

AMVETS fully supports your amendments to ensure that our nation's heroes have access to the quality health care they have earned.

Sincerely,

RAYMOND C. KELLEY,
National Legislative Director.

BLINDED VETERANS ASSOCIATION,
Washington, DC, November 6, 2009.

Hon. STEVE BUYER,
Ranking Member, Committee on Veterans Affairs,
Cannon House Building, Washington, DC.

DEAR RANKING MEMBER BUYER: On behalf of the Blinded Veterans Association (BVA), the only congressionally chartered veterans' service organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families for sixty-four years, BVA is writing to express strong concerns about H.R. 3962, America's Affordable Health Choices Act of 2009. As currently drafted, without your amendments BVA would consider this legislation inadequate because it could limit the health care choices for veterans, and threaten veterans who currently utilize the high quality of VA health care offered to veterans through the VA health care system by forcing them into private insurance plans. Earlier this year, BVA along with five other congressionally chartered veterans service organizations wrote to support your amendments and serious concerns about provisions contained in the previous House health care reform bill, H.R. 3200 that could have had negative effects on veterans, their families, and the Department of Veterans Affairs health care system. BVA and other VSO's had been assured that key amendments by you including protection of veterans enrolled in VA would be retained as the bill moved forward and this is not the case today.

The Veterans Health Administration (VHA) provides medical care services to its 8 million enrolled veterans at more than 1,400 medical centers, outpatient clinics and other points of service. With over 270,000 employees, the VHA runs the largest integrated health care system in the United States, and over the past decade the quality of care provided has risen to amongst the finest health care systems in the nation. Under H.R. 3962, VA health care and TRICARE would be deemed "qualified" coverage but we point to this section as now written as it is ambiguous and could be interpreted to disqualify individuals enrolled in VA health care or TRICARE from participating in the exchange. This amendment was accepted at the Energy and Commerce Committee, but it failed to be included H.R. 3962.

It is critical that congress ensure in the current health care reform effort to ensure that the authority of the Secretary of VA and Secretary of DOD could never be challenged or obstructed by any provision in the bill or by a secretary or commissioner from another sector of government. As currently written, H.R. 3962, would provide for the Secretary of Defense and the Secretary of VA to retain sole authority over their respective health care systems only as it pertains to Subtitle A, the Health Insurance Exchange. The original Buyer Amendment adopted in Energy and Commerce Committee did this but the current legislation leaves this open and vague. Second key issue we support being amended is in section 342 of the bill to allow individuals enrolled in VA health care and TRICARE to be eligible for affordable tax credits. Currently, H.R. 3962 defines an "affordable credit eligible individual" as one who is not enrolled in acceptable coverage—which would exclude individuals enrolled in VA health care or TRICARE.

Unfortunately, as currently drafted, H.R. 3962 fails to adequately recognize, protect or

preserve this invaluable system for our nation's 24 million veterans. BVA once again supports Ranking Member Buyer amendments to ensure that veterans are protected. Enrollment in VA health care, especially in the case of service-connected disabled veterans, should never become a bar or obstacle to the receipt of benefits that non-veteran citizens receive in this or any other health care reform bill. Any national health reform legislation must make certain that all veterans, including all of those enrolled in VA health care, remain eligible to enroll in any Exchange-participating health benefits plan offered under H.R. 3200 through the Health Insurance Exchange, or in any other public or cooperative health insurance program.

The VHA provides a uniform medical benefits package to all enrolled veterans, regardless of their enrollment priority group, that emphasizes preventive and primary care, and offers a full range of outpatient and inpatient services and prescription medications. Accordingly, enrollment in the VHA health care program must be considered acceptable coverage in the same manner as members of the uniformed services and their dependents, including Civilian Health and Medical Program of the VA (CHAMPVA) coverage furnished under section 1781 of title 38 United States Code, so that they will not be subject to any tax or penalty for lack of health care coverage.

Finally, BVA would stress again, that it is imperative that any other health care reform legislation considered in Congress, must make clear that the health care system of the Department of Veterans Affairs shall be run by the Secretary of Veterans Affairs to meet the health care needs of veterans, dependents and survivors, and that this authority shall not be infringed by any national health care organizations or any other departments, agencies or independent organizations of the federal government.

