

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

my town hall meetings, and she was a black female. She mentioned that she was educated, and she was concerned about the deficit. But I said, Concerned about the deficit? Well, President Obama said that—you know, I look at it like when you've got your head in the lion's mouth; you've got to ease it out. We were under the Bush administration for 8 years. What was it? Tax breaks, tax breaks. I used to call it a reverse Robin Hood—robbing from the poor and working people to give tax breaks to the rich. Our effort toward health care will bring down that cost.

Now, this young lady had a degree but could not get a job because she had a preexisting condition, epilepsy. So I told her, You are the poster child. The only reason she could not get a job is because she had a preexisting condition. Now, how would this work under this bill?

Ms. WOOLSEY. Well, for children, after 6 months, there will be no such thing as a preexisting condition. But I believe it's in 2014 that preexisting conditions will not be allowed for any coverage, including group plan coverage.

Ms. SCHAKOWSKY. Let me emphasize that. I think that is one of the most important things that's in our legislation. Because, after all, who does not have some kind of preexisting condition? And for the insurance companies, sometimes they'll call acne a preexisting condition that will preclude people from health care. This bill will say, when it goes into full effect—Congresswoman WOOLSEY is right. Children almost immediately will not be excluded for preexisting conditions. But for everyone else, in 2014, they will not be able to exclude you because you've been sick.

Ms. WOOLSEY. Or if you get sick.

Mrs. MALONEY. My colleagues, a great injustice is that they have considered a pregnancy as a preexisting condition. Now, you hear that children are our future, and they are our future; yet in health care plans, to cover the cost of having a pregnancy—really, in some States, they didn't even offer the coverage. So there are many fine parts about this bill. But I think one of the strongest is that it has very strong maternal health care coverage and treats health care as health care and does not treat, really, the necessities of life, of having a child as a preexisting condition.

Ms. WOOLSEY. To the Congresswoman from California, would you like to respond?

Ms. SPEIER. I just want to say how proud I am to be associated with all of you tonight, because this is one issue that has gotten very little attention in this health care debate—the bald-faced discrimination against women in health care—and it's been going on forever.

I just want to share a couple of stories that happened when I was serving in the California Legislature, trying to improve reproductive health for women. And it's all about our organs. It's all about our plumbing.

The first issue dealt with contraceptive pills and prescription drug benefits in California. Basically, the bill said that if you were offering a prescription drug benefit, you can't discriminate against one class of drugs, and only one class of drugs was discriminated against. It was contraceptive pills. I carried the bill 1 year. It got to the Governor's desk, and he said, Oh, it's too costly. And then by the insurance industry's own estimates, they found that it was \$1 per month per employee. Then we rounded a second year and a third year, and finally in the fourth year, we were successful in getting contraceptive coverage included in prescription drug benefits.

But I can't take any credit for it. You know who I give credit to? Pfizer Pharmaceutical. Because in that year, they introduced VIAGRA. And guess what? Instantly VIAGRA was covered in prescription drug benefits in California, even though it was twice as costly or, depending on how many times a month you had to use it, far more costly. It was a lifestyle drug; yet that was covered immediately, and contraceptive pills, we had to fight for 4 years to get it into California law.

So there has consistently been discrimination against women in health care, and it's high time that we opened women's eyes wide so they see that, for the first time ever in this country, we're going to stop that form of discrimination.

I just want to applaud you for what you're doing here tonight.

Ms. WOOLSEY. Well, thank you for your input.

Ms. CORRINE BROWN of Florida. I want to share a couple of quick stories.

In one of my town hall meetings, a person came in and was telling a story that they had been in an abusive marriage for a number of years but stayed in that marriage because she needed the health care for her children. This should not exist in the United States. And in another case, a woman quit her job so she could take care of her mother. Her mother had insurance; she had not. For 6 years, she didn't go to the doctor. She had an emergency, had to go to the emergency room. Her bill was \$10,000, and they think she's got cancer.

