

THE PROGRESSIVE MESSAGE:
HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Mr. Speaker, welcome to the Progressive hour, the Progressive Message, the 60-minute period of time where the Progressive Caucus comes to the House floor to talk to the American people and our colleagues about critical issues of the day. The Progressive Message.

The fact is, Mr. Speaker, is that we've got a lot to talk about today. The issue of the day is health care. And as we get started, I would like to bring our chairperson right into the conversation in the very beginning to introduce some of her ideas on this issue. Our chairwoman of the Progressive Caucus, Congresswoman LYNN WOOLSEY, has been a stalwart leader on this issue, has been convening meetings, has been keeping us together, has been unrelenting on her insistence for a public option.

I yield to the gentlewoman from California.

Ms. WOOLSEY. I thank you again, Congressman ELLISON, for your leadership on these weekly hourly discussions about health care reform and what's going on in our Congress at this particular time.

Things have happened this week. Finally, the Senate has two bills that were written and have been introduced. The second bill, coming out of the Finance Committee, has not passed through the committee yet, but it is the Bachus health care reform bill. And we have gotten a lot of pressure here—I know I have, I know you have, most progressives have—because there's some idea out there that because the Bachus bill that doesn't have any Republican support either, after 3 Democrats and 3 Republicans spent months and months and months writing it, now Senator BAUCUS seems to be almost standing alone with that one. But he'll pass it through his committee, and we'll see what happens.

But what does that mean to our proposal and our absolute commitment for a robust public option to be included in a very strong health care reform bill? As far as I'm concerned, it means nothing. What it does is it shows the opposite of what this country could end up with, and it gives wind beneath our wings for our debate on just why we need a strong, robust public option. And one of those why's in Senator BAUCUS's bill is that it does not provide a public option of any level.

The public option we offer through the Progressive Caucus would have its rates determined based on Medicare plus 5 percent, and do you know that that saves \$110 billion over 5 years? Over 5 years. And the Energy and Commerce Committee has a public option that they have proposed, and their pub-

lic option rates would be based on negotiating with the administration, and their negotiated rates would save \$25 billion.

So we have \$110 billion in savings through the Progressive Caucus plan, \$25 billion in savings through the Energy and Commerce, and we have zero savings through Senator BAUCUS's plan. So that in and of itself is enough for me to know that that is not a bill that I want to be negotiating and compromising with.

Mr. ELLISON. Reclaiming my time, I know the gentlewoman has to take a brief interlude, but let me just say very quickly the fact is that Senator BAUCUS, who has spent many hours trying to pull together a bipartisan bill, comes out of that process without any bipartisan support for his bill, and there may not be many Democrats who want to vote for that bill coming out of the Finance Committee.

The reality is we have had three House committee bills that all produced a public option and we have the Health Committee in the Senate that produced a public option, and now coming out of the Finance Committee there is no public option. I think when you look at the convergence of all these bills, it means that we're going to have a public option. But I think this is a time for grassroots activism, people to let their voices be heard, and people to be very clear on what they want.

Stepping back from a public option, health care reform is really a three-tiered thing. It's a three-legged stool. One is making sure that people who already have insurance have stable insurance, are not discriminated against, and are treated better by the insurance companies with lower costs. The other is covering the uninsured. The third leg is a public option that can compete with private market insurance so that they can hold costs down and can introduce evidence-based medical practices to give Americans the best quality care that's available. The fact is that this three-legged stool is essential in order to have the kind of reform that Americans need today. This reform, we can have it. It is well within our grasp and we can do it, but we have got a little bit more to go. At this point we now know it's on the table and we know that this Finance Committee bill is not adequate and they need to go back to the drawing board.

It's interesting to me that not one Republican said that they would support it after hours and hours of bipartisan effort to get them on the bill anyway. It's time to move forward with a bill that makes sense to all the American people.

The fact is the President is on our side when it comes to the public option. The President made himself clear right on the floor of this House Chamber only a few days ago when he came here and said that he was for a public option. The President said it, and he made himself very clear. In fact, the

President was eloquent when he said that without competition, the price of insurance goes up and the quality goes down, and it makes it easier for insurance companies to treat their customers badly, by cherry-picking the healthiest individuals and trying to drop the sickest, by overcharging small businesses who have no leverage, and by jacking up rates. The reality is the President was right about that, and he is on our side and wants to see reform come forward.

