

given the opportunity, although the rules will probably forbid it.

But that's what we need to do. You need linkage. You need to say to a dictator, If you want a benefit, you have to cease persecuting your own people. And, you know, there is a great group, we all know it, Brothers to the Rescue. The DIAZ-BALART brothers are the brothers to the rescue.

Mr. LINCOLN DIAZ-BALART of Florida. You are very kind.

Mr. MARIO DIAZ-BALART of Florida. You mentioned Brothers to the Rescue. I think it is important to note that this is a regime that obviously incarcerates, and oppresses its own people, but it also has a history of murdering Americans.

You mentioned Brothers to the Rescue. Two airplanes, American airplanes, civilian American airplanes in international airspace that were shot down by Cuban MiGs one fine day just because, because they could, because they wanted to, killing four individuals, four innocent individuals that, I guess, their sin was trying to save people in the ocean, looking for people that were in the ocean seeking freedom.

And the same regime that killed those individuals is the same regime that harbors multiple terrorists and criminals and fugitives of American law, including cop killers who are living in Cuba; the same regime that right now as we speak, as some will file bills to unilaterally give concessions and asking nothing in return, has another American hostage. That's the regime that we are dealing with.

Mr. LINCOLN DIAZ-BALART of Florida. I thank CHRISTOPHER SMITH for, first of all, his leadership, commitment, clarity. History will thank him, as it must. I reiterate my admiration.

I want to make a comment with regard to political prisoners. We know of these 25 gravely ill political prisoners.

The reason we know is because Guillermo Farinas, the hero on hunger strike, said that's why I am on hunger strike. Release them now before they die. We know of, yes, the names of 200 prisoners of conscience, but we also know that there are thousands of political prisoners for crimes that are only crimes in the fiefdom of a demented totalitarian tyrant, crimes like dangerousness. What is that? Crimes like trying to leave the country without permission.

But imagine being in prison and charged with dangerousness. Thousands, countless thousands of Cubans are in the gulag because of so-called crimes like that. They are political prisoners, and they have to be released unconditionally, immediately, as all political parties must be legalized—the press, labor unions—and free and fair multiparty elections must be scheduled.

Mr. SMITH of New Jersey. The State Department report, the human rights report, released 2 weeks ago again, they can catalog or chronicle 5,000 pris-

oners who are in there because of "dangerousness."

Mr. LINCOLN DIAZ-BALART of Florida. That are known, that are known.

Mr. SMITH of New Jersey. Yes.

□ 1845

Mr. LINCOLN DIAZ-BALART of Florida. So it is thousands of political prisoners, because we know the names of 200 prisoners of conscience; let's not forget the countless thousands of political prisoners.

And you, CHRIS SMITH, and FRANK WOLF, who have not sought to go to Cuba to laugh at the jokes of the tyrants, but rather to meet with Biscet and meet with Farinas and meet with Antunez and meet with the other heroes and the leaders of the future, you were called specifically by name by the Cuban tyrant Fidel Castro "provocateurs who will never enter Cuba."

But what he must, he should, know is his days are limited. And the Cuban people, CHRISTOPHER SMITH, are going to thank you and they are going to thank FRANK WOLF, and they are going to thank all those men and women of the world who stood with them. Obviously, we wish there were many more CHRIS SMITHS and FRANK WOLFS, like there are more, now, people. Look at this example in Central Europe and Eastern Europe of solidarity. And more is coming, but much more is needed.

Mr. MARIO DIAZ-BALART of Florida. I thank the gentleman from New Jersey for spending this time and really explaining what is at stake here.

It is interesting how those who do get it—and again it is important to note that the majority of Congress has stood next and by the Cuban people and continues to stand by the Cuban people, but there are others as well that do. You mentioned the Lithuanians, the Poles, the Czechs, the Romanians. Those who have suffered from lack of freedom understand the frailty of freedom, also particularly understand the horrors of that Marxist regime 90 miles away from the United States, because they suffered under very similar types of totalitarian regimes.

But it is interesting to note, I mention this again, that this Congress in a bipartisan fashion stands by the Cuban people, stands by the political prisoners, stands by those relatives who have lost loved ones in the gulags and in the ocean, will continue to stand by the Cuban people, will not be swayed by propaganda.

This Congress does not forget the suffering of the Cuban people and does not forget that the most important thing that any human being has is freedom.

So I am so grateful to the solidarity of the American people, and I am so grateful because of that strong solidarity of the majority of this Congress. The Cuban people will be free. This Congress will do everything it can to make sure that they know that we are with them. They will be free. They are

giving it all. They are sacrificing even their lives. And it is important that tonight they know that they are not alone, they are not forgotten. We know they are there. We admire you, we respect you, and we stand 100 percent behind you.

I yield back the balance of my time.

#### HEALTH CARE REFORM

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

Mr. GARAMENDI. Madam Speaker, if I might spend a few minutes talking about an extraordinary and historic day today, the day in which America finally, after more than a century, has managed to achieve a program that will in the years ahead create universal access to health care. A country that has universal insurance coverage is not so far away.

