

some good ideas, not just the two of us but Members on both sides of the aisle. The more conservative Members on the Democratic side, the Blue Dog Coalition of 52 members, they need to be heard, and I think thus far they've been heard, but they've been ignored at the same time.

And what I would say to the President as we wrap up this hour, Mr. Speaker, this is what I would suggest to the President. We've all heard the expression around here—in fact, I think the late Senator Kennedy was famous for this; maybe he coined the phrase—“Don't let the perfect be the enemy of the good.”

Now, if President Obama thinks that H.R. 3200, the big bill with the public plan in it, is perfect but the American people, in a very resounding way, have said, “Mr. President, we don't want the public plan because we fear that that's just a Trojan horse and it's two steps towards a single-payer national health insurance where you have rationing such as they do in Canada and the UK,” then the President could—and I wish he had last night said to us—“Well, we can't pass what I think is the perfect, because American people are afraid of it. I feel that they're wrong. I fear that they've been scared. I fear that they've gotten misinformation. But nevertheless, they've spoken pretty clearly, and the Members on both sides of the aisle have heard because they came back to Washington and they told me, and I'm just going to have to pull that public plan option out and let's get together with the Republicans in the Senate and in the House and let's draw up a new bill and let's do the ‘not perfect but the good.’”

And Dr. FLEMING, Representative FLEMING mentioned a couple of things. Equalize the tax treatment so that everybody gets discounted health care. Absolutely put in the subsidy for people who are not poor enough to qualify for our safety net programs like Medicaid but they don't have enough income to purchase health insurance for them and for their children. They get government subsidies based on a sliding scale.

Make the insurance companies accept people with preexisting conditions. Don't let them put caps on how much coverage you get in any one year. If you get real sick in any one year, whatever the bill is, the insurance company should pay it after you paid your copay and your deductible. Maybe the next 5 years they won't have to pay anything and you won't have any claims.

And let's create these high-risk pools across each and every State where people with multiple illnesses can get coverage at a reasonable rate and, yes indeed, help those who need help with subsidies both from the State and from the Federal Government.

Just a few—let people purchase health insurance across State lines where maybe they're cheaper. If you live in—as I did for a long time—in Au-

gusta, Georgia, it was just a half a mile across the river to North Augusta, South Carolina. Why can't people go across State lines and purchase health insurance? They can do it to buy a gun or a television set.

So again, all of these provisions are in the bill H.R. 3200, which I showed you just a second ago. Here it is.

So, Mr. President, in your opinion—not in ours—but in your opinion, this may not be the perfect, but I tell you what, it's darn good. And if we can get together in a bipartisan way for the American people and let's get this done and then let November 2, 2010, take care of itself. And as far as your political future, Mr. President, let's let 2012 take care of itself. Let the American people be the judge. But let's get this done in a bipartisan way and let's, for once, listen to the American people.

With that, Mr. Speaker, I will yield back.

NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO CERTAIN TERRORIST ATTACKS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-63)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent to the *Federal Register* the enclosed notice, stating that the emergency declared with respect to the terrorist attacks on the United States of September 11, 2001, is to continue for an additional year.

The terrorist threat that led to the declaration on September 14, 2001, of a national emergency continues. For this reason, I have determined that it is necessary to continue in effect after September 14, 2009, the national emergency with respect to the terrorist threat.

BARACK OBAMA.
THE WHITE HOUSE, September 10, 2009.

HEALTH CARE IN COLORADO

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

Mr. POLIS. Mr. Speaker, over the last month, I've asked my constituents to share their health care stories with

me so that I can share them with the Nation with regard to how we can improve upon our current health care system and some of the problems that exist that many Americans face every day.

One of my constituents from Boulder asked that her name not be used. When she was 17, she was diagnosed with the HPV virus that causes cervical cancer. It wasn't an easy diagnosis to reach. She had the symptoms of a miscarriage but she wasn't pregnant. That was later verified by the doctors. The only other syndrome that matched her symptoms was cervical cancer. Because of her age and the fact that she hadn't been sexually active for long enough to develop lesions, her doctor said it was statistically impossible for her to have cervical lesions. She said it was most likely a problem with the pill.

She returned every day of the week, had exams, and was given no information. She continually asked for a test to see if she had cancer or tumors, but her doctor refused the test and said it would be a waste of money and insurance probably wouldn't cover them. Even when she said she'd pay for the tests, she was denied them. She asked for a referral to a different doctor, and the doctor wouldn't give her a referral for the same reason. Statistically nothing is wrong, they said. It would be a waste of money.

Finally, this young woman asked her mom to come with her, and after making them wait for an hour until the office closed, the doctor had a conference with other doctors and finally gave her a referral. She got an appointment, found out what was wrong and had surgery to fix it. Thank goodness that her mother helped her out with the cost.

Now, this young lady is having similar problems. She saw her new doctor to see what was wrong and decided they needed to run a few tests. She didn't tell her, however, that the six tests would add up to over \$1,000 and her insurance only covered \$300. When this young lady from Boulder, Colorado, was 20 years old, she went through what too many Americans are victims of and, unfortunately, she was raped and she contracted herpes. She started generic medication but it didn't work so she was prescribed Valtrex, which has no generic, and now it costs her out of pocket \$200 a month just for that medication, which she can't afford most months.

Mr. Speaker, it is for women such as this across our country that we need to pass health care reform so that people don't have to be told “no” by their doctor, “no” by their insurance company, and they can get ongoing treatment for conditions that aren't their fault, might have been misdiagnosed, but they still have a healthy life ahead of them. And by passing health care reform now we can make sure that the next generation won't have to go through what this young lady in Boulder, Colorado, did.

Thank you, Mr. Speaker.

Mr. Speaker, I rise to share with the House stories from our Second Congressional District in Colorado about real people's experience with health care.

