

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

to eliminate discrimination against people based on preexisting conditions. But there's a third component to this that I really think does offer hope and promise when we bring about this change and that is the research that we have going on in prevention, health and wellness.

There are some things coming down the pike if we continue to do research that will really advance medicine when it comes to cancer and heart disease which will help individuals and their quality of life and it will help this country rein in the costs that we see just growing every single day. This is a challenge that we must take, that we must tackle. We cannot shrink from it. America doesn't shrink from tough problems. We tackle them.

Our friends on the other side, the Republicans in Congress, they like to avoid this. They're not willing to take on tough issues. We are. We are going to take this on. We are going to change the health care system for the better of America and Americans. And we're going to do it this year.

With that, I yield to my good friend from New Hampshire (Mr. HODES).

Mr. HODES. Thank you.

I am glad to be with you tonight to talk about what is perhaps the most critical issue we face as a nation if we are to thrive, if our economy is to prosper again, and if we are to deliver to the American people, people of my State of New Hampshire, what they have been long asking for, which is real reform on health care.

We are going to lower costs for everybody, we're going to deliver better quality care, and we are going to put the people of this country back in control of their health care. Because right now, with all the noise that's been out there—and you've referenced the notion that's been put forward of a government takeover of health care. Well, nothing could be further from the truth. But at the moment what is between us and our health care are insurance company bureaucrats who are making life-and-death decisions and are able to discriminate against the American people based on profits for the insurance companies. That simply has to end.

I'm going to tell you a story. It's a story of how change happens. It's a story of tragedy and it's a story, ultimately, of triumph. But it talks to the issue of what kind of situation we're in with our insurance companies.

In my district in New Hampshire at Plymouth State College there was a young woman named Michelle Morse. She was in her senior year. Beautiful young lady, 3.6 grade average, an honor student. She was looking forward to graduating at the end of her senior year and moving on with a happy life.

She woke up one day with a stomach-ache. By the next morning, she was diagnosed with cancer—serious, aggressive, fast-moving cancer. And her doctors said to her, You've got to leave school and take a leave of absence in order to get treated for your cancer.

And so she and her family—because she was on her family's insurance policy—went to their agent. They called their insurance company and they explained the situation and they said Michelle has to leave school to get treated for cancer.

What came back from the insurance company was, Well, that's up to you. That's fine. If Michelle needs to leave school, she leaves school. Let her take a leave of absence. But if she's not a full-time student, if she takes a leave of absence, she will no longer be covered by your insurance.

The Morse family couldn't believe it. But, sure enough, buried in the print of that insurance policy was exactly that—unless Michelle was a full-time student, she wouldn't be covered.

So they made the difficult decision. Michelle stayed in school. She took three courses of chemotherapy. She finished with honors—an incredible achievement. And sadly, Michelle died.

Now her mother, Ann Marie Morse, is a teacher. She's a teacher that teaches elementary school kids. She had never been involved in politics a day in her life. But she decided that what happened to her daughter, what happened to her family, was wrong. She decided that she would make it her business to make sure that what happened would never happen to another family again.

Now this is just a very small slice of the larger debate about health care; a very small piece of what it takes.

So first, Ann Marie Morse, a teacher, went and lobbied everybody in Concord, New Hampshire, the capital of New Hampshire and got a State law passed, thanks to her efforts, that said college students can take a 1-year leave of absence without getting knocked off their parents' insurance policies. But that wasn't enough because it's Federal law that controls. ERISA controlled. And ERISA needed to be amended.

So I worked with Ann Marie Morse. We worked here in Congress on a bipartisan basis. We got every health insurance association, we got everybody involved, because even the health insurance companies knew that what happened to Michelle Morse was wrong and it shouldn't be allowed to happen. Even the insurance companies knew that.

So with Ann Marie Morse in the gallery of this House, the House by unanimous vote passed Michelle's Law to allow college students to take a 1-year leave of absence for serious medical conditions without getting knocked off their insurance. Because the Morse family had nowhere to go because now Michelle couldn't find other insurance. She had a preexisting condition. And they couldn't afford private insurance—single, private, individual insurance—because it was just priced too far out of the market because the insurance companies had a monopoly. There was nowhere to go. She couldn't get Medicaid. She couldn't get Medicare. She couldn't find any alternative. She had to stay in school.

So when the House passed it, then the Senate passed the bill. President Bush signed it into law. And this Friday, October 9, Michelle's Law becomes the law of the land. So that what happened to Michelle Morse will never again happen to any college student in this country.