Ranking Member Buyer on behalf of the Blinded Veterans Association membership we represent, and for the benefit of the millions of veterans living today and future veterans, we support the amendments you are offering today with your colleagues to clarify the current language in H.R. 3962 to protect the health care system of our veterans. Unless the changes and clarifications discussed above are made in the legislation, we will oppose movement of H.R. 3962 or any other legislation that could negatively impact the current health care system for our nation's veterans.

Sincerely,

THOMAS ZAMPIERI,
Director, Government Relations.

THE RETIRED ENLISTED ASSOCIATION,
Alexandria, VA, November 6, 2009.

Hon. STEVE BUYER,
Ranking Member, Committee on Veterans Affairs,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN BUYER: The Retired Enlisted Association (TREA) shares the concern that H.R. 3962 does not ensure that veterans and TRICARE beneficiaries would have access to the Health Care Exchange, and that the same beneficiaries would be excluded from eligibility for "affordability credits". Thus, we do support amendments to the bill that would address these concerns.

While it is no doubt true that most veterans and TRICARE beneficiaries would not have a problem if the legislation were enacted as it currently stands, those who live in remote areas could find themselves in dire straits with regard to their health care without the changes you seek. These are precisely the people who frequently have difficulty in accessing the health care benefits

which they have earned and have just as much right to as every other veteran or TRICARE beneficiary.

Finally, we recommend that the language you propose to insert at the end of section 202 be changed from "EXCEPTION FOR VETERANS AND MEMBERS OF THE ARMED FORCES" to "EXCEPTION FOR VETERANS AND MEMBERS OF THE UNIFORMED SERVICES" NOAA and USPHS members are not considered to be members of the Armed Forces but are TRICARE beneficiaries.

Sincerely,

LARRY MADISON,
Legislative Director.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

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

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, this House and our Nation are poised for a historic vote tomorrow. That vote will determine whether tens of millions of people who are uninsured and underinsured will finally have access to health care. But beyond that, it will begin to transform the current sick care system which is draining this country, not just of its finances, but of some of its brightest and best who, because they are not able to access the fantastic health care this country has to offer, are not as productive as they would or should be.

It will enable many, those in our rural areas and our territories, those in blighted urban areas and racial and ethnic minorities who have been left out of the health care mainstream to finally have access to wellness and more productive and fulfilling lives.

Our vote tomorrow will also determine how successfully we will compete in the global community where everyone is in a race to the top, whether or not we will, through reducing the highest health care in the worlds, set our country on a more sustainable economic footing, and whether we can regain our leadership in this world by raising our health indicators, like infant and maternal mortality, to levels that match or better the other industrialized nations we now lag behind.

To me, a vote against this bill is a vote against what is best for our country.

No one ever thought we would have had a perfect bill, but what we have in H.R. 3962, the Affordable Health Care for America Act, is as near a perfect bill as anyone could have conceived when we started out this process. I applaud the outstanding leadership of our Speaker, our leader, our whip, our caucus Chair and vice Chair, the chairmen

of the respective committees, and Chairman Emeritus JOHN DINGELL for the bill which will be before us tomorrow.

H.R. 3962 covers at least 36 million of the now uninsured, expands and improves Medicaid, strengthens Medicare, begins to close the doughnut hole, and makes it, as well as other insurance, more affordable. It will provide a robust benefits package, new prevention and wellness programs, with no copayments for preventive care. It ends insurance abuses that have led many families to bankruptcy or near bankruptcy—no exclusions for preexisting diseases, no dropping your coverage or putting limits on how much insurance will pay for you when you get sick.

It expands the health care workforce and especially supports the training of primary care physicians, nurses and physician assistants, as well as that of now underrepresented minorities. It provides community health centers and community health workers as well as programs that help communities to better prepare to take advantage of the new health care system. And it will strengthen our public health infrastructure and workforce. The bill is fully paid for, and will reduce the deficit over the 10 years.

What is not to vote for? I know that some of the hesitation is over abortion issues. I don't understand it because H.R. 3962 keeps the Hyde amendment in tact. It prohibits Federal funds from being spent on abortion. It excludes abortion from the basic benefits package. It prohibits discrimination against providers who do not perform abortions by insurance plans. It does not require any insurance plan in the exchange to cover abortion, and it provides that the exchange would have an insurance option that does not cover abortion.

I, like every Member of this body, I am sure, am deeply committed to life—to protecting lives, to saving lives, and to improving the quality of lives. Without passage of this bill, many will suffer the unnecessary loss of life that happens every day in this country of plenty to those who are uninsured and in people of color, whether they're insured or not.

