

Health Employee Benefit Plan as a model and would make a major step forward in achieving health care for all.

Mr. Speaker, I look forward to working with my colleagues on this effort and other legislative initiatives that will extend the promise of health insurance for every American.

Mr. Speaker, again I want to thank my colleagues for organizing this special order on such a critically important issue at this time.

Ms. BALDWIN. Mr. Speaker, reclaiming my time, I thank the gentleman.

Mr. Speaker, I want to thank all of my colleagues who this evening amplified the voices of their constituents. The crisis is dire. I know that we are rededicating ourselves as Democrats, but also as Members of this body who have constituents in dire need, to work towards the day where there is no need to have a Cover the Uninsured Week because we found solutions, workable solutions, to this problem.

Again, I thank my colleagues who shared this hour.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I rise this evening to speak for a few moments about the almost 44 million Americans, including 8.5 million children, who are uninsured.

Mr. Speaker, this week is Cover the Uninsured Week. As part of an intense effort to highlight the state of the uninsured in this country, more than 800 national and local organizations are working together and holding events, including health and enrollment fairs for uninsured Americans and health coverage seminars for small business owners.

In a study released yesterday, the Kaiser Commission on Medicaid and the Uninsured estimates our Nation will spend \$41 billion to care for the uninsured in 2004. Federal, State and local governments will bear as much as 85 percent of these costs according to the study.

This study comes on the heels of new research from the Robert Wood Johnson Foundation, the national sponsor of Cover the Uninsured Week, which found that 20 million working adults in the U.S. are uninsured.

In my home State of California, approximately 6.5 million State residents were uninsured for all or part of 2002. Mr. Speaker, the uninsured are not only the poor or unemployed. In California, 2.5 million working residents are uninsured. That's 16 percent of the working population.

According to the Kaiser Family Foundation, between 2000 and 2001, the number of the uninsured increased by 1.4 million, and low income Americans are the most likely to be uninsured.

Mr. Speaker, earlier this Congress, I introduced legislation, H.R. 1143, the Keep America Healthy Act. My bill amends title XIX of the Social Security Act (SSA) to permit States to expand Medicaid eligibility to uninsured, poor adults.

The eligibility is expanded through the creation of a new optional Medicaid eligibility group for individuals between the ages of 21 and 65 whose family income does not exceed a State-specified percentage of up to 200 percent of the applicable poverty line.

I believe that Congress must take steps to insure the health of all Americans. In addition,

the working poor should be confident that unfortunate incidents would not affect their ability to provide for their families. These citizens are left vulnerable by the lack of Federal health care assistance available to them, and my bill seeks to fill that gap.

Mr. Speaker, we all are aware that there is a health care crisis in our Nation, and while there are no easy solutions, I ask my colleagues to support not only my legislation, but also the mission and goals of Cover the Uninsured Week.

Mr. RODRIGUEZ. Mr. Speaker, I rise today in observance of Cover the Uninsured Week.

Over 40 million people are walking the streets of America without the most basic of protections. A protection that you and I have, and one that has been afforded to our families. But for many working families, the prohibitive cost of health insurance puts it out of reach. And this can lead to tragic consequences. The uninsured are more likely to be in poor health, receive diagnoses too late, and use the emergency room for primary care.

Research also shows that being uninsured has a financial cost too. After jobs loss, being uninsured and getting sick is the most common reason people file for bankruptcy.

While the cost for solving the problem of the uninsured is high, the cost for ignoring this problem is even higher.

In Texas, a huge budget deficit led to drastic cuts in the CHIP program and optional Medicaid benefits. While some restorations were made, those cuts will undo any gains that Texas has made in the fight to increase access to care.

We must begin to think of healthcare as an investment. It is an investment in our children, in our workforce and in creating a better quality of life that we all strive to achieve. Until we can guarantee coverage for all, then we must take measures to fill in the gaps.

Earlier today we heard spirited debate about the merits of Association Health Plans and revisited the debate on medical malpractice reform. But the bills that we considered would do little to address the problem of the uninsured.

In fact, the legislation could actually make people worse off as was the case with the Small Business Health Fairness Act, H.R. 4281. Under this plan, the CBO estimates that 80 percent of small businesses would see premium increases and as many as 100,000 of the sickest workers would lose coverage altogether. This is not the answer.

Instead, I urge my colleagues to cosponsor three bills that if enacted could provide help to over half the uninsured.

