

privileged to be in the House of Representatives at this time.

So now is not the time to say “no,” to instill false fear, and to derail this important effort. We must work together to make sure that what we end up passing is the best it can be for the American people because the cost of doing nothing is too great. Without reform, the cost of health care for the average American family is expected to rise \$1,800 every year, with no end in sight. If we don’t act now, this problem is only going to get worse. If we don’t act, 14,000 Americans will continue to lose their health insurance every single day. We are in a unique moment.

HEALTH CARE

(Mr. BARTON of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Speaker, my friends on the majority side have stood before this body today asking about the Republican alternative, where it is. Well, I would ask my friends on the majority side, where is their bill? The three committees in the House of Representatives each passed different bills back in the summer. Those bills haven’t been merged. The Senate passed a conceptual document. Legislative language is not yet public on that bill.

We will have a Republican alternative, and I can tell you right now what will not be in it. There won’t be individual mandates that millions of Americans can’t afford. There won’t be employee mandates that thousands of small businesses can’t afford. There won’t be a health care choices administration that tells the private insurance sector what kind of coverage they have to provide. And there won’t be a comparative research bureaucracy that could easily lead to rationing of care.

There will be a national pool that covers all preexisting conditions. There will be subsidies for low-income Americans. There will be some sort of a compensation package for our health care providers. So I would ask my majority: Where is their bill?

HEALTH CARE

(Mr. DINGELL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, I am sad today. I hear my Republican colleagues just getting up to say “no.” I tell my Republican colleagues, we have one of the greatest problems that we have ever confronted in this country. Health care has doubled in the last 8 years, and it will double in the next 8. And by the year 2020, health care costs will be \$25,000.

The bankruptcy of the steel industry, the bankruptcies in the auto industry and the small business industries are directly a cause from this.

Listen to Daniel Webster and see what Daniel Webster had to say. He said this—it is on the wall up there, and I urge my Republican colleagues to look at it—Let us develop the resources of our land, call forth its power, build up its institutions, promote all of its great interests, and see whether we also in our day and generation may not perform something worthy to be remembered.

I urge my colleagues to join us in this. Let us sign together to move forward a bill that offers greatness to our country.

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JOBS, JOBS, JOBS

(Mr. MARIO DIAZ-BALART of Florida asked and was given permission to address the House for 1 minute.)

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, a little memory check: Do we remember when the administration promised that by spending almost \$1 trillion, unemployment would go no higher than 8 percent? Well, now it’s close to 8 percent.

But not only has this administration failed to create jobs, it is rushing to enact other bills, other legislation that would lead to the loss of millions of more jobs.

The cap-and-trade bill would cost the loss of 2 to 3 million jobs a year here in the United States. This health care proposal could cost Americans 4.7 million jobs and lead to \$1 trillion in new spending and cuts in Medicare.

Mr. Speaker, it’s time to stop spending trillions of dollars in wasteful government programs. It’s time to stop targeting our senior citizens. What will it take, Mr. Speaker, for this administration and this Congress to finally start focusing on creating jobs?

HEALTH CARE

(Ms. WOOLSEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, our chance to make health care available to and affordable for the people of the United States is here. I prefer that we include the robust public option in our final plan because, first, it saves more than \$110 billion over any other plan, it covers far more people, and it provides real competition to private health insurers, which in turn will provide lower cost and higher quality for the people that are insured in the United States.

This is what we need. This is what we need to do for the people of our country. And now is the time for us to get on with it and do it.

HEALTH CARE

(Mr. BISHOP of Utah asked and was given permission to address the House for 1 minute.)

Mr. BISHOP of Utah. Over 200 years ago, the Founding Fathers foresaw the

health care problems that we have today and they proposed a solution. We call it federalism. See, if something has to be done the same way at the same time by everybody, only the government can do it. But if you want creativity or to take into account different circumstances for justice, then States are, as Louis Brandeis said, the “laboratory of democracy.”

My State of Utah has instituted a health care reform the right way based on consumer choice and options where business has stable cost, workers have affordable portable options, and it’s designed for the demographics of Utah. But if the Pelosi bill or the Baucus bill were to be passed the way they are written today, that State innovation is destroyed.

All solutions and intellect are not here in this city. Creative solutions can happen when the Federal Government gets off the backs of individuals with their mandates and regulations and out of their pockets with their taxes; then real people have the ability to find truly creative solutions if we, the Congress, let them.

HEALTH CARE

(Ms. RICHARDSON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. RICHARDSON. I would like to show you the headlines from my community; “It’s Official: It’s a Stinker.” And what’s a stinker? That, according to the U.S. Census and the American Community Survey, in the largest county in this Nation, 22.3 percent of the people do not have health care insurance. In my district, Long Beach, 18.8 percent; in Compton, 25.5 percent. That’s one out of four people are walking around and do not have health care. And that’s important to all of us.

Why are we the only industrialized nation that doesn’t provide health care? Why is it that for my friends on the other side of the aisle we can spend billions for a war, but we can’t spend the same for health care? Something is wrong.

We applaud the Congress and the Senate and Senator REID for stepping up. We need to do this, and we need to do it now. I’m not willing to look one out of four constituents in the face and say you’re not good enough. Everyone deserves health care. And, oh, by the way, it helps all of us.

HEALTH CARE

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, if you like your current plan, it had better not be Medicare Advantage because the Democrat health plan proposal cuts \$162 billion from that program for our seniors. The reason is twofold; they need cuts to pay

for their new government-run health care program and they think insurers in the program are overpaid by 14 percent. Tell that to the 25 percent of seniors who are enrolled in the program nationwide. I guess they weren't included in the folks who can "keep their plan if they like it."

