

□ 2010

This is a sentiment that I have consistently heard in communities all across the 10th District.

Another concern I hear all over our district, and a major priority of mine, is to keep our Nation safe and free. The 10th District is fortunate to have a tradition of congressional leadership on national defense and foreign affairs, and I look forward to stepping forward in this area.

I will always be focused on keeping our Nation strong and free, and it will be an honor to work to support the incredible men and women who wear our Nation's uniform and service.

On a more local level, I will be an advocate for our veterans as they return home and become acquainted with the beautiful Captain James A. Lovell Federal Health Care Center in north Chicago. This is the first fully integrated Federal health care center between the VA and the Department of Defense, and we owe a tremendous debt of gratitude to Senators KIRK and DURBIN, along with many others, for bringing it to our community. This facility shows our commitment to those who serve, but it is also a reminder of the sacrifice required to protect American freedoms.

Currently, I believe Iran's pursuit of a nuclear weapon to be the biggest threat to our national security and to our democratic allies abroad. The sanctions that Congress passed last year are clearly having an impact on the Iranian regime, but I believe that we cannot rest until the Iranian nuclear threat is affirmatively and effectively dismantled. I pledge to aggressively monitor developments in this area and search for ways in which I can help in Congress, because a nuclear-armed Iran is simply unacceptable.

In my mind, one of the best ways to combat this Iranian threat is a strong U.S.-Israel relationship. I traveled to Israel this past year in order to see firsthand the security challenges the United States and Israel currently face together in the Middle East. As such, I fully understand why a strong U.S.-Israel relationship is critical for the United States, and I look forward to using my voice here in Congress to continue to advocate for its strengthening.

Finally, I would like to turn to two areas that are particularly important to me and to the people of my district, education and the environment.

I believe that education is the building block for the prosperous America of tomorrow. We must encourage schools to prepare our students for success in the jobs our modern economy demands, and I am confident in the ability of our local school districts to prepare our students appropriately. I do believe a one-size-fits-all model stymies innovation in education. Accordingly, we must give more authority and control to local school districts.

However, we must not allow unfunded Federal mandates and programs to get in the way of our local school districts providing high-quality education.

As a scout, a Boy Scout and now a scout master, I was taught by my scout masters Lee Getchow, Charlie Barnes and Artie Bergman to love the outdoors and nature.

In northeastern Illinois we are fortunate to be stewards of one of the greatest natural resources in the world, Lake Michigan. With 26 miles of Lake Michigan shoreline, the 10th Congressional District enjoys tremendous benefits from its precious resource. We have an important obligation to preserve and protect this great natural resource that is vital to the 10th District and to the entire United States. From drinking water to recreational opportunities, I will work diligently to protect the lake to improve her water quality.

I will also work with local, State and Federal parties to clean up Waukegan Harbor and de-list this wonderful resource as an area of environmental concern once and for all.

Focusing on jobs and the economy, reining in Federal spending, and keeping our Nation safe and free and working to strengthen our Nation's health care system, our education system and our environment, these are major legislative goals for the 112th Congress. And in the tradition of those who have served the people of Chicago's north and northwest suburbs before me, I look to be a voice of pragmatic, centrist ideas, someone who listens to all people on both sides of the aisle and looks for ways that we can work together to best serve the American people.

As a fiscal conservative and a social moderate, I am a firm believer in smaller government. This will guide my service in this House. I have some very large shoes to fill; but it is my promise that I will represent this office with dignity, distinction, honor and, above all, integrity.

I thank the people of the 10th District of Illinois for the opportunity to serve them. I will never forget why I am here or who I am here to represent.

#### HONORING SARGENT SHRIVER AND HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, thank you for this opportunity to discuss health care this evening.

But before I get to health care, I was notified early this afternoon that a unique, iconic American had died today; Sargent Shriver is no longer with us.

This individual has had an impact on America and the world around us that will last for centuries. He literally created the United States Peace Corps. The idea was developed by him and his brother-in-law, JFK, and put into effect in the first year of the Jack Kennedy administration.

Thousands, indeed over nearly 200,000 Americans, have joined the Peace Corps in the ensuing years. For my wife and I, it changed our life; it changed the path upon which we have traveled. We were the third iteration of the Peace Corps back in the 1960s. We were sent to Ethiopia. We served in a village out in the boondocks of southwestern Ethiopia, and it put in place in our lives the vision that we could and should continue to serve.

We are not alone. Thousands upon thousands of Americans, those that were in the Peace Corps and those that were affected by the Peace Corps here in this Nation, found that same mission of being a life of service.

In the 1990s, Sargent Shriver returned once again to assist the Peace Corps as the Clinton administration undertook the rebuilding and expansion of the Peace Corps. My wife was then working at the Peace Corps as the associate director, and together they and the other staff opened the Peace Corps to the former Soviet Union nations, Eastern Europe and beyond and also to South Africa. It was a period of growth, and once again it was a period in which the Shriver enthusiasm and the Shriver determination to reach out to everyone in this world so that they could have a better life created these opportunities.

We mourn his passage. Our prayers go out to his family and to remind all of us that we too in any way possible should be serving our fellow man.

Sergeant Shriver, we miss you and we know that America and millions of people around the world that were affected by your programs will miss you also.

Let me now turn to another issue that affects every American, their well being, their lives, their ability to get the care that they need when they have health care problems.

