

HEALTH CARE

The SPEAKER pro tempore (Mr. MAFFEI). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Maine (Ms. PINGREE) is recognized for 60 minutes as the designee of the majority leader.

Ms. PINGREE of Maine. Mr. Speaker, it's a great honor to be here tonight. The freshmen members like to take a little bit of time and come to the floor and talk about issues that we find are of great concern both to our country and back home in our district. And so tonight I am going to be joined by a couple of my freshmen colleagues and we want to devote our time to talk about the issue of health care. Given the late hour, we may not see as many of our colleagues as we would at other hours of the day, but we know this is an important issue any hour of the day, and I am very happy to be here and to have this opportunity to talk a little bit about it.

This is certainly an important time about the—for the issue of universal access to health care and expanding the access to health care. I don't know about other Members, but I would think it's a universal feeling out there that this is the number one issue for so many Americans.

I started campaigning a long time ago. I got sworn into office last January. And I can say, during the entire time I was campaigning and since I have been elected to office, for so many people, this is their number one issue.

I hear this from individuals who don't have health care coverage, people who have insurance and don't find that their company is there when they need it. I hear it from big business owners who are challenged by the cost of health care, from small business owners who don't know if they can continue to cover their employees.

It is a universal issue. I hear it from providers, from doctors and nurses and others who say, You know, when I signed up to take care of people, to make sure that their health care needs were going to be met, I didn't expect a system that would fall apart in the way that it has. This is, as I say, a universal issue. People say to me, Health care ought to be a basic right. It is extremely important that this Congress does something about the issue of health care, and we want to see you do something.

The good news is that this Congress is working very hard on putting together legislation. The President budgeted \$634 billion for health care reform in the budget that we have already passed, and the Speaker of the House is committed to passing a bill by the end of July. The President has asked us for a bill on his desk this fall.

The discussion draft was released in the House just this Friday, and I, personally, can say that I am happy to see a lot of the good things that are included in there, a public plan option, better insurance regulation, insurance companies won't be able to cut people

out who have preexisting conditions, reasonable amount of cost-sharing and emphasis on prevention and wellness, investments in Medicare and Medicaid, many of the things that we have been talking about and that I hear about all the time from constituents in my district are in this bill.

More than anything else, people say to me you need to pass universal access to health care. You need to do something now. And I feel like we are right here in the middle of this, and we are moving forward on this.

In my own district, like many other of my freshmen colleagues, every chance I get during the break, on weekends, we have been meeting with groups of individuals. And as I said, this spans from constituents who I meet in the grocery store, who tell me about their individual challenges, to doctors, nurses, providers, nontraditional providers, to chambers of commerce. And, once again, what I hear is they all want change, and they want things to move forward.

I had the good fortune of being a State legislator in the past, and this was, back when I first ran for office in 1992 as a State legislator, again, one of our number one issues. And it's amazing to me now, 17 years since then, it hasn't gone away, in spite of the many things we attempted to do in my home State, the State of Maine, to take on the pricing of prescription drugs to attempt to expand access to more individuals in our State. On each and every one of those we made progress but we haven't gone far enough.

And when I hear from my colleagues, my former colleagues in the State legislature, my daughter, who is the Speaker of the House—and as you can imagine, I am very proud of her—the one thing they say to me is, You have got to do something about this. We have tried as hard as we can in our home State, but we can't go it alone. States across the country are feeling the exact same challenge, but they want now to have us at the congressional level to do something about this.

Now there are many things that we could talk about tonight. We even have a few charts and graphs, but let me just get started by recognizing my good friend and colleague, Mr. BOCCIERI from Ohio. I know he is hearing about this quite a bit in his home district, and it would be great if you could just talk a little bit about some issues and concerns and then we can keep going on this topic.

Mr. BOCCIERI. I thank the gentlelady from Maine not only for her extraordinary work on the House floor here but also on the Rules Committee. We appreciate your efforts to help move the country forward. There is no question, perhaps, the biggest issue that we will address in our freshmen tenure and perhaps for the time that we serve here in the United States Congress is health care. And there is perhaps arguably no more important issue that we could tackle as a Nation than

to get our health care costs under control.

And I know the gentlelady from Maine is hearing what I am hearing back in my district, and that is that people, working families in our district, are one accident, one medical emergency, one diagnosis away from complete bankruptcy. And, in fact, in 2007, 60 percent of all bankruptcies were due to medical costs, some accident that a family had sustained or some unsustainable costs that had arisen because they had contracted a disease or some sort of cancer. And we need to do our part here in Congress to make sure that we are working on this issue and getting these costs under control.

They predict right now that 16 percent of our gross national product is for paying health care. And that in a few decades that cost could grow as high as half of our gross national product. That is absolutely unsustainable for our future.

And we have an obligation to make sure that our country can be competitive, that we can have a workforce that is not only well educated and trained but has access to the basic fundamentals of prevention and healthy lifestyles and access to seeing the doctor that they choose.

And when I speak to my constituents back in Ohio, in northeast Ohio, I talk about the five Ps of health care, the five Ps, the fact that we need to cover all people. Now, when we talk about covering all people, we need to understand that by not doing so it's actually costing all of us paying into the system more money. Those 46 million uninsured or underinsured people who can't seek access to their doctor because their health care effectively ended when they got their pink slip at the job, because they can't afford a COBRA payment, they are uninsured or underinsured.