A few days ago, one of my colleagues used this quote by Martin Luther King to point out why this is such a historic and important day. Martin Luther King said, "Of all forms of inequality, injustice in health care is the most shocking and the most inhumane." Those days are over. Unfortunately, Martin Luther King is not here today to see this historic passage.

Earlier, 6 hours ago, President Obama signed the health care legislation, and in the week or days ahead the Senate will follow up with corrections to that legislation, and we will be on our road to universal health coverage in America.

Along that road in the days ahead some very important things are going to happen. I received a phone call earlier today, and on radio yesterday was asked by a business person in the San Francisco Bay Area: How does this affect me? My wife and I have a small business. How does this affect me? And I answered this way: Are you purchasing health insurance now? And he said: Yes, and we can no longer afford it. We are going to have to drop it. We are one of those people that have been faced with the 40 percent increase from Blue Cross of California.

I said, well, two things: In the years ahead, companies such as Blue Cross of California will have their rates reviewed as to the appropriateness of the increase. But that is not today. But beginning today, actually January 1, 2010, 35 percent of what you spend on health insurance will become a tax credit and subtracted directly from your tax obligations.

I also received a call in the last couple of days from a rancher in my district. He asked: How does this affect me? I have three employees, part-time, but I try to buy health insurance for them. I asked him: Do you have health insurance for yourself and your wife? He said: Yes, also on the ranch policy.

I said: It will help the same way. You will receive immediately, and every

small business in America, 100 people or less, 100 employees or less will receive that tax credit of 35 percent. And in the year ahead, in 2011, that will increase to 50 percent.

So the burden of purchasing insurance for small businesses, which, after all, are the entrepreneurial part of our economy, where most jobs are actually created and where most health insurance policies have been lost, they will receive a significant reduction in the cost of their insurance immediately and more in the days ahead.

I was also asked about seniors. But before I go to that, let me just pick up this issue of why this is such an important day for America.

In America of yesterday, 45,000 Americans died every year prematurely because they did not have health care. Our health care statistics rank us 19th among the industrialized nations of the world and even behind the nation of Colombia. This is the number of our children that die prematurely early in their life. Our general health, we do not live as long as other nations, our people die earlier, our children die more often.

We have also seen an extraordinary rate increase for those of us in California that obtain our insurance from Blue Cross, 94 percent over what amounts to just a little more than a 1-year period of time.

There was talk last summer about the death panel. Well, the death panel actually occurs from the insurance companies. In California, the average number of claims that were rejected, denied—and these are efforts that doctors have made to provide insurance—21 percent, one-fifth of all claims, all requests for services were denied by the health insurance companies. One company actually denied 39 percent of them. The number of Californians without insurance is about 24 percent.

Now let's go to the issue of seniors and think back on those words of Martin Luther King. The Medicare program in America was made stronger as a result of the legislation that was signed today. The Medicare program in America, its financial solvency has been extended somewhere between 7 years and 9 years out ahead. So all of this talk about the Medicare program becoming insolvent simply isn't the case any longer as a result of today's action by President Barack Obama—I should use my left hand—when he signed that legislation.

It's an incredibly important day.

I am also delighted to notice that I have now been joined by my colleague from the great State of Illinois, JAN SCHAKOWSKY, who is here to join me in this. And with the permission of the Chair, I would like to engage in a dialogue with her.

Welcome. I know that you represent a very special part of this Nation. We are talking about seniors here and about the effects of this legislation on seniors. A couple of days ago you spoke to this issue.

How does it affect Illinois?

Ms. SCHAKOWSKY. Well, one of the things that I think is really refreshing about what is going on today, and ever since the legislation was finally passed, is that there is real focus on how this bill is going to help real people. No more the myths of if we do this, this is going to happen, all these mythical things I heard you talking about, the death panels, et cetera. But now we are having a real conversation. And Americans, including our seniors, are looking at, what does this bill really mean to me?

Let me give you an example of the Ninth Congressional District in Illinois. We know that 101,000 beneficiaries of Medicare are going to be helped by this; that Medicare will be made stronger, including beginning the closing of the doughnut hole. That gap in coverage that can be \$36,000 out of pocket, that is going to go away in this bill over time, and it is going to start right away.

So what we are going to find out now, and I actually saw a poll today that the majority of Americans now—it's changing really quickly—say that they are either enthusiastic or pleased that this legislation passed, beating out those who say that they didn't want it or that they are afraid of it. And so I am so glad that we are now at this phase of the discussion.

This day is really one I have dreamed about my whole adult life and what I have been working for for a while as executive director of the Illinois State Council of Senior Citizens for 5 year. So we have been talking about this for a long time.

Mr. GARAMENDI. It's a happy day for America. It is a really happy day for America. We are on our way to solving one of this Nation's great problems.

