

CONGRESSIONAL BLACK CAUCUS:
HEALTH CARE

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

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members be given 5 days to revise and extend their remarks on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. Mr. Speaker, I would like to just set the record straight. I've listened to my colleagues from across the aisle, and I do want to make clear to the American people that, if you have health insurance now and you want to keep it, you can. You don't need to change.

I also want to say to the American people that this plan is, one, about choice. It's not about government-run anything. It's about choice. It's about making sure that we spend more time worrying about the people than we do about the insurance companies. So I just want to make sure that people understand.

I'm very curious to understand and to know what my colleague meant when he kept saying "they," "they," "they." I don't know if he was talking about retirees or about the working poor or if he was talking about minorities or if he was talking about people who have been laid off or about people who have lost their jobs because their companies have closed. I don't know who "they" is, but certainly, at some point, I'd like to know who that is.

Now to my remarks, Mr. Speaker.

The Congressional Black Caucus, the CBC, is proud to present this hour on health care. The CBC is chaired by the honorable BARBARA LEE from the Ninth Congressional District of California. I am Representative MARCIA L. FUDGE from the 11th Congressional District of Ohio. I am the anchor of this CBC hour.

The vision of the Founding Fathers of the Congressional Black Caucus to promote the public welfare through legislation, designed to meet the needs of millions of neglected citizens continues to be a focal point for the legislative work and for the political activities of the Congressional Black Caucus today.

□ 2100

Tonight, the CBC will focus its attention on health care reform. I am proud to serve on one of the three House committees that authored H.R. 3200, the America's Affordable Health Choices Act of 2009.

The public health insurance option—also known as the Public Plan—is an essential part of H.R. 3200. The Public Plan is an innovative tool that will move America's health insurance sys-

tem beyond the status quo and into a system that provides choices and forces private insurance companies to compete. Competition guarantees that all Americans will be able to access quality coverage while preserving what works in today's system and expanding choices and containing costs.

Some argue there is no need for a public plan, as did our colleagues on the other side of the aisle. Others say that a public plan will put private insurance companies out of business. I say this: Today's health insurance companies are operating in a manner that is making health coverage increasingly out of reach for the average American. Premiums are soaring higher and higher, and health insurance choices are becoming fewer and fewer.

For example, in my home State of Ohio, since 2000, the average family premiums have increased by 92 percent, that's 9-2, 92 percent. When faced with such an increase, you would think that Ohioans would have a number of choices and could decide to move to another insurer that offers a more competitive premium.

Well, it's not that easy, Mr. Speaker, because the choice of insurance companies is severely limited in the State of Ohio and across America.

In Ohio, the top two insurance providers controlled 61 percent of the health care market in 2008. In fact, 94 percent of the metropolitan areas in the United States are highly concentrated, meaning that one insurance company or a small group of insurance companies dominate the majority of the market.

And the problem is even worse for small businesses. In Ohio, the top 5 insurers control 85 percent of the market that provides health insurance to small businesses. This is what we call a consolidated health insurance market. There is no real competition. So the companies that are monopolizing the market are setting the prices and the standards that have led to more than 1 million uninsured Ohioans and 46 million uninsured Americans.

A public plan will be one of several options within H.R. 3200, the new health exchange that it will provide that is needed to reform our health insurance market.

As I mentioned earlier, H.R. 3200's public plan offers competition. Currently, our health insurance system is inefficient and expensive. Without competition, private insurers have no incentive to improve. By forcing market reforms in the area of administrative costs and through better delivery of services, the public plan will serve as a real competition and set the standard by which other insurers are measured.

The public plan will operate as a guaranteed backup that will ensure everyone that everyone has access to affordable health care no matter what happens. A public plan will give millions of hardworking families peace of mind. Both the public plan and competing private plans will offer a stand-

ard benefit package that covers essential health services such as inpatient and outpatient hospital care and maternity and mental health services. The package will also offer preventative services like Well Baby and Well Child Care and screenings for diseases like diabetes and hypertension.

Preventative care is a benefit that is important to cutting the cost of health care. Providing preventative care will allow us finally to spend less by keeping healthy people healthy, instead of waiting until someone is very ill and then providing more costly treatment.

Under the standard benefit package, patients will no longer pay for preventative services, and the annual dollar amount spent on health care by consumers will be limited to \$5,000 for an individual and to \$10,000 for a family. Therefore, no one should ever again face bankruptcy from health care costs.