One gentleman in my district, a fellow by the name of Alex Medler, who is a friend of mine, gave permission for his story to be used on the floor of the House. He went through a very difficult experience 3 years ago when his mother died of lung cancer. The average life expectancy of a person with lung cancer as advanced as hers was only 8 weeks when she was diagnosed. But she was a fighter.

Soon after her diagnosis, she began receiving treatment with modern hormone-like drugs. For whatever reason—whether it was the new drugs, good luck, or her sheer determination—she endured for 3 years after she was given 8 weeks to live.

Alex still remembers very clearly a day when he was visiting his mother when she received yet another letter from the insurance company explaining that her treatments, which cost about \$60,000 for just a few months of treatment, were not covered by insurance.

Alex and his family knew that they would lose her soon, and they tried to spend their time together as a family enjoying her final days, giving her the opportunity to play with her grandchildren and spend time with her family. But every hour that she and Alex's father engaged in the battle with the heartless insurance companies over these issues was precious time and stress that could have been better spent, and their fear of not being able to afford treatment and her guilt of having so many resources spent on her behalf were not things that the family wanted to discuss when someone was facing the end of their life. They had much more important things on their minds and their hearts.

This constituent, Alex Medler from Boulder, writes that improved health care in America should allow families the confidence and peace to focus on each other when it matters most, and it should move us away from having to fight with our insurance providers when we have better things to do.

Well said, Alex, and I think that the House of Representatives can learn a lot from the experience that you've allowed to be shared before our body.

Thank you, Mr. Speaker.

Mr. Speaker, I rise to share stories of real people from Colorado who shared with me their health care experiences so that I might share them with the House of Representatives to build the case and show what's happening in health care today and how we need to change it.

One of my constituents, a woman from Northglenn who asked that her name not be used in sharing this story, told me that she's a 32-year-old woman who pays \$642 a month for health care. That doesn't even include her prescription drugs, which average \$100 to \$200 a

month. She has a bad knee. So when her COBRA expired, she had to continue her health care plan and didn't qualify for less expensive plans. She only works part-time with her new job. Fortunately, right now her boyfriend is able to cover her overwhelming medical expenses or she believes she wouldn't have any health care at all.

She had MRIs for her knees at \$300 each, and more recently, her brain was diagnosed as having too much fluid in it and she had to have that drained. In the last 6 months, she said she spent \$1,500 just in medical imaging out of pocket, and she can't afford to keep doing this.

She writes, If there was another option for me, I would take it in a heartbeat. Please help.

Those are words that we in Congress need to heed to provide another option for this woman from Northglenn and for millions of Americans like her who are caught between jobs, out of work, and lack care.

Through the exchanges that are being created in this health care reform, we're creating a low-cost option for people who are self-employed, for people who are unemployed, for people who work at small companies preventing pricing discrimination based on preexisting conditions that would bring health care to people like this woman from Northglenn. And it's her we need to keep in mind as we move with speed to pass health care reform in this body.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share stories with you of real people from Colorado who've had trouble with our health care system who shared their stories with me and who wanted me to convey to the House of Representatives and the country what they've been dealing with and how we have this tremendous opportunity to improve it.

One of my constituents is Debbie from Boulder. Debbie's son was diagnosed in 2000 with Type 1 diabetes when he was just 4 years old. From that moment on, Debbie and her family knew that if at any time their health insurance ended, their son could not possibly be able to get health insurance again at a reasonable cost because of a preexisting condition. If Debbie's husband were to lose his job, he'd have to get COBRA or pay for insurance themselves out of pocket.

They'll always worry under the current health care system that their son might not have continued coverage as an adult because it takes a very little break in coverage to be unable to receive coverage in the future.

Debbie is hopeful that the public option will be available as a backup and as a competitor to the private insurance plans out there.

□ 1530

Debbie writes: the diabetes is such an expensive chronic disease, and without proper medication, diabetics will go under comas or seizures with the possi-

bility of death. Debbie's son needs insulin daily and to have glucose testing and supplies to regulate. That's the minimum requirement. But without insurance, Debbie writes, that is an impossibility unless one is wealthy. Debbie has asked the United States Congress to pass the public option on health care reform to take some of the fear from her son's life and from her son's mother's daily worries.

There are millions of families across the country like Debbie's, families that worry about a preexisting condition that wasn't their fault. It may have been genetic. It may have been a childhood illness. I had a friend who at age 41 had a heart attack. He lived healthfully, ate healthfully and he worked out. It still happened. For him to be uncoverable for the rest of his life, what kind of system do we have in this country where people like Debbie's son, who is diagnosed at age 4 with diabetes, has a difficult life ahead of them in terms of getting coverage?

What we offer under this bill is to ban discrimination in pricing and exclusions based on preexisting conditions. This would help Debbie's son and Debbie's family and ensure that everybody in this country has the health care that they need and the chance to succeed.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share stories from real people in Colorado about the urgent need for health care reform in this country. One of my constituents gave me a very powerful story. She asked that her name not be used. She lives in Louisville, Colorado. She and her husband sell health insurance through a small agency, and she confided to me that she knows firsthand how broken the system really is.

She wants to see Congress pass real reform. She writes that she understands that that reform might make part of her own job obsolete. They make a good living selling insurance, and they think that their job isn't necessary. They help folks navigate a very complicated system. However, she knows that they can only help people who already have money.

The U.S., she writes, rations health care based on income, and that is just wrong. Health care should not be profit based. She writes: greed is very American and has infiltrated the health care industry in a most dangerous way. I truly believe the only way to solve this mess is to make the insurance companies switch to nonprofit entities, much like Kaiser Permanente. I believe that what is happening is terrible. In our country, we worship the right to make a profit instead of the right to health care. Please work to change that.

