

my husband's job, I could end up like my sister. He's been at his company for less than a year now, and I pray he doesn't lose his job or his coverage. So as you see, Congressman ETHERIDGE, health care reform is a deeply personal issue for me, and it is one that I hope will finally be resolved this year. It's too late for my sister, but I'm hoping this gets done soon, especially before her daughter gets out on her own. I don't want her ever to have to deal with what her mother and I are dealing with under this ghastly system.

And a nurse from Sanford, North Carolina, recently wrote me in favor of health reform, and she said, Insurance premiums are too high. How can we wrestle the high cost of health insurance from the companies? When they tell a physician how much he can charge for a procedure or what medications he can prescribe, we are allowing untrained, uneducated individuals to dictate health care to our system in this country.

And a woman in Louisburg, North Carolina, says, Please vote "yes" on health care reform. I have a very successful new business that my son would like to join me in, but he can't afford to leave his current employer's health plan because he has a child with autism. No private plan will provide coverage for him, even though he has never filed a claim for his treatment of autism. We are not looking for a hand-out, just a fair playing field. Everyone should be able to get insurance.

And a young man from Raleigh wrote and said, I want to thank you very much for the work you have been doing in my district and urge you to vote for the health care reform bill. Despite the misinformation and outright lies that are being spread about the bill, I hope the House acts to pass comprehensive reform to our broken system.

My girlfriend, whom I love very much, has a disease which prevents her from getting coverage. In fact, the insurance company dropped her when they found out she had it. This disease will very possibly lead to her death. While it is too late for this bill to help her, I do not want any other American to have to worry about how they will get treatment for any disease that they may have. I urge you to vote for the bill.

Another woman from Clayton, North Carolina, tells me she has a brain tumor, and as of December of this past year, the insurance company dropped her coverage. She is talking now to an attorney and plans to file bankruptcy. And this is a tragedy. These are examples of why we need reform.

Mr. Speaker, I'm listening to North Carolinians from all perspectives and a wide range of points of view about this system. We need reform that cuts costs, assures quality of care, patient choice and prohibits denials for pre-existing conditions.

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

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

HEALTH CARE REFORM

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

Mr. MORAN of Kansas. In order to achieve real health care reform, the kind of change that would relieve Kansas families and business owners from facing drastic increases in their health insurance premium costs, we must do something to reduce health care costs. If we fail to affect cost, then reform efforts, whatever they may be, will fail because costs simply get shifted and always roll downhill to the patient. This is one of the many reasons I'm so adamantly opposed to the Democrat health care plan.

You may hear that the health care legislation we apparently are going to vote on this week will reduce costs. But the accounting data shows just the opposite. The facts are the facts. Democrats count billions in tax revenues to pay for their plan's new programs, but then they assign those same revenues to preserve Medicare and Social Security. They are double counting. When all the budgetary gimmicks are removed, we see this bill for what it is, a trillion dollar budget breaker that we cannot afford and that won't improve everyday Americans' access to affordable health care. It's the worst of both worlds: Breaking the bank, breaking the Treasury and not controlling health care costs.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

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

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I rise on behalf of America's women to urge passage of health care reform to benefit our mothers, our sisters, our daughters, our families, and our friends. And, of course, when we pass health care reform, we will improve health care for all Americans.

But today I would like to concentrate on why women stand to gain the most. Right now, being a woman is reason enough for insurance companies to discriminate against us. Today, women are being charged higher insurance premiums than men simply for being a woman.

Our legislation will put an end to this practice by prohibiting a practice

known as gender rating whereby women are automatically charged higher rates. Right now, there are women who have been victims of domestic violence who are denied health insurance coverage because insurance companies have said that domestic violence is a preexisting condition. Our legislation will put an end to this practice and expressly prohibit insurance companies from considering domestic violence a preexisting condition.

Right now, many women can only obtain an insurance policy that excludes maternity coverage. Our legislation will put an end to this practice by requiring coverage for maternity care. These three provisions alone will help millions of women in this country.

Mr. Speaker, as a public health nurse, I'm particularly enthusiastic about provisions in the bill to eliminate cost sharing for some of the most important preventive services that women should be accessing. And, of course, this provision is important for men as well. But many of us, especially Members of Congress who already have comprehensive health insurance, take it for granted that we are going to get routine checkups. There are, however, too many women who forgo screenings for conditions like cervical cancer or heart disease because they can't afford these screenings, either because they are uninsured or their insurance company requires prohibitive copays for routine screening.

The legislation we will soon pass will ensure that there is no cost for patients to be accessing the most important screenings which are recommended by medical experts. Those of us in the public health community have long been advocating this because costs should never stand in the way of lifesaving screening procedures.

In addition to the ways our legislation will benefit individual women, it's important to keep in mind that women are often the health care decision-makers for their households. And that's why we all have reason to be so hopeful about how our bill will improve health care for families as a whole. Insurance premiums for families have risen at alarming rates over the past decade and will continue to rise if we don't enact health reform now.

Middle class families especially have shouldered this burden as the rise in premiums has far outpaced any rise in wages. The announcement, for example, by Anthem in California that it will raise premiums by up to 40 percent is just one of the latest outrages. When premiums become too expensive to pay, families are forced to drop coverage. And then what happens when someone in the family gets sick? They are forced to spend down all their assets until eventually bankruptcy may become their only option.

Mr. Speaker, over half of all bankruptcies in the United States today are caused by medical debt. And in 2008, over 900 families in my congressional district alone were forced into bankruptcy because of medical debt. And

over half of these medical bankruptcies impact a woman.