The private insurance market must be reformed. We cannot afford to do nothing. \$100 billion of America's \$2.5 trillion in health care spending goes to the cost of administering private insurance. Projections have shown that it is possible to save more than \$3 billion in 2009 alone and \$40 billion over 10 years simply by reducing administrative spending in health care.

The status quo is unacceptable, Mr. Speaker. Things will only get worse if we continue to let private insurance companies set the standards. Every American risks losing their health insurance and/or seeing their costs skyrocket without action. Families will continue to spend a disproportionately large amount of money on health care expenses.

The cost of an employer-sponsored family health insurance plan will reach \$24,000 in the year 2016, an increase of 84 percent if we do nothing to fix our broken system. American businesses will continue to fall behind. Employers' spending on health care premiums will more than double to \$885 billion in the year 2019. And one in five employers will stop offering health benefits altogether because of rising costs in the next 3 to 5 years.

Further, our government will not be able to keep up with the rising cost of health insurance. As Americans lose their private insurance, many will be added to the already strained government programs. Combined with the rising cost of care, spending on Medicare and Medicaid will double from \$720 billion in 2009 to \$1.4 trillion in 2019.

It is time to level the playing field with the public plan.

The public plan will be required to meet the same benefit requirements and comply with the same insurance reforms as private plans. Individuals and families will qualify for financial assistance in purchasing health insurance and will have the option to choose among the private carriers and the public plan.

Today's health insurance companies can either be more efficient and provide the coverage that Americans need

or make way for the insurers that will agree to be responsive to the financial and health care needs of millions of Americans.

In closing, I would like to highlight two important pieces of health reform legislation. The first, to address the needs of the poor and those with low incomes, I recently introduced the Health Information Technology Public Utility Act of 2009 to facilitate nationwide adoption of electronic health records, particularly among America's free clinics. Although health care IT funding was included in the American Recovery and Reinvestment Act of 2009, America's free clinics are not eligible for funding under the Act. This piece of legislation has also been introduced in the Senate by Senator JOHN ROCKEFELLER, a Democrat from West Virginia.

Lastly, recognizing the health care needs of our Nation's underserved populations, the CBC introduced the Health Equity and Accountability Act of 2009 under the leadership of delegate DONNA CHRISTENSEN. Along with other CBC Members, I urge our colleagues to include this legislation in the America's Affordable Health Choices Act of 2009.

With that, Mr. Speaker, I would now like to yield to the distinguished Member from the Virgin Islands, my friend and colleague and an expert in health care reform, Representative CHRISTENSEN.

Mrs. CHRISTENSEN. Thank you, Congresswoman FUDGE. Thank you for yielding. Thank you for being so steadfast in anchoring this special order every Monday night. I know many times I have wanted to join you and have not been able to be here and to support you in it, but you have managed to keep it going and to provide good information on many, many topics to the people who are listening across America.

I also want to thank you for your very clear explanation of what the public plan really is. We've heard a lot of misinformation about that public plan, as Congresswoman FUDGE says, one of many plans that will be in the exchange that will offer choice. And it is not a single-payer, it's nothing like the Canadian plan—not to disparage the Canadian plan; I think they have a good system—but ours will not be that. It will be an exchange where you, the American public, will have choices and can choose a public plan or a private plan. So thank you for making that clear.

And as we meet, Mr. Speaker, the Democratic Caucus is probably finishing up downstairs discussing the health care reform, America's Affordable Health Choices Act, going through it section by section; and there is nothing about abortion in it. There have been many complaints about the bill, and some of them are rather weak and just plain wrong. Some people complain that they don't know what's in the 1,000-page bill. Well, the basic out-

line of that bill has been available for almost 4 weeks now, and the bill itself for over a week. I think that has given enough time for everyone and their staff to have the opportunity to read the bill if they wanted to. And as important as that bill is, I hope everyone has taken the time to read it.

Other complaints are of regional disparities in Medicare and Medicaid reimbursement. They've been a big issue for us. It's one that may now be solved satisfactorily—at least on the regional level—and poor and minority communities, which have also had historically disparate and low reimbursement rates, will also see that fixed in H.R. 3200.

But no one has more of a disparity than the people that I represent and those in the other territories who are not getting equal treatment in Medicare or Medicaid and who, as of now, are not even in the insurance exchange. And yet, despite all of that, because of the overall good this bill will do for us in the territories and our fellow Americans, I fully support this bill.

I want to also address some of the myths that are out there. No bill is perfect. Especially not one that has to do as much as this will have to do to fix the longstanding systemic malfunctioning of our health care system.