On this floor today we began the debate of the repeal of the Affordable Health Care Act, an extraordinary law that will affect each and every one of us in this Nation; and as it affects us, it will also affect people around the world because this law will help America finally join the other industrialized nations in the world and provide health care to all of our people, not just those who are fortunate enough to be employed by an employer who has found it useful, wise or even correct to provide health care for their employees, but for those individuals that are not so fortunate to be with an employer that does not provide health care, and for those who are unemployed.

This is an extremely important debate going on here on the floor of the House. It's a debate about all of our lives.

It was estimated before this law went into effect that some 30,000 to 40,000 Americans every year lost their lives because they did not have health care. It was too late for them to get their blood pressure under control. It was too late for them to deal with their diabetic situation or their cancer had

run its course so that it was not treatable, 30,000 to 40,000 Americans every year.

□ 2020

That is not the way America should be. We should be providing insurance to all Americans.

On the floor today, the debate commenced, and I was pleased and a bit curious to hear my colleagues on the Republican side talk about repeal and replace. And as they talked about what they would replace, I began to say, Excuse me. Wait a minute. What you're replacing is already the law in America. The health care bill that became law this year deals with every American from birth through their school years, through their years of building a family, in their employment and through their retirement. It deals with the entire cycle of life by providing the opportunity for health insurance, improved health insurance, at every stage of life.

Let me show you how that works. It's the Patient's Bill of Rights, which apparently our Republican colleagues want to repeal. The Patient's Bill of Rights is a fundamental reform of the insurance industry. I was insurance commissioner for 8 years in California, and I understand the insurance industry very, very well. And it's about profit. All too often, the health insurance industry puts profit before people. In doing so, they deny coverage. The Patient's Bill of Rights goes directly to this issue of insurance companies putting profit before people.

Let me show you where this works. Children. My very first speech here on the floor as the health care debate came up in 2009, in November of 2009, I spoke to an individual, a friend of ours who lives here in Washington, whose child was born with a very serious kidney problem. The mother was covered by insurance through the pregnancy and through the delivery. The moment it was discovered that that child had this preexisting kidney ailment, they dropped the coverage on the child. The family struggled and continues to struggle to provide care for that child, limping along trying to get the money together for the next procedure to provide the services that are necessary—the transplant.

All of those things should have been covered by insurance, but with the insurance company putting profit before people, they denied that child coverage. The Patient's Bill of Rights stops that and says that every child has a right to coverage, no longer the kind of discrimination that took place here with my friend's family.

Secondly, young adults. I happen to have had six young adults. All of them have passed through the age 23, and that period where their coverage stopped was the scary time for us in our family, and it is for every other family in America. At the age of 23, insurance companies were allowed to drop patients' coverage. And if you're a

23-year-old and you have any kind of a preexisting condition, you're out of luck. The Patient's Bill of Rights guarantees that that young woman or man will be able to get coverage until the age of 26. And if they have a preexisting condition, that can no longer be a reason to deny coverage. The Patient's Bill of Rights would be repealed by the piece of legislation that will be brought to this floor tomorrow.

If you are a woman, you have a preexisting condition. It is called being a female. And routinely—and I've seen this during my tenure as insurance commissioner. Routinely, the insurance companies would deny coverage because you are a woman and you might get pregnant or you might have any number of conditions. That will no longer be the case.

If you happen to have cancer, you cannot be denied coverage. The Patient's Bill of Rights protects every single American when it comes to getting insurance and keeping insurance.

Many other provisions are in this bill, and I find it astounding that our colleagues on the Republican side would repeal the Patient's Bill of Rights and literally open every single American up to the gross discrimination that the insurance companies have foisted upon Americans for decades putting profits before people.

There are many other parts of the Patient's Bill of Rights, but I want to just take a moment and invite to this conversation my colleague from the great State of New Jersey, FRANK PALLONE, who has been fighting this fight for decades both as a Member of Congress and as a concerned citizen.

Mr. PALLONE, if you will join with us, share with us your thoughts and your experiences, and we will continue on with this discussion. I yield.

Mr. PALLONE. Thank you. I want to thank you for all that you do on this issue. I have seen you come to the floor so many times over the last year or more talking about the importance of the health care reform and now, of course, pointing out how ridiculous it is to try to repeal it, which is what the Republicans are going to try to do tomorrow.

I just want to start out by saying that we were just home for the Martin Luther King weekend, and so there was an opportunity to talk to a lot of people at the various Martin Luther King events over the 3 or 4 days that we were home, and the issue is jobs. That's all people want to talk about. Everyone comes up to me and says, What are you going to do about the economy? What are you going to do about jobs? Nobody talks about repealing the health reform bill.

And what I get basically from my constituents is they know the health reform bill passed. They know that it's kicking in. A lot of the patients' protections that you mentioned have already kicked in, and they want to see how it goes. Even those who were not necessarily for it in the beginning

think it is a complete waste of time for us to be rehashing the debate and talking about repeal because they want to see what is actually going to happen with the health care reform. And to the extent that they have seen certain things, protections, kick in, they're happy with it. And what they say to me is, Look, if over the next few years if certain aspects don't work out, then you can go back and revisit it and maybe make some changes. Nobody is suggesting we can't make changes on a bipartisan basis. But this idea of just repealing it outright when it just went into effect a few months ago, almost no one I talked to is in favor of that. They just don't think that makes sense.

The other thing that I wanted to say, and I keep stressing over and over again—I actually have this chart, and I know you pointed to it as well—is: Who is going to actually gain from the repeal? We know that insurance companies keep raising their prices. We know that historically they try to discriminate by eliminating people who have preexisting conditions or by having lifetime caps on insurance policies. The only ones that gain from this repeal are the insurance companies because essentially they can go back to the situation, to the status quo where they can have double-digit premium increases. You know, in your own State of California, it wasn't unusual to have a 30 percent increase. I think Blue Cross just announced a 50-something percent increase. And so they make money by constantly raising premiums and also by discrimination.