And when they use the hospital emergency room as their primary care physician, they are costing all of us paying into the system four if not five times more by using the hospital room, the emergency room as their primary care physician. We need to cover all people.

And to those Americans who might be listening tonight, we need to understand that the American taxpayer right now is paying to make sure that every man, woman and child in Iraq has access to universal health care coverage. Now, it's inconsistent that we would pay for Iraqis to see the doctor they want to but yet not Americans.

The second P is that we have portability, that our workers, when they get that pink slip, God forbid, that they can take their health care from job to job to job. Portability, covering all people.

The third P that we have in our five Ps is making sure that we provide incentives for prevention, because prevention should be tied into all of this

with respect to healthy lifestyles ending the chronic diseases that plague so many.

□ 2145

And we have to end preexisting conditions—insurance companies using as a notion of disqualifying people from seeing their primary care physician the notion of preexisting conditions. And when that worker in a factory in Canton, Ohio, loses their job and they get hired by another factory with another set of health care principles and another set of health care opportunities, and they were a diabetic, God forbid, it becomes a preexisting condition now that they are seeking treatment from their physician for routine coverage that would have been covered previously.

We need to end preexisting condition. Portability, covering all people, adding prevention, and making sure that physicians and doctors are making and prescribing the types of health care that our patients should seek. Those are the five Ps that I hope we have in this great and robust dialog here on Capitol Hill.

So I thank the gentlelady from Maine for bringing this issue, and I hope that we have a very spirited discussion about how we can move this issue down the field.

Ms. PINGREE of Maine. We're joined by another one of our colleagues, but you mentioned some of the cost issues. Since we have a couple of charts, I thought I might just put them up here right now.

You talked a little bit about the expenses of health, and here's one that shows how our national health expenditures have really just, as they say, gone off the charts. This is one of those charts, actual and projected, that shows that we can no longer afford this.

People always say to us, How are you going to pay for health care? I say, when I talk to businesses, individuals, I say, How are we going to afford the system the way it is? And this is one of the charts that really, really shows that.

Let me just show another one right now. I think this is one that we don't have to tell any of our constituents. We, again, hear it all the time. We hear it from business owners who say they're worried that they can't cover the cost of their employees anymore or they have really cut back. But here's one that just shows, since 2000, health care premiums have doubled while wages have only gone up by just 3 percent.

So it is no wonder that people everywhere we go are saying to us, We're just dropping our coverage. They're just going without coverage or they're going for the \$10,000 deductibles. How many constituents have you seen that say, I've got a \$10,000 deductible and a very expensive plan, and I spend the whole year paying that \$10,000. Why do I even have insurance? That's just

something I feel like I hear all the time.

Why don't we welcome our other colleague, the other night owl here, Congresswoman HALVORSON from Illinois. And we're just so pleased to have you join us and hold forth.

Mrs. HALVORSON. Thank you. I want to thank Representative PINGREE for leading this hour tonight. It's great to join you, as well as our other colleague, Mr. BOCCIERI.

Health care has been a topic that comes up every year, but yet nobody finds the time to really, really put their nose to the grindstone and get something done about it. It's probably the top issue to all Americans every day, talking about how are they going to afford these skyrocketing costs. It's also an important topic for businesses across our country and especially for our national budget.

Tonight, I want to focus, I think, on the urgent need for health care reform. And it's a personal story for me. It's personal to me and my constituents who are struggling with the medical costs, and it's personal for so many Americans that are struggling with these health care costs across our country.

I know what it's like for someone to struggle with health costs because of a lack of access to good health insurance. I've seen my parents take this battle on. Growing up, my dad was self-employed, and my parents just couldn't afford health care. Being self-employed, it was virtually an expense that we could not take on. In fact, I'm not even sure I remember going to the doctor. It was just something we didn't do.

Later on in life, my mom was only 49 when she was diagnosed with breast cancer. I can remember my parents spending all their time focusing on how to pay for the bills instead of focusing on her health. And it was very, very depressing for the whole family.

I can remember her talking about—and, remember, she was only 49. She's okay today, but I can remember her spending the next 15 years of her life just wishing and hoping she could make it until 65 so that she would have health care again, because virtually with that preexisting illness she could never have health care again. And that was so sad to our entire family.

And I'm not the only one that's been through it. I hear story after story after story, and certainly true with so many people with preexisting illnesses. My mom was very fortunate. She won her battle with breast cancer. But even today, many, many families find themselves in that same situation, and it shouldn't be that way. Even families who do have health insurance find these rising costs or they have the false sense of security that they have health insurance, only to find some of these costs and some of these tests, that they're denied.

So, in order to compensate for the care for the uninsured, families are

paying about \$1,000, each family, in additional costs each year in their own health care plans to cover those without insurance. So, it's obvious we need health care reform.

As Congress takes up this health care issue, we have to follow and focus on the following priorities. We need to reduce costs. We need to preserve everyone's choice of doctors and their plans. We need to improve the quality of care. These are the keys to successful reform health care and reforming of health care in America.

The cost for an average American, for businesses, and for our country are out of control, and they're still rising. As Representative BOCCIERI said, 15 percent of our gross national product, and it's going up every year. And it's just becoming one of the biggest burdens not only on families, but on businesses also. So we need health care reform. We need to reduce these costs.