Thousands, thousands of college students are affected. MIKE CASTLE on the other side of the aisle was the cosponsor. He understood. A responsible Republican understood that what was wrong shouldn't happen again. So he worked on the law because he had somebody in his district who it happened to. I'm betting if we all look, all my colleagues who are here tonight, we'd find people in our districts, other people that this has happened to.

It took 2 years to get that done, this small slice of the health care problem. Two years. And now we face a bigger test. Are we going to hold the insurance companies responsible for reasonable action on the part of the insurance companies?

The insurance companies now are regulated by a patchwork of 50 different State rules and regulations. Fifty different schemes for regulating. We are talking about, finally, for the first time, saying to the insurance companies, as the people of the United States of America, No discrimination for preexisting conditions like diabetes or heart condition or cancer, no dropping your coverage because you become sick—both of the things that happened to Michelle Morse, which Michelle's Law is designed to affect for that small slice of college kids.

No refusal to renew your coverage if you paid in full and become ill. No more job or life decisions made based on loss of coverage. No need to change doctors or plans if you like the coverage you have. No copays for preventive and wellness care. No excessive out-of-pocket expenses, deductibles, or copays. Yearly caps on what you pay, but no yearly or lifetime cost caps on what insurance companies cover.

These are reasonable rules that we are finally going to set down on the insurance companies. Reasonable rules. The kind of rules of the road that the American people deserve and that our health care reform plan is going to deliver so that what happened to Michelle Morse will never happen to any family or anybody, whether they're in or out of college. It's time for real reform.

With that, I'm going to turn it over to my colleague, JOHN SARBANES of Maryland.

Mr. SARBANES. Thank you very much. I appreciate it. I want to thank Congressman MURPHY for bringing us here tonight to talk about this very, very important issue.

I just had a couple of things I wanted to talk about. First of all, we're bringing this thing across the finish line very soon. I know a lot of folks are excited about that. But I want to make sure people understand we are not

limping across the finish line. We're going to cross that finish line with a burst of energy that comes from understanding that we have finally addressed so many of the grievances that millions of Americans have had with this health care system for so many years.

There are a lot of things we can talk about that are wrong with the existing system. And it's important to point those out. But we need to spend just as much time about the good things that are going to happen if we can get this health care reform passed.

There's so much in all of the core components of the health reform legislation that has come out of all the different committees, both in the Senate and the House—there's so much in there that addresses these concerns people have had for so long.

I want to talk a little bit for a moment about the Medicare portions of this bill, because the other side has presented a very sort of cynical scenario about what is going to happen to the Medicare program under this bill.

In fact, every effort that we've made in shaping these bills when it comes to Medicare has been to strengthen the program, to make sure that the Medicare trust fund lasts longer, to make sure that we're looking after seniors, as we should, and protecting their interests. So let me talk a little bit about that.

We are going to parts of the Medicare program where we can find responsible savings—and I'll be more detailed about that in a moment—but just conceptually understand that those savings are then being turned around and reinvested back into the Medicare program.

So, in other words, this is not a case of finding savings that go someplace else. The savings that we're looking to get out of the Medicare program from a more responsible approach is going to be taken and turned right back into an investment in the Medicare program.

So where are we getting some of the savings? Well, there's something called preventable readmissions to a hospital. This is a situation where somebody is discharged from the hospital too quickly. Often this occurs because the insurance companies, who don't want to pay to keep people in the hospital because they're trying to keep their costs down so they can pocket more of the profits that they get from your premium dollar, they push people out of the door too quickly. Well, that means folks are leaving the hospital before their situation has been completely stabilized or addressed—with what consequence? The consequence that a few days later, a week later, 2 weeks later, suddenly they've got complications. They've got to come back into the hospital. That's not good for them, but it also costs the system a lot of money.

The estimates are that you can save billions of dollars if you insist on better thinking at the point of discharge, so that when people leave the hospital, it's time for them really to leave the

hospital and their situation has been addressed so they're not going to have to be readmitted a few days later. We're taking those savings and we're reinvesting them in the program.

□ 2030

You all remember the stories we used to hear about years ago about the \$600 toilet seat that the Pentagon used to purchase as an example of wasteful spending. Well, there was just an article the other day in the newspaper about a company that makes motorized wheelchairs. It costs them about \$1,000 per wheelchair to make this. They've been turning around and selling it to the Medicare program for \$4,000. A 400 percent markup.

Well, that's wasteful. We can rein that spending in. We can take the savings, and we can plow it into things that make sense for the Medicare program. What are some of those reinvestments that are important? Number one, we are going to make sure that physicians get reimbursed at the level they should. Many seniors I have talked to have expressed alarm because either they or people they know have talked to physicians who say, We can't afford to stay in the Medicare program any more. We're going to opt out.