In other words, if you have a policy, a woman, for example, that has breast cancer and then she has a recurrence, well, if she reaches the cap on coverage for the year or the cap on coverage for a lifetime, then she has no insurance to cover her reoccurring cancer.

Or the other thing is that sometimes they even rescind a policy. If they can find some way to say that it didn't apply to you, they would simply rescind it altogether, and you'd get sick and wouldn't have insurance at all, even when you thought you had the greatest need for it.

So I just want to stress, this chart says GOP patients' rights repeal would put insurance companies back in charge where children with preexisting conditions are denied coverage, young people aged 26 can't stay on their parents' plan, pregnant women and breast and prostate cancer patients could be thrown off insurance rolls—that's the rescission—seniors pay more for their drugs.

The bill, as you know, has, for those in the doughnut hole, until this bill went into effect, if you reached the doughnut hole, then you had to pay 100 percent for your prescription drugs. You got a \$250 rebate last year. As of January 1, you have a 50 percent reduction, and that's going to eventually become zero so you will have complete coverage under Medicare part D.

So, if you repeal it, seniors are going to pay more for their drugs. And that's

the other thing that is amazing. They talk about how this is going to, I guess they're not using the term "killing jobs" anymore. They got away from that.

Mr. GARAMENDI. Crush. Crush jobs.

Mr. PALLONE. What is it now? Crush jobs.

The fact of the matter is that the bill actually decreases the deficit by \$230 billion, so you'd be increasing the deficit if you repealed the bill.

And with regard to jobs, I mean, look, if you think about what's in the bill, because everybody gets coverage, you're going to have to have a lot more health professionals, so that creates jobs, because premiums will stabilize, employers won't have the double-digit inflation that comes and makes it harder for them to hire people. So just the fact that your premiums stabilize makes it easier for employers to hire people.

□ 2030

And then we have all kinds of funding for research at labs and hospitals and institutions around the country; even the R&D creates jobs. It creates jobs is the bottom line.

But I would really like to go back to where I started from, and, that is, most people just say to me, "Why are the Republicans doing this? Let this bill kick in. Let us get to the point where everyone's covered. Let's see how it works."

We know the Senate's not going to pass the repeal. The President's not going to sign the repeal. So rather than spend our time trying to figure out ways of creating jobs, we'll just debate this for another week for no purpose, just as a waste of time.

Mr. GARAMENDI. Thank you very much, Mr. PALLONE.

If it's about jobs, then why are we doing all of this? It's interesting to note, and I heard this debate earlier on the floor here, that this is a job crusher, to be politically correct now, and that businesses are going to lose jobs, when in fact since the bill became law, over 932,000 private sector jobs have been created. So there's no evidence in the large job market that this legislation, the health care reform, has harmed jobs, crushed jobs. It hasn't happened. In fact nearly a million new jobs have been created; 932,000.

In addition to that, this is an extremely important bill for small businesses. This bill, as you said, actually subsidizes the cost of health care for small businesses. If you have less than 50 employees, you can get a subsidy, up to 35 percent, for buying health care for your employees. And if you don't want to buy health care, you don't have to if you have less than 50 employees.

I don't understand this debate about small businesses being harmed. In fact, the Kaiser Family Foundation has shown that in the last year, probably as a result of this bill—that's their conclusion—the number of small busi-

nesses providing health insurance has grown from 46 percent to 59 percent.

Mr. PALLONE. If the gentleman would yield, one of the things that I wanted to point out and I am going to certainly talk about it, I'll talk about it more a little tonight, is my committee, the Energy and Commerce Committee today, put out a report essentially that talks about the impact of repealing the health care reform law in each congressional district, district by district. I have the information on my congressional district, the Sixth in New Jersey, that talks about the tax credits for small businesses, and it says in this report that the health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 18,200 small businesses in my district alone that are eligible for the tax credit. And, of course, repeal would force these small businesses to drop coverage or bear the full cost of coverage themselves.

The bottom line, every small business owner I know wants to provide coverage. It's just a question of whether they can afford it. And what we do in the bill is make it affordable by giving them this major tax credit. Eighteen thousand two hundred small businesses in my district alone can benefit from it and would lose that if we repealed the bill.

Mr. GARAMENDI. That is similar in every district, Republican or Democrat, across the Nation. The number of small businesses may vary district to district, but the point is that every small business has an opportunity to reduce by more than one-third the cost of health care by simply providing health care. And that will grow to 50 percent in just 3 years. It climbs up 35 and then 50 percent in 2014. And in 2014, every State will have an exchange, an insurance marketplace, where small businesses, individuals, can buy health insurance on a marketplace that talks about the quality and the cost so there is competition.

Once again, why would you want to repeal that, where individuals can shop for health insurance in a competitive market? We talk about competition here. Well, let's let it happen. Right now it doesn't really occur because many insurance companies don't compete. There are many, many aspects of this.

I notice that our friend from the great State of Tennessee has joined us. Mr. COHEN, if you will, what is going on in Tennessee? Do they want to repeal this? Do they really want to do away with the patients' bill of rights? The preventative care that seniors are able to get under this bill? The closing of the doughnut hole? Is that what the Tennessee folks want?

Mr. COHEN. Thank you, sir.

