

Now, if we want to move on the national energy tax and if we want to limit the amount of carbon dioxide because the atmosphere has too much, wouldn't it be important to ensure that the rest of the countries that are developing would also comply? But the bill that passed the House had no provision, had no trigger to ensure that the number one emitter of carbon dioxide would have to comply in a regime, and that's China. Another major emitter of carbon dioxide is India. They're not involved and responsible for moving to limit their emissions. So, for the United States to go into and disarm ourselves by raising our energy costs against countries that compete with us because they can pay their employees more, they don't comply with environmental standards, now we are going to allow them to have cheaper energy, it is just a foolish proposition.

So what have Republicans done? We've come to the floor to talk about what really are the energy demands that we have in this country. We need to decrease our reliance on imported crude oil. The cap-and-tax bill does nothing to decrease our reliance on imported crude oil.

What we have proposed is making sure that we take access of the Outer Continental Shelf, the oil and gas reserves there. The royalties then are used not to continue to bring additional taxes on the American people. The royalties are used to expand wind and solar power that is now developing throughout this country, which we support because we want a diversified energy portfolio. We want to make sure we use our most efficient, cheapest source that we have, which is coal. We want to use it for electricity generation, driving down electricity prices. We also want to use that to produce liquid fuel, so we have a competitor. That is where we decrease our reliance on imported crude oil.

GOVERNMENT REGULATION OF THE FINANCIAL SERVICES SECTOR

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

Mr. HIMES. Mr. Speaker, I rise to address the House this afternoon because, like so many Members of this body, I am engaged in a terribly important exercise of working to think through the next generation of regulation that will oversee the stability and health of our financial services sector. This is a terribly important and challenging thing that we do. We need to make sure that we do what is necessary to have a vibrant, innovative, thriving financial services sector that employs the people of Connecticut and the people of this Nation, that pays taxes in Connecticut and to this Nation, but that we toe the line in such a way that we never find ourselves in the position that we are in today of tens and hundreds of billions

of taxpayer dollars being brought to the table to bail out a private industry that took too many risks.

And I rise this evening because I am concerned by the conclusion being drawn by some of the Members of this House, because our regulatory apparatus which, let's face it, was crafted in the 1930s, failed in many respects. And, boy, did it fail in some spectacular aspects. The conclusion seems to be drawn that government cannot regulate, that we should get out of the business, that we should leave the financial services sector entirely to its own devices, that somehow individual responsibility alone will create a stable and vibrant financial services sector.

And so I want to hearken back to the history of this body and this government crafting smart regulation. Think back 110, 120 years ago. American families ate rotten food. They bought snake oil in the guise of pharmaceuticals. They worked in factories that burned down and killed hundreds. They lived in cities that were unsanitary.

And over 120 years, 110 years, maybe starting with the fine Republican, Teddy Roosevelt, this Nation said we can do better. We can put in place smart regulation that protects our citizens and that adds to the quality of life of every American family. And, in fact, that is what happened, and we haven't gotten it quite right. There have been spectacular failures. But over that 120 years, the efforts of this government to craft smart, efficient regulation hasn't destroyed the economy.

The economic growth in this country over that period of time has been nothing short of spectacular. But it has protected American families. Very few families anymore buy snake oil, buy securities that would put Madoff's securities to shame, find themselves working in factories that burn down and nobody gets out because the doors are locked. 110 years, 120 years of success, not unadulterated success. There have been failures. But over time, the efforts of this country to put in place smart and efficient regulation have helped this economy and have helped the quality of life of American families.

And that is what we must do. We must not shrink from the task just because the SEC blew it on the Madoff case or because other regulators weren't watching new and dangerous markets closely enough. We must not shrink from the task of thinking through what new round of financial regulation allows that industry to thrive, allows that industry to provide credit to American families, to small businesses, to allow our economy to grow, but which never, ever puts us in the kind of risky position that we're working so hard to dig ourselves out of right now.

We can do this. There's a century-long tradition of our working constructively in that direction. So I know we can do this. The answer is smart, efficient, modern regulation for the ben-

efit of everyone and the benefit of this economy.

THE MAJORITY MAKERS AND HEALTH CARE

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

Mr. YARMUTH. Mr. Speaker, it's a great honor for me to be here tonight to lead a discussion about the most pressing and the most significant problem to most Americans, and that is the question of health care. I'm here with Members of the class of 2006. We call ourselves the Majority Makers, and from time to time we are here to address matters of great national import with you. But this is a very special topic for the class of 2006.

I remember very well when I began my campaign for Congress back then, in 2006, when many of the headlines of our Nation's newspapers and our television news operations were all about the Iraq war, and people would say to me, Well, I guess everyone's talking about the Iraq war to you. And I said, No, nobody's talking about the Iraq war. It's health care, health care, health care. Everywhere I went, neighborhood picnics, Catholic picnics on Friday night, festivals, businesses, schools, wherever I went, I heard story after story about how Americans were fed up with the health care system that was not serving them. In fact, it was, in many cases, killing them.

Well, here we are, 3 years later, and while health care may not have been on the front pages of the newspapers up till now because we have a severe economic decline and many challenges we're dealing with, this Congress is ready to put health care back on the front pages. And President Obama has already indicated that this is his top priority in his first time in office, and the reasons that that is so are not hard to determine.

It's pretty easy to look around us, look at the numbers and see why we have to take significant, decisive action to improve, to change our health care system. Just a few weeks ago, Dr. Christine Rohmer, who heads the White House's economic team, testified before the House Budget Committee that if we don't make significant steps to reform health care, to get a handle on cost, to bring prices down, that health care, which now comprises 17 percent of our economy, by 2040, would make up 35 percent of our economy.

Well, you don't have to be an economist or a health care expert to know that if health care takes up 35 percent of our economy, it's going to squeeze out most of everything else. In short, it is an unsustainable number. And we can go on and talk about the dramatic impact of Medicare and those types of expenses on the Federal budget as well as on the general economy.

But what most people are concerned about is not the big picture, not the macroeconomic picture; it's the kitchen table picture. It's what happens in your household, what happens to individuals, those people that we meet in all segments of our society from one coast to the other who have had significant difficulties with their health care system. They're small business people who have seen their premiums rise 15, 20, 25 percent every year in spite of the fact that they have very low utilization, healthy people.