Well, when President Obama came in, he said, We're not going to play games any more with physician reimbursement. We're going to reimburse them fairly. And this bill does that. This bill makes sure that a cut of up to 20 percent that was supposed to occur, with respect to physician reimbursement, that's not going to happen. It will keep more doctors in the network. That is going to be better for our seniors.

Another place we are reinvesting the savings is to begin closing the doughnut hole in the part D prescription drug program, which has really hit many seniors between the eyes when they have to come out of pocket to cover their prescription drug costs. We are going to begin to phase in filling in that doughnut hole so that coverage is there, another benefit of finding savings in one place and reinvesting it in another.

The last thing that I mentioned that is very important is we recognize that there are certain preventive kinds of services that make absolute sense, and we don't think that seniors should have to have copayment related to those services anymore.

So what's an example? The initial exam. Under the new bill, no longer will there be a copayment requirement. You don't have to come out of pocket for that service. Glaucoma screening, no longer will there be a copayment requirement, and other services like this that make sense because they save the system money overall, and they are good for the individual patient.

There is so much about this bill that makes sense. There is so much that we fashioned based on the recommendations of experts and ordinary citizens who came forward and said, We need to

see a change. That's what we've done. We've answered that call. I am very excited about the prospects of crossing the finish line with that burst of energy that says, We have accomplished something that the American people sent us to do. That's what we are going to be doing over the next few weeks.

I really appreciate the opportunity to speak here this evening, and I now yield to my colleague from Vermont, PETER WELCH.

Mr. WELCH. Thank you very much. It's a pleasure to be here. It's an incredible debate that we have. It's long overdue. We have to have affordable, accessible health care for all our citizens, and we have to have it be affordable for our employers and our taxpayers. We don't have that now. You know, right now in 2009, health care spending eats up about 19 percent of every family's income. Under present trends, that would go up to 31 percent in 2019, and anybody who is working for a paycheck, a wage or a salary, has faced over and over again year in and year out that grim choice of accepting a very small raise—if they're lucky enough to get a raise—in exchange for hanging onto the health care benefits that they have.

So the real challenge of health care is to make it affordable and accessible for the people who have it, but for whom the quality of health care and the cost of health care is slipping beyond their reach.

Now, there are three elements to the health care bill: one is insurance reform, two is extension of coverage to the uninsured, and three is a public option. As my friend from Connecticut (Mr. MURPHY) mentioned, insurance reform is overdue. The insurance companies make their money, and a lot of it, not by paying claims, but oftentimes by rejecting claims. Not by covering everyone who needs coverage, like my friend from Colorado's daughter who has a preexisting condition, but by writing policies to exclude folks who have a preexisting condition or illness or by refusing to continue insurance for somebody that was covered but gets sick and then needs it.

You can't have a health insurance system that operates that way because at some point each and every one of us is going to need health care coverage. And if health care insurance companies that are supposedly getting paid to provide coverage reject us when we need it so they can pad their bottom line, it's good for them, but it's not sustainable for us.

So health insurance reforms are immensely important. Anybody who has had to use their health care coverage has probably run into the hassles that they've had to deal with, with the pages and pages of billing, with the disputes about whether a particular service is or is not provided, even though it was recommended by your physician; and anybody who's talked to their own physician about the frustrations in that office, all the back-office personnel that they have to have just to

process these claims, knows that it's a nightmare of confusion, incredible inefficiency and very, very expensive.

Now, the sad truth is that this system is as inefficient and frustrating for doctors as it is frustrating for fathers, mothers and families. It works great for the insurance companies. What we've seen with insurance companies is that they're making a lot of money. The head of Aetna one year made \$24 million in 1 year. And for what? It's to process claims. The work is done by the medical providers, by the nurses, by the hospitals; and the insurance companies are processing claims. It's something that needs to be done.

But \$24 million for the head of the company, where much of what they're doing is slicing and dicing who they'll insure in order to boost up those profits? We've got to change that. We have got to have a system where your health care dollar is paying for your health care needs, not for the \$24 million salary of the head of Aetna.

You know, even in my own State of Vermont, which is very small, and we don't have these huge executive salaries, by and large, the head of Blue Cross/Blue Shield, who was there for 9 years, when he walked out the door, he left with \$9 million. That's unbelievable in Vermont.

Our farmers are struggling to hang onto a way of life, our workers are working a second and third job to try to make ends meet. When they have to use health care, the can't afford the copay and deductible. Oftentimes they are pulling back from getting the care they need.

