medical Association, with the American Public Health Association, with the Black Nurses Association, with the National Dental Association, with the National Association of Social Workers, all of these groups.

I was thinking of my own experiences in terms of having worked in health care prior to running for public office having sat on the boards of hospitals, having worked in neighborhood clinics, having been president, as a matter of fact, of the National Association of Community Health Centers; and so that goes back at least 30 years. Individuals have been opened.

And although the 1-hour that we're doing tonight was taken out under the auspices of the Congressional Black Caucus and your leadership, the last person who called my office just before I came over was not black. It was not an African American. As a matter of fact, he was a non-African American gentleman who called the office, and I

happened to answer the phone. And he says, Is this the office of Congressman DANNY DAVIS? And I said, Well, yes, it is. He says, Well, I just want to leave a message for the Congressman. And I want you to tell him that I actually cried when this bill was passed, when that vote was taken. And I just want him to know that people in my community and my family and my neighborhood have been waiting for this day. And I said, Well, I want to thank you for calling. He said are you the Congressman. I said, Well, yes, I am.

And I represent a district—I call it the most interesting piece of geography in North America. There is nothing quite like it. It includes the Gold Coast in Chicago, all of downtown Chicago, the Magnificent Mile, downtown Chinatown, Greektown, Old Town, New Town, Brushfield. But it also includes pockets of poverty. It includes suburban districts. It has 21 hospitals in it, four medical schools, 92 community health center sites, of course, research institutes. So you can imagine what a bill like this means to the people of my district.

For example, it will improve coverage for 334,000 of my residents. Not 3,000. Not 4,000. But 334,000. It will provide tax credits for up to 158,000 families, 14,000 small businesses.

The doughnut hole, it will remove the doughnut hole ultimately for 76,000 beneficiaries who right now have those experiences. It's going to extend coverage to 52,500 uninsured individuals who currently go to the county hospital when they have to get the health care who experience episodic care and living in a county where the taxpayers are always crying, of course, about the heavy burden of having to pay for health care for these individuals. And so the coverage is so impactful.

My congressional district also trains an awful lot of medical personnel. As a matter of fact, at the University of Illinois of Chicago, we train more African American physicians than anybody else in the country other than Meharry and Howard. We train nurses, we train inhalation therapists, we train medical personnel that go all over the world because we have the largest medical center district in the country.

And so health care is a big piece, a big part not only of the service but a big part of the economy. And people who have never, ever before in their lifetimes had any health insurance at all now can feel safe, comfortable, and secure in having the coverage that they need.

This legislation, in my mind, is the most impactful health legislation that we have seen since Medicare and Medicaid. And someone was asking me the other day, they said, Well, you know, the Medicare, the money that we spend—I said, Well, you know, there is no point in talking to me about Medicare. I am confident that both my mother and my father would have died sooner had there not been Medicare. As a matter of fact, my mother went 150

miles sometimes to get to the hospital so that she could receive dialysis for an ailment that she had.

There are people that live all over rural America who've had no access to health care at all. There are people in inner-city America who live close to the medical center district where we have all of these resources; we have resources but they have no money. Therefore, they cannot access the resources, and they have to pass by all of these hospitals. They have to pass by all of these resources and know that they cannot access them.

I agree with my colleagues who have suggested that that has been a magical piece of work. African Americans often wonder where are people placed. Well, it just happens that there were African Americans on all of the committees of Judicial—all of the committees. Three members of Energy and Commerce—of course you, DONNA, Representative BUTTERFIELD, Congressman BOBBY RUSH, all on Emergency and Commerce; five members of the Congressional Black Caucus on Ways and Means. Much of the time that we were discussing and debating this bill, CHARLES RANGEL was in fact the chairman and had a great deal to do.

I will just mention that in addition to the health components of this legislation are the tremendous increases in education for minority-serving institutions like Historically Black Colleges and Universities, Hispanic serving institutions, Native American institutions, institutions for Pacific Islanders. So comprehensively it does education, it does health, and it is just great. And I'm so delighted.

Mrs. CHRISTENSEN. I am pleased to yield to Mr. BUTTERFIELD.

Mr. BUTTERFIELD. Mr. DAVIS, I want to thank you so much for the presentation you've made. And I just really enjoy the stories that you tell and the way you represent the people of your congressional district.

You know, all of us have unique congressional districts. We say that all of the time. No two Members of this House are identical. You have your district and I have my district, and each one is unique.

