

status, face premiums that are roughly four times greater than those who have employer-based coverage.

But it doesn't stop there. Women who are on Medicare who do have health insurance are disproportionately low income, have fewer resources, and suffer from more chronic conditions than men. As a result, they pay more in out-of-pocket costs than older men. Therefore, Medicare's ability to provide meaningful and protective health insurance coverage is critical to a senior woman's health and financial security. And that is exactly what health care reform does.

In 2007, over 8 million seniors hit the doughnut hole, and 64 percent of those were women. Health care reform permanently closes the Medicare doughnut hole.

Breast cancer is a leading cause of death for older women in the United States, yet, 1 in 5 women aged 50 and above has not received a mammogram in the past 2 years. Health care reform improves Medicare to ensure that all prevention, including mammograms, is fully covered.

Seventy-seven percent of Medicare beneficiaries living in long-term care facilities are women. Women are three-quarters of all nursing home residents. During a recent visit to a nursing home in my district in Lowell, Massachusetts, I was struck by a recent experience that truly illustrated this point for me.

In one meeting, I looked at the crowd of senior citizens who came to ask me questions and express their concerns about the direction in which our country is going and was struck by the fact that I saw only one man in the audience.

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While I later met a number of very interested male residents, the fact is that the typical nursing home resident is an 85-year-old woman who enters a nursing home because she lives alone and has no available caregiver. It is no wonder then that women are more likely to need long-term care services. And that is why it is so important that we pass health care reform that provides voluntary, long-term insurance to help cover the costs associated with growing older for the millions of senior women who need it. No one should have to make decisions based on their finances rather than what is best for their health. We need health care reform in order to address the need that older women face for quality, affordable health care.

WHAT IS A WOMAN WORTH?

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

Ms. SPEIER. Mr. Speaker, I also want to thank Congresswoman WOOLSEY for her impassioned and principled leadership not only on this issue but so

many issues facing Americans. To loosely paraphrase Judy Collins, We have looked at health insurance reform from both sides now—from insurance companies and consumers, from Wall Street and families, from Republicans and Democrats. But there has been something missing from the debate.

This evening I would like to ask the question: What's a woman worth? Just how important is it to make sure that quality, affordable health care is affordable to the grandmothers, the mothers, the daughters, and sisters who are responsible for 80 percent of a family's health care decisions; 64 percent of a families' budgets; who represent 79 percent of the health care providers in this country.

What is a woman worth? Is a woman worth as much as a man? One would think so, unless, of course, one was considering our current health care system, a system where women pay higher health care costs than men. Now, believe it or not, in 60 percent of the most popular health care plans in this country, a 40-year-old woman who has never smoked will pay more for health insurance than a 40-year-old man who has smoked. A lower percentage of working women receive employer-based health care. It is a system where health situations that affect only women, such as maternity care and mammograms, are less likely to be covered than common male procedures.

In fact, 90 percent of individual policies available to 30-year-old women don't cover maternity care. Now, believe it or not, that is true. Ninety percent of the health insurance policies in this country available to women 30 years of age don't cover maternity care.

Now think about this: this Chamber is filled with Members who claim to be pro-family and yet defend a system where women have to pay out of pocket to have a baby. Many more women are denied coverage due to preexisting conditions than men. Why are they denied? They're denied because they are women. If you are the one in three women in America who has had a C-section, that becomes a preexisting condition, and you're not going to get health insurance again.

If being one in eight of the American women who is diagnosed with breast cancer, that becomes a preexisting condition, and God help it if you have to go into the individual market and get health insurance, because you just won't; or even being the one in four American mothers, daughters, and sisters who is a victim of domestic violence. Imagine having been declined health insurance because your spouse or significant other has beaten you—and may do it again. And because that significant other or spouse may do it again, you can't get health insurance. As a result of these and other factors, women are more likely to be uninsured or underinsured. And more than half of the women have delayed or skipped needed medical care due to the high cost of treatment.

