

are shared, I think, by huge amounts of Americans, is that it would have an unfair advantage that could crowd out private health care, and it would put huge new costs on the American taxpayers.

For months the President has said if you like what you have, you can keep it. Then just last week, the President changed that and he said, instead, there is nothing in this bill that would force you or your employer to change what you have.

Well, it may be true that nothing will force you or your employer into the public option, but the bill before the House has perverse incentives to encourage your employer to do just that. The bill mandates individuals to purchase insurance, and it requires large employers to provide care for their employees. Businesses that do not provide health care insurance will be taxed at 8 percent of their payroll as a penalty, and most employers will tell you that health care costs typically run about 14 to 16 percent of their payroll.

So businesses that are struggling to make ends meet will now face a choice, either continue to pay 15 percent of their payroll to provide coverage for their employees, or just dump them out onto the public plan and take the 8 percent penalty. Well, that is a pretty easy business decision to make. Unfortunately, it has very broad implications for their employers, and I believe this Nation will go to a government-run health care plan very, very quickly as a result of that.

Madam Speaker, there is a better way to reduce the cost of insurance at virtually no cost to the government, and that is to simply allow individuals and businesses to purchase health care insurance across State lines. Lifting this restriction would bring hundreds, if not thousands, of new competitors into the private marketplace to compete for business. This would absolutely reduce costs, and it's a simple change which we can enact immediately.

The President actually made an analogy to private auto insurance, and I would respectfully remind the President that auto insurance can be purchased across State lines, and there is no public option in auto insurance. The market regulates itself to keep costs down.

Additionally, millions of Americans today have their health care covered by a health savings account. If H.R. 3200 is enacted, health savings accounts will be gone and those who utilize them will be forced to change their coverage. So, again, this is actually less choice and less competition in the health care industry.

I was very glad last week when the President said he would look at pilot programs with regard to medical liability reform. For too long, trial attorneys have looked at doctors as ATM machines and have filed countless frivolous lawsuits.

This has driven up costs by forcing insurance companies to settle because these suits cost too much to fight, regardless of their merit, and the costs are passed along to doctors in the form of higher premiums and ultimately higher health insurance costs to consumers. It has also made it very difficult for specialty doctors like OB/GYNs to practice, and it limits access, particularly in rural areas.

Many States have enacted caps on noneconomic damages. And in every place where this has happened, doctors have moved in, lawyers have moved out, and costs have gone down.

So I was very disappointed when the President said over the weekend that he doesn't believe caps work. Respectfully, Mr. President, actually, caps on noneconomic damage is medical liability reform.

Madam Speaker, the American people are rightfully concerned about how any reform will impact out-of-control Federal spending and our exploding Federal deficit. It just stretches credibility when people are told that we can create a public option, expand access and availability of care, and we can do so without dramatically increasing taxes or adding to the Federal debt.

Well, you can't get something for nothing, particularly when the government is involved. And many seniors find it difficult to believe that we can pay for some of this by reducing spending on Medicare by \$600 billion and more and not impact their level of care.

The proponents say these cuts are just waste, fraud and abuse. Well, if there is that much waste, fraud and abuse, we should be attacking that.

Madam Speaker, we can do better. And, for the sake of the American people, we must do better.

CHILDREN AND EMPLOYMENT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. ROYBAL-ALLARD) for 5 minutes.

Ms. ROYBAL-ALLARD. Madam Speaker, I rise to introduce the Children's Act for Responsible Employment, better known as the CARE Act.

This month, millions of children across the country are returning to school. After meeting their teachers and reconnecting with friends, they will launch headlong into their studies. Absent from our Nation's classroom, however, will be thousands of children who, instead of going to school, will be working in the fields and orchards of our country. These are not children of local farmers, but hired hands who travel from crop to crop to help their families make ends meet.

These children who help put food on their table start school late and continue to work long hours, leaving them little time or energy to do their homework. If previous years are any guide, some of these students will miss 1 out of every 6 days of school.

The results are predictable. Studies show that 50 percent of youth who regularly perform farm work drop out of school. The consequences of this high drop-out rate are tragic.