Let's just say that this health care reform that we are talking about needs the support of the American people. Slowly the real facts have been coming forward. Slowly the American people have been coming to a better understanding of what the public option is and what health care reform means in general. The President is on our side, as I've said, and I believe the House should act quickly to pass a bill with a strong public option as it reflects the President's preference for a public option.

The plan will do the following: It will cover preexisting conditions. How many Americans are dropped or have had their insurance go up because of a preexisting condition? The plan will stop the practice of rescission or denying you health care when you need it the most, and the bill will stop bankrupting our businesses and families for the sin of getting sick. A public option, which is an essential part of reform, as I've already mentioned, will offer choice, introduce competition and lower costs for consumers and taxpayers, and bring higher quality health care to all Americans.

Choice: The President stated last week that currently in 34 States, 75 percent of the insurance market is controlled by five or fewer companies. What does that mean? That means that if we don't have a public option, we're going to mandate 49 million new consumers into the insurance companies' arms without any way to make them compete because these markets are monopolized or duopolized or what they call an oligopoly.

□ 1515

What that means is they are highly concentrated. There are not a lot of sellers in the market; there are just a few.

Now, if I say you have to buy insurance and there are only two or three people to buy it from, you can bet those two or three companies that are selling it are going to give you the maximum price unless you have a public option that's going to really compete with them and make them do the right thing. So we've got to be for choice and we've got to have competition.

Let me also say that the President said—and I want to repeat this because I've said it once, but we've got to say it again—the President said without competition, the price of insurance goes up and up and quality goes down.

Now think about it, if you're a resident of the great State of Alabama—Alabama is a wonderful State, I always enjoy going there—but in Alabama, almost 90 percent of the insurance market is controlled by just one insurance company. What does that mean? That means that if you want to buy insurance in Alabama, you're dealing with a monopoly. And if the monopoly says you pay, then you pay whatever it is they say you pay, or you don't get it. There is literally no competition. So given that situation, we know that we need a public option to introduce choice, competition, and real cost control.

I want to talk about this public option because people don't always understand it. Think of the public option this way: we're going to have employer-based health care. That will be one part of this thing. Employer-based health care, you have insurance with your employer, you keep it. The second part is, if you have government health insurance already, like Medicare or the VA, you keep that. We're going to try to subsidize low-income people so that they can get Medicaid and health care like that.

But the third part of it is this: it will be something called an "exchange." Now, what is an exchange? An exchange is like a grocery market. It will be online or it will look like a catalog, like this book; and you go through it and you look for an insurance product. Now, there will be different products. Some will be a basic plan, some will be a middle plan, and some will be a Cadillac plan. And they will tell you what you can get covered for a given price and you will be shopping. And you might be able to do it online, like Craig's List or eBay or something like that, or you can do it on paper. But the fact is it's a market where people are selling different products.

Now, all we're saying is that if you can imagine this health care insurance grocery store, on one aisle there would be a product offered by or administered by the government—actually, it wouldn't be run by the government because it would be private doctors who would be off actually providing the medical care, but it would be administered by a government program the same way Medicare is now.

Now, I know people who said that they've got Medicare, and they don't want the government messing with their Medicare. Well, if you think the government is messing with your Medicare, what you must not know is that the government is Medicare. That is who is administering your Medicare right now. So if you think the VA health care is good or Medicare is good, then you will also see that a public option will be good. Very important for people to understand this.

Let me also say this, and that is, you know, sometimes people on the other side of the aisle—you know, I'm a Democrat—the other guys, they say stuff like, I don't want government-run

health care, and they make it sound like the government's bad. But in a democratic country, who is the government other than you and me? The government is the people—government of the people, by the people, for the people.

