

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 gentleman 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 gentleman 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.

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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.

Lots of kids get ear infections. Pre-existing conditions. These are things that we want to make sure the insurance companies—you know, we are not the bad guys here, and I think that needs to be understood. We are not the bad guys here. It is what we have let the insurance companies do over the years that is, unfortunately, a disgrace.

We are going to give tax credits and other assistance to 82,000 families in my district and 23,000 small businesses to help them afford coverage.

Now, it is important that you hear this about small businesses; because a small business, if they have two or three men in the company and then a woman that they want to hire to fill a position, and they happen to offer health care insurance, once that woman is hired their rates are going to go up higher. Their rates are going up higher. Why? Because there is discrimination against women on getting their health care, and that is wrong. That is something that we are going to change.

Medicare. You know, I hear from my seniors all the time, especially for the seniors that are single, widowed, don't have much except Medicare and Social Security, and we are going to take care of 102,000 of them. Mr. Speaker, this bill is going to help a lot of Americans.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment a bill of the House of the following title:

H.R. 4213. An act to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.

HEALTH CARE REFORM

THE SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY. Mr. Speaker, as we face what may be one of the most important decisions Congress has made in our lifetime, I would like to highlight what a huge, positive impact the passage of health care reform will have on the lives of American women, on the health and the economic well-being of our mothers, daughters, your wives, and your sisters.

First and foremost, passing reform will expand dramatically the number of women and children who have access to quality health care throughout their lifetime.

The Joint Economic Committee, which I chair, has issued a report entitled "Comprehensive Health Insurance Reform: An Essential Prescription for Women," which documents that, in America today, 64 million women lack adequate health insurance. Over one quarter of our daughters between the ages of 19 and 24 do not have any coverage; 39 percent of all low-income

women lack health insurance coverage. Passing health care reform will expand the availability of care, improve the affordability of care, and will expand the minimums of care.

Today, due to costs, 1 in 5 women over age 50 has not had a mammogram in the past 2 years due to costs. The health care reform bill will require coverage of annual mammograms for women, including coverage for those under 50.

Passing health care reform will bring badly needed changes to a system that places a particularly unfair burden on women who seek to buy insurance in the individual market.

In a report by the National Women's Law Center titled, "How the Individual Insurance Market Fails Women," investigators found there are huge and arbitrary variations in each State and across the country in the differences in premiums charged between women and men.

The report found that insurers who practice gender rating might charge a 40-year-old woman anywhere from 4 percent to 48 percent more than a 40-year-old man. Passing health care reform will put an end to that. Insurance companies will no longer be allowed to charge women higher premiums simply because they are women.

Health care reform will also put an end to discrimination based solely on the prospects of motherhood. In most States today, individual market insurers are allowed to deny health insurance coverage to an applicant simply because she is pregnant. A previous C-section can also be the basis for denying coverage.

Passing health care reform will put an end to discrimination based on pre-existing conditions. And they call pregnancy a preexisting condition.

Reform is also urgently needed because, under the status quo, even if you are not pregnant now but at some point in the future you may become pregnant and so you may wish to buy maternity coverage now, coverage simply may not be available.

In the capital cities of four States, Hawaii, New Mexico, North Dakota, and South Dakota, the NOW Women's Law Center investigators were unable to find an offer of maternity coverage in the individual market at any price. It simply was not available.

Under the status quo, only 14 States require maternity coverage in policies that are sold on the individual markets. No wonder then that 79 percent of women with individual market policies don't have any maternity coverage at all. And if you don't have maternity coverage, heaven help you if you have a problem pregnancy because your insurance company will not be there to help.

Passing the health care reform will put an end to all of this and require that maternity care is a part of an essential benefits package.

And then there is the problem of rescission. Evidence presented to the

House Energy and Commerce Committee told a story of a Texas woman who had a policy with WellPoint. After she received treatment relating to a diagnosis of a lump in her breast, the insurance company investigated her medical history. They concluded that she failed to disclose that she had been diagnosed previously with osteoporosis and bone density loss, and so they rescinded her policy.

Well, Mr. Speaker, I believe practically every woman alive has some form of bone density loss. They refused to pay for medical care for the lump in her breast.

According to the Committee's investigation, this case was not unusual. Under current practices, the majority of States do not require a showing of fraud or intent before insurance companies may rescind coverage.

A simple mistake, an oversight, a typo can result in a life altering denial.

Health care reform will put an end to such cruel and heartless practices.

While I strongly support the passage of health care reform, I must state my opposition to any restrictions on women's access to reproductive health services. At a time when we are making historic changes in the delivery of health care, we must not deprive women of the very health care they both need and deserve. We must work against any serious constraints on abortion coverage that could cause women to lose ground in health reform.

Mr. Speaker, we cannot and we must not turn our backs on the urgent need, on the call of history, on the millions of uninsured, on the tens of millions who cast their votes in the last election and on the promise the we made loud and clear: We will pass health care reform—and we will pass it now.

OFFICE OF SPEAKER NANCY PELOSI—FACT SHEET, MARCH 18, 2010

NEWSPAPER EDITORIALS SUPPORTING HEALTH INSURANCE REFORM

MEMPHIS COMMERCIAL APPEAL EDITORIAL (TENNESSEE)—DECISION TIME ON HEALTH CARE

There will be more options . . . for small businesses, the self-employed and the uninsured, who will have access to transparent information about plan provisions. It would mandate health insurance for almost everyone, making it financially feasible for insurance companies to carry out their mandates.

Insurance companies could afford, for example, to cover everyone who applies, with or without pre-existing conditions. They could afford to guarantee continued coverage for clients who get sick.

The legislation would help solve many of the other problems with health care that have grown increasingly frustrating in recent years . . .

MINNEAPOLIS STAR-TRIBUNE EDITORIAL (MINNESOTA)—RX FOR HEALTH CARE: POLITICAL COURAGE

If the legislation doesn't pass, the worst-case projection is that the number of Americans without coverage will climb from 49.4 million to 67.6 million in 2020, meaning that nearly one in four Americans too young for Medicare will be uninsured.

The best-case scenario doesn't exactly inspire confidence, either. Should economic conditions improve over the next decade, there will be 57.9 million people without coverage 10 years from now—about one in five Americans younger than 65 . . .

. . . let's put this procedural spat in perspective. It's a distraction from the real