

There have been a lot of efforts to mischaracterize what this bill does, what our proposal does. Quite frankly, we're in that sausage-making process now. We have three committees in the House that are working on health care reform. We have two committees in the Senate that are trying to accomplish the same thing, and we have a 1,000-page bill. There are thousands and thousands of pages of legislation that are designed to finally build a kind of health care system that is responsive to the needs of the American citizens and, more importantly, that is responsive to the Nation, its future and its economy.

So I'm not surprised that Americans are a little bit uncertain about what we're doing here, because, again, we're still in that process; but I can assure the people watching tonight, the American public, that the battle lines are about to be drawn. This bill is going to come into focus as the final committee of three in our House reports the legislation out. Over the next month, we will take the argument to the American people. We're very confident that, once the American people understand what we're doing and how we're going to improve their situations, they will overwhelmingly support our proposal.

What the American people want—and what my constituents in Louisville, Kentucky want, what the constituents in New Jersey, in Washington, in New York, and in California all want—is basically the same thing: they want security for life in health care for themselves and for their families. If they're going to lose their jobs, if they're going to lose their coverage, if they want to change jobs, if they want to go back to school or if they want to make those important life decisions, they want the stability of insurance so they don't have to worry about whether a preexisting condition or something in their health histories will prevent them from being covered. They won't have to worry about getting sick and about having their policies rescinded, as we've heard much evidence about. Most importantly, they will be able to go to sleep every night knowing that a disease or an illness will not bankrupt them and will not change their standard of living.

These are the things we're about to do for the American people, for ourselves as well, because we know, as the Republicans know, if we accomplish this major, major goal, we will have the everlasting appreciation of the American public. We know that because the Republicans have said it.

We heard a Senator the other day say, Well, if we can defeat health care reform, it will be President Obama's Waterloo. He will be finished.

We know from a Republican consultant, Frank Luntz, of his memo 3 months ago, which states, We cannot afford to let the Democrats succeed on getting health care reform. We have no answer to that, but we've got to stop it at all costs.

That's what they've been trying to do. They've been talking about things that are nowhere in the bill. They've been talking about comparisons with Canada, which, by the way, is the only country in the world that does health care the way they do it. As I asked a witness at one of our hearings in Ways and Means: Other than hockey, what have we ever copied from Canada?

□ 1915

We can do something very special in this country. We can create a unique American solution that will bring choice and competition—the two things that have characterized American society throughout its history—to our health care environment by using choice and competition, by creating a public option for American citizens to participate in that will compete with private insurance companies. We can make private insurance companies better, and we can make health insurance more affordable for every American.

This is our goal. This is what we know that H.R. 3200 will do, and we look forward, over the next month, in taking this argument to the American people, because the case we have is a winning case. The hand we have is a winning hand, and we know that the American people will embrace what we are attempting to do.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mrs. BACHMANN) is recognized for 5 minutes. (Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WAYS AND MEANS HEALTH REFORM BILL

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

Mr. MCDERMOTT. Mr. Speaker, health care reform may be the single most important issue Members will vote on during their entire legislative career. The issue affects every American. Health care affects our economy at home and our ability to compete internationally.

For the first time in almost 20 years, we have a real opportunity to solve America's health care crisis, and the American people have spoken clearly and overwhelmingly that they want Congress to produce a solution that puts the American people's interests ahead of special interests.

To say there is urgency in what we need to do is an understatement, and for the last several months, the three committees in the House have been working separately and collaboratively on health care legislation. Two of the committees, including the Ways and Means Committee where I serve, reported bills out of committee to the

floor. And I want to explain why the Ways and Means Committee's bill is the best bill and is vital to the success of health care reform.

Let's start with Medicare.

For senior citizens, Medicare is health security. The program is so effectively managed that 97 cents of every dollar goes for patient care, and that means it's 97 percent efficient. In many private insurance company programs, 40 cents of every dollar simply goes for overhead, advertising, paper, not delivering health care. So the smart choice is to develop health care legislation based on a proven model, and that's what we did in the Ways and Means Committee.

A new model with a strong public option based on the Medicare model, which has delivered quality health care to seniors and a very comfortable living to doctors and other medical professionals across this country, that's what we need today.

Without a strong public option, health care reform is just a slogan. And without real cost control, health care reform is just another press release. America spends twice as much on health care as any other industrialized nation in the world, and runaway costs are bankrupting average Americans and consuming an even greater part of our gross domestic product than before. The situation is unsustainable.

Now, we talk about the need to address preexisting conditions when it comes to health care, and we should. But runaway costs are a preexisting economic condition we must fix in the new legislation or we're setting ourselves up for failure.

Recent changes to the legislation have scrapped the proven legislative effective and fair model we have in Medicare and substituted negotiated rates making the government negotiate with doctors. On the surface, it may look fair, but looks can be deceiving. The private sector has had decades of opportunities to make health care work, and the economic wreckage of that is everywhere to be seen. Now they want more.

The legislation now would call for negotiations. Let me tell you what that means. So-called negotiated rates do not limit what can be charged or the rate of increase each year. A public option tied to Medicare is the only way to control the costs; otherwise, health care costs will keep going up and Americans will keep getting left out.

While the rich can always take care of themselves—health care at any price—the middle class and the disadvantaged will remain one accident or illness away from financial ruin in the richest country in the world. That sounds like the status quo, right? We don't need any more of that.

Under the chairmanship of CHARLIE RANGEL, the Ways and Means Committee tackled these tough issues and produced health care reform legislation that's fair for providers and affordable for the American people.

