constituents this past weekend who are scared to death this thing is going to pass. Some of them work for lower wages, and they are on their spouse's insurance with their employer.

There are companies that exist only because they are able to hire people who don't need health insurance, and so they are able to hire them without providing health insurance. Under the bill, they are going to get hit with an 8 percent tax. And I'm hearing employers say, we can't pay the 8 percent tax. They've either got to take an 8 percent cut or lay people off.

There's been one estimate confirmed by a number of people that if this bill passes, if this bill becomes law at the worst time conceivable, more Americans out of work than ever in history, it will put 5½ million people out of work. This is incredible. I have heard friends across the aisle talk about how important it is to help the working poor, the lower middle class, that is who we really want to help. Under the bill, if they can't afford the mandated type of insurance, then they are going to get hit with an additional tax, the very people that can't afford it. In addition to that, they are going to be hit with other taxes to help pay for this bill. It is not a friend of the working poor in America.

I yield to the gentleman from Iowa.

Mr. KING of Iowa. I thank the gentleman from Texas.

I point out an additional 5½ million people resulting unemployed over this bill, but it provides access, according to calculations from the Congressional Budget Office, to health insurance policies for as many as 6.1 illegals. So there's your trade-off: 5½ million unemployed Americans, 6.1 million illegals having access to their own health insurance policy.

Additionally, picking up on the point of the gentleman from California, not only does it render an illegal status to someone who wouldn't, could not perhaps or would not, purchase health insurance policies that are mandated by the Federal Government. It levies a fine against them, as we have said, and it takes us into the realm of what I think is a definition of debtor's prison. You levy a fine against someone, and if you don't pay the fine, and when it gets to $250,000, then the original bill adds a prison penalty in there.

And it would be for the first time in the history of this country that the Federal Government had either produced a product or certified a product to be produced by the private sector, required every American citizen to purchase that product; and if they didn't do so, levy a fine against them and then have them facing a jail term. That's the kind of debtor's prison that our Founding Fathers rejected. I use stark terms, but that's where it takes us up in our logic.

I will say, Mr. Speaker, that we are at this point now where the nuances of these bills, we know what's in them, that anything that is likely to pass this House and go to the President's desk, he will be sitting there with pen in hand to sign. He is salivating to sign something that is called national health care that he can call ObamaCare and does call ObamaCare. He is for single-payer. He is for socialized medicine. He has said that he is for single-payer. So has the Speaker, and so has HARRY REID. So this is about whether we keep our freedom, whether we keep the Federal Government from nationalizing and taking over our bodies like they did at General Motors and Chrysler.

Mr. DANIEL E. LUNGREN of California. I think a very, very basic question is this. There is a notion of healthy skepticism within our government and our view of government. We grow up with that. That is part and parcel of the Constitution. But if you move from healthy skepticism to destructive, not skepticism, but cynicism, then you have really ruptured the relationship between the American people and their government.

And if we were to ignore the voices of the American people as they have been articulated in town hall after town hall after town hall throughout this country, not just in August—I had my last town hall meeting this Monday; 250 people in one of my communities, overwhelming opposition not to some changes in health care—they are not arguing for the status quo—they are arguing against these two visions of health care reform. And they ask me, they beg me to bring a message here from them directly: scrap what you're doing, start over, give us the right medicine, not the wrong medicine.

Mr. GOHMERT. I thank the gentlemen. My time has expired.

□ 1345

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Nevada (Ms. TITUS) is recognized for 60 minutes as the designee of the majority leader.

Ms. TITUS. Mr. Speaker, we've heard a lot about health care today and for the past month and, actually, for the past year as this issue has been debated as one of the most important things facing this country and the people in all our districts. We know that we need better access to health care. We need more affordable health care. We need to protect Medicare as we move forward with meaningful reforms. These reforms need to include issues involving the insurance companies, the insurance companies that are today advertising on television against reform, are sending their lobbyists to the Hill against reform, who are resisting any kind of meaningful reform in hopes of protecting their bottom line. I welcome additional comments from some of my colleagues.