Secondly, when we're talking about health care, I don't think there's anything more important than a person's relationship with their doctor. And we need the health care reform that's going to allow you to keep that relationship with your doctor and your health care plan if you like them.

Finally, we need to improve that quality of care and we need good access to preventive medicine and we need to encourage Americans to stay healthy. This is a cultural thing, and it's not going to happen overnight. But we really need to invest in health and wellness and help change the culture of our society.

So I'm just so glad that I have the opportunity to spend an hour here with my colleagues talking about some of the things that we need to do.

Representative, thank you for having us tonight to make sure that we talk about this very important issue.

Ms. PINGREE of Maine. Well, I know that not too many of the American people are still up and watching us on C-SPAN, but those who are and those who see this later I think will be just so grateful that they're hearing one more conversation about moving this forward.

What they don't want to hear from us is, Well, we talked it all over but we backed down. We just tinkered with it around the edges. We couldn't really pass anything. We couldn't find a way to get to a conclusion. That is definitely not what they want to hear from us.

They want to hear, you're on the floor, you're working hard, you're going to pass a health care bill before you go home on recess.

I just want to add one thing, then I hope you all continue with the stories that you're hearing from your district. Just as you said, there are so many families with those kinds of stories that say, We have never had health care coverage. I pulled a few out of our office this afternoon, and they're endless, the things that people tell you, the sad things that people come up and tell you.

Here's one that says, I earn \$20,000 a year. What good is a mandated policy that would cost me \$400 a month with a 5K deductible? I have been stripped of my wealth over the past 30 years and in nonadjusted dollars I made more when I was 24 years old than I make now as a 53-year-old. We need taxpayer-funded health care. If it's good enough for our elected officials—which we all know very well—it should be good enough for all of us. We want health care to pass right now.

Here's another person who said to me something that I mentioned before. I feel like I hear this a lot in Maine. People who are self-employed. We have a lot of fishermen and farmers, woodcutters in our area, who go out and get these plans with huge deductibles. It's all that they can afford.

Here's somebody who said, I can only afford a catastrophic plan with a \$15,000 deductible. It's essentially insurance to save my home if my wife or I get sick. I can't afford a colonoscopy, which would cost around \$3,000 to \$4,000. With a family history of colon cancer, the chances of my dying from this cancer are pretty good unless I was able to detect it early. But the health insurance industry doesn't care about my health. They only care about the profit and will help those who help them.

He is just feeling angry and saying, you know, you have got to do something about this now. That's one of the things that you mentioned.

We need a plan, and the proposals before us talk about wellness, early intervention, women getting mammography, getting those early checkups and treatments when you need it.

Before I turn it back over, I just want to share my own story, or a little bit of it anyway. I had a brother who died of melanoma, which is almost always a tragic and difficult form of cancer. He was diagnosed 20 years ago, so he would be about 60 years old today. He was 40 at the time.

But without going into all the details—and sadly, most of them haven't changed, but his employer dropped his coverage. He was unable to get the kind of coverage that he needed. He and his wife had to basically turn over all their assets so they could be eligible for Medicaid.

I can guarantee you that my brother spent the 18 months of his illness worrying about how he was going to provide for his family when he was gone. That shouldn't be. It shouldn't have been that way 20 years ago. It's shocking to me to think that this is 20 years later and, really, people have the same problems, or worse.

We haven't fixed the system. It's only gotten more difficult.

So, hold forth.

Mr. BOCCIERI. The gentlelady from Maine is absolutely correct about how this dilemma that is facing our country has impacted many families not only across our districts but across the country. We have a responsibility and

an obligation to fix this issue so that we can remain competitive as a country and help our citizens.

Now, I want to tell you about a personal story myself. As an Air Force pilot who was deployed all over the world, I had to get shots so that I wouldn't get sick when I went overseas. I received a couple of anthrax shots as part of our mobility deployment, and I was having these terrible reactions. My knees were swelling up. They were getting red. So the flight surgeon suggested that I should go see a rheumatoid specialist. I waited nearly 3 months to get in to see this rheumatoid specialist, and then I waited 2½ hours in the doctor's office when I finally got there.

When the nurse ushered me into the doctor's waiting room there, I sat on the table for about 20 minutes. The doctor came in. He did some movements with my knee and he said, Son, you're getting older. I said, Doctor, I could have made that diagnosis. But, I said, These are recurring as a coincidence to these shots that I have been getting.

So he went in the corner, wrote a prescription, and said, Call me in a month after taking these pills to see if this works. I said, Doctor, I'm 30-something years old. I'm in good shape. I want to figure out why this is happening. We went back and forth for a couple of minutes and he said, Son, I have got to get down the room to see 15 other patients so that I can keep the lights on in this building. And I thought to myself, Is that what we have reduced health care to? Is that what we have enabled our system to give and administer to our citizens? They deserve better.

And that's why our choices for the bills that we are introducing are going to add some significant improvements. One, we're going to make sure that Americans have more choices to see the doctor that they want, to develop and sign onto the plans that they want and to make sure, number two, the number two guidepost we have is that bureaucrats and bean counters are not deciding the type of health care that our citizens should get.

And, lastly, we want to make sure that families understand that there's enough money in the system. We hear from the other side about how are we going to pay for this. This is going to be more resources coming down here to Capitol Hill and being disbursed out.