Earlier today I was in the East Room of the White House with both of you. Sitting next to me is an extraordinary Representative from really an important part of this Nation, a part of the Nation that has been really harmed by the economy. And we were talking about the way in which this legislation as the President was signing it would affect her district. So let me call upon the gentlewoman from western Pennsylvania, KATHLEEN DAHLKEMPER.

Mrs. DAHLKEMPER. Thank you so much for yielding to me.

Pennsylvania has the second largest population of seniors in the country, and this legislation will go a long way to securing our seniors' future in terms of the benefits that they get from Medicare.

I am so proud to be here tonight talking about this, proud to be one of those who voted "yes" and helped to make this historic legislation move forward. It was certainly a great day on Sunday, and it was even a greater day today when the President signed it into law.

I think about the fact that as I campaigned just 1½ years ago, so many

seniors told me about the financial problems they were having with this doughnut hole issue, and they would cut their pill in half or they would only take it every other day.

I was with my father-in-law one day driving somewhere and I asked him how his diabetes was. He has got adult onset diabetes. He said, Well, you know I got into that doughnut hole. So one of those pills, I am only taking it every other day. And he was basically self-medicating. He was determining what he could afford, not what the doctor ordered. And I know that this is a problem for so many seniors.

So we are going to close that doughnut hole, which I think is one of the great benefits, and we are also going to allow our seniors to get more preventative care without the copays, and going and getting taken care of themselves so they can get a better quality of life and enjoy those years that we hope to enjoy in our lives.

Mr. GARAMENDI. Actually, in 2011, just 10 months from now, the Medicare program will provide wellness and preventative care, and it will not cost the seniors anything. It will be part of the program, 100 percent paid for by the Medicare program.

□ 1900

Your father-in-law, is it, that was cutting his diabetic medicine in half so that he could make it through?

Mrs. DAHLKEMPER. He was doing that. He was trying to spread it out so he could extend his prescription, his filled prescription longer, and reduce the out-of-pocket cost that he was experiencing.

Mr. GARAMENDI. One thing that would clearly help him, beginning January 1, we backdate this to January 1, 2010, there will be a \$250 rebate, a check written to him. If he shows he spent \$250 on that medication, he'll get a check from the Federal Government to reimburse him for that \$250 that he spent once he got to the doughnut hole. That's an immediate benefit.

You've got to be sure to give him a phone call as soon as you leave.

Mrs. DAHLKEMPER. I will. He's just coming back from a trip, something all seniors should be able to do, go enjoy themselves and not have to spend everything that they have on making sure that they have their prescriptions.

I want to thank the gentleman for hosting tonight. I'm just pleased to be here and pleased to see this legislation come forward.

Mr. GARAMENDI. I know that you have another responsibility that you will soon take, and that is to preside over the House. Thank you so very much for joining us for these few minutes before you take the chair and make sure that we keep our time.

Mrs. DAHLKEMPER. I thank the gentleman.

Mr. GARAMENDI. Thank you.

I notice that a woman that I have had the pleasure of working with now for—well, neither of us will say the

total number of years, but she became the chair of the Senate Health and Welfare Committee in California when I moved out of that job to become majority leader in the California senate.

I would like to now introduce and yield to Congresswoman DIANE WATSON, and then if the gentlewoman from Illinois could follow.

Ms. WATSON. Thank you so much, Congressman JOHN GARAMENDI, one of our newer Members; however, old in leadership, ability, ability to conceptualize and he saw a spot for himself in this debate.

And I want to say, we are glowing in the aura of being in the White House and seeing the President, Barack Obama, sign with 19 different pens what is going to change the quality of health care through insurance for this whole country, for Americans.

You're only as strong as your weakest link. I told them earlier today that the people at home who have doubts about what we did and what we're doing and don't really understand; the opposition always showed all of these hundreds and thousands of pages and people became confused and they really were misled. But think of somebody on a high wire and he's got a pole in his hands, or she has a pole in her hands, and she slips, or he slips, and underneath there is a safety net. If that safety net has a hole in it, what's going to happen? People are going to fall through and the end will be there. We in government are the safety net. We have to look larger. They say all politics is local, but we have to look at what we had signed into law by the President, what it will really do.

And I just want to say, that mother who has a son 9 years old and has chronic asthma and had no way of getting him covered can now see that he is covered and get the kind of care that he needs.

This is a true story. It happened in Sacramento. There was a young mother, a beautician. She worked, paid her rent in her little booth where she did hair. She had to quit and go on welfare so her son could be covered because he was in the hospital at least three times a week.

Mr. GARAMENDI. He had a pre-existing condition.

Ms. WATSON. He had a pre-existing condition and she could not get insurance coverage. That will be taken care of.

Mr. GARAMENDI. I yield to the gentlelady from Illinois.

Ms. SCHAKOWSKY. Unfortunately, Representative GARAMENDI, I am going to have to leave, too. But before I did, I wanted to focus on what happens this year for people. The physical rollout of the bill takes a number of years to happen. But if people are wondering what's going to happen this year, I wanted to just give some examples.