As I travel throughout my district in North Carolina, many people tell me that they have health insurance but it's not worth the paper that it's written on. They are counted as insured; but in reality, they are uninsured.

For example, a gentleman in my district told me that he has had insurance for more than 10 years on the job and he pays \$200 a month out of his paycheck, but he's never used it. And when I asked him why he hadn't used it, he said because the deductible is \$5,000 per year and as far as he was concerned, he is uninsured.

I went into another part of my district and went to a dialysis center, and a young man there told me that he had been insured by a very reputable insurance company and that he needed a kidney transplant and his sister do-

nated a kidney to him. And it was a successful transplant and it worked very well. But after 2 years, his insurance company stopped paying for the anti-rejection medication that he needs for his kidney. And he lost the kidney, and now he is back on dialysis and the government is paying hundreds of thousands of dollars a year to sustain him.

Those are the types of stories that I hear in my district, and they are so sad.

There's a minister in my district who was—he is a married man, and he and his wife had a family policy and they were paying \$400 a month for insurance. And the minister was diagnosed with prostate cancer, and his wife was diagnosed with a neurological condition; and because of those two conditions, the insurance company raised the premiums for \$400 a month to \$3,500 a month, which was more than his income. Those are the types of stories that I am hearing in my district.

And I want to find out if the same thing exists in urban America. I'm in rural America. Do you hear those types of stories in urban Chicago?

Mrs. CHRISTENSEN. I yield to Mr. DAVIS.

Mr. DAVIS of Illinois. You know, you wouldn't think it but, yes, as a matter of fact. Gee, I would hate to be in a situation especially at my age and not have health insurance and preexisting conditions be a factor in whether or not I could get a policy. I mean, it would probably be sky high, off the roof. You could never get it.

And this is just such a great development. It's enough for us to be talking about for the next 5 years again.

I want to just thank you, DONNA. I really do. Because much of what we do is process. I mean, consent is certainly a part, but it takes hours and hours. It takes negotiations, interaction. You've been there all the way. You've been our leader on health care, and it's such a pleasure to serve with you and know of your tremendous dedication to this cause.

□ 2045

Mrs. CHRISTENSEN. I thank you for those kind words, but I can say without any hesitation that each one of us here this evening, in our own capacities, and in the committees that we serve, and in the subcommittees that we serve, have really put in a lot of hours and have really helped to shape the final product that we are so proud of having voted on last night. And the Congressional Black Caucus played a major role in shaping that.

Congressman BUTTERFIELD mentioned Medicaid and the expansion of Medicaid, and we talk a lot about food desserts, but in many of the poor communities around this country we have provider desserts. The low reimbursement rates that have traditionally been paid and for Medicaid providers has caused hospitals and many health care providers not to be able to sustain

practices or keep their doors open in poor communities.

This bill will change that. We will be increasing the reimbursement to Medicaid providers at the same level as Medicare and hopefully that that will encourage more physicians and providers to come into the poor neighborhoods where many of the patients are Medicaid beneficiaries and provide the care that they need.

You know, the turn of the 19th century one of our great intellectuals, W.E.B. Du Bois, spoke about the peculiar indifference to the poor health of African Americans in this country. And I am so grateful to be a part of a group of 42 individuals in the Congressional Black Caucus who have worked over the years, over the 40 years of our existence, but particularly in this last year as we have shaped this bill, to begin to end that peculiar indifference to the state of our health.

Some of the other areas besides the Medicaid expansion and the improved reimbursement to providers to encourage them to come back into poor communities is the expansion of the workforce. We know that as the 32 million people begin to come into the health care system that we are going to need so many more providers. But we are also an increasingly diverse society here in the United States, and so there is great emphasis on diversifying that workforce. I am talking here about some of the disparity provisions, the provisions in the health care reform bill that are targeted at reducing those health disparities that African Americans and other people of color have suffered from for so long. And part of reducing those disparities is making sure that we have a diverse workforce to work within those communities.

So in addition to encouraging, through programs like the health care opportunities program and increasing funding for that, increasing funding for the National Health Service Corps program, which pays individuals 4 years of their medical tuition, in addition to increasing loan repayments, especially for individuals who practice in poor and rural areas, we also have included provisions that provide additional support to institutions, minority-serving institutions, as Congressman DAVIS spoke of, the HBCUs, the Hispanic-serving institutions and the tribal colleges, but also any institution that has a history of training underrepresented minorities.