How powerful that a woman whose income derives from an industry, puts food on the table, sees what is happening in that industry, sees the wasted effort spent on sales, on marketing of an ever more complex system. With the proposed health care reform that we are talking about in Washington,

we will simplify the system, give people one-stop shopping through the exchange, a low-cost option that small employers, unemployed and self-employed people can sign up for and have a multitude of options on a single menu without the need for sales executives or sales associates to market to people. We are bringing the choices right to their doorstep and creating savings in the process that will go back into covering more Americans and provide a better quality of health care for everyone.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives powerful stories from Colorado, from real people who shared with me their experiences with health care and what we can do better to improve health care through health care reform.

Renee from Northglen, Colorado, shared with me that she lived in Canada for 10 years with her husband. They had been transferred there as part of his job. Renee's experience in Canada is that the health care system worked extremely well, and she had even been diagnosed and dealt with major illnesses while she was there. Renee was impressed that she had an amazing doctor, that she was able to choose from a multitude of doctors of her own free will. And she had that same doctor for her entire 10 years in Canada.

When Renee and her husband moved back to Colorado, they went into business on their own. They started a small business that employed seven staff. It's always a financial struggle to pay high premiums, but they made those personal sacrifices to keep their employees insured and do the right thing as employers. But then the insurance company dropped them, and they picked up another, and they had to change physicians. This happens across our country every day.

It happened another time, and once again, a new physician, a new history, a new relationship. In the last 10 years that they have been in the United States, she and her small company have been through about six different insurance programs.

Unfortunately, that is all too common. If the U.S. could come up with a coherent insurance plan that lowers premiums, Renee, as a small businesswoman, writes, the economy will start picking up steam again with the extra capital that businesses will gain by lower premiums. Renee further writes that the scare-mongering that is put out by the insurance lobby is mind-numbing. The horror stories of other countries' systems is sheer ignorance. Our situation in the United States is far worse, and more people die because of a lack of health care.

It is real experiences of real Americans like Renee that will win out at the end of the day and help convince America that we need health care reform to help people like Renee see the same doctor for 10 years, save small businesses money by creating ex-

changes which allow small businesses to enter larger risk pools, banning pricing discrimination based on preexisting conditions and tax credits to businesses for covering the employees.

I call upon the House of Representatives to pass health care reform and help Renee's business and her own personal health in establishing a relationship with a doctor for a period of time.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share stories of real people in Colorado and their experiences with our health care system and suggestions and recommendations for how we can improve it through health care reform.

Debbie Weingardt from Bloomfield shared a story with me that I want to share with you in the House today. Debbie was run over as a pedestrian in a car accident. She broke her back in three places, and both knees and shoulders had to be redone with surgery, and she pushed her husband out of the way and was further injured in that process. She was laid up for 3 years in bed and had to have seven surgeries. She then lost her insurance. With these conditions, she writes, I can't get reinsured. We need this health care reform.

Mr. Speaker, there are millions of Americans like Debbie who have been in accidents, had preexisting conditions. One of the things we accomplish in this health care reform bill is we ban pricing discrimination and exclusions based on preexisting conditions. We allow people like Debbie to access health care through an exchange with a maximum out-of-pocket, with a low deductible, be able to afford the health care they need to live a productive life and not have to worry every moment about losing their home, their assets, and their families to medical costs and difficulties.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado making the case for why we need health care reform in this country. I have a constituent who lives in Westminster, Colorado. He asked that his name not be used. He shared with me that 10 years ago after his son and daughter were married and they began starting a family, they are both small businesses people, own and operate their own business, neither one has employees, and both incomes barely pay their bills. They found that insurance was unavailable for them. They were in their childbearing years, didn't have large amounts of disposable income and didn't have enough equity in their businesses.

So, like a lot of Americans starting out trying to build a company or an idea from scratch, they scraped together what they could. They saved nickels and dimes in an effort to collect enough money to afford to have the baby and the family that they wanted.

Fortunately, they saved part of the necessary \$10,000 for hospital expenses, and the hospital agreed to give them a

payment plan, kind of like buying a car. They had a beautiful little girl. Shortly thereafter, they had a second child, a boy. The oldest child is about 4, and they still haven't been able to pay off their debts to the hospital for their two children. Those debts continue to hang over their heads. They pay a monthly bill that is attached with enormous interest. The irony in this story is that the businesses are now doing better. They have employees and their equity positions have blossomed.

Now the insurance sales people call begging them to accept their coverage. They take the obvious position of refusing to sell when the chance of payout is high and begging the sale when it's obvious they will be selling to young healthy individuals who have the wherewithal to pay all their bills.

The gentleman from Westminster who shared this story believes that we need to make sure that future generations of Americans don't face the same difficulties that his daughter and son-in-law faced in raising their family, to be born into a legacy of debt before you even speak your first words.

Under the proposed health care reforms, we can ensure that small businesses and self-employed individuals have access to low-cost exchanges. Small businesses receive tax credits to help them afford the cost of health care. Depending on people's income level, for a family of four, up to \$73,000 a year in income, that family, that is about 400 percent of poverty, that family will receive affordability credits, or vouchers, to be able to use at the insurance provider of their choice.

By helping put insurance in reach of more American families, we can help improve the peace of mind and health outcomes for families like this family in Westminster, nationally.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with my colleagues in the House of Representatives stories from real people in Colorado about why we need health care reform today. Pat from Westminster writes in that I feel strongly we must have a public option for health care. Health care reform is intended to provide health care, not profits, for insurance companies. Pat writes that Pat had public option plans for most of her life, and all of them delivered excellent health care. She worked for the military overseas and had excellent care. She worked for the Federal Government in the United States and had the coverage provided through the Office of Personnel Management. She now has Medicare in addition to the OPM plan, excellent coverage. She has never been denied necessary care, and she has been given care that was far better than what she expected.

