

Services, CMS, directed Medicare Advantage plans to discontinue any communication with their enrollees about this thing that is taking place cutting their benefits.

□ 2000

This is absolutely terrible. There's no doubt that Medicare Advantage is going to be cut. The Republicans in the House have pointed out time and again that the Democrats' plan in this body will cut Medicare Advantage and other benefits of Medicare by over \$500 billion. In the Senate it runs anywhere from \$200 billion on up. We don't know how much because we've never even seen their final bill. It hadn't come out of committee, so we really don't know. But I can tell seniors this: They are going to lose benefits. They're going to lose Medicare Advantage. And so why is AARP saying that there's no change going to take place if we pass these plans?

It's because they have a benefit that they're going to get if Medicare Advantage is cut. And what is that benefit? They sell what's called Medigap, and Medigap coverage is more expensive than the Medicare plans we're talking about. And so they would get a tremendous kickback. Let me just tell you what it says here. There was an article written in Bloomberg, and the article said very clearly that the AARP is getting \$652 million a year in royalties and fees. That's an increase of 31 percent over last year when they got about \$500 billion.

And according to Bloomberg, the analysis published in December 2008, those royalties comprise 60.3 percent of what AARP gets. And if we do away, this body and the other body, does away with Medicare Advantage and seniors want more coverage, they're going to have to go to Medigap. That's sold by AARP, and AARP will be the beneficiary, and that's why 60,000 seniors have left AARP, because they don't want this to happen.

Let me just read to you what a couple of seniors said after they found out about this. One said, AARP has great buying power, and people should be able to get the best deal. What they're doing is unconscionable, what AARP has allowed to happen. Another disillusioned senior wrote to the organization's leadership and asked whether AARP had a special relationship with insurance carriers by which it receives commissions and kickbacks. And it does. Seniors need to know that Medicare and Medigap is going to take the place of Medicare Advantage. There's going to be big cuts.

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from South Carolina (Mr. INGLIS) is recognized for 5 minutes.

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

#### THE SAGA OF THE MCKAY FAMILY

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

Mr. BISHOP of Utah. Mr. Speaker, I appreciate this opportunity of being here today. Hopefully I'll be here again tomorrow and the next day as well. And I do want to address an issue that is close to me as well as somewhat difficult. I admit that I have a romantic view of the world. Much of it is shaped by a lifetime having grown up watching television shows and movies. I like British mysteries and have enjoyed the fact that in Utah we have more of them available on PBS than they have back here in Washington. I think I've seen every episode of Law and Order and NCIS, and I grew up on Perry Mason which, once again, back home in Utah, there was a rerun every night on television at 10:30.

And I like those because in every sense of the word, each of these shows a good guy and a bad guy, and eventually the good guys were able to prevail against the bad guys. But I have to admit, much of that was the spin of Hollywood. So as I have looked in my life I try and see the world in maybe this dichotomy that's unfortunate, of good versus bad. To me the Drug Enforcement Agency, a part of the judicial system, Judiciary Department of the United States, were always the good guys. Their job was to try and take drug traffickers off the street, for indeed, those illegal drugs coming into our society harmed society. They harmed kids.

I had students I taught in school who I saw the byproduct of having them on illegal drugs. And I have seen the court system and been able to talk to those who work in the court system that recognize that even though the court case may be one of assault or one of burglary or vandalism, in each case there is often the core problem being illegal drugs.

Now, with that as a background, I want to introduce you to, today and tomorrow, a family in my hometown of Brigham City, the McKay family. I know this family primarily because of the four kids of the McKay family. I taught them all in school. Two boys and two girls, varying stages of academic ability, but in each case, I recognized within each of those kids there was a core quality. These were good, decent and honest kids. And I think my attitude towards the McKay family was shaped by the respect I have for the kids that came from that family.

Dr. McKay, in our community, has had a 30-year career as a respected board certified orthopedic surgeon. I guess the best compliment I can give is

that when my own kid broke his arm, we went to Dr. McKay to have it set and fixed. Dr. McKay is an Army veteran, serving 10 years in the military, retiring with the position of a lieutenant colonel. For 20 years he's been part of the Boxelder Search and Rescue Team. He was part of the Boxelder Medical Examiners team. The Boy Scouts of America have awarded him the Silver Beaver Award. When I was announcing football games at the local high school he was down on the field assisting with medical needs on a volunteer basis. He plays the organ in church.

I know that this family has supported me politically when I first ran. I hope it was because they saw something in me. My fear is that I was the first person from Brigham City city running for federal office, and therefore they were supportive. I also have worked with his wife in charities. This family has a criminal record that has nothing higher than parking tickets, and I have never thought of this family as a threat to my kids. But on June 5, 2008, there was a raid by the DEA on the home of the McKay family. Two weeks later, after this first 4-hour raid, there was another raid to find a copy of their will which, if they asked, they could have simply got. And in the fall of that same year another raid on his office with six armed agents asking for charts that they would have provided had they simply asked.

I was surprised when the first raid took place. But I decided I'll have to wait for a judgment because after all, the DEA are part of the good guys. Obviously, there has to be some kind of a reason. And in our system of justice, we are insured by the Constitution of a speedy trial and then a jury of the peers deciding guilt or innocence. At least that's what I used to teach my kids in civic classes. We are now in October 2009, 14 months later. I still do not know whether there is guilt or innocence in this situation because, in that entire period of time, there has not been a single charge filed against this family. However, the personal property of this family has been confiscated and not returned in that period of time.