But what we have produced after many meetings, many preliminary hearings, followed up by a week of day-long hearings where over 50 people and organizations testified, it's a good bill. And we can get it out of the Energy and Commerce Committee this week. If we can do that, we're not going to bring it to the floor and keep everyone in here, but we would like to get it through this week so that when we go home, we'll have time to read the final product, discuss it with our constituents at home, and come back prepared to pass it when we return in September.

But I firmly believe that we have to keep moving forward. If we don't, it won't be a President Obama loss or Speaker PELOSI loss or even a Democratic Party or Caucus loss. It will be a serious loss of the American people, especially to the more than 46 million who are uninsured and the millions more who are underinsured or intermittently insured. As well, it will be a loss to the poor, rural, and minority communities in our country.

Too many of the under- and uninsured are people of color, so this is an important issue for the Congressional Black Caucus. That's why we've devoted four or more of our special order times here on the floor of the House to this issue and to urging support and passage of the health care reform bill in the House. It's why we met with Speaker PELOSI last week, why we're going to sit down with the President, and why we've written or discussed our concerns with chairmen and ranking members of the relevant committees in the House and the Senate. In many of our efforts, we are joined with the Con-

gressional Hispanic Caucus and the Congressional Asian and Pacific Islander Caucus as a Tri-caucus in support of this bill.

To go back to some of the gross misrepresentations and to explain the real provisions of the bill, let me say that one erroneous criticism that's often heard is that this bill will put Washington bureaucrats in between the patient and the doctor or other health care provider. Nowhere is there anything in this bill that would do that.

□ 2115

Yes, your Members of Congress, the Democratic Members of Congress, want to include a public plan. Yes, we want to ensure that every insurance provides a comprehensive, basic package of services, that they must accept you for coverage, that they do not exclude you if you have a preexisting disease, that they cannot drop you if you get sick, and cannot put a limit on how much they will pay over a year or over your lifetime.

What we in Washington want to do in this bill, and will do when we pass it, is to make sure that there is no obstacle between you and your doctor. And yes, we want everyone to be able to get the important preventive care without having to pay for it. We want you to be the healthiest you can be. And again, we are taking down important barriers that stand in the way of your getting the health care you need.

Preventive care, such as mammography, colonoscopy, immunizations, and others, will cost you nothing. And we insist that if you have insurance or a provider you like, as Congresswoman FUDGE said, you can stay with those, you can keep that provider and that insurance carrier. We do not put government between you and your doctor.

Many of you either have or work for a small business. You are the target of much of the fear-mongering that is out there. Rather than raise taxes on small businesses, as the opponents of your getting your health care would have you believe, this bill makes it easier for small businesses to provide or continue to provide insurance because of the exchange, because of the public plan and the tax credit that they will get if they provide insurance for their workers. And smaller businesses which aren't able to pay high salaries or have less employees will be exempted from having to provide that insurance, but their employees will have access to the exchange and be able to have their insurance premiums subsidized so that it won't take a big chunk out of your already stretched salary.

Some of you, like many in my district who are Medicare or Medicaid beneficiaries, have difficulty finding a doctor or provider who will give you the services that you need. Some of you live in communities which don't have a hospital and have to travel many miles to one because the one that was there was not able to keep its doors open because of low reimbursement rates in your community. The

House health care reform bill, H.R. 3200, will increase reimbursements. Many of our congressional districts lose over \$100 million every year in uncompensated care, and that compromises the ability to get the quality of care you need and deserve.

First of all, with this bill, your local hospital will be able to survive, maybe even return, because when it is passed, they will be paid for every patient that they take care of.

Secondly, Medicare will pay more, especially to primary care providers and those providers who come together to make sure that your care is better managed and more complete in groups called accountability care organizations or medical homes. And if the community you live in can demonstrate that they not only provide good care but improve your health, the reimbursement will also be increased.

So this legislation that we want to see passed will not only increase payment to help make sure the providers you need are there in your communities, but those providers will be supported and encouraged to take the time needed to listen to you and to coordinate your care to ensure that you will be healthier. This is a real win-win.

Those of us who become health care providers choose this life of service to help individuals and communities have a better quality of life and help individuals live long enough and well enough to see and enjoy their grandchildren. The new payment structure and the eliminated copayments for preventive care will help us to do what we went into our professions to do in the first place.

And then, as we have always said, for those who have not had the ability to be fully a part or fully utilize the health care system for many reasons, just providing insurance, as important as that is, is not enough. And for African Americans and other people of color who are the most disenfranchised in the current system of health care delivery, the additional services and support are critical if we are ever to close the health gaps that cause us to die prematurely from preventable causes, that causes our life expectancy to be 7 to 8 years shorter than other Americans, and that causes over 86,000 excess deaths that should never have happened every year in this rich country.

