

strengthen it for those seniors that have not yet turned 65.

□ 1445

JUST SAY "NO"

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

Mr. BLUMENAUER. Mr. Speaker, one of the interesting debate points that we are listening to today is the assertion that somehow what we need to do is just allow people to sell insurance across State lines, and that's going to solve all our problems. Well, first of all, you can buy insurance today across State lines. What we don't do is allow somebody who incorporates in a State with very weak protections and minimal provisions to go in and undercut the laws of other States that seek to protect their citizens. You can buy insurance as you see fit. It's just that people who are going to play in a market have to play by the rules, and if somebody cheats, then there is an opportunity to use the local insurance commissioner to protect the consumer.

Under the legislation that we're proposing, the only thing that changes is that for the first time, some of the States that haven't protected their consumers will have higher standards. This is a good thing.

HEALTH CARE

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

Mr. ROGERS of Kentucky. Mr. Speaker, the senior citizens in my district are scared, literally scared. They ask me, What are the Democrats planning to do to my Medicare and Medicaid? And I have to tell them, I really don't know because the Democrats are hiding behind closed doors in the dark and keeping the rest of us out of the picture. So we don't know for sure. Except we do know this: They are planning massive cuts to Medicare, upwards of \$500 billion, and massive cuts to Medicare Advantage that will result in a loss of health care for millions of seniors. According to the Congressional Budget Office, that Advantage cut would be around \$162 billion. As a result, Medicare Advantage plans will drop out of the program, limiting seniors' choices and causing many of them to lose their current health care coverage. Cuts to Medicare Advantage will have an exceptionally harmful effect on seniors in rural areas like mine. I urge us to reject this plan.

HEALTH CARE

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

Mr. LATOURETTE. Mr. Speaker, all throughout history, there's been the big lie, and we've got the big lie going here again.

It goes like this: Republicans won't let us have health care reform.

Republicans are the Party of No. Why are Republicans stopping us from reforming health care?

Well, I'm going to tell you something—the Democrats have won the last two elections because we did such a bang-up job. But the fact of the matter is, there are 257 of them. There are only 177 of us, although it looks like a bigger number over here today. We couldn't stop a one-car parade. This health care discussion is a fight between the left and the far left. And sadly for the Democratic majority, they've got people in their party that think that this health care proposal proposed by the far left is wacky. It takes \$500 billion out of Medicare. You do nothing with the lawyers as they file lawsuits and cause doctors to practice defensive medicine.

This is a bad bill. They can't even get their own team to row the boat, but they want to say, Republicans don't want to reform health care.

HEALTH CARE

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

Mrs. EMERSON. Mr. Speaker, health care reform has gripped the Congress for the better part of a year now, and we're finally getting to the core of this debate: cost. Without an affordable system of health care, we'll forever have problems with access. But too many good bipartisan proposals to lower costs have been ignored—eliminating international barriers to market access for U.S. consumers, speeding new generics to market, promoting comparative effectiveness research, and better decision-making tools for doctors and their patients.

You may ask, Why? It's real simple. The administration made an \$80 billion deal with the big drug companies that prevents us from offering our proposals to save consumers money on their medicine. Our constituents who often have trouble paying for their medicines today will continue subsidizing the people from other countries who pay half of what we do for the same drugs. So this \$80 billion deal actually makes more money for big drug companies because it will encourage more people to take brand-name pills instead of generics, increasing the market share and profits of the drug companies. No wonder they were so quick to accept this deal, and what a scam the administration has fallen prey to.

HEALTH CARE

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, I'm going to read the comments in a letter I received from Mr. Bradley Ball, one of my constituents in New Hamp-

shire, because I don't think his voice is being heard on the floor today. He said that he was lucky enough to have insurance, but he had to pay for it himself, almost \$7,000 a year. He said, "So to keep my current health care policy is just less than \$7,000 a year, and my copay for Thalidomide could be as low as \$810 a month. That translates into \$16,620, rounding off, just including that one medication in health care expenses for a year. Of course there are more. My monthly income is \$1,660, \$19,920 a year, through disability and pensions. How can I pay for my other expenses—heat, electricity, food, clothing, shelter, et cetera, on the remaining \$3,300 I will have each year? Do I have some savings? Yes. But very soon I am going to run out of all my possibilities. What will you have me do next?"

Then he goes on to say that he could live if we could get the prescriptions for him and help him pay his health insurance. And then he says, "I don't think that in the United States of America this is what anyone would wish on anyone else. I know you would not want to be in this situation. I don't care whether it's called a right or a privilege, the current system is broken. Please help fix it."

WHEN WILL YOU LISTEN?

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

Mr. FORBES. Mr. Speaker, last week I received a call that every Member of Congress fears: a plant with 1,100 jobs in a town of 9,000 residents closed its doors. We want to be there for them, and we will be there for them as the symptoms of a bad economy entangle their lives. But Americans are asking you a larger question today. The question is, When will this government listen to the voice of wisdom, shouting for us to address the causes of a bad economy and not just the symptoms?

As one of 17 Members of Congress who voted against every one of your bailout stimulus bills, I watched you ignore that voice of wisdom as you saddled our grandchildren with a debt that they will wear for decades as a badge of dishonor for your deafness. I watched as you ignored it as you tried to impose your energy agenda, knowing it would stifle America's competitiveness and kill jobs. And I watched as you ignore it while you try to tax our existing jobs into oblivion.

Mr. Speaker, today Americans are asking a simple question: When will you listen?