We know this much, that one-third of the \$2.5 trillion that we spend every year on health care, one-third of that never reaches the doctors, never reaches the patients. It's lost somewhere out in the administration of the system.

□ 2200

We know one-third of that money could be given and could be used to cover the 46 million uninsured and underinsured. So conceivably there is enough money in the system to pay for

those people who are uninsured and underinsured. In fact, we hear that families have found that nearly 7 percent, in 1987, 7 percent of their median household income was being used and devoted for health care. And now it has grown to nearly 20 percent. In fact, Americans spend more than any industrialized country on health care, nearly \$7,000 over the aggregate for a year, for a family, for a working family. And yet our health care and our life expectancy is on par with Cuba. It is on par with Cuba.

So we have got to make systematic and fundamental changes, as the gentlewoman said, to focus on prevention. Four cents of every dollar is only focused on prevention. Yet we have some of the worst chronic diseases that continue over this period.

So we want to stress that folks will have more choices, that bureaucrats and bean counters won't decide, but doctors and physicians will decide the type of health care that they get, and there is enough money in the system to pay for itself. Those are the three guideposts; those are the three beacons that we are using as we drafting the legislation here in the House.

I yield back.

Ms. PINGREE of Maine. I just want to reinforce one of the points you made about what you hear from physicians. I don't know about you guys, but I feel like every time I sit down and meet with a group of doctors, I feel like I'm in a completely different era than when I first ran for office in 1992. When I was first elected to be a State senator and I would meet with my local group of physicians, the first thing they would say was, you just keep your hands off health care reform. We are perfectly happy with the way it is going.

I would meet the occasional member of the practice who would say, I have got a few sources of dissatisfaction, but I mostly would meet with resistance. And when I recently met with a group of physicians in my district, I thought I was in a completely different country. Just as you said, it was physicians who are saying, I don't have any time with my patients. I signed up to make people well. And now I feel like I turn people away. I can't take low-income patients because I can't afford it. I have a room full of people that just fill out the paperwork for the insurance companies, and then half the time, the things that I know my patients should have are denied. And the kind of treatment that they should be getting, they are not able to get because they are turned down time after time.

I know people are going to find this hard to believe, but a group of Maine physicians, the Maine Medical Association affiliate, actually took a poll of themselves recently; and almost 50 percent, about 50 percent of them said they were in favor of single-payer health care. Now we are not even debating single-payer health care in the current bill. But the idea that physicians now who once said to me, keep

your hands off medical insurance and the health care system, are now saying, I can't take it anymore. I cannot run a practice. I can't be the kind of doctor I wanted to be. And I hear exactly the same thing from nurses, from everyone in the medical profession who just say, This is not working. How soon can you get it repaired so I can really give the care that people want? And I'm sure that you all have had similar or other experiences you want to share.

Mrs. HALVORSON. And I think the reason being is because they spend so much time on paperwork, and it is so much like a fee for service. They want to take care of people. That can't even keep them healthy. They spend all their time just curing ailments. So I think as the culture changes how we want to keep people healthy has not been very good for the doctors. Just like with the hospitals, they are seeing so much uncompensated care, they can hardly keep their doors open. In my district, several hospitals have already closed. They are just not able to keep the doors open because people are just not paying their bills. So they feel that if everybody has some sort of insurance, maybe they would get something.

When we talk about reform, do you know how much money we would save if hospitals didn't have to do all that cost shifting? They could spread the costs instead of charge people more who have insurance.

One of the other things we haven't talked about yet is Medicare part D and how our seniors who fall into that doughnut hole very seldom come out of that doughnut hole. And that is something that I brought up last week and that is one of my priorities. It is a huge challenge facing our senior citizens. And I have been working with AARP on trying to figure out how do we close that doughnut hole.

In fact, out of the entire country, Illinois has more seniors who fall into that doughnut hole than anybody else in the country. Thirty-two percent of our seniors fall into that doughnut hole. And very few of them ever come out. So we are working together. We need to do something about helping them. Lately, as you have heard, the pharmaceutical companies are coming out talking about how. So I think we will be able to come up with a very good compromise on how we can all work together to help them. I think that we have to think about that.

We think all of a sudden our seniors have Medicare or Medicare part D and that they are taken care of. Nobody thinks about the fact that once you hit a certain point you are on your own until you get to another point. There is a lot of money in there that you are going to have to pay on your own besides the cost of the premium. So there is a lot that we have to think of. And at the same time, I think there is a lot of places where we can find reform.

Ms. PINGREE of Maine. I will just jump in on that only because the issue of the pricing of prescription drugs is a

big part of my own personal history in politics and one of my great concerns. I think I have the oldest population in the Nation in the State of Maine. So between MIKE MICHAUD and me and the two United States Senators, we cover some of the oldest Americans, and we are about 38th in per capita income. So we have a tremendous number of people who really struggle to make that decision every month: Do they pay for their medication or put food on their table or pay their heating oil bill?

Now, everyone may not agree with my particular perspectives on this, but I think one of the big mistakes when the Medicare part D bill was passed was that Congress specifically prohibited negotiating with pharmaceutical manufacturers for a better price. So here we are, the biggest purchaser of prescription drugs in the world on the Medicare plan; and when the bill was passed, and luckily none of us were there so we don't have to take responsibility for that, but there was no provision for negotiating for drugs.

