

even get a copy faxed to them because there is no copy available. It's being debated behind closed doors and with no public input, and we're starting to hear about some things that may be in it. I think it concerns a lot of people as they have already seen some things that are in this bill that are very concerning.

We are hearing that there are going to be billions of dollars for a railroad between California and Las Vegas. I don't know about you, my good friend from Iowa, but we used to hear that what happens in Vegas stays in Vegas. I guess now what happens in Vegas is going to affect every taxpayer in this country. Billions of dollars on that one item.

There is language that we're hearing is going to be in this bill that will undermine the welfare reforms that were made in the 1990s, welfare reforms that have been dramatically successful in helping people get off of welfare and get off of that government dependence and finally get jobs—good, healthy jobs, good-paying jobs, good careers. For those single women who are out there who are, maybe, single mothers who are finally getting a good career opportunity, that is being taken away from them with the undermining of this welfare reform that is in this language.

The health care czar, this is something that we have never even heard about before. Now we're finding out there is language that is going to create some kind of health care czar that will basically be able to ration health care.

So there are some major changes in here that do not stimulate the economy at all, that do not create any jobs but that make some very dramatic policy changes that will affect adversely many, many millions of people across this country and that will hurt our economy even worse at a time when we need to be turning it around. We have presented good alternatives to try to get our economy back on track which would create jobs in the middle class for those small businesses.

I just want to read one final word before we leave, because all of this massive spending is creating tremendous debt. Just look at what FDR's Treasury Secretary said after the New Deal with all of the spending they did.

"We are spending more than we have ever spent before, and it does not work. I say, after 8 years of this administration, we have just as much unemployment as when we started and an enormous debt to boot."

Let's not make the mistakes of the past.

I yield back.

Mr. KING of Iowa. Thank you, Madam Speaker. I want to thank you for your indulgence this evening, and I appreciate your attention.

I would yield back the balance of my time.

COMPREHENSIVE 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. Thank you very much, Madam Speaker, for allowing us to have the time this evening.

I am very glad to be joined by a number of colleagues over the next hour as we start what we hope will be a fairly regular Special Order hour here on the floor of the House of Representatives to talk about the great need for comprehensive health care reform this year in the United States Congress.

I think it is very appropriate that we kick off this Special Order hour in the midst of an incredibly important and critical debate about the economic future of this country, both in the short term and in the long term, because one of the things we're going to talk about in this Special Order hour is the very fact that, for millions of families out there and businesses—small and large—this economy did not just lurch into crisis this past summer. It happened long before that.

One of the biggest contributing factors to the economic crisis that businesses and families have been feeling for years is the mounting cost of health care. Businesses have not been able to expand because they cannot afford to pay the increasing health care premiums. Our domestic manufacturers are hamstrung by a system that burdens them with health care costs that aren't shared by their foreign competitors, and families who are being asked to pick up more and more of the tab of health care simply cannot do everything they would like to do. For potential entrepreneurs who want to go out and start those new businesses, who have great ideas but cannot leave their current places of employment because their health care benefits tie them to those jobs, they cannot take the risk to go out and start those new endeavors because they cannot take the risk that their families will not have health care.

This economy has been held back for too many years by our current health care system, and one of the things that I hope we will get to talk about here is the increasing burden on our economy by our current health care system. We have an opportunity in this economic crisis to learn from our mistakes. One of those will be our efforts to try to fix this very broken health care system.

We have a number of people here who may have to leave before our hour is up, so I do want to yield some time right off the bat. Representative BALDWIN, who started doing health care hours before I came to Congress, is going to share some letters from our constituents over the course of the next hour.

Before we get into that, I want to yield some time to, really, one of the

great leaders for those of us who have come here to Congress in the past several years. He has been fighting the general fight for health care reform, but he has done yeoman's work in the past several years on the issue of mental health care. He is my good friend, Mr. KENNEDY, from Rhode Island.

Mr. KENNEDY. Thank you, Mr. MURPHY from Connecticut. Let me just say what a tremendous honor it is for me to join you on what, I think, is the moral question of our time.

We have gone through historic times. We have just had a swearing-in that has galvanized this Nation, and now people are asking us: What has the country yet to challenge us? This country is now challenged with the most profound economic crisis that we have seen in over a century. We are coming to terms with the very basic system of government and what it should provide its people.

Every other single major industrial power in this country provides its people with health care. The exception is the United States of America even though in the United States of America, per capita, we spend twice what every other industrialized nation in the world spends on health care. As for our infant mortality rates, our health care statistics fall well below that of all of our industrial competitors.

If our Nation were a patient, we would be a sick patient. Tragically, for millions of families, this comes home to them ever so frequently when they have a member of their family get sick, and they come to realize that the insurance they purchased is not enough to cover the basic health care that they need to rest comfortably at night, knowing that their loved one is going to be cared for without bankrupting them. Health care in this country is the single leading cause of bankruptcies in this country. We have to change this.

It is immoral that everyone in this country has their health and no discrimination until they get sick. Then what happens? Then they are discriminated against because then the insurance companies start saying, "You can get health care, and you cannot. You are too costly to cover, but we can cover you because you aren't as costly to cover. We are going to provide coverage for this healthy set of people but not for this group of people because they may be disabled; they might be older people; they might not be a people that we want to insure."