Those professions would be for physicians, for nurses, for nurse educators, and there is a specific section that deals with increasing the public health workforce, a very important part of the workforce when we talk about the emphasis that we are now going to be putting on prevention. In addition to that, there are mental health workers for our communities.

We also have grants to community-based organizations to train community health workers who, I think, will

be the backbone of the new health infrastructure, especially in communities that are poor, that have not had good health over the years, where people from within those same communities will be trained to be able to do outreach and support to people in their communities.

There is a provision that expands and strengthens the Office of Minority Health in the Department of Health and Human Services and adds two new offices, one in the Food and Drug Administration and the other one in the Substance Abuse and Mental Health Services Administration, two important agencies that do not have a specific office focus on minority health.

And at the National Institutes of Health, where we have had a Center For Minority Health and Disparity Research, we now will elevate that, with the signing of the Senate bill tomorrow, to an institute where that institute will have more, more funding, to begin with, but also more influence over the research that's done at NIH in every area to ensure that the concerns and the interest and the impact on minority populations or any population that is experiencing health disparities will be considered.

Data collection is another area that we have been able to insert provisions on, and not only to collect data on disease but to also talk about and collect data on racial ethnic minorities, gender, and to follow the disparities in Medicare and Medicaid, to monitor those disparities and to report on those disparities so that they can be corrected.

I want to speak lastly about the issue of the territories. This was something that, of course, the delegates from all over the offshore areas of the United States worked very hard on, and we were very lucky, blessed, to have the full support of the Congressional Black Caucus, Hispanic Caucus and Asian Caucus, and of our leadership. We would not have had the inclusion in this monumental landmark legislation were it not for the support of our colleagues in those caucuses and the support of our leadership.

So I want to especially thank our Speaker again, she has been thanked many times here this evening, but for her strong support and for her strong leadership; our Majority Leader, STENY HOYER; our Majority Whip; the chairs of the committees, the relevant committees here in the House, Chairman RANGEL and also Chairman LEVIN, Chairman WAXMAN, Chairman Emeritus DINGELL, Chairman MILLER, and all of the entire leadership team for giving us the support, and really the entire Democratic Caucus, for encouraging us and supporting us and ensuring that, no, we don't have full State-like treatment, as the 50 States, but we do have a significant increase in Medicaid and the ability to be included into the exchange, and I want to thank our leadership for that.

We are coming close to the end of our time, and if there is no other issue that

my colleagues want to raise, I want to thank them for joining me here this evening and helping to explain to the American people what is actually in the bill, clearing up some of the misconceptions and some of the misunderstandings that are out in the public.

Again, we are very proud to have been a part of this process and to have passed the bill that we did last evening, and we look forward to the President signing it tomorrow.

GENERAL LEAVE

Mrs. CHRISTENSEN. Mr. Speaker, I would like to ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material under the Congressional Black Caucus Special Order on health care reform this evening.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Mrs. CHRISTENSEN. Mr. Speaker, I yield back the balance of my time.

Ms. LEE of California. Mr. Speaker, I first would like to thank my dear friend and colleague, Doctor DONNA CHRISTENSEN of the Virgin Islands for anchoring this special order hour. I cannot think of a more fitting person to lead us in a discussion of health care tonight than Dr. CHRISTENSEN, who is not only a medical doctor, but also the co-chair of the CBC's Health and Wellness Taskforce along with Congressman DANNY DAVIS of Illinois.

Dr. CHRISTENSEN has been at the forefront of our fight to ensure that health care reform makes significant strides toward eliminating racial and ethnic disparities, and achieving disparities for residents of the U.S. territories. Thank you, Dr. CHRISTENSEN for your leadership and your hard work.

I'm Congresswoman BARBARA LEE of the Ninth Congressional District of California and chairwoman of the 42 member strong Congressional Black Caucus. I stand here brimming with pride and joy because of what we did here last night after such a long journey that began many decades ago.

Yesterday morning members of the Congressional Black Caucus attended church services together, where we were reminded of the moral imperative to reform health care.

Strengthened by the power of prayer we forged ahead with clarity of purpose, courage and determination, undeterred by the losing hateful rhetoric and threatening tactics of anti-health care protesters.

Last night, my colleagues and I cast a historic and monumental vote to improve the health and wellness of millions of Americans who suffer because they are uninsured and under-insured and because of massive gaps in our nation's health care system.