In a democratic society, the government is us. And if the government isn't functioning right, then we need to be more engaged to make it function right and we need to insist on lower cost, more efficiency. We need to be active citizens to make sure things go the way we want them to. But we need to get out of this thing that government can't do anything right. Did Lehman Brothers do everything right when their company crashed? That's a private company. What about Enron? What about WorldCom? What about Bear Stearns? Private industry makes a lot of mistakes as well.

The government does good things, though. Think about this: if you or I should have the misfortune of needing emergency medical care, an EMS truck will come up here and hopefully save us. Who's that? That's the government. If you call up because your house is burning, who are you calling? The government yet again. When you start slicing into that steak you might eat tonight, who has made sure that meat is safe for you to eat? A government inspector.

Public schools have made an educational opportunity for every kid in America. Are some of them bad or in need of repair and need to be better? Of course they do. Anything human beings do is going to need more work. But you can't say that public schools in general are a failure. You can say that a public school needs to be improved.

We need to get out of this thing where we say the government can't function and can't produce good results for us. They do every day. You're going to tell me the officers who are putting their lives on the line to keep us safe are not doing a good job? The firefighters are not doing a good job? They are doing a great job.

You have got to understand that part of what's going on here is just plain old government-bashing, government-bashing in a democratic country where government is by, for and of the people.

So I hope people don't let this go by. It's not a good idea to just always run down whatever the government does. If they do, we bear responsibility because it's our government, democratic society.

Let me just say this, too: the public option really means that the government would help to cover the high cost of insurance for Americans while bringing those costs down through competition. The public option means that Americans will be free to seek health care from any doctor they choose at any facility they choose without having to fear that they could not afford or will incur tens of thousands of dollars in medical debt. The public option is a good thing.

Now, you would think, well, who should know the most about whether the public option would be a good thing? I will say I'm not the most well qualified, but I think doctors are. I think doctors are well qualified to know whether or not a public option is a good deal. Doctors who serve patients every day, serve patients day in and day out would have a good opinion that I would trust as to whether it would help the system improve. Doctors are the ones who sit up on the phone and have to argue with insurance companies over whether a procedure is going to be covered or not covered.

I'm lucky enough to have a brother who is a primary care physician in Detroit. How are you doing there, Leonard? The fact is that my brother Leonard has to spend hours away from patients because he's trying to deal with insurance companies. The fact is that we need a public option. We need a public option.

Let me just talk a little bit about this. The graph to my right here says most doctors support public option. Most doctors support public option. Here in the blue section is where doctors were asked, they said, Do we need a public option and a private option? Sixty-three percent of doctors said we need both public and private options. Twenty-seven percent of doctors said private options only and 10 percent of doctors said public options only. Most doctors say we should have both.

I trust the doctors. And you know, this is a whole lot of doctors; 63 percent of them have said that we need both. So this is who I think we should listen to and who has a good opinion as to what's really right and what's really wrong.

A large majority of doctors say that there should be a public option. Sixty-three percent of physicians support a public option. And when polled, nearly three-quarters, 75 percent, of physicians supported some form of a public option, either alone or in combination with other private insurance options. So that means that if you take this 63 with this 10 percent, that's a full 73 percent; that's about three-quarters. So this is overwhelmingly what doctors believe, that we should have a public option; and I think the doctors are right about that.

We've been joined by the gentlelady from California, the chairperson of the Progressive Caucus. What do you think about this? Do you think that doctors know what they're talking about when 63 percent say we should have public and private options and another 10 percent say we need only a public option; 73 percent, does that mean anything to you? Do you think that's an important fact to know?

I yield to the gentlewoman.

Ms. WOOLSEY. Of course it's an important fact to know. I mean, if anybody is close to their patients and to the needs of this country, it is our physicians. They've been very important in inputting to all of the committees that have been writing legislation.

And another thing that will be very important is when the House of Representatives brings all three of our bills—one from Ways and Means, Energy, and the committee we sit on, Congressman, Education and Labor—when we unify those bills and come up with the House bill and we can say to our constituents and to the people of this country, this is the House of Representatives health care reform bill, then we will be able to hear back from them on exactly what that bill is. Right now we keep saying, well, it might be, we think it is. I mean, we're pretty sure about 99 percent of it, but not all of it.