This is not what America is about. We have come too far to include people in our society in order for us to continue to have a system that excludes people in our society, and our insurance system is really based upon the notion of exclusion, not inclusion.

So we need to demand of this Congress and of this President that they follow through on the commitment to include all Americans in health care and not just those who are privileged enough to have access to the best in

health insurance. Certainly, that includes those of us who serve in Congress. If it is good enough for Members of Congress, it certainly should be good enough for all of the constituents whom we represent.

To my colleagues in government, I want to thank you for including me in this debate. Let me say this is a moral issue, but it is an economic issue, as you said. Far be it for us to think that we are going to pass this stimulus package and then a banking bill but not address health care. If we do not address health care, this economy is never going to come out of the doldrums because double-digit interest rates and increases of inflation every year are going to continue to drag our economy down.

This is the time for us to address health care from not only a moral point of view but from an economic point of view. So I am glad to join my colleagues in this hour of debate.

□ 1800

Mr. MURPHY of Connecticut. Thank you very much, Mr. KENNEDY.

There is no more forceful advocate for the moral authority that we lack as a Nation as we try to go out and broker compromises around the world to try to preach to other countries about their rights and wrongs. It's very hard to do that when they look at us as the most affluent Nation in the world, and in our midst are 45 million people who can't afford health care insurance, children going to bed at night sick simply because their parents can't afford to get them to a doctor. That, I think, cheapens our ability to go around this world and try to set the kind of example that we would like.

Mr. KENNEDY. And very many more Americans who have insurance that is inadequate such that they fear getting health care because the deductible is so high that they don't go for the necessary preventative services. And then what happens? They get even sicker. And then once they get so sick, then they come in when it's so costly to take care of them; when if we had a health care system rather than a sick care system, we could have taken care of them, and it costs a fraction as much as what we end up ultimately paying for taking care of them at the end of the line, which is what we end up doing in paying for our current health care system is a sick care system where we pay for it at the end of the line.

Mr. MURPHY of Connecticut. That is the genius of health care reform is that you are going to get a system that covers everyone for less money, that we can do the right thing morally and the right thing financially at the same time, Mr. KENNEDY.

We're joined here by a number of Members, but I'd love to yield the floor at this point to Mr. BOCCIERI for a few moments, a new Member of Congress.

You know, I think we want to talk about the importance of health care re-

form. But in our current system, the way that you get health care reform most often is through a job. And this stimulus bill that we're debating right now can be looked at overall not only as a jobs' package but as a health care package. Because if we can get more people employed, we can get them jobs.

And so I know Mr. BOCCIERI wants to talk about our efforts to get health care reform generally, but also the importance of this stimulus bill for millions of families out there who are at risk of losing their jobs.

Mr. BOCCIERI. I thank the gentleman from Connecticut for his efforts, as well as Congressman KENNEDY for his stalwart work for making sure that we do the right thing for Americans.

And my friends, Ohio is struggling. Ohioans have lost their jobs over the last 8 years in record numbers. In fact, we have not crawled out of the recession from 2001. And so many, so many Ohioans—just like so many Americans—are one accident, one medical emergency, one diagnosis away from complete and utter bankruptcy.

Yet we spend here in America, like Mr. KENNEDY said, more than any other industrialized country in the world on health care. More than any other industrialized country. Yet, our life expectancy is on par with Cuba. We, as a Nation, spend nearly \$12,000 for family coverage; \$12,000 of disposable income is going for health care insurance.

My friends, this not only makes moral sense and makes sense in terms of the right thing to do, but makes sense in economic terms.

Let me tell you this. We have to cover every American. We have to have a system that covers every American. We need to emphasize prevention, and we have to make sure that health care is portable between jobs, something that has been played out so often in Ohio as Ohioans transfer from job to job because of the downturn in our economy. And we need to end the discrimination that's based on pre-existing conditions.

And I tell you, Mr. Speaker, there is no issue more important than this one because this issue alone is costing millions of jobs and costing thousands of people from seeking preventative care. We spend 75 percent of all that health care money, nearly \$7,000 per person, we spend 75 percent responding to chronic illnesses, illnesses that could be treated if we just saw routine visits to the doctor. Chronic diseases like diabetes, asthma, and heart disease.

And we see that only 4 cents on every dollar, Mr. Speaker, 4 cents on every dollar is spent to promote healthy lifestyles. There is a huge disconnect.

And when we see the fact that big insurance companies block and prevent people from going to see routine visits to their doctor, we are actually costing the American taxpayer, small businesses, and larger businesses that have huge legacy costs more money.

In fact, a recent study—my colleague from Connecticut, I'm sure he knows

this one—a recent study suggests that \$84 billion a year is spent by big insurance companies to block and deny claims. From you going to see your doctor, whether it's for a diabetes treatment, whether it's for asthma, or for heart condition; and that same study pointed out that nearly 77 billion is all that it would cost to cover the nearly 50 million uninsured or underinsured Americans in this great country.

We must take action now, because let me give you two scenarios before I yield back my time that has been played out in Ohio over the last 8 years.

That factory worker that worked at Rubbermaid where the plant closed and the job went overseas, now they've got to find new work and they also have to find new health care insurance. And when you see those individuals struggling, those families trying to send their kids to a dental appointment or try to send their young family to go see their physician because they have some sort of ailment—maybe the worker themselves, Mr. Speaker, has diabetes and they can't go see routine visits to their physician now. So they get an ulcer on their foot. It goes to a point where they now have to go to an emergency room to seek care.