So if there is a better way to provide service—and of course women are always the ones that are—you know, they have the children, and because of a divorce or because they're working in minimum-wage jobs, they can't afford health care. So these bills will go a long way to help women that are single or divorced or married and their husband died or got a divorce.

So, I mean, this is so important for women in the Third Congressional District of Florida, women in this country and women in Florida. This is a step forward. It's not a perfect bill, but it's a perfect beginning.

Ms. WOOLSEY. A perfect beginning. And one of the reasons that women will be able to afford health care in low-wage jobs is the exchange that will be

provided in the health care bill. Women will be able to select from a group of health care plans the best plan that will service them, because, I mean, even if they could afford health care, not all businesses provide health care. Many will be able to after this bill is passed.

All right. So a woman gets a catalog of what's available in her area. We call it an exchange. She chooses her plan. And if that plan is more expensive than she can afford, which it probably will be if she's on low wages, then this bill provides subsidies for that person so that the low-wage worker is subsidized. What a difference that will make.

Ms. CORRINE BROWN of Florida. Let me just say that we compete with companies all over the world, and the reason why we are losing the bids is because health care is a part of the bid. So when we compete with other countries—you know, 16 percent of our income goes toward health care.

You know, I had dinner with the French Ambassador a couple of nights ago. They spend 9 percent. So basically we're losing out as far as jobs for American workers because we don't have health care.

Ms. SCHAKOWSKY. The other thing is that—I don't know if the French Ambassador bragged at all, but France is considered number one in the world in terms of health care results. They have healthier people than anyone else in the world as a population, and they spend far less than we do, about half what we do per person.

Ms. CORRINE BROWN of Florida. Yes, 9 percent.

Ms. SCHAKOWSKY. And we're at about 17 percent.

Ms. CORRINE BROWN of Florida. That's right.

Ms. SCHAKOWSKY. And the United States of America ranks—what is it?—about 17th in the world in our health outcomes next to hardly developed countries, and the reason is simple. We have 30 million people who have no health insurance, and then we have millions and millions of others who think they're insured until they get sick, and then they find out that they're underinsured.

Ms. WOOLSEY. Or they lose their job, and then they have no insurance.

Ms. CORRINE BROWN of Florida. Let me give you a scenario. At one of my town hall meetings recently, a person came to me and said that they went to the hospital, and their bill was \$77,000. They negotiated it down to \$18,000, so, therefore, they didn't need health care. I said, Let me explain something to you. The hospital did not write that off out of the goodness of their hearts. They are charging it to us, a disproportionate share. We are paying the cost. There is a better way to provide services in this country, and it's not through the emergency room.

Ms. WOOLSEY. You are right. It's by providing health care for everybody and helping those who can't afford it and helping small businesses who find

it very difficult to provide health care for their workers, helping them bridge the gap between what it costs and what they can afford.

Let's talk about the argument that we hear that many people think we should hold out for the perfect plan that this isn't, and we know it.

Ms. CORRINE BROWN of Florida. What did I say? I said it when I started. I have never seen the perfect bill. It's a perfect beginning, and we're going to refine and massage this bill as we go on.

Like I said, in 1992, we went after health care under President Clinton. We didn't get it, but we came out with the children's portion. And, of course, that's where we are now, and this is the second step. I want more. But the point is, in this body where you're not going to have one Republican vote under any circumstances—and let me tell you something. As far as health care, it's not Democrat; it's not Republican. Everybody needs it. And people who say they don't need it need the mental health portion. Everybody needs health care, period.

Ms. WOOLSEY. Well, and some people believe that because they have coverage that they don't have to worry about it. Well, I'm telling you, everybody has to worry. Retired folks, their retirement plans are cutting back. Individuals with really nice, high-paying jobs are finding out even their employers are cutting back.

Ms. CORRINE BROWN of Florida. Under the last administration, what they did in many areas is they would come in, they would farm out the jobs, and you could be in that same job paying maybe the same amount of money but no benefits.