So one of the major elements of this health care reform is really cracking down on insurance company practices that, yes, work fine for them but are digging a deep hole for the American economy, families, and businesses. Health care reform is going to require that all insurers compete on a level playing field, that they offer policies regardless of preexisting condition, that they don't have a lifetime cap on what your benefits are if you get an illness that requires significant care, that they can't yank your insurance because you need it.

Then you're going to have insurance companies competing for your business on the basis of the service and the value, not on the basis of how cleverly they can write their policies to surprise you when you think you're going to get it. So insurance reform is a major component. Second is extending coverage to the uninsured. More and more folks are becoming uninsured. Obviously, if we can extend affordable coverage to them, it's very good for them. But, Mr. Speaker, it's very good for any of us who have coverage because it means about an \$1,100 savings for each and every one of us.

Finally, is the public option. There has been a lot of debate about that, but what it's about very simply is extending choice to you and me so that if we want to select a public option insur-

ance program that competes on a level playing field with the private insurance companies, we can. It also is not a cram-down for our providers. Our doctors, our hospitals, our medical care folks, they can decide yes or no to be in that public option. So this is a choice. It's adding a choice for us. It's adding a choice for our medical providers, and it's going to create some competition for the insurance companies who, in all candor, have been running roughshod over the American consumer and our small businesses for years.

So I thank my friend from Connecticut for bringing us together, and I yield back to you.

Mr. MURPHY of Connecticut. I thank my friend from Vermont. He talks about the public option. It gets a lot of attention out there. A lot of rhetoric gets thrown back and forth on the news networks at night, the cable TV shows, and right here about the public option. I think President Obama, in his speech before this Chamber, said it right: this isn't about ideology. A public option isn't about a liberal philosophy versus a conservative philosophy. The public option represents our best chance to start holding private insurers accountable and putting some real downward pressure on premiums. That's what we're all about. I mean, there should be total bipartisan agreement on that basic premise, that health care reform should be about bringing down the cost of premiums for all of our constituents.

Now, maybe there are a few people here who are so in bed with the health care industry that they like the fact that patients and consumers are paying through the roof for health care insurance and drugs and devices. But I think for most of us on both sides of the aisle we want to get to lower premiums, and what President Obama said, which I think laid it out pretty clearly, he said, I am for a public option because it's the best chance we have to put some pressure on the private insurers to bring costs down. But he said, If you can find me something else that does that, I am for that too or I'm for that instead. I agree.

I'm not for the public option because I think that the government has to have an insurance plan that's available to individuals because that is a baseline of my political ideology. I'm for it because that's the best way to bring down cost. And that's not just me saying that. That's the Congressional Budget Office. The Congressional Budget Office, when analyzing the House and Senate bills, says that having the choice of a public option in that exchange that any small business or individual could choose is a real pressure point as a nonprofit plan that doesn't have to pay marketing costs, advertising costs, big CEO salaries and doesn't have to make a return on its investment.

A nonprofit plan will reduce the cost of the bill and reduce the cost to our health care system by \$100 billion. The

whole bill together every year costs about \$100 billion. So the public option alone essentially brings down the cost of the bill by the equivalent of 1 year of health care reform. So I think that if our friends on the Republican side of the aisle want to say "no" to the public option, well, that's their right to do so. But I think that they should come to the table with an alternative to try to deliver some cost savings to our constituents.

Now, maybe I oversimplify things when I say that this is about reform versus no reform. I'm sure there are people on the other side of the aisle that want to do something. But we have yet to see a reform plan from the Republicans that can prove to us that they're going to be able to lower costs for our constituents. I think once they do that, Mr. PERLMUTTER, we can have a real debate.

Mr. PERLMUTTER. I thank my friend from Connecticut. Let's talk about why this works, why this concept works. You have millions of people out there, small businesses and individuals, who can't get insurance today. It's just too costly. They don't create a big enough pool. The actuaries say this doesn't work. You put them in one big pool like the Federal Government, like State governments, like Boeing, like some big company that can go to insurance companies, go to other types of mechanisms and really drive down the cost per employee or the like.

So we create a marketplace. We call it an exchange in this bill, but there is a marketplace for small businesses and individuals to go to. They're going to be able to select from private insurance companies, Blue Cross/Blue Shield, Aetna, CIGNA, United Health and the like; but there will also be another choice, another option which is being called the public option, but it gives another choice for consumers, another choice for small business, another choice for individuals.

Because there are now millions of people in the pool, it's going to be something that many companies would like to have. They would like to be able to attract those kinds of customers, get new paying individuals into their pool. We think that that's going to drive down prices, or at least contain the costs that all of us have seen go up and up and up. So I think that there is a real opportunity for us, both in terms of cost to the public as well as cost to private business, to really rein in these costs and make sure all Americans are covered by insurance in case something bad happens, but also make it so it's affordable for each and every one of us.