HEALTH CARE

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

Mr. HINOJOSA. Mr. Speaker, I am here representing the families in my congressional district that need health

care reform to happen now. In my district, almost half of my constituents go without insurance. They face some of the most expensive costs and are afflicted with high rates of chronic diseases, such as diabetes and heart disease. Congress has neglected these problems for far too long. Those that are suffering the most and need the most care do not have access to the affordable coverage they need.

What's in it for you? Stability, security and quality. Let me summarize our Democratic plan like this: No discrimination for preexisting conditions like diabetes, heart conditions or cancer. No drop in your coverage because you become sick. No refusal to renew your coverage if you've 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. No yearly or lifetime cost caps on what insurance companies cover.

I urge my colleagues to support the Democratic proposal.

HEALTH CARE

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

Mr. KINGSTON. Mr. Speaker, how does Speaker PELOSI plan to pay for her \$1.2 trillion government takeover of health care? Simple—higher taxes, higher premiums and cuts in Medicare. What does this mean to mom and dad back home? It means 6 million will be forced off of their Medicare Advantage Program. It means their doctor will now be assigned to them by a government bureaucrat, not by their own choice.

In the rural area that I represent, they're facing \$83 billion in cuts, so rural nursing homes will close down. And for seniors in Medicare part D, a 20 percent increase in drug costs.

This is not a good plan. If the kitchen sink is leaking, you don't take a wrecking ball to the whole kitchen. You fix the sink. We need targeted, market-oriented reforms to make health care more affordable and more accessible for everyone, especially our seniors on a fixed income.

HEALTH CARE

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

Mr. REICHERT. Mr. Speaker, so much is at stake, and the well-being of Americans is on the line. And it's clear that we need health care reform, but that reform must protect and strengthen the health care of all Americans.

The current overhaul bill would make \$500 billion in cuts to Medicare, \$156 billion in cuts to Medicare health plans and would affect 14 million Amer-

icans across this Nation. This is not the kind of reform we need.

Also, Mr. Speaker and seniors, pay close attention to this: There is an unusual advocate for these massive cuts to seniors' health care. It's AARP, who receives nearly 40 percent of its revenue from selling health insurance products. Why would AARP support a bill cutting benefits for its members? Are they truly looking out for the best interests of seniors? Could it be that AARP has a hidden profit agenda?

This morning's Washington Post explores this issue in an article entitled, AARP: Reform Advocate and Insurance Salesman. I urge people to read it. I do believe there is a conflict of interest here, Mr. Speaker, and I will continue asking the questions necessary to ensure we protect our seniors' health care.

HEALTH CARE

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

Mr. TIBERI. Mr. Speaker, throughout the course of this debate on health care, we've heard a lot about cracking down on waste, fraud and abuse. I support that. In fact, I wrote a letter to the chairman of the Ways and Means Committee and the chairman of the Government Reform Committee asking that we hold hearings on the issue. I haven't heard back. Why would we need hearings when this bill now is being written behind closed doors, behind closed doors for no one else to see?

And it appears to me, Mr. Speaker, that the majority's plan for paying for this in part is on the backs of seniors. In my district, a third of my seniors are on Medicare Advantage plans. They like what they have. Under the Democrat bill, they will not be able to keep it because it will be cut.

Now, Mr. Speaker, we can only guess at this point what the health care bill will look like because it's being written behind closed doors. Only time will tell. So much for openness and transparency.

PROPOSED HEALTH CARE REFORM HURTS SENIORS

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

Mr. BOOZMAN. Mr. Speaker, we need to contain the cost of health care to make it more affordable for all Americans, but we cannot do this by cutting the services to our senior citizens. We have the responsibility to ensure that we don't harm the health care they currently have through Medicare. But the legislation supported by the White House, Speaker PELOSI and Senator REID doesn't protect that care.

Included in this health care plan is more than \$162 billion in cuts to Medicare Advantage. More than 25,700 resi-

dents of Arkansas' Third Congressional District are enrolled in this program, and I know the positive impact it makes in the lives of Arkansans and all American seniors. This is bad practice to cut from critical services like Medicare Advantage and something that I cannot support.

Rather than cut services, we need to examine how we can save money by getting rid of the waste and fraud in Medicare. Mr. Speaker, we can craft a bill that allows access to quality and affordable health care without sacrificing services to our seniors.

COMPETITION

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

Mr. PITTS. Mr. Speaker, there's been a lot of talk about choices and competition recently. We're hearing now that some on the other side of the aisle want to rename the "public option" the "competitive option."

Will the competitive option negotiate with doctors like private insurance? No. Will the competitive option be subject to thousands of different State mandates on coverage? No. Will a competitive option be subject to State and local taxes? No. Will the competitive option face an endless assault of lawsuits costing billions of dollars? No.

Senate Leader REID has brought forth a bill that would allow individual States a choice to opt out of the competitive public option. What we're not sure of is whether people in these States will be able to opt out of the billions of new taxes mandated by the bill. Like most Federal programs, the States will either accept the program or watch their citizens' tax dollars go to other participating States.

The government option offers few choices, and its competitive advantages will mean that in a very short time, millions of Americans will end up with no option, just the government.

□ 1500

SENIORS AND HEALTH CARE REFORM

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

Mr. ADERHOLT. Mr. Speaker, there is bipartisan consensus that Congress must help with affordability, with access and with the availability of health care for American families. There is no question that Congress must act and that we must address the issues, but the current Democrat health plan is not going in a bipartisan direction. Not only is the current Democrat health plan the wrong approach; it could harm various groups of Americans who need and who depend on quality health care the most.

One of the groups is seniors. In my home State of Alabama, seniors make