Now, every other country in the world negotiates for a good price for prescription drugs. So in a sense, it is like we pay the highest prices in the world so that we subsidize everybody else. And I won't go on to my giant rant, but this was one of the bills that I passed when I was a State legislator on helping to regulate the pricing of prescription drugs.

I will just say that one of the ways I really got involved in that and very interested in it was because Maine is a border State, we have a lot of seniors who get on buses, bus trips for seniors and go to Canada to buy their medication. And you can buy medicine in Canada, sometimes it is exactly the same drug that you would buy just across the border for one-third or one-quarter of the price. And it is not because it is a subsidized price up there, because these aren't people with the Canadian health care plan, but because the Canadian Government negotiates for a good price.

So in my opinion, and I have signed on to H.R. 684, which is by our good friend and colleague, Representative BERRY, that bill would force us to look at this and to do something about the pricing of prescription drugs. And I think that is one other thing we have to address if we are really going to bring down the cost of health care, the one thing we know is that when people take their medications, they stay much healthier, whether you are a senior citizen or a person with a high cholesterol rate hereditarily and you need to keep it down.

So we know the importance of medication, and we know one way to drive down the cost of health care is to make sure that medicine is affordable. That is true of seniors and all people. And it is certainly one of the issues that concerns me and one of the things that I promised my constituents back home that even though we had passed this bill in Maine, I would take it on as an

issue here in the United States Congress. And I know many share the same concern.

Mr. BOCCIERI. Well, I applaud the gentlelady's perspective because there is no question that getting costs under control are the most important facet of any health care reform package. And we talk about the health care delivery system. Really, we have sickness delivery system where we are actually doing a fee for service where folks are paid with the number of patients that they see in their hospital or their doctor's office. Well, how about providing incentives to say that, well, we didn't see any patients today because they are all healthy? What a novel idea that would be to provide incentives for prevention.

This is the type of plan we are embracing here. Our plan talks about prevention. It talks about rewarding citizens who are living healthy life styles, doctors who are able to have this relationship, as the gentlelady from Illinois suggested that we have to have a relationship with our doctor not necessarily one where you come in, you bounce in for 5 minutes, and he writes you a prescription, and you are out the door. That is not health care. That is not health care. That is not even health care delivery. To me that is something so far disconnected.

So our plan is going to make sure that we have more choices, better time with our doctors, more choices in the types of who we get to see and who we are able to see and to make sure that doctors and physicians are describing and predicting giving and subscribing the type of health care that we should have.

□ 2210

We should not have a bean counter at an insurance company deciding whether we should have an MRI, or a bureaucrat in Washington deciding if we should get this procedure or prescription drug. It should be left to physicians and doctors and our health care professionals.

And our plan will address the amount of money that we spend on health care. By getting costs under control, covering all people and making sure all people have access to health care, we actually will reduce the cost of health care because that diabetic that lost their job in Canton, Ohio, now can't get the syringes that they need to give themselves insulin, and they can't buy their prescriptions, and all of a sudden they need to go to the emergency room because of an ulcer on their foot, and they are using the emergency room as their primary care physicians. And that is costing all of us in the system four if not five times more.

By getting those costs under control, we will save money in the long run, more choices, better accessibility to the doctors we want to see, and making sure that we have the opportunity to contain these costs, keep them under control and making sure that doctors

and health care professionals are prescribing health care and not bean counters.

This is what our plan addresses, and this is a matter of our competitiveness of the country and having citizens that are healthy. And the well-being of our Nation is at stake here.

Ms. PINGREE of Maine. I am going to read a quote from one of the letters that I brought in because it reinforces your point. This person is talking about their issues with the health care system. It is a Maine constituent. It says: My wife and I struggled to get our provider to pay for special infant formula that our oldest son needed to live due to his protein intolerance. This was despite our specialist doctor showing us a letter in which the insurance company had agreed in arbitration from a previous case to pay in full for the formula in cases like our son's.

This is clearly one of those examples where it is a bureaucrat or a bean counter who is denying it just to save the insurance company some money.

This same person also says in another example my brother-in-law was denied cancer treatment that his doctors had recommended, and only began his treatment after the insurance company overturned the decision on appeal. The delay may prove fatal to him.

Both of you have said this over and over again, people want to go to their doctor or their primary care provider and get the advice they need, follow the treatment plan that they recommend, and not be told by a bureaucrat in Washington or an insurance company that they can't do it just because they are trying to save money on your health. I agree with you, we need cost-saving measures, but not on people's essential treatment.

Mrs. HALVORSON. That is so true. We hear story after story in our district office. I have a letter that was especially devastating to me. It caused me to actually put in a resolution or sponsor a bill. This constituent was a widowed mother of two. She was actually denied private health insurance because she attended grief counseling. Her husband, who was the primary wage earner, died suddenly at their home in front of the family. As a way to cope with the situation, she enrolled the family in group therapy. And at the same time, she was also faced with trying to find new health coverage for herself and her children because her husband just died in front of the family. While searching for that new private insurer, she was denied over and over again because she was participating in that grief counseling. So that is why I filed H.R. 2236, which we called the Grieving Families Insurance Protection Act, because we do not think health insurance companies should deny you health coverage due to family members needing grief counseling at awful times like this.

Ms. PINGREE of Maine. They really wouldn't allowed her to have insurance coverage, and that was their stated reason?