I spend a lot of time in emergency rooms with my 85 year old mother and my sister who has Multiple Sclerosis. I see these people—the uninsured. They are desperate. Many are hard working people who may have lost their jobs, or simply fallen on hard times, or have never even had the opportunity to make their way in society. Some of them can't hold a job because they are chronically ill. This is simply unacceptable.

So, the members of the Congressional Black Caucus cast our votes for all those peo-

ple who deserve health care but simply can't afford it. We cast our votes for our senior citizens who will see their prescription drug costs go down. We cast our votes for our children and grandchildren, so that they can live longer, fuller and healthier lives. We cast our votes in the memory of those people who didn't have preventive care and died prematurely.

Throughout the long and arduous process culminating in the historic vote last night, many members of the CBC worked tirelessly to make sure that this bill holds insurance companies accountable and included a number of cost-saving provisions. We were vocal advocates for provisions in the bill to combat health disparities, illnesses and diseases that disproportionately affect our community.

The statistics are startling, but they are clear:

Nearly one in five African Americans (19%) is without health care insurance.

African Americans in general spend a higher percentage of their income on health care costs compared to their white counterparts (16.5% vs. 12.2%). However despite spending a larger share of their income on medical care, African Americans face continuing health care disparities.

African Americans also tend to reside in areas without hospitals or hospitals that have limited resources and may affect the quality care they offer. This is particularly a problem for hospitals in predominately African American communities where Medicaid reimbursements are low, charity cares is higher, and there is a shortage of health care providers who find it more difficult to maintain a practice.

African Americans suffer from higher percentages of chronic diseases such as heart disease, kidney disease and diabetes which are perpetuated by a lack of access to quality care. Currently, 48% of African American adults suffer from a chronic disease compared to 39% of the general population.

To those who suffer from those health disparities, our vote last night carried significance similar to the passage of the Civil Rights Act in that it fulfills a dream that has been elusive for far too long and for far too many Americans.

Among the key provisions in the legislation that CBC members fought to have included are:

Expanded support for community health centers, which play a vital role in expanding access to preventive and other care in our nation's most vulnerable communities.

Key health equity provisions: greater support for programs that will increase the racial and ethnic diversity in the nation's health workforce, as well as improved data collection so that we can better measure health inequities and develop solutions to end all health disparities.

Strengthening the existing Office of Minority Health at HHS, creating new Offices of Minority Health across HHS agencies, and establishing the National Center on Minority Health and Health Disparities at NIH as an Institute.

Inclusion of coverage for residents of the U.S. territories, including a significant infusion of new Medicaid dollars, as well as access to the Exchange so that Americans in the territories will have access to affordable, high-quality health insurance plans.

The bill guarantees transparency on rates and enables state insurance commissioners to

recommend to the National Insurance Commissioner whether a particular insurer should participate in the Health Insurance Exchange, taking into account excessive or unjustified premium increases in making that determination. This will hold private insurers accountable, ensure affordability and help provide quality coverage for American families:

Expansion of community health centers.

This bill makes several immediate reforms that will directly improve the health and wellness of millions of Americans. Some of those provisions are:

Offers tax credits to small businesses to purchase coverage;

Provides relief for seniors who reach the Medicare prescription drug donut hole;

Provides immediate access to insurance for Americans who are uninsured because of a pre-existing condition through a temporary high-risk pool;

Requires new plans to cover preventive services and immunizations without cost-sharing;

Requires new plans to cover an enrollee's dependent children until age 26;

Prohibits pre-existing condition exclusions for children in all new plans;

Prohibits individual plans from dropping people from coverage when they get sick.

I could go on because the list of all the good things in this bill are many.

So to put it simply, this bill is a victory not only for our constituents, but for all Americans because it will make us a stronger and healthier nation.

HEALTH CARE

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

Mr. BURGESS. Mr. Speaker, I, too, am coming to the floor of the House tonight to try to clarify for the American people some of the things that have happened here over the weekend. As you know, we passed a very big bill last night, hasn't been quite 24 hours, it was about 11 p.m. Eastern time when everyone else in the country was watching basketball tournaments and otherwise engaged with weekend activities, this House was in full session, the place was packed, Democrats and Republicans, and we passed a bill that had been passed by the Senate on Christmas Eve.

Now, I remember when I first got here, Republicans were in the majority, and when we would pass major pieces of legislation, if there was an all-day fight, we would be accused of waiting until the dark of night to try to sneak this legislation through. Now, I have never been one who would pass on the chance to attribute to coincidence that that can be adequately explained by conspiracy, but how is it that we passed, in the Senate, this very difficult legislation the day before Christmas when America was engaged in other activities, and then here on the floor of the House last night at 11 o'clock on a Sunday when most every

other honest American was doing something other than watching their Congress.

