

make choices for themselves that they are competent and capable of doing, and with those kind of market forces now in the system, the cost will come down.

But it has never happened when the government has decided to step in and force those costs to come down. It didn't work with Medicare. It hasn't worked in foreign countries. And the real fear is if you are not destroying jobs, you are destroying the quality of health care, because the only other option you are left with is minimizing what can be given to an individual, denying services. That is not where we want to go.

Unfortunately, if we only have this one bill that the leadership wants to put forward here, that is the end result of that bill. We need to beg leadership to allow other debates and other options to be fully vetted on this particular floor.

I may have gone too far off from what your initial question was, but that is still the bottom line. It is we should be empowering people with options and choices. That is not what the leadership of this House is trying to do with their particular bill, and that is why we need to bring these other bills to the floor for open discussion and open debate and an open vote.

I yield back to the gentleman from Colorado.

Mr. COFFMAN of Colorado. Thank you.

Congressman THOMPSON, there is a great deal of discussion, particularly among seniors, that are very concerned about changes in their health care—is their health care specifically going to be rationed? When we look at the fact we are stripping hundreds of billions of dollars out of Medicare to fund the public option, and the fact that Medicare has solvency problems of its own, it is projected to run out of money in 2017, so then we have a commission. If they revert to the public option, the services that are allowed to be provided in the public option are going to be defined by bureaucrats. It is not going to be about a doctor-patient relationship in terms of what is going to be provided. There is a commission, I believe, that is established to decide what services will be provided in the public option.

□ 2210

And seniors are concerned because 25 percent or more of health care is used in the latest stages of life. And so what does that mean for them? And maybe you could address that.

Mr. THOMPSON of Pennsylvania. Well, thank you. And actually, the commission is a body of individuals. But even more frightening to me is just the one lone bureaucrat, the Health Insurance Commissioner, as defined within House Resolution 3200.

And as we worked our way through this thousand-plus bill in the Education and Labor Committee over a course of 20 hours back in the very end

of July, I found that many times there was so much left undefined, and everything was referred to according to the Health Insurance Commissioner, the Health Insurance Commissioner, the Health Insurance Commissioner.

Well, you know, our health care is, there's probably few things that we could debate on this floor that's more intimate than our health care, and certainly few things that are as large a part of our economy. And our colleagues who were here just the previous hour from the Progressive Caucus talked about how those of us who oppose, those of us who oppose their health care plan, those of us who would support more smart government solutions, more free-market solutions to health care, that we have these scare tactics, and one of them is rationing. Rationing could never occur. Rationing just won't happen. Well, I've got news for them. Rationing happens today. And where does it happen? It happens, first and foremost, under the government plans.

Let me tell you about Medicare part B. You know, part of my background is I've had the privilege of working with older adults for my entire career, in rehabilitation services. The last number of many years of my career, 15 years I worked in skilled nursing as well, and I became licensed as a nursing home administrator. And I've talked briefly about the cuts to Medicare part B.

Medicare part B is slated for additional cuts of \$130 billion. And Medicare part B—think about the individuals who come into a nursing home. They come there because they're the sickest of the sick. They're there because they don't have any other alternatives in terms of the care, the health care that they require. They have intense needs. These are folks who have just a lot of very intense needs. And today, the government, under Medicare part B, if you need therapy services, it arbitrarily puts a number. There's a maximum amount of dollars.

And now I've been out of that for about 10 months, but it was somewhere around \$1,800 a year, \$1,800 to \$1,900 a year of therapy services. Arbitrary number. Now, that's rationing, in my line. You know, it doesn't matter the fact that you have maybe suffered a stroke or you have fallen or you have a debilitating weakness that you develop. Once you max out on that Medicare part B benefit, that's it. That's the upper limit of what you receive. So we have rationing today, and rationing occurs under the current, one of the current government programs for Medicare part B.

So I don't know where you—when you look at—you know, I've worked in the inpatient hospital side for almost 30 years as a part of my practice. As I said, a 2 to 4 percent margin is a banner year, okay? And out of that, you want to be able to, out of that 4 percent, give cost of living adjustments so you continue to retain the best and the brightest.