Mr. ELLISON. Well, if the gentlelady yields back, I look forward to that moment as well when we can have a unified House bill. I hope this is something that happens very quickly because I really believe that the public is really dying—oh, excuse me for that bad language—

Ms. WOOLSEY. That was a negative pun.

Mr. ELLISON. The public is really calling for true health care reform.

Ms. WOOLSEY. That's right.

Mr. ELLISON. And we were talking a moment ago about the bill that came out of the Senate Finance Committee, a bill that I don't favor at all. And I just thought that I would share a few basic facts about it.

You should note that if you look at all the House bills together, even though they haven't been unified, if you look at them together, they all call for a public option. The Senate Finance bill does not have a public option; it has a cooperative, which is not nearly—which is no good, which is of no value.

Ms. WOOLSEY. Would the gentleman yield?

Mr. ELLISON. Yes.

Ms. WOOLSEY. Do you think it would be important for our viewers to know why the co-ops are of no value?

Mr. ELLISON. Yes, let's talk about that.

Ms. WOOLSEY. I think we should explain that.

Co-ops could be of value over time, but what we need is a public option that's available the day the exchange goes into effect so that that is one of the options. If we depend on co-ops, right now there are less than 10 in the country. I really know of only one that's totally successful and that took more than 10 years to get up and running. It's not impossible, and it could happen; but that should not be what we consider a public option. It can be an option at another time.

Mr. ELLISON. If the gentlelady would yield, I think you're right. It's not an inherently bad idea, but it's bad for this. And I want to be very clear: you and I aren't loosening up and open to co-ops. I mean, we're clear that co-ops is the wrong thing. And here's one reason why: the Congressional Budget Office, nonpartisan, they report on Senator BAUCUS' bill: "The proposed

co-ops had very little effect on the estimates of total enrollment in the exchanges or Federal costs because, as they are described in the specifications, they seem unlikely to establish a significant market presence in many of the areas of the country or to noticeably affect Federal subsidy payments."

In other words, you mention that there are some successful health care co-ops around the country and how it took them years to build up. Well, the CBO report says that when the exchange opens up, the co-op will be too little, too small to have any market presence and will not be able to really be strong enough to actually impact the market. So the fact is that people will be left for years and years with no real successful option to lower costs. So the co-op is really not a viable option.

I don't want to completely be dismissive of the idea of co-ops in general. Food co-ops are great. There are good co-ops, right? We want to be straight with everybody. But in this case, it's the wrong thing because it will be too small, too weak, too little to compete with these insurance companies that have been in the game for a long, long time. What we need is a public option, that's what we've got to have.

Ms. WOOLSEY. A robust public option.

Mr. ELLISON. A robust public option. I'm talking about a public option with some muscle.

Also, if we compare the Senate Finance bill with the House bills, the Senate Finance bill has no employer mandate. The House bill has an employer mandate to provide health insurance to its employees. So, look, employers—and I'm grateful to the employers that provide health care to their employees, but no employer will be able to say, well, we're just not going to do it because—for whatever reason. The employers are going to have to provide health care for their employees or contribute to a fund which will allow their employees to get health care.

□ 1530

Ms. WOOLSEY. If the gentleman would yield.

Mr. ELLISON. Yes.

Ms. WOOLSEY. That's the only way we can level the playing field so that employers who do provide health insurance for their employees aren't at a disadvantage in competing with like industries.

Mr. ELLISON. If the gentlelady would yield back, absolutely. That's right. We want to level the playing field. You can't go out there and just get a competitive advantage on your competition by dumping your health care insurance, so that's another important part.

The third thing is, under the Senate finance bill, taxes and the pay-fors are a tax on high-end health insurance plans and a tax on medical devices, lab-

oratories, et cetera. Under the House bill, there is an income tax surcharge on high-income earners. At least that's one idea.

Now, I'm going to tell you this: If I am ever fortunate enough to be a wealthy individual—I assure you I am not one now—I would hope that, as an American—

Ms. WOOLSEY. If the gentleman would yield, you're not going to be wealthy staying in this job—

Mr. ELLISON. Yes. Right. You'd better come here already wealthy.