With that, I will yield to my friend from New Hampshire because he looks like he has something he wants to add.

Mr. HODES. I think it's a very important discussion because really what we're talking about, Mr. Speaker and my colleagues, is consumer choice. It is a hallowed principle here in this country. The American consumers

want choice. And what we are doing here with the House bill is really designing a uniquely American system that delivers more choice, more competitiveness, and more control for consumers of health care. It's especially important in my State of New Hampshire because in New Hampshire, small business is big business. Some 65 percent of people in New Hampshire are employed by small businesses.

What has happened in small business on the health care front is a lot worse. As bad as it is for many individuals and big businesses, for small businesses, it's a lot worse. In the same time that individual premiums have gone up 100 percent or 117 percent, for small businesses in this country premiums are up 129 percent. Since the early 1990s when 68 percent of small businesses offered health care, we are now seeing that drop off; whereas today it's about 38 percent of small businesses who are able to offer health care to their employees because the costs are simply too high. There is not enough choice in the marketplace.

□ 2045

So what we are doing is what many of us talked about to our constituents, which is saying we think that you folks ought to have the same kind of choices that we have as Members of Congress. If an exchange, the choice, is good enough for us, it ought to be good enough for you. And what the exchange does is finally deliver stability and security and choice. Stability, security, and choice.

It's the security of knowing that if a small business can't find private insurance that they like—and, by the way, what's really critical to say is if people like their insurance, there is nothing in this bill, nothing that says you've got to give up your insurance. You keep your insurance if you like it. But if you don't, you have the option. You have a choice and the security of knowing that there is a consumer choice provision. It's called public option, consumer choice, available to you that will insure you on a level playing field with competitive provisions and competitive costs that means you will be able to find insurance. That's what is critical.

Mr. MURPHY of Connecticut. Reclaiming my time, I think we need to get at where the Republicans are coming from here because a lot of them just hate the public option. They hate it because apparently government-run medicine, a government-administered plan, shouldn't be an option for our constituents. They just do not want people out there to have the choice of a publicly sponsored plan. But then when you ask them whether it's still good enough for people that are 65 or older, no, Medicare is fine. We like Medicare. Well, how about is it good enough for our soldiers who are fighting for us overseas? No, it's good enough for our soldiers. What about for our veterans? No, government-spon-

sored medicine's good enough for our veterans. What about for Members of Congress? Well, yes, I want it for Members of Congress.

Well, publicly sponsored insurance is good enough for seniors. It's good enough for veterans. It's good enough for soldiers. It's good enough for public employees, for Members of Congress. All we want is for our constituents to have the ability to decide whether it's good enough for them, too. That's the choice that you're talking about, Mr. HODES.

Mr. HODES. Thank you. And that's exactly the point. We are simply saying that it's time for everybody in this country to have real choice in their health care because I trust the people of this country to make good choices when they have the choices to make. And I find it somewhat surprising that my colleagues in this Chamber, most of them across the aisle, say it's good enough for me, but what I've got, oh, no, you don't need it, you don't want it. Let's just leave it all to the private insurance companies. Let's just leave it all there.

I don't know what's going on with that, but I would think certainly choice is the right way to go. And I can't imagine any constituent, any person we represent, wouldn't want more choice in their health care because we thrive on choice, and our competitive system in this country, our economy thrives on competition. So having it out there where private insurance companies, now there are some real rules. Folks, you're going to have to compete on a level playing field with the people of this country. Here's our choice, and the people of the country get to make the choice.

I think it's a really important statement that we are making in terms of trusting the American people to make the right choices if they have the right choices, and it's high time that we gave it to them.

Mr. WELCH. If the gentleman will yield, one of the things that I hear from a lot of Vermonters is that they're frustrated that in Vermont there are only two or three insurance plans that they can choose from. And a lot of times people say what they'd like to do is buy, or have the opportunity to buy insurance from out of State. And the reason that many States don't do that is that the private insurance companies, including some so-called non-profits, by and large dominate their local market areas. So the frustration that many Vermonters have, very limited choice about what insurance they can buy, that's a frustration folks have in Texas, in Colorado, in New Hampshire, in Connecticut, all over the country.

Now, we regulate insurance with a set of rules that levels the playing field that applies to them and to the public option. So when you as a consumer purchase a policy, you can have some confidence that you actually are going to get coverage for your wife, for your

daughter, for your husband. Then that will create the circumstances where we will have competition. And you know what? The insurance companies don't like competition, and they have been very good at restricting it. And then when you deny that choice and you deny competition, the prices, in fact, do go up. The market power of the insurance companies to boost prices, the pharmaceutical companies to boost prices beyond what the competition would allow if there were a freer market is costing the American people an awful lot of money.