I will reserve my time for a few minutes.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WATSON) is recognized for 54 minutes as the designee of the majority leader.

PARLIAMENTARY INQUIRY

Mr. KING of Iowa. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. KING of Iowa. Mr. Speaker, under the rules of the House on a Special Order, is it appropriate for a Member to yield to someone else when they've been recognized for 60 minutes?

The SPEAKER pro tempore. The Speaker's announced policy allows for the leadership hour to be subdivided among designees.

Mr. KING of Iowa. I thank the Speaker.

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California.

Ms. WATSON. Mr. Speaker, I would like to extend our time to 1 hour. Do I have 54 minutes?

The SPEAKER pro tempore. The gentlewoman has 54 minutes.

Ms. WATSON. Fifty-four. Thank you.

Madam Speaker, I would like to yield time to Congressman GARAMENDI from California.

Mr. GARAMENDI. Thank you very much, Congresswoman. As you recall, you and I have had a long, long history of dealing with health care issues. In the late 1970s, I was chairman of the California State senate health committee, and when I left that post, you took it over. And over those many, many years that you and I worked on health care, we are now approaching the final moment in which this Nation will take up an extraordinarily important task, and that is moving towards providing health insurance and health care for all of the citizens in this country.

It's going to be a very, very busy week next week. Over the last hour or so, I've heard from our esteemed colleagues on the Republican side talk about a rush to judgment. It was not a rush to judgment if you consider the 30 years that you and I have been spending, trying to provide health care services for all the people in California, and now we have this opportunity to deal with this issue here for the entire Nation.

It certainly wasn't a work to rush to judgment in the early part of the 20th century when, in California and across the Nation, men and women were being injured on the job, and to deal with that, the Workers' Compensation programs were created. Even Teddy Roosevelt back in those periods said that we needed to have a health care system for all. It didn't happen then. During the World War II period and before it, the Blue Cross-Blue Shield programs were developed by the medical community to provide services. But again, it

wasn't universal, and it wasn't available to all.

Later during World War II, I remember in California and on the west coast, Kaiser Industries found that their workers were getting sick. Actually, it was during the Depression when they were building the dam on the Colorado River. And so they started what has become known as Kaiser Permanente to provide health care to their workers beyond just the Workers' Compensation program. In the 1960s, we made a major step forward here in America with Medicare and then following it with Medicaid. An enormous debate erupted, but progress was made, and a universal program was made available to every person—every legal citizen, legal person in this Nation who attained the age of 65.

And I noted with some humor that at the President's summit, just I think about 10 days ago, men and women were sitting around the table, nearly all of whom—excluding the President and I think just two others—actually belong to a single-payer universal health care program called Medicare. Yet many of those people said they wouldn't want anything to do with a single-payer universal health care system, but yet they were participating in such a system.

So we have been at this a long, long time, and in this House, the debate on how to finish the process began 1 year ago. So there's no rush to judgment here, nor is there a rush to judgment. I yield to the gentlewoman.

Ms. WATSON. One of the things I would like to make perfectly clear in this debate. I was listening to the former hour from my office, and I heard over and over and over again how we are cramming the unknown through. Now prior to this whole new concept of reconciliation, I remember the other side coming down with 2,700 pages and talking about what was in those pages and also mentioning to us, Madam Speaker, that they had their staff reading through every single word. Now I heard them say, Congressman GARAMENDI, that we're cramming the unknown through. This is highly, highly unreasonable and a misstatement. We intended and we set out to address the 38 million uninsured. If you have insurance—and I want the public to hear this—the original intent was to cover the 38 million uninsured. And by the way, Congressman GARAMENDI, 8 million of that 38 million is in California, our State, and 6 million of those are children. Would we not want to cover health care for our children?

Mr. GARAMENDI. If I might for a moment, Congresswoman WATSON—absolutely. It would seem to be the fundamental compassion of a human being to make sure that their children and the community's children, indeed our Nation's children, have health care. And we should extend that well beyond to all of us. It is not in our interest as human beings who presumably have compassion to leave people without health care.