The Family Care Act will make it possible for the working parents of children who are enrolled in Medicaid or CHIP to also participate in the program. This bill will promote health for the entire family as people work their way up out of poverty.

Second, The Medicare Early Access Act is designed to assist uninsured people who are 55 and over, but not yet eligible for Medicare. The bill would allow this pool to purchase Medicare for a premium and a tax credit to help defray the cost of the premium.

Lastly, the Small Business health Insurance Promotion Act would provide tax credits to eligible small businesses, including the self-employed, to help secure affordable health insurance.

This week, Robert Wood Johnson Foundation released data showing that Texas has the

highest rate of uninsured working adults at 27 percent. These are the folks that are out there working hard and paying taxes, but don't make enough to provide for their own benefits.

We must begin to tackle this problem by creating programs that will help small businesses offer health insurance to employees.

I would like to thank the Members who have worked tirelessly to promote and improve upon these bills, especially Representative DINGELL and Representative RANGEL. This three-pronged approach will help increase access to health insurance.

Again, I urge my colleagues to cosponsor these bills. Let's provide an answer to covering the uninsured.

PUTTING PEOPLE IN CHARGE OF THEIR OWN HEALTH CARE

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

Mr. BURGESS. Mr. Speaker, I have had the opportunity for the last hour to listen to some of the rhetoric coming from the other side. I will just have to say we have heard a lot of stuff on the floor of this House today about health care and medical liability insurance.

My firm belief is we need choices and options for the uninsured. Unfortunately, the other side chooses to characterize that as a piecemeal approach, but I believe that is an approach that is working and will continue to work, if we will simply give it the chance to do so.

There are fundamental differences between the Democrat side and the Republican side of this House. The Democrats believe that the government should be in charge of all health care and mete it out as they see fit.

Mr. Speaker, I worked for over 20 years as a private practitioner, as a physician, back in Texas, and I will just tell you I cannot imagine giving up that control over that much of my life to the Federal Government. I would much rather see people own their health insurance, be in charge of their health care themselves. I believe if you put people in charge of their health care, they will ultimately make better health decisions, and they will certainly help keep the costs of delivery of health care down.

One of the really painful things that I had to listen to over this past hour was discussion of the initiatives that were passed on this House floor today, particularly medical liability reform and the Association Health Plans. Yes, those are Republican initiatives, and a Republican House has passed both of those initiatives, well over a year ago in the case of medical liability insurance, and last June for Association Health Plans.

But, unfortunately, 440 feet away from us, we cannot get that legislation taken up; not because our Republican colleagues are opposed to this legislation, but because of the arcane rules of

the other body preventing that from even coming up to a vote on the other side. I think that is a shame.

Mr. Speaker, when the President came and addressed us in the State of the Union Address in January, he outlined three proposals that would help reduce the number of uninsured in this country. Remind you this was back in January, this was four months ago, so time is a-wasting.

What the President outlined, he said, "We already did Health Saving Accounts in the Medicare Modernization Act that I just signed into law last month. What I think we ought to do now is provide a full deductible for a catastrophic health insurance plan, so that someone could purchase that with before-tax dollars and put those contributions for the deductible into their Medical Savings Account and build wealth with that."

Mr. Speaker, I had a Medical Savings Account myself for 5 years before I came to Congress, and I will just tell you, that is a powerful way to build wealth in a savings account dedicated to your health care needs.

The President went on to talk about Association Health Plans. There is no aspect of Association Health Plans that involves cherry-picking. Far from it.

□ 2230

This allows a much larger group to capture the purchasing power of a large group and to disburse that purchasing power then amongst small businesses. I think that is an idea that only makes sense, and we ought to allow that to go forth. But unfortunately, again, the longest 440 feet in the world is the distances between the two Chambers here in this building.

Finally, Mr. Speaker, tax credits. I have no problem with tax credits. I believe they ought to be given to individuals and not small businesses. I believe if we provide small businesses the purchasing power of large corporations with association health plans, let us save the tax credits for the true working poor, those who otherwise would not be able to afford insurance, a prefund, if you will, that would occur at the beginning of every year to allow an individual to purchase health care or health insurance on their own, and that money would not be able to be used for any other purpose. It would not subsidize any other activity in that person's or that family's life, only expenditures for the purchase of health insurance.