So we add a level playing field, a new choice of a public option that's the choice of you from Colorado, me from Vermont. It's going to create competition that is, as many people know from their own experience, going to drive down costs and we hope improve quality, Mr. PERLMUTTER.

Mr. PERLMUTTER. I appreciate my friend from Vermont.

I think within the system, the insurance companies have done what they are supposed to do. They're supposed to maximize profits for their shareholders. So I don't blame them. I think that we need to change the system, and that's what we're doing. And I guess I have confidence in them to really deliver health care insurance and coverage to people at a much more affordable level. I think they're going to be able to compete just fine. The system right now doesn't really mandate that or require that of anybody.

So we have got to take a look at a whole variety of these insurance reforms so that everyday Americans aren't placed into having to go to the emergency room as their first place of care. I mean, if you want to talk about the most expensive way to deliver health care to Americans across our Nation, it's if they have to go to the emergency room instead of to their doctor or instead of to the local clinic. To go to the emergency room drives up prices like crazy. That's got to stop, and that's what we're going to change. That's the reason we are willing to tackle a very tough subject.

The last time America and Congress really addressed the health care system in this country was 44 years ago in 1965 with the Older Americans Act. This is not easy to deal with this. A lot of people have different opinions. The health care system touches each and every one of us. But we are not going to shrink from this. We have to tackle it, and we are. We're going to tackle it in a way that it improves the system and improves the lives of everybody across the country.

And my friend from Connecticut, I would like to say that we have most of New England represented here with Vermont and New Hampshire and Connecticut, and the New England Patriots are playing the Broncos on Sunday, and I'd wager, although that's probably something I shouldn't do on the floor of the House, but my guess is my Broncos are going to defeat your New England Patriots.

Mr. MURPHY of Connecticut. Mr. PERLMUTTER, I don't really care. I'm a New York Giants fan. So you can have that bet with somebody else. But I like the fact that you just lump all of us New Englanders all in together that we believe and think the same things. We're diverse, despite what you may think.

Mr. PERLMUTTER, let me back you up on your discussion on what insurance companies are doing now. You're right. Insurance companies are playing by the rules today, and they've got shareholders, they've got investors. In the end, they've got to put a return out there for the people that are investing in their companies. That's why they call the money they spend on health care "medical loss," because to them, as a business, that's a loss. Now, that doesn't mean that these are bad people that are running the business. It doesn't mean that they don't want to keep people healthy. But in the end, every dollar they spend on health care is less money that they can return to their shareholders.

So to try to gain a competitive advantage against each other, they engage in these practices, like keeping out people that are sick and charging more for people in their plans when they get sick, rescinding policies when you get sick because you didn't cross your "T" or dot your "I."

But, frankly, Mr. PERLMUTTER, a lot of the insurance companies that are part of the health care reform debate don't really have a problem with the rules changing with respect to pre-existing conditions and rescission, because as long as they apply to everybody, as long as none of their competitors can get an advantage over the other by excluding sick people or charging more for sick people, then they're okay, as long as everybody's doing the right thing.

Frankly, that's why it's bewildering to me that we are still sitting here today having not done this 10 years ago, 20 years ago. And it's why I doubt some of my Republican friends who all of a sudden are for these reforms, because they had 12 years when they controlled the House. They could have done it during any of that time.

So I think there are clearly places, as Mr. WELCH outlined, where we are going to depart from the insurance companies. They don't want this competition from the public option. They don't want to have that pressure for their costs to come down. But I think there are going to be some places where we can get some agreement here. And my hope is that as we try to get to the finish line, that we set the lines in the sand where we're not going to be able to compromise with the health insurance company, with the drug industry, but we also understand there are going to be some places that we can come together here on, Mr. HODES.

Mr. HODES. Thank you. I want to speak to the importance of finding common ground if we can find it, be-

cause health care is not a partisan issue as far as I'm concerned and I think most of us are concerned. Democrats need doctors and hospitals. Republicans need doctors and hospitals. Independents need doctors and hospitals. We are all in this health care system together. And I would hope that my colleagues on the other side can begin to put aside the name calling and fear tactics that have characterized so much of the debate and speak directly to the real needs of the American people for a system that delivers stability and security, that delivers real choice in health care, that keeps the good that we have in the system because we have terrific hospitals and terrific doctors who are laboring under real impediments to delivering high-quality care.