Starting as soon as the bill is passed, tax credits to small businesses to make employee coverage more affordable. Those tax cuts of up to 35 percent of

premiums will be immediately available to companies, to small businesses that choose to offer coverage to their employees. Of course, in 2014 the tax credits will cover 50 percent of the premiums. Right away. We talked about the \$250 rebate to Medicare recipients. And also there's going to be a 50 percent discount on brand name drugs for people who are in that doughnut hole, in that gap in coverage; and the doughnut hole being closed completely by 2020.

Ninety days later, immediate access to insurance for Americans who are uninsured because of a preexisting condition through a temporary high-risk pool. We put billions of dollars into a high-risk pool for people. Six months after enactment, that's when health plans are prohibited from denying coverage to children with preexisting conditions.

Mr. GARAMENDI. That's what Congresswoman WATSON was talking about, that young child, the mother. That child has immediate access—6 months from now. Let's count it up. That would be September. She would be able to get health care coverage for her child.

Ms. SCHAKOWSKY. Also in 6 months, and this is going to affect 52,000 young adults in my district alone, to require health plans to allow young people up to their 26th birthday to remain on their parents' insurance policies. At their parents' choice, of course. So that's pretty good for our young people.

Mr. GARAMENDI. That's downright exciting.

Now I've got a 24-year-old daughter. About 11 months ago, she went off our policy. She couldn't get insurance, even though she had been with the same insurance company for 23 years, and suddenly she was uninsurable because she was a woman in a child-bearing age. Those days are over. She can come back on my policy. We've got 52,000 people in my district, the same young population, that will be able to stay with their parents. Please continue.

Ms. SCHAKOWSKY. That's a story in itself, why your daughter after having been insured with the same company for 23 years, and now couldn't pay for her own insurance and they would raise her rates.

Mr. GARAMENDI. It wasn't a matter of paying. She couldn't get insurance.

Ms. SCHAKOWSKY. Oh, they excluded her. Unbelievable.

Mr. GARAMENDI. Because she had that preexisting condition called "female."

Ms. SCHAKOWSKY. Now in 6 months from the enactment of this bill, from today, health plans won't be able to drop people when they get sick. And Illinois happens to be number one in what is called rescission, and that's just canceling people because they go back digging through their records and say, uh-uh, we're going to drop your policy.

Six months from today, health plans will not be able to have lifetime caps on coverage. And people who have chronic illness, they can reach those caps in a very few months if they get sick. And in 6 months tightly restrict new plans' use of annual limits to ensure access to needed care. These tight restrictions will be defined by Health and Human Services. So that's a good thing. We're going to begin to regulate what they do.

And finally, beginning in January of next year, that's when the seniors don't have to pay any copayments for preventive services; exempts preventive services from any deductibles under Medicare. What a great thing that is to keep older adults healthy in this country.

And also in January, what we call a medical loss ratio, that's kind of a fancy term for saying that insurance plans will have to spend 80 percent of premium dollars on medical services for a small group market, or individual market, and 85 percent in a large group market. Eighty-five cents on every dollar is going to have to go to health care, not to bonuses or stock options for executives, but for health care. This is a great bill.

Mr. GARAMENDI. What year does that kick in?

Ms. SCHAKOWSKY. January 1, 2011.

Mr. GARAMENDI. So it's not going to be about profit? It's going to be about actually providing benefits to people?

Ms. SCHAKOWSKY. Exactly. They're going to have to pay, for individual market, 80 cents on the dollar has to go to health care for a small group, and then 85 percent for large groups.

Mr. GARAMENDI. So those companies in Illinois and California that are denying claims to fatten their bottom line are going to have to actually provide medical services and pay for it. Oh, my goodness. What a shock.

Ms. SCHAKOWSKY. That's right. But they'll be prohibited 6 months from now from dropping people off their policies. Those days are over.

In some ways, we're saying to the American people now who have been staying up at night like those parents worrying about their children, Sleep well. We're actually going to solve those problems and lift this tremendous weight off the shoulders of Americans.

Thank you so much for doing this. Thank you, Congresswoman WATSON. I appreciate it.

Mr. GARAMENDI. Thank you so very much for joining us and sharing that specific information.

As you were talking about the rescission issue, 4 years ago as Insurance Commissioner in California, we came upon several insurance companies that were just doing this really to fatten their bottom line. It happened to be the biggest company in California, Anthem Blue Cross. There were some complaints brought to us, brought to others, and we began to investigate

them when we found that there was a pattern of practice within that company, that when an expensive claim, when one of their customers became sick with something that was expensive, perhaps diabetes or acute heart or cancer, they would go back and comb through the application looking for an error that may have been made.