□ 2000

And that's what so many companies are doing.

Ms. SCHAKOWSKY. You know, you had talked about, and I think you were absolutely eloquent, that we've never seen a perfect bill. But, you know, Social Security and Medicare, which are not only the most popular but the most effective programs that we have in our country, to guarantee a dignified retirement, to make sure that people, that older Americans, people with disabilities don't do without, orphans don't do without if they lose a parent, those bills didn't start out as good as they are now. You know, we add people, we make some changes, we fine-tune the legislation.

But what we're doing now will rank right up there with the first passage of Medicare, with the first passage of Medicaid and Social Security. And then, we will—and I, you know, we were together, Congresswoman WOOLSEY, at the White House talking to the President, who himself recognized this isn't the be all and end all, but it's, as you said, the perfect beginning. It lays the foundation that we can work from. And I think the level of peace of mind and security that people will have—

But I wanted to make another point. You talked about how we compete in the world. And the cost of health care makes our businesses uncompetitive. The other thing it does it this locks down entrepreneurship and innovation because, you know, let's say you're a young person that has a great idea of how we're going to solve the energy crisis or how we're going to solve a health care, you know, a disease problem, wants to do great research, or a woman who wants to start her own business. But if she has a job that offers health care, she may be locked into that job as long as she can stay there. People are afraid to leave a job where health care is provided, and that is a very stifling factor.

We can liberate entrepreneurship, which is the hallmark of the American spirit, if people know they can leave their job and they'll still have access to health care.

Ms. CORRINE BROWN of Florida. That's correct.

Ms. WOOLSEY. Well, the entire Nation is counting on us to pass comprehensive health care reform. We know that. There's no question about it. The millions who have no coverage at all desperately need this legislation. But as we just said, so too do those Americans who are insured and are being squeezed out by outrageous premiums. And businesses that are less profitable because they are buckling under the weight of high health care costs are strapped, and it keeps them from being able to invest in innovation, as JAN said. And individuals cannot innovate when they're handcuffed to their health care policy.

But above all, American women need us to do the right thing this week and to overhaul the health care system because it is in ways both overt and beneath the radar. This current system—and we've heard it over and over and over tonight—discriminates against women.

Ms. CORRINE BROWN of Florida. Let me just share one other—because you sound like you're closing and I've just got—

Ms. WOOLSEY. Well, I actually didn't get to do my 5 minutes because I was doing this, so I thought I'd do it. Go ahead.

Ms. CORRINE BROWN of Florida. I'm sorry. It's the story of someone I know that worked with the Duval County school system for 25 years as a teacher. They quit the job. They had a breakdown, female. Had to go into the hospital, blood sugar went up 700. I mean, intensive care for a week. No health care. I mean, and these stories are over and over again throughout our country and throughout our district. And we can make a difference this week. And this is a giant step for mankind.

I mean, people are concerned, you know, what is going to happen if I vote for this bill? I mean, why are you here? You're here to provide service. You're here to make a difference. The Bible

says, to whom God has given much, much is expected. It's a privilege to serve here, but we're not just here to vote on suspension bills.

Ms. WOOLSEY. Naming post offices.

Ms. CORRINE BROWN of Florida. And post offices. No, this is why we're here. And like you said, this bill will go down like Social Security, Medicaid, this will be one of the biggest bills ever passed by the United States House of Representatives and this Congress.

And certainly, I said it over again. The House bill is so much better than the other body's bill. However, we've got to work with what we've got. And I don't think either one of us is going to stop working to improve health care because we pass a bill. It will be just one more step, and it will give us more to work with.

Ms. WOOLSEY. Well, I've said it over and over. We have written the robust public option legislation, which will be introduced the day that we sign this health care bill into law.

