

again, Madam Speaker, Where are the jobs?

PASS HEALTH CARE REFORM

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, we're going to hear a lot of rhetoric on this House floor and throughout this city of why we shouldn't do health care reform, but we don't have to listen to people here in Washington, D.C. We need to listen to our folks at home about why we need to pass health care reform.

I recently was contacted by a woman from Waterbury, Connecticut, who suffers from type 2 diabetes. She worked her entire life, paid her bills, mortgage, did everything right. But now she's on COBRA and is about to lose it. Even though her diabetes is under control, every company refuses to insure her based on her preexisting condition.

She knows that getting sick and ending up in the hospital could put that home that she worked so hard for in jeopardy; and she writes to me, Somebody has to stop the insurance companies from making decisions regarding life and death.

Mr. Speaker, doing nothing here in the House of Representatives as our friends on the Republican side would like says to her that her situation is unsustainable, she has no way out. We need to pass health care reform to answer her and the thousands of constituents in each one of our districts just like her.

NO MESSAGE MACHINE

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, it's absolutely outrageous to say the Republicans want to do nothing on health care reform. We want to expand medical savings accounts; we want to do everything we can to build associated health plans so that small businesses out there working and struggling trying to create jobs in the private sector can come together and, in fact, purchase health insurance for their employees. We want to do everything that we can to allow people to, on the Internet, purchase health care insurance across State lines.

The fact is, it's no message machine or talking point to realize that the Congressional Budget Office has said that contrary to Speaker PELOSI's line, This is going to dramatically increase the cost of health care, and Robert Samuelson, no Republican he, in The Post yesterday said, If you listen to President Obama, his reform will satisfy most everyone. It will insure the uninsured, control runaway health spending, subdue future health budget benefits, preserve choice for payments and include quality of care.

He said these claims are self-serving exaggerations and political fantasies.

SYNIVERSE TECHNOLOGIES AND WELLNESS

(Ms. CASTOR of Florida asked and was given permission to address the House for 1 minute.)

Ms. CASTOR of Florida. Mr. Speaker, through health care reform, we're going to ensure that families are healthy and that we put money back into their pockets. And here's a great example:

Yesterday when I was home in Tampa, I paid a visit to Syniverse Technologies, a global communications firm that employs 650 people. We unveiled Syniverse's new onsite health clinic and wellness initiative. The workplace clinic is staffed with a medical assistant and a nurse practitioner, and employees love it.

The Syniverse team explained that they expect to save \$1 million over the next 5 years due to the convenient clinic and their wellness initiative that encourages employees to lose weight, stop smoking, and lead healthier lives.

Syniverse employees don't have to miss work for doctor's appointments or to run to the drug store for simple prescriptions. They can bring their families there with no copay. It is smart, it is convenient and less expensive for employees, and it's smart for the companies because the employees will be more productive. Syniverse expects lower health insurance costs because the company's employees will be healthier.

One of the goals of the Democratic health care reform is to encourage these innovative community clinics and wellness initiatives for families and businesses so that health care is more convenient and it's more affordable for others.

DEMOCRATS' HEALTH REFORM PREDICTS A DANGEROUS OUTCOME

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS. Last week I came to the House floor to discuss how this Democrat Congress is bankrupting America. They continue to force massive spending through this body that has led to record unemployment and record deficits for America. Well, they're set to do it again this week with health care reform.

Three years ago, Massachusetts set out to accomplish universal coverage just like what the Democrats want to do for all of America. So far, the facts are plain. Insurance prices are higher than expected, safety net hospitals are struggling more than ever, doctors cannot keep up with the increased demand, and some people without insurance still cannot afford care.

The State legislature is already exploring options for rationed care to

control health care spending, which, in Massachusetts, is 25 percent higher than the national average. This is a dangerous precedent to follow.

Many in Massachusetts are still uninsured, costs are skyrocketing, and the State is going bankrupt.

Mr. Speaker, not a good prescription for America.

HOPE IS ON THE WAY

(Mr. KAGEN asked and was given permission to address the House for 1 minute.)

Mr. KAGEN. Mr. Speaker, I rise today to remind everyone on both sides of the aisle, whether you're Republican, a Democrat, a Libertarian or an Independent, that hope is on the way.

We have some things we can agree upon. Isn't it a fact that we all agree that it's time to end discrimination in health care where insurance companies are allowed to discriminate against you because of a preexisting condition? I think it's time.

We secured equal treatment at the lunch counter 50-some years ago; and this year, we're going to come to some agreement here in the House to end the discrimination in health care and bring equality to the pharmacy counter as well. We can all agree it's time to end the discrimination in health care due to preexisting conditions, to pass a bill that has a standard plan, an insurance plan that includes all Americans, a standard plan that each and every insurance company must sell to any citizen throughout the land.

In this House, at this time, we can agree on these things.

CHANGE HEALTH CARE SYSTEM INTERNALLY

(Mr. BLUNT asked and was given permission to address the House for 1 minute.)

Mr. BLUNT. Mr. Speaker, the gentleman is exactly right: there are things we can agree on. In fact, there are things we have already agreed on. The minority has never reached out on issues to the majority more aggressively than on this one, where we have said we want a plan where everyone has access regardless of preexisting conditions. We want more competition and more choice that we believe will impact price. We are not satisfied with the current system.

