

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

issue: the catastrophic consequences of the health care status quo . . .

PITTSBURGH POST-GAZETTE EDITORIAL (PENNSYLVANIA)—TO OUR HEALTH: DEMOCRATS MUST SEIZE THE DAY AND PASS REFORM

One of the bogus assertions made in the health care debate—and that includes allegations of death panels and kindred nonsense—is the Republican idea that the bills passed by the House and Senate should be junked and Congress should start over.

Let everybody know this: Starting over is political code for doing nothing, or at least very little. It is the invitation to drag feet until another election cycle starts and the chance is lost. It is the siren call to put comprehensive health care reform forever on the rocks . . .

This legislation has been talked to death. It's time now to give it life by passing it, forthrightly and bravely, with as few gimmicks as possible.

DAYTON DAILY NEWS EDITORIAL (OHIO)—HEALTH CARE REFORM PARTLY IN OHIO'S HANDS

. . . Are we or aren't we going to extend affordable health care to nearly all Americans? And are we going to insist that Americans who can afford to buy insurance do so, while also requiring those who can't pay the full cost still pay something toward coverage? . . .

. . . does anyone believe that there isn't a lot wrong with the current system—50 million people without coverage; an insurance system that protects you when you're well, but kicks you to the curb when you get sick; cost structures that result in huge sums being spent on marketing and processing claims instead of services to patients? . . .

Republicans would have you believe that this legislation is so awful that the only solution is to start over. That is not a plan; it is a stalling strategy. But stalling for what?

The current system is unsustainable for everyone. Insurance rates keep going up both for businesses and individuals. Young people continue to choose not to buy insurance, sticking hospitals and those who do buy insurance with their bills. Medicaid rolls are soaring, forcing states to limit eligibility, cut spending elsewhere and reduce how much they reimburse doctors. People who want to buy insurance can't get it if they've ever had a serious illness . . .

Win or lose this vote, the president and Democrats are in for tough political times. At least if they win, some 30 million people will get health insurance and some immoral elements of a broken system will be no more.

DETROIT FREE PRESS EDITORIAL (MICHIGAN)—MESSY BILL OFFERS SIGNIFICANT HEALTH CARE PROGRESS

. . . So let's get on with it. Congress can continue to tweak the program through the years as its shortcomings become more obvious. In the meantime, people with pre-existing conditions will get decent coverage again, Medicare won't have such a huge "doughnut hole" in its prescription plan, and many other benefits will accrue. Women, in particular, may find better coverage, especially for pregnancy—a huge plus especially for anyone who (mistakenly) thinks the Senate language is not strong enough on keeping federal funds separate from any insurance with abortion coverage. Good health insurance is probably the most life-affirming policy any Congress could enact.

What's pending before Congress hardly represents a government takeover of health care. It will attract more private dollars into the system and should spur competition among insurance companies to offer helpful and more effective care.

But the main point remains: Not just health insurance but health care itself will

continue to deteriorate without decisive congressional intervention. Unless you welcome the day when America has the best health care in the world for the lowest percentage of people, you should look forward to a successful, history-making vote, no matter how messy the process.

LOS ANGELES TIMES EDITORIAL (CALIFORNIA)—REHABILITATING HEALTHCARE

Opponents of comprehensive healthcare reform have achieved something remarkable, if not necessarily admirable: Having stopped the legislation from being considered and passed in the usual fashion, Republicans have now ginned up a debate over the extraordinary procedural steps they've forced Democrats to take to complete the work. This ugly, gimmick-ridden process brings no credit to either side. Yet the fist-pounding over the shortcut being contemplated by House leaders shouldn't obscure the simple reality of the vote that House members are expected to cast this weekend. It may not be an up-or-down vote on the Senate's version of the bill, but it is an up-or-down vote on comprehensive healthcare reform.

. . . any House members who vote for reconciliation under a self-executing rule will be unmistakably voting to enact into law a sweeping change in the healthcare system, extending coverage to millions of the uninsured, outlawing abusive insurance industry practices, promoting higher-quality care and attacking the incentives that drive up costs. At the same time, they'll be voting to improve the Senate's approach by eliminating special deals and making insurance more affordable to the working poor. That's not an abuse of power, that's a win-win.

HEALTH CARE REFORM

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

Ms. WATSON. Mr. Speaker, an estimated 64 million women do not have adequate health insurance coverage. 1.7 million women have lost their health insurance coverage since the beginning of the economic turndown, which was somewhere around December 2007.

Nearly two-thirds lost coverage because their spouse's job was lost. Thirty-nine percent of all low-income women lack health insurance coverage. Women are more likely to deplete their savings accounts paying medical bills than men. Women are charged up to 48 percent more than men in the individual market.

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has insurance.

In a recent study, more than half of women reported delaying needed medical care due to costs compared with 39 percent of men. In many cases, even women and children with insurance do not receive key preventive care, from mammograms to well-baby and well-child care, because they can't afford the copays. Partly due to cost, 1 in 5 women over the age of 50 has not had a mammogram in the past 2 years.

Now, our health care reform stops insurance premium discrimination against women known as gender rating. It bans insurance companies from charging women higher premiums than

men for the same coverage. Since 40-year-old women are charged up to 48 percent more than 40-year-old men with the same health status, we really need this bill.

It would end discrimination based on preexisting conditions such as domestic violence and previous C-sections, prohibiting insurance companies from charging higher rates for these conditions. The bill says that 79 percent of women with individual market policies will have the maternal coverage that they haven't had in the past.

Our health care reform bill requires maternity care to be a part of essential benefits. It requires all employer plans and gateway plans to have women's screening and preventive care provided at a minimum or no cost. This includes annual mammograms for women under 50.

It will allow women to visit their choice of community providers who offer the spectrum of essential benefits, including women's health clinics. It would allow OB-GYNs to be the center of a medical home supported by community health teams. It codifies offices of women's health via the Department of Health and Human Services to ensure that women's health issues will be comprehensively addressed, from basic research to awareness campaigns.

I would say, Mr. Speaker, to all of my colleagues that if we really want to make the United States a number one Nation in health delivery, let's start with the women who bear the children who will be the future of this country.

HEALTH CARE REFORM

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

Ms. TSONGAS. Mr. Speaker, I would like to thank Congresswoman WOOLSEY for organizing this evening. And I rise today because our health care status quo simply does not work for older women and must be changed.

The rising cost of health care and the lack of access to essential medical services is a problem for millions of Americans throughout our Nation, but it is uniquely so for older women. Times of economic hardship like we are now facing truly illustrate the impact that our inadequate health care system has on older women.

Older women disproportionately rely on their spouses for employer-based coverage in comparison to their younger counterparts and in comparison to older men. That is why over 1 million of them have lost health insurance due to a spouse's job loss during the economic downturn.

When an older woman loses her health insurance, it is even harder for her to find health insurance in the individual market, where there is little to no regulation, than her male counterparts. Older women, because of a combination of gender rating, age rating, and discrimination based on health