Ms. SCHAKOWSKY. I just wanted to talk a little bit about older women because, and really all seniors, but the fact of the matter is that 80 percent of people over the age of 85 are women. Fifty-seven percent of Medicare beneficiaries are women. So when you talk about aging you really are talking about mostly women. And I think it's important to note some of the amazing things that happen in this bill.

Representative BROWN talked about, or maybe it was you, talked about the doughnut hole. What is that? That's a gap in coverage. You know, let me tell my example. I have a constituent who got on Medicare part D. She was told when she signed up that it was going to cover her prescription drugs. She looked over the list. One day she goes to the drug store, orders a refill of her prescription and she is told it's \$120. She said, that's impossible. I paid \$10 for it last month. It is impossible for it to be \$120. I know. They said, no, no. You are now in this gap in coverage where you have to pay the next \$3,600 out of your own pocket, and then you'll start to be covered again.

Ms. CORRINE BROWN of Florida. And that's why I did not vote for that bad bill, that doughnut, when I know so many people needed the coverage, but that was a bone that was thrown to the pharmaceuticals by the past administration, the Bush administration. That was a terrible indictment that was put on the seniors that needed the prescription drug coverage.

And I have a similar incident. I went to the drug store to pick up my mother's prescription. Well, they said it was \$200. I said, okay, look again. She came back. Because I knew my mother had TRICARE. She came back, and I think it was \$12 or \$15. But can you imagine a senior going there, not knowing where in the world they're going to get the \$200.

This is something that we are going to fix starting with this bill. This will make a difference for the seniors in this country.

Ms. SCHAKOWSKY. We're going to close the doughnut hole entirely over 10 years, but we're going to start right away. \$250 it's going to be reduced and, for brand name drugs that are in the—

Ms. CORRINE BROWN of Florida. Formulary.

Ms. SCHAKOWSKY. Yeah. Fifty percent reduction in price. That's going to happen right away, so there's going to be help for seniors in that regard. We will no longer charge a copayment. They won't have to pay out of their pocket for preventive services in this bill when it's fully implemented. That means you can get a mammogram, you can get a colonoscopy. You can get a checkup. You can get preventive services without having to pay any out-of-pocket costs.

We provide more for home and community-based services so older people can stay in their homes. That's where they want to be. If they can, they don't want to have to go to a nursing home; they want to have services in their communities, in their homes.

And if they have to go to nursing homes, we improve nursing home quality. For example, we make sure that there are criminal background checks in nursing homes so that the employees will be safe for people and protect women's safety in the nursing homes.

We extend the life of Medicare for almost another decade. You know, oh, Medicaid's going to go broke. This is going to be a problem for Medicare doing this. No. The truth is, this bill will make Medicare solvent. That means that it won't go broke for yet another decade beyond its life right now.

So this bill does so much for older Americans. And yet, the other side's trying to scare the heck out of senior citizens, telling them that Medicare's going to be cut. There's not one benefit that's going to be cut under Medicare under this bill. We make Medicare better, more services, longer life, more prescription drugs. It's a great bill for older Americans, as well as younger.

Ms. WOOLSEY. And the great majority of seniors are women.

Ms. SCHAKOWSKY. That's right.

Ms. WOOLSEY. So again, tonight, for women, senior women, all women are going to be treated much better under this health care bill. And no woman will be considered, just because she's a woman, a preexisting condition.

I want to thank my colleagues for being down here tonight, for waiting to get to this Special Order, and for knowing how important what we're doing this week is to every single American. Thank you both very, very much.

Ms. SCHAKOWSKY. Thank you, Representative WOOLSEY.

Ms. CORRINE BROWN of Florida. I want to thank you all. And as I take my seat, remember, there's no such thing as a perfect bill, but this is a perfect beginning.

□ 2015

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the minority leader.