And so the bill includes a major expansion of community health centers, more National Health Service Corps scholarships to help more of our young people enter the health profession, more loan forgiveness, especially for those who are going to be a primary care provider, the main doctor or nurse practitioner you see to get and manage your health care.

There will be funding to help more students better prepare for medicine, for nursing, for pharmacy, allied health and other health professions, and support for institutions that train underrepresented minorities. This is impor-

tant because, although there is a need for many more primary care providers, it is just as critical that they come from all communities, including communities of color, which make up more than 30 percent of our population.

The Congressional Black Caucus has always taken the position also that communities know best what they need, and the way to ensure that when health information and care is provided, it is done in a way that will be understood, accepted, and effective. We have, therefore, been able to have community-based and -driven programs included in the bill.

These provisions are patterned after our health empowerment zones, which provide the technical assistance and funding to enable communities to not only meet their specific health care needs with respect to specific diseases, but to also be able to address the social and economic determinants of our health: housing, economic opportunities, safety, the environment, nutrition, and others.

Also included are provisions to ensure that data is collected which includes race, ethnicity language, and other socioeconomic factors, and also provisions that provide that language differences would not be a barrier to getting health care.

This bill, H.R. 3200, America's Affordable Health Choices Act, must pass and must not be allowed to be derailed by any group or industry that does not have our best interests at heart. The basis of the opposition has nothing to do with better health for all of us who live in this country. We recognize, as the gentleman said, this effort is about change, and change is what the people in this country voted for. It is about major change, which is always difficult. But this is change that must happen, and it must happen now.

Sure, there will be losses to some in the interest of providing more to everyone to ensure that the benefits of this country will be more fairly shared; that is a basic tenet on which this country was founded, and in no place is this more important than in our health.

This country has the best and most advanced health care services, expertise, and technology, but because so many are not able to access it, we lag behind the rest of the industrialized world in life expectancy, maternal and infant mortality, and health in general. Closing the insurance gap, as well as the racial and ethnic minority gaps, will make this country the true leader in health that we ought to be.

So my plea to those who are listening outside of the beltway is do not let the misinformation and the self-serving propaganda steer you wrong and away from supporting this important legislation that many of the best minds in this country have guided to ensure that your right to health care will be protected and delivered.

This bill is important to the African American community. It is important

to the Native American community and all communities of color. It is important to rural areas, and it is important to every American. With your help and support, it can also provide more equity to your fellow Americans in the U.S. territories.

Passing H.R. 3200 is important to all of us, our families, and our communities. We cannot lose this great opportunity that President Barack Obama has worked so hard to bring this far. As he has said to us, it is not if we can afford this bill or if we can afford health care reform, the real issue is we cannot afford not to do it.

Covering everyone, providing increased access to preventive care and disease management, will surely reduce health care spending because prevention saves. But most importantly, it will improve and save lives. So I join my Congressional Black Caucus colleagues in saying, let's pass this bill. Let's get it out of the Energy and Commerce Committee. Let's give the American public a bill before we leave for our recess, and then let's come back in September and pass it and provide quality health care to every American.

I yield back the balance of my time.
Ms. FUDGE. Thank you very much. Let me just, again, thank my colleague, Dr. CHRISTENSEN.

I just have to say that there are so many of us in this House who look to you not just because you are a physician, but certainly because you have studied health care for many, many years and have advocated for reform. And we thank you for your work and certainly want to support your efforts in making sure that this gets done the way that it should.

We have now been joined by our colleague and friend from the great State of Texas. I would now like to, Mr. Speaker, yield to the Honorable SHEILA JACKSON-LEE, the gentlelady from Texas.

Ms. JACKSON-LEE of Texas. Let me thank the gentlelady from Ohio. And I appreciate her anchoring this Special Order in order to pursue a very important discussion on the leadership of the Congressional Black Caucus and the Health Task Force, along with the work of so many of our Members who are on the jurisdictional committees, and also, as I indicated earlier, the importance of the CBC Health Task Force, of which I have served on for a number of years.

I, too, want to add my appreciation to that task force, to the chairwoman of the Congressional Black Caucus, Congresswoman BARBARA LEE, and as well the chairperson of the Health Care Task Force and Health Reform Task Force, Dr. DONNA CHRISTENSEN, who was just on the floor, thanking her for leading us through the years. I have worked with her through the years as we were able to get the CHIPs program and a number of other steps toward complete health care reform, and I am glad to have been able to do so.