I do have to address some of the things that I just heard mentioned from the other side. Remember that there were two pieces of legislation passed here last night. One was the previously passed Senate bill which the House passed. That one is on its way down to the White House. That's going to be signed by the President. That's going to be the law.

And then we also passed a sham bill, a bill that might be called a fig leaf because no one really likes the Senate bill. The Speaker of the House said that herself. No one wants to vote for the Senate bill, and I agree with the Speaker. No one wanted to vote for the Senate bill. So how did they get their side to vote for the Senate bill? Well, they said don't worry, we are going to fix the problems that you don't like in the Senate bill, and we will do that under reconciliation so it's only going to require 51 votes over in the other body, don't worry, we will get that taken care of.

The only problem is, the Senate bill that we passed here last night had already passed the House before last summer—you might not recognize it because it was a housing bill then, but it passed the House last summer—went to the Senate, got changed into a health care bill and then got brought back to the House. And the question before the House, will the House now accept the amendment, the Senate amendment to H.R. 3590, the answer was affirmative, and the bill is on its way down to the White House for a big signing ceremony, probably tomorrow.

Now, what's going to happen to the reconciliation bill? It also passed, and it passed, and went back to the Senate. And is there anything that compels the Senate to take up that bill and work on it? Why, no, there is not.

In fact, the Senate might rationally argue, I am sorry, Mr. Speaker, the other body might rationally argue that, hey, we already passed our health care bill, we passed it on Christmas Eve, you guys apparently liked it because you ratified the amendments we had to it, and last we saw, it was on its way down to Pennsylvania Avenue to the White House. So why would we pick up this contentious package of fixes in the bill?

You know, quite honestly, the oxygen may have all gone out of the room for health care legislation in this Congress. Fourteen months is a long time to have fought this thing, and the Senators may just not have the stomach to pick this thing up and fight through it again.

So some of the things that we need to be careful about when people are talking about the bill—and I will do this too, many of us here in the House are not that familiar with the Senate bill that we just passed because it was the Senate bill. We had a health care bill that was marked up in my committee

and passed out of committee over my objection July 31. I didn't like the bill, but I knew it. I submitted amendments and some of those were even accepted. So I had a lot of familiarity with that bill.

Now, that bill went to the Speaker's office, sat there for a couple of months, got changed all around. All of my amendments got pulled out, every other Republican's amendments were pulled out of that bill. It became a 2,000-page bill, even with the loss of those amendments, and was brought back to this House in early November, and this House passed the House bill.

□ 2100

We knew the House bill. Many of us were—although we didn't like the House bill, we were fairly comfortable with what it contained and what it didn't contain. The Senate bill is completely different. Most of us did not ever see the Senate bill before the Senate brought it up on Thanksgiving and then passed it right before Christmas.

Mr. Speaker, quite honestly, many of us felt like we'd already read a lot of health care bills this year; do we really need to read that Senate bill? Maybe not. Because the Senate will pass it and then the normal procedure is we call a conference committee. We go to conference committee and we debate both sides, get to the debate the House bill, the Senate bill, Republicans and Democrats, a true bicameral process. We're finally going to have that open and transparent process that was promised to us and we'll read the conference report. We won't have to worry about the Senate bill because it's all going to be changed anyway.

Except that didn't happen because, for whatever reason, the Democrats did not want to do a conference report. They say it's because Republicans were going to block the appointment of conferees. But, Mr. Speaker, I would just point out to you that in December and early January there were 60 Democratic votes in the Senate, 256 Democratic votes here in the House. There wasn't much we could block, even if we wanted to. So how we would have blocked the appointment of conferees is anyone's guess, but I did hear that mentioned several times during the debate. So let me just set that point straight.

They thought they could just put things together on their own outside of a conference, and they were doing a darn good job of it. The last week in December, the first week in January on into the second weekend in January, people were meeting in this Capitol, meeting in this building, in the new Capitol Visitors Center, and putting together the pieces, cutting secret deals with unions, cutting secret deals with this group and that group, and we were going to have a bill that would just be blessed by both sides. No conference report. Not necessary because we'll just bring a new bill to the floor that will be the amalgamated bill. The Senate will vote for it. They've got 60 votes.