I don't think so. And the tide has been turning. The national polls, which I think are reflective of Tennessee at least on a percentage basis, have shown that it's gone from 10 points up on peo-

ple that want to repeal this bill to where it's even, as many people for it as against it in this country. There's been a 10-point switch in the last 2 weeks as people have looked at the possibilities of the repeal of the law and seen the benefit.

What I thought about, Mr. GARAMENDI, I was in New York, New York City, about 2 weeks ago, and I went in the Time Warner Building. They had an exhibit there of Salvador Dali; surreal, things looking out of space. Strange, strange pictures and thoughts. It's hard to think of this Congress and the Republican majority that's come in trying to repeal a bill that's going to become as popular, once it gets implemented, as Social Security and Medicaid and Medicare have over the years, that they are so out of touch with America today and its needs and the future. Because while this may seem to be important to the minority, the tail wagging the dog in that party, the tea party that's wagging the dog, saying repeal health care, the fact is down the line, people are going to embrace this bill like they embraced the Great Society's Medicaid and Medicare and the New Deal's Social Security. It's going to be a short-term possible victory but a long-term defeat. And the myopia of the other side, let alone the hypocrisy of some of its members, is hard to fathom. But you can only see it through the eyes of Salvador Dali, because obviously they are Salvador Dali, and they're saying things in a surreal way.

The nonpartisan, bipartisan Congressional Budget Office says it's going to save us \$230 billion the first decade and \$1.2 trillion thereafter, and they say, "Well, they can have their opinion." Those are facts. Those are nonpartisan facts of people we hire to give us the truth. They don't like the truth so they summarily dismiss it.

They say it's a government takeover of health care, a big lie. Just like Goebbels; you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it. Like blood libel. That's the same kind of thing. The Germans said enough about the Jews and the people believed it and you had the Holocaust. You tell a lie over and over again. And we've heard it on this floor; government takeover of health care.

PolitiFact, nonpartisan, Pulitzer prize-winning, 2009, St. Petersburg Times, said the biggest lie of 2010 was government takeover of health care, because there is no government takeover. It's insurance.

I look at my Facebook regularly and I've got some people I communicate with on different issues on Facebook. I respond to them whether they take my side or not, obviously. And one lady has been constantly talking negatively about health care. I responded. She keeps going on with the line that obviously she hears and she's taken as her mantra; and that is that this is a government takeover of health care. Well,

she's drunken the Kool-Aid, and that's just not true.

We heard in August 2009 that there were death panels and killing grandmother. Everybody agrees now, that was a big lie; just like government takeover of health care is a big lie. And it's amazing the lies: denying the effect on the deficit, claiming it's a government takeover, claiming there were death panels.

This lady on my Facebook page talked about the fact that it was going to take insurance companies out and there was a public option. Well, there is no public option. And the exchanges aren't a public option but the exchanges are private insurance where people can come together and get better rates that they couldn't get if they were dealing as individuals on the open market.

People don't understand. If you read Paul Krugman today, or yesterday—today in Memphis, we get it a day late—but yesterday in the New York Times, he talked about the errors in arithmetic, basically the lies that are being put out about how it will affect the budget. And Krugman, who's only a Nobel prize winner, says it's just not true, and what it comes down to, the bottom line, is there is a group in America that don't feel like they have a responsibility, a social responsibility, a moral responsibility, to those 32 million Americans who can't afford health care and right now are seeing death panels, the death panels that say you won't have insurance and you won't have health care.

□ 2040

As we are just one day beyond Dr. Martin Luther King's holiday, America's holiday celebrating Dr. Martin Luther King, Dr. King was not only for social justice, which everybody embraces today and talks about kumbayah and integration, but it was also economic justice. And economic justice involves health care, and it involves giving everybody an opportunity to stay alive, to get educated, and to get a job.

The first priority I have always believed of government is to keep people alive, their health care. The second is to get them educated. And the third is to get them a job. This rhetoric on the other side of the aisle about whatever they want to call it is not only false—read Krugman, a Nobel Prize winner—but it is the third priority. The first thing is keeping people alive. And you want to tell those 32 million Americans we don't want you to have insurance, we don't care about you. That is wrong. Dr. King wouldn't approve of it. I don't approve of it. America won't approve of it.

And it is as I started with, surreal to think that the first thing that this Republican Congress is doing is trying to repeal what will be known down the years as one of the great acts ever passed by this United States Congress. It will be to the fortune of the Demo-

crats because like Social Security and Medicare and Medicaid and voting rights and civil rights, they are Democratic initiatives that brought America forward, progressive initiatives that have been brought forth by this side of the aisle. And the myopia of the other side is politically welcomed, if not policy-wise sad.

Mr. GARAMENDI. Mr. COHEN, thank you very much. You pointed out the nature of the debate taking place on the floor. I listened to much of the debate this afternoon as it was going on, and tomorrow it is probably going to be the same. Like you, I was surprised and in many cases disappointed with the rhetoric that I heard. It simply wasn't based on fact.

They talked about the government takeover of health care. You used the word "big lie." Well, in fact it is not going to happen. This is not the government takeover of health care. There are many who said we simply should take Medicare and expand it to all. Now that is a program that is government collection of the money, but the services are provided by individual doctors, hospitals, and other provider groups. It is not a government takeover; it is a government finance program.

You mentioned the uninsured. Actually, it is about 42 million uninsured in America. They get sick. Who pays for them when they go to the emergency room? They don't have an insurance policy. They are certainly not going to be able to afford the cost of an emergency room and any procedure. Those people who are uninsured do get sick. They do go to the emergency room, and they do get medical care. And who pays, the taxpayer.