Mr. Kondracke, who writes a column for Roll Call, not necessarily known as a friend of the President or a friend of the Republican Party, disparaged the President at the State of the Union address and said, my gosh, with these three proposals we would only cover about a quarter of the uninsured. Mr. Speaker, I maintain that if we have within our power, within our hands the power to cover one-quarter of the people who are right now in the ranks of

the uninsured, today, without any heavy lifting, we ought to do so. I urge my colleagues on the other side to encourage their colleagues to help us get those three commonsense solutions passed.

Finally, I have just got to say a word about medical liability reform. No, it is not the cost of the doctors' liability insurance that is driving up the cost of health care. No one believes that to be true; no one has said that that is the cause of health care costs rising. It certainly can limit access, as doctors decide they cannot afford liability insurance and drop out of the market or move to a more favorable market, but that in and of itself is not going to be driving up the costs of the uninsured.

What drives up the cost of health care with the problems that we have with our medical justice system right now are the costs of defensive medicine. A patient comes into the emergency room, midnight on Friday night, the doctor is called in to see them: gosh, it is probably just a tension headache and I can treat that conservatively and send them on their way, but if I miss the opportunity to do the CAT scan and to diagnosis the more serious illness, I will have a hard time defending that in court. That drives the cost of health insurance up.

STEMMING UNCONTROLLED ILLEGAL IMMIGRATION

The SPEAKER pro tempore (Mr. CHOCOLA). Under the Speaker's announced policy of January 7, 2003, the gentleman from California (Mr. ROHRABACHER) is recognized for half the remaining time before midnight, which is approximately 44 minutes.

Mr. ROHRABACHER. Mr. Speaker, I rise to alert my colleagues to a vote that will be taken on the floor of this Congress next Tuesday. It is a vote that will mark a turning point for our country or will reflect a continued unwillingness by America's elected officials to do anything to protect us from the greatest threat to our national safety and well-being.

What am I talking about? Next Tuesday, there will be a vote on legislation that I have offered, H.R. 3722, which will attempt to protect us from a major decline in the quality of life and the quality of our health care due to the uncontrolled onslaught of illegal immigrants into our country and into our hospitals and emergency rooms. If left unchecked, illegal immigration will destroy the quality of life for many of our people.

It is unforgivable that government has refused to act when the evidence is clear: millions of people are being permitted to stay in our country illegally, and it is having a horrendous impact on the standard of living, safety, and quality of life of average Americans.

For tens of millions of Americans and legal residents, real wages have stagnated. The education of our children has been undermined, our health

care resources depleted, and the safety of our streets and neighborhoods and, thus, the safety of our families compromised.

This is not a back-burner issue. It goes to the heart of what America will be like tomorrow and, in some cases, it deals with a crisis of today. Yet, elected officials have remained silent about illegal immigration. Why? The American people need to ask themselves that question, because it is clear that the overwhelming number of the American people are troubled and enormously concerned about this onslaught of this uncontrolled, massive flow of illegal immigration into the United States.

But why are our officials not acting? First and foremost, I believe that many elected officials have been intimidated from addressing this burning issue. When I say intimidation, what is that all about? Is that against the law? Well, no, one can be intimidated in a number of ways. I mean that our elected officials are afraid to address this issue because they are afraid to be called racists. They are afraid to be called hate-mongers.

Let me note for the record today that I have been called many names when addressing this issue, and I believe that I have love in my heart for all of, not just our fellow citizens and legal residents, but I have love in my heart for other people. People who are malicious, people who are doing ill and bad things to other people, of course we do not love them. But the vast majority of people, even illegal immigrants coming into this country are wonderful people, and I have nothing but love in my heart for those people. But that is not the question of the day. We can be very caring about the rest of the world, but that does not mean we do not recognize that we have limited resources and that we can deplete those resources to the point that it will be harmful to our own citizens if we do not act responsibly.

Furthermore, it is not hateful to use scarce resources to provide for one's family. If one is taking care of their family, if one works hard and has a certain amount of money, and even if there are needy people down the street, down the block, it is important to care for your family first. That does not mean you have any less love in your heart for your neighbors and the people down the street; but first and foremost, caring for your family is itself an act of charity and love.

I am committed to doing something about the threat of illegal immigration, not because I dislike people and certainly not because I dislike people from other countries. Most people who come here, as I say, even the ones who come here illegally, are wonderful people. But we cannot take care of all of the wonderful people in the world and expect that it will not hurt our fellow Americans, in the same way that we cannot, as individuals and as members of a family, give away all of the family's money to people down the street