ORDER OF BUSINESS
Mr. SHUSTER. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

The SPEAKER pro tempore (Mr. SIMPSON). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

LITIGATION REFORM FOR RESPIRATOR MANUFACTURERS

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

Mr. SHUSTER. Mr. Speaker, I want to talk about a special aspect of a subject that has been in our news a great deal lately, emergency preparedness.

As a member of the Select Katrina Committee and as chairman of the subcommittee overseeing FEMA, I know that it is absolutely critical to prepare our communities for natural disasters and terrorist attacks, or any other catastrophe and the spread of disease that could come with it.

When disasters strike, the most effective method of prevention depends, in part, on a ready-to-respire workforce. It requires thousands of dollars of research and which one to provide based on OSHA rules.

Unfortunately, in our litigation-obsessed society that separation of responsibility has not protected our respirator manufacturers from being sued literally thousands of times.

Workers allege that a respirator was defectively designed or contained an inadequate warning label, and they got sick, and that somehow it is partly the fault of the manufacturer.

As absurd as this may sound, it is the premise for up to 30,000 individual claims brought against each major respirator manufacturer in the United States. There has been much controversy over many of these claims, similar to everyone else, the insurance industry and which one to provide based on OSHA rules.

In one situation, a Federal judge in Texas, a former nurse, found that thousands of claims were essentially without any legal or medical merit. They concluded that there was an excess of plaintiffs lawyers, doctors paid by the claim, and the X-ray mills that produced the diagnosis that could not survive medical review.

This corrupts the legal system and hurts most the few who are truly ill. It also threatens otherwise strong American industries like respirator manufacturing.

Our American respirator manufacturers are faced with the cost of administering and processing tens of thousands of claims. Some of these will be thrown out and some will be settled for a few hundred dollars, but each one requires thousands of dollars of research and process.

None of these cases has resulted in a trial and a judgment against a respirator manufacturer. It is the administrative cost of millions of dollars that are now about to exceed the net income of many companies from selling respirators.

In short, we are in danger of losing a vital American industry that we are going to need desperately if disaster strikes. Whether the spread of a virus or biological terrorist attack, we need to be ready to defend ourselves in industrial applications and routine medical and other health-related needs. Respirators are already providing protection from the airborne hazards that are everywhere in the recovery efforts from Hurricanes Katrina and Rita.

They also served thousands in the aftermath of September 11th. We cannot afford to have this vital industry torn down by inadequate claims with dollar signs at their hubs. That is why I am pleased to be the author, along with my original cosponsors, the gentleman from Pennsylvania (Ms. HART) and the gentleman from Pennsylvania (Mr. DOYLE) as well as the gentleman from Texas (Mr. SMITH), of H.R. 2357, the Respirator Access Assurance Act of 2005.

This is a very simple bill. It says that if a manufacturer has the NIOSH approval for the design and labeling of a respirator, a manufacturer cannot be sued on the basis of the detective design or failure to warn.

It would apply to any case that has not gone to trial as of the enactment of this legislation, and I am working with my colleagues and the House leadership to find an appropriate opportunity to bring it to the House floor for a vote soon.

I hope my colleagues will share my concern over the need to ensure that this American industry continues to produce these vital products for emergency preparedness, and will approve this and make it the law of the land.

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

Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.

ORDER OF BUSINESS

Ms. SOLIS. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

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

There was no objection.

MEDICAID CUTS AND THEIR IMPACT ON WOMEN

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

Ms. SOLIS. Mr. Speaker, today I rise in strong opposition to the Republican plan to cut billions of dollars to critically needed Federal programs like the Medicaid program.

In proposing offsets for the $70 billion cost of hurricane relief, Republicans claim that they are increasing spending cuts from $35 billion to $50 billion in order to pay for the expenses recently incurred by the devastation of recent hurricanes in the Gulf coast.

However, Republicans have targeted Medicaid and other important programs that serve our Nation’s most vulnerable populations like women and children. The reckless Republican budget imposes painful sacrifices on low and moderate income women and their families in the name of deficit reduction.

Republicans claim that offsetting the cost of hurricane relief is fiscally responsible. However, in my opinion it is inconsistent with the decision in recent years not to offset tax cuts that cost $106 billion or supplemental funding for Iraq that has cost the U.S. nearly $251 billion, four times the cost of Hurricane Katrina.
These cuts will not go to offset the cost of the hurricane. These cuts will only be used to facilitate additional tax cuts to our Nation’s wealthiest Americans, those who make well over $200,000 a year and up.

Republican cuts to the Medicaid program would lead to millions of low income elderly and disabled Americans losing health care coverage. Medicaid, as you know, is an important health care program for millions of low income elderly and disabled Americans. The State and Federal Governments have ensured that more than 53 million people, including 17 percent of low income Americans, have access to health care services through the Medicaid program. This includes 25 million children, more than 1 in every 4 children in the U.S. is covered by this program.

The per-capita rate of low income children is 90 percent, and more than 20 percent of low income children require continued care because they have disabilities. Medicaid, as you know, provides essential care, such as family planning, breast and cervical cancer treatment, care for disabled women, to more than 16 million women, including approximately 10 million women of child-bearing age.

Nearly 1 in 10 women in the U.S. receives health care coverage through Medicaid. One-third of all poor women are covered by Medicaid, including 40 percent of single women. Mothers are twice as likely to have coverage than Medicaid, because they are poor and in lower paying jobs that are less likely to have health insurance. Health insurance, as you know, is critical to women, because mothers with health insurance are more likely to stay employed and get health care for their children than those lacking insurance. And women, as you know, of reproductive age are in a vulnerable position, because they are more likely to lack health insurance.

Medicaid accounts, as you know, for two-thirds of all the Federal and State public health transfers. Medicaid is the most important health insurance program for millions of low income elderly and disabled Americans.

Medicaid in California provides vital health care services to low income women who comprise right now 74 percent of the beneficiaries ages 19 and older. And in my State of California, 42 percent of all births in the State are paid for by Medicaid.

These facts demonstrate, in my opinion, that Medicaid is a significant health care net for women and their children. The cuts in Medicaid would shut the neediest individuals out of the public health system and put the health of millions of women and children at risk. Proposing reductions without ensuring the preservation of coverage for those in need simply transfers the burden to the States that are already overstretched.

Medicaid cuts will shift costs to the States, impose higher costs to beneficiaries, and health care providers. States would be forced to reduce coverage and benefits. Despite the national tragedy, the proposed Republican budget would cut billions of dollars from Medicaid while doing nothing to make sure that we have affordable health care for Americans.

Democrats believe in strengthening and not undermining Medicaid. The Federal Government should fulfill its promise of being a reliable partner. We must protect Medicaid and maintain the current Federal commitment to this fundamental public health insurance system.

I am in strong opposition to the Republican budget, because it does not keep the best interests of women and their children in mind. I urge my colleagues to provide full funding for Medicaid, and preserve the health care safety net program that many women and children rely on currently.

ORDER OF BUSINESS
Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

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

There was no objection.

WHERE IS THE U.S. BEEF IN JAPAN
The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

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