Mrs. HALVORSON. She could not get health coverage because she was attending grief counseling, so they would not give her health care. And isn't that a shame. This poor family, actually the father, the husband, died right there in front of them. The family obviously needed some help, and they couldn't get it.

So these are the kinds of things that we should never be putting people through. That is the other thing, it is not just people not having health care. I don't want people to have health care and give them that false sense of security because then they think they automatically will be taken care of, and we need to make sure that people are being taken care of and they have health care, not just necessarily health insurance.

Mr. BOCCIERI. Let me add something to the gentlelady's remarks. We talk about this notion of 46 million uninsured and underinsured folks. Let's explain for a minute what uninsured and underinsured means.

Uninsured means you have absolutely no health care coverage. If you were injured or had to seek routine medical care, you couldn't go to a physician unless you paid out of our pocket.

Underinsured are people who don't have quite enough insurance because they got caught in that preexisting net, that factory worker who lost their job and their health insurance with that pink slip, got rehired down the line but because they were a diabetic, that condition was preexisting, so they can't seek treatment. They are underinsured because they don't have enough insurance to cover all of their medical needs.

We found in a medical study that was published last year that health care insurance companies spend \$84 billion every year to block, deny, and screen patients from seeing their physicians; \$84 billion. In that same study it showed that only \$77 billion would be required to cover all of those 46 million uninsured or underinsured. It actually would be cheaper to cover all of the folks who are actually costing us more by not seeing their primary care physician.

So we have an opportunity now with the bill that we have rolled out to end preexisting conditions, which have been one of the biggest albatrosses in health care in my opinion for such a long time; not being able to see the doctor because you have a condition that existed prior to your employment at some factory.

So this is something that affects middle class Americans all over the United States. I think if we address this, preexisting conditions, portability from job to job, covering all people so they are not using their primary care physician in the emergency room versus seeing the doctor that they want to see, and making sure that we provide incentives for prevention so that people are living healthy life-

styles and we are able to provide prevention and allowing physicians to make those medical diagnoses, that is what is going to be the cure for our health care dilemma here.

Ms. PINGREE of Maine. Preexisting conditions, it is kind of shocking when you hear those stories. I heard about a State the other day that didn't have a requirement that insurance cover you in spite of a preexisting condition. And someone told me about an insurance company that considered women of childbearing age a preexisting condition. So that didn't mean you had a child, it meant you could potentially get pregnant. You may have already decided never to have a child, and why shouldn't your insurance company cover you, but they weren't going to take any chances. Why don't they just say we only want healthy people who promise never to get sick. And if you get sick, we will deny you coverage.

I come from the State of Maine, where the State legislature has already required that insurance companies cover you in spite of preexisting conditions, and that is really a great reform. Maine is one of the leaders in health care reform. We have a very high number of people who have some form of insurance coverage. Many of them are on Medicaid or our MaineCare system. But the fact is, what my colleagues in Maine tell me, and I certainly felt when I was in the State legislature, is States can't go it alone. Many States in the country have passed these kinds of regulations, but then it makes it hard to compete with the State next door that doesn't bother doing any of that, or charges all the sick people more than the people who are well, and doesn't have a community rating kind of plan.

One of the issues that we are facing now, particularly in States that are having a hard time holding their own budgets together, is they are saying to us: Let's make this universal. Let's make it the same kind of coverage from State to State. And you mentioned portability. There are a lot of people now, and I forgot what somebody called the term, it is something like job lock, people who stay in their job because they are terrified to leave that job because they can't go without health insurance, or their spouse is sick or one of their children is sick.

□ 2220

I meet people who say, you know, I've got a great idea for starting my own business. I'm ready to go out on my own, and I could create a job vacancy for somebody else here who would really like to come and work at this company because I'm ready to go do something else. But they can't take that risk. People who have just enough set aside to retire who say, I am ready to retire, but I don't dare be out there without health care coverage, so they don't retire at 57 or 58. And in this economy, where we can use any job we can find, having health care coverage

would do more to boost the economy, I think, than many other things.

I often say about the State of Maine, where, as I mentioned, a lot of people are self-employed, we have a lot of fishermen, or they run a small business or some kind of little entity that they are making enough money, people say to me all the time, We make enough to get by. We do okay. We own our own home. We make our own home repairs. We're doing all right, but it's health care coverage that we're worried about, our health care coverage that we can't afford and then we go without.

And exactly what you mentioned earlier, those are the very people who, when they do get sick, have to go to the emergency room, who often depend—and they hate it, they depend on charity care at the hospital, uncompensated care. And I have the same situation, a lot of rural hospitals who depend on fund-raising drives just to keep the doors open, who are desperately coming down to see us all the time to say, We can't keep the hospital open. What are we going to do? And that is a vital part of our infrastructure.

Mrs. HALVORSON. And something else that we haven't talked about is the outreach that I've tried to do—and I know a lot of Members of Congress have done—is with our FQHCs, our Federally Qualified Health Centers. There is a very important place for them because there is so much that they can do in the meantime for those who don't have insurance or those who aren't able to get the health care they need. I've toured so many of them in my district. They do a wonderful job. And so, in the meantime, we should be doing everything we can to make sure that people have a place to go where they can have a medical home, where they can feel comfortable and take their children.