So I ask again: What is a woman worth? Is a woman worth a health care system that encourages preventative care by eliminating copays for recommended services such as mammograms and maternity care? Is a woman worth a health care system that bans annual and lifetime caps? Is a woman worth a health care system that prohibits insurers from charging us more than men? Is a woman worth a health care system that covers maternity services, outlaws preexisting conditions, and dropping patients who become ill, and limits out-of-pocket expenses to prevent the 62 percent of bankruptcies caused by medical bills?

I think women are worth that and much, much more. As a matter of fact, women are worth their elected officials showing some backbone to stand up to the multimillion-dollar misinformation campaigns to do what's right and reform a health care system that is unfair, inefficient, and unavailable to far too many American women.

"AIN'T I A WOMAN?"

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

Ms. MOORE of Wisconsin. It's Women's History Month, and it's a great month for us to pass comprehensive health care reform. Here we are, again, women, in another epic battle for equality between men and women. As Alice Paul once said, When you put your hand to plow, you can't put it down until you get to the end of the road. And here we are now.

Staggering statistics on women and health care: 18 percent of women are uninsured; 26 percent of single mothers and 41 percent of low-income women are uninsured; 52 percent of women have foregone getting the care that they needed because of the cost, including not filling prescriptions, skipping a medical test, or not going to the doctor.

For decades, the health insurance industry has used every trick in the book, Mr. Speaker, to deny women the care that they need, to charge women more for the same services as men, and even to drop their coverage when they might need it most. Women face so many barriers in getting affordable health care, and our rights have been trampled on for too long.

This Women's History Month reminds me of the most famous speech that Sojourner Truth ever gave when she asked again and again, "Ain't I a woman?"—asking when would it be her turn to have equal rights. With regard to health care, I would paraphrase Sojourner Truth and say, Ain't I a human being?

It's not an understatement to say that the lack of affordable health coverage has contributed to keeping women in poverty, not to mention keeping too many women in poor health. Women are more likely to be in

low-wage jobs or to have to work several part-time jobs to make ends meet, which means they're less likely to have health coverage offered by their employer. Less than one-half of women have health insurance through their jobs. And because women are more likely to be below the poverty level in the first place and only earn 78 cents for every dollar that a man earns, they're more likely to be completely unable to afford health care in the first place.

Isn't it about time we stood up and said, Ain't I a woman? Or, even: Ain't I a human being? Women are routinely denied care for having a preexisting condition, which could include being a potential, former, or actual mother; which could include being a victim of domestic violence; which could include having a serious illness or an operation, like a Cæsarian section.

Health care reform here will provide women the care that they need; the economic security they need; prohibit plans from charging women more than men; ban the insurance practice of rejecting women with a preexisting condition; and include maternity services. Yes, we are women; and, yes, we are human beings.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the request for a 5-minute special order speech in favor of the gentlewoman from California (Ms. WOOLSEY) is hereby vacated.

There was no objection.

WOMEN FOR HEALTH CARE REFORM

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

Ms. WOOLSEY. After listening to 14 women come down here and speak for 5 minutes on why it is so important that being a woman is not a preexisting condition as a part of our health care system, and to change that—and to change it this weekend when we vote on the health care reform bills—I want to tell you I love women. We are so fortunate to have such an amazing group of Democratic women in the House of Representatives, and I thank every one of them for having come down here to speak and to represent their districts, womanhood, and, as Gwen Moore just said, humanity in general. We're on our way.

Tonight, we're going to have a Special Order. We may take an hour; we may not. JAN SCHAKOWSKY from Illinois has joined us. CORRINE BROWN from Florida has joined us. Others have said they're coming, but I think we may have taken a little bit more time on our 5-minute Special Orders than had been planned.

So I think we should start our conversation with JAN SCHAKOWSKY from Illinois, who was down here last evening talking about senior women.