We've seen story after story of individuals who, at 55 years of age, lose their job. They can't get COBRA for a very long period of time. They don't qualify for Medicare. They try to go out in the private market and buy insurance, but at 55, most everybody's going to have some kind of preexisting condition that makes them, under current, the current system, uninsurable.

We heard from a couple yesterday in that exact same position. They came to testify to Congress. A woman has had epilepsy since she was 5 years old. Her husband lost his job. Now they go out and try to shop for insurance in the private market, but because she has epilepsy, something totally beyond her control, obviously, the only insurance policy she could get cost \$2,600 a month. Now, how many people in this country can afford \$2,600 a month for health insurance? \$30,000 a year. Well, not very many. But these are stories that are repeated time after time after time.

I have to tell one that was a personal experience of mine, and then I'm going to let my colleagues from the class of 2006 contribute not just their stories about where health care needs to be fixed, but also what this Congress is proposing to do to set America on a sounder course for health care.

Back during my 2006 campaign, we had a young worker, a young woman in her mid-twenties, was a volunteer in our campaign. She was severely disabled, so severely disabled she was wheelchair-bound. And she told me that if she were not covered by SSI, she would have spent, had to spend \$3,000 a month just on her prescription medications, but because of SSI, she was able to manage her health care problems.

Now, she had, and I hope she still has, a boyfriend, and they wanted to get married. Her boyfriend worked at a supermarket company. He was making \$11 an hour, which, to them, was a great salary. But they couldn't get married, because if they got married, she would lose her disability coverage, and the company where her boyfriend was employed could not, would not put her on the policy because she was so expensive to cover.

□ 1815

So what we have here are two people in love, wanting to get married, wanting to start a family, wanting to do what so many Americans want to do, and because of a health care coverage

issue, they cannot get married. In this country, there is no excuse for that situation.

Time after time, all of us run into situations in which people are having to make important life decisions based on whether there is the availability of health care coverage. There is someone who wants to leave a company and wants to start a small business of his own—not able to do it because of coverage. There is somebody who wants to leave a situation, in which he or she has coverage, in order to go back to school to further his education and advance his prospects—can't do it because of insurance coverage. We all know these scenarios all too well.

So this Congress and this President have set out to change the health care system in this country to make sure that every American has peace of mind and security where his or her health care is concerned. That's what we're about, and that's why we're going to put health care back on the front pages and back as the lead story on America's newscasts over the next few weeks, because we are going to do for the American people what we know they want us to do and need us to do.

With that, I would like to yield to my good friend and colleague from Maryland, Mr. SARBANES.

Mr. SARBANES. I want to thank my colleague from Kentucky for organizing this very important discussion today.

We have got some terrific Members who have been very engaged in this health care topic for a long time, and I say "a long time" because, even though these are folks who came to this Chamber in January of 2007, all of them are people who have been working on this issue for many, many years. So this is going to be an important discussion tonight, I think a stimulating one, and one that will be enlightening to all of those folks who are very concerned about where we are right now.

Today was an incredible day because today there was introduced in this Chamber the Health Reform Act, which, I think, is going to form the basis of moving us forward in a very meaningful and significant way in this country. This has been a long time in coming, this day. We ran on this issue in 2006, not because we made it up out of thin air but because everywhere we went we heard from constituents and members of the public who were saying this was their number one issue. We ran on it again in 2008 because this was the number one issue that people brought to our attention and because of the stories like the one that JOHN YARMUTH just told. There are legions of those stories that we've heard.

I mentioned that this was the number one issue in '06 and '08 for a specific reason, and that is that there are some on the other side and there are even some in the public who are saying we're moving too fast on this—slow down—that we need to take more time to deliberate. It's a fair point but only

to a point, because the people who we were elected by and the people from whom we hear every weekend when we go home to our districts have been clamoring for this kind of reform for decades, and they really can't wait to change the situations they're in right now. So this is a great day because, after decades of struggle and after the past few years when the call for this kind of change has reached a fever pitch, we are at this moment finally at the point where we are putting legislation on the table that is going to make a difference.

I want to yield soon to my colleagues who are here, but let me just mention a couple of things and dispense with some myths.

You know, before we began this exchange, I heard a few folks who were critical of the proposal saying we don't need a government takeover. Well, this bill couldn't be further from a government takeover. What this is doing in a very American way is offering more choices out there. Too many Americans feel that they have been shackled by a private health insurance industry that was more interested in seizing profits for themselves than in really providing high-quality and accessible care to most Americans. Folks are fed up with that. So we're not talking about a government takeover. We're talking about trying to get out from under the takeover that the private health insurance industry has had for so many years. That's what this is about.

The second thing is that this bill invests in primary care and in preventative care. It does the kind of common-sense things that the American people have been calling for for so many years with respect to their health care coverage. Let's treat people on the front end, and keep them from getting sick in the first place rather than waiting for them to get sick on the back end. That makes common sense. The other thing is it invests in our health workforce. If we are going to presume, as we should, to cover everyone in this country and to provide them with health care coverage, we have got to make sure that there are enough caregivers to deliver that care to them.

Let me close with this observation, which is what, I think, most Americans are thinking to themselves. They're thinking: If America could have accomplished all of the things that we've managed to accomplish over the last few decades, even as we were carrying this broken health care system around on our backs, imagine what we could accomplish as a society, as individuals, if we could fix this health care system. Imagine if your mother, who goes to work, who leaves a child at home who has got a fever of 100 degrees, but you don't have to worry because you know that your family has decent health care coverage. Imagine how much more productive you're going to be at work that day. Imagine you're a small business that wants to do the right thing

for your employees, but you could never afford to do it, but now you can. Imagine if you're a large business that's trying to compete with a competitor overseas that has more of a shared obligation from the public and private sectors to help it with the cost of health care. Imagine how much more productive and competitive you could be.

So, given that America has been as successful as we've been all of these years, even with this monkey we've been carrying around on our back, just think of and just imagine the heights we're going to reach as a Nation and as individuals if we can fix this health care system. That's what this bill is all about.