I have an idea, and we have entered into some discussions, to add to the

TriCaucus, which includes the Hispanic Caucus and the Asian Pacific Caucus, the Progressive Caucus, for which I serve as the vice Chair. I am also part of the Progressive Caucus negotiating team on health care reform, and we have done that. We have found that we have had now maybe a quadruple caucus that has overlapping issues equaling more than 100-plus Members, maybe upwards of 200 Members who have a common goal dealing with health disparities as well as dealing with the question of public option.

So I would like to, just for a moment, Congresswoman FUDGE, go through some of the important issues.

I think we should reestablish the fact that there are 47 million uninsured Americans. Many people want to break that down. There are people who don't want insurance. There are others who have other problems. Why don't we just say that we have 47 million uninsured who have not been given any other option, so they are uninsured? And who knows, if they were presented a plan that addressed their needs within a reasonable cost, small businesses included, which of course hire or are, in fact, the employers, small businesses, of upwards of 50 million-plus individuals—I think the number is larger than that. If we gave small businesses, if we gave the uninsured—because many of the people are working, they are in small businesses, they are uninsured; not because they don't want that opportunity, but because they have invested every single cent that they have in that small business, and many of the small businesses are sole proprietors.

I believe the work that the Congressional Black Caucus and this quadruple caucus conglomeration, along with our caucus, really is emphasizing how we expand these various aspects of ensuring that Americans get insurance.

Now, you could point to the fact that maybe one poll would not be accurate, maybe two polls, but we have four polls here that say that people want a public health insurance option. And the interesting thing is, as this is a very strong element of the Congressional Black Caucus, is that the public option has three elements to it: It has the basic plan, the premium plan, and the premium plus. It means that this is not a second-class plan. And I think most Americans realize—the highest number is the NBC WSI poll, 76 percent; CBS poll, 72 percent. The EBRI poll, which speaks about the public option having 83 percent of the support of the American people because they know that we are not constructing a second-class plan. We are constructing a plan that will give the option for so many different people to be engaged.

In addition, one of the emphases that we have had is this question of reducing health disparities. This is enormously important. And included in that, we have the Secretary of HHS is required to conduct a study that examines the extent to which Medicare providers utilize or make available infor-

mation on various aspects of disparities, which I think is very important.

This legislation also provides for promoting primary care, mental health services, and coordinated care, key elements. We all know that we passed the mental health disparities bill. This keeps that in place, but it also has provisions to promote and support the increased primary care physicians, which means that we are trying to get people to the doctor before they are, in essence, ready to be admitted to a hospital. This is a very important aspect of preventative care. You come for a checkup, not come to be admitted to the hospital. And this is an element of that.

And one of the disappointments I had is that the Congressional Budget Office, which is only language that people inside the beltway understand, called the CBO—in headlines across America you hear the term “CBO”—has not given us a real figure for how much money we will save by upping the amount of preventative care. And I think that is key and something that the members of the TriCaucus, and now with the addition of the Progressive Caucus, have in fact supported emphasizing.

□ 2130

I want to go to the question of this economy. We inherited this economy, and I think it's important to own up to the facts. Some people may argue that this administration has been overly busy, has done a mountain of legislative initiatives. What more are they going to do?

Well, the facts are that our economy was crumbling when this President took office. The bailout structure was already in place. The TARP moneys were already in place. The automobile industry was already collapsing. And we simply had to come in as the Red Cross, as the Boy Scouts and the Girl Scouts and try to make our camp better than we found it. That's what we are doing here today.

And part of the work that is being done by this number of caucuses, including the Congressional Black Caucus, with the emphasis on preventative care and the public option will do this: the program will ensure early and periodic screening, diagnosis, and treatment; case management for chronic diseases; dental and mental health services; and even language access services. So we are getting ahead of the problem. We are diagnosing what the problem is. These percentages show that the American people understand where we are trying to go.

And I just want to add this, as I talk about the President and his whole concern on this question of the economy, to make mention of the fact that the economy generates unemployment. In my district I hosted this past Saturday a Federal job fair because I believe that since we know that there are about 600,000 Federal jobs, we need to break outside the beltway and get out

in America and tell Americans what options there are for public service first and, two, to work for the United States Government.

We had an organized effort, a very open facility that had free parking. But we were expecting about a thousand to come. Over 3,000 Houstonians came in the heat of the day to be able to access U.S. Federal jobs. I would guesstimate that the large percentage of those who came do not have health care. And that's why we are here on the floor today. Unemployment equals not having health care for yourself or for your family. Many of those were long-term workers, some of those were recent graduates, and some of those were people who had been chronically unemployed for a period of time through no fault of their own.