Mr. COHEN. Property taxes.

Mr. GARAMENDI. In Tennessee, the property tax base. In California, the general tax base and the Federal Government. Here is the clincher: every health insurance policy in the Nation pays for the uninsured. So we have health care coverage. In fact, this law requires that the three of us and all 435 Members of Congress and 100 Members of the Senate will get the exact same kind of insurance that every American gets. We don't get a special deal. In fact, we get to pay for part of it ourselves. That is a fact.

So what about those people that are out there uninsured that get sick. We get to pay for it through our health insurance policies because that cost is shifted over to us, the taxpayer. There is no free lunch here. The question we have is should everybody participate in this insurance pool. I think it is only fair to say that we all participate.

I don't know what I said, Mr. PALLONE, that made you come to your feet, but please proceed.

Mr. PALLONE. Everything you said is absolutely true. I know in my State we estimate that every insurance policy, for those who have insurance and are paying their premiums, there is built into it something like \$1,000 to

\$1,500 per year in your premium that pays for uncompensated care for others. And I actually have a statistic in that Energy and Commerce study that I mentioned that says in my district alone repeal would increase the cost of uncompensated care by \$54 million annually for hospitals in my district.

But what I wanted to point out was you can actually eliminate a lot of the uncompensated care because what happens, people don't have health insurance and so they don't see a primary care doctor on a regular basis. And they get sicker, and their only recourse is to go to an emergency room. I tried to get the CBO to build into this the savings that would come about because of preventive care. In other words, the fact that all of these people who are uninsured go to the emergency room, don't see a doctor, and all of a sudden they see a doctor and they stay well because they take preventive care of themselves and they do wellness and then they don't end up getting sick and going to the hospital. But that was never built into the system. The CBO won't score prevention, so to speak.

But I would maintain there is huge savings. We talk about a \$230 billion savings from the deficit, but in my opinion it is trillions of dollars because not built into this is the fact that all of these people who don't have primary care and end up in an emergency room now will have a doctor. They won't get sick, and you won't have to pay for all that care. So the system as a whole saves a tremendous amount of money, which is not really calculated here, in my opinion. That is what you made me think of.

Mr. GARAMENDI. You are quite correct. It is some very simple things which I think all Americans understand. Blood pressure, high blood pressure, the silent killer, people don't know that they have high blood pressure until they get the stroke. And then if they survive, they may very well be paralyzed or incapacitated the rest of their life and take an enormous expenditure every day, every month, every year caring for them in a nursing home or in an extended care situation. That is a very simple thing to understand.

And this piece of legislation provides free preventive care for seniors. Is that what they really want to repeal, that free preventive care for seniors where most high blood pressure cases are found and where most strokes are found? It is a preventive cost.

Mr. PALLONE. Exactly. As you know, on January 1 there were a whole new set of patient protections that went into effect and one was elimination of the 20 percent copay for seniors. They get a 1-year wellness exam for which they don't have a copay, mammogram, all kinds of tests for which they would have paid 20 percent copay. All of that is out now. The reason it was done is exactly what you said: a lot of seniors would not go and have those tests done because they

didn't want to put up the 20 percent. Now they get it free.

The Republicans say that costs money. It doesn't. It may cost money up front; but in the long run because the people get the wellness check and they have the mammogram, they don't get sicker. So we actually recoup the money because they don't get sick. I think it is a very important point that you are making.

Mr. GARAMENDI. Mr. COHEN.

Mr. COHEN. Sir, I appreciate your leading this. You have been an outstanding Member; and your first vote, I think, was for this bill. You have a lot of experience of this issue. You were commissioner of insurance, if I am correct, of the largest State in the country, California. So you have knowledge here.

Mr. PALLONE worked very hard on this bill, too, as I did; but Mr. PALLONE was in a senior position.

As I think back on the passage of this bill, I remember a lot of criticism; and the other side and the people who were critical said we didn't take enough time to pass the bill. We only took a year, a year and a half to pass the bill. And they are going to take 2 days to repeal it. Take enough time? Where are the people who think we should take enough time for the legislative process to work, to have hearings, to have thoughtful discussion, to have analysis of expert opinion today? Two days and it is going to be voted on, and that's it. And the old mantra which we heard from so many people, "read the bill." And yet so many people think it is a government takeover of health care. I say to them: read the bill.

And people who think Congresspeople are going to get something special, we get the same as everybody else. Read the bill.

Mr. GARAMENDI. If you will yield for a moment, there is a place where the bill can be read, the Web site [www.healthcare.gov](http://www.healthcare.gov). It gives the bill. It gives a detailed description of every item in the bill. We have only talked about maybe one-third of the bill here today, and maybe we will go into some of the other parts.

□ 2050

It also talks about the timeline in which the various elements of the bill will go into effect. For example, the senior population: The doughnut hole begins to close. Last year a \$250 rebate check to those seniors who are in the doughnut hole, and then, in the next 8 years, that doughnut hole is squeezed shut. And, as Mr. PALLONE said earlier, seniors would then have all of their prescriptions covered. It also shrinks the cost of prescription drugs.

That wasn't talked about here earlier today. And if they want to read the bill, they can talk about the coverage options in every part of America—in California, Tennessee, New Jersey, wherever—and specific detail about seniors, about women, those kinds of

pieces of information: [www.healthcare.gov](http://www.healthcare.gov). You want to read the bill? You want to understand it? I would suggest that our colleagues on the other side, the Republicans, take a look at the bill, itself, and what it does.

Please continue, Mr. COHEN.