So I want to thank you, JOHN, my colleague from Kentucky, for convening us today to talk about this very, very important issue. Let me yield my time back to you.

Mr. YARMUTH. I thank the gentleman.

He raises a point that, I think, is appropriate to make at this time. We will hear a lot over these few weeks as we're going to be actively engaged in this issue of trying to bring a bill to the floor and of passing it before August 1. You will hear a lot about the Canadian system, and you will hear a lot of fear tactics being thrown at the debate because, right now, those people who are opposing what we are trying to do really have nothing but fear tactics to throw at it.

It's interesting, because we had a hearing in Ways and Means several weeks ago. A gentleman was there who was arguing against our public option, the public option part of the proposal, which basically is a government-run plan that would compete with private insurers and that would compete for your business, for the business of the American people. He kept saying, We don't want Canada. We don't want Canada. We don't want Canada with the long lines and all of these things—all of these myths that have arisen around the Canadian system.

I asked him if he knew how many countries in the world, how many industrialized nations, had a nationalized health insurance system. He said all of them except the United States. How many have universal coverage? All of them except the United States. How many have a blend of public and private where you have a basic level of coverage provided by the government but where people can buy private insurance to enhance their positions? He said, Well, all of them except Canada. I said, So you have chosen the one country in the world that is an outlier. He used that to undermine the arguments for an American plan when we haven't copied anything from Canada in this country, that I know of, except hockey. He really didn't have a response to that.

The point is you will hear a lot of these myths thrown out, and they really don't relate to what we're doing or

are trying to do, which is to create a uniquely American solution to a uniquely American problem.

With that, I would like to yield time to my colleague from Massachusetts, Congresswoman NIKI TSONGAS.

Ms. TSONGAS. I want to thank my colleague from Kentucky.

It is an historic day, I think, to be here, discussing the issue of health care. You were talking about how many in our class campaigned on the very important issue of health care. I came in at midterm—a year, maybe 10 months after you all had been elected—as part of a special election process in which the issue of expanding coverage for children under the Children's Health Insurance Program was the defining issue. I ran on a campaign, as many in my class did, to expand children's health coverage. Finally, we have been successful this year with President Obama's signing that most important legislation into law.

I also happened to be running at a time when the new Massachusetts system, which was designed to provide guaranteed access to affordable health care for Massachusetts residents, was coming into play. We had many, many questions around the potential it would have, around the difficulties it might present and around the costs it might impose. In fact, since we began that most important system, 439,000 residents of our State are now covered with quality, affordable health care.

This legislation created a mechanism not unlike the exchange that we are talking about in the legislation that was being proposed today, which creates a place for people to go to assess the different possibilities of health care and to make sensible choices that make sense for them.

What I learned from the Massachusetts experiment, which has become very successful, is that, while we talk very much about what the role of government is, in Massachusetts, the role of government was to be the architect of the system that brought everybody to the table—the employer, the individual and government—to sort out how best each player should play its role. Because we had that cooperative approach, which is what, I think, we see in the legislation that has come to the table today and the successes that that has generated, I think it is a remarkable model that says there is a role for government but that everybody has to play its most important part.

So I think this is, really, a very exciting day for our country. It is the beginning of a process. I look forward to reaching out to my constituents, who will have slightly different perspectives because of their experiences under the Massachusetts model, and to getting their input as we go forward with the most important debate that we are just beginning. I thank you for beginning that today.

I apologize for not staying longer, but the women of the House are play-

ing a softball game later this evening, and I don't want to be too late, even though I'm only going to be cheering, because I don't want to end up in the hospital, in need of care, as a result of my poor game-playing talents. So thank you for beginning this most important discussion.

Mr. YARMUTH. I thank the gentleman, and I intend to be at the game myself in a most supportive role.

I would like now to introduce one of the physicians of the House. Not too long ago, there was an article in the New York Times that talked about the number of physicians here. They make an extraordinary contribution to our efforts in this field and in many others.

So it gives me great pleasure to yield to my good friend from Wisconsin, Dr. KAGEN.

Mr. KAGEN. Thank you, Congressman YARMUTH. I appreciate the opportunity to join with you and with other Members of the class of 2006, the difference-makers, the Majority Makers, who brought a message of positive change here to Washington in January of 2007. What happened is we had another election in 2008, and we returned because we haven't finished the job yet.

There is an inheritance that our President, Barack Obama, has taken on. I can't think of another time in American history when a President inherited so much in crisis: the housing crisis, where housing construction and prices were falling through the floor, and a financial crisis where the credit markets completely froze up and went into a medical coma—money wasn't being transferred between banks. He inherited a lot. He also inherited 3.7 million people who had lost their jobs during the previous year.

□ 1830

This economic recession that we've slipped into began under the watch of the previous President, and we have a lot of fixing to do. It's going to need a doctor in the House to get things going. But we do have hope now because we have a new way of looking at things. We're taking a positive approach, and we brought forward today a bill that begins the process of healing our fractured health care system.

Now when I ran for Congress and when I got re-elected, I put together a health care advisory team in my district, in northeast Wisconsin, composed of physicians, of medical people involved in hospital administration, insurance people, nurses, everybody that's involved in health care, and we came up with 10 essential elements that should be included in a successful piece of Federal legislation. The first and most important element was no discrimination. We sought to apply our constitutional rights that protect us against discrimination to the health care industry to guarantee that no one would suffer from discrimination, not on the basis of the color of their skin but the chemistry of their skin or, in

the case that you mentioned, the patient with epilepsy. We shall not discriminate against any citizen or legal resident based upon pre-existing medical conditions, and that's in this bill that was submitted today for our consideration.

Now the bill may not be perfect. It certainly hasn't been read all the way through yet. It's only 1,018 pages. But it does have within it, "No discrimination against any citizen or legal resident due to pre-existing medical conditions."

The second most essential element of the Eighth Congressional District of Wisconsin's ideas was that we needed a standard plan, a health care benefit plan that was standardized such that each and every insurance company would offer in the marketplace, by openly disclosing the price, a standard plan. That's in this bill. The idea is to create competition, which doesn't exist today, create open and transparent markets that don't exist today because you can't call up an insurance company and ask for the price. They just don't know what to charge you until they find out how to cherry-pick you out or boost up your price. So no discrimination and a standard plan are in this bill. When we do that, when we have an open marketplace with a standard policy that's being sold in a very competitive fashion, I believe we can drive down the price of your insurance premiums by about 22 percent. That's a lot of money when the average cost today is \$1,200 to \$1,400 a month for a family of four.