For example, and this was one that was a very real example, as a young child, one of the people that had had their policy canceled had an asthma attack as a young child, probably 3 or 4 years of age, had an asthma attack. That was sufficient in the minds of Blue Cross Anthem to rescind the policy and to not pay for the very expensive care that the mother had incurred. Those kind of days are over. The message to the insurance industry is, You can no longer harm your customers. You're going to have to abide by your contract. You're going to have to provide coverage. And no longer are you going to be able to discriminate based upon a preexisting condition, upon sex; females, for example. You can no longer do those kinds of practices. Immediately, this year, those insurance reforms go into place and that will help every American that has a private insurance policy, whether you're in a group or you're in an individual policy, an extraordinarily important reform. I would have loved to have had a law like that in California during my days as Insurance Commissioner. We had to use other ways, contractual ways. We didn't have the law, we didn't have the power that is now given to the American people to force the insurance companies to behave.

Ms. WATSON. What we failed to do, Congressman, was emphasize, this really is a health insurance reform.

Mr. GARAMENDI. Yes.

Ms. WATSON. Too many people think that we're going to change the way health is delivered. And I say to people when I have town halls, How many of you have insurance? And the hands go up. How many of you like your insurance? And hands come down. I say, Well, keep your hand up if you like your insurance. If you like it, keep it.

□ 1915

Mr. GARAMENDI. Exactly.

Ms. WATSON. If you don't like it, and it's not meeting the needs of yourself and your loved ones, then you can go and shop around and find an insurance that is affordable. But you know what makes me just delighted tonight? That is that we have prevention written into this law. Wouldn't it be wonderful if you could go and check to be sure that you don't have breast cancer? That's one of the penalties, I guess, for being a woman. But you know, men can get breast cancer. You were in the legislature in California when we discovered in 1980 that breast cancer research was done on men. And a group of us women got together and said, We're not going to vote for the budget

unless you have \$28 million in there to do research on breast cancer.

Mr. GARAMENDI. I remember those days too. And I also remember what you were talking about a moment ago, and that is the way in which the insurance industry has in the past really harmed us. It's as though we were thrown to the sharks. We had no option. We will have a better option in the purchase of insurance in the days ahead. In fact, for those people in the 50 to 65 age group who have preexisting conditions, there is an insurance exchange that is immediately available to them. They will be part of a group, a high-risk group. They will be able to get insurance immediately. I think it's within 90 days they'll be able to apply for that insurance. Right now there's no way they can get coverage. They're not old enough for Medicare. They're probably virtually unemployable because they have a preexisting condition, and employers don't want to hire them because they know the insurance companies are going to raise the rates on everybody if they would be hired. So they are really in a dark hole. But this legislation provides a mechanism for those people in that category to get insurance in a high-risk pool that is actually paid for by the Federal Government. And that will be available this year right away.

Ms. WATSON. If I can just describe some of the other preventive services that will help to keep people's stress levels down. Because they feel that if they have a condition, but they don't have insurance, that when they go to get help, they're going to say, What's your insurance? I don't have one. Well, you know, I don't know if we can help you here. Go to the county hospital. And what people have to understand, when you have an organized society, everyone has to pay. We are only as strong, as I said, as our weakest link, and if we have communities where everyone is ill in that community, can we be a strong Nation?

We're going around the globe. We're fighting three wars at the current time—or two and a half—and we're saying, Do it our way. Well, I tell you, Congressman GARAMENDI, I have actually felt shame in the last 3 or 4 days. The people that were out on the streets taunting, showing hatred, calling people despicable terms right here on the floor, when another Member destroyed our decorum by saying "baby killer," and then somebody's apologizing for him.

We're trying to show that we're this strong Nation globally, and we have values, and we care about people. But yeah, we spit on them. We call them names. We make fun of them in some way or the other. And sometimes it's a mental condition that has not been treated.

Mr. GARAMENDI. Well, mental health and addiction health is included in the coverage in the years ahead. No longer will there be this division between physical health and mental

health. Mental health will be treated the same as what is the classic physical health insurance. An incredibly important part of this legislation requires that mental health be included in the insurance program. And what family in America hasn't been affected with either an addiction issue in their family or with a mental health issue in the family? It is common to all of us. So the coverage will be there. We're not making any aspersions to anybody in our company in this building or out on the street.

Ms. WATSON. No, no.

Mr. GARAMENDI. But the facts are the facts that mental health is desperately needed, and it will be treated the same as what we call the physical or the normal health programs of the past. And that was brought to us by PATRICK KENNEDY, who fought vigorously over this last year making sure that that issue, addiction and mental health, are included. And if that is, go to any police station around the Nation. Follow the policemen in their work during the day or the night. Many of the calls—and I know from my own experience in California from ride-alongs as the Lieutenant Governor, as the insurance commissioner, ride-alongs with the police. Many of the calls—I don't know, maybe 50 percent or more. On the day I was there, it was every call, and that was about five—was a mental health issue. Oh, it's Gladys. She's off her meds, and she causing trouble again. Or the addiction issues which are common. We know the prisons are filled with addicts. We need to get at that.