If you think about what the typical doctor has to go through to fill out the forms for the insurance companies, and the stories that I have heard from my physicians in New Hampshire about the advocacy and fighting that they have to do just to deliver basic health care to their patients because of all the forms and the paperwork and the bureaucracy and administrative costs that go into it, you begin to get a picture of why costs are going up so high and what we have to do for our doctors to help them deliver better care.

One of the things that we haven't talked about in the bill is an important investment in cost-saving measures like medical information technology. Currently, many of our doctors, most of our doctors and hospitals, are dealing with paper records. They're dealing with paper records and there is not a coordination of records. It has led to less quality of care than we could have. And what we are going to do in this bill is make significant investments in information technology that help all our doctors and our hospitals deliver better care.

Now, my mom is 83 years old. The last time I talked to her, she was up to about six different doctors for her various needs and ailments. As far as I can tell, she has to walk from office to office carrying her records and her x rays and her pills in bags under her arm, trying to tell one doctor what the other doctor said or did, and you can see in there the kind of problems that our current system has.

We have the ability to make an investment in medical records technology, which is going to deliver better care for everybody. It's an important part of the bill, and it's one of the things that has to happen to bring our system into the 21st century.

We're going to protect privacy. We're going to preserve patient confidentiality. But we are going to make the necessary investments to bring the medical records technology into a place where we reduce medical errors, which reduces costs for everybody and improves the quality of care throughout our system. It's a very important component of this bill. And I can't

begin to think that my colleagues on the other side of the aisle would object to making that kind of investment, because in the end, when we invest in health care reform and health insurance reform, two different things, by the way, when we invest in health care reform and health insurance reform, we save billions and billions and billions of dollars over time because the system, as it is, is unsustainable.

There are investments we have to make to make sure that our economy thrives and that we deliver choice, we deliver better care and better quality, and we put the American people in control of their own health care with a stable and secure system. That means they can't get thrown off their insurance. They'll have access to the medical care they need when they need it. It will be portable and affordable. And those are the hallmarks of a system that will help this country's economy thrive and, I dare say, is perhaps the single biggest economic boon we can deliver to businesses large and small, reduce our deficit, and keep us competitive in the global economy.

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Mr. PERLMUTTER. I thank you, Mr. HODES.

And just for me, I would like to wrap up this way: that this is a system where there are parts that are broken, there are parts that are working, and there are parts that haven't been addressed in a long time. We're going to fix what's broken, we're going to keep—and to the degree we can—improve what's been working, and we're going to work on ways to make Americans or help Americans be healthier and to have research that directs them towards better cures and prevention of very difficult illnesses, whether it's heart disease or cancer.

This is a tough subject that we have tackled, but we're not going to shy away from it. We can't. Change is what has been demanded of us. The system requires change. The status quo is not an option. We will tackle this, and we will make this better, and we're going to do it right now. There is no more time to waste—as much as our friends on the Republican side of the aisle would like to just avoid this at all costs. The trouble is it's costing America too much, and we will take it on.

With that, to my friend in Connecticut to wrap it up.

Mr. MURPHY of Connecticut. Thank you.

Thank you to Mr. HODES, Mr. WELCH for joining us down here for this hour.

Listen, I think we have heard loud and clear from the businesses we represent, from individuals, from doctors, from hospitals: Things need to change.

Just take this one last statistic home with you. If we do nothing, if we allow the status quo to continue, within 30 years health care costs will consume almost half of every dollar spent in this country—every dollar that businesses are spending and individuals are

spending and the government is spending. That is ruinous for this Nation. That course cannot stand.

So I hope that as we debate this over the coming weeks and coming months that we can have some coming together here, we can agree on the bottom lines of health care reform, get coverage to people who don't have it, and lower costs to everybody. And we will shut out the people who scream government takeovers and death panels and all of the rest. All of the people either inside this building or outside this building whose agenda is to either stop health care from happening or to score political points shouldn't have a place at the table. But anyone who wants to have an honest debate about how we make the system work better for people we represent I think should be there. I think that's something we can all come together on.

I thank my colleagues for joining us this evening. We will be back as much as we can.

#### ACORN

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

Mr. CARTER. Mr. Speaker, for about the last 3 to 5 months I have been down here pretty regularly talking about maintaining and restoring the rule of law to certain areas of our activities as a government. And I think this is important. I've stated it over and over and over. We created a Republic by creating a Constitution that set up that form of government.

But our Founding Fathers knew that the moral underpinnings of a Republic were required for that Republic to succeed. And they knew that there had to be implanted and instilled in the hearts and minds of Americans who would be—would maintain this Republic, a certain inbred understanding that there were rules that governed our society and our behavior and that there were morals and ethics which should be applied to what we do as we operate this Republic.