In addition to these children being deprived of educational opportunities, which could help them escape a lifetime of being stooped over in the hot sun picking fruits and vegetables, it deprives our country of the talents and potential contributions of these young children.

Adding to their heartbreaking circumstances is the fact that many of our labor laws do not protect them equally. Not only do they earn subminimum wages, but under current law the children of agriculture are allowed to use hazardous farm equipment and work in an environment that continually exposes them to poisonous pesticides, which can lead to serious injury or even death.

These dangerous and exploitive conditions, which are illegal for children in every other industry, simply do not reflect the precious value we Americans place on children. I am introducing the CARE Act to reflect our value.

The CARE Act raises labor standards for farm worker children to the same level as those for children in all other occupations. Specifically, the bill raises the minimum age for working in agriculture to 14 and restricts children under 16 from working when it interferes with their education or endangers their health and well-being.

The CARE Act also prohibits children under the age of 18 from agricultural work that the Department of Labor has specified as particularly hazardous. This is consistent with current law governing all industries outside of agriculture.

The CARE Act also requires employers to document the injuries, illness and deaths of these young people. This documentation will enable the Department of Labor to monitor and protect children working in agriculture from exploitation and dangerous work conditions. And, finally, to help ensure compliance with the bill's protective measures, the CARE Act sets a minimum fine of \$500 for child labor violations and a maximum fine of \$15,000.

Madam Speaker, it is our moral obligation to do all we can to protect the rights, the safety and the educational future of our most precious resource, our children. The CARE Act is a positive step toward meeting that obligation.

I urge my colleagues to cosponsor and help pass the Children's Act for Responsible Employment, known as the CARE Act.

□ 1045

EXAMINING THE PRESIDENT'S CLAIMS ON HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from

North Carolina (Ms. Foxx) for 5 minutes.

Ms. FOXX. Madam Speaker, in a recent article, conservative commentator Thomas Sowell, an African American, examined some of President Obama's claims about the health care legislation moving through the Congress. I wanted to quote some excerpts from his column that I found insightful.

Sowell writes that in his joint address to Congress, President Obama is wrong about the spending levels of his health care reform. Sowell says:

"To tell us, with a straight face, that he can insure millions more people without adding to the already skyrocketing deficit, is world class chutzpa and an insult to anyone's intelligence. To do so after an analysis by the Congressional Budget Office has already showed this to be impossible reveals the depths of moral bankruptcy behind the glittering words."

Sowell continues along this accounting line by addressing the issue of paying for the health infrastructure implied in the President's health reform plan. He writes:

"Even those who believe that Obama can conjure up the money by eliminating 'waste, fraud and abuse' should ask themselves where he is going to conjure up the additional doctors, nurses, and hospitals needed to take care of millions more patients.

"If he can't pull off that miracle, then government-run medical care in the United States can be expected to produce what government-run medical care in Canada, Britain and other countries has produced—delays of weeks or months to get many treatments, not to mention arbitrary rationing decisions by bureaucrats."

Sowell later draws a parallel to the difference in the words and deeds of President Obama in other areas of policy. He writes:

"Obama can deny it in words but what matters are deeds—and no one's words have been more repeatedly the direct opposite of his deeds—whether talking about how his election campaign would be financed, how he would not rush legislation through Congress, or how his administration was not going after CIA agents for their past efforts to extract information from captured terrorists.

"President Obama has also declared emphatically that he will not interfere in the internal affairs of other nations—while telling the Israelis where they can and cannot build settlements and telling the Hondurans whom they should and should not choose to be their President."

Then Sowell writes that:

"President Obama tells us that he will impose various mandates on insurance companies but will not interfere with our free choice between being insured by these companies or by the government. But if he can drive up the cost of private insurance with mandates and subsidize government insur-

ance with the taxpayers' money, how long do you think it will be before we have the 'single payer' system that he has advocated in the past?

"Mandates by politicians are what have driven up the cost of insurance already. Politicians love to play Santa Claus and leave it to others to raise prices to cover the inevitable costs."