There's also in this legislation—and you've talked about prevention. Some of this happens immediately, but it will take time. The research, the mind research—what is addiction? How do we treat it? Is there a way that we can treat addiction? And the mental health issues are so much a part of our lives. So there is an enormous amount of money that will go into research of all kinds that will benefit us in the years ahead, also including medical information technology.

We know that mistakes in hospitals and in the doctor's office are often a result of scribbles on a pad of paper, trying to be interpreted by the nurse or the doctor who follows up in the next shift. But medical information technology that is readily available, where your information can be on a flash drive. You and I are from California. We get hit walking across the street here. We could have a flash drive in our wallets. They can plug it in at the emergency room, and they know everything there is to know about us without having to start at the beginning.

Ms. WATSON. I'm glad you mentioned California and walking across the street. You must have automobile insurance if you have a license and you drive a car in California. Because I don't care how good a driver you are, there will be a time when you're going to need insurance. So we mandate it.

Are you aware that it has been said since the bill has been signed that 12 States are going to come together to sue us because we're mandating that you have to have health insurance? Well, I can tell you this: if we don't require it, then you're going to pay one way or the other. Because you see, when that person gets hit, and they don't have any insurance, and they're laying out in the street, the ambulance is going to come. Because we are a humane society, we're going to pick them up, and we're going to take them to the county hospital or the DSH hospital because we're not going to let anyone in this country lie on the ground because they don't have insurance and die because they can't get health care. That's not the kind of people we are.

But I tell you, listening to these ranters rather than reasoners, you know, I'm thinking, what are we turning into as a Nation? Why are people ranting about providing health insurance? And I want to tag insurance on because that's what this bill is all about.

Mr. GARAMENDI. It certainly is. And for that unfortunate person that was out on the street, got hit by a car, was off to the hospital, the emergency room, there's a cost there. If that person doesn't have insurance, who's going to pay? Well, I'll tell you who's going to pay. It's going to be the taxpayers who pick it up, either the local county, or city, or the State, and the Nation will pick up that cost, or it will be passed on to the insurance policies and the premiums that everybody else pays. So those people who are not insured are getting a free ride, and the rest of the people that are insured and the taxpayers get to pick it up.

So those days where we spread the risk—and this is insurance. I know insurance. I was the insurance commissioner. You spread the risk throughout the entire society, and the entire society shares in the cost of the system. That's the only fair way to do it. If you wait until you don't have insurance, you wait until there's an accident, you may go bankrupt. But the chances are that you don't have enough money to pay for it, and the cost is going to be shifted. So this is a fairness thing also.

You spoke earlier about the attorneys general who want to seek Federal court repeal of this legislation. There's also Members of Congress who have already introduced legislation to repeal it. I'm going, Well, that will be interesting. What are they going to tell the 52,000 young men and women in my district?

Ms. WATSON. In their own districts.

Mr. GARAMENDI. They're going to be able to stay on their parents' insurance for another 3 years. What are you going to do? They're going to get thrown off. You're going to repeal it so they get thrown off? And what about those seniors who are going to get \$250 and a closing of the prescription drug doughnut hole? You're going to tell those seniors that, Oh, sorry. We've de-

cidated to repeal that, and you're going to have to continue to pay for that out of your pocket. And by the way, the discount on the generic drugs, that's gone away. After all, the drug companies don't have enough profit yet so they deserve to have more profit. Is that what you want? I don't think so. I don't think the public wants that. And I don't think that that rancher who contacted me about providing insurance for himself, his wife, and for his three part-time people is going to be happy to learn that the 35 percent credit on the money he spends for insurance, and in a couple of years, the 50 percent reduction in the cost of health insurance for him, I don't think he's going to be too happy. Or those 50- to 65-year-old people who are sick with a preexisting condition who are uninsurable and under this legislation will be able to enter a pool to get insurance, a high-risk pool that will pay for their insurance, they're not going to be happy.

So for those who want to repeal this, let's keep in mind what this legislation actually does. This law provides access to insurance, high-quality insurance for men, and women, and children. But I forgot to talk about all those children who have preexisting conditions that will in 60 days be able to get insurance. This program is a fundamental change and takes America to a new higher plateau of justice.

Talk about repeal. When the American public comes to understand what is in this—with all of the fearmongering aside, with all of the rhetoric about “kill the bill” aside—when they come to understand what's in this bill, it will not be repealed.

Ms. WATSON. Why would we in this House allow the repeal of something that we did with so much pride?

Mr. GARAMENDI. Well, we won't.

Ms. WATSON. And if it got out of this House and got to the other House, why would they—when they had people sign on to a letter that they would pass it—and what would influence the President of the United States to sign that bill? So I think what's happening is that it's just an opportunity for opposition to be heard again and continue with the devastating misstatements that they're giving to people. You know, it really troubles me that people—well, I guess it's the mob mentality—can buy that. And that's why it's so important that we do what we're doing tonight to try to set some reality.