The third element, transparency. It's in the bill. The fourth element, incentives, financial incentives to begin to root out waste in the system. I believe, as many people here in Congress and across the country believe, that we're spending enough money across this country now on health care. It just needs to find a better home. Since 47 percent is the overall overhead of the private insurance industry for small business, that means that when a small business sends a dollar in to an insurance company, 47 cents, in my view, is wasted. It's wasted on the bureaucracy within that insurance industry. We can and must do better. We must drive that overhead down to 15 percent; and when we do, we'll save America \$39 billion a year which will go right back into our economy. I am absolutely convinced, as are many Members here, that when we reduce the cost of health care for everyone by using the marketplace to leverage things down, leverage the price down, we're going to stimulate our economy because there are two big overheads right now for any small business. It's called health care and energy. If you're in farming, if you are a small business on Main Street or the side streets, you've got an overhead that's health care, number one, and energy, number two. So I'm very pleased to see that these essential elements are in this bill. It's a great day for America. It's a very hopeful day.

I yield back.

Mr. YARMUTH. I thank Dr. KAGEN for his expert contribution. As we move forward, we will rely more and more on those people who have been in the trenches. And for someone who has been in the trenches and knows the problems that face his patients and his colleagues in the medical profession, we will be able to craft a much better piece of legislation. So I thank him for his contribution tonight.

Now it gives me great pleasure to introduce another individual who has been focused on health care throughout his political career, a good friend from Memphis, Tennessee (Mr. COHEN).

Mr. COHEN. Thank you. I appreciate the gentleman from Kentucky bringing up this topic and joining Dr. KAGEN, my colleague; Mr. SARBANES and Ms. TSONGAS, who was with us, in discussion.

I look at the inscription that is over the Speaker's chair here in the United States Capitol, and it's Daniel Webster. Daniel Webster says, "Let us bring the resources of our Nation, our institutions together," and may we do something here that is worth remembering and something worthwhile that may be remembered. I can't think of anything that would be more worthwhile to Daniel Webster's spirit than we could do to have people remember this 111th Congress and to provide the health care that's been sought for so many generations.

I think back to Harry Truman who really had this original concept and wanted to see national health care. You think about what Mr. YARMUTH talked about, the only industrialized nation on the Earth that does not have health care for its people. It is the greatest country on the face of the Earth, but we don't provide health care, and that's somehow an omission that this country has glaringly overlooked. Dr. King would certainly be in favor of such a bill because this is a Nation that has forgotten so many for so long, and we cannot continue to do that and be considered the greatest country on the face of the Earth.

This bill that President Obama talked about today, and has gotten through the committees with Mr. MILLER, Mr. RANGEL, Mr. WAXMAN and Speaker PELOSI, who have worked so hard on it—and there is a comparable bill in the Senate—will see to it that we save money, \$500 billion over the next 10 years in Medicare, securing for our seniors a Medicare system that will be affordable and available and offer quality care. It will see to it that we ferret out fraud and waste from the system and make savings that will help reduce our deficit that we're presently experiencing. So there is a fiscal mechanism to this bill as well. It will see that pre-existing conditions cannot be used, as Mr. YARMUTH's couple was used as an example, to deprive people of health care insurance. There is a lot of profit in the system now with advertisements on television, profits for in-

surance companies and tremendous salaries and profits that are there; and they need to be wrung out of the system. One way we're going to do it is by having this public option plan compete and force insurance companies, if they intend to remain active in the market, to compete with a national system that does not have those same costs and will keep costs down. This will be more quality at a cheaper cost and more people covered. You know, there is a tax that we already have in America. When you have 47 million people—maybe 50 million at this point—without health insurance and 14,000 more people each month who lose their health insurance, when those people get sick, they still get care someplace, sometime, but it's paid for by higher insurance premiums, it's paid for by higher taxes. Where there are community hospitals, they go to emergency rooms. You pay for it—the most expensive care possible in an emergency room which wouldn't be there if the people had insurance because they could go to their doctors—and it's paid for through property taxes by citizens in an expensive manner. This will be eliminated. So for all those cities, including mine, where we have The MED, a community hospital, a trauma center that treats a lot of people that don't have insurance at an expensive rate in the emergency room, those people will have insurance, and they won't be coming to the emergency room, and it won't cost our taxpayers as much which means that that trauma center will be available for trauma care, as it was intended. In case there is a disaster, it will be available as well and that trauma center can survive. There won't be this tax that's put on everybody for taking care of the uninsured in uncompensated care, which hospitals do, and just charge it to you in a higher bill that you get from your physician or from your health care provider. We're paying for it but without any controls. So the system is really out of control. It needs to be restrained.

Now Mr. YARMUTH talked about Canada. And I know that we probably don't want to compare anything we're doing here—except for hockey—to Canada. But I was with a Canadian minister yesterday in Memphis—not a minister in the clerical sense but a government official; and he told me that a lot of people compare our system to yours, he said, "You know, our people live to an average of 81 years of age, and your people live to 78." He said, "The increase in inflation in our health care is 1 percent a year, and in your system it's 10 percent a year." He mentioned some other figures, and this was his perspective. He said, "I wouldn't trade our system for yours for anything." Our system is the most expensive health care on the face of the Earth, but it's not the best. And we're paying for it. And that's wrong. Not enough people get health care. I'm happy to be a part of this Congress, to support this

bill with a strong public plan that will see to it that we can compete with the insurance industry to keep their costs down and to see that everybody has access to health care as this plan will.

I would like to yield to my Wisconsin namesake STEVE and, as my father was a doctor, a fine doctor, Mr. KAGEN from Wisconsin.