Internally, we think you change this system by medical malpractice reform, by more health IT, by more transparency of both results, cost and care. Those are the principles we ought to be advancing.

The administration insists that this be done their way. We are not for government takeover of health care. We're for a system that works better for the American people, and we stand ready to work together to make that system happen.

U.S. AND THE WORLD EDUCATION ACT

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today to urge my colleagues to support the U.S. and World Education Act which I will be introducing today. My bill addresses the critical need to raise student achievement levels in the national education arena which is vital in order to compete in a world that is rapidly changing.

My bill will raise the international education competence and literacy levels of elementary and secondary students. My bill will also create an international education research repository which will greatly enhance the international education curriculum taught in our schools as well as teaching methods.

I firmly believe that our schools today do not focus enough on preparing our youth to interact and to communicate with other countries and cultures. And given the current economic crisis, future generations must be equipped with a skill set that will help them to excel academically and contribute to our Nation's economic recovery.

I urge my colleagues to cosponsor the U.S. and World Education Act.

GOVERNMENT SHOULD NOT COME BETWEEN DOCTOR AND PATIENT

(Mr. LEWIS of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LEWIS of California. Mr. Speaker, excellent health care begins with a great personal relationship between a physician and his or her patient. Government should not attempt to get between them. America has a health care delivery system second to none. Problems such as portability and covering preexisting conditions can be underwritten actuarially without throwing out a system that works for the vast percentage of Americans.

Every American family knows excellent care does involve some costs. While we pay our doctors fairly for their service, government should not get in the way.

NOW IS THE TIME

(Ms. WATSON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WATSON. Mr. Speaker, I'm so excited because now is the time for America's health insurance reform, and we got a report on Friday from the CBO that affirmed that the insurance reforms in our bill are deficit-neutral over the next 10 years and will even create a \$6 billion surplus. More than

80 major groups have already expressed support for America's Affordable Health Choice Act, including the American Medical Association, AARP, Main Street Alliance—and it's a small business group—and numerous medical specialty groups.

I just spoke to 3,000 members of the National Medical Association. I went through the outline of our bill and there was no question that I could not answer for them and they are 100 percent supportive of it.

We need a uniquely American solution.

THE AMERICAN PEOPLE DESERVE A BIPARTISAN APPROACH ON HEALTH CARE

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, the House Democrat leadership remains opposed to working in a bipartisan effort to cure what ails our health care system. This is unfortunate because this has caused bipartisan opposition to their Big Government, job-killing, debt-producing, tax-hike health care plan. The American people deserve better to create jobs.

The American people know better than to believe that the government is best to run our Nation's health care system or keep costs down. The Democrat plan does not lower the cost of health care. It just raises taxes on small businesses and cuts Medicare by half a trillion dollars. Those tax increases and Medicare cuts do not even cover the costs producing an estimated \$239 billion more added to the deficit. Taxing small businesses and knocking seniors off their current health care plan is no way to reform health care.

Republicans stand ready to work with our Democrat colleagues to develop commonsense reform.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

UNIQUE SOLUTIONS TO HEALTH CARE

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, we've been grappling with how to provide all of our citizens with access to affordable, quality health care since President Truman's time. With health care costs being 18 percent of our GDP and growing and 47 million uninsured, we need to take action now. My Education and Labor Committee spent 22½ hours in a 24-hour period debating H.R. 3200, a historic bill.

In 1974, the State of Hawaii enacted historic legislation of its own called the Prepaid Health Care Act. This law requires employers to provide health care coverage to full-time employees. After 35 years, the Prepaid Health Care

Act remains the only employer mandate law of its kind in our country.

An economist at the University of Hawaii estimates that per capita, health expenditures in Hawaii have been about 7 percent lower than the national average. The economist believes that Hawaii's wider health insurance coverage and support for preventive health care led to this outcome.

Hawaii's Prepaid Health Care Act has been the major driver in the health and well-being of our residents.

HEALTH CARE

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, with Congress deep in negotiations over the substance of health care reform, I'm increasingly concerned about the President's recent unhelpful remarks.

In his remarks last week, he maintained that a pediatrician treating a child with a recurring sore throat may recommend removing tonsils merely to increase the reimbursement from an insurance company. To insinuate that doctors are ordering unnecessary surgeries on children for a few more dollars in reimbursement is deeply offensive to millions of doctors who work each day to help us raise healthy children. Over the weekend, I was approached by several constituents in the health profession who said those remarks were insulting to them.

I worry that the President may have an unrealistic view of the medical community and the overwhelming and vast number of hardworking doctors and nurses that are concerned first with the health of patients. While we're not trying to do nothing, we're not arguing for the status quo. As we reform our health care system, we should be careful. We're not trying to fix some things that aren't broken and in the process break other things that currently work for millions of American.

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HEALTH CARE REFORM FOR OLDER AMERICANS

(Mr. MAFFEI asked and was given permission to address the House for 1 minute.)

Mr. MAFFEI. Mr. Speaker, earlier today I welcomed to the Capitol Dr. Sharon Brangman from my district, who was recently named the next president of the American Geriatrics Society. This morning she told me and other Members how physicians who work with the elderly are spending an overwhelming majority of their time providing primary care often without appropriate compensation through the current Medicare formulas. The extra year of training and additional expertise actually mean less pay, which is one of the reasons why we have an acute shortage of geriatricians in America.