

BOOSTING SMALL BUSINESS
LENDING

(Mr. MICHAUD asked and was given permission to address the House for 1 minute.)

Mr. MICHAUD. Mr. Speaker, I rise today in strong support of the President's effort to boost small business lending.

Later this week, we will be taking up a bill that my colleagues and I on the Small Business Committee drafted to do just that. Each year, the bill is expected to support \$44 billion in small business lending, helping to save or create 1.3 million jobs annually. Small businesses are the backbone of Maine's economy, and they are key to our economic recovery.

The recession and credit crunch have hurt small businesses' access to capital, and they cannot afford inaction. This bill will give them additional resources when they need it the most. I urge the Senate to join the House in passing a strong bill that we can get to the President's desk as soon as possible.

HEALTH CARE

(Mr. CANTOR asked and was given permission to address the House for 1 minute.)

Mr. CANTOR. Mr. Speaker, I rise in the midst of the increasing momentum we detect on the other side to push through a government takeover of health care in our country. To me, it is about four distinct questions.

One, does anyone believe that the passage of a \$1 trillion bill, does anyone believe that won't aggravate the deficit? I think the answer is resoundingly "no."

Secondly, if it is going to be \$1 trillion, who is going to pay for that? Well, we know that the majority is talking about small businesses and seniors paying for that.

Third, does anyone really think that the health care overhaul being proposed is going to make your health care better? I don't think so.

And lastly, is there any guarantee that this government is not going to get in between you and your doctor? Mr. Speaker, I say to that, the answer is "no."

We Republicans have a better way. We believe we can accomplish reform aimed at the discrete problems that exist, to fix those, and then expand health care opportunities for those who do not currently have it.

HEALTH CARE

(Mr. KENNEDY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KENNEDY. Mr. Speaker, the other side talks about the health care reform bill costing a lot of money. Right now, consumers in America are spending millions and millions of dol-

lars paying that to the insurance companies. One-third of the health care dollar goes to no such thing as health care; it goes to the insurance companies. That's why the Democratic proposal restricts the amount of money that insurance companies can spend on bureaucracy. That's where the out-of-pocket expenses actually go to health care. That sounds like a smart idea to me.

Furthermore, the insurance companies can no longer discriminate against preexisting conditions, no longer can discriminate against people who need health care. That sounds like a good idea.

Finally, talking about reducing deficit spending, this bill requires insurance companies to keep costs under control. That saves the government money and reduces the deficit because the biggest spender in health care is the Federal Government through entitlements.

I don't know why the other side is so hell-bent on protecting insurance companies' medical inflation that only adds to the deficit in this country.

HEALTH CARE

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, at nearly \$1 trillion in spending and tax increases, the Democrat health care bill is a bad deal for taxpayers; but it is a worst deal for American seniors, and senior citizens deserve to know about it.

Included in the Democrat health care plan are massive cuts in Medicare Advantage, \$162 billion in reductions in this popular program. As a result, Medicare Advantage plans will drop out of the program, limiting seniors' choices and causing many to lose their current health care coverage through Medicare Advantage. This will have an exceptionally negative impact in rural areas, like my district of eastern Indiana.

According to the Congressional Budget Office as well, the Democrat's health care plan will increase the cost of Medicare prescription drug premiums by 20 percent in the next decade.

The President said, If you like your current plan, you can keep it. Well, after looking at the Democrats' plan for seniors, I guess he wasn't talking about senior citizens when he said that.

HEALTH CARE

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute.)

Mrs. DAVIS of California. Mr. Speaker, no doubt, the national discussion over health care reform has been emotional for all Americans. People from every corner and every background of our country have had a chance to tell their story, to weigh in on this issue.

Many of the stories we have heard from our constituents back home have been personal—they have been heart-breaking—about struggles with the health care system. Those kinds of experiences can sometimes be difficult and they can be emotional to share, but they have played an important part in the conversation.

Because we are starting to see that in our uniquely American way, all of that passion is being channeled to productive change. We are close to bringing forward a potentially life-changing bill.

Just think about what this means. For the first time, millions of uninsured Americans can have access to health insurance and all of us will have health security knowing we can't lose our coverage. Ultimately, voting on reform means voting to give millions of Americans peace of mind.

HEALTH CARE

(Mrs. McMORRIS RODGERS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. McMORRIS RODGERS. Mr. Speaker, this morning I find myself reflecting on a recent town hall meeting where nearly 1,000 people showed up, many of them seniors, and they were not happy. In eastern Washington in my congressional district, it is estimated that 20,000 seniors may lose their health care because of the cuts to Medicare Advantage. H.R. 3200 cuts \$162 billion from that program, and they are cuts that hit especially those who live in rural communities the hardest.

The Obama administration promised Americans that if they liked their doctor, they could keep their doctor; if they liked their health insurance plan, they could keep it. But I guess that doesn't apply to seniors.

These are real cuts to Medicare Advantage, and it will mean canceled insurance policies and higher premiums. For those living on a fixed income, this could mean less money for food, clothing, and shelter.

House Republicans are committed to a step-by-step approach to addressing health care that will start by reducing the cost drivers. We should pass these cost control reforms rather than financing a government takeover on our Seniors.

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EDUCATION REFORM

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, one of the most notable improvements I've seen since the beginning of this administration is the importance the President has placed on education.