But they came because they want to work, but they have no health insurance. What we are doing now is on the basis of responding to that need.

And let me tell you a component of this health reform that I believe we need to work a little harder on, and that is to recognize the value of what we call physician-owned hospitals. In a recent meeting, a Member got up and explained in the far reaches of New England how physician-owned hospitals are crucial in instances where there are no hospitals for miles and miles around and particularly where there is no other competition.

As we stand today, physician-owned hospitals under the current health reform bill, 104 physician-owned hospitals underdeveloped, 42 of which are scheduled to come online by the 2010, would have to be shut down. We have a simple fix. It's to change the date which these hospitals will be grandfathered in to the date of enactment of this bill.

And what that would mean is that you would keep 104 hospitals which are at risk right now, 20,000 new jobs would be lost in 21 States and over 40 hospitals in my own home State as well. At least \$5 billion in current investments will be lost. It will also affect hospitals that were built to serve working men and women with little or no insurance. This is not a partisan issue. This is about providing more care through the physician-owned hospitals. And as well, it would highlight the work that physicians do to maintain health care, because if they are invested, they are obviously concerned about their work product.

As an example, I just want to cite St. Joseph Medical Center. In August 2006, over 80 medical staff members out of 500 elected to purchase a stake in the hospital to keep it from closing. Because of this partnership, St. Joseph Medical Center remains today as a viable institution caring for hundreds of thousands of patients each year through the various services of this general acute care inner-city hospital with an emergency room, the only downtown hospital with 4 million workers in that surrounding area.

Nearly 5,000 new Houstonians are born annually at this hospital, the first maternity hospital in Houston.

So as we look to ensure that we have value in our health care reform, I believe that we are going in the right direction. I believe we should do this now. But as we do so, let us not leave out institutions that have been very helpful in the past and let us look to our physicians who have both the management aspect of a hospital and really the caring part of it, the nurturing, the medical aspect of it, what a wonderful partnership, and not close those hospitals in 21 States because we have an arbitrary date of January 1, 2009.

It is, of course, something I think can be resolved just as I believe that we can resolve the issue dealing with home health care. More and more of us of all economic levels are finding it more fiscally responsible to have our care at home. Whether you are ethnic, African Americans, Hispanics, or Asian, or whether you are in the majority, these are resources that can provide the kind of comfort of care at home. Let us not undermine the home health care. Let us make it more fiscally responsible. Let us make it more efficient. But let us not undermine it.

Let me conclude my remarks by making sure we emphasize, as I move this chart, that people want a public health insurance option. Don't let any media or any advertising that is bias that is going to tell you that this is going to take away your own private health insurance, that it is going to be second class or third class. The American people know what they want. They understand that the public option will have to be competitive.

Be reminded in 1965, prior to that we did not have Medicare, and we saw the mortality rates, the passing away of Americans at a younger age over and over again. If you take the statistics of what age you passed that before 1965 because of poor medical care, you see the distinctive difference in today where we have centenarians, those who are living past 100 years, those who are in their 80s, and might I say they are living well because they have Medicare. The American people understand that.

But as I close, I think it is important to note that when we look to our friends who are on the other side of the aisle or trying to oppose working together in a collaborative way, it says the organizational chart of the House Republican health plan, and it's very colorful, but it is full of questions because we don't know what the plan is.

We do have to make sacrifices. We have to make sacrifices to work together on preserving physician-owned hospitals. It's not just St. Joseph Charity Hospital in Houston, Texas, in the inner-city with 1,800 full-time jobs that adds to the economy, paying millions of dollars in taxes, providing \$40 million of uncompensated care each year. It says Sisters of Charity, \$40 million in uncompensated care. That means

that's what they give to the indigent. This is a chart that says nothing will happen.

I believe it is important for the efforts to be made in collaboration with the Congressional Black Caucus, which really was out front on this question of inequities in health care, the disparities in health care. We have a decade-long history on working on disparities in health care, and it is economic disparities as well. It means people who have less means are not getting access to good, quality health care.

I don't know what the answer is with this plan. It's all questions. I don't know what the answer is to preexisting disease. I don't know what the answer is to home health care. I don't know what the answer is to providing a huge segment of preventative care or producing more primary care doctors or nurse practitioners. I don't know what the answer is here.