As a result, today she is 70. She is in much better condition and health than many of her contemporaries. She exercises daily and goes dancing several times weekly. Life is good, and it is

due in large part, she writes, to good health and dental care with a lifetime as a member of a public option, maligned frequently by our colleagues on the other side of the aisle as government-run health care, as socialized medicine.

We have a constituent, Pat, from Westminster who writes in and who says thank goodness for her public plan. If only more people would have the opportunity to participate in this kind of public plan, a lot of America's ills would dissipate. People would be healthier, and we would save money in providing care to all Americans.

It is stories of people like Pat that can inspire us to pass the public option as part of comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of people from Colorado and their experiences with our health care system. I have a constituent in Silverthorne, Colorado. He asked that his name not be used, and he shared with me that his health insurance premiums between 2007 and 2008 went up from \$900 a month to \$1,500 a month. Both he and his wife are healthy. They rarely use insurance. But his wife just turned 60, so United Health Care said that was the primary reason for the increase.

This family in Silverthorne could not continue to carry their coverage, so they are currently uninsured waiting several years until Medicare kicks in. While he was covered, he decided he needed a full physical. He hadn't had one in 5 years. His policy provided up to one physical a year. He called to make sure it was covered and was told it was. He asked, Are you sure it's covered? Are you sure it's covered? They said, Don't worry. It's covered. Go get your physical. Then like a lot of what happens with Americans dealing with insurance companies, bait and switch, sure enough, they got billed for most of the cost, about \$550 for a physical, and the insurance company only paid \$120.

So this gentleman from Silverthorne called to protest. He said, You told me you covered the tests. Why didn't you cover the test? How, I asked, could I have a physical without tests? That's part of it. By definition, a physical is a series of tests.

This gentleman from Silverthorne further writes that he has so many friends with similar stories, he hopes that he never has to sign up with an insurance company again.

Through comprehensive health care reform, we can allow people like this gentleman from Silverthorne and his wife, who worry in their golden years before they're eligible for Medicare, what are they going to do, losing their benefits at 58 years old, 60 years old, 62 years old. By having a low-cost exchange and a public option, effectively, people like this gentleman from Silverthorne can buy into Medicare early.

□ 1545

That's one of the proposals of the public option, the version of the public option that's in the bill passed out of the Education and Labor Committee and the Ways and Means Committee, essentially a program with a provider network very similar to Medicare. It allows people like this person from Silverthorne, Colorado, my congressional district, to buy into Medicare a few years early at a low cost and be able to avoid going without health care during a time in his life that is a critical time to have health care.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives stories of real people from Colorado and the issues that they've had with our current health care system and why we need to reform it.

One of my constituents from Westminster, Colorado—she asked that her name not be used—shared a very powerful story with me. She shared the story of her daughter who has multiple sclerosis, MS, so she can't get health care insurance at any cost. It took her over 3 years to be approved for disability through her Social Security, and she had to wait another year until she could apply for Medicare. During that time she couldn't obtain any insurance, including Medicaid.

This constituent from Westminster told me, Something really needs to change so that everyone can receive the health care they need no matter what. Many people who are employed only have 80/20 health care after several thousands of dollars are spent on deductibles.

This story repeats itself too often all across our country. People who suffer from preexisting conditions, it could have been genetic, a childhood illness—I have a friend who is 41 years old; he did everything right, lived a healthy lifestyle, ate well, he still had a heart attack at 41. That will be a preexisting condition for the rest of his life. So, too, this woman's daughter from Westminster who deals with MS will be insurable only at an extremely high cost for her life and only after going through a several-year process that resulted in her getting disability. One of the important accomplishments of the proposed health care reform is we ban pricing discrimination and exclusion based on preexisting conditions.

I call upon the House to pass health care reform that helps people like this family from Westminster have affordable health care throughout their lives.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you real stories from people of Colorado who have shared with me their stories to inform the House of Representatives and let my colleagues know how critical it is that we pass health care reform.

One of my constituents lives in Boulder. She asked that her name not be used in talking about this story. She is employed and she has health care. She

considers herself one of the lucky ones. Nevertheless, she has a firsthand viewpoint of how the system is broken.

She carefully planned for the hip surgery that her daughter needed. She paid what she thought were the out-of-pocket costs, \$15,000. She was okay with that. She had that, she paid that, but still the bills came. This woman has a doctorate, a Ph.D. and yet she spent hours trying to understand the amazing array of EOBs—explanation of benefits—statements and bills that barraged her. She had to learn the nuances of the system, and that her main out-of-pocket costs didn't really cover the bilge cost.

In other words, despite all of her research and being able to afford and put aside \$15,000, she found that she is still responsible for the balance, over \$5,000. Heaven help those, she says, who don't have the time, resources or patience to sort through all this mess. She writes that she fully supports President Obama's health care reform and believes that we need to pass health care reform immediately.

This is a woman with a Ph.D. Can you imagine somebody who is just learning English, who hasn't graduated high school, dealing with the complexity and barrage of forms that I dare most Members of Congress to be able to understand and comprehend? Through health care reform, we can simplify that. By creating the exchange, we provide one-stop shopping for people who are self-employed, unemployed, a low-cost option, tax credits, affordability credits to help people get the health care they need to afford the treatments they need. That's why we need to pass health care reform, to move our country forward, cover uninsured Americans, and make our country more competitive.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of Americans who are struggling with our health care system today.