Sowell concludes by noting that no manner of lofty rhetoric about certain policies not coming to pass will convince many Americans that those same policies will not in fact occur because of the intrusive nature of government-run health care. As Sowell says:

"Barack Obama's insistence that various dangerous policies are not in the legislation he proposes sounds good, but means nothing. Unbridled power is a blank check, no matter what its rationale may be. No law gave the President of the United States the power to fire the head of General Motors, but TARP money did."

Furthermore, in the bill, an analysis of the bill by objective agencies tell us that the Democrats' health care bill would increase the Federal deficit by \$239 billion over 10 years. The bill includes \$1.2 trillion in new Federal spending over the next 10 years.

The Democrats' bill spends so much that it needs 8 years of higher taxes to finance just 6 years of spending. The Democrats embedded an automatic tax increase in their bill by doubling the 1 percent and 1.5 percent small business tax in 2013, continuing their revenue grab from small businesses. 4.7 million jobs could be lost as a result of "pay or play" taxes on small businesses.

The prescription of a health care bill from the Democrats and the President is wrong, and we need to do everything we can to stop it.

CHOOSING HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today because in the Sturm und Drang of the health care debate, the voices and stories of real Americans have been drowned out, drowned out by misinformation, fear mongering and just outright demagoguery.

If we listen to those stories, we would hear of families struggling to pay dramatically increasing health care costs. We would hear of individuals denied coverage due to a previous existing medical condition. And we would hear of employees left without a choice of health care insurance providers. It is time we heard their voices.

In my district, the wealthiest in the Nation as measured by median household income, families are struggling with the rapid increase in health care costs. Recently I met with a family of four from Fairfax County whose health insurance premiums rose from 2001 at \$4,000 per year to 2009 at \$18,000 per year. Let me repeat that. In the space

of 7 years, their costs went from \$4,000 a year for health insurance premiums to \$18,000. That is a 450 percent increase, Madam Speaker. In the same time period, coincidentally, the profits of the 10 largest insurers in this country rose 428 percent.

In fact, over the past decade, the average health insurance premium has almost doubled, increasing nearly three times as much as wages. And they are still rising. Health insurance premiums are anticipated to increase 10.5 percent this year. This means a projected increase next year of almost \$2,000 for the family I met.

So while the insurance companies reap the benefits of a failing system, millions of families across the Nation, just like this family in Fairfax with whom I met, are waking up every day worrying how much longer will they be able to afford to protect their families with health care insurance.

And what, Madam Speaker, of the millions of Americans with previous existing conditions? Gall stones. Rheumatoid arthritis. Diabetes. Asthma. High blood pressure. Even severe acne has been described as a previously existing by some health insurance companies. In fact, 45 percent of all of us who have health insurance have a previous existing medical condition, and, if we are lucky to live long enough, virtually all us will end up with a previous existing medical condition and at risk of not being covered by our health insurance providers.

If you have a previous existing condition, insurance companies will often either deny coverage for that specific ailment, or worse, drop you altogether. Millions of Americans face this every year. Millions find they are not insured. Who is listening to their voices?

Madam Speaker I know of a young paraplegic, the victim of a virus that attacked his spinal column and therefore frequently has medical complications. He went to five insurance companies looking for coverage. He knew he was a greater health care risk and he was prepared to pay a higher premium for that risk. What he wasn't prepared for was that all five insurers denied him coverage at all. No health care coverage whatsoever. Due to a previous existing condition, he had no chance for insurance. And he is not alone.

That is why we must ensure that insurance companies end the practice of cherry-picking only healthy individuals and denying coverage for previous existing conditions.

Those Americans that are currently covered by health insurance often lack true choice in providers. Health insurance operates through risk pools. The larger the pool of people paying insurance premiums, the greater the insurance company can balance the risk of having to pay out for the sake of the injured. Unfortunately, between 2007 and 2008, the number of uninsured among the 18-34 age bracket, traditionally the healthiest group in our society, increased by 630,000, or 3.5 percent.