Ms. WOOLSEY. Or you're going to stay the same.

Mr. ELLISON. That's right.

As I was saying, if I ever become a well-to-do person, I would hope that I would have enough patriotic commitment to put other people's bare necessities in front of my own luxuries. Do you understand what I'm saying?

Ms. WOOLSEY. Absolutely.

Mr. ELLISON. I mean, how many boats can I own? If I have to pay a little bit more to make sure that some poor, single mom and her kids have health care, why wouldn't I do that? Why wouldn't I do that? I don't know.

Do you have any thoughts on this? I yield to the gentlelady.

Ms. WOOLSEY. Well, I have a lot of thoughts on that. You see, I represent, probably, not the wealthiest district but the wealthiest county in the Congress, and I have not gotten one letter from one constituent who says, "Woolsey, how dare you think about raising my taxes." I mean this is of the people who would have to pay taxes.

Mr. ELLISON. Right. Right.

Ms. WOOLSEY. Those are not the kinds of people I represent. They are educated and progressive, and they get it. When other people are taken care of, they're better off in the long run. Their employees are. Their kids in school are safer because the other kids are covered and have good health care. They just totally get it, and I think, if there weren't so many fear factors around, most people would understand the concept.

Mr. ELLISON. If the gentlelady would yield back, I mean the fact is that many well-to-do people recognize that this country has been good to them, that many of them went to public schools, and that many of them have police who secure their properties. Many of them really are grateful for all of the bounty that America has given them, and they don't mind doing a little bit more to make sure that low-income, poor Americans have some way to go to a doctor.

I think it's just basic, and I'm always a little shocked when I hear, well, somehow we're punishing well-to-do people by asking them for a little more to help poor Americans. I don't understand that kind of thinking, because you find a lot of extremely generous well-to-do people.

I yield to the gentlelady.

Ms. WOOLSEY. That's absolutely true.

There are many things we ask of our constituents, but mostly there are many things that the government provides for them, like public education, police, fire, roads. We pay for all of that because we use all of that—some more than others. Some benefit more than others from these services, but it's pretty proportionate about how much you pay and your taxes depending on how much you earn, on how much you have and on how much you've actually benefited from this country of ours. So I believe you're right. It's a shared thing.

One of the suggestions is, of the people who have health care benefits, their benefits should be taxed. There are a lot of us who feel that taxing a person's benefits is not the way to go because they've already, probably, in this economy of ours, given up raises in order to keep their benefits in the first place. To tax those benefits on top of that would just be a hit to the middle class of this country.

Mr. ELLISON. If the gentlelady would yield back, does the gentlelady agree that we should go about 10 more minutes and hand it over?

Ms. WOOLSEY. Right.

Mr. ELLISON. I just want to point out that, under the Baucus—or the Senate finance bill, subsidies to the premiums of low-income people would be kept at 13 percent of the max; whereas, in the House bills, the premiums would be kept at 11 percent. So the House bill, again, is doing more to help the middle class person. The Senate Finance Committee is cutting into the middle class even more. This is just premiums. This is not copays. This is not deductible payments, payments you have to make when you have a deductible. This is not other costs associated with health care. This is just premiums. So, again, the Senate Finance Committee's bill is not nearly as good as any of the House bills.

Ms. WOOLSEY. If the gentleman would yield again—

Mr. ELLISON. Certainly.

Ms. WOOLSEY. With just that 2 percent difference, that cuts into middle-income workers.

Mr. ELLISON. Yes.

Ms. WOOLSEY. I don't know what the numbers are, but I think, if they earn \$41,000 a year and have four children, then they wouldn't be eligible for the subsidies. I don't have that in front of me. I'm sorry. I might be off a little bit, but it really cuts into middle-income workers.

Part of what this bill is about is making it secure for all workers who already have coverage, not making it harder for them to have their coverage. Part of that is security. They might love the coverage they have, but they know, in their heart of hearts, that they could lose that.

Mr. ELLISON. That's right.

Ms. WOOLSEY. Their employers could decide they can't afford to cover them anymore, and boom, that's the end of it. They might lose their jobs.

They might want to change jobs and not have insurance going with them.