Perhaps the Democrats didn't look at the plus side of Medicare Advantage. Studies show that those in the program spend fewer days in the hospital and experience fewer readmissions. A study in California showed that those enrolled in Advantage plans spent 30 percent fewer days in the hospital and were 15 percent less likely to be readmitted to the hospital. I would say that accounts for a huge savings.

The Congressional Budget Office also says the Democrats' health care plan would increase seniors' Medicare prescription drug premiums by 20 percent over the next decade. I thought reform was supposed to be improvements, not a plan to soak our seniors.

HEALTH CARE

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute.)

Mr. JOHNSON of Georgia. Mr. Speaker, the men and women of this great Nation are not stupid, even though there have been strident, permanent and significant efforts to mislead them; that reached its heyday in August. But now we're talking about a public option because the people are speaking now.

And so I want to salute the American people; you want affordable health care, which means you are sick and tired of the rise in premiums, the cost of premiums and the number of denials that you are getting after dutifully paying those premiums for years and years. So I want to congratulate the American people; you are about to have a victory with respect to health care.

PUBLIC OPTION TRIGGER

(Mr. CONAWAY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CONAWAY. Mr. Speaker, frustrated this summer by diligent and watchful Americans, the President, the Speaker and the Senate Majority Leader have been unable to create a single-payer health plan, the single largest expansion in the cost, size and authority of the Federal Government in 70 years. But rather than give up, the Democrat leadership have decided to float an idea as a misdirection play to get what they want. They call it a trigger; I call it a wolf in sheep's clothing.

While some might argue that a trigger would lower health care costs, Americans are awake and watching and they know better. They see this wolf and realize that a trigger paves the road toward government control of

health care and the loss of individual choice of health care decisions.

On this Halloween week, I urge the Speaker to take off the mask of reform and focus on health care solutions that don't include the government takeover of health care. The American people deserve honesty in this debate and won't be scared into supporting a trigger.

HEALTH CARE

(Mr. LUJÁN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LUJÁN. Mr. Speaker, our constituents have asked us to put them first, not say no and support the status quo. I ask my colleagues from the other side, from both sides, to listen to them and help them.

I have a constituent who has had health problems since she was 21, who has spent her life shackled by high copays, inaccessible insurance, and little care, and is asking us to help her. She has endured through two bankruptcies and many undertreated health problems that cause her pain every day.

Another constituent is facing increases of 20 percent each year in premiums for her business. Each year, these insurance costs are skyrocketing, and neither she nor her employees can afford them.

Throughout the country, the American people are asking us to help, but we keep hearing "no"—"no" to those with illnesses and "no" to those who struggle with the high cost of health care.

Let us do what's right. Let's come together. Let's have the courage to say yes for the American people.

HEALTH CARE

(Mr. FRELINGHUYSEN asked and was given permission to address the House for 1 minute.)

Mr. FRELINGHUYSEN. Mr. Speaker, as the House majority debates with itself in secret on the future of health care, the American people are justified and worried about what is being discussed behind those closed doors.

As I always do, I have spent months listening to seniors across my district, and they are particularly concerned about how so-called "reform" will affect their Medicare and the medical care on which they rely every day.

Let me tell you, they are wise. They know that the so-called "Medicare savings" that are proposed to pay for the Speaker's \$1 trillion reform bill sounds an awful lot like Medicare cuts to them. In fact, there are \$500 billion in cuts to Medicare over 10 years in the bill, cuts that affect them, the doctors that treat them, and the hospitals who care for them.

Specifically, the majority plans to slash the Medicare Advantage program by more than \$120 billion. Experts believe that nearly 3 million seniors will

be thrown off Medicare Advantage and millions more will pay out-of-pocket expenses or face reduced benefits. We can't let this happen.

OPTING OUT OF THE GOVERNMENT TAKEOVER

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, yesterday we learned an interesting thing: the Senate health care bill will include a fig leaf opt-out of the government-run health care plan. Now, that brings up some interesting points and questions: Will Americans also be allowed to opt out of the rest of the government takeover of health care? Will they be able to opt out of the \$800 billion in tax increases? Will they be able to opt out of the \$500 billion in slashes to Medicare? Will they be able to opt out of forcing millions of Americans onto government-run medicine? Will they be able to opt out of a government bureaucrat getting between doctors and patients? The truth is, Mr. Speaker, anyone who seriously thinks an opt-out is the answer to all of these harmful provisions has already opted out of reality.

What the American people know is that there are positive solutions like H.R. 3400 and the others included from the Republican Study Committee and the Republican Conference. The American people want patients empowered and they want positive reforms. That's what we should be working on.

HEALTH CARE

(Mr. MORAN of Virginia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, it's nice to see our colleagues on the other side of the aisle engaged in the health care issue. Unfortunately, it's in a negative manner again with no positive recommendations for us to move forward.

You know, this is what happened back in the 1990s when we tried health care reform; there was unanimous Republican opposition to that effort. And, of course, during the 8 years of the Bush administration, we had no effort to deal with a health care plan.

So now where do we stand? Well, back in the 1990s, the average family paid about \$7,000 to \$9,000 for a family policy; today, they're paying \$12,000 to \$14,000. We know that within another decade, if we don't do something today, they're going to be paying \$29,000 to \$36,000 for a family health policy. Now, that might be okay if we were healthier as a result, but out of 110 countries surveyed, we are 72nd. Seventy-one countries are healthier than we are.

Our health care system isn't working. It's too expensive, we're not getting what we're paying for, and it's got to change. Now!