Mr. FLEMING. Mr. Speaker, I am going to be starting this hour on behalf of my colleagues from the GOP Doctors Caucus. Congressmen and Drs. MURPHY and GINGREY are our two cochairmen. We make up a group of 10 M.D.s and 4 other professional health care workers, including a dentist, a psychologist, an optometrist. We have been meeting on a very regular basis throughout this debate. Perhaps this weekend we will have a culmination of quite a debate. And what a debate it has been all year.

As I tell folks often, I ran in my election in 2008, my first election, on health care reform. I am a physician, a family physician of 30 years. I have enjoyed the practice of medicine. I still practice medicine when I go back to my district. And for this 30-year period I have learned a lot about the economics of health care, things that are so important. I have been through all phases. In the early days of Medicare, when we didn't have a lot of the restrictions and restraints that we have today; during the HMO days, where we had capitated care and the so-called gatekeeper; during the days when the CLIA laws came out that more or less outlawed laboratories for doctors' offices; of course the SGR days, sustained growth rate that we have been dealing with for the last 10 years. I have seen it all, and so have my colleagues. In fact, among us we have over 400 years of clinical experience. I would include our two physicians from the Senate in that group.

What I want to talk about this evening is a little bit of background, and also we will kind of get into where we are with the latest situation. One of the observations that I made early in my practice was that oftentimes economics actually controlled the decision-making more than the actual health care itself.

I will give you a good example. I had a patient who required monthly blood tests to check his clotting factor because he was on anticoagulating drugs because of chronic deep venous thrombosis. And I could not for the life of me get him to get those blood tests on a regular basis, not because he was afraid of needles, but simply he didn't want to pay the price. However, once we were brought under an HMO, health maintenance organization, and all of a sudden he didn't have nearly the out-of-pocket expenses that he would have had, not only did he want to have the blood tests, but he wanted to have many other tests as well, things far beyond anything that I could conceive would be a benefit to him. So for him it was a value issue. Since he wasn't paying and somebody else was paying, well,

let's utilize as much as we can so I get my money's worth for what I am getting.

One of the things I like to tell people when I speak to groups is think of health care consumption like a credit card. If I were to give you a credit card that has a limit of \$10,000 on it and I said to you, buy whatever you need, but nothing that you just want. I often ask the crowd, "What would you buy?" And of course people come back with, well, I would buy probably a new shotgun to go hunting, or camo, or perhaps some physical fitness equipment, or a treadmill, something of that nature. Things that maybe I am not willing to pay out of pocket for, but if it's your money, then I'm willing to pay it.

This, Mr. Speaker, is really the core of the problem when it comes to cost. There are two areas of our economy in which cost has gone up more rapidly than inflation. One is education and the other is health care. And it just happens that those are the two areas in which a third party, in the case of education it is the government who pays for that, and in the case of health care it is both government and private insurance that pays the main balance of the bills.

So from that I have observed that if ever we are going to deal with increasing coverage, which is really what this is all about, how do we increase coverage, in order to do that we are going to have to find a way to lower the cost. I have agreement among all of my colleagues on the Republican side to just that. In order to have more coverage, we have got to lower the cost. And we have to do it fundamentally.

This bill that is before us that we may vote on within the next 3 days, it has a lot of things in it. It has 3,000 pages, it has over a hundred mandates and boards. It has three specific boards of unelected bureaucrats who make decisions about what doctors are going to be paid, what is going to be in your insurance policy, many things about your life that you would otherwise have control of. But the one thing it does not do, Mr. Speaker, is it does not address cost.

And so I can say to you that fundamentally if we are going to at some point in time address cost in health care, there is one of two ways: either we look at it on the doctor-patient level, where the doctor and the patient, who make the majority of decisions that impact cost, we either give them incentives and we also give them some responsibility, some accountability for cost, in which case if that cost is lowered as a result of accountability for them, then it lowers it for the entire system. That has been proven to work time after time.

For instance, as soon as health care insurance began to cover more and more out-of-pocket expenses, we began to see over the years the cost of insurance going up far faster than the inflation rate. In recent years, we have come up with a tool to counteract that,