Mr. KAGEN. Thank you, Mr. COHEN. I want to thank you for your kind words about what we're about to do together. But let's agree—we're not Canada. We're going to have a uniquely American health care solution. I don't think anybody in this body, I don't think any one legislator here, I don't think any one watching tonight or across America would argue, we're getting a menu. Now my son works at a pizzeria, and he's a pretty darn good cook. This is Appleton's First & Finest Pizzeria, Frank's Pizza Place. Now if we all go there together and we order a sausage 12-inch medium pizza, it's \$12.50. It says it right here. Now if you order that same pizza, what are you going to pay? \$12.50. Health care shouldn't be much more complicated than that. The price is openly disclosed at the pizzeria, and they don't discriminate against anybody. They are happy to take any customer on. And just like in health care, they're only as good as their last performance. So they have to compete for business. They compete with the Italian place down the street or the Greek restaurant or the Chinese restaurant or just your home cooking. So what we're suggesting here is that we use the leverage of the marketplace, that we have an open, transparent and competitive medical marketplace and guarantee universal access as we will do. The power of no discrimination, the power of equality, it is, after all, the foundation of our country and our culture. It is equality that we seek, not of outcomes, but equality of opportunity. I think it's time to apply that "no discrimination" theme not just to the insurance world saying, No, you can't cherry-pick and discriminate against someone because of a pre-existing condition. It's time to take our equality, our desire for equality and no discrimination to the level of the pharmacy counter. As a doctor, I can tell you, that is where the rubber meets the road. If I write a prescription for a patient, and they can't fill it because they can't afford it, if it's not on their list, we haven't done a thing. We haven't improved that patient's health. So we have to make certain that when you go to the pharmacy counter, you're going to pay the openly disclosed lowest price that they accept as payment in full from anybody.

I'll use just one other example, and then I will yield back. Our veterans. Everywhere I go in Wisconsin, we subscribe, we volunteer; but our veterans didn't go into combat and didn't serve our country for themselves. They serve for our entire Nation. They didn't serve just for themselves; and yet they're the ones that have the VA benefit of that

discount for their prescription drug. I think it's time that the soldier's wife or husband had that same benefit of that low-cost prescription drug and their children. And while we're at it, what about their next-door neighbor? What about their community? What about the whole country? If we could use the power, the purchasing power of these United States together in leveraging down prices for everybody, we could have affordable prescription drugs once again. That would bring equality to the pharmacy counter. It's something that needs to be defined very clearly in this piece of legislation. It isn't there yet, but we're going to work together and hopefully get that done.

Mr. COHEN. I would like to ask you two questions before we yield to another Member who wants to participate. What's going to happen with the doughnut hole? The seniors are very concerned about the doughnut hole. Will we be working on that?

Mr. KAGEN. The answer is, yes, we can, and yes, we will. By working together, we can close the doughnut hole; but it's going to take the opportunity and the power and the legality of leveraging down the price by using the government purchasing power. When we, the people, ban together in a purchasing pool to leverage down the prices for prescription drugs, we can get that price down. And I will give you one further hypothetical. If you are the owner of a drug company selling a pill in Mexico City for \$1, thank you for openly disclosing that product and that price. That is the price it should be in New York State all the way through to California and the territories. Show me your price, and give every citizen and legal resident that same lowest price that you accept as payment in full. That's the power of the marketplace, and that is equality brought to the pharmacy.

Mr. COHEN. Thank you, Dr. KAGEN. Before I yield back to Mr. YARMUTH, I would just like to ask him a question.

If you have an insurance policy now that you like, can you keep it?

Mr. YARMUTH. Oh, absolutely. I think that's the uniquely American element of this plan that is most important to stress. No one is forced to do anything in this plan. If you like your coverage, if you have employer-sponsored insurance that you're happy with, you get to keep it. No change is necessary, no change is mandated. You get to keep your choice of doctors. You get to choose your hospital. These are the fundamental elements that we considered extremely critical to this legislation because we know many Americans are satisfied with their health coverage, and we don't want to change their situation.

□ 1845

We want to make sure that everyone is satisfied with their coverage, that everyone has coverage; and through the competitive American spirit, that

we think we are building, creating this legislation, that we will be able to provide the type of environment where people who like what they have can keep it, people who don't like what they have can shop for something that better suits their family's needs; and that's what the entire purpose of this great legislation is.

Mr. COHEN. And if you keep it, you are probably going to get it cheaper because where the uninsured will be insured, and you won't be paying for them through that hidden tax.

Mr. YARMUTH. Well, I think that's the most essential part of this legislation. If we can't control costs in the health care system, if we can't see to it that people get what they need at a lower price, then we know, for instance, that if we don't have reform, it's projected that the average family's cost will increase \$1,800 per year for the foreseeable future. That's unsustainable. We know that.

So cost control through competition is the critical—and through changes we hope that we can incentivize in the way medicine is delivered, health care is delivered and practiced in this country, that we can make affordable, quality health care available to every American.

Mr. COHEN. Thank you, sir.

Mr. YARMUTH. And, you know, this is supposed to be a conversation of the Class of 2006, but occasionally we adopt Members from other classes because we know that they share the values that brought us to Congress.

And it's now my great pleasure to introduce one of those colleagues, Mr. RYAN of Ohio.

Mr. RYAN of Ohio. I thank the gentleman.

And just as all of you do feel, this is such a critical issue for our country. And we started coming to the floor in 2002, Congressman MEEK from Florida and I with the 30-something hour, and we were talking about at that point Social Security privatization and just a reminder of what the world would look like today if we would have privatized social security and if Democrats weren't here to prevent that from happening, where we would be now.

But with what's going on, my district is in Akron and Youngstown, Ohio, northeast quadrant. Very industrial. Just a bit north from my friend in Kentucky.

And when you look at what the problems that communities and families are having to deal with there—an example of steel companies that have closed, people, their pensions have gone to the PBGC, some lost their pensions altogether, some lost their health care altogether. Now we are dealing with, as the new GM moves forward, a lot of the old Delphi folks weren't included in the new deal. So now they're left on the outside whether they're union workers or salary workers that had put just as much time, effort, and intellect into developing Delphi and General Motors over the course of the

years and now finding themselves left behind with a \$14,000 or \$15,000 health care bill.