Gary Kline from Broomfield asked that I share his story on the floor of the House of Representatives. He told me his parents never had health care insurance. His father was self-employed and didn't make very much money. His mother needed three surgeries in 2004 just after she turned 65. Fortunately, she was old enough to qualify for Medicare; otherwise, Gary writes, his parents would likely be bankrupt today after a lifetime of hard work and running their own business and raising their kids. Gary writes that other people shouldn't have to go through bankruptcy in order to be able to afford medical care.

There are millions of people like Gary and his family across this country. One of the things that we accomplish in this bill is we hope to reduce medical bankruptcies. We require that any policy will have no more, ever, than a \$10,000 out-of-pocket per year for a family to help reduce the number

of bankruptcies. Many will have less. Through the exchanges that are being created we will have a competitive, low-cost option for people who are self-employed like Gary's father, people who are unemployed, people who are between jobs. They will have access at one low cost to a large risk pool. There will be no pricing discrimination based on preexisting conditions, no exclusions based on preexisting conditions.

What if Gary's mother needed three surgeries in 2002 when she was 63 years old? It would have driven the family to bankruptcy. It's for families like this across our country, like Gary's in Broomfield, that we need to pass health care reform today, and I call upon my colleagues to join me in passing President Obama's health care reform package.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives stories about real Coloradans and their experiences with our health care system today and why we need to reform it.

Claudia from Boulder shared her story with me. She is 72 years old and she's on Medicare. Claudia believes that anyone on Medicare should support health care reform so that the rest of our citizens have the same access to medical support that the elderly have today. Those elderly people who don't support reform, Claudia writes, should examine how they would survive without Medicare.

In the exchange that's being created and the public option, we effectively allow people to buy into Medicare before they're eligible by age. You know, people sometimes approach me and they say, I'm scared of what a single-payer system would mean or I'm scared of what socialized medicine is. You know, all of these concepts already exist in our country to varying degrees. We have a socialized medicine system, which means government-owned hospitals, government-employed doctors; that is our VA system that exists today. It serves our veterans who served us so well. We have a single-payer system, that's Medicare, that Claudia told us about, that is a single-payer system for seniors and covers every senior. And we have a mish-mash of private systems as well for people who are not yet Medicare eligible and have not served our country.

What this bill will help accomplish is making health care more affordable. Nobody will have to take the Medicare option to buy in early or the public option. Many will choose private options, but low-income individuals will get affordability credits to buy the option of their choice. Small businesses and people who are self-employed will get tax credits to help them afford quality health care.

Claudia is right; anybody on Medicare today should take a look in the mirror and say, Thank goodness I don't have to worry about my medical care. Can't we do that for the rest of Amer-

ica? And I call upon my colleagues in the House of Representatives to join Claudia in her call for comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives real stories from people in Colorado about why we need health care reform and their experiences in their lives and what they have learned that I can share with the House of Representatives.

Danny Reed from Thornton shared with me a story that I want to share with you here on the floor of the House of Representatives. The issue that he raised is with his out-of-pocket premiums, an issue that is no stranger to many of us.

Danny considers himself lucky with his health, as well as the health of his wife and his two kids. Now his kids have grown and they're in college, but through all the years of paying \$311 every 2 weeks with a \$30 copay, Danny noted that that really adds up. Danny can't even remember the last time he or his wife have been to a doctor, and his kids get their sports checkups every year now. Now his daughter is old enough and she has her own insurance, so Danny was able to take her off of his, but it turns out that he doesn't even save any money by doing that. Under this particular plan that Danny has and the conditions that he faces, somebody who has more kids would pay the same as he does with one kid, because they say it's family coverage, but they get tax breaks because of the child through the child's credit income.

Danny, like a lot of Americans, is tired of paying these high prices and he worries about the ins and outs of his son playing college football. He has to find a way, like a lot of Americans, to keep more money per paycheck. As he puts it, he says, Good luck with this mess. And this is a mess that affects so many American families. Even families like Danny Reed's family that has health care insurance is still suffering from huge out-of-pocket costs, money away from college tuitions, money away from upgrading the house or buying a car for the kids or when their car breaks down, money away from anything else that they might spend it on. The very type of expenditures we need to get our economy going again and creating demand, Danny and his family can't make because all their extra money is going to health care.

Finally, with comprehensive health care reform, we will help get these costs under control. We create a low-cost option in the exchange where people can shop—a pricing pressure to stop this upward escalation of insurance fees, real competition for the insurance industry that will help Danny's family and millions of American families like Danny's keep more of the money that they earn through their hard work and spend it on their own priorities rather than see it leak off every week, every month, every year towards health care that they seldom see.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories that my constituents in Colorado have shared with me and asked me to make statements on their behalf on the floor of the House of Representatives to urge my colleagues to support health care reform.

Larry Woods from Louisville, Colorado, shared with me the story that even though his wife has a good job, the health care coverage consists of paying \$200 a month towards an \$875 bill, \$675 a month out of pocket. Because Larry's small business serves residential home developers whose current needs in this recession are nearly nonexistent, Larry and his wife need to economize on almost everything, like a lot of families in this recession. They don't have a great policy, and their out-of-pocket costs for health care are the largest fraction of their spending. It exceeds Larry and his wife's costs for their mortgage, and it exceeds their food bill. Larry's policy only covers generic medications, and more than once they have simply not been able to buy the medication that was prescribed and there were no good alternatives.

There are millions of families like Larry's struggling to get by with the out-of-pocket costs of health care. They have insurance, he is not among the uninsured, and yet, still money is leaving their family as they economize in this recession for out-of-pocket costs for the health care they need.

Through comprehensive health care reform, we are creating a low-cost exchange that will allow access to a multitude of plans, creating real competition in the marketplace. The public option will ensure that every insurance company faces real competition in every marketplace, driving efficiency, making sure that of every dollar spent on insurance, more of that comes back to the customer in benefits rather than going out the door in excessive CEO salaries or excessive shareholder profits.