And it costs all of us paying into the system, four, if not five times more by seeking emergency room care versus seeking care from a primary care physician.

So we are actually losing money, costing ourselves more money by not ensuring everyone. We need a robust system that allows an employer-based system that is portable that they can take from job to job and the like.

So if that person now who worked at Rubbermaid is working at Wal-Mart, they should have a portable health care plan that allows them that transition period.

But what we do now is we have to pass an extension of COBRA benefits because the Congress—and especially our former President—did not address this issue and take it head on. Small businesses are asking for relief, American families are asking for relief, and it's about time we deliver that to them.

Mr. MURPHY of Connecticut. Mr. BOCCIERI, thank you very much for joining us.

You know the statistics. You just look at the auto industry. And that statistic that we've heard over and over again, that \$1,500 of every automobile produced in the United States goes to pay health care costs. The comparable number to our domestic auto manufacturers for their competitors in Japan or all over the world is nearly zero because they don't bear the full burden of paying health care costs. They pay it a different way. They pay it through taxes to the government for a different system, but they're paying for systems that cost 11 or 10 percent of their GDP where we're paying for a

system that costs 16 to 17 to 18 percent of our GDP. It's a tremendous competitive disadvantage for small businesses that are trying to pay those premiums and also for those large manufacturers, Mr. BOCCIERI.

Mr. BOCCIERI. I would submit to my colleague from Connecticut, who has taken on this issue headstrong—and we appreciate that—that a recent poll in Ohio from the University of Cincinnati showed that nearly 20 percent of all Ohioans—11½ people in Ohio—nearly 20 percent, 1.4 million Ohioans from age 18 to 64 lacked health care insurance.

So that person who is transitioning from job to job who can't provide the health care insurance they need, it makes economic sense that we cover them to make sure that they can seek treatment because it's going to cost us more down at the end, four, if not five times if they have to take their child to a hospital emergency room to seek routine care that they could have done if they just went to their physician. It not only makes moral sense, it makes sense for all of Americans.

And I have to tell you this. We hear the diatribe and the arguments from the other side of the aisle, but my colleagues and the Speaker need to know this: that in 2004, George Bush's Secretary of Health and Human Services, Tommy Thompson, flew to Iraq with one of many billion dollar checks in hand to make sure that every man, woman, and child in Iraq had universal health care coverage. And what he said is that Iraqi families and their children deserve health care, but you do not. And we're going to spend American taxpayer dollars to make sure Iraqis can go and seek routine care with their physicians but not American families.

And I think that is a huge disconnect. And we need to talk about that because we are building brand new roads and bridges and hospitals and waste water treatment facilities over in Iraq. But when it comes time to put Americans back to work and to ensure that Americans can seek routine care with their physicians and with their family doctors, we hear nothing but blocking.

And I tell you, Mr. Speaker, if we were to give a Heisman award, we would give it today to some of the dialogue that I heard today on this floor.

This is about putting America first, putting Americans first, putting Americans back into their doctors' offices so that they can have valuable health care and they can seek routine care. It's about the American family and putting Americans first.

That's what the stimulus and economic recovery package is all about, and that's what providing health care insurance to every American is about.

Mr. MURPHY of Connecticut. I thank the gentleman.

We've heard the numbers on how much we've spent on this war in Iraq. We're approaching \$3 trillion if you factor everything together. We're talking about spending a fraction of that

money to put people to work here, to give people jobs in this country to start spending our taxpayer dollars on investing in American jobs and in American health care.

Representative BALDWIN has done just an amazing job of personalizing this issue for years on the House floor, and I really, taking from her example, have brought down with me a few letter to really try to tell the stories of people from my district who are struggling with this very issue from both a human perspective and from an economic perspective.

And Representative BALDWIN, I'd love to read one letter to start it off and then kick it over to you.

We all have these letters piling up, they are coming in, unfortunately, more and more often every day, every week, and every month because as the number of unemployed grows, the number of people without insurance grows. And in fact, more and more employers as a means of keeping their doors open are passing on more and more costs to their employees even if they do keep their jobs.

Let me share one letter that came from a constituent of mine, and I will read an excerpt of it.

She talks about her inability to find a good job in Connecticut, that she can find a job but she can't find a job with health care insurance.

She says, "Because I cannot get a good job in Connecticut, I have no insurance. I went to get my teeth cleaned the other day, and I had to pay \$173 out of my pocket. A few weeks ago, I was sick and I went to the doctor, and it cost me \$120. Making minimum wage, I'm getting \$7 or \$8 an hour.

"These bills that are mounting are going to take a long, long time to pay off. I shudder to think what would happen if I got seriously ill or got in an accident.

"My family has invested so much time and energy and spirit in making this country and this State a great place. But it's increasingly becoming a place that I can no longer afford to live."

Representative KENNEDY talked about the largest number of bankruptcies coming from medical costs. This is a woman doing everything we ask. She's working a minimum wage job, dignity in the labor she provides, and yet she knows that she is just around the corner—one illness or one accident—from losing everything, from having her entire life changed both from a health standpoint and from a financial standpoint. And these are the letters that are piling up in our office.

The uninsured sometimes get cast as people who brought it on themselves, that they should just go out and find a job, just go out and seek out health care insurance. Well, we know that whether the number is four out of six or five out of six, the vast majority of people who don't have insurance come from families with full-time workers who have a job but just simply don't

have health care for themselves or don't have it for their families or dependents.