□ 1400

We are not rushing to judgment here. We have been at this in America for more than a century. And this House has been at it for a year, heavily debated. I was just elected to Congress back in November, came here 3 days later, and voted on a bill that you and others had worked on for the previous 10 months.

So here we are with the House having passed its bill, the Senate having passed a bill back Christmas Eve, I think 72 days ago. That bill has been available. It is my understanding that next week we may have an opportunity to vote on the Senate bill and send that to the President and then follow up with corrections to the Senate bill that are desired by both Houses, such things as eliminating that little advantage that was given to Nebraska and other corrections to the bill.

So this is not something that is being rushed to judgment. In fact, it has been debated for a century. It has been debated in this House. Back in the Clinton period, there was a major debate going on during that period of time.

Ms. WATSON. This is not mystery content. What we are going to be considering are the issues that both sides can agree on. We should have health insurance that is affordable, health insurance that is accessible, and with the great expanse of land in California, where you go to get your health care needs to be accessible to you, and not in another town like it is in so many areas of our districts.

Mr. GARAMENDI. One of the things that was in both the Senate bill and the House bill was an effort to expand access to care, not just with an insurance policy, but also with facilities. There were major improvements and significant sums of money available to expand community clinics, where most poor people, where many young children and people that are moving from one town to another are able to get their care. That is an enormous expansion of services. So what is wrong with providing a facility, community care? It happens to be good care, and it happens to be very well priced.

Ms. WATSON. I think of your district, over an expanse of land. I have gone to other districts in Colorado with DIANA DEGETTE, and we drove for miles all within her district, town to town. So the community clinics will be accessible to people who live in remote areas. Then we all agreed that we wanted to cover preexisting conditions.

Mr. GARAMENDI. Let's talk about that. I was the insurance commissioner in California 1991 to 1995, 4 years, and then again in 2003 to 2008. And in that 8-year period I saw horrible things being done by the health insurance industry in the way in which they discriminated. There are many lessons I learned, but one of the principal ones is for the private health insurance companies it is profit before people; do whatever you need to do to enhance your profits. And you just mentioned one of the ways, which is various mechanisms to discriminate, preexisting conditions.

Let me give you an example. I know of a young woman that had been on her family's health insurance program for 23 years. She turned 23, and under the current law a 23-year-old can no longer be on their parents' care. Under the bills that will be before us for final review hopefully next week is a proposal to extend that to 26 years.

But for her that wasn't yet law, so she went out searching for insurance. It turns out she went back to the company that had insured her for 23 years. And the company said, oh, we can't insure you. She asked why. You have a preexisting condition. It turns out the condition was acne. The list of conditions that would exclude you from coverage called preexisting conditions is about three pages long for most insurance companies, which basically say if you are a woman in the child-bearing age group you are not going to get coverage. Why? Because you might actually have a child. My goodness, that is expensive. We are not talking about family friendly policies here, are we? But that is reality. For this young woman she was excluded on the excuse of a preexisting condition.

Now, I happen to have been familiar with this woman and I said let me see, let me get on the computer and see what this is all about. So I entered her name, came out she was excluded. I went back and entered her name as a male, and she got coverage. Something seriously wrong. And the bills before us next week will eliminate that kind of discrimination, preexisting conditions, as well as discrimination because you happen to be a woman. Those days will be over.

Ms. WATSON. I am so appreciative of your knowledge. You live in an area that is a valley in Sacramento, California. I went up to Sacramento, and I spent 20 years there; and I inherited the health committee, as you have already mentioned, from you. I had it for 17 years. And I found out that I had allergies. I spent years and years trying to find out why I had these allergies. Then I found that in this valley the allergens collect. And I found out that I was allergic to grass, tree bark, cat hair, the CBCs, that material on the wall.

Mr. GARAMENDI. I am sorry, Congresswoman, but you are uninsurable. You cannot get a health care policy.

Ms. WATSON. Exactly. Exactly.