□ 1600

For families like Larry, we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories from people of Colorado, their own personal stories of why we need health care reform in this country.

A constituent of mine, Bill Semple, from Boulder, Colorado, shared a compelling story with me that I feel will help encourage my colleagues in the House of Representatives to support health care reform.

Bill writes that he has known for a long time that the problems in our multipayer system are resistant to change, but he feels we just need to change it. His story that he shares is his professional experience as a psychotherapist. Bill is a psychotherapist in private practice and he has a lot of experience billing health insurance companies.

He shared with me that health insurance companies haven't raised their allowable limits for outpatient psychotherapy for 15 to 20 years because they have behavioral carve-outs to policies. This adds another layer of bureaucratic expense, another 20 percent to their already 30 percent, a total of about 50 percent overhead.

Bill spends hours hassling with them. Any mistakes that they make always seem to be in their favor. This is time away from his practice, away from seeing patients, away from his family just dealing with health insurance. And, by the way, those people on the other end of the line working for the health insurance companies, they are being paid salaries. They are costing money too. So when you are paying your premium, some of that is also going to those very people that are arguing with providers over what is covered and what isn't covered.

Bill shared with me that frequently the insurers only have to pay what kicks in after a sky-high deductible for the year is met. Preferred provider networks, in Bill's opinion, really have phantom lists. They look good, but they are often made up of providers who are gone, moved out of town or deceased, or who aren't really even accepting that particular insurer.

Bill shared with me that single-payer financing is best, but second best is a robust public option that people can buy into regardless of their status.

I hear a lot of frustration, not just from families affected by loss of health care, by worrying about losing their health care, but from providers in our current system; doctors overwhelmed with paperwork, taking money, time and resources away from their practice, away from patient health, simply to fill out paperwork for insurance companies and battle them over what is reimbursed.

By creating real competition in the insurance industry, we will give providers the ability to pick insurers that are easier to work with, that have streamlined procedures. The exchange will allow for a standardized procedure across the insurers, and practitioners like Bill Semple and many others across the country will have cost savings that they can pass along to their customers.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of Coloradans who have a lot of experience dealing with the ins and outs of health care that our body here in the House of Representatives could learn from.

One of my constituents in Westminster, who asked that his name not be used, wanted me to share his story with you. His story relates to the diabetes that he suffers from, like so many millions of other Americans. His insurance insists that he use generic brands of control medicines for his condition. He participated in a study in which he found that he could reduce

high triglycerides by 75 percent if using the primary drug for treatment. As a matter of fact, his readings improved so much during the trial that he was removed as a candidate for the study.

He advised his doctor of the readings and the improvement, and the doctor decided he should go back to the generic drug and wait to see if his reading went back to previous levels before allowing him to switch to the drug used while participating in the study. This constituent from Westminster felt that this took away his choice, even after he stated that costs from generic to primaries were affordable. He was willing to pay the difference. The insurance company made the decision on what drug he could use after the near miraculous results of the trial drug. He wasn't even able to pay for it out of his own pocket.

We need a system that promotes innovation. Lack of competition in the insurance industry has bred complacency. For people like this gentleman in Westminster, Colorado, and millions of others across the country, they need access to new, to experimental treatments that work. By promoting innovation among insurance companies, we open the door to practices of encouraging new types of therapies that can actually save money over time by reducing the need for catastrophic costs in the long run.

It is compelling stories like these which make the urgent case for why we need to pass health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives stories of real people from Colorado who shared with me their experiences with health care and why it is so urgent for Congress to pass comprehensive health care reform.

One of my constituents, Jane Marshall from Lafayette, shared a very compelling story with me that I want to share with you to help show what many American families are going through. The story that Jane shares is an exacerbating story. She is normally reticent to pass this kind of story along, but she knows that there is the hope of a happy ending because of a health care plan and her family's contribution in helping that occur by sharing this story.

Jane and her husband have five children, ages 20, 18, 15, 12 and 8, and their health care has always been determined by her husband's employer. The company that her husband worked for has changed insurance companies from HMOs to PPOs to SHAs to whatever policy or company was fiscally appealing to them at that time, with no regard to continuity, allowing families to keep their doctor or anything else.

This meant that none of their five children ever established a relationship with a pediatrician that they would even grow to know and trust. No sooner would they get to know one pediatrician than it would be switched as the company switched their health care

program. They would start to become familiar with an office, and then the insurance changed again and the process would start all over again. The lists and amount of paper that Jane had to go through would appall all of us.

Then two women in Jane's husband's office were diagnosed with cancer within a 2-year period. Their family insurance rates skyrocketed because of the small risk pool of the business. They researched the escalated rates to determine the reason behind the increase. Because two people in the group plan were now considered high risk, the whole plan had to cost a lot more. They weren't even notified of that by the employer or the insurance company until they got the bills. Then they, like a lot of families, had to find it necessary to insure themselves and their children out of pocket because the cost of insurance through Jane's husband's company became unaffordable.

They acquired an insurance plan with Kaiser, but the only plan they could afford was a very basic one with large deductibles, and those deductibles loom like heavy weights on the family as they worry about what would happen if any of them ever need to be hospitalized or require emergency care. Additionally, during the transition from her husband's insurance to Kaiser, their son was denied coverage because of a diagnosis that he had.

One of the things that we accomplish in this bill is we create low-cost exchanges to provide competition among insurance companies. People who are uninsured, small businesses, can be part of one large risk pool and acquire insurance in a competitive environment, high quality at a low rate. We also ban pricing discrimination and exclusions based upon preexisting conditions.