Personally, if somebody's going to use a scalpel on me, I want them to be the smartest person in the county, and we want to be able to retain, recruit, and retain those individuals. So 4 percent margin. Most of my hospitals, I would say, are probably not doing that well, and most hospitals across the Nation are probably challenged and not doing that well. And then you have skilled nursing facilities where, honestly, nobody's getting rich operating skilled nursing facilities. They're providing good, compassionate care. They're treating people with intense needs, and yet, those are slated for significant cuts.

Specifically, in skilled nursing, \$14.6 billion in designated cuts. Now, this is out of the Senate Finance bill, the Baucus bill, Senator BAUCUS' bill, and so those cuts have to come somewhere, and they're going to come out of services. They're going to come out of—it won't come out of the compassion, because the people that work in those areas, they're truly dedicated to serving the needs of older adults and people with needs. But they will come out of the care. Those dollars have to impact access to services.

Mr. COFFMAN of Colorado. Thank you, Congressman THOMPSON, and thank you Congressman BISHOP. And we had Congressman LAMBORN from Colorado, DOUG LAMBORN earlier, and Congressman POLIS as well talked about these issues. I certainly hope that we can have a bipartisan solution on what I think is a very critical issue, and that really needs to involve both parties of Congress in a negotiation that we don't have right now. And I think that's a great tragedy that it hasn't been a bipartisan process. But I believe that there are market-based solutions that will not endanger this economy in terms of creating unemployment through the burdens on small business and driving the deficit and driving the debt of this country beyond what it is today. And from the Republican point of view, thank you.

FISCAL IRRESPONSIBILITY AND LIMITED GOVERNMENT

The SPEAKER pro tempore (Ms. PIN-GRÉE of Maine). Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Madam Speaker, today, during a rule debate, I voiced my concern over the breakneck increase in government spending in the U.S. I warned my fellow Americans that this reckless spending risked turning our country into a South American-style nation with a perpetually frail economy and government. One of my colleagues on the other side of the aisle retorted by highlighting the successes of nations such as Brazil or Argentina. That's very interesting.

Shortly after our exchange, I read that Argentina recently enacted a press restriction law that serves to

muzzle media critics of the party of President Cristina Kirchner. It seems that the media was getting too aggressive in exposing and critiquing the ruling party's corruption. Sounds like a really great model for free speech and expression; right?

I hope that the newly elected Congress of Argentina scraps this law, and that we, as Americans, realize the gift that our form of government is and work together to preserve it. And, contrary to the advice of my colleague, hopefully the United States does not use this country's success as a model for reform.

HEALTH CARE IN COLORADO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Colorado (Mr. POLIS) is recognized for half the remaining time until midnight.

Mr. POLIS. If the gentlelady from North Carolina would care to enter a brief dialogue on the issue, I recall the comments earlier, and there was a reference to, the gentlelady made a reference to a fear that America would look like the developing world, especially South America.

Ms. FOXX. I said some countries in South America.

Mr. POLIS. Some countries. Yeah, there's a dozen or so odd countries in South America.

Was that based on the solar energy bill or was this a more general comment? If we passed the solar energy bill we would look like South America or a different bill?

Ms. FOXX. No. I was talking about my concern for the spending that's going on here. And what I said was last week we heard from John Allison, who is the chairman of the board of Branch Banking and Trust Company, BB&T bank in North Carolina, one of the most successful banks in the country. And last week, Mr. Allison was here and was speaking to a group of us, and he cautioned us about the economic situation that we have. And he said, if we don't rein in spending almost immediately, he believes that we have fewer than 25 years left before we become a Third World country like countries in South America.

□ 2220

Ms. FOXX. I was basically quoting him, although not quoting him verbatim.

Mr. POLIS. The topic, of course, at the time was the solar energy research bill. That was a bill that authorized some money, of course didn't actually spend any money. That would have to come through the appropriations process. But I take it the remarks that were made with regard to government expenditures were generally, not specifically, a solar energy bill.

The point that I made in response, certainly I stand by, is that America, which has experienced economic shrinkage as has much of the rest of

the world, has actually suffered more in this most recent recession than Brazil and Argentina, which have done very well in this fiscal year in 2009. Both have experienced economic growth, both having their currencies gain value against the dollar.