Mr. GARAMENDI. Unless you happen to live until you are 65. When you are 65, you will automatically be eligible for a single-payer universal health care program called Medicare. People want to live long enough to get into that system. And at that White House meeting most of the graybeards there were 65, and they belonged to that system.

Ms. WATSON. Well, I finally made 65 and went beyond.

Mr. GARAMENDI. I don't believe it.

Ms. WATSON. I did. Way beyond. But the point I am trying to make here is that Americans deserve health care. If you have an insurance company that covers you and your family and you like it, you keep it. And I want to make this perfectly clear to the public that many meetings were held.

Many meetings were held here in Congress. No bill gets out of committee that has not been voted on. And a majority vote will get the bill out of committee. We hold our meetings in front of the public. When a bill goes to a committee, it is held, and it is spoken to, it is marked up in front of the public. So I want to make that perfectly clear to the viewing audience and the listening audience out there.

We did nothing in a closed smokey room. We don't really smoke in all of our rooms. Some people do. In California, we have a policy that you cannot smoke in any enclosure or outside. You can smoke in your own homes, however.

So everything that was in the bill that we are going to consider has been discussed in the public. You were not here for all of those discussions, but you follow policymaking because you served with distinction in the California legislature. You served as a statewide officer, and you know something about this. And thank you for tuning in to what we were doing here.

But our premise was we ought to have a single-payer so that every American can feel that they are covered. If we want to keep costs down, we are going to keep people healthy. And we even have a provision that allows medical students to be able to get grants and scholarships if they then commit to becoming a general practitioner so that people can go, particularly to these clinics or to their hospitals, their doctors' offices, and stay healthy. That is what is going to save money.

We are not doing this, Mr. Speaker and Congressman GARAMENDI, to increase the deficit. It is just the opposite. We are doing it to save Americans money. Because if you don't have good health care and coverage and you have a sick child and that child has a fever, what are you going to do? You are going to take that child into where you see that flashing light, that neon light. That is emergency. That is a costly area in a hospital. And if that child is acutely ill, the next stop will be in the surgical suite. And that is where the cost goes up.

Mr. GARAMENDI. Congresswoman WATSON, you are very, very aware of all of these, having served those many years in the California legislature, here, and also as an ambassador. And you understand what apparently our colleagues on the other side tend to miss, and that is that the cost is in the system. And because there are so many uninsured who do wind up in the emergency room, the cost actually goes up.

Now, for a variety of reasons I was at an emergency room in Sacramento over the weekend, and it was plain to see that there were a variety of people there. Most of them did not have a true emergency from perhaps an auto accident. They were there with a cold, with the flu; and they were waiting.

Now, America has been waiting. And they are in a waiting room that is extraordinarily expensive, as you said. The bills, the Senate bill as well as the House bill, address this in two ways. First of all, they provide the health insurance so that a person can go to the doctor before they become seriously ill and go to the clinic, go to the doctor's office rather than to the expensive emergency room. That is one way they save money. The second way is there are a variety of elements in the Senate bill as well as the House bill specifically designed to reduce the cost in the system. You mentioned one: stay healthy. Smoking: we know that if we can keep people healthy we reduce the overall costs.

There are provisions in the bill to advance wellness. Great. There are also provisions in the bill to deal with the extraordinary administrative costs in the system. One of them, which I heard our colleagues on the other side of the aisle demean, is a national benefit package, a uniform benefit package across the Nation.

Now, I know from my experience as insurance commissioner doctors, insurance companies are faced with hundreds of different kinds of policies, different deductibles, different copays. The result of that is extraordinary administrative cost. One way of dealing with it is to have a national benefit available through what are called exchanges, which are pools which insurance companies can get involved in, creating a large actuarial, a large group so the actuarial cost, the actual cost is reduced per person. And also allowing competition to exist, which is the other third way. There will be competition within the pools.

So you have got a uniform benefit, you have competition, you have a national nonprofit company operating within those exchanges. So that would provide additional competition. So you have got competition keeping prices down.