So what we are talking about here—why you're coming to the floor, why I'm coming to the floor, why President Obama is so forceful in persuading the American people that this has to happen now, why Speaker PELOSI and Senator REID are all on this issue is because this is an issue that the American people want. They know that they are paying too much for their health care. They've experienced the fear of having a pre-existing condition and trying to go out into the market and trying to get somebody to cover them. They deal with this every day.

So I don't want to get too much into the weeds because I think over the course of this next 3 weeks as you come down here and the 30-somethings comes down here and we all get ratcheted up and we all lean on the doctor here to tell us, you know, how this works once it hits the ground, but I think it's important to know that some of the principles here are that no one—once you get your health care—that with these new plans that you will be able to get into—your health care situation will not bankrupt your family; your health care system or your health care plan will not bankrupt your business. You will have coverage. You will have some place to go.

Now, that to me doesn't seem like too big of an "ask" in America today with all of the money that is in this system. And I think that's the beauty, looking at the draft plan and knowing it has to go into all of the different committees and get worked through, I think the magic of what's happening here is that a lot of the costs are going to be squeezed out of the current system that has been inflicted because everyone gets their little piece of the action. And we are saying we squeeze it and reinvest that money.

And in many ways we look—we have some kind of universal coverage now, but it's through the emergency rooms. That's no way to administer health care, Doc. No way to do it. It's more expensive.

So what we're saying is with the preventative proposals that are in here is that there's no cost share to go check-up; there's no cost share to participate in any kind of the preventative measures that a specific plan may have that's going to make you healthier, that's going to make sure that you get a prescription instead of end up in the emergency room a week later and cost the whole system \$100,000 when it could have been taken care of for a \$20 prescription. That's what we're talking about here.

And I'm sure there are going to be a lot of TV ads.

I will be happy to yield to my friend.

Mr. KAGEN. So if I understand you correctly, you're saying if you're a citizen, you're going to be in. If it's in your body, you're going to be covered.

And would you also agree that much like we had a systemic financial risk

with our financial meltdown, isn't it also true with the crisis in health care, with the impossible costs for everyone, it presents a systemic risk to our economy and if we do not confront it, our economy may be in shambles?

Mr. RYAN of Ohio. There is no question about it, and our economy is in shambles now in part because of the burden that's placed on a lot of the businesses.

I remember about a year ago I was in a roomful of about 15 or 20 businesses, primarily manufacturing businesses in northeast Ohio, 50, 100, 200 people; and we were talking about health care, and they were all talking about how their health care costs went up 15, 20, 30 percent depending on the situation of the people that worked at the factory. And when asked if they would somehow be willing to pay more and get health care off their books completely, would they be willing to do that, they were all like, Sign me up right now. You mean I don't have to deal with this anymore? I can focus on making this product that I make?

And part of what we're trying to do here is to say get all of this waste out of the system, put it on the front end where we can have prevention. Let's stop all of this stupidity of saying you don't get any health care because of whatever reason and you end up with the emergency room costs. Put it up front. Let's squeeze the fat. Let's bring in PhRMA and take some of the savings from there and help fill that donut hole the gentleman from Tennessee was talking about earlier, and let's get ourselves healthy.

And I yield back to my friend.

Mr. YARMUTH. I thank the gentleman for his very important contribution.

And someone else who's been very much engaged in the development of the legislation that was introduced today, the gentleman from Connecticut, who's a member of the Energy and Commerce Committee. I yield to Mr. MURPHY from Connecticut.

Mr. MURPHY of Connecticut. Thank you very much, Mr. YARMUTH. So good to see my friend, TIM RYAN, back wearing a path in a familiar spot on the House floor speaking truth to the American people.

Listen, what you are talking about is this invisible cost, Mr. RYAN, to the health care system that we kind of pretend doesn't exist. We didn't get to 17 percent of our gross domestic product by accident. We did that by ignoring some fundamental problems in our health care system. And the fact is that we kind of just, you know, boxed our ears and shut our eyes and tried to sort of wish this problem away.

Well, you know, every employee has started to feel this crunch, right? The percentage of their income that is devoted to health care has inched up and inched up every single year. But a lot of the costs they don't see because employers out there are eating it and are paying these 10 or 12 or 15 percent in-

creases in health care premiums that they're getting every year; and instead of passing the cost of that in its entirety over to the employee, they just don't give as big a wage increase as they might have that year, or maybe they don't give any wage increase. Maybe they actually furlough folks 1 day a month.

These health care costs that companies are taking on are causing wages to remain flat. That's what we've seen over the last 10 years. The GDP in this country is growing. I mean, we're making more stuff if you look at the 10-year window. Obviously in the last 2 years that has not been the case. But in the last 10 years, GDP is growing, but wages are staying right here. There are a lot of reasons for that. Some people up at the real high end of the income spectrum are pretty fat and happy, but a lot of that is because all of the extra money that companies are making is going to pay health care rather than going to their employees.

So that's one way in which the costs of our health care system are sometimes invisible, because employees just assume that they don't get wage increases because their company didn't make as many widgets that year or didn't sell as many pieces of product line. No. A lot of the reason is that they sold more this year; they just took all of that extra profit and paid for health care.

The second thing is what you guys, I'm sure, have been talking about already. It's that we've got a system of universal health care in this country. It's just the worst, most backwards, most inhumane, most inefficient, most unconscionable system of universal health care system in the world because we basically say to people, We will guarantee you health care—our Federal law guarantees you health care but only when you get so disastrously sick that you show up to the emergency room.

A woman in Connecticut came and testified before one of our State legislative committees, and she told a real simple story. And I've told it on the floor before. Had a pain in her foot. Had no insurance. Worked for a living. Did everything she was supposed to. Just didn't have insurance. She knew that she had some sort of infection so she knew what she was going to have to pay for it. She was going to have to go to the doctor, she was going to have to pay probably \$100 for that visit, and she was going to get an antibiotic or she was going to get some medication to make it go away. That was going to be a couple hundred more dollars. She didn't have it. She knew she didn't have it. So she decided to just live with the pain.

Well, finally, one night it was just unbearable. She had to go to the emergency room. So she showed up to the emergency room, and it was too late. That foot was infected so badly it had to be amputated. And that's a terrible, terrible outcome for that woman.

