

concept has come with automatic hand washers and bottled water. They wanted us to be clean and to respect cleanliness. Why? It was a method of preventing disease. But we were sick anyhow. And when we got sick, we couldn't get to the emergency room. We couldn't get to a doctor. We couldn't get to a hospital because many times that required health insurance.

So today for the women of America, for all of the women who have been denied insurance because of pregnancy, of a C-section, of issues that deal with womanhood, we now stand up and declare freedom with the passing of this bill.

Now, Mr. Speaker, I might say to you that all that is in this bill I don't agree with. Frankly, I'm concerned about the position being taken on physician-owned hospitals, many of them who have come and saved neighborhoods by opening up hospitals, declaring desert areas where rural communities had no hospitals, they came in and opened them up on inner-city neighborhoods. We understand that all of them are going to be looking for long-term fixes down the road almost the same way when Medicare was passed in 1965.

That wasn't a perfect system, but I can tell you that of all the lives of women that it has saved since its passage in 1965, for one, it saved the life of Ivalita Bennett Jackson, my mom, who now lives and lives enthusiastically with a love of life because of the resources that came about through Medicare. And she worked. So this is not a handout.

So this bill, for example, is going to give women affordability. It's going to give women in States the opportunity to go into a health insurance exchange pool, pick the insurance that they need. It's going to give women the right of choosing, give women the right to have healthy bodies. It's going to focus the responsibility of insurance on employers.

It's going to make sure that Medicare is strong. If you're an elderly woman, it's going to close the doughnut hole for all of the insurance needs that you have. It's going to help my mother-in-law, E. Theophia Lee, who needs care as we speak. It's going to give her the opportunity to buy prescription drugs without going into the poorhouse.

It is going to provide for an expanded Medicaid, and it's going to work on our hospitals in our community, provide 100 percent Medicaid coverage in the first year, 95 percent, and then 90 percent.

□ 1900

Mr. Speaker, this is going to open the doors of opportunity for community health clinics so that women can be engaged in preventative care. Women are nurturers. They need to be able to take themselves to doctors and their children to doctors at the same time. That's what community health clinics will do. They will be set up in your

neighborhood. They will have full service, geriatric care, pediatric care, and, yes, the care that will take care of women and their individual needs.

Mental health parity will be in this particular bill so individuals who are concerned about mental health needs will not have to hide, cover themselves up, go in the dark of night or not even get the care that they need. It is going to be there in this bill. There's going to be a demand for health insurance companies to cover mental health needs.

What a new day this will be to be able to allow women to take care of their children. Let me remind you that there are stories all across America. The mother whose son died because he did not have health insurance. A young man who believed in giving help to other people, a young lawyer who gave pro bono work, but he died because he had no health insurance. Or the mother who came to my town hall meetings, was crying because she couldn't get her child into school. Why? Because her insurance didn't cover a doctor's visit. Well, that will be cured. This is going to cure the ills of women across America.

Vote for this bill.

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The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 5 minutes.

(Mr. LINCOLN DIAZ-BALART of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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#### HEALTH CARE REFORM

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

Ms. KAPTUR. I thank the gentlewoman from California, Congresswoman WOOLSEY, for calling us together tonight on such an important topic and rise to speak for decent health insurance for all of our people as essential to respecting life, to preserving life, and to protecting life from the very beginning to the very end.

The health system we have now does not adequately respect, protect, or preserve life. In fact, America doesn't even rank in the top 12 of global nations in terms of the quality of our health care. That is truly shocking. Yet we spend enormous amounts of money, and yet so many people are left out. There's not time to talk about all of them tonight in 5 minutes, so I am pleased to join my colleagues in focusing on women and children of this great Nation who need health care reform.

In our country, every year, more than a half million, 530,000 babies, one out of every eight, are born premature in our country. Premature birth is the leading cause of newborn death and a major cause of lifelong disability.

These outcomes are morally wrong, and they are ultimately very expensive, very expensive to our society, most expensive to those children.

The March of Dimes reports that, in 2008, more than 20 percent of American women of childbearing age, more than one-fifth, 12.4 million American women, were uninsured. They also report that uninsured women receive fewer prenatal services and report greater difficulty in obtaining needed preventive care than women with insurance. Ohio, the State that I represent, is among the worst States for its premature birth rate. The primary reason for this is because we have among the highest rates of uninsured women.

If we think about some of the most gruesome aspects of what happens, in 2006, which was the most recent study conducted in the United States by the Centers for Disease Control, in our country, 846,181 abortions were reported. Studies have shown that for approximately three out of four women who have an abortion, their belief is they cannot afford a child, and that was one of the key reasons for having to make that life-changing decision. Economic hardship, lack of access to health insurance and to health care, and even the lack of medicines all play a part in the gruesome number of abortions and premature births in our country.

The women of our Nation, the children of our Nation, all people of our Nation deserve a better chance.

The bill that's working its way to the floor will ban preexisting conditions and help expand coverage and access to women's health care, prenatal health care, to all of our people. It provides financial assistance surely to women who want to bring their baby to term or put the child up for adoption but fear they simply cannot afford it. What a terrible choice that must be for any woman. We know that the bill before us will improve community health clinics. In so many of our communities, they are the only lifelines to any health care at all.

Importantly, the bill that is moving to the floor intends to leave no one out, even the smallest among us, even the most voiceless among us. The bill we will soon consider has some fine points yet to be perfected. There is no question that for women and children, finally, all will have access to decent health care coverage, and it will be a great day in America when that will be possible.