I know I'm not alone in recognizing how President Obama and Education

Secretary Duncan have changed the tone in the education community. Last Friday, David Brooks used his column in the New York Times to praise the President and the Secretary for their efforts in raising the bar on education reform. Partnering with Congress, they have set high standards and are providing \$5 billion in competitive grants to those States that can best demonstrate their commitment to reform. As a result, there is real excitement among the States to put their best education reform foot forward as they gear up for the competition for these grants.

At a time when the U.S. is falling behind other countries in educational attainment and at a time when State budgets are stretched thin, we need to focus more, not less, on strengthening education in our country to enable us to compete in the global economy.

HEALTH CARE

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, last month, President Obama stood right behind me here in our Chamber and delivered an address to a joint session of Congress in which he said, "Anyone who mischaracterizes our bill, we will call you out." His next line was, "I will not accept the status quo."

Well, Mr. Speaker, we all know that no one—no one—wants to accept the status quo. I've been listening to my California constituents, and they've been saying that we need to have exactly what our colleague from Washington (Mrs. McMORRIS RODGERS) described as a step-by-step approach. They know and understand that a massive government takeover of health care is not the answer to our problem; in fact, it could exacerbate the problem, especially with the proposed Medicare cuts that will hurt our seniors.

We need to do things like allow people to purchase insurance across State lines, giving them a chance to have the best quality product at the lowest possible price. We need real medical liability reform, which, according to the Congressional Budget Office, will bring about a savings of \$54 billion. We need to have the step-by-step approach that Mrs. McMORRIS RODGERS said that we need. Let's make it happen.

HEALTH CARE

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, we are so close to achieving quality, affordable and accessible health care for all Americans.

If we were playing football, the team in support of consumer choice, the public option, is in the red zone, and we are determined not to go three-and-out as we've done for the last six decades.

At last, we are going to take health care reform with a robust public option right across the goal line. Yesterday, the Senate Majority Leader helped "move the chains" when he inserted a strong public option in the Senate health care bill. This move down the field positions us one step closer to meaningful reform.

Now my colleagues in the House and I are keeping our offensive line strong in support of a robust public option, but it's time to score this touchdown for the American people, for the middle class, for working people and the young people, including those in the Hillside program at Central High School who bear the burden and brunt of this failed health care system.

The status quo is unacceptable and it's a losing strategy. Including a robust public health option is real consumer choice; it's the logical option to scoring the goal and achieving success.

FUTURE ACCESS TO QUALITY HEALTH CARE

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS. Mr. Speaker, I rise today to address the looming health care debate here in Washington, D.C.

The American people know the truth about the Democrat health care proposal. We know that it's full of mandates, full of taxes, and will result in further job losses, but it also cuts reimbursement to physicians and hospitals and creates an even larger access problem.

In the proposed health care reforms, congressional Democrats are racing to create an unsustainable government-run health care plan that would reimburse physicians and hospitals no more than 30 to 60 percent of market rates.

Public safety-net hospitals like Parkland Hospital—which serves as a critical health care provider to many in Dallas, Texas—need to keep their doors open to make this plan successful. My Republican colleagues and I believe that we need to guarantee physicians and hospitals adequate reimbursement for their services to ensure the American people have access to a delivery system that works—not mandates, not taxes, and not job losses.

HEALTH CARE

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise this afternoon to tell you about a constituent of mine who is waiting on Congress to pass comprehensive health insurance reform.

Karen Rozzell resides in Colonie, New York. She had to quit her job as a cashier because her diabetes got so bad she couldn't stand and she hasn't been able to find other work. When she left her job, she and her husband lost their in-

surance. They thought they could rely on COBRA, but it cost them too much and they were forced to let their insurance lapse. Her husband, a painter, doesn't have access to health insurance through his employment.

As a diabetic, Karen should be seeing a doctor regularly, but she doesn't. A couple of years ago she was hospitalized for a staph infection; she was only able to stay in the hospital until the infection was cleared up. She signed herself out before her doctors wanted her to because she knew she couldn't afford the cost. It took her years to pay that bill.

After living without insurance, her husband was diagnosed with chronic obstructive pulmonary disease, but the cost of his treatment and medication is out of reach for them. She told me she worries every time her husband sneezes.

No one in this country deserves to live in fear like this. We need health care reform.

CONGRESS—LISTEN TO THE VOICES OF THE AMERICAN PEOPLE

(Mr. McCOTTER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McCOTTER. In Michigan, the people know what the most important issue facing this Congress is: It's called jobs. My State has a 15.3 unemployment rate; it is expected to rise. And yet what we see in Congress is an unwillingness of the majority to listen to the concerns of the American people. They want this economy fixed; they want to provide for the livelihood of their families; they wish to pursue their happiness. And yet they watch a Congress that is willfully intent upon passing a partisan, government-run health care bill despite the voices of the American people.

I suggest that if we are to restore sanity and prosperity to these uncertain times, that this Congress start to listen to the voices of their constituents and start to act accordingly. That is why we have a representative government.

HEALTH CARE

(Mr. ELLISON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ELLISON. Mr. Speaker, need I remind this body that between the years 2000 and 2006, the party apposite controlled the White House, the House of Representatives, and the Senate. What did they do for the American people regarding health care? Nothing; nothing at all. They didn't do anything to help the American people. And now that the Democratic Caucus is within a hair's breadth of delivering real reform, all we hear about is death panels, sex school clinics, and now, oh, my