Changes her life for the rest of her time. But it cost the system the thousands of dollars that that surgery and all of that follow-up care required versus the couple hundred bucks we could have gotten in preventative care up front.

We're paying for that. You don't see it because you never met that woman and you never see the thousands like her who end up showing up in the emergency room with crisis care that could have been prevented. That's more invisible costs, but it's all there.

One last point, Mr. RYAN and Mr. YARMUTH.

People are going to hear the cost of these bills when they come out. They're going to see that the cost of the bill from the House is X billion dollars; the cost of the bill of the Senate is X-plus-Y billion dollars. Here's what you have to do. You have to look at that cost versus the cost of doing nothing. And every credible survey, every credible examination is going to tell you this: that the cost of the bill that we produce is going to be half of the cost of sitting and accepting the status quo. That's why we have to pass health care reform here.

Mr. YARMUTH. I thank the gentleman because he talked so much about the higher level of care at the emergency room, most of which is uncompensated for those providers and are shifted to the private-pay customers. I know there are estimates out there that indicate that there is somewhere around a hundred billion dollars a year that's actually care administered in the emergency rooms to people by hospitals who do it as part of charity work, but it's all being shifted to the people who are covered.

So when we talk about a health reform plan that's going to cost roughly \$100 billion a year for 10 years, we're already spending that \$100 billion. So it's not money new to the system, which is, I think in the example of we have plenty of money spent in this country on health care right now.

Mr. RYAN of Ohio. If the gentleman will yield.

Mr. YARMUTH. I yield to the gentleman.

Mr. RYAN of Ohio. Just for an example for Medicare Advantage. Fourteen percent overpayment on average for Medicare Advantage, that is over what Medicare pays. That is wasting the taxpayers' dollars. That's the money we're talking about that we can shift from that current program into what Mr. MURPHY was talking about earlier, these kinds of cost savings that we need.

Mr. YARMUTH. I yield to the gentleman from Wisconsin.

Mr. KAGEN. I'm glad you brought this subject up because not every Medicare Advantage plan is identical, and not every community is identical as well. And there are some areas of the country where Medicare Advantage plans, like in some regions of New York State and some regions of Wis-

consin, are very advantageous. They have a lot of prevention planned in them, and they're not really overcharging at all. They're really bringing about all of the evolution in our health care system that you'd like to see, squeezing out the waste and an emphasis on prevention and primary care.

But no legislation is perfect. And nothing that we codify in law here that the President will sign will instill better judgment in every patient that is going to exist. It still comes down to personal responsibility. We can't possibly instill all of the good judgment into our children, don't you know.

□ 1900

So we have to have an understanding of what our limitations are in terms of government. We have to set up the table and set up the rules of engagement wherein we can have an open and transparent medical marketplace, allow the marketplace to do what it does best, bring down prices for everybody and increase access. But it begins with this piece of legislation that we had submitted today, with no discrimination against anyone to preexisting conditions and a standard plan, a plan that guarantees if you get sick you will be in your house, not the poorhouse.

Mr. COHEN. I was thinking of an old saying, and you might know where it comes from. You know, an ounce of prevention is worth a pound of cure, and what was the origin of that? Does that not apply to the idea of having wellness programs?

Mr. KAGEN. I thought it was my grandmother.

Mr. COHEN. And I thought it was, too. But doesn't that apply to this program where we have wellness programs now, and if you can pay for wellness programs and preventative care, you don't have to pay for that emergency room care? It's as simple as a traditional slogan like that, a saying comes from Saturday Evening Post or wherever, an ounce of prevention is worth a pound, and that's where we're going to save a lot of money.

Mr. KAGEN. The other thing, the idea that was commonplace up until this point in time is to divide and conquer, and that's what the insurance industry did. They cherry-picked and they separated neighbor from neighbor based on preexisting condition. They went so far as to separate a husband and a wife based on medical conditions, in some cases a mother from her child.

We're going to have to go back to community, the community-based ratings. We're going to have to go back to community here in Congress where we reach across the aisle and work together to solve these very complex problems.

I'm so very glad that this class of 2006 and our recent adoptee from Ohio is taking on not just health care but energy and education. These are the three essential problems that the President has been leading us on.

Mr. MURPHY of Connecticut. If I can just add something, Mr. KAGEN brings

in energy policy, and we just got through a long, hard struggle of passing an energy bill on this floor, and we're right now engaged in the muck of trying to change this health care system.

I think it's just worth reminding everybody out there how hard this is going to be, right, how hard it's going to be to try to reform a health care system where, as Mr. RYAN said, a lot of money is being wasted. But that money that is being wasted, it's not like you're wasting heat in your house and it just sort of escapes into the atmosphere.

When we talk about wasting money, we talk about money that actually ends up in people's pockets, right, that makes them rich and creates their fortune. So when we talk about saving money within the health care system, that involves taking on some pretty powerful institutions around this city of Washington, D.C., and around this country that are going to have to live with a little bit less in order to get average Americans a little bit more.

And I think people are going to read all these stories in the paper about, boy, how long it's taken to pass health care reform and how tough it is to get the Senate and the House to agree. Listen, when you are taking on one-seventh of the economy, when you're taking on the industry which by years of Republican neglect has allowed for some big players in the health care industry to make their fortunes off of the fact that some people can't afford it, then it's going to take some time, going to take some heavy lifting to fix a problem that has festered for a long time.

Now, the same thing is going to go for energy. That's why energy is going to be so hard to do. It's taking on a lot of similar interests, but health care reform is not just a nice, practical policy discussion amongst intellectual peers. This is about taking on some vested interests.

Mr. RYAN of Ohio. About 2 years ago, I heard a number, and I think this is roughly correct, where the insurance industry had increased their employment by maybe 5 or 6 or 7 percent, and they decreased the amount of services that they were providing by, like, 25 or 30 percent. So they were taking this money, hiring people to knock people off the rolls, to not cover, to make them jump through these hoops. I call, I got denied. Well, I'm sick. I need to go now, call. I get denied. Call, you get denied. Then eventually maybe they call us and maybe we make a call and who knows what happened, you get lucky, you get somebody.

But to your point, that person who's hiring people, growing their business at the expense of all of these other people is not the way this is going to keep going because America is better when all of these people together are healthier and more productive and participating in the system.