All of us have situations in our own families where we have seen relatives grow older. This was certainly the case in our family, and without Medicare our grandmother would have had a very different end. Lyndon Johnson gave her dignity. All the Democrats and some Republicans who created that program in the House back in those days made the end of her life one with dignity. We would hope that that would be the case for all of America's

families, the beginning of life to the end of life.

I thank the women of the House and Congresswoman WOOLSEY for making this evening possible.

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

(Mr. SOUDER 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 gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, what this health debate boils down to is this question: Whose side are you on? Are you listening to and fighting for the American people or are you listening to insurance executives and fighting to line their pockets? I am listening to and fighting for the American people, and especially the Wisconsinites who will benefit so significantly from health care reform.

This evening, I rise to speak about how health care reform will help women. Women shoulder a disproportionate burden in today's broken health care system. Perhaps most shocking is the discrimination women face in health insurance simply because we are women. To some insurers, being a woman is a preexisting condition. In Wisconsin, as in many other States, if a woman and a man purchase identical insurance coverage in the individual market, the woman will be charged more even though the medical services covered are exactly the same.

In small businesses in Wisconsin and across the country, insurance companies are allowed to count how many male and female employees work at that small business. If the workforce is disproportionately female, the insurance company charges more. So, what sort of small businesses pay the most for health care? Child care centers, home health agencies, and other small businesses with female-dominated workforces.

Adding insult to injury is that we all know that women's pay still lags behind men. Nationally, women earn 78 cents to every dollar earned by a man. And in Wisconsin, that figure is even worse—73 cents to the dollar. So women who make less have the added burden of paying more for their health coverage.

Our health care reform measure will end this practice of gender rating, and that is just one reason why women have so much to gain in health reform.

So I ask again, whose side are you on? The hundreds of thousands of women that you represent or the insurance companies that get away with these practices?

We have talked during the debate a lot about people who can't get any in-

surance at all because of preexisting conditions, something in their medical history or health status that the insurance company points to and says, We are not going to cover you. Women also bear the brunt of these practices. Can you believe that women who have been the victims of domestic abuse have been denied health insurance because their victimization was considered a preexisting condition? Women who have given birth by C-section are also routinely either refused insurance or provided insurance that specifically denies coverage in the event they have a future C-section.

Our health reform efforts will prevent the insurance companies from denying coverage to women who have been the victims of domestic violence and women who have had C-sections. In fact, our measure will stop the practice of denying needed insurance based on preexisting conditions altogether.

So I ask, whose side are you on? I'm on the side of all Wisconsinites who have ever faced such denials, not on the side of the companies who refused to cover them.

Women also have trouble finding insurance policies that cover what they need when they shop for insurance in the individual market. In that market, it can be next to impossible to find insurance that covers maternity care. In a survey by the National Women's Law Center of plans offered in the individual market in my hometown of Madison, Wisconsin, they could not find a single plan that offered maternity care. I find this shocking. And health care reform will require all new plans to cover a wide set of benefits, including maternity care.

Mr. Speaker, Wisconsinites sent me to Congress to fight for them. I ran for Congress in order to fight for the people of Wisconsin who have been denied insurance based on preexisting conditions or had their coverage dropped in their very time of need. In order to prevent Wisconsinites from having to declare personal bankruptcy because of mounting medical bills from a serious illness, and in order to help families be able to afford their premiums and their deductibles and their copays, this health care reform effort addresses all those problems and then some. It's not perfect and it's not all I wanted it to be, but it is a darn good start.

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 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 gentlewoman from New York (Mrs. McCARTHY) is recognized for 5 minutes.

Mrs. McCARTHY of New York. Mr. Speaker, I want to thank LYNN WOOLSEY and my colleagues here that came out tonight to speak about the issues that are going to be in this bill as we go forward for a vote sometime this weekend.

Many of us have talked about health care for years. I'm talking about years. I think all the time when we go out to dinner or anything, health care always comes up. So when I hear charges against this side of the aisle of why are we rushing through this, let me tell you something. I've been in Congress going into my 14th year. Before that, I was a nurse for over 30 years. So when I came to Congress, the first thing I started working on is how can we improve health care. And this day is coming.

Unfortunately, there's been an awful lot of information over the last several months that really is quite wrong. And a lot of my friends say, Well, why aren't the Democrats speaking out? I guess it's because, and I will speak for myself, many of us have been speaking up but, unfortunately, because we are not yelling and screaming, we are not heard.

So what I'm going to explain to many, hopefully, of the people who are listening to this, I just want to tell you how this bill is going to help my district back on Long Island. I live in a middle class suburban area. I've been there for 62 years living in the same house. It was the house of my parents. My family grew up there, and I went to the public schools there. My son went to the same schools that I went to and in some cases had the same teachers. And we also had the same doctors.

I have to say, going back to those days, we had a great family physician. Today, he would be called a primary care physician. And yet we are seeing a shortage of primary care physicians across this Nation. We are also going to see a shortage of nurses across this Nation. Those are two components that we have to make sure that we have in the health care bill.

But just in my district alone, it's going to improve coverage for 444,000 residents that already have health care. How can that be? Well, they are certainly going to have preexisting conditions taken away, so that when they go to the doctor and they find out they have a preexisting condition and they find out some of these preexisting conditions, which—I tell you, it's outrageous. Do you know if you're a woman of childbearing years, getting pregnant is a preexisting condition? A preexisting condition.

□ 1915

I have young people on my staff that have preexisting conditions. What are they? Well, apparently one went to a doctor and was being treated for asthma; he has a preexisting condition. My grandchildren since they were very, very young have had bronchitis. A lot of kids get bronchitis. Ear infections.