So at this time, I would be happy to have my friend and the leader on this effort of bringing the human side of the story to the House, Ms. BALDWIN, to join us.

Ms. BALDWIN. Thank you.

I want to start by thanking you for your leadership. It is so important that you bring us together to highlight the issue, and I think it is powerful to hear what our constituents have to say in their own words.

We all travel back and forth between Washington, D.C., and our home districts. I represent an extraordinary constituency in south central Wisconsin, and there is nowhere I travel in my district that I don't hear these stories that tug on your heartstrings and tell us in no uncertain terms that we must take action, and we must take action in this session of Congress.

I want to share with you a sampling—and we could probably have endless special orders and not get to all of the communications that we receive.

Michael in Poynette, Wisconsin, in my district says, "I am a [Federal employee] and a member of the Wisconsin WI Air National Guard. This past year we were granted a wage increase of roughly 2.3 percent. At the same time, the cost of our FEHBP plan benefit increased by up to 44 percent." For he and his coworkers.

Michael writes, "Along with this, many of the co-pays also increased. This has put a tremendous strain on my colleagues in the Air National Guard, many who have been deployed three and four times in support of operations throughout the Middle East region."

Ed in Monroe, Wisconsin, writes to me, "My wife and I live in the gap. Between our Social Security and a disability policy she had, we get too much money to qualify for help, but not really enough to get by. With the donut hole in Medicare D, we would only be able to get my wife's meds for 3 months if it were not for the samples provided by one of her doctors."

□ 1815

"Four of her 10 meds would take 65 percent of our total income if it were not for the help of that doctor. I live with chronic pain because of a cancer treatment, but as the years go by, it helps less and I have other medical problems that are gradually getting worse."

Ed continues: "I have a wife and a son that I have to take care of because neither can do it all for themselves. I am the one who battles with Social Security and the insurance companies. I have to deal with problems that arise with their medications, their finances and many day-to-day things."

Ed continues: "Every time I hear a politician talking about cutting Medicare and other programs for the elderly and disabled, it scares me to death because I am just hanging on by a thread."

Sue in Beloit writes about her situation. Sue writes: "My husband was diagnosed with lung cancer. After treatment began, we found out that the insurance company had a small loophole for the treatment of cancer. Under our insurance, they have a \$13,000 limit per year on radiation and chemotherapy. That amount did not even cover the first treatment of either the radiation or chemo. I was not going to have my husband die for lack of treatment, so we started to use our savings and available credit to pay for medical expenses. My husband later died," Sue wrote. "After having completely depleted our savings and facing insurmountable credit card debt, I had no choice but to file bankruptcy last year."

Greg in Verona, Wisconsin, who owns a small business writes: "Since 1998, we've been providing health care to our employees. Every year, we've had double digit increases in our costs. This year, the insurance company has informed us we'll be paying 42 percent more next year, which will lead to one of several eventualities:

"One. We'll have to reduce what we cover as a benefit for our employees and hopefully retain them. Reality is, many will leave and we'll have trouble replacing them.

"Two. We'll eat the increase but offer no employee raises for the next 3 years.

"Three. We'll raise our prices and force customers to look elsewhere for the services we currently provide them.

"The very real possibility is we'll end up with some element of all the scenarios and end up not being able to keep the doors open. Very scary thought when one considers that my business has been around for 55 years."

Michael in Burlington, Wisconsin, writes: "My late daughter was diagnosed with lymphangiomatosis and Gorham's Vanishing Bone disease in March 2005. We found out how much a child with a terminal illness costs a person. My wife and I used every amount of credit and refinanced our house three times just to take care of her. Since her death, the bills mounted so bad that now we will have to file bankruptcy and we already have been foreclosed on our home.

"Secondly, my wife was born with a hole in her heart. In 1972, the doctors repaired the hole. In doing so, through the blood transfusion they gave her hepatitis C. Now she is preexisting at 37 and can't get life insurance and has been repeatedly denied health care coverage. Her mental breakdown because of the death of our daughter left the insurance companies another reason to not let her have health care. This needs to change."

Carol from Madison, Wisconsin, writes: "As someone who has had no health insurance at all for 3 years, I can tell you that it was pretty miserable being one of the millions of people in this country without health insurance. Not long ago, my best friend died at age 42 because of ovarian cancer because she did not have health insur-

ance and waited too long to see what was causing all of her symptoms. Yes, people in America actually die from not having health insurance."

Susan in Baraboo, Wisconsin, writes: "I am writing you today regarding health insurance coverage for single people with no children. As of this time, I feel that I am left out of the loop in regards to this topic. I am 42, and last September I was diagnosed with breast cancer. In January of this year, the company that I worked for informed us that they would be closing down. I was laid off in December while I was out due to my cancer treatment. I have been searching for health care everywhere because my COBRA will be going up and I am on unemployment and barely able to pay the \$244.76 for the coverage now. I cannot get insurance because of the breast cancer. HIRSP, which is the Wisconsin State High Risk Program, is too expensive for me to get coverage since they want 4 months of premiums up front, and as they only cover some things.

"What are single people supposed to do? We don't qualify for any government assistance because we are single. We cannot go without insurance. There are no programs to help us out. So when you are working on health care in the House of Representatives, please remember that there are single people out there also in my shoes. I am at a crossroad because I have no avenue for assistance when it comes to health care. Come November, I will be unable to get coverage when I need it at this point in my life."

I hope, Mr. Speaker, that my colleagues will join me, and on behalf of those constituents whose stories I've shared, in recognizing the absolute critical nature of our efforts to enact national health care that covers all Americans. The crisis is only worsening at this particular moment, and I invite my colleagues to join me in working on this most pressing issue.

I again thank the gentleman from Connecticut, my friend, CHRIS MURPHY, for bringing us together this evening to give voice to the American people who are suffering so much in the current circumstance.

Mr. MURPHY of Connecticut. I thank the gentlelady. You have some pretty articulate constituents. We hope to come down here and do this fairly regularly, and the unfortunate nature is that there are enough letters that come in every week to be able to fill at least an hour every week or every 2 weeks with their stories. So I thank the gentlelady for joining us and being part of this and hopefully keeping this message going forward, which is that these stories are endless, the crisis is real, and we have an opportunity to do something about it and do something about it now. We can't wait any longer. Our economy can't wait. Our families can't wait. Our businesses can't wait.

This year, this session, we have an opportunity to do real health care reform, and the ultimate consequence of

that is hopefully that the number of those letters that Ms. BALDWIN read aloud will reduce over time as people see real health care come to them and their family and the businesses they work for.

Mr. ALTMIRE, we normally join each other down here for a more wide-ranging conversation amongst the 30-some-things, but I'm thrilled you were able to come down and join us this evening.

Mr. ALTMIRE. I want to thank the gentleman from Connecticut. There's no one in this House—a lot of us care and work hard for health care—but that works on health care more and cares more than Mr. MURPHY, and I appreciate you putting this together.

And the reason this is an important issue is because it affects everybody. It affects every individual. It affects every family. It affects every business in America. Health care is something that we all need, and health care is something that we all have a right to.

Now, there's differences of opinion on what reform should look like, but there's no difference of opinion that our system is broken. And if you look at the facts, we as a Nation spend almost \$2.5 trillion on health care as a country, far more than any other country in the world; yet we still get mediocre results when compared to other countries in some things like life expectancies and infant mortality, and Mr. KENNEDY talked a little bit about that earlier. Now, we're the not in the middle of the pack. We're in the bottom of the pack in some of those when compared to other countries.

Now, if you can afford to get in and if you have access to the system and if you're one of the fortunate that has a quality health plan and you don't have any preexisting conditions, then you might say, well, we have the finest health care system anywhere in the world. And that's true, too, for that segment that's able to access our health care system.

The problem that we have is we have 50 million Americans, approaching that number, that lack any health insurance at all; 50 million people with no health care. As the gentleman from Connecticut talked about earlier, it's a common misconception to say those are people that it's their own fault, they should have health care, they should get a job. Three-quarters of those people have a job or they live in a household where the head of the household has a job. They don't have health care.

We passed an expansion of SCHIP in this Congress in the past 2 weeks here, signed into law by President Obama, that extends 4 million children access to the SCHIP program. Those are working families. Those are kids that didn't have health care. They live in families that work hard and play by the rules, but they can't afford health care for their kids. Is there anything more important that we could be doing for our children than making sure they have access to quality health care?

And if you look at our country, a big issue that we talked about in the stimulus was the information technology system in this country. And I just think it's crazy that you can go—I live in Pittsburgh. So somebody who lives in San Diego, they might not think this is so crazy. But if you live in Pittsburgh and you go to San Diego and you put your bank card in the ATM machine, you can pull up all your records in a safe and secure way, all your financial documents, get your balance. You don't worry about it. You don't think about privacy.

But if on that same trip you show up in the emergency room in San Diego and you need services, they can't pull up your record. They don't have your family medical history. They don't have your allergies. They don't have your imaging, your X-rays. They don't know anything about you, and you start from scratch, and they're going to ask you half a dozen times when you're there, what are you allergic to.

It's crazy that health care is the only industry in the country that doesn't have an interconnected information technology system. You would think that would be the most important one to have it. We don't have it.

Now, there are some health systems in this country, including the VA, that has done a pretty good job of putting together an information technology system, but what we can't allow happen is that we develop a nationwide network of small information systems that are incompatible with each other because that doesn't solve the problem at all.

So, what we tried to do in the discussion of the stimulus package was put together a roadmap for the future with information technology systems so that anywhere you go in this country, if you need health care, you can pull up your records in a safe and secure way. And with health care changing the way that it is and treatment protocols changing, the patient will have access to that, and in some cases, in a safe and secure way, the patient who is a diabetic from home that does their own self-tests can update their own record in conjunction with their physician.

So these are things that we need to aspire to in the future. We cannot allow our health care system to continue to languish behind the times of technology, and we certainly cannot continue to allow 50 million Americans and growing every day to go without health care. Because it's been said many times in this hour and many times before, we have people that do have health care outside of that 50 million that are one accident or injury or illness away from losing everything. The gentleman said it a moment ago. Those are the people that are lucky enough to have health insurance.

I hear from small businesses in my district all the time, with say 10 employees. They will say if one of their employee's kids, not the employee, the employee's kid gets sick or injured,

they get a phone call from the insurance company, and they say, well, you're too big of a risk, we have to drop you. What's the point of having health insurance if you only have it until you need it, until somebody needs to use it? That's not what health insurance is supposed to be about.

We need to find a way to allow small businesses to pool their employees, either through their States or their regions or metropolitan statistical areas or, moving forward, the entire Nation. Put them all in the same community-rated risk pool and say that your individual health status doesn't matter when setting your rates. You can still have the same choices in the market. You can still, as an employer, choose what coverage you're going to offer your employees. And you as an employee have the same choice, but the insurance company can't use your individual health status to set your rates.

□ 1830

And that would make the system more fair. But the larger issue moving forward, as the gentleman said, and I'll conclude, is we have to find a way to ensure the highest quality care that is available to some parts of our society is available to everyone, to all 300-plus million Americans in this country, has access to the highest quality care, and they have health care not just when they do need it, but when they do need it. That's the key.

Again, we're going to have a long discussion about what does reform look like. We've talked about it before. And that's an issue that this Nation needs to come to terms with. But there can be no disagreement on the need for health care reform which, once we get past this economic situation that we're in now, has to be the number one course of action for this Congress.

I thank the gentleman.

Mr. MURPHY of Connecticut. I thank you, Mr. ALTMIRE, and I think by focusing in on that question of quality, you really talk about the third leg of the stool—is about coverage, is about prices, is about quality.

I think, although all of us come from a little bit different perspective on the ultimate path forward on the parameters of that health care reform effort, we know that it can advance all three legs. We can get a more affordable system that covers more people for better quality than we have now. And I don't think it's too ambitious to suggest that we're going to get a system of coverage that covers everybody for less money than we're spending today.

If you shift the money from crisis care to preventative care, if you start pooling the purchasing ability of the people that are paying, you can drive down the cost and expand out the number of people. And that sounds impossible. I mean, how do you get more for less? But every other country has shown a way to do that. We're not going to copy other countries' systems. We're going to create our own, taking

already from the best that we have. But we can do both, Mr. ALTMIRE.

We're joined as well today by my colleague from Connecticut, Representative COURTNEY. Representative COURTNEY and I got the chance to chair the Public Health Committee in our respective State legislature, and we both know firsthand how hard it's been for States to toil under the system, as 50 different States try to cobble together 50 different systems of health care to insure their citizens in the absence of any national strategy.

Mr. COURTNEY, I thank you for joining us here this evening.

Mr. COURTNEY. Thank you, Mr. MURPHY. As you said, we both sat on the Public Health Committee in Hartford, Connecticut, in the State legislature. You did an absolutely outstanding job for the people of the State. You were the guy that was there to implement SCHIP. We call it HUSKY in Connecticut, for obvious reasons—because we have the best men's and women's basketball teams in the country right now in the NCAA.

You also did, again, a lot of other path breaking legislation during your time there. It's very exciting to see you now on the Energy and Commerce Committee to continue that work at the national level.

I wanted to follow up actually on a couple of comments that our colleague from Pennsylvania brought up regarding the fact that, A, in the short time that President Obama has been in office, he followed through on a campaign promise to extend health insurance to 4 million more children in this country. As the three of us know, this was an issue that people clawed at each for 2 solid years. And then, within 2 weeks of coming into office, we were able to accomplish that historic expansion and strengthen coverage for things like dental care and mental health care, which anybody out there talking to the pediatric community knows, was a real weakness in the SCHIP program that has now been in effect for the last 10 years.

His stimulus plan, the American Recovery and Reinvestment Act, recognizes the fact that we have lost 3 million jobs in this country and, unfortunately, in America, when people lose their jobs, they also lose their health care in many instances because we have an employment-based system. And his proposal which creates a COBRA subsidy, providing 65 percent of the premium costs for unemployed individuals, is really just a major change in the health care landscape in this country.

Like a lot of Members, I have been at unemployment offices over the last 3 weeks or so. Connecticut has been hard hit, like other parts of the country. And talking to the folks who are in the offices describing the individuals coming in, who in many instances have never experienced a layoff in their lifetime, and in many instances had very solid, upper middle-income salaries,

now have all these problems thrust at them.

But the number one issue that constantly comes up for people who are at that desk trying to contend with a blizzard of new programs that they have never dealt with before is, How do I keep my health insurance for my families? And the cost of COBRA extension is brutal. It averages around \$700 or \$800 a month. If you just do the simple math in terms of what an unemployment check will cover, this COBRA extension, which President Obama has included in the Recovery and Reinvestment Act, is just going to be a tremendous help for working families who are trying to get through this very difficult patch.

There's another issue, though, which Mr. ALTMIRE mentioned, which is also in the plan, which is an investment, really an infrastructure investment, in health IT. About \$19 billion is included in the plan. And JASON mentioned earlier that the VA and the military health care system is actually kind of ahead of the curve in terms of the civilian sector.

I had a chance actually to personally see that in December when I was over in Iraq and Afghanistan. I was at Walter Reed Hospital in December, visiting a young soldier from East Lyme, Connecticut, who was shot by a sniper in mid November. He was being treated at Walter Reed. Talked about the great care that he received at Landstuhl Hospital in Germany.

And on our way back from Iraq and Afghanistan, we stopped at Landstuhl Hospital and I was up talking to the nurses on the ward and the doctor who actually performed surgery on him. I mentioned his name. This was about 6 weeks after the fact. They all knew him right away.

One of the reasons why, other than the fact they're just great people who really care about their patients, is that they have a totally interoperable system of health IT within the military hospital system. So the doctor can pull up on a computer the treatment files of this soldier who's in Washington, D.C., at Walter Reed Hospital, and interact with his doctors, answer any questions that may come up in terms of his recuperation. It was remarkable.

And the question JASON asked is, Why can't we have this in the regular health care system in this country? Obviously, it's because we have a very fragmented system, and we need to overcome these issues of interoperability.

One of the ways it does it is to build on a system that George Bush started. He created the Office of National Coordinator of Health Care Information Technology. That was a Bush Executive Order. And what the recovery plan does is it basically takes that office, which is dealing with these issues of interoperability, and pump new funds into the program and just moving this country forward much quicker than it otherwise might have done under the prior administration's budget.

Well, there's an urban legend already out there claiming—and it's in the blogs and it's on some of the cable TV shows—that somehow this National Coordinator of Health Care Information is creating a nationalized socialized system of health care and it's going to mandate treatments that doctors and hospitals are going to have to administer. Nothing could be further from the truth.

This office, which was created by George W. Bush, is strictly an IT office that is dealing, again, with implementation of computer technology in this system which, again, as Congressman ALTMIRE said, needs a lot of work because it's a very fragmented system, particularly when you're trying to bring in doctors and health care providers who are outside of the hospital network into the system of health care information technologies.

So, for anybody out there listening who has heard these ridiculous claims that somehow this bill is going to create a one-size-fits-all system of health care, nothing could be further from the truth. This bill is about trying to, again, implement what George Bush started, and which makes common sense for anybody. All the stakeholders and health care systems agree that health care IT, making the system more efficient, coordinating care by just sharing information in a safe and secure manner, is a way to really move the ball forward in this country towards a system of universal access and high-quality care.

So, if people are hearing those rumors—and I have had some seniors call the office saying they don't like the idea of this—the fact of the matter is that this is a program which the military uses, which the VA uses, which is going to be good for care in terms of eliminating errors in the system because of just the fact that bad information is being shared by different providers.

It does nothing in terms of changing the doctor-patient relationship, the patient-hospital relationship. The government is not getting involved in the decision-making of how your health care is going to be decided or administered.

Holding this forum on the night before the vote, Mr. MURPHY, I think is a great opportunity to clarify, again, some of the really good steps forward that President Obama is asking the Congress to vote for.

Like yourself, I know we believe that, as folks who have worked on this issue for an awful long time, that this is a real opportunity in a very difficult time of our country to move forward for all Americans.

So, with that, I will be happy to yield back to you.

Mr. MURPHY of Connecticut. Thank you very much, Mr. COURTNEY. I preceded him or came after him as the chair of the Health Committee. The work that had been done under your leadership to start what really was a

model program for getting prescription drugs to Connecticut citizens, the ConPACE program, was really an amazing piece of work due to your great leadership. And I thank you for joining us here.

I'm glad that you brought up, Mr. COURTNEY, this issue of what this new Office of Health Care Information Technology is going to do. One of the things that has held us back as a Nation in trying to create a sensible system of health care information technology is that we don't have any national standards, that we don't guarantee the ability of one system to be interoperable with another system.

It just makes absolutely no sense that someone that has been treated their entire life at a hospital in Torrington, Connecticut, who gets brought into the emergency room 20 minutes down the road in New Milford Hospital, even if they want that hospital, that emergency room to have data about their care, their illnesses, their treatment, their tests, that that data can't be transmitted. That those two hospitals who have spent millions of dollars building up their own information technology and medical records system can't communicate with each other.

And ultimately as we move forward on some sensible form of comprehensive national health care, it's going to have to have at its foundation a health care information technology system that communicates with each other. It's going to have to be, I think, very strong patient protections built into that system. But it is going to have to be interoperable. And the only way that that happens is through a Federal effort to try to set up some basic standards to guarantee that these systems are not just individual silos and they can communicate with each other.

That doesn't mean that we're going to dictate one software program or one hardware program. But we're going to have some ability for those systems to communicate with each other. And I think of all the pieces that many of us are excited about in this stimulus bill, the ability for this piece of legislation to move us leaps and bounds forward on the issue of health care information technology is just absolutely, absolutely critical.

Representative COURTNEY also mentioned the issue of the expensive COBRA system. Representative BALDWIN was reading us some letters before. And seeing that you brought it up, I figured I'd read a portion of a letter on that very subject.

George from my district writes, I'm 63 years old and was recently laid off from my job. I was told that I would have 30 days of additional insurance coverage from the day that I was laid off. But when I went in to schedule a minor operation, I was told that I didn't have insurance coverage anymore and the operation had to be canceled. I was given the option to continue coverage under COBRA, for a

price. When I looked at the cost of COBRA insurance, it was over \$753 a month. My unemployment check per week was roughly \$498 a week, less taxes and any part-time job.

"How are we as Americans able to maintain our homes and this when things like this happen to us? I think it's a real crisis and you and your fellow Congressmen and Senators should really make an effort to fix these problems that we're facing."

That story can be told over and over and over again in this current economy as people are losing their health care insurance. They have that option of COBRA, a great decision that this Congress made to allow that option. And now, under President Obama's stimulus bill, people will actually be able to afford that option. It will be a realistic option for people that are losing their jobs as a bridge to reentering the workforce.