At that June occurrence in 2008, there was a hard knock at the door. Dr. McKay said he was fearful at some particular time that had he not answered it quickly they may have kicked in the door. At that time he did open the door, and what happens in that, Mr. Speaker, is quite simply this: It is my intention of returning tomorrow and explaining what took place at that time and at that place, and to try and go on what has happened on this particular family, because it breaks my vision and my image of what the future should be. Mr. Speaker, I appreciate the time, and I hope to return tomorrow as I continue the saga of the McKay family.

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

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

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

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

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

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

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

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

#### HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. Mr. Speaker, I'm glad to be here on the House floor this evening, joined by many of my colleagues representing the class of 2006, to come down to the floor this evening to talk to our colleagues on both sides of the aisle about an issue that doesn't discriminate between Republicans and Democrats, an issue that doesn't care whether you're liberal or conservative. It is the lack of access to affordable health care in this country. The voters of this Nation gave the House and the Senate and the President a mandate last November. It was to come here and do something that has not been done in the modern history of this government, to finally make fundamental reform of our health care system so that the people that we represent do not go bankrupt by the current system, and the government that we are constituted to protect doesn't go bankrupt because of health care costs.

So we're here to talk this evening about what we think is an amazing opportunity for this House and for this country to pass a health care reform bill that, at the same time, expands coverage to people that either don't have health care insurance or today have inadequate health care insurance and, in doing so, reduces the cost of health care for all Americans and all of

the countless businesses, small and large, that are struggling to pay for health care costs.

Mr. Speaker, I'm going to turn this over to my colleagues to begin the discussion. But before we do, I just want to share one important chart and statistic with my colleagues. This is a chart that simply shows what has happened over the last 10 years to health care costs in this country, a 119 percent increase in the premiums that families and businesses are paying. During that same time, a 117 percent increase in the money coming out of workers' pockets to pay for that health care. A 119, 120 percent increase, let's round it off, in health care costs for businesses around this country.

That is unsustainable. And what it has meant is that during that time, any additional money that businesses have made over the last 10 years has largely gone not to workers' pockets, not to increased wages, but to pay health care bills. So we'll talk tonight about a lot of the visible costs of our very broken health care system, the scars on the outside that people have due to our neglect of the problems in our health care system.

But there are a lot of invisible costs as well. And what this chart very clearly shows is that when employers, over the last 10 years, are paying 120 percent increases, that means that a lot of workers out there aren't seeing raises, or are only seeing 2 percent when they should be getting 5 percent because their employer is sending all of that money into their insurance plan. And so we're going to talk about that tonight. We're going to frankly also talk about a lot of the mythology that's out there.

We had a speaker on the Republican side of the aisle earlier tonight come down here and use the now familiar Republican talking point of the government takeover of health care. Well, I think if any of our constituents out there do what every Member of Congress should do, which is read the bill, they'll find that there is no truth in that statement. That statement, though is anchored in a 28-page memo that made the rounds around the House of Representatives earlier this year by Frank Luntz, a very well known Republican pollster who laid out to Republicans how they could kill health care reform.

He said very clearly, don't pay attention to the details. Don't pay attention to the substance. Just say government takeover again and again and again. That memo is strewn with one piece of advice: If you say government takeover, you can stop health care reform from happening. And if you stop health care reform from happening, you can preserve the status quo.

That's what's happening here. Talking points and sound bites designed to stop health care reform from happening, designed to stop the reforms that will pass on lower costs to our constituents, that will guarantee ac-

cess to people that don't have it, that will end these discriminatory practices of insurance companies. That's the agenda that is going to play out on the House floor over the coming weeks and months, an agenda anchored in reform, anchored in cost-cutting, anchored in expanding our access and a political agenda designed to use talking points and sound bites to stop health care reform from happening.

I'm glad to be joined here on the House floor by several of my colleagues to talk about the stakes of this debate, to talk about what is really in the bill versus what folks are claiming is in there. And we have some great leaders in this effort joining us tonight, led by my good friend from Colorado, Representative PERLMUTTER.

Mr. PERLMUTTER. And I thank my friend, Mr. MURPHY, for kicking off tonight. And let's start where you were ending, about the status quo. Republicans in Congress just want to maintain the status quo. And I know in Colorado that's unacceptable, because what we've seen, like your chart, but even more so, the acceleration of the cost to keep people healthy and well is going through the roof. Whether it's a small business or a family, an individual, the premiums are going up. The deductibles are going up. I know at my old law firm, where it's in a position now where, after decades of providing coverage to everybody who works in the firm, there's a real question whether the firm can afford it anymore.

□ 2015

That's just not right—not in a country like our country. Not in America. We can do better than that. Change is what needs to take place. The status quo is no longer an option.

There's a fundamental flaw with the system that we have right now in that it allows discrimination against people who have prior health conditions. And that's just wrong. It's something that should not be allowed here in America.

I have a daughter with epilepsy. So, for me, it's a very personal kind of setting. She's a wonderful kid. She's no longer a kid. She's a young woman, college graduate, but still has seizures from time to time. She's not insurable unless she's in a big group insurance setting. She can't get insurance. She didn't ask to have epilepsy. But she's discriminated against because she has it.

That's just got to change. And I know in my district and in Colorado more than 80 percent of the people want to see change so that people with prior health conditions, preexisting conditions, get coverage and are not discriminated against.

We have a fundamental flaw in our health system today that has to be corrected. It's wrong. And it's probably unconstitutional under the equal protection clause of the 14th Amendment to our Constitution. We've got to change that.

So we need to rein in costs for small businesses and for individuals. We need