Mr. COHEN. Well, thank you.

Today, when I came on the floor, Ms. SLAUGHTER—one of the senior Members of this Congress, an outstanding Member and the former chairperson of the Rules Committee, now the ranking member—told me of a Member on the other side, a Member in her fourth term—I guess it was in the Rules Committee, but it might have been on the floor—who expressed for the first time astonishment, amazement, that the insurance provided for Members of Congress was subsidized by the Federal Government. She had no idea it was subsidized. She hasn't read the bill. She doesn't even know what her policy is and what her benefits are.

The fact is people should want for others what they want for themselves. I don't have Federal congressional insurance—I don't have it—but nearly everybody else in this Chamber does. Yet they don't want their constituents to have it. Now that's hypocrisy.

Mr. GARAMENDI. Last week, on this floor, many of us tried to put an amendment on this piece of legislation that would read: If the repeal occurs, then every Member of Congress would lose his health care, keeping in mind that 31 million Americans will not have health insurance if the repeal takes place.

So, 435 of us. If the bill is repealed, we should join the 31 million Americans who will not have health insurance if the bill is repealed. It seems to be the least we could do. If we want to harm 31 million Americans, if we want to take away the insurance from 31 million Americans, then, surely, 435 of us should be willing to go without insurance also. It turns out that not one Republican voted for that amendment. I wonder why. They want something that they are going to deny to 31 million Americans.

Mr. COHEN. What is good for the goose should be good for the gander. There but for the grace of God go I. You should care about your brother and your sister.

And this is going to be repealed in the same week as Dr. King's holiday?

I mean, I know it took a while for Dr. King's holiday to come about. It was JOHN CONYERS' steadfastness for 15 years to make it become law, and even then there were people in this House who voted against it, and there were people in the Senate who voted against it, but there is nobody who has given a better philosophy of life over 2,000 years than Dr. King.

Mr. GARAMENDI. Mr. PALLONE.

Mr. PALLONE. I was going to ask you to go over that chart about security and stability for America's seniors because, frankly, you know, as the gen-

tleman from Tennessee was pointing out, there is a lot of misinformation that the Republicans give out in terms of Medicare and the benefits of this program.

I mean, the bottom line is that all that we have done with Medicare is extend benefits. A lot of seniors think that somehow, you know, Medicare is going to be negatively impacted, which is simply not true. So, if you could go through that, I'd appreciate it.

Mr. GARAMENDI. Well, I will do my best, and along the way, if my colleagues would join in on any one of these issues, I'd appreciate it.

Health care reform means security and stability for America's seniors.

First of all, despite all the rhetoric on the floor, this legislation actually improves the financial status of Medicare. It extends the solvency of Medicare, I think, by almost a decade.

Mr. PALLONE. You know, on the first point that you have there, I actually went before the Rules Committee—I guess it wasn't last week. It was 2 weeks ago now because last week we had the tragedy of our colleague from Arizona—and I had an amendment that actually said that the repeal would not go into effect if it actually negatively impacted solvency. It actually is 12 years. In other words, the bill, the health care reform, added 12 years of solvency to the Medicare trust fund. In other words, with the repeal, insolvency would begin in 2017. So this pushes that day of reckoning back, when there is not enough money to pay out, another 12 years.

Mr. GARAMENDI. So it pushes it back to 2023.

Mr. PALLONE. Yes. Exactly. So, I mean, that's an important point. Again, everything that we do shores up Medicare, provides more Medicare, provides more benefits under Medicare for seniors, expands their benefits.

Go ahead. I didn't mean to interrupt.

Mr. GARAMENDI. Let's just continue on here.

We talked about prescription drugs. It's not only the doughnut hole, but there are certain kinds of generic prescription drugs that would also benefit as a result of this legislation and, of course, the doughnut hole issue, which we've discussed here in some detail.

The doughnut hole is squeezed shut, and initially, this last year, \$250. Now, I don't imagine the repeal would force the seniors to refund the \$250 check they had. Nonetheless, that doughnut hole would remain wide open if the repeal were to take place. We've talked about the improvement of the quality of senior care, and both of my colleagues here have spoken to this, I think, very correctly.

Preventative care.

Now, we talked a moment ago about high blood pressure—clearly, the silent killer and a major problem for seniors. Okay. You're going to get, free of charge, an annual blood pressure test. You know, it's very simple, very cheap, and the drugs to treat high blood pressure are cheap also, but the cost of not treating it is extraordinary.

There is another one that affects not only seniors but others around this Nation, and that is diabetes. This is an enormous cost. It can be treated. It can be taken care of, but if you ignore it, you are in for a world of harm and a very, very great expense to all of the people, including, in this case, to the taxpayers.

This is an interesting one. Primary care doctors.

Nobody has really talked about this much on the floor, but in the legislation, there is a significant increase in medical education opportunities, not only for doctors but also for others in primary care—nurse practitioners, physician assistants, and nurses. There is an enormous increase.

This one happens to be really, really important to me. Our daughter graduated from medical school just 3 days ago, and we go, Yes.

She says, I want to do primary care.

I'm going, Terrific. How about geriatric care?—my wife and I are looking to the future here.

This is really important. She has an opportunity under this piece of legislation, as do all other primary care doctors who choose to serve in underserved areas—and she may very well decide to do that—to have their medical loans reduced as they provide service in underserved areas, and some of those underserved areas are in our urban communities.

Now, that brought Mr. COHEN to his feet and Mr. PALLONE, so please share, gentlemen.

Mr. PALLONE. I'll let my colleague from Tennessee go first.

