

that means. What does it mean when you break a health system?

When I went to the doctor recently, no problem. I went in, saw him, got the prescription, and left. I needed hospital treatment, went in, had the surgery, and left. Everything worked fine. It was not broken.

I think the real problem is that our economy is broken. And I know in the State of Michigan, where I live, our unemployment rate for June is 15.2 percent. If people aren't working, they tend to lose their health care because they usually get it through their employer. Starting August 24 in Michigan, we expect an average of 18,000 people in Michigan to roll off unemployment insurance each month. By the end of 2009, we expect to have 99,000 people who have lost their benefits. That is the problem we must address.

We have to get people back to work, and when they get back to work, they will get their health care back.

PEOPLE ARE NOT WAITING IN LINE TO LEAVE THIS COUNTRY FOR HEALTH CARE; IT'S THE OTHER WAY AROUND

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

Mr. WAMP. Mr. Speaker, I have said it many times on this floor: Neither party has an exclusive on integrity or ideas. And these challenges are not Republican challenges or Democratic challenges; they are, in fact, American challenges.

But I have to tell you a few years ago, a Republican President with a Republican Congress, he proposed sweeping changes to immigration policy, but those changes kind of flew in the face of the rule of law, they threatened our sovereignty, and Republicans said "no."

Here we are today. All of us want our President to be successful. But the Democratic Party needs to look at the President and say, This is not what we need to protect our health care system. We need to change it. We need to reform it. We need to improve it. But we don't need government control of health care. It's too important.

Eighty-five percent of the people in this country today are satisfied with their health care, and they are afraid that this new proposal will put that in jeopardy.

This is a matter of life or death. People are not waiting in line to leave this country for health care; it's the other way around.

UNDER THE PROPOSED HEALTH CARE PLAN, MEDICAL CARE WILL BECOME EVEN MORE EXPENSIVE

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

Mr. DUNCAN. Mr. Speaker, in the early 1990s, I went to a reception in

Lebanon, Tennessee, and the doctor who delivered me came and brought my records. I asked him how much he charged back then, and he said he charged \$60 for 9 months of care and the delivery if they could afford it.

Before the Federal Government got so heavily involved in medical care, medical care was cheap and affordable by almost everyone, and doctors even made house calls.

Then the Federal Government got into the business and costs exploded. In fact, the predictions on Medicare and Medicaid, it costs about 10 times more after 25 years than what was predicted.

The same thing will happen on the health care plan that is before the Congress today. The costs will far exceed the predictions. Medical care will become even more expensive and more unaffordable. In fact, Mark Levin, the radio commentator, said a few nights ago that it will put massive costs over onto the States to expand their Medicare programs, and then States like mine of Tennessee, which don't have an income tax, will be forced into having one.

This plan is not good, especially for the poor and lower-income people.

AMERICA'S AFFORDABLE HEALTH CHOICES ACT

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

Ms. TSONGAS. Mr. Speaker, I rise today to discuss the important responsibility in front of us on health care reform.

The cost of inaction will undoubtedly bear a heavier burden on individuals, families, small business owners, and our economy the longer we delay. Without reform the cost of health care for the average American family is expected to rise \$1,800 every year, with no end in sight. If we don't act, 14,000 Americans will continue to lose their health insurance every single day.

The America's Affordable Health Choices Act has helped our Nation begin to tackle this issue in a meaningful way. Already we have agreed that this bill must prevent insurance companies from denying coverage based on your medical history or dropping your coverage when you are sick. This is a key and needed reform that will stop insurers from gaming the system by covering only healthy people.

Right now insurance companies decide whether or not to cover you for a procedure. If a procedure is deemed too experimental, for example, it may not be covered. If it is too expensive, you are responsible for paying the costs of it after a certain point.

If we do not take the steps to regulate insurance industry practices now, American families will see their coverage shrink and costs go up.

OUR PRIORITY SHOULD BE TO GET HEALTH CARE REFORM RIGHT

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

Mr. MCCARTHY of California. Mr. Speaker, earlier today I was in a meeting with a microcosm of small businesses around the United States. We met inside this Capitol. We talked about health care. We talked about ways to reform health care, to bring the costs down, the quality up, to be able to have greater accessibility, to be able to have the ability to move from job to job and have health care coverage, to be able to have choice and quality.

And when I sat around this table with small business owners, one of the individuals owned a Kentucky Fried Chicken, one owned a pizza establishment, and he talked about going from 45 employees to 35. He said if this health care bill, as proposed, as is written today, his question will not be, will he have to lay people off; the question will be, will he shut down? He will have to close his business if this bill passes this week.

I ask that we spend our priority not on how much time we have to pick a dog but how much time we actually have to do health care right.

SHOP ACT/HEALTH CARE REFORM

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

Mr. GERLACH. Mr. Speaker, I rise today to express my concern about the House Democrat health care reform package and its impact on small businesses and jobs.

At a time when our Nation's unemployment rate is approaching 10 percent, this legislation would impose new surtaxes on high-wage earners to pay for reform. The reality is that this is not a tax on the rich, as many would claim, but rather a tax on small business owners, who provide 70 percent of the jobs in the United States. And if enacted, these taxes could cost 4.7 million more jobs to be lost.

Now is not the time to be pushing legislation that would cause even more Americans to lose their jobs. Instead, we need to focus our ways and our attention on ways to make health care more affordable for small business owners so that they can meet the needs of the health of their employees and stay in business. That is why we should allow small businesses to band together in statewide and nationwide pools to obtain lower insurance premiums and provide a tax credit for small business owners and the self-employed. We need to help small business owners with the right health care reform, not legislation that just raises their taxes in these tough economic times.