I know in Illinois we have FamilyCare, where every child has health care. There are things, but we should not be doing this State by State. We spend a lot of time and effort doing these things State by State. That is part of the reason I ran for Congress. Even though I was a State senator and I spent so much time working on health care, we knew this was a Federal issue. So this is something that needs to be done on a national level, and it's something that everybody working together is going to be able to get accomplished.

Mr. BOCCIERI. Will the gentlelady yield? I know that there might be some apprehension out there from our seniors about health care reform. And let me stress to you that our plan allows you to keep the doctor that you want to keep. If you like the doctor that you're seeing, you can continue seeing that doctor. If you don't like the doctor that you're seeing and you would like to get into a different plan, it will allow you to go into a different plan.

There will be more freedom under this bill. There will be more freedom under these proposals. And we're going

to make sure that physicians are telling our seniors, health care professionals are telling our seniors the type of health care that they need, whether this MRI was authorized, whether this cancer treatment was necessary and prudent. We want health care professionals to do that. We do not want bean counters making decisions based upon what the bottom line and dollars are going to be.

Now, the gentlelady was talking about what she did in the State legislature. In Ohio, we had a very similar situation where insurance companies were delaying payments to doctors who ultimately run a business. When you see your primary care physician, they have staff. They have a payroll. They have to keep the lights on. They have to pay utility bills just like any small business. But when you do look-backs and you suggest whether this MRI was really necessary or authorized, whether this x-ray was necessary or authorized and you delay those payments over a time period, the physician can't keep the lights on in the building, and that should end. We passed a bill in the State legislature called Prompt Pay to make sure that insurance companies were making best efforts to pay those bills on time so doctors could keep the lights on.

Additionally, we were doing health care simplification so that we could involve a little bit of health care IT, medical IT, so that when you roll into a hospital, God forbid, after an accident that's in your region, when they pull up your name, when they pull up your identification, they're able to identify who you are and your health care records.

The military has been doing this for years. In fact, on our military identification card, we have the medical technology to pull up all my medical records. If I rolled into a hospital or to a VA facility or to a military hospital, on my card, they would scan it in and my complete medical history would come up. And on that, you would be able to tell whether you were diabetic, what type of treatments you've had. And that ultimately is going to cost hospitals less because they're not going to run these battery of tests to see if this person is a diabetic because they know that John Doe, when they came in, has a medical history and it's on their card.

Perhaps this is something we should do. We're doing it in the military. It's something that we ought to explore for Americans so that they can have quick access to their medical records.

I yield to the gentlelady.

Ms. PINGREE of Maine. You know, absolutely. I think it's one of the reasons why earlier this year we went along with the President's proposal and invested so much in health information technology. It has been clear to people for a long time that so many different insurance companies and so many different kinds of forums just make it difficult for practitioners to run a busi-

ness and hospitals to operate, and as you said, for people to get the kind of medical care that they really need.

Well, we are at about time to wrap up here. I will just kind of go over again from my perspective, and certainly will let the gentleman from Ohio close with a few thoughts as well, but I just want to emphasize again that from my perspective, in my home State—and really what I hear across the country and everywhere I go—people say, Can you get a health care plan passed? Are you going to do something about all of the things that we've been talking about tonight? People want the coverage, they want a choice. As we've said many times, if you like your plan, you can keep it; if not, there will be real alternatives.

They want affordability. People are willing to buy health care, but they want to know that they can afford it. This plan that has just been released has a shared responsibility from employers and individuals alike. It has real components to control costs. It makes a serious investment in prevention and wellness and invests in the health care workforce, something we haven't talked much about tonight. But I know I come from a State where there is a tremendous shortage of health care practitioners—doctor, nurses, those people that are needed to do this job to make sure that we can have good care, and that is part of the legislation is to really look at investing in our workforce.

I feel very hopeful, I feel hopeful that we have already moved us forward as far as we can, that there is a sense around here really from both sides of the aisle that we don't have to debate anymore whether or not there is a problem with the system. We may have differences about how we go about fixing it, but there is a real commitment to go ahead and fix it.

And I am very impressed with the President, who has just made it clear that this is something he wants to do on his watch. He wants to do it in the first year, and I think this is a tremendous commitment to really pass a health care package that works for America and get on with it.

And I yield to the gentleman from Ohio.

Mr. BOCCIERI. I thank the gentlelady for assembling this dialogue on health care. This is very important. And we know those Americans who might be listening in, those folks who are still awake after perhaps punching the time clock and working long hours, we want you to know that we are working on this issue. But we have studied it long enough. We've talked about it long enough. Now it's time to take action. Leadership is defined by action, not position, but by action. And what I applaud this President for is his bold efforts to step forward and take action on an issue that remains a dilemma for America. This is about us, as a Nation, being competitive with our foreign competitors. This is about how much

we spend on delivery of health care and making sure that all Americans have access to the quality of care that we want, not just because you can afford it but because you're American. And let me just say these things:

Number one, if you like your doctor, you will keep your doctor. If you don't like the plan that you're in, you can move to another. There is going to be freedom of choice, and there will be broad choices in the plan that has been unveiled in this Chamber.

Number two, we want to make sure that health care professionals and physicians and doctors and nurses are prescribing health care and administering health care and not necessarily the bean counters or bureaucrats that we find too often who are making health care decisions for too many Americans.