Mr. COHEN. Well, there are so many problems.

I represent an urban district in Memphis, and we do have a lack of health care in the urban areas. We need more primary care doctors, and we also need more community health centers. That's something else the bill is going to provide for, more community health centers. There are large areas in my community where there are very few doctors who are available and where there are not community health centers. So that's another portion. It's not just the primary care doctors who are so important—and we've got some of the greatest in Memphis—but it's the difficulty in not having community health centers.

Mr. GARAMENDI. That has not been discussed.

In every part of America, people need to know about the enormous increase in the community clinics that will be available. That's in the legislation. It costs money, but it saves money because, once again, people will be able to get care early.

□ 2100

Mr. PALLONE. Could I ask the gentleman to yield?

Mr. GARAMENDI. Please.

Mr. PALLONE. This is true in the health reform, that there's a lot more money for community-based health

care clinics, but we also have that in the stimulus, the Recovery Act.

Actually, I had two clinics that were funded under the Recovery Act that had not received Federal funds before. And just to give you an idea of what they did, one of them is in my hometown of Long Branch. They coordinated with the emergency room at Monmouth Medical Center so that every time someone comes to the emergency room who's eligible for the community health center—because they probably, many of them are uncompensated, have no insurance—now they go back and coordinate so that that person doesn't come back to the emergency room again—which, of course, is a tremendous expense—and instead goes to the community health center where they get primary care. So that is an example of where some Federal dollars that are going to community health centers are now being used to make it so that people don't have to go to the emergency room because they're getting the primary care in the clinic for probably maybe a hundredth of the cost of an emergency room.

Mr. GARAMENDI. You raised another point. And I recall a conversation with Mr. COHEN in the past where we talked about medical technology, which is also not only in the Affordable Health Care Act, the health care reform, but also in the stimulus bill. And part of what you talked about is the use of electronic medical technology to provide continuity of care; whether you are in this clinic or that hospital, you could be able to get that information across from one to another.

Mr. COHEN, do you want to carry on? You talked to me about this some time ago, and you had some pretty good notions of what would happen in Tennessee.

Mr. COHEN. Well, just the idea—and I will yield to Ms. JACKSON LEE in just a second—but the idea of having medical records on computers rather than having them on notes. My father was a doctor. I inherited his penmanship. I got a C in penmanship. The teacher was kind to me.

Doctors don't write real well. If you have to go from written records, it's difficult, and they don't get transposed well. But if you have them on computers, it's very easy to see what shots and inoculations the patient has had in the past, what treatments they've had. It makes it easier to render a diagnosis and not have to repeat tests that are unnecessary and costly. It is so important. And part of this bill is to see to it that the records are put on electronic devices so that they're available throughout the Worldwide Web and everywhere. That saves medical costs in the long run.

Mr. GARAMENDI. Some of this, if I might for a moment, sir, already exists.

I've been with Kaiser for three decades. They have put all of the records, all of my history, all of their patients, millions of patients, on the electronic

information system. I could present myself at any Kaiser facility across this Nation in an emergency situation and they could take my number and immediately call up my entire history so that they don't have to start at the beginning with blood tests and all of the other procedures that are common in today's emergency room simply to know about the individual's health circumstances. All they need to do is enter that number, bingo, they've got my information. That's where the electronic medical records would be found. And it's interesting that our Republican colleagues want to repeal that? I don't think so.

Finally, at last we're going to hear from a woman. We need that perspective here. Please join us. Thank you so very much for coming in.

Ms. JACKSON LEE of Texas. I thank the gentleman from California, but more importantly I thank him for really turning the light bulb on. We worked so hard on this legislation that we probably have forgotten to articulate all of the nuances of this bill. It is unbelievable.

I hesitated to use the term "frivolous" today, but, frankly, I'm saddened by the fact that we had to engage in a frivolous debate. So I just wanted to say to the gentleman, some years ago under the Bush administration I took note of the fact that we did not have enough community health clinics, frankly, and I am so glad that our collective research caused us to put that legislation in the bill.

Last Monday, I convened my community health clinics. It was amazing the expanded work they do because some of them received stimulus dollars. One of my clinics was able to open up 21 legacy, and one of my community health clinics was able to open up 21 new patient rooms because of stimulus dollars.

But what I want to say on that point is three things:

Community health clinics help seniors and families. And to seniors, this gives you, in addition to the comfort of being nearby your home, but you get, in addition, a primary home or a medical home. You can use that clinic, that doctor to be part of your medical home. The community health clinics can then multiply themselves or improve themselves by having electronic records where, as a senior who has extended medical records, can you imagine in the future what happens with seniors when they can put all their data into electronic records to be able to track seniors and to assure their good health? So contrary to frightening seniors and talking about death panels, this bill provides community clinics, a medical home, electronic records, and the inevitable closing of the doughnut hole so that seniors do not have to choose between paying rent and buying food and getting their brand drugs that they need.

So I just wanted to say there's so much. And then as you mentioned your



daughter and the training. That's creating jobs. How do they talk about losing jobs—which I think, by the way, again, is frivolous because we created 1.1 million jobs.

And, frankly, I would just say to you that this is about saving lives. Jobs are very important. We've created jobs. But even the title of their legislation, H.R. 2, "job-killing"? This is killing Americans if we take this bill away, if we repeal this bill.

So I would argue that maybe my good friends—who some of them are new and I appreciate their newness; I appreciate their desire to keep a commitment to constituents. But when you come to the Congress, you have to govern. You have to look at the whole of America. And therefore, looking at the whole of America, you need to look at the crux. The crux is saving lives.