A GOVERNMENT-RUN HEALTH CARE PLAN WILL LIMIT THE CARE THAT AMERICANS CAN RECEIVE

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

Mrs. MYRICK. Mr. Speaker, I am a 9-year breast cancer survivor, and I believe that I'm alive today because I was able to access and get the early diagnostic tests that I needed.

In 1999 I knew something was wrong and I went to five doctors, had three mammograms, and they all said you're okay. Finally the sixth doctor said, Let's do an ultrasound. He found my cancer. Otherwise, who knows what would have happened?

Under a government health care system like they have in the U.K. and in Canada, I really wouldn't have had that opportunity to get those tests so quickly and they may have found out too late.

Survival rates for cancer in countries that have government systems are much lower. In the U.K. breast cancer survivor rates are 11 percent lower than they are here in the United States.

So we need to look at sensible policies. We need to not be creating a huge new program for health care that only limits the care that not only cancer patients but all Americans receive.

LET'S FIRST DO NO HARM; PROTECT THIS ECONOMY AND PROTECT THE WORLD'S GREATEST HEALTH CARE SYSTEM

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

Mr. CULBERSON. Mr. Speaker, we in Texas are very proud to be home of the Texas Medical Center, the world's greatest collection of medical institutions. I am proud to represent M.D. Anderson hospital, recognized around the world as the greatest cancer center in the world. And we in Texas understand better than I think almost anywhere else the importance of medical institutions that are driven by research, driven by the physicians, driven by the needs of patients and the desires of doctors. And we in Texas want simply to be left alone. We want Texans to run Texas.

The most important parts of anyone's life are our families and our health. And we want, as Texans, to make these decisions for ourselves. We need to be focusing as a Congress on protecting the magnificent health care system we have created, on encouraging job growth by giving small businesses tax credits, by allowing small businesses to pool their resources so they can negotiate with the big insurance carriers and bring down their rates. We need to focus on tort reform for doctors to protect them from frivo-

lous lawsuits, as we have in Texas, that has worked so well.

Let's first do no harm and protect this economy and protect the world's greatest health care system.

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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LUJÁN). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

WIPA AND PABSS REAUTHORIZATION ACT OF 2009

Mr. TANNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3325) to amend title XI of the Social Security Act to reauthorize for 1 year the Work Incentives Planning and Assistance program and the Protection and Advocacy for Beneficiaries of Social Security program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3325

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "WIPA and PABSS Reauthorization Act of 2009".

SEC. 2. REAUTHORIZATION OF THE WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM.

Section 1149(d) of the Social Security Act (42 U.S.C. 1320b-20(d)) is amended by striking "2009" and inserting "2010".

SEC. 3. REAUTHORIZATION OF THE PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY PROGRAM.

Section 1150(h) of the Social Security Act (42 U.S.C. 1320b-21(h)) is amended by striking "2009" and inserting "2010".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. TANNER) and the gentleman from Texas (Mr. SAM JOHNSON) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. TANNER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on H.R. 3325, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. TANNER. Mr. Speaker, I yield myself such time as I may consume.

Today I want to join with our colleagues on the Social Security Subcommittee and Mr. JOHNSON, our ranking member, in support of this reauthorization for 1 year. It is a 1-year ex-

tension of two programs that help Social Security and Social Security beneficiaries return to work.

The WIPA, the Work Incentives Planning and Assistance, program allows disability beneficiaries to get one-on-one assistance from community organizations to help them understand the rules and the effect they will have on their benefits if they return to work. The PABSS program, Protection and Advocacy for Beneficiaries of Social Security, provides legal advocacy services to help beneficiaries get a job or keep their job. The disability advocates and the return-to-work experts have both testified before our subcommittee about the effectiveness of these programs and how they will help people return to the workplace.

The reason we are doing this today is because the authorization for these programs will expire in September. The bill extends for 1 year the programs with no changes while the committee considers a longer-term reauthorization. The bill does not increase government spending because it comes from the discretionary reserves of the Social Security Administration.

What this bill actually does extending these programs, Mr. Speaker, is it actually helps people who have been sick or disabled who want to go back to work and become no longer a recipient of these sorts of public assistance to do so. So I think it is not only a worthwhile enterprise in terms of what the Subcommittee on Social Security has done, but it also is something that will strengthen the vibrancy of our economy as people who have been disabled or sick can actually return to the workplace.

Today I join with my colleagues, SAM JOHNSON, Ranking Member of the Subcommittee on Social Security, and JIM MCDERMOTT, Chairman of the Subcommittee on Income Security and Family Support, in support of the "WIPA and PABSS Reauthorization Act of 2009." This bill will extend, for one year, two programs that provide critical assistance for Social Security and Supplemental Security Income (SST) disability beneficiaries who are seeking to return to work.

Both of these programs were originally established in the Ticket to Work and Work Incentives Improvement Act of 1999, which passed Congress with overwhelming bipartisan support. Under, the Work Incentives Planning and Assistance (WIPA) program, the Social Security Administration (SSA) funds community-based organizations to provide personalized assistance to Social Security and SSI disability beneficiaries who want to work, to help these beneficiaries understand SSA's complex work incentive policies and the effect that working will have on their benefits. This program can help to reduce the fears many beneficiaries have about transitioning to employment.

Under the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program, SSA awards grants to designated Protection and Advocacy Systems to provide legal advocacy services that beneficiaries need to secure, maintain, or regain employment. The PABSS program also provides beneficiaries