And I want to yield to my friend from Tennessee because he caught me

before my friend from Wisconsin, but there was an article yesterday that was brought to our attention about people in technology businesses that, for whatever reason, want to go out and start their own business but can't because someone in their family or they have a preexisting condition, so they need to stay in their current job because they don't have the coverage when they could be out in the market using what's best in America, the entrepreneurship, to generate new employment.

Mr. COHEN. Before we yield back to Mr. YARMUTH to close, I just want to thank Mr. RYAN for bringing up the issue of bankruptcy. I chair the Commercial and Administrative Law Subcommittee of Judiciary, and next week we're going to have a hearing on bankruptcies and health care. Health care is the major cause of bankruptcies in this country, and Elizabeth Edwards will be one of our witnesses.

But when people go bankrupt because of high medical bills, then other folks lose out because they don't get paid either. Merchants don't get paid because of that bankruptcy. So that's another cost of not having this health care system, and I want to thank each of you.

Mr. YARMUTH. I'd like to yield again to the gentleman from Wisconsin.

Mr. KAGEN. I'd like to dovetail on both of these conversations and say that Mr. RYAN from Ohio pointed out the difference between health insurance and health care, and what we are talking about in this bill is health care, getting the care that you need. You have the choice, you've got the coverage, and you've got the costs coming down. That's exactly what this bill aims to do.

Mr. YARMUTH. I appreciate all the comments from my colleagues, and I'd like to close by reading a letter that I received from a constituent of mine who's 10 years old.

It says: "Dear Congressman Yarmuth," My name is Matthew Gregory, and I am a 10-year-old that lives in Louisville, Kentucky.

"I am writing this letter because I have a younger brother with autism, and I want you to cosponsor the Autism Treatment Acceleration Act." Not the piece of legislation we're talking about now, but relevant.

"I would really appreciate the efforts you would provide to cosponsor the bill that would help end autism insurance discrimination. My parents spend \$50,000 per year for my brother's autism, and I think it's a national crisis.

"It seems like families that have not had their State's autism insurance bills passed have to pay unnecessary expenses just because a child is different."

And here's the kicker. "It's just not fair, and this is a fair country and everybody, no matter who they are, including my brother Eric, should be treated equally."

So there you have it. A 10-year-old understands the essential unfairness of

the system we have now, the fact that so many people are uninsured, the fact that so many people pay too much for the insurance they have, have to make life decisions based on whether they can get insurance or not, and that's what this Congress is determined to correct.

We have an historic opportunity here to create a just, fair health care system, one that is affordable and sustainable for this country and which will make sure that every American citizen has the health care he and she needs for their families well into the future.

HEALTH CARE REFORM

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

Mr. AKIN. Well, good evening, Mr. Speaker and my friends. We have just heard from the Democrats talking about their new foray into solving all the problems with health care, and boy, did it sound good to me. I have to say it really sounded good.

The promises, essentially what I was hearing talk about, first of all, the costs are coming down and you're going to get free medical care and the quality of the care is going to go up. And gosh, if you were given a proposal like that, I don't see why anybody wouldn't say, Yeah, let's just march right ahead with socialized medicine. Let's let the government run it because they're going to bring the costs down, they're going to give you free medical care, and you're going to get even better coverage than you get now.

I also was hearing the fact that they talked about the muck of our health care system and how bad the health care system is, and how, if we don't immediately pass this legislation, that things are going to get even worse. But what we have in front of us is this absolutely euphoric view of a great health care system.

Well, first thing off that strikes me is a little bit of a problem with common sense, the first is, if our health care system were so bad, then it would seem like, to me, that Americans would be going to some foreign country to get their health care. But what I'm observing is that if I got sick—and I have been sick—the place that I'd like to be treated is in good old U.S.A. I don't want to go to Canada. I don't want to go to Great Britain. I don't want to go to France or Sweden. I don't want to go to Russia. No, I'd like to be sick right here in this country.

So it strikes me that a health care system that most people even around the world recognize as probably the most sophisticated and the best quality health care system in the world, we're saying that it is full of muck and that the system has to be completely changed around.

And so it's okay if you want to believe these promises, that what's going

to happen when the government takes over the health care system is that it's going to cost less money. The trouble is the Congressional Budget Office doesn't say that and the estimates of the costs don't say that. And the States that have tried using the same approach that's being proposed here nationally, they don't say that either, because those States are almost bankrupt for trying to do this kind of a system, and yet, we're going to try to copy those bad examples.

We are just actually a few weeks, a couple, 3 weeks away from dealing with the other big problem that the administration has identified, which is the fact that the climate and the Earth is going to get worse and worse, hotter and hotter, and we are going to melt down. So we've got to deal with the problem of global warming by, what would you expect, a very, very large tax increase, the largest tax increase in the history of our country. I guess it was about \$787 billion. That was the largest tax increase that we've done. We did that.

It was an 1,100-page bill that was brought to the floor, and then at 3 o'clock in the morning, in a special committee hearing, another 300 pages of extra text were added to the 1,100 pages, and the 300 pages being in the form of amendments to had to be collated and put into the 1,100 pages. So, as we were debating this wonderful bill on the floor, they were busy trying to collate this amendment that had been passed, 300-page amendment, at 3 o'clock in the morning. They're busy trying to collate that. So, as we're debating it here on the floor about to take a vote on it, there isn't even a copy of the bill that we're going to vote on.

So here we go again. Perhaps we did learn from our last experience that it's easier to pass something that people don't know what it is. And so here we go now with about 1,000 pages of bill in terms of what we're going to do to have the government take over 20 percent of the U.S. economy. The health care business is about 20 percent of the money that's spent in America. It's about 20 percent, or close to it, of our economy, and now we're going to have the government take—well, if you take a look at it, about half of it the government's already running with Medicare and Medicaid. So we've had some experience with the government running these programs.

The Medicaid program, of course, is noted for the tremendous amount of fraud and abuse that it has, but if you add the Medicaid and Medicare money, if you take a look at the total money we spent in health care, government's doing about half of it right now, but we're talking about having the government do the rest of it. And so that's where we're going, and I think we need to take a look at that.

When the government does take over various things, what tends to happen?