So I am not sure that—Mr. Allison's observations certainly weren't relating to the conditions of freedom of press or the various social ills that plague South American countries. I don't think it was a reference to the type of freedoms that we, as Americans, enjoy. We enjoy freedoms as Americans—and I am sure you would agree—independent of our economic condition whether we're in a recession or whether we're in a growth.

No matter how we're doing economically, we in America enjoy many freedoms that they don't enjoy in other countries. We have a vibrant democracy, we have freedom of the press, the right to assembly. And I don't believe that you or Mr. Allison, who I am not familiar with, or myself would feel those to be in jeopardy like South America.

Is that correct? We're talking about the economic condition?

Ms. FOXX. I was absolutely talking about the economic condition, and it was our exchange today.

I am glad to have a chance to have this colloquy with you. We do agree that we are the freest country in the world, and I hope you agree with me that we're the greatest country in the world as a result of that freedom. And I don't want anything to threaten any of our freedoms.

And I know you join me in that.

Mr. POLIS. I appreciate those comments, and I think those sentiments are shared by every Member of this body. That's why it's an honor and a privilege for me and you to serve the people of this country. And I certainly enjoy working with you on the Rules Committee in that capacity and look forward to continue working with you in service of the people of this country.

Ms. FOXX. I certainly feel the same way.

Thank you, Mr. POLIS.

Mr. POLIS. Thank you.

I rise today, Madam Speaker, to share with you and my colleagues here in the House, stories of real Americans and how health care reform affects us, affects them, for it affects every walk of American life. And many of my constituents have shared their stories with me and asked that I share their stories with my colleagues and with the American public. And perhaps my colleagues and the public might see in the stories something of themselves.

I want to share a story, not a happy one, but a story that one of my constituents named Kelly Lotts Andrews shared with me.

Kelly's father worked hard all of his life. He succeeded to a certain extent. He lived the American Dream, was very successful in the broadcasting field. And Kelly says at one point her par-

ents' combined worth was just over \$1 million. They had a successful career. They saved up. They had a house they made payments on. They built equity. They lived the American Dream. They were anticipating a comfortable retirement.

In their early sixties, as they were putting their affairs in order and preparing for what they thought would be a prosperous and long retirement, they decided to change health insurance companies. During the qualifications testing for the new insurance, Kelly's mother's liver enzymes were slightly off. So a couple of weeks later they asked her to redo the blood tests.

Kelly's parents were moving to a condo on the beach. So when they got settled, they found a doctor and got the required test done. Unfortunately, the doctor found a tumor on one of Kelly's mom's ovaries. The new insurance company then refused her coverage based on this preexisting condition, the scarlet letter of health care, even though she continued her coverage just before the diagnosis.

So without the insurance and without the hopes or ability of acquiring any, Kelly had to watch as her parents got rid of all of their assets, all of their savings, and all of their retirement funds—all became liquidated as her mother fought to stay alive and pay those hospital bills as uninsured Americans.

Kelly's mother lost the fight. After beating the odds by 5 months more than the doctors predicted, she passed away in 2004. Kelly's father, who is now 76, now, despite his successful career and doing the right thing and saving up, has no retirement funds, no savings, no house, and only his Social Security check as income.

There are millions of Americans who are denied coverage based on preexisting conditions.

One of the key things that we accomplish through health care reform is we prevent health insurance companies from discriminating or excluding based on preexisting conditions so at the very time in Kelly's mother's life where she needed health care the most, she would have had access to an affordable option through the exchange that's being created that would give families like Kelly's the financial security they need to plan for their retirement in a way where people can maintain their honor and their pride as families.

And it's for families like Kelly's that I ask my colleagues to join me in supporting health care reform.

Madam Speaker, I rise today to share a story with you that one of my constituents shared with me and asked that I tell my colleagues about to encourage them to support health care reform.

This is a woman from Broomfield, Colorado, who asked that her name not be used but wanted her story shared; but it just as easily could have been a woman from California, or Texas, Nevada, New York.