You have seen what happens when the private marketplace decides what's best for the American people: Wall Street, housing market. Remember, when they say the market will take care of itself, they mean just exactly that. And we need someone to take care of the American people. That's what the Ways and Means bill is all about.

It comes down to this: Who do you trust? The private health insurance industry companies have had 18 years since Mrs. Clinton and the President tried to change it in 1993 and 1994, and there's nothing that's happened except raising the rates and more people losing their insurance. Or you can trust the people who design Medicare, which has given every citizen in this country, every senior citizen, real health security.

The choice will be made in September. The American people will have a month to think about this, listen to their legislators, ask questions, read the bill. It's online. You can find it. There are plenty of ways to find out what's happening. But you have to tell your legislators, We want this bill from the Ways and Means Committee.

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

(Mr. BISHOP addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HONORING PHILIP MARING

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

Mr. SCHAUER. Mr. Speaker, I rise today to honor Philip Maring of Grass Lake, Michigan, for his service in the United States Army. His courage and commitment while serving as an infantryman in Vietnam is truly deserving of our respect and admiration.

Mr. Maring enlisted in the U.S. Army at the age of 17 upon finishing high school. He volunteered to serve in Vietnam and was deployed with the 196th Infantry Brigade in 1972. In July of that year, Mr. Maring was severely wounded by skilled enemy explosives. He remained in the Army despite his injuries and returned home for duty with the 4th Mechanized Infantry Division. Because of his outstanding service in Vietnam, he earned both the Air Medal and the Army Commendation Medal.

Later, Philip Maring was honorably discharged, and he moved to Michigan. He is now retired and enjoys time with his six grandchildren.

Mr. Speaker, hundreds of thousands of Americans still carry the wounds of Vietnam with them. They are deserving of our constant recognition and support, and I am pleased to be able to have shared just one of their stories today.

May the United States Congress and all Americans thank and recognize my constituent, Philip Maring of Grass Lake, Michigan, for his service to our great Nation and for the injuries he sustained while serving as a U.S. Army infantryman in Vietnam.

May God bless Philip Maring and his family.

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

(Mr. FORBES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LINDA T. SANCHEZ) is recognized for 5 minutes.

(Ms. LINDA T. SANCHEZ of California addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BECERRA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REVISIONS TO THE 302(a) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Madam Speaker, under section 423(a)(1) of S. Con. Res. 13, the concurrent resolution on the budget for fiscal year 2010, I hereby submit an adjustment to the budget aggregates and the 302(a) allocation for the Committee on Appropriations for fiscal year 2010. Section 423(a)(1) of S. Con. Res. 13 permits the chairman of the Committee on the Budget to adjust discretionary spending limits for overseas deployments and other activities when these activities are so designated. Such a designation was included in the bill H.R. 3326 (Making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes), as passed by the House. Corresponding tables are attached.

This adjustment is filed for the purposes of sections 302 and 311 of the Congressional Budget Act of 1974, as amended. For the purposes of the Congressional Budget Act of 1974, as amended, this adjusted allocation is

to be considered as an allocation included in the budget resolution, pursuant to section 427(b) of S. Con. Res. 13.

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal Year 2009	Fiscal Year 2010	Fiscal Years 2010–2014
Current Aggregates: ¹			
Budget Authority	3,668,788	2,882,117	n.a.
Outlays	3,357,366	3,002,563	n.a.
Revenues	1,532,579	1,653,728	10,500,149
Change for Appropriations adjustment:			
Budget Authority	0	0	n.a.
Outlays	0	7	n.a.
Revenues	0	0	0
Revised Aggregates:			
Budget Authority	3,668,788	2,882,117	n.a.
Outlays	3,357,366	3,002,570	n.a.
Revenues	1,532,579	1,653,728	10,500,149

¹ Current aggregates do not include the disaster allowance assumed in the budget resolution, which if needed will be excluded from current level with an emergency designation (section 423(b)).

n.a. = Not applicable because annual appropriations Acts for fiscal years 2011 through 2014 will not be considered until future sessions of Congress.

DISCRETIONARY APPROPRIATIONS—APPROPRIATIONS COMMITTEE 302(a) ALLOCATION

[In millions of dollars]

	BA	OT
Current allocation:		
Fiscal Year 2009	1,482,201	1,247,872
Fiscal Year 2010	1,219,652	1,377,611
Changes for overseas deployment and other activities designations: H.R. 3326 (Department of Defense Appropriations) floor amendment:		
Fiscal Year 2009	0	0
Fiscal Year 2010	0	7
Revised allocation:		
Fiscal Year 2009	1,482,201	1,247,872
Fiscal Year 2010	1,219,652	1,377,618

HEALTH INSURANCE FOR AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from New York (Mr. RANGEL) is recognized for 30 minutes as the designee of the majority leader.

Mr. RANGEL. First, let me thank Congresswoman WOOLSEY and Congressman ELLISON for sharing their hour with us on Ways and Means. We have been blessed in having such dedicated members of our committee coming down here in support of H.R. 3200.

You heard from BILL PASCRELL, JOHN YARMUTH, the dynamic JOHN LEWIS. We had Dr. MCDERMOTT. He spends so much of his life on this very sensitive subject. Soon we will be hearing from Congresswoman SCHWARTZ, and you may have noticed that our discussion has been on a subject that the whole world has wrestled with in the United States, and that is health insurance for Americans.

Tomorrow night, we hope to be able to go back to our congressional districts to discuss this very serious and complex subject, a subject that many Presidents have looked at and hoped that we could provide some decent way to take care of American citizens. But we do believe that this courageous President has not only talked about the problem but brought together the stakeholders—the doctors, the insurers, the nurses, the hospitals, the unions, the private sector, the businesspeople—all coming together to