Jane's husband recently lost his job, as many Americans have during this recession. They are hanging on, waiting for the economy to turn around, waiting for him to find employment and hopefully to find insurance coverage. In the meantime, they are paying out of pocket more than they can afford for insurance. Their situation caused them to evaluate their finances from a survival perspective and make any and all cuts that they had to to keep paying those premiums. Jane shared that insurance itself is not far from the chopping block of what they might need to cut to get by, put food on the table, and continue to live their lives.

While Jane feels that the waters before her are murky, she has hope, hope that this Congress will act and pass comprehensive health care reform so that families like Jane's across this country have access to a low-cost option, receive affordability credits to help afford health care and drive down the cost of care and ensure that kids growing up can see the same pediatrician for 10 or 20 years as they are growing up and build those relationships.

And that is why, for the sake of Jane Marshall and millions of Americans like her, we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of people from Colorado and their experiences with health care and why we need to pass health care reform now.

One woman from Colorado who told me her story and asked that her name not be shared had a son who was born with a diaphragmatic hernia in 1987. He received emergency surgery shortly after birth, and although the first 5 years he had several related hospital stays, he grew up a pretty healthy kid. At that time, this woman didn't have to worry about whether or not insurance would pay for the treatment he needed. He received the very best care through their health provider.

But 2 years ago their son started having chest pains, difficulty breathing, and was developing problems with his spine. He was a junior in college at the time and he was trying hard to keep on top of his studies and not be impacted by poor health. He saw several doctors, who all said he had a condition that might have been related to his initial surgery at birth that needed an operation to correct the abnormality. But his mother's insurance company, Cigna, refused to approve the surgery three times over a year and a half, claiming that his health was not compromised enough. Certainly doing thoracic surgery on someone whose health is compromised is an incredibly bad idea.

Fortunately, they were finally able to obtain Cigna's approval when the president of the hospital and chief surgeon contacted a Cigna representative and discussed the case. Fortunately, his health didn't deteriorate during the year-and-a-half wait, and after the surgery in March he recovered pretty easily.

How many people like this young man don't have parents who are able to be aggressive advocates for them? What if his mother didn't have a high school education or was just learning English? What if his mother wasn't with us? What if that year and a half had made the difference between a lifetime of incapacitation and a productive healthy lifetime for this young man?

That is why we need to pass comprehensive health care reform, ban pricing discrimination based on pre-existing conditions, and create more real competition in the insurance industry, so that insurers that routinely exclude coverage and fight the very people that they are there to help lose business to others who are willing to pass more of those patient premiums back to their patients in the form of health care.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from

Colorado and their experiences with health care and why we need to pass health care reform.

A woman from Colorado who asked that her name not be used shared a very powerful story with me that I wanted to share with my colleagues in the House of Representatives.

Her eldest daughter, who she refers to as a beautiful, talented, caring and devoted woman, recently passed away after a painful 6 months of cancer of the spine. It is very difficult, as any parent who has lost a kid knows, to lose any child. Her daughter was 59 years of age at the time and she had no health insurance for 6 years. She was bipolar and had been denied health insurance as a single woman, in part because of her preexisting condition.

For 4 years, she suffered pain in her back and legs and shoulders. She went to chiropractic and massage therapy for some kind, any kind of relief, paying out of pocket when she could afford to. Finally, she was admitted to a hospital that had quality doctors, and those doctors detected that she had cancer of the spine that at that point was too far advanced for chemotherapy to be of any help.

If she had had health care insurance, her mother shared with me, that cancer could have been detected early enough for treatment that worked. Yet another casualty of our health care system.

□ 1615

Access to preventative care, to early detection makes all the difference in whether a person lives or dies and the costs of treating that individual. Early detection of breast cancer, early detection of cervical cancer, early detection of lung cancer, in this case spinal cancer, is a life and death equation. How many more Americans must die before we pass comprehensive health care reform that bans discrimination based on pre-existing conditions and exclusions based on pre-existing conditions, gives low-income individuals affordability credits to afford the health care plan of their choice so that they can be diagnosed early and treated early to prevent this terrible fate that this woman's daughter faced from happening to any more Americans under our watch or in our great country.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado who shared their stories with me and asked that I share those stories with the House of Representatives to help convince my colleagues of the urgent need for health care reform.

One woman from Colorado, who asked that her name not be used, shared with me that she's a physician. She's a provider. She is professionally active as a doctor. Several years ago she left her hospital-based job, and she entered private practice. She, herself, was able to afford COBRA insurance for the allowed 8 months. Her insurance had been through United Health Care.

But she had ovarian cancer in 2001 before she was covered through United Health Care and she's been considered, fortunately, to have been in remission since September of 2001.

When her COBRA expired this year, United Health Care's company which sells individual medical insurance, Golden Rule, accepted her but with a rider stating they would not cover any cancer treatment of any variety. So although she can provide care to hundreds of people who come to see her as a doctor, she, herself, has no insurance for the very medical condition that she's likely to need it for.

She shared with me that a public option is absolutely critical for health care reform, and she hopes that eventually we'll have a universal system that covers everybody. How embarrassing as a Nation, the greatest Nation on Earth, that a doctor, a care provider, somebody who helps the sick, heals the sick, herself doesn't have access to health care insurance. She's excluded from the very condition that she needs health care for.

One of the things that this bill, this health care reform effort, accomplishes is we ban pricing discrimination and exclusions based on pre-existing conditions. Anybody who's had cervical cancer can't be discriminated against because of that and won't have that condition or any cancer excluded. It's for individuals like this and millions of others across the country that we need to act now to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado who shared with me their stories of why we need to pass health care reform.

One woman from Lakewood, Colorado, asked that her name not be used; and she said, fortunately, she's in good health and she relies on Kaiser Permanente and Medicare for her health concerns. But she shared that she has two daughters, both of whom are single moms and both of whom have two children each and, unfortunately, they're not eligible for Medicaid, so any illness or emergency is a huge expense. They lack coverage.