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When we pass this legislation, we will put an end to the annual and lifetime limits on coverage that many insurance companies currently impose on people. And we will put an end to bankruptcies caused by medical debt. No longer will families have to raid their savings for a home purchase or college tuition because someone falls ill.

Finally, as a mother and a grandmother, I couldn't be more thrilled by the steps we will take to improve health care coverage for our country's most precious resource, our children. We will ensure that the Children's Health Insurance Program will thrive. We will ensure that services like vision and dental care for children are automatically included in all health care plans. When the bill is signed into law, that very day it will immediately prevent health insurers from imposing preexisting condition exclusions on children. And it will immediately allow young adults to remain on their parents' health insurance plan until their mid-20s so they aren't forced to forego health coverage after college graduation.

So I urge all of my colleagues to support our efforts in health care reform with the knowledge of how it will help the women in their lives and in their communities.

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

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

AMERICANS DESERVE BETTER THAN OBAMACARE

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

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to respectfully ask that my colleagues reject ObamaCare which, if enacted into law, will seriously undermine, erode, damage and, I believe, even destroy health care in America.

On substance, the Senate-passed text of over 2,700 pages now pending in the House is egregiously flawed. This is truly a bad bill, and it is anything but reform.

On process, the near total lack of transparency and the misuse of majority party power to ram ObamaCare through the Congress makes it the quintessential example of what is so dreadfully wrong in Washington.

No wonder growing numbers of Americans are fed up, losing faith, and angry at the Democrat-controlled Congress and the White House. No wonder mil-

lions of people, including TEA Party activists, are demanding accountability and defeat of ObamaCare.

This has been, and is, an unseemly process unworthy of a national legislature, any legislature for that matter, especially one with an enviable two-century-old history of lawmaking.

If President Obama wins passage of this bill when it comes to a vote, it will be a Pyrrhic victory at best. This is not Congress' finest hour.

Rest assure that if ObamaCare was sound and prudent policy fiscally and morally and an efficacious way of facilitating quality health care coverage, Members of both sides of the aisle and across the ideological spectrum would be lining up to support it. If this was a good bill, persuasion rather than pressure would convince a large majority of Members to embrace it.

Instead, blunt force is being applied like a vice grip to convince the unconvinced and undecided to cave, conform, and capitulate.

On cost, ObamaCare is riddled with accounting gimmicks, all designed to make the total price appear smaller than it really is.

In order to avoid sticker shock, ObamaCare collects new taxes, fees, and shifts billions of dollars from Medicare for 4 full years before benefits kick in. This trick results in an estimated but grossly misleading cost of care at some \$871 billion over 10 years. But when 10 years of revenue are matched with 10 years of benefits, the real cost comes to a staggering \$2.3 trillion.

I would note parenthetically that ObamaCare will exacerbate ObamaDebt. When you eliminate double counting of Medicare costs, Social Security cuts, and the use of CLASS Act premiums, the Democrats' claims of deficit reduction disappears into another massive wave of red ink of some \$460 billion over 10 years and \$1.4 trillion over the second 10 years.

Even without passage of this bill, under the President's 2011 budget proposal Federal spending will increase to a record \$3.8 trillion in 2011 alone. By 2020, the President's own 10-year budget analysis projects a more than doubling of debt to a record \$18.6 trillion. That is absolutely unsustainable.

Because ObamaCare diverts \$500 billion from Medicare, there is no doubt whatsoever that senior citizens and disabled persons will lose certain health benefits they now enjoy.

Medicare Advantage is protected in Florida, the so-called "Gatorade" fix, but not in my home State of New Jersey or anywhere else. Medicare Advantage is used by over 11 million people nationwide, including 15,983 people in my congressional district alone.

The Senate bill slashes nearly \$120 billion from Medicare Advantage plans, jeopardizing millions of seniors' existing coverage. So much for the President's promise that if you like your health plan, you can keep it. No, you can't. Not under this bill.

Mr. Speaker, for the first time ever, ObamaCare forces Americans to acquire an approved health care plan or pay a stiff penalty, like they have somehow committed a crime. The penalty is huge: the greater of \$750 per person up to \$2,250 per family, or 2 percent of household income. No person in America should be coerced into buying medical insurance.

Under ObamaCare, premiums for nongroup family insurance will increase by as much as \$2,000 per year. The Congressional Budget Office estimates that by 2016, premiums will increase by 10 to 30 percent over what would have happened under current law.

ObamaCare would also create 160 boards, commissions, and programs which would vest sweeping powers on bureaucrats to determine what benefits are covered and not, and at what cost.

Last September, Mr. Speaker, President Obama stood a mere 20 feet away from where I am standing now and told a joint session of Congress that, "no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place."

Mr. Speaker, I ask members to vote "no" on this bill when it comes to the floor.

This legislation today constitutes the largest expansion of abortion since Roe v. Wade itself, and makes a mockery of that pledge. That means more dead babies and wounded mothers.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs.

The goal of responsible health care reform should be to provide credible health insurance coverage for everyone, strengthening the health care safety net so that no one is left out, and incentivizing quality and innovation, as well as healthy behaviors and prevention. This means that the current private health insurance market will have to be reformed to put patients first, and to eliminate denials of preexisting conditions and lifetime caps and promoting portability between jobs and geographic areas, including across state lines. The tax code should be modernized to promote affordability and individual control, provide assistance to low-income and middle-class families. Medicare requires reform to be more efficient and responsive, with sustainable payment rates.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

It's time to go back to the drawing board and address what's broken and fix it.

The American public deserve better than what's on the table.

HEALTH CARE REFORM

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