You will recall that when Benjamin Franklin was asked, when he walked outside of the Constitutional Congress, and they said, "Mr. FRANKLIN, what kind of government have you given us?" He said, "We have given you a Republic."

Now, God help us that we can keep it. And the whole purpose of that statement is to point out that he was fairly confident, as was every one of our Founding Fathers, that at that point in time in the United States of America there was a moral and ethical underpinning of society, and that if we would maintain that moral and ethical underpinning of society, we would be able to keep our Republic.

But I don't think any Founding Father envisioned a society in which indi-

viduals thought they would make the choices as to which rules applied to them and what rules did not apply to them, and they would not abide by the rules that society had set but rather the rules that they had chosen to govern their own lives. Because that's not a Republic; that's anarchy.

Now, we've been talking about some things that are going on in our society and in this Congress that have to concern everybody. And they have to concern them in a big way because they affect the attitudes of those who govern here in the Congress and those who are involved in this governmental process.

I've tried to raise and point out some things that I think are of dire concern, and I will continue to do this because I spent most of my entire adult life basically following as best I could and trying to enforce those rules that this society has established for itself to operate in.

And when I came to this Congress as a new Member of Congress almost 8 years ago now, I was told there were rules that govern this body—all of the people who serve in the United States Congress—and I very quickly tried to do my best—as I am sure every Member here has—to learn what those rules were. And they were not only just parliamentary rules, but they were fundraising rules, they were political rules, they were reporting rules, they were tax-paying rules. There's lots of rules that govern the activities in this body.

I had started talking about this because I see a trend, and I see things that are happening that make me concerned that there are those who don't think certain rules apply to them.

I am going to point out what the President of the United States said as he started out his term: "I campaigned on changing Washington and bottom-up politics. I don't want to send a message to the American people that there are two sets of standards: one for the powerful people and one for the ordinary folks who are working every day and paying their taxes." This was stated by Barack Obama to CNN February 3, 2009. And it's a noble statement by the President.

That's sort of what I am trying to talk about right now.

And I've got a laundry list that I went over last week, and this list is pretty much the same list but with some exceptions. I've added some things and taken up another subject.

But I want to start with something that's made the headlines here very recently, and that's this organization known as ACORN, which we discovered by watching television and seeing events on television, that people who were established to do certain things under the rules in fact forgot those rules and did others. And this House voted 345-75 for an amendment to bar the Federal funding to ACORN after these undercover investigators uncovered four ACORN offices engaged in blatant mortgage loan fraud and aiding and abetting prostitution.

In my opinion, that was the right vote. I am proud of my colleagues who voted for it, and I think we need a stand-alone bill—not a bill that's an amendment to another bill—that would restate the very obvious: That no Federal moneys should be distributed to those who would blatantly commit mortgage fraud and aiding and abetting prostitution. And many of us saw that, saw it live and in color on television.

But in addition to those videos, we have had our bodies here in this Congress out doing some investigations of ACORN, and they have found a lot to be concerned about.

They found a nationwide history of crime—most of it relating to the last election, but not all of it; some of it relating to mortgages and other things that they were supposedly there to advise the uneducated and the uninformed as to what was available for them, especially the poor and the underprivileged, so that they might attempt to prosper in our society. They sounded like a good cause.

But if you will examine with me this list for just a moment, these are things that our Oversight Committee has found and brought forward. There are things that have been brought forward by the press, and there are things that have been brought forward by court records.

In Colorado we had allegations of voter fraud with multiple counts with convictions. So people were convicted of that crime. In Florida, voter fraud with cases pending in the courts; in Michigan, vote fraud with multiple counts with convictions in the State of Michigan; Minnesota, vote fraud with multiple counts with convictions in Minnesota; Missouri, mail fraud and identity theft, multiple counts with convictions in Missouri; Nevada, vote fraud, multiple counts pending; Ohio, vote fraud, multiple counts with convictions; Pennsylvania, vote fraud, multiple counts with convictions; Washington State, vote fraud, multiple counts with convictions.

Notice how many times the words "with convictions"—which means—I think everybody knows what that means. It means a finder of fact and a ruler of law made a judgment that these people had violated the law, and they convicted them of breaking that law, and I assume they assessed some form of punishment against them.

So this is a case, I would argue, of just what I was talking about when I started talking today, that someone—and I would argue a whole group of someones—have made a decision that certain laws don't apply to them and therefore, they blatantly—across the United States in a very short period of time, basically the last election cycle—they went out and violated these laws and these rules because they made their personal judgment that the law that we as a society established didn't apply to them.

This is moral relativism run amok, and it's done with \$55-plus million of