Ms. SCHAKOWSKY. Thank you so much, Congresswoman WOOLSEY, for organizing us tonight. I appreciate it. I learned so much just sitting here listening to the women that have been talking about why this legislation is so important to women, why we need health care reform, and some of the facts of life about women. I learned from Congresswoman JACKIE SPEER an amazing fact that I'm going to carry with me—that a 40-year-old woman, she said, who does not smoke, has to pay more for her insurance than a 40-year-old man who smokes. This makes absolutely no sense.

I think maybe it was put best by the Speaker of the House, Nancy PELOSI, who said, Being a woman is a preexisting condition. That pretty much sums it up. According to the Commonwealth Report—that's a very well known and reputable think tank on health care—says that 45 percent of women are uninsured or underinsured; 52 percent of women have foregone necessary care because of the cost, including not filling a prescription. We know that. We have all heard about that, about people who come to our office and they are cutting their prescriptions in half, how they're not taking them to the drugstore to fill them, skipping a medical test, or not going to the doctor. And we know that for young women, only about 12 percent of the plans on the private market cover maternity. That was talked about tonight.

And that's not just a problem for women. That's a problem for families. For heaven's sake, you expect that when you have health insurance, that if you get pregnant and you're going to have a baby, that your insurance company is going to cover it. It's kind of basic. But maternity can even be considered a preexisting condition, that a woman cannot get insurance because she was pregnant. Of course, having a Cæsarian section, that's a preexisting condition. Or being a victim of domestic violence, that's a preexisting condition.

The insurance industry thinks women cost more. We do use more health care services. That's true. And so throughout our life we pay about 48 percent more for health insurance than men do. It's because we're women.

□ 1945

I think it's wrong, and that's why in this historic legislation that we're about to pass, we end gender discrimination. Women will not be discriminated against.

Ms. WOOLSEY. The gentlewoman from Florida is here with ideas and thoughts, and I would like very much to hear them.

Ms. CORRINE BROWN of Florida. Thank you. Before I begin, I just want to thank you for your leadership on

this matter and thank you for night after night coming to the floor. After we do our day work, we can always count on you doing the night work, coming here, educating the American people. And I just want to personally thank you for your leadership.

Ms. WOOLSEY. Well, thank you very much.

Ms. CORRINE BROWN of Florida. And all of the women that have come out tonight.

Let me just make a few remarks, and then I have a series of questions that I want to ask you. But first of all, this is a fight that—I came here in 1992, and we started with Clinton, and just because we didn't pass health care does not mean it wasn't a serious problem. And we got a piece of the loaf. We were able to get programs that covered children. So that was step one.

But here we are on this historical event where we're going to have the opportunity to go to step two. And let me just say that this bill is not the perfect bill, but I have been elected 27 years, and I've been in this House for 18 years, and I've never seen the perfect bill. But this is the perfect beginning. I mean, there is so much that I would have included in this bill.

A public option, to me, is very important. I've been on VA for 18 years. VA is a public option. TRICARE is a public option, and that keeps the cost down. We made the Department of Veterans Affairs and the Department of Defense negotiate the price of the drugs to keep the costs down. We want to do that for all Americans. When we passed that hideous bill that helped people with the doughnut hole, one of the things in the bill that was against the law was that the Secretary did not have the option of negotiating the prices of drugs for all of us.

So I would like to discuss, when the President signs the bill, what are some of the things that would immediately come into effect? And one of them that I think is so important to families, particularly mothers who have kids in college, is that age for family coverage would go up to 26. Is that correct?

Ms. WOOLSEY. Twenty-six years old.

Ms. CORRINE BROWN of Florida. You know, that is so important. As a mother who had a kid in school, I mean, when they got to a certain age, the plan—even our plan dumped them. So with this, you will be able to keep the kids on the family coverage while they're in college. I think that is extremely important.

Ms. WOOLSEY. And something else, if the gentlewoman will yield. If that young person is employed, the employer cannot insist that the young person go on their plan because, you know, young people make plans cheaper because they don't get sick as often as older folks. So the young person can choose—if the parents agree—to be on the parents' plan, even if they're employed.

Ms. CORRINE BROWN of Florida. One other area, one lady came to one of