In this 21st century, every year 88,000 African Americans alone, not counting American Indians, Latinos, Asians, or Pacific Islanders, 88,000 African Americans die who would not have if they were insured and if they had equal access to the services that this bill would now provide them, some of them for the very first time.

Have those who oppose this bill because of concerns of abortion considered that this bill would even reduce the need for abortion? Something everyone, no matter what side of the debate you are on, would want. It would do so by ensuring that everyone would have access to comprehensive health care and the kind of family-life counseling that is a part of it.

Tomorrow, we have the opportunity to save millions of lives. There is no

more important reason to vote "yes" for the Affordable Health Care for America Act than that. Everyone should want to be on the right side of the historic vote that awaits us tomorrow. We need health care reform now.

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

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

HEALTH CARE

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

Mr. MORAN of Kansas. This week, I had the honor of meeting 30 Kansas World War II veterans at the national World War II Memorial. These veterans, who are in their 80s and 90s, were part of Honor Flight, an organization that brings veterans to Washington, D.C. to see the memorial dedicated in their honor.

Welcoming these Honor Flight veterans is an incredible privilege and one of the most rewarding experiences of my time in Congress. As I visited with these veterans about the sacrifices they made, the friends they lost, and the love they have for their country, I was reminded about how serious my responsibility is as a Member of the United States House of Representatives to do right. It also caused me to reflect on the importance of this weekend's vote on health care reform.

As Chair of the House Rural Health Care Coalition, I know how important health care is to the survival of Kansans and their home towns. The vote we will take this weekend will affect all Kansans at every age, those proud aging veterans, the senior couple counting out their medications each morning, the young family just starting out, the children playing hide and seek in the yard, and the small business owner looking over the budget report.

The decision we make this weekend matters; it matters from coast to coast and across the sweeping plains of Kansas. Our State has unique health care needs, different from much of the country. We have an aging population that has spread widely across a large area. I consider these unique needs in each policy decision that I make.

Changes are truly needed in our current health care system, and I have written about my ideas for reform and have shared them with folks back home and anyone up here who will listen. After studying H.R. 3962, Speaker PELOSI's health care reform bill, listening to the concerns of Kansans and visiting with Kansas hospitals to speak with doctors and nurses, patients and administrators, I have concluded that the Speaker's 2,000-page bill will do

great harm to Kansans, and I strongly oppose it.

The Pelosi bill is essentially the same version that the Speaker started out with months ago, except it's 1,000 pages longer. Instead of working to repair our current system, which a majority of Americans favor, the Pelosi bill will turn much of our system on its head by creating a new government-sponsored health care program financed by deficit spending and taxes.

This bill levies taxes on businesses, cuts Medicare benefits to seniors, eliminates jobs with employer mandates, and enables bureaucrats to define what form of health coverage is acceptable for Americans.

The bill would create 118 new boards, bureaucracies, commissions and programs to carry out its so-called "reforms." I am especially troubled how \$500 billion in Medicare cuts and proposed reimbursement rate changes contained in this bill will affect Kansans with our high population of seniors. Only in Washington does cutting billions of dollars from a near bankrupt Medicare program seem like a good idea. These cuts will reduce benefits and raise premiums for Kansas seniors and make it harder for us to find a doctor or nurse when we need one.

We strengthen our health care system by reducing cost. The Speaker's bill does nothing to reduce cost. In fact, Medicare and Medicaid's own actuaries have warned that the plan will dramatically increase Federal health care spending.

The veterans I met at the World War II Memorial fought for a country they love and that country's promise of liberty and opportunity. After the war, these men and women returned to their homes and ventured off in different directions, some rejoined families and jobs, some got married, some went to college, and some started a business. But one thing they all shared was the desire to continue fighting to make a better life for their children, a life better than the one they had for themselves. This is the desire that my mom and dad—my dad who turns 94 tomorrow—had for my sister and me, and the one that my wife, Robba, and I have for our daughters. This is what we do in America: we leave the next generation better off.

I have concluded this bill will not make health care more affordable or more accessible to Kansans. I have also concluded that, coupled with all the other bad ideas of this Congress—stimulus packages, bailouts, Cash for Clunkers, cap-and-trade—we will be leaving our children with more debt, less freedom, diminished personal responsibility, and fewer economic opportunities. Worse, we will have failed to honor the dreams of those Kansas soldiers for a better life for another generation of Americans.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr.