Josh. They had just moved into a new home. As if that stress was not enough, shortly after his death, Jason's widow delivered two healthy twins, a boy named Hezekiah, after his grandfather, and a girl named Logan.

Rivenburg's death sparked outrage and an outpouring of support for the family across our country. Truckers and family members are demanding that the government do more to protect truckers who risk their lives following rules that require that they pull over and rest after a certain amount of driving time.

There are few resources telling truck drivers, who are often unfamiliar with a local area, where a safe place to rest might be. Moreover, there are few safe places to rest in the first place.

Mr. Speaker, we must do more to support these incredibly important men and women. Moving our freight and goods is essential to keeping this country and our economy progressing. We must ensure that as we demand mandatory stops and on-time delivery that we provide adequate support systems for our Nation's truck drivers.

Mr. Speaker, I ask that my colleagues support the life and memory of a truly hardworking American man and support Jason's Law, which I am sponsoring.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

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

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BRADY of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

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

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

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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 addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. HUNTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. GOODLATTE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

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

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

(Mr. CONAWAY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. FLAKE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE FOR AMERICA

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. Mr. Speaker, I am glad to be back here on the House floor this evening to join you and our colleagues in talking about an issue that is of rising importance to millions of Americans, and that is the issue of guaranteeing a seamless and affordable and quality health care system for the American public.

Mr. Speaker, we are here to talk about health care for America. It's a pretty simple concept, and over a number of years, the desire and the call from the American public has become more and more acute. I'm glad to be here with my good friend from Wisconsin, Representative KAGEN, and others who may join us here throughout our hour or a portion thereof to talk about both the need for reform and some of the ideas that are floating around this Chamber to get us there.

I stand here with new evidence from the American public that they are more desirous of change than ever, not a preservation of the status quo, not incremental reform, not a Band-Aid fix to the problem, but real reform.

A recent survey of Americans by the Kaiser Health Foundation showed that over 60 percent of Americans believe it is more important now than ever, than ever, to pass comprehensive health care reform. Those same individuals reported that they are having more problems than ever, more problems than ever, accessing care.

Forty-two percent of Americans in that recent poll said they relied on home remedies or over-the-counter drugs to take care of their illnesses because they couldn't afford the prescription. Thirty-six percent of people reported that they skipped dental care or a visit to the dentist because they couldn't afford it. Thirty-three percent of Americans said they put off or postponed care that they knew they needed because they could not afford it. Twenty-nine percent said they didn't fill a prescription because they couldn't afford it. And 18 percent of Americans, nearly one in five, said that they cut pills in half that they were due to take because they wanted the prescription to last longer.

Mr. KAGEN, Mr. Speaker, and my colleagues, this is the most affluent country in the Nation, the most free, the most powerful. What does it say about the conscience of a nation that one in five Americans are sitting at their kitchen table, sitting and standing next to their bathroom sink, cutting prescription drugs in half because they

can't afford to pay for the full prescription? And what does it say in this country that forces so many Americans, most of whom are playing by the rules, doing everything we ask? We know that study after study tells us that of the nearly 50 million uninsured in this country, five out of six are a member of a family with a full-time worker. More and more often you're working, you're doing everything you're supposed to, and you can't get insurance or the insurance plan that your employer presents you puts more and more of the burden on paying it onto the employee. We know that for all these people that are playing by the rules, for all these people that don't have health care insurance, they live amidst a health care system that spends more on health care than any other country in the world. We spent $2.2 trillion on health care last year, Mr. KAGEN, about an average of $7,400 per person, nearly double what every other country in the First World spends. And what do we get for it? We get a system that leaves almost 50 million without health care insurance, and we get a system that by and large ranks in the middle to lower tier with regard to health care outcomes in the world.

In fact, another new study that just came out suggests that the United States amongst industrial nations ranks last, ranks last, in addressing the issue of preventable mortality; that in preventable deaths, this health care system does worse than every other industrialized nation in the world.

The facts are clear. For too many people out there, health care has become unattainable. For too many that have health care insurance, they're going bankrupt just trying to pay their portion of the bills. And the system overall is bankrupting not just this government but is bankrupting and putting out of business too many businesses, both small and large, throughout this country. Big businesses, small businesses, families, individuals, all asking with voices louder than ever that this year right now this Congress step up and fix this problem. It's the right thing to do. It's the right thing to do from the perspective of conscience. It's the right thing to do from the perspective of health care, and it's the right thing to do from the perspective of economic recovery and revitalization. So we are here tonight to talk about this challenge that's laid before and presented to this government.

Mr. KAGEN and I came here in the same class, and we got here amidst probably a record degree of cynicism about what government can accomplish but in particular what Washington can accomplish. Now, it's gotten a little bit better since the election of President Obama, but there are still far too many people out there who look at the depth and the severity of this problem, the health care problem, and doubt whether Congress and this place has the ability to rise to the challenge.

We're here to say that it absolutely does. We are here to say that this is a unique moment in time, coming fresh off of an election with a mandate on health care, with a House full of Members who want reform, with a Senate full of Members who want reform, and with an administration that has made it one of their priorities that we can do it now.

Now, we may all have, as we will probably discuss over the course of the next hour, varying ideas on how we get there. And in the end for every single one of us when we go to press that green or red button on a comprehensive health care reform bill, there is going to be an element of a leap of faith. We are all going to have to cast aside the perfect for the benefit of the good. But it is time that we stopped arguing over the perfect system and started making some real improvements, big improvements, comprehensive, transformational improvements. I think that's where we will get to this year.

And I'm glad to have some of my colleagues on the floor of the House to talk about this tonight, in particular the doctor of the House, Representative STEVE KAGEN.

Mr. KAGEN. Thank you, Congressman MURPHY. It's good to be with you again on the House floor where we can begin to discuss with the American people about progress we can make together. And only by working together are we going to bring about the changes that we need.

Now, we did come here in 2006, November. We came for orientation. And we came with a message, and the message was about positive change. Now, I will just give you the good news. Just in case people haven't heard it across the country, there has been a change in Washington. We now have a President who can actually think things all the way through, someone who's really on our side for the changes that we need. And what have we done so far?

Well, for the Meronek family that I have the honor of representing, this is a photo of Wendy and her 3-month-old child. And they didn't have access to a doctor at the doctor's office. She had access at the emergency room because she didn't have any health care at all. She was qualified for SCHIP but it wasn't fully funded. We passed SCHIP in our first term here in the 110th Congress. We passed it and the President signed it. And the very first thing that the President did for this country this year was to pass legislation that guaranteed that children who are most in need have access to the doctor in the doctor's office. It reduces taxes, reduces our costs, increases the health for our children, and prevents problems from getting worse. It's good for people's health and it's good for our budget. So we began to take that positive change by helping children.

We also passed a bill that may not seem to be too related to health care, Lilly Ledbetter. This was a bill that guaranteed equal pay for women.

Now, of all of you here in the gallery, a few of you that might be here tonight, raise your hand if you're against equal pay for women. Raise your hand if you're against providing health care to children who are most in need at the doctor's office.

□ 1945

I don't think we see a hand going up. Women and children first, that is what this 111th Congress has done with the help of President Obama and his leadership.

I have here a few postcards I have received from my constituents in northeast Wisconsin that pretty well tell it like it is.

David and Dianne from Appleton: ''We have health insurance, but cannot afford to use it.'' Now, that is a problem, when you have health insurance coverage and the only thing it guarantees is that the insurance company is going to take the money, then you have to fight like heck to get the money back. They have high deductibles and can't afford to use the insurance they have.

From Luxembourg, Wisconsin, Jim says, ''My wife and I have preexisting conditions with our health. Right now, we pay $3,000 a year after 80 percent is already paid.''

''Preexisting conditions.'' It is time that we applied our constitutional rights that prevent us from suffering from discrimination by the health care industry. No discrimination. No citizen, no legal resident in this country anywhere should be discriminated against because of the color of their skin, and likewise they should not suffer from discrimination because of the chemistry of their skin. No discrimination based on the content of their heart. Well, what about the content of the arteries of their heart? We need to pass legislation that guarantees that no one will suffer from discrimination due to preexisting conditions.

Here is a card from Albert from Crivitz, Wisconsin, who writes, ''Without a job that pays a fair wage, I won't have money to pay for health care, for gas, for a war, for Social Security or anything else.''

It is really tough to separate health care from our economy and our economic recession from the loss of the 6 million jobs during the last 12 months. We have to put this thing all together. One thing directly affects the other.

Here is Kathleen from DePere, Wisconsin: ''It is time for all Americans to have the same health care benefits as their representatives in Washington.''

Well, that is not a bad start. I think people in our districts understand the situation just as well as we do here in Congress, and we are working very hard to bring about the changes that we need.

I yield to my colleague from Florida, RON KLEIN.

Mr. KLEIN of Florida. Thank you, Dr. KAGEN. Certainly it is an honor and privilege to be here and to talk about

this issue in the House of Representatives, because I know people at home are trying to figure out what it is that they can do, what ideas that they have, what ideas doctors have, hospitals have, caregivers have, to try to fix the system that in the long term is not sustainable.

It is not sustainable through Medicare and Medicaid based on the costs. It is not sustainable if you are a private-sector business and you are providing health care to your employees. You obviously want to do whatever you can to keep them healthy. You spend a lot of time training them, and we want them to come to work every day and be healthy and not have to end up in the hospital where they don't have coverage and obviously all the problems that go along with that.

So we have some serious issues out there, and I think this is one of those moments in time in America where we have to come together. This is not a Democrat, Republican or Independent issue. This is an American issue. This is something where we have to sort of in a nonpartisan way figure out what is working in the system and preserve that, and what is not working in the system and fix that.

There are lots of issues we know that are not working, and I will just give one perfect example, which I know when I am speaking on the floor of the House this evening a lot of people will be able to share and empathize with this scenario I am going to give you.

We have a very close friend. We have known them for many, many years. Their daughter has cystic fibrosis, and it could be any number of diseases that any of our families unfortunately have with their children.

This gentleman owned a business, a family business, for decades, a long, long time, and the business, based on what is going on right now over the last number of months, had to close. Well, fortunately, for all the years that he has been raising his family, they have had a good health insurance plan that the business paid for. Obviously, it was something that gave them peace of mind, knowing that when their daughter needed hospitalization or therapy or treatments, she could get it.

Well, when your business goes out, there is no COBRA, and a lot of people are not aware of that, because there is no underlying policy. The reality is for him to find an insurance policy, a health insurance policy right now that will take care of his daughter with her preexisting condition, that is what it is known as, it is almost impossible to get that coverage, and, if you can get it, it costs a fortune and usually has all sorts of exclusions and limitations.

The same example for women who have had breast cancer. Literally millions of women that have had breast cancer, generally speaking after they have had breast cancer, they are going to have a difficult time getting coverage. And guess who needs it the most? Someone who has cancer. God forbid, if it ever comes back, you want to know if you need surgery or an oncologist or a second opinion or to have whatever, a lumpectomy or whatever it may be, that you will have the hospitalization and care.

Unfortunately, this is a big gap. And ''gap'' is really not giving it the right feeling, because ''gap'' is just a word. But this is a crisis. This is a crisis for families who can't afford or can't get that kind of health insurance. And there is no reason.

There is a very simple answer, obviously. What is insurance? Insurance is supposed to spread the risk. When you have a large pool, when a large corporation has 10,000, 20,000, 100,000 employees, they buy a policy and it spreads the risk. And, God forbid, if one of their employees has a serious illness or car accident, that is covered in the big pool by all the rest the employees. That is how insurance is supposed to work, whether it is homeowner's insurance or any kind of insurance you buy. Health insurance is the same.

The tragedy, of course, is that over time we have allowed a system to develop where there are large gaps in our delivery of health care. We have to fix it. It is the right thing to do.

I will turn it back to the gentleman from Connecticut who is running this discussion tonight and thank him for allowing me to participate.

Mr. MURPHY of Connecticut. Thank you very much, Mr. KLEIN. I am glad you are here with us tonight.

I want to turn over the podium to Representative OLVER from Massachusetts. One of the statistics that stands out, and I know Mr. OLVER is going to talk a little bit about the amount of money we are spending on health care, in 1970 about 7 percent of our gross domestic product was devoted to health care. Since 1970, in 30 to 40 short years we have jumped up to almost 17 percent of our gross domestic product is spent on health care. That number is going to very quickly hit 20, and could get up all the way up to 30 in a very short time if we don't do something about it.

It is always going to be a necessary component of spending, but that kind of growth is just unsustainable as an economy, something that the Appropriations Committee, of which Mr. OLVER is a senior member, will be no doubt grappling with, and I yield to him.

Mr. OLVER. I thank the gentleman for yielding, and I want to thank the gentleman from Connecticut and my friends from Florida and Wisconsin for being here tonight to help to enlighten people about what has become a very, very critical issue for America.

The only agreement that I can see about the debate that we are beginning to have on reform of the health care system is that virtually every American family, all across the board, knows that health insurance is too expensive. For the 50 million or so Americans who don't have any health insurance, it is obviously too expensive or they otherwise would already have it. For the next 50 million who have too little insurance or are underinsured, as it is called, they know it is too expensive when their insurance company refuses to pay for coverage that they thought they had or the insurance company makes a claim that there was a previous condition involved and that may have been why they are now are claiming that they shouldn't pay the money. Or there are a certain number of people who have lost jobs in this economy and thereby have lost their coverage for health insurance, and for them, obviously, the whole situation has gotten out of hand.

Yes, our American health insurance is too expensive. Let me use this first chart and show you what the situation is here.

This is a chart which shows the health care cost as a percentage of gross domestic product in the G–7 countries. The G–7 countries are America and the next six largest economies in the world, except for China. These data, it indicates that the Japanese data are for the year 2005, whereas the other data are for the year 2008.

You can see on the chart that the percentage of health care cost as a percent of their domestic product ranges from 8.2 to 11.1 percent in the other six next largest economies in this world, and here we are up over 15. And, by the way, these data, if you look at 09, fiscal 09, you would probably find that that number 15.3 percent is probably up to 16 percent or a little higher because of the problems with the economy. Health care continues to go up, and people are struggling for that reason.

So we have by far the highest. We are 40 percent roughly higher than the next-highest one of the largest economies, which is the industrial economies with which we compete all the time. And the average of the other six members, our partners in the G–7, their average number is only two-thirds. We are more than 50 percent higher than the average of those other six countries.

So, yes, American health insurance is too expensive, and this huge gap between our health care costs, the burden that that puts on our industries, between that burden in this country versus the others of our major competitors, hurts American businesses and costs us jobs.

You only need to look at the auto industry, where our old icons of Chrysler and General Motors now are struggling, and in large measure because the cost of their health care in this country is so much greater than it is for other countries producing automobiles.

Well, that might be okay, or it might be acceptable, that kind of a cost difference, if we got the best health care. Everyone watching has probably heard a politician tell them that we have the best health care in the world.

Well, we do have the most expensive health care in the world. That chart

very clearly illustrates that we do have the most expensive health care in the world. But I would like to examine that question of whether we have the best health care a little bit more deeply with this chart, which shows what the life expectancy is among the very same heavily industrialized countries, which are our major partners in industry and in commerce and trade around the world. Again, I leave out China, but I am using the G–7 countries. All seven of them are listed there.

What you see on this chart is that life expectancy in the United States is less than each and every one of the other members of the G–7 group, each of the other six partner members in the G–7 largest economies in the world. And if I average the life expectancies in those other six countries, it is 3 years longer than American citizens live. Now, that does not suggest that we have the very best health care in the world or the very best health care that we could have.

Then on this last chart let me just illustrate one more measure of what our health care quality is, and this measure is one that directly affects a huge number of families at the very beginning of life. This is the question of infant mortality in the G–7 countries, where you see the listed number of deaths for children under the age of one. So it is deaths among new infants lower be than the age of one.

Going from Japan, you see 2.7 per 1,000 births, on to 5.5 for Italy per 1,000 births, and the U.S., the highest number of infant deaths that are occurring before the age of 1 year. Again, if you average the six, you find that the infant mortality in the United States is more than 50 percent higher than the average of these six other nations.

So, I think one has to ask the question, after going through all of that, and I have to look and see where the question is on my papers, one has to ask the question, is the assertion that the U.S. has the best health care in the world, basically is it true, is it not true, is it simply a lie?

□ 2000

We ought really to think very carefully while we're doing the reform of our health care system, as we're going to do later this year. We ought to think very carefully about figures like this and a whole bunch of other measures. I could go through a series of other measures that show similar kinds of data, and show that we are not doing as well as we ought to be doing as the richest country in the world. There are reasons for that. We'll have other times to perhaps explore some of those other reasons.

But I'm very pleased that the gentlemen, my friends from Connecticut and Florida and Wisconsin, are taking this up tonight, and that I have been able to bring some little bit of thought to how this is going forward in America. Thank you.

Mr. MURPHY of Connecticut. I thank the gentleman. And those charts really are instructive to let us know what we're getting for the money that we're spending. I don't think it's the worst thing that we spend a little bit more money on health care in this country than the rest of the world. You know, we have relative affluence here. We have a citizenry that very rightly has high expectations, and so I don't necessarily think anybody has a problem that we spend a little bit more on health care. But two questions are raised. One, how much more money should we be spending than other countries; and what are we getting for that money because, listen, Americans, certainly in my district at least, are value shoppers and they're willing to spend money if they're going to get value for it. And the problem is not enough Americans understand that they're not getting what they should be from those health care dollars.

Mr. KAGEN. Would the gentleman yield for a moment?

Mr. MURPHY of Connecticut. Of course.

Mr. KAGEN. Let's not let the facts get in the way of a good argument or a good conversation, but the fact is that 72 million Americans are having great difficulty paying their medical bills as of November of last year. About 47 to 50 million Americans have no health care coverage at all. But let's not let the facts get in the way.

And I certainly appreciate Chairman OLVER reassuring the people in Japan, if they're looking in tonight, or this morning, for them, you know, they've got it pretty good in terms of health care coverage. And our friends in Europe understand that, you know, they don't have to worry about getting sick.

My way of thinking is, as a physician, if you're sick, you should have the reassurance that when you're sick, you're going to have the coverage that means you're going to be in your house, not the poorhouse. If you're a citizen, you should be in the risk pool. It should be just that simple. If you're a citizen, you ought to be in. And if it's in your body, it ought to be covered. We have to find a way to make certain that that works out.

And before I turn and yield to somebody else here in this discussion, not everyone agrees with all these ideas. That's why we have a debate. Here's a person from De Pere, Wisconsin who says, ''I do not want the government involved in health care. The government mismanages money and thinks funds are endless.'' So you see, we have to reassure our citizens, not just in De Pere, but that good government can make a positive difference in your life.

Medicare was a tremendous program when it was first initiated; 16–1 was the ratio of people working versus retired. Now it's down to about 4–1, so there are some things we have to talk about.

Is Medicare sustainable in its current model? It's a great challenge. And can we somehow tease apart and differentiate our economic recession from our ability to pay for our health care costs? I don't think so.

People in my district are telling me, KAGEN, health care costs are just impossible. Small businesses, what are their greater components of their overhead? Energy and health care. And that doesn't matter if you're on Main Street, on Wall Street, or if you're a family farmer in northeast Wisconsin. So we have to attack the greatest cause of bankruptcy today in the country, which is the high cost of medical care.

I am confident that we're going to be able to work out some details to guarantee that if you're a citizen, you're in; that there will be no discrimination due to preexisting conditions; that the price for health care services, for hospital services, for your pills and prescription drugs will not be whatever they can get. It won't be whatever they can get. It'll be whatever they openly disclose, and give every citizen that same discount.

Mr. MURPHY of Connecticut. Will the gentleman yield for a point before Mr. KLEIN jumps in?

You know, that constituent of yours is multiplied, you know, by hundreds in all of our districts. I mean, people throughout this country have a fear of government-run medicine, in part because they hear about anecdotes from some of the countries that Chairman OLVER and others talked about in terms of the wait times. And, again, I think there are moments when facts are really necessary. Study after study shows that if you really do an empirical, data-based survey, wait times are, frankly, worse off in the United States than in many, if not most of those other countries.

And with respect to the one country that does tend to have wait times greater than the United States, Canada, most of those, in fact, all of those, are really for nonessential procedures. And I think it's worthwhile to then sort of mirror back to the United States.

In Canada, one of the things that comes up all the time is that if you want a hip replacement surgery you've got to wait about 6 or 8 weeks. And that's true. And that's a long time to wait, and too long. In the United States, you've got to wait about 2 weeks to get that surgery. But you know who pays for that surgery in the United States? Medicare. The government. So our government-run health care system does a pretty good job at eliminating wait times.

And for those of us who believe that ultimately you're going to have to have some increased footprint of a government-sponsored health care option for individuals and businesses, I think we can find solace in the fact that, although Medicare may not be perfect, it actually does pretty well with regard to at least that one indicator, wait times, compared to some of our other neighboring countries.

Mr. KLEIN.

Mr. KLEIN of Florida. I thank the gentleman. And just to add to that, I

know when I got elected in 1992 to the Florida Legislature, I had a group of people in south Florida that said single payer, that's the way to go. These are mostly senior citizens who thought that was just the best opportunity. Most of the doctors I was talking to who I knew in the community at that time were totally against that.

Well, what's happened now is many of my doctors in our community, who do just wonderful service, are now the ones saying Medicare seems to pay quicker, more efficiently than a lot of the managed care organizations. And I'm not picking on managed care as a whole. There are some that are good and some that are more difficult to deal with.

But I think the point of this all is that Medicare has generally worked fairly well. I think most seniors are pretty satisfied with a lot of things. It's not perfect, but I think that we understand that.

But if we think about, you know, what is it that, again, recognizing the different pieces here. We have a lot of people that retire to Florida, where I live, pre-Medicare; 55, 58, 59 years old. Maybe they're in business or work for some government up in the northern part of the country or from some other part of the country, and all of a sudden they don't have health care that transfers to Florida, and they can't buy health care because of a preexisting condition or any number of other things.

So what some of them have said is, why aren't we allowed to buy into Medicare on our dime? No government subsidy, just allow us to pay whatever the premium would be. And that's a very interesting idea. I think, again, just trying to think outside of the box, and there's not one silver bullet that's going to solve all these things. There may be some ideas for us to consider.

And another idea is, a lot of small businesses, we know that we like the idea of small businesses pooling their 12 employees here and 16 employees there, and 5 employees here, and 80 there to get to the larger critical mass so they can spread the risk again. Better price, better service, spreading the risk.

Why not allow those small businesses to buy into our State health care system or the Federal, you know, the employees for the Federal Government, again, on their dime. But we already know, we did some pricing on this, and the cost is far below what the private insurance companies would charge them.

So, you know, there are a lot of ideas out here. And I think what we really need to be doing right now is asking Americans, and all of us, as Democrats and Republicans in our Chamber here, ask Americans, what do you think is the right thing?

There's only so much pie to go around. We know we're spending, as Mr. OLVER recommended through his charts, more than any other country in the industrial world, at least of the G–7. The money's there. Where's it going? And how can we make sure that that doctor/patient relationship that Dr. Kagen has with his patients and I have with my doctor and many other people have with their doctor really is one that is nurtured and supported. We know we get better quality medicine when my doctor is the same doctor over many years, as opposed to I get a new managed care list and now I have to choose a new doctor and all the kinds of things that really make for less good quality care medicine.

So again, I think this is opportunity for us to have the discussion, bring a lot of ideas forward, think outside the box a little bit and come up with some answers.

Mr. KAGEN. Well, Mr. KLEIN, I appreciate what it's like to be in Florida. I had a small medical practice there studying the fire ant allergy for a couple of years. I wanted to come up with a vaccine that would prevent people from having allergic reactions to those venomous creatures. We could talk an hour about the fire ants.

But on that hot subject, wouldn't it be nice if Medicare actually covered the overhead expense, or if Medicaid covered the overhead expense? You see, there's a subject called cost shifting. One of the reasons that the prices are so high is that everybody else is paying for the unpaid for health care that occurs not just in the emergency room but in doctors' offices and hospitals all across the country. And that takes place when Medicare does not cover the overhead of essential medical services.

And I guess it wouldn't shock too many people to understand that we don't have the data yet that actually determines and allows us to know here in Congress what the overhead expense is within a metropolitan statistical area. You know, I don't want to have to pay in Green Bay or Appleton, Wisconsin what they're paying for medical procedures in Florida or in New York City or in Los Angeles or other large metropolitan areas, certainly not Washington, D.C., where my first hamburger, fry and a Coke was $22.50.

So the cost for health care has to be brought down, I think, in large part by creating a real vibrant, open and transparent medical marketplace. And, you know, I can go on my communication device—I'm not going to mention the brand. I don't want to promote a given product. I can go on the Web, the Internet, and search for the price of a car, the price of a book. How about the price of my prescription drugs that I might need, and map it out within the area in which I live?

I want the pharmacies to openly disclose the price and give every citizen the same lowest price that they accept as full payment for that product. I think it's time that the hospitals showed us their prices and then charged everybody the same. Wouldn't that be wonderful?

Mr. OLVER. It really would. I must say, it's daunting to be taking part in a discussion with an M.D. who has been through this so intimately and has so many examples that he can put forward. We have two or three other medical doctors here in the Congress, and I'm glad we're not having this discussion among just them and me because I would feel completely out of place.

But I did want to comment to something that my friend from Connecticut had said after I finished my chart talk essentially, and that was, yeah, we should be willing to accept a higher cost in this country. True. I said that it would be perfectly acceptable if we were getting outcomes that correspond to the cost that is going in.

We do have a very productive workforce, and the total value of our economy is so high that I think you would find, per person, per member of the workforce, that the value of our economy, the gross product per member is substantially greater than most, if not all of these. I don't have the data on that, but I think I have seen them. And so you would expect that you should be able to spend more in real dollars than others and still maybe not be hurting the economy. But when it gets so out of range, then you really have to look at what are the outcomes.

One other outcome that I would just like to mention, because I used first the life expectancy of our people at large, from the time that they are born until they join their Maker, and then the infant mortality, but then look at the other question, the question of maternal mortality, which very closely mirrors the data on infant mortality, though that goes from the birth until 1 year of age, whereas maternal mortality would refer only to women who die in childbirth. And there, again, our value is, in this country, with supposedly the best health care in the country in the world, our number, again, is about twice, almost twice as high as it is in the other major industrial partners of ours in this whole world economic system. So that's just one more—I did not bring that chart along, but that's just one more of those measures of the many kinds of measures that you could look at.

Mr. KAGEN. Would the gentleman yield?

Mr. OLVER. I would be happy to yield.

Mr. KAGEN. Some years ago I sponsored for citizenship a Ph.D. in my research laboratory. And when I was about to enter the political discussion in 2005, I asked my Ph.D., Dr. Muthiah, how did he look at our American health care system, because he grew up in Sri Lanka and then graduated from Southern India, Madras, and how did he look at the American system? And he said, well, Boss, American health care is upside down because if you go to the hospital and you have insurance, you get a discount.

□ 2015

If you have no insurance at all, you get the big bill.

So, you see, what we have to do is prevent the cost shifting, and by preventing cost shifting we can bring prices down. I think when we finally come to have an agreement that we should have a Federal standard. I mean, we have Federal standards in the United States for everything, making cars, we have OSHA, we have the environmental standards. We have standards for making clothing.

But we don't have a standard basic insurance policy that guarantees that if you get sick you are going to be in your house, not the poor house. We don't have a basic insurance policy that all the insurance companies, if they are going to be in business, should be offered an opportunity to sell, to compete within the marketplace.

I will give you, just an example, and I am not too good with examples. A few years ago I wanted to buy a Chevrolet Impala. At the time it was the highest percent American made car. I went out shopping for the Impala. I had five dealers with the same car. Now, they competed for me.

I didn't get it for free. I got a skinny deal. The dealer made money, the manufacturer made money, and there was an economy, a real marketplace, a competitive and transparent marketplace. What consumers want in health care is transparency. They want an opportunity to be able to afford the medications that they need so that they don't have to skip a meal or skip a pill, or as you referred to some minutes ago, cutting your medication in half.

There are a number of stories I could tell you that would make you cry. There is Jenny, who has two young children who came to see me. They were asthmatic. I made a wonderful diagnosis, I wrote the prescriptions for her and her children. I said come back in a month, they will be back in school, they will be fine.

And she came back a month later, and I examined the children, and they were not fine. They were still wheezing. Being right to the point, I came down pretty hard on her. I said, you know, the funny thing about these medications, they only work if you put them in the kids' mouths. And she lifted up her sack, which contained her own personal property and also some diapers, unzipped it, held out the prescription. It was the same ones I had written.

And she said, Dr. KAGEN, I took these prescriptions to the pharmacy, and I could see the medications behind the counter, but I couldn't afford to put them in my kids' mouths. Now, what are you going to do to help me? I said, well, that's it, I'm going to have to go to Congress because I can't go to the State House to fix this.

This is really a national crisis, one that can't be solved State by State. We can't have these incubators of democracy, as it has been referred to. We can't have one-State solutions like Massachusetts or another State, or Oregon. We need to find a national solution wherein there is going to be a real transparent medical marketplace to allow a drug company to produce a great medication, to openly disclose that price. And if it's $1 in Mexico City, hey, thanks. If it's $1 in New York City, Chicago, L.A., and everywhere else in between, we need to allow them to compete in an open, transparent medical marketplace.

But, first, we here in this Congress have to make a commitment, to make sure we get it right, to think it all the way through, and above all else let's find out what the real overhead cost is, because if Medicare doesn't cover the overhead costs for something, it's going to cause cost shifting or that service or product is just going to disappear.

Mr. MURPHY of Connecticut. The stories are heart-breaking and, unfortunately, the longer you serve in this place or any other level of government, the more that you hear.

It gets back to that statistic that I started with, which is that some people have an impression that maybe folks that don't have insurance, people that don't have access to health care, well, it's their fault. You know, they are living off the dole, they are freeloaders, free riders. It's not true.

Study after study shows you that 80 percent, or somewhere in that neighborhood, of individuals who don't have insurance are part of a family in which somebody or both parents are working full time. They just happen to work for an employer that doesn't offer insurance or that their insurance is kind of 50 percent insurance. It gets you part of the way there, but not very far. These are the folks that we are really talking about.

And I think that in this moment of great economic crisis—a poll came out the other day that showed that 70 percent of Americans are fearful in the next few months that either they or their spouses will lose their jobs, that more people today are conscious of the fact that they are just one paycheck away from losing all their health care benefits. And should they get sick, as they have watched their parents or their relatives or their coworkers do, that their life could be over as they know it.

As Representative KAGEN said, the number one cause of bankruptcy in this Nation is medical bills, individuals who have had an illness, a cancer, an injury, that they could not have foreseen or prevented. And it has fundamentally changed their lives. They have lost their house, their car and their livelihood.

That's who we are really talking about here. Mr. KAGEN is right. Representative KAGEN said you can't do this one State at a time.

I am wholly supportive of States like Massachusetts. My home State of Connecticut is endeavoring to try to produce a system of universal coverage today. I am very supportive of their efforts to do so. But their efforts should highlight the fact that ultimately this has to be a national solution. Why? Because the only way you ultimately get costs down is to use the leverage of the Federal Government, ultimately, to bring those costs to a reasonable level.

Now, we certainly do have to put the money into the Medicaid and the Medicare system to make sure that we aren't shifting money off to the private sector. But, so many of us are supportive, as Mr. KLEIN mentioned, of opening up the Medicare system or opening up the Federal employees' health system to more Americans because we see that as a way to try to use the purchasing power of the Federal Government to get costs down.

A poll that I referenced about Americans' support for a major health care reform bill also shows that 77 percent of Americans favor allowing the government to offer a plan that would give them an option to join a publicly sponsored program or to keep their private health care insurance. And, in fact, it pretty much cuts across all parties. We said at the outset this has nothing to do with Republicans and Democrats. Whether or not you have insurance has absolutely nothing to do with the party that you registered with or where you sit on the spectrum of our American belief system. This is a nonideological, nonpartisan problem.

And so although the numbers vary a little bit, the support for a publicly sponsored option for individuals and businesses to buy into, one that would be one of the best and I think most cost competitive options in the marketplace, show that greater than 80 percent of Democrats favor it, greater than 50 percent of Republicans favor it or just under 50 percent of Republicans favor it. But amongst Republicans, 33 percent say they don't have any opinion, so you almost have a 2 to 1 support versus opposed ratio. So you have folks of all parties and all persuasions supporting major reform.

Just one more point before I turn it back over to you, Mr. KAGEN, is your notion of having a level playing field and having transparency is so important, because there are a lot of people in this Chamber that support a single payer Medicare-for-all system, you know, go to a European style system of health care. But this is the United States of America. We have unique needs. We are not Canada, we are not England, we are not France or Germany.

We are going to create our own universal health care system here, informed by the unique needs and desires and expectations of our citizens. And I think most of us agree that that's going to maintain, maybe in not as great a percentage of our system as it is today, but it is going to maintain our private health care insurance system.

And the way to get to a system that is fairer and more equal is to allow for that health care insurance exchange, allow for a marketplace where, as you

said, everyone can go and compare prices, can know when they are buying that product that they aren't going to be ruled out just because they have a preexisting condition, an issue that there is no greater leader in the Congress on than Mr. KAGEN, know that if they work for a business that they are not going to cause that business to not be able to provide health care insurance simply because they are the one employee of six that has higher health care costs than everyone else, that we are going to have equal coverage, a fairness in benefit levels and a transparency in price that will give, I think, a level of surety to people as they buy that insurance product that they are going to be covered and that they are going to get the best deal.

Right now if you are an American health care consumer, you don't know either. You don't know whether you bought the cheapest product, because there is no one place to go. There is no one aisle in the supermarket where you go and compare prices. You also don't know whether you are going to keep that insurance.

Because even if you got in as the bell rung, there is a thing that happens now called post-claims underwriting where even after you get sick, a lot of insurance companies will try to kick you off your health care, claiming that you should have known that you were going to get sick when you signed up in the first place. So I am very excited about this idea of the health care insurance exchange and glad, Mr. KAGEN, that you have been leading on it.

Mr. KAGEN. The consumers of America need to be able to compare apples to apples. And really the only way to get that done is to come up with at least a basic Federal standard, an insurance policy, one that will cover the basics and keep you in your house if you get sick, one that every insurance company has to offer to every willing purchaser, every citizen and legal resident within a metropolitan area where we can create the largest risk pool possible to leverage down prices for everyone.

Here I have someone in rural America. This is really a telling story. She is from Waupaca, Wisconsin, and, quote, ''no health insurance for 4 years, one son in the Army on active duty, my son shipping out. He is guarding our home, but we are not taking care of our families here at home. We are taking care of people overseas.

''We know numerous people over 50 who have lost their jobs so companies can cut health care and payroll costs and then can't find any other work and no longer have health insurance.''

Now this is being multiplied all across the country as this recession rolls across not just the United States but across other nations as well. We have to establish a basic insurance policy so we can begin to have an open and transparent and very competitive marketplace for insurance process.

Mr. MURPHY of Connecticut. Let's think about that soldier that comes back from serving his country overseas and goes and gets a job that pays a decent wage but works for a struggling company that just can't afford to continue to employ people and give them health care benefits.

And so he, returning from serving his country abroad, putting his life on the line, comes back and gets a decent, hardworking, fair-paying job and has no health care benefits. And then he looks to this House. He looks to the people that he sent to Congress who sit here in this nice air-conditioned Chamber with pretty decent health care.

And he wonders to himself, I fought for this country, I came back and got a job, did everything that I was supposed to. And the people that I send to Washington, D.C. get a pretty good health care plan, and what am I left with.

I think that whatever we do, whatever Federal regulatory scheme that we come up with for health care insurance, it should at least guarantee that everybody out there gets to have health care like we do. That if you are going to elect men and women to go to Congress who are going to enjoy the benefits of the Federal employee health care plan, that every American out there should have access to that, certainly those that come back from duty overseas and are playing by all the rules we ask them to when they return.

Mr. KAGEN. Well, be careful there, because you may just get what you want. There is nothing to say really that the health care that you have is the best available.

I will bet you don't understand completely what you have got for insurance, because it's so hard to read and interpret that policy. We have got an idea here that's kind of a good idea, but like many things here in Congress, if it makes sense, it just may not happen.

So what we really have to do is just clear away all the clutter and ask some very basic questions: Do you want to have an opportunity to go to the pharmacy and pay the lowest price available for that prescription? I think you do.

Is there any reason why someone should be discriminated against? Now, let's say there is five of us standing in line to get the prescription, 30 pills of drug X at a pharmacy.

Why should we pay five different prices? Why shouldn't they just put the sign up on the wall and say here is what it is. Put it on the Internet, here is what it is. And let's get some competitive forces to leverage down these prices.

When insurance companies have to compete in an open marketplace, we are going to leverage down that price, my best guess is about 22 percent before they really begin to compete for the customer, just like the auto dealers competed for my precious dollars for that Chevrolet Impala. So I look forward to a competitive marketplace.

As you know, I chose not to select health insurance when I got here. It was offered to me, and I was quite surprised. They said, ''Well, Congressman, before you leave to go back to Wisconsin, would you like to hear about the benefits?''

And I said, ''Lady, are you kidding me? What are you talking about?'' And she showed me a list of health care benefits, of cafeteria plans I could choose from. I had to go catch a plane.

I said, ''Well, okay. What did you take?''

''Oh, I took the Cadillac plan,'' she said, ''$250 deductible. They have got to take you because you are a government employee.''

I said, ''Well, I'll tell you what. As soon as you can make that same offer to everybody else that I have the honor of representing, I will be happy to make my choice.''

□ 2030

I agree with you that we have to have choices, but they've got to be openly disclosed, and we need to get a basic insurance policy that really says, if you're a citizen, you're in.

Now, one of the things that I am really pleased about with this President is that President Barack Obama gets it. He doesn't just get it in his mind. He gets it in his heart. He actually feels what we feel and what my patients feel, and he has taken the single, most essential element in health care as his number 1 element, and that is no discrimination due to preexisting conditions. When we frame health care around our civil rights, we're not saying you have a constitutional right to this or that service. We're saying that you shall not suffer from discrimination, like we passed last year, based on your genetic potential. You will not suffer from discrimination at the pharmacy because you have less money in your pocket than somebody who is getting a discount and not you.

You mentioned our veterans who served not for themselves but for their country. Isn't it appropriate that when a veteran comes home that his wife and his family get the same discount on that medication that they might need? What about their neighbors? What about their whole community? What about their entire country? Isn't it appropriate, if the pharmaceutical company is making a profit at the VA price, that we all benefit from his service or her service at that leveraged down discounted price? We have to begin to use the leverage of the marketplace.

I'll finish up with my comments by saying that we have witnessed in the last year the collapse of the housing bubble. That repercussion, that ripple effect in the economy, has just taken down many millions of jobs. It has taken away businesses left and right, and it continues to do so.

I believe we're also looking at another bubble, and that bubble is in the price of health care. It's simply out of reach for ordinary families, averaging $1,200 to $1,400 a month for insurance

premiums, and it guarantees only one thing: that, every month, the insurance company is going to take your money and that you'll have to fight like hell to get it back. Having insurance today doesn't guarantee that you're going to get the services that you need. That's how Chairman OLVER was able to show us all the data.

We are spending a lot of money for health care. We are not getting the value. So I think it's time to begin to ask the question if we shouldn't begin to change the process of how we're going to reward the delivery of health care, to change the process and reward value, not just per head or per prescription. We have to begin to reward value and prevention. Look, you are exactly what you eat.

As my father says, ''Steve, boy, pollution begins at your lips. If you don't put it in, it won't stay on you.''

''Well, okay. I'm doing my best to lose weight, Dad,'' but the reality is we can do this by working together.

It will take Democrats, Republicans, Libertarians, and Independents. The American people don't want any more argument about this. They want us to come up with a solution that works for their budgets, that works in their homes and that works within a framework that guarantees that, if you're a citizen, you're in. If it's in your body, it should be covered.

I am more confident tonight than ever before that, this year, we're going to achieve that goal of guaranteeing access to affordable health care for everyone who is legally here.

Mr. MURPHY of Connecticut. Thank you, Mr. KAGEN.

We have sort of run the gamut this evening of the problems that underlie the existing system—the lack of transparency in insurance markets, the discriminatory practices of insurance companies, the lack of cohesion in prices when you walk into a pharmacy or into a hospital, the amount of money that it puts on top of businesses that are already struggling to compete in this world.

When you talk about health care, it may be the most complex topic that we ever talk about here. It seems insurmountable sometimes. It seems like there's too much to try to take on at one moment, but there are simple solutions here, as you said: Pay for performance instead of pay for volume. Pay for prevention rather than crisis care. Give people options that they can see and understand.

I think that there are some solutions here that can cross party lines, as you said, Mr. KAGEN. I think that we can achieve a real victory in health care for America, in health care for America this year, this session, that guarantees that for citizens of the most affluent and the most powerful country in the world. Just because you can't afford to see a doctor doesn't mean you're not going to get sick. I hope we get the chance to do this more often and to bring our colleagues to the realization that the time for reform is now.

I yield back the balance of our time, Mr. Speaker.

LOCAL LAW ENFORCEMENT HATE CRIMES PREVENTION ACT OF 2009

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes as the designee of the minority leader.

Mr. KING of Iowa. Thank you, Mr. Speaker. I very much appreciate the honor of addressing you here tonight on the floor of the House of Representatives.

There is an issue that comes to mind for me immediately. It is the reason that I have asked for some time tonight here in this Special Order in this hour of privilege that we have. It is a disturbing factor that I have experienced, along with a number of others, through a markup in the Judiciary Committee last week, and that is this dramatic departure from the rule of law, the dramatic departure from the Constitution, the dramatic departure from the understanding that criminal law in America would be focused on overt acts, not on the thoughts that we might divine would be within the heads of the perpetrators.

I'm speaking specifically, Mr. Speaker, about the hate crimes legislation that has been pushed through the Judiciary Committee and that will arrive here on the floor of the House of Representatives tomorrow.

By the rule, the rules process that has taken place, there were a whole series of amendments that were offered in the Judiciary Committee. Those who watched the committee will know that the Judiciary Committee in the United States House of Representatives is the most polarized committee on the Hill. It's the committee that goes out and recruits, I'll say, the most hardcore, left-wing people in this Congress to advocate for the most hardcore, left-wing—and I'll say—sometimes unconstitutional, often illogical proposals that might come before this Congress to be rammed through the Judiciary Committee but not without a legitimate markup. I will concede that point to the chairman, Mr. CONYERS.

Many of us offered amendments, but there was a determination to vote down, to shoot down and to defeat every constructive amendment that was offered before the Judiciary Committee on this so-called ''hate crimes legislation,'' Mr. Speaker.

On Thursday, after a full day Wednesday and a most-of-the-day Thursday markup and after that legislation on the so-called ''hate crimes'' passed the House Judiciary Committee, it went to the Rules Committee, which met today, Mr. Speaker. The Rules Committee's job is to also enhance something that is the responsibility of every chairman on this Hill, that is the responsibility of you, Mr. Speaker, and that is the responsibility of all of those who have gavels in their hands. I've spent some time with a gavel in my hand, Mr. Speaker. The job of the chairman is to bring out the will of the group. It's not to impose the Chair's will on the group. To bring out the will of the group is the constitutional act of justice that should come from the hand that holds the gavel.

What happened instead—and perhaps, just perhaps, the hate crimes legislation flowed out of the Judiciary Committee reflecting the will of the Judiciary Committee, but when it is filtered through the Rules Committee—the Rules Committee that sits in judgment upon whether there will be amendments that are allowed to be offered here on the floor of the House of Representatives or whether there will not and which of those amendments might be offered—the Rules Committee has a profound responsibility to weigh the proposals and to make a determination that this House can work in an expeditious fashion but can still reflect the will of the United States House of Representatives.

That will has been frustrated, Mr. Speaker, because the Rules Committee, I'm told, has ruled there will be no amendments on this hate crimes legislation, that it will come to the floor under a closed rule with no amendments allowed, only the amendments that were offered in the Judiciary Committee and by no other Member of Congress. All of those who do not sit on the Judiciary Committee will have an opportunity to try to perfect this legislation that they call the hate crimes legislation but that I call, Mr. Speaker, the thought crimes legislation.

That's at the core of our discussion here this evening, and I'll submit that the will of this group, that the will of the United States House of Representatives, is directly frustrated by the actions that, I believe, are directed from the Speaker's office, by the actions of the Chair of the Rules Committee and by the actions of the majority members on the Rules Committee who have decided to shut down the amendments process and ram through a piece of legislation tomorrow with only 30 minutes allowed for all of the Members of the United States House of Representatives to voice their objections here on the floor of the House of Representatives.

There will be no amendments allowed, just a voice where there will be more than 30 people lined up who will have less than a minute to add their words to this, and where there will be no chance to sway the opinion of this body, the opinion of this body that is locked in on an idea that we're going to have hate crimes legislation in America that punishes the thoughts of people who may or may not be perpetrating crimes against folks because of their particular, special protected status that would be created under this hate crimes legislation.

I, Mr. Speaker, oppose, and I defy the logic of the people who would advocate for such legislation and the very idea that we could divine what goes on in