And on this floor 2 weeks ago we passed a major change in the antitrust laws applying the antitrust laws to the health insurance. So within this area of legislation that will be voted on next week are major efforts to reduce the costs. And I have only begun. I have gone through three of what I think are half a dozen different ways to reduce the costs in the system. So much so that the Congressional Budget Office estimates that the reforms that will be before us will actually reduce the national deficit in the decade ahead and in the out-years, more than a trillion-dollar reduction in the national deficit as a result of these reforms.

Ms. WATSON. Congressman, we have been waiting for the CBO to then give us some idea of what these reforms will cost and how they will reduce the costs of health care here in America. We were hoping that we would have gotten that information today. We do have to give everyone 72 hours to look at the bill before we can bring it up. So we are waiting to get the cost estimate on this new proposal, and we do expect it to come in lower than anticipated. Thank you for giving that information.

□ 1415

Mr. GARAMENDI. The figures I was giving you are based on the Senate bill. Now, the additional changes that are going to be made, corrections to the Senate bill, will provide, we are quite confident, additional reductions in the cost of the total bill and reductions in the national deficit in the years ahead.

The other thing that needs to be understood is that these cost reductions will be real, and many will be available in the near term, others as we learn how to implement the medical technology so that we have records that are readily available. So we will be able to see significant reductions in cost, as we have already discussed.

One of the things that will also be available as a result of this legislation is the availability of medical providers. You touched on this and hit it hard, and we need to emphasize it once again. There is a lot of discussion like the bill has too many pages, some say. Well, many of those pages specifically deal with making sure that the medical providers are there, extending the availability of loans and programs for primary care doctors, for nurses, for nurse practitioners. And I recall, years ago you carried the nurse practitioner legislation in California.

Ms. WATSON. One of the misstatements I hear over and over again is that government that doesn't do anything right will be running the system, and that is a misconcept, and I want everyone to hear me. We do cover the conversation between the patient and the doctor to determine end-of-life care. It will be covered for the first time. They called it death panels. It is just the opposite.

You know, you ought to have a right to discuss with your practitioner, with your doctor, what your quality of life should be.

Mr. GARAMENDI. How to deal with what will inevitably be the final days for all of us. We would want that to be in the interest of the individual and the individual's family. Right now, many doctors cannot do that.

Ms. WATSON. We allow you to tell your doctor, and it will be covered, who has the durable power of attorney; where your will is; do you want to be resuscitated; do you want to have these kinds of treatments or not. This is a discussion that will be covered. Government does not have this discussion. The patient and the doctor will have that discussion.

Mr. GARAMENDI. That is the way it should be, but the way it often is, it is the insurance company that makes the

decision. I cannot begin to count the number of times when I was insurance commissioner that complaints would be brought to me that the insurance company decided that this young girl was going to die because she was not going to get treatment for her leukemia. This is not unusual.

In California last year, the statistics collected by the Department of Managed Health Care showed that the five largest insurance companies that cover most everybody in California, the denial of claims and the denial of services ranged from 25 to 40 percent. So it is the insurance company, not the doctor or the patient, that is making the decision. It is the insurance company.

Now, on the other side of it, in Medicare and in Medi-Cal, you don't see those kinds of denials. There are denials for things that are inappropriate.

So we know in the reforms that are coming before us, we open the door for the patient and the medical practitioner, the doctor, the nurse, to have that relationship to make the decision on what is the appropriate care. That is not the case today. It is the insurance company, all too often, that is making the judgment on whether a treatment will be available.

Ms. WATSON. Congressman GARAMENDI, you know this, a few weeks ago, Anthem Blue Cross, the California Blue Cross program, announced to its consumers that they will have a 39, almost a 40 percent raise in their fees. If we did nothing in the State of California, it would cost a family $1,800 annually for coverage.

Now, we had a series of community forums.

Mr. GARAMENDI. I think that is $1,800 a month.

Ms. WATSON. It would raise their coverage up $1,800.

Mr. GARAMENDI. Yes, additional cost.