But we in the Congressional Black Caucus want to make sure that we move this legislation forward, that we have an opportunity to make people whole, and that we look on the fact that any State that is looked upon such as Texas as not being vulnerable to unemployment, that we are supposed to be the shining example of not having problems, then you can imagine what is happening across America. People are unemployed. We know that we are going down in the economy before we go up. The stimulus is going to work, but we must have a public option plan that America wants, and we must have it now.

I want to thank the gentlewoman from Ohio for allowing me to participate and to be able to emphasize the importance of moving forward on this health care reform with viable changes that will make it better for all Americans and particularly to thank the Congressional Black Caucus for starting out 10 years ago on this question of disparities, this question of access to health care, and this question of recognizing the need for 47 million uninsured Americans to cease and desist.

And might I say the American people are wise because they know if we do not do it today, it will be 47 million, 57 million, 67 million, maybe upwards of 100 million who will not be insured and not have the ability to take advantage of good health. That is what this Special Order is about.

I thank the gentlewoman for yielding.

Ms. FUDGE. Mr. Speaker, I just want to again thank Representative JACKSON-LEE. She is always well prepared. She understands the issues, and she talks very clearly to the American people.

So I thank you again for participating.

I now yield to our colleague, the gentlewoman from California, who this, I think, may be her first time joining us in the last couple of months, Representative DIANE WATSON; and we are looking forward to her remarks.

Ms. WATSON. I thank the gentlewoman for yielding.

Mr. Speaker, I am so pleased to be here to join my colleagues with the Black Caucus. We spent a day in a seminar so that we would understand every single provision in the bill that will be in front of us at the end of the week. It is so important that we come together because we have a golden opportunity to plant the sapling of health care reform. And I want to remind all my colleagues that America's Affordable Health Choices Act is just the beginning of a better national health care structure. Together we can work to make it grow. We must plant this sapling now before it is killed by the way-side as it has so many times been done before.

Our efforts to tackle health care began under the leadership of President Harry S Truman, who attempted to include universal health insurance under the Fair Deal reforms. Hillary Clinton in 1993 spearheaded this effort. Now, thankfully, President Barack Obama has made it one of his top priorities.

We have known our options for years. Just because our Republican colleagues began to listen only recently does not mean that we have not carefully considered what is at stake. We are not rushing through deciding the fate of millions of Americans. Rather, we have taken too long to deliver what is necessary.

The naysayers have rallied around the cost of this health care reform. Please recall that we have spent tens of billions of dollars in Iraq, \$15 billion a month factually. And if we would take that money, we could have the most thorough and the most beneficial health care system in the world.

My city, the City of Los Angeles, alone has spent \$9 billion and the Nation has spent \$890 billion since the start of this unauthorized war. I agree that the \$1 trillion price tag of health care is hefty, but it is a better use of our taxpayers' money than a war in Iraq. I would rather reform the system now and reduce the costs that my constituents must bear directly.

Employer-sponsored health insurance premiums have more than doubled in the last decade. This is four times faster than the average wage increase. Middle class Americans have seen the average annual family contribution for employer-sponsored coverage rise to \$3,354 in 2008 from \$1,619 in the year 2000. For a family earning \$50,000, health premium costs now consume 7 percent of their pretax income. Incomes are not rising to keep up with these costs especially in an economy where so many people are losing their jobs.

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If this reform fails, we will have little hope of reining in the skyrocketing costs of health care for the middle class. To reduce the cost of health care for the average middle class working family, we have to reform the system and introduce a public option.

Mr. Speaker, the public option is a necessary and pivotal part of health care reform. With it in place, Congress introduces competition into the health care system. With fair price competition, we introduce efficiency and quality, not bureaucracy. Your government is not going to stand in between you and your doctor. Your government is providing an opportunity for you to choose your insurance.

I want to make this crystal clear: We have close to 390 million people in the United States. We are focusing now on the 48 million without health insurance. The rest of Americans who have their insurance and like it are not affected. They can keep whatever they have. We are focusing on those who don't have it, so that we will see to the health care of all Americans.

With the basic benefits guaranteed in the exchange, I hope that insurance companies and the government will be left outside of the examining room. It is a fallacy to believe that we are going to get in between a doctor and a patient.

With the public plan, we offer Americans personal patient choice. Let me repeat that: We offer personal patient choice, and the freedom to stay healthy. I want to say that once more. This reform is about the freedom of choice. Our plan offers Americans the choice to keep their health insurance, if they choose to keep it.

In the public plan, we are only offering the public in the exchange the option to choose the plan that is created by the government—created by the government. The public plan may not be perfect, but it establishes a strong framework that we can build upon.