We talked about mental health. Do you remember, we were walking into the Rayburn Building early this morning after we came back, and there was a gentleman there with fatigues on, and he got up and saluted? And I said, That's an intelligent man. But like in California and under the Reagan administration, they closed many of the DD centers, mental health hospitals, and there were some who wanted to sell off that property with the promise of sending the mentally ill out to be

treated in their own communities and that the money would follow. Well, the money never followed. In my city on any given night, there are 80,000 to 90,000 homeless people. And if you were to go through on the streets, if you were to go through that group, you will find that out of 10, 6 of them are in need of mental health treatment.

Well, we did something a few months ago; we increased the budget for veterans and their mental health—thank goodness. Now this will follow. And that gentleman that saluted us as we went in, he can get the kind of help he needs and get off the streets. It's obvious that there's a great deal of intelligence there. He just got a bad deal.

Mr. GARAMENDI. If I might, your discussion reminded me of the community clinics in your district of Los Angeles, in my own district, and throughout the State of California and other States that provide the safety net service for those people that are homeless, those people that are in need, those people that are low income or unemployed. In this legislation, there is an extremely important increase in the safety net services in three different ways.

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First of all for the community clinics spread throughout the Nation, there is \$11 billion over the next 3 years that will go to those community clinics so they can expand the services for those people that are low income, unable to have insurance right now; but in 3 more years, they will have that insurance. It will bring up the community clinics so they can meet the needs that exist today. That money will begin to flow out to the community clinics, and in my district, in Contra Costa County, Alameda, Solano and Sacramento counties, it will result in enough money to build 10 new clinics in areas that are desperate for medical services.

Ms. WATSON. You know that, in California, 85 percent of our land is agricultural, and sometimes people are great distances away from the delivery of quality health care. Now we are going to have a whole system of clinics where they can go. I am just so thrilled because we emphasize prevention. We are even going to increase Pell Grants so students can get larger amounts of money to stay in school and become a general practitioner to take care of these people and see them on a regular basis to keep them from going into the hospital.

You know, one of the areas that we really haven't dealt with is long-term care. We haven't solved that problem yet, but we hope we can keep people healthy and keep them from having the need to have long-term care. We want to keep our seniors—and in California we receive a lot of them because they are bypassing the overindustrialized States, even Florida and Texas, and they are coming to us. Many years ago we increased the benefits under Medi-Cal. We have our own system, and

while I was there, it was many years ago, we increased the benefits up to maybe 32 to 34 that were not required in law. Now we are saying let's emphasize the front end and keep people out of acute care facilities by keeping them healthy.

Mr. GARAMENDI. There are specific provisions in the legislation that expand the programs for long-term care. We have gone on for some time now, and I would like to do two more things, if you will join me. I would like to review what we have done. But before we get to that, I will review what is in the legislation. But before we get to that, somebody is going to ask, How are we going to pay for it?

Well, this piece of legislation is fully paid for. It is paid for in a variety of ways. Part of that pay-for comes from a significant reduction in the unnecessary bonus that the insurance companies get for providing Medicare Advantage programs. This has been the great scare tactic, that Medicare benefits would somehow be cut. Absolutely not. There is a specific line in the bill that says Medicare benefits will not be cut. What is cut is the unnecessary bonus that the previous administration gave to the insurance companies to do what they should have done without having that bonus. It is a 16 percent additional bonus over and above the cost. We get that money back. We plow that money back into Medicare, and we will be certain that the Medicare programs will not see a reduction in benefits. That's one way.

Also in this program, for those people that for years and years have been able to get a free ride, there are tax increases in the outyears for income earned on those people who have \$200,000 or more of income, and have income from stocks, bonds, dividends, and capital gains. They have been getting a free ride since Medicare came in some 43 years ago, so that will be the other way. And then there are savings in the legislation. The bottom line is that the program is totally paid for.

And let's talk about the deficit.

Ms. WATSON. It reduces the deficit. I wanted to say that. This will be the largest deficit reduction measure in 17 years and will cut the deficit, get this, by \$148 billion; \$148 billion over the first 10 years and \$1.2 trillion over the next 10 years.

And small businesses—and that is what killed the Clinton proposal, universal health care. They said it would kill small business. This is what we do: Small businesses will receive \$40 billion in tax credits to make it easier for them to provide coverage for their workers.

Mr. GARAMENDI. That is the 35 percent credit that we talked about. In my district, I have 14,500 small businesses that will qualify for that if they are purchasing health insurance for their employees. It is an encouragement to purchase health insurance by reducing the cost by a third, and in 3 years out, it will a 50 percent reduction in the

cost of insurance for those small businesses.

Ms. WATSON. Now that the bill is signed into law, we probably should have town hall meetings like this so people will actually know. You have these very fine charts, and I am going to let you take the rest of the time to let folks know what we did when that bill was signed.

Mr. GARAMENDI. Let's run through it very, very quickly.

Small businesses' tax credits, we talked about that; 35 percent right now beginning January 1, carrying on, and eventually in 2014, going to 50 percent.