So I thank the gentleman for bringing us to this point. I know that we will be getting another hour that I hope maybe I will have an opportunity to share some thoughts. But again, I will yield back my time and just say this is about saving lives.

Mr. GARAMENDI. I thank the gentleman for her insight into the way in which the bill affects her home and her community because that's what all this is about; it's really about the community.

Mr. PALLONE, if you would like to take a few moments and wrap, and then I will provide the final wrap here as we close down this 1-hour discussion.

Mr. PALLONE. I mentioned before how the money that was going to the community health center in Long Branch, in my home town, was being used to coordinate with Monmouth Medical Center so that people didn't have to go to the emergency room. When they came once, they were put into a computer, and it was exactly the electronic system that you talked about.

I went to Monmouth Medical Center one day because they had expanded their emergency room because they had so many people flooding the emergency room. Particularly in these tough economic times, a lot of people don't have health insurance, more and more people, so they had actually doubled, I think, the capacity of their emergency room. But they coordinated electronically with the community health center with this money that came in. So they showed me how a person would come in, and then they would be put into the system electronically with the community health center and they wouldn't come back to the emergency room.

One of the big issues now across the country—in fact, I just did an opinion piece about it in my local newspaper, the Asbury Park Press—is how emergency rooms are being flooded with more and more patients because more and more people don't have insurance. So we have to figure out a way to deal with that. Obviously, the health care

reform does that, because once everybody gets insurance, sees a doctor and gets primary care, you won't have the need for as many people to go to the emergency room.

When you expand an emergency room and add on all this additional capacity, it's millions and millions of dollars. That money isn't necessary if people see a primary care doctor. An emergency room should just be for an emergency, when people are trauma or something else that happens. It shouldn't be a place where people have to go because they can't get a doctor.

I yield back to the gentleman.

Mr. GARAMENDI. Well, it has become just that.

I think I will wrap with where I started. The health care reform, the Affordable Health Care Act, really is about making life better for every American. From the moment they're born, that young baby, that newborn baby cannot be denied insurance, from the moment they're born, whatever their circumstance is. That's part of the Patient's Bill of Rights, and it starts right at birth. This is where a student, when you graduate from college, you are not only getting a diploma; you are also likely to be losing your health care benefit that you were covered by under your parents.

□ 2110

So it extends coverage to the age of 26. And into a marriage, into a family when you're building a family, you know that you'll be able to get insurance. Thirty-one million Americans are going to be able to get health care insurance as a result of this legislation.

And in the workplace, a lot of talk about this being a job crusher, when in fact it actually creates jobs. And for small businesses, this is an enormous benefit because they will get a subsidy reducing the cost if they choose to provide insurance. If they have 50 employees or less, they don't have to buy insurance. And then later, they'll be able to get insurance through an exchange in 2014. California is probably going to set one up next year.

And for seniors, I've never heard so many inaccurate statements as concerns Medicare and the way in which this bill actually works. It extends Medicare. As you said, Mr. PALLONE, for 12 years—the financial solvency's extended for 12 years. Otherwise, it would be just 7 years, and it would be in financial trouble. So this really helps. And for individual seniors, they'll be able to get preventive care; their drug costs are going to be reduced. It is a very, very important part.

So for the circle of life—and all of us would want to go through that circle of life—this health care reform provides a benefit at every stage.

And I'll point out this final thing—and this is an estimate that was made in the last year—some 30,000 to 40,000 Americans every year die because they

don't have health insurance. What is that? A stain upon America. Every other industrialized country in the world would do it.

Our Republican friends talk about repeal and replace, but everything I've heard on this floor about replacement is already the law in America. It's already the law.

They talk about lifetime caps; they talk about putting in no rescissions; they talk about no preexisting conditions. That's the law, folks. Our Republican colleagues, read the bill. Go to [healthcare.gov](http://healthcare.gov). Read the bill. That is already the law. Why in the world would you repeal what is already the law and put this whole thing back at risk?

Don't forget, Americans, the insurance industry, the health insurance industry has dominated American health care for decades. And you think for a moment they're going to let the Republican majority write a bill that is not in their interest; that will force them to provide care; that will force them to pay the bills; that will force the insurance companies to no longer be the death panel? In fact, that's where the death panel is—and this I know.

I was the insurance commissioner. I fought the insurance companies for 8 years of my life when they denied coverage; when they said, You have run out of benefits; when they said, Your policy is going to be rescinded. I fought them. And I know the result when they won that fight: people died.

We need the Patients' Bill of Rights. It should not be repealed.

Tomorrow, our Republican colleagues in H.R. 2—without one committee hearing, with only 2 days of debate on this floor and no committee hearings at all—put Americans at risk. Thirty-one million Americans will not get coverage. That's what this is about.

I look forward to tomorrow's debate, and we will see what happens.

#### TUCKER WRIGHT

The SPEAKER pro tempore (Mr. AMASH). Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. BRALEY) is recognized for 23 minutes.

Mr. BRALEY of Iowa. Mr. Speaker, one of the things that we've heard a lot today is talk about policy, but I want to spend some time tonight talking about the face of the efforts to repeal the Affordable Care Act. And the face could not be any clearer than this young man to my right.

This is Tucker Wright, a 4-year-old boy who lives in Malcom, Iowa, and January 2 of this year was an important day for Tucker and his family because 2 years ago this young boy was diagnosed with liver cancer before he reached his second birthday. And some amazing doctors and nurses took care of him after they removed two-thirds of his liver, and, miraculously, he is alive today.