The truth of it is that, not the Baucus bill particularly, but the House health care reform bill makes it more secure for people who are already covered. They lose nothing. They don't have to leave their coverage unless their employers decide they don't want to cover them anymore. With the House bill, they have a place to land. They have a place to go, and they can get health care coverage without prejudice.

Mr. ELLISON. If the gentlelady will yield back, we're wrapping up now. Yet the fact is, as to the House bills, if you look at them together, insurance companies can only charge different premiums based on age, and then it's like 2-1.

Ms. WOOLSEY. In the House bill, it's 2-1.

Mr. ELLISON. In the House bill.

Ms. WOOLSEY. Tell what it is in the Baucus bill.

Mr. ELLISON. The Baucus bill is 5-1.

Ms. WOOLSEY. 5-1. Can you imagine?

Mr. ELLISON. 5-1. This is wrong. This is very bad. This is very, very bad.

The fact is that this is going to be financially devastating for people who aren't yet elderly but who still are up to 60, 58, 59. It's going to hit them very hard if the insurance companies can discriminate like that, and there are far less stringent insurance reforms in the Baucus bill.

So, when you look at the Baucus bill, it is an inferior product. The Senate Finance Committee is an inferior product. The Senate Finance Committee bill is an inferior product. That's what it is, and it really is a nonstarter. So we're pulling for people on the Senate Health Committee to make a better bill than that which came out of the Senate Finance Committee.

We believe that help is on the way. Health care reform is right around the corner. It's time to raise the voices and to not be shy.

The President is running all over the country, talking to people about health care reform. He was in my own town of Minneapolis last Saturday. He did a phenomenal job. When the President mentioned the public option to a capacity crowd in the Target Center in Minneapolis, Minnesota—my city—the crowd roared for 1 minute 40 seconds. They wouldn't even let him continue with his speech. They were just clapping wildly—a deafening noise. That's how much people want the public option.

Ms. WOOLSEY. That's right.

Mr. ELLISON. So I'll leave the last word to the gentlelady of California.

Ms. WOOLSEY. Well, I'd like to say that the Progressive Caucus believes that it is our responsibility in the House to get our bill united and that it is our responsibility to bring our bill forward and to get it voted on so that we have that as an example of a robust

health care reform package, so that Senator HARKIN's Health Committee can follow suit, and so that we can give him a lot of the strength that comes from this House. We'll be negotiating with them later, but we'll be negotiating two very good bills. We want to go first.

Mr. ELLISON. So that will close us out.

I just want to say thank you, Chairwoman WOOLSEY, for being here and for always being supportive of our special hour and of our progressive message.

The Progressive Caucus is committed to values of shared community, of shared responsibility, of making sure that the least of us are cared for and are looked out for, of making sure that America is a country that supports peace around the world. This is what some of our essential values are: The Progressive Caucus. The progressive message. Thank you very much.

I yield back the balance of my time.

AMERICA'S ECONOMY AND HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank the minority leader, JOHN BOEHNER of Ohio; the minority whip, ERIC CANTOR of Virginia; and the minority conference chairman, MIKE PENCE from Indiana—our leadership—for giving me the opportunity to take this hour this afternoon as the designee of the Republican Party, the minority party.

Like my colleagues on the other side of the aisle, the Democratic majority that you've just heard from concerning health care reform, my hour also will be spent discussing this topic of tremendous importance to the American people. Certainly, we were home during the August recess for almost 5½ weeks, and I think, for each and every Member on both sides of the aisle, if they didn't know health care was the number one issue when they went home to their districts, they found out pretty quickly. I think, Mr. Speaker, you would agree with me on that. Certainly, it was all over the television news—cable news and the networks.

So we are in a time of this 111th Congress where we're dealing with something that is just as important as almost anything that you can think of. There are other issues, of course, that are on people's minds, issues which are equally as concerning. One of those, Mr. Speaker, is the economy. The economy has been pretty rough, and we all know it. For the last year and a half, we've been in a pretty deep recession, and it seems like no matter what we do that we're not able to pull ourselves out of that ditch.

So I would say to my colleagues on both sides of the aisle, while the health