And the third issue that we need to emphasize is that there is enough money in the system already to pay for health care. The 46 million uninsured and underinsured folks who are out there, we know that there is enough money in the delivery of health care—\$2.5 trillion we spend every year, 16 percent of our gross national product. We spend more than any other industrialized nation in the world, but yet have a life expectancy on par with Cuba. There is enough money in the system that is out there that we can make sure that 46 million uninsured or underinsured people have access to health care.

□ 2230

How are we going to do that? With the five P's. Making sure that all people have access to health care. If they don't, it is going to end up costing all of us more because when they use the hospital room as their primary care physician, they will actually cost all of us more.

Making sure they have a portable plan that allows them to take it from job to job. End this notion of preexisting conditions, that if you're working at one place and you go to another job that somehow being pregnant or being a diabetic or having a chronic disease somehow eliminates you from seeking health care from this new provider. End preexisting conditions.

Making sure that we provide incentives for physicians to not only enter the field but also that physicians are making the health care decisions.

And, lastly, prevention, prevention, prevention. Four cents of every dollar that we spend on health care is for prevention.

We can do a better job. We have to do a better job. The President has called us to action. The Nation has suffered for too long under a system that has excluded a few and allowed others to seek access. And this delivery system that we have should be about health care and not a health sickness plan that we have that's a fee for service but that encompasses all the things that we talked about here tonight.

I thank the gentlewoman from Maine for allowing me to be a part of this.

Ms. PINGREE of Maine. I thank my colleagues from Ohio and Illinois for being willing to be here.

MAN-MADE GLOBAL WARMING THEORY

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

Mr. ROHRBACHER. Mr. Speaker, as I stand here on the floor of the House tonight, I am reminded of the television series the "Twilight Zone." And these days I half expect Rod Serling to appear from behind a curtain and announce, "This is the Twilight Zone." Yes, there is an almost bizarre sense of unreality here in the Nation's Capital.

The transformation of private liability into public debt on a massive scale. The unprecedented level of deficit spending, debt piled upon debt, borrowing from China to give foreign aid to other countries. The willingness to pass draconian restrictions and controls on our national economy and on the lives of our people. And while seeking to save us from a recession, Congress shovels hundreds of billions of dollars into the financial industry, much of which has ended up in the pockets of fat cats and wheeler-dealers who have been giving themselves multi-million dollar bonuses even as they drove their own companies into bankruptcy. The giveaway and the lack of oversight has been mind-boggling. And we don't know where hundreds of billions of dollars have gone, and we don't know to whom. Yet we know that the taxpayers are now on the hook for this increase in our national debt.

We have watched as this has been happening, and, of course, there are so many things that are being done here today to our people. But we also note how much is not being done that needs to be done to protect our people, which is just as mind-boggling.

Our Nation's borders leak like a spaghetti strainer. Millions of people illegally continue to pour into our country to consume our limited health care. And, by the way, we just heard a lot about health care. Why are we not hearing that we should not be picking up the tab for the tens of millions of illegals that have come into this country? But that's not part of the discussion. But millions of people are flowing into our country, and they are consuming the limited health care, education, and other social service dollars that we have. We have limited money; and yet they are taking that money, and they're taking jobs from our people.

And sometimes they come here and they commit crimes against our people. And our government just sits and lets it happen even while we are passing all these hundreds of millions on to wheeler-dealers in the financial industry. We can't even come to grips with our illegal immigration problem. We can't even build a fence.

In California we can't even build a new water system in the middle of a drought. This we are told is because of a tiny fish, the delta smelt. So our people will have to suffer because of concern over a little tiny worthless fish that isn't even good enough to be used as bait.

So last week even amidst California's tremendous difficulties, with drought conditions and a shortage of water at near crisis, this House, the House of Representatives, voted not for the people of California but for a fish. No water for our people because if we would give it to the people, that little fish might be affected in a detrimental way.

Perhaps the most damaging of the weird policies that I have described is America's longtime commitment not to develop its own domestic energy resources. Even as high energy prices have brought suffering and economic hardship to our people, we have not been developing our own resources. Even as we see dollars being siphoned from the pockets of our people and deposited in coffers overseas, enriching foreigners, some of those foreigners who hate us, while our hard-earned dollars are being extracted from us, massive deposits of domestic oil and gas worth trillions of dollars are untouched, untapped, and unused.

Even as California sinks into an economic catastrophe, off the coast are huge caverns filled with massive deposits of oil and gas just sitting there. And even as California cuts and cancels public services to our own people, billions of dollars of tax revenue could be derived by utilizing that oil and gas that's just sitting there right off our shore. Yet the State of California lets it sit there while our people suffer and the State goes broke. Trillions of dollars have been sent overseas for energy, while at home no new oil refineries, no hydroelectric dams, no nuclear power plants.

As I say, all of this seems a bit bizarre. And it may be a bit bizarre, but it is not meaningless nonsense. Those who have insisted upon these antidomestic energy development policies know exactly what they're doing. They want to change our way of life whether we like it or not. So a few decades ago, they grabbed onto a theory, a theory that the world is heating up because humankind uses carbon-based fuels. Read that oil, gas, and coal. This theory gives them the ability to stampe politicians and even stampede scientists with a certain amount of prodding and promises of being excluded from grants or promises to receive grants, but that theory gives them the ability to get these people, whether they are scientists or politicians, to support draconian policies and mandates, changes in our economy and lifestyle that they otherwise would never dream of considering and supporting.

All of this is in the name of protecting us from a climate calamity: man-made global warming. Well, the