I know we have a Special Order hour awaiting us so we will wrap it up at this point. I hope that as we come down to the floor and have these Special Order hours surrounding health care reform, that we're going to be united by a single purpose of getting health care reform done this year.

As Representative ALTMIRE and I were talking about, everyone is going to have very different perspectives from both sides of the aisle as to what should be the component of that reform legislation. And people's ideas may vary greatly, but my hope and I think all of our hope of those that joined us here for this hour, is that our unity of purpose is in getting a bill done. Getting a comprehensive piece of health care reform legislation done this year.

This Congress and this town has been stymied year after year in that effort. But the stars may be aligning this year to get something done. And, in particular, I think that this economic crisis that we're going through right now should be that final impetus to get us over the hump.

We have known for a long time that as a moral imperative we have to step up to the plate and deal with the fact that there are too many people getting sick for no reason except that they can't get care. This—it's too expensive. But we now have a much sharper idea of what the economic imperative is behind health care reform.

We can cover more people for less money. We can save jobs by reducing health care costs.

□ 1845

And if we set that as the very realistic goal heading into a health care reform debate, I think we will find, despite the cacophony of voices that will surround this hall from the outside interest groups that have so much concern and stake in the status quo, that there is probably much more agreement in this House than there is disagreement.

I thank my colleagues for joining us here today. I look forward to coming

down and having this hour several times over the coming weeks and months.

With that, I yield back the balance of my time.

STIMULUS PLAN

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

Mr. BURGESS. I thank the Speaker for the recognition.

Tonight, Mr. Speaker, I thought it is appropriate that we talk a little bit more about the stimulus plan, the spending plan that we will have on the floor of the House I believe tomorrow. In fact, the actual text of the bill has not been completely released yet. My understanding is that it become available at about 8:00 p.m. eastern time tonight. So we don't have the final wording on the stimulus bill. In fact, the bill as it went to conference the other day was 1,425 pages.

As you can see, this is going to be a daunting task for any Member of Congress to read through between 8:00 tonight and whatever time we have our vote tomorrow. But I do hope that many Members will take the time to spend as much time with the bill this evening as is practical, because obviously this is a very, very big bill. It encompasses a great deal of policy, both energy policy, health policy, some health information technology infrastructure policies we heard from the previous hour, and will affect the lives of literally every American over the next many, many years, because the cost of this bill is something that is going to be borne by Americans for the next decades. In fact, many Americans who have not been born yet will be bearing the consequences of this bill well into their adult lives, because the price tag of this bill as has been advertised will be just a little bit under \$800 billion. Well, that is \$800 billion, \$788 billion, in actual spending.

One of the things that we never do when we talk about the cost of bills here in the Federal Government, we never talk about it in terms of what someone would encounter in the real world if someone wanted to go out and borrow \$788 billion for their business. Well, of course they would have to include the cost of capital, the cost of borrowing, the interest expense on a loan of that magnitude that they would have to carry on their balance sheets. Well, we don't bother ourselves about that in Congress. But if we were honest about it, the correct cost of that bill, just including the interest expense, would likely take it well over \$1 trillion, perhaps in the range of \$1.1 trillion or \$1.2 trillion.

Why is this important? Well, it is important because we have got some other big spending priorities to come up this year. We ended the year, the last session of Congress, with a signifi-

cant deficit of nearly \$1 trillion, and now we are talking about adding another \$1 trillion in debt onto that. And this is money that we don't have sitting in the Federal Treasury; this is money that we will have to go out into the markets and borrow. And, as a consequence, it is important that we bear in mind what the effect of that borrowing activity will be on our monetary system here at home and, indeed, on the world markets at large.

And, indeed, in this stimulus bill, in this spending bill as it is proposed to us as we have heard talked about earlier this evening, there are going to be a number of health care measures that are compressed into this bill.

One of the things that we have heard about is the coverage with COBRA insurance. The reason that, when someone loses employment, if they wish to continue their employer-based insurance, their employer-sponsored insurance, obviously the employer is no longer paying the 66 percent that they were paying during that person's employment, so the cost of that insurance increases. So during the time of the stimulus bill, the proposal is that COBRA will be covered, or a portion of COBRA, 60 to 65 percent of that expense will be covered by new spending in the stimulus bill.

Other health care spending that is going to be in this bill will include an expanded role for Medicaid and an expanded amount of Federal money that goes into the Federal component of Medicaid, because Medicaid is a shared expense between the Federal Government and the State government. Currently, on average, about 57 cents out of every dollar spent in Medicaid has a Federal origination, and the other component, the other 43 cents is a State origination. But this stimulus bill will change that so-called Federal matching rate, and the Federal matching rate will increase 4 percent, 5 percent, or 6 percent, depending upon where those final numbers come down.

Now, that will not be in perpetuity. That will be for a period of time, 12 months to 18 months into the future, purportedly to get us through the time of turmoil within the economy. And while that may be well intentioned, I would just certainly ask people to ask themselves and do a little bit of arithmetic: 18 months from now puts us very, very close to an election day in the year 2010. And if you think Congress has the courage to roll back a Medicare expenditure 1 month or 2 months before election day, I think you'd better think that through again, because that is not likely to happen.

So what is the effect of this? We are asking the American people to essentially take out what you might describe as a subprime loan. We are going to loan some money into the Medicaid system for a period of months, but there will be a balloon payment that comes due; that is, Congress will have to continue to fund those programs beyond 18 months. And, again, if we were