Bringing health care to the floor means that Congress is ready to ensure that Americans have health insurance. We are making small businesses more attractive by providing them with a means with which to offer their employees health insurance. We are reducing the crushing cost on our large employers, and we are providing the people with more choices.

I truly hope that with the understanding of what is being presented and with the multitude of hours put in by many committees, many Members and staff, this will be the historic first step on the road to making health care for all Americans possible.

Mr. Speaker, I look forward to voting with my colleagues on this issue, and I would like to see it done at the end of the week so there is not a meltdown and the naysayers take the day. So let's do the right thing for the American people, and let's ensure that this country remains a strong, healthy country in perpetuity.

Ms. FUDGE. Mr. Speaker, I do indeed want to thank my colleague and friend Representative WATSON from California. Certainly she presented to us information that I think is important to the American people, well thought out and well said. I thank you so much for being a part of this hour.

Mr. Speaker, I yield to Representative JACKSON-LEE from Texas.

Ms. JACKSON-LEE of Texas. I enjoyed having the opportunity to be here with Congresswoman WATSON from California. I know that she has been steady on these issues, and I think it is extremely important that we do work together.

One of the points I think we will have an opportunity to engage in discussions on as we continue to make our way through the putting together of this bill is to ensure that we each have an opportunity to reflect on some of the concerns that can help make the bill better. Here are some of the issues that I think will help make the bill better.

I am interested in grants to high schools and middle schools that would increase health care professionals, particularly those in underserved communities. I mentioned a week or so ago that I was visiting in New York and met a nurse who started the program through his hospital where he would go to middle schools and high schools and allow the children to dress up in scrubs and participate in mock operating sessions or operating rooms. What a difference it makes. It is almost like our children would dress up as firefighters or police officers. That would incentivize the children to think of the medical profession as something they are interested in. I am looking at hopefully submitting a proposal for that.

Next, an amendment that will address the question of providing incentives for the development of community health care centers that are housed in healthy green buildings, because we will be seeing a large amount of money going out to increase the number of community health centers, qualified Federal community health centers. I think they are excellent sources of health care. Why not incentivize them to make sure they are put in green buildings that are free of various toxins that would probably undermine the good health that people are coming there for.

Tax credits for employers who not only provide good health care benefits, but encourage their employees to utilize these benefits. So education, outreach, making sure that employees have information about accessing their health care.

A pilot program to study and demonstrate the benefits of proven alternative medical techniques and medicines. These are simply to look at holistic ways of being healthy as well as making sure people have access to the information.

A program to study this ongoing problem of people who seek to overutilize prescription drugs. That is, to work with doctors, nurses, clinics, hospitals and other health professionals to educate us about the issue of using prescription drugs.

So I am hoping as we make our way through and as we continue to work with the Congressional Black Caucus

on these very important issues of a public option, of ending health disparities, of ensuring that we have universal health care, as Americans seemingly have come together to rally around, I believe we will have a better product by listening to the Members who have some constructive thoughts and proposals that don't undermine the basic structure of the bill; not undermining the public health option. Not taking away large sums of resources so that we cannot in the right way give quality plans, but various small proposals that would enhance the bill is the way I think we should go, and keep the basic structure of what we are all committed to, the public option and complete health care reform that will help the American people.

Ms. FUDGE. I thank the gentleman.

Mr. Speaker, in closing, I would like to say just two things.

One, of course, is we all know health care needs to be reformed. We all know that the time is now to do it. We know that the cost to not do it is going to be significantly higher the longer we wait.

I just want to say that, people who think that those who are uninsured shouldn't be given an opportunity—nine million of the uninsured today are children. We need to do something about that. Many uninsured are seniors, and we need to certainly do something about that.

So I would hope that all Members of this House would look at the needs of the people we represent and move to do the right thing.

FAULTS IN THE DEMOCRATS' HEALTH PLAN

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

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege of being recognized to address you here on the floor of the House.

Having been able to listen to some of the dialogue in the previous hour, I think it is quite curious that there would be a chart that went up with question marks on it that would be described as the Republicans' health care plan. There are all kinds of question marks in this Democrat health care plan that we have.

This is the censored flowchart, Mr. Speaker. This is the chart that the Franking Commission, I think after having been leveraged by House leadership, decided that it couldn't be mailed to the constituents of the Members of the House of Representatives because they didn't want this to say "government-run health care," because that is pejorative, or "the Democrat health care plan," because that is pejorative. So, instead, the Democrats put up question marks on the floor of the House and they say Republicans don't have a plan. They don't know.