This woman knows that we need to pass health care reform so that her grandchildren grow up with the right kind of health care. With the affordability credits that are provided for in this bill, for a family of four, up to \$73,000 in income, they will receive affordability credits to help them pay for the insurance of their choice for them and their family.

It's for families like this across the country, grandparents like this, parents like this who know we need to cover every child and every family with affordable health care in this country so they can grow up seeing the same pediatrician, build those relationships to improve their health and health habits across their lives.

I call upon my colleagues to join me in supporting health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you real stories of people from Colorado and their experiences with our health care system and why we need to reform it.

Gary Laura from Denver shared a compelling story with me, and I wanted to share that with you on the floor of the House of Representatives. Gary has worked in public health for 24 years. First, he was a public health adviser in New Orleans. He saw firsthand the issues that face individuals who don't have health care. Many individuals who, if they had a public option for health care, Gary believes, would seek out preventative care, would be diagnosed before a condition is too expensive or too difficult to treat.

Gary shares that in the old Charity Hospital, people would have to have limbs removed because they never had access to preventative care and they show up in the emergency room as a last resort. It's a very common problem across our great country. When an individual doesn't have access to preventative care, as the story I shared earlier about the woman who had spinal cancer, didn't have insurance, wasn't diagnosed until it was too late and left it to her mother to share that story which I hope becomes a legacy that helps pass health care reform in this country.

But this happens far too often and costs all of us more. When somebody is uninsured and doesn't have access to preventative care, goes in after the fact and has to have a limb removed because of untreated diabetes or any other condition, it costs us all more. Those costs are passed along to those of us who have insurance, resulting in higher insurance premiums for the rest of us. That is why we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mrs. LOWEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mrs. LOWEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, September 16 and 17.

Mr. JONES, for 5 minutes, September 16 and 17.

Ms. ROS-LEHTINEN, for 5 minutes, September 15.

Mr. MORAN of Kansas, for 5 minutes, September 16 and 17.

Ms. FOXX, for 5 minutes, today.

Mr. TIAHRT, for 5 minutes, today.

SENATE ENROLLED JOINT RESOLUTION SIGNED

The Speaker announced her signature to an enrolled Joint Resolution of the Senate of the following title:

S.J. Res. 9. Providing for the appointment of France A. Córdova as a citizen regent of the Board of Regents of the Smithsonian.

ADJOURNMENT

Mr. POLIS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 22 minutes p.m.), under its previous order, the House adjourned until Monday, September 14, 2009, at 12:30 p.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

3245. A letter from the Acting Farm Bill Coordinator, Department of Agriculture, transmitting the Department's "Major" final rule — Conservation Stewardship Program (RIN: 0578-AA43) received August 5, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3246. A letter from the Acting Farm Bill Coordinator, Department of Agriculture, transmitting the Department's "Major" final rule — Environmental Quality Incentives Program (RIN: 0578-AA45) received August 5, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3247. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 1-Naphthaleneacetic Acid Ethyl Ester; Pesticide Tolerance for Emergency Exemptions [EPA-HQ-OPP-2009-0373; FRL-8428-3] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3248. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Avermectin B1 and its delta-8,9-isomer; Pesticide Tolerances [EPA-HQ-OPP-2008-0806 FRL-8427-3] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3249. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Carbon Black; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2009-0129; FRL-8426-3] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3250. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Inert Ingredients; Extension of Effective Date of Revocation of Certain Tolerance Exemptions with Insufficient Data for Reassessment [EPA-HQ-OPP-2009-0601; FRL-8431-8], pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3251. A letter from the Director, Regulatory Management Division, Environmental

Protection Agency, transmitting the Agency's final rule — Spinetoram; Pesticide Tolerances [EPA-HQ-OPP-2008-0805; FRL-8426-9] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3252. A letter from the OSD Federal Register Liaison Officer, Department of Defense, transmitting the Department's final rule — TRICARE: Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Changes Included in the John Warner National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2007; Authorization of Forensic Examinations [DOD-2007-HA-0127] (RIN: 0720-AB18) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3253. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Agency's final rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Capital Maintenance; Capital-Residential Mortgage Loans Modified Pursuant to the Making Home Affordable Program (RIN: 3064-AD42) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3254. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Agency's final rule — Procedures To Enhance the Accuracy and Integrity of Information Furnished to Consumer Reporting Agencies Under Section 312 of the Fair and Accurate Credit Transactions Act (RIN: 3064-AC99) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3255. A letter from the General Counsel, Federal Housing Finance Agency, transmitting the Department's final rule — 2009 Enterprise Transition Affordable Housing Goals (RIN: 2590-AA25) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3256. A letter from the General Counsel, National Credit Union Administration, transmitting the Agency's final rule — Truth in Savings (RIN: 3133-AD57) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3257. A letter from the General Counsel, National Credit Union Administration, transmitting the Agency's final rule — Credit Union Reporting (RIN: 3133-AD56) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3258. A letter from the Secretary, Securities and Exchange Commission, transmitting the Department's final rule — Regulation S-AM: Limitations on Affiliate Marketing [Release Nos. 34-60423, IC-28842, IA-2911; File No. S7-29-04] (RIN: 3235-AJ24) Received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3259. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Catalog of Federal Domestic Assistance (CFDA) Numbers: 84.133B Rehabilitation Research and Training Centers and 84.133E Rehabilitation Engineering Research Centers received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

3260. A letter from the Assistant General Counsel for Legislation and Regulatory Law, Department of Energy, transmitting the Department's "Major" final rule — Energy Conservation Program: Energy Conservation Standards and Test Procedures for General Services Fluorescent Lamps and Incandescent Reflector Lamps [Docket Number: EE-2006-STD-0131] (RIN: 1904-AA92) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.