Ms. WATSON. We had a series of town halls and so on, and I will never forget this man. He had a heavy accent, but he was an American citizen. He said he worked three jobs, and he said, My 2-year-old became ill, and even with my three jobs, I was not able to afford an insurance policy and could not get coverage for her, and she died. We should never get that testimony in the United States of America.

Mr. GARAMENDI. That is yet again an example of what is seen every day in every community in this Nation. There is a denial of coverage by the insurance companies. And for those who have no insurance, they face a situation of death, bankruptcy, and the loss of their jobs. It is not necessary.

Now, we have talked about the cost in the system, and perhaps this is where we will let this discussion end today. This Nation is spending 17.5 percent of its total wealth on health care. Our competitors around the world, not including China, which is completely different, but the other industrialized nations of the world, Japan, Korea, the European countries, spend 10 percent or less of their wealth on health care. In all of those countries, they have universally available health care, different kinds of systems, but it is universally available. We are pending 17.5. They are spending 10. You would think with that additional expenditure we would be healthier. Unfortunately, we are not. We don't live as long. Our children die earlier. Our women die in childbirth more often. Our health care statistics rank us in the range of the nation of Colombia. This is a tragedy for America, and it is a blot on our reputation in America.

The legislation before us will begin to address that by providing better health care services, as we have discussed with the clinics and other reforms that are taking place; access to health care, because of the expansion of insurance to some 30 million Americans that don't presently have it; and control of the insurance companies. So no more preexisting conditions, no more game playing and discrimination and post-event underwriting, which is you get sick and suddenly your insurance is cancelled. Those things are gone.

We are also, in this legislation, controlling the cost of health care in America so that our Nation can once again revive its competitiveness, so we spend our money on education and manufacturing and the things that create a strong economy and a strong society with health care. That is our goal.

And the great opportunity that you and I have, and all 432 Members of this House and the 100 Members of the Senate and the President have, is to finally close the gap—finally, after a century of effort—to provide a system that covers Americans with a health insurance program that has the quality and the benefits that they need.

I know you have been there. You have been there since I first met you in 1976 in California and the years you have been here. So, Congresswoman WATSON, it is a great privilege to engage in this dialogue with you.

Ms. WATSON. I would just like to conclude by saying I serve on the International Relations Committee. We travel the globe. I served as an ambassador. I taught school in my twenties in the Far East and over in Europe. And so I have been around this world many, many times. Our status has dropped among other nations. My intent is to continue to lift the status of the most wonderful country in the world, and we are only as strong as our weakest link.

It amazes me to hear the criticism, to hear people rant over delivering health care rather than reason over delivering health care, when I know that they happily nodded their heads to spending $15 billion a month on a war that has not really benefited the United States much, and that is the war in Iraq. And no one complained about adding to the deficit then. And now we come up with a health care reform that we want to strengthen America's children, America's adults, all Americans. And to think that would be the cause for these tirades we hear is beyond reason.

So I really appreciate you enriching this House with your experience and your knowledge. And I am a little prejudiced because you are from California, but I think your background helps to give understanding to our audience, Americans, that we are doing this for the benefit of all Americans.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. KILPATRICK of Michigan (at the request of Mr. HOYER) for today.

Mrs. NAPOLITANO (at the request of Mr. HOYER) for today.

Mr. JONES (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. WALDEN (at the request of Mr. BOEHNER) for today on account of attending a memorial service in the district.

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

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 Mr. PERLMUTTER) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. GARAMENDI, for 5 minutes, today.

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

Mr. WHITFIELD, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, March 15, 16, 17, 18, and 19.

Mr. POE of Texas, for 5 minutes, March 19.

Mr. JONES, for 5 minutes, March 19.

Mr. DREIER, for 5 minutes, today.

Ms. FOXX, for 5 minutes, today and March 15, 16, 17, 18, and 19.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Ms. BERKLEY, for 5 minutes, today.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 2 o'clock and 25 minutes p.m.), under its previous order, the House adjourned until Monday, March 15, 2010, at 12:30 p.m., for morning-hour debate.