Ms. WATSON. Do you think you might be able to hire some people to work? It is jobs, jobs, jobs.

Mr. GARAMENDI. Exactly, and small businesses are where the job creation is.

We talked a lot about the Medicare program, the doughnut hole on part D, \$250 for those senior citizens that are currently in the doughnut hole with their drugs. They are going to get a \$250 rebate, a check from the government to help them, and we begin to shrink the doughnut hole, and in the years ahead, it will disappear.

Ninety days from now, this would be in June, there is an immediate help for the uninsured in the exchange. This is what we were talking about. These are those who have a preexisting condition, those 50 to 60, 65 years old, they will be able to enter into a temporary, high-risk pool, and eventually, in 2014, they will be able to purchase insurance through the purchasing exchanges.

Six months, September 2010, no discrimination against children with preexisting conditions. Think of that child. You talked about that child, the mother who had a child with diabetes, uninsurable. At birth with a birth defect, cannot get insurance, but in 6 months, in September 2010, those children will have access to insurance. The insurance companies cannot deny coverage.

This is the one—I only wish this was a year ago, but maybe my daughter can get back on—52,000 young adults in my district will be able to stay on their parents' insurance policies beginning September 2010. This is good news for a whole lot of kids throughout America.

We talked about rescission. We talked about the way in which the insurance companies go back when there is an expensive case and find some excuse to dump the individual from the insurance policy and then the individual is left with the cost. Those days will be over in September 2010.

Lifetime limits. September 2010, lifetime limits, no longer will an individual blow through the lifetime limit on an insurance company and be left totally to themselves. This is the reason we have bankruptcies; 65 percent of bankruptcies are a direct result of medical issues, and those people have insurance.

Ms. WATSON. Let me just interject this here at this point. The public

needs to know that if you are insured under this program and you are sick and you can't work, your insurance will cover you. Too many people, as you've said, have gone bankrupt because they had to borrow on their homes and they couldn't repay what they borrowed and they are sick and can't work.

Mr. GARAMENDI. Well, those days are going to be over. September 2010, the lifetime limit on health insurance, over. And restrictions are placed on a descending amount of the annual limits and those eventually phase out in 2014. So annual limits are gone in 2014, and they begin to phase out beginning September 2010.

Effective January 1, 2011, 9 months from now, free preventive care under Medicare. You have talked about prevention. January 1, senior citizens, free prevention care. How important that is, keeping them healthy. And also the issue of what are the insurance companies doing with the premiums we pay. Beginning January 2011, 80 percent of those premiums are guaranteed to go for medical services, not for profit, not for bonuses to the high and the mighty of the insurance companies, but rather, and this is the individual market, but rather for medical services, and in large group markets, employers, 85 percent. So for those big shots in the insurance industry that have been receiving 2, 3, 4, and even greater, million-dollar bonuses, I'm sorry, only after you pay for the services that your customers have contracted with you to provide. The days of rescission are over.

It was a glorious day today as we sat there in the East Room of the White House, after all of the work that has been done for more than a century by Presidents from Theodore Roosevelt, Democrat and Republican Presidents, by men and women in previous Congresses, by you and the others who were here in the early days of this year, finally, a fundamental change for the better for America's health, for the men and women and children in this Nation. It is a good day, and what a privilege for all of us to be part of that this day.

Ms. WATSON. You know what? These people who got elected and feared that an "aye" vote on this would really harm them, they don't belong here, because if you can't make a vote for the greater good of society and go back to your district and explain it to your constituents, you don't belong here. What I have been saying, what we did in the last 48 hours was for the greater good of America and not just a select few.

So, Congressman, I want to thank you for the opportunity to again have this period with you, and I am going to strongly suggest when we are in our caucus that we go back now and hold those town halls and lay it out like you have done this evening, and I want to thank you for that.

Mr. GARAMENDI. Thank you for joining us, and I thank my other colleagues for joining us.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. TITUS) to revise and extend their remarks and include extraneous material:)

- Ms. BERKLEY, for 5 minutes, today.
- Ms. TITUS, for 5 minutes, today.
- Ms. WOOLSEY, for 5 minutes, today.
- Mr. DEFAZIO, for 5 minutes, today.
- Ms. KAPTUR, for 5 minutes, today.
- Ms. JACKSON LEE of Texas, for 5 minutes, today.

CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 4098, THE SECURE FEDERAL FILE SHARING ACT, AS PROVIDED BY THE HOUSE COMMITTEE ON THE BUDGET ON MARCH 22, 2010

	By fiscal year, in millions of dollars—												
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010–2015	2010–2020
Statutory Pay-As-You-Go Impact .....	0	0	0	0	0	0	0	0	0	0	0	0	0

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6744. A letter from the Acting Director, NRCS Legislative Affairs Division, Department of Agriculture, transmitting the Department's final rule — Healthy Forests Reserve Program (RIN: 0578-AA53) received March 8, 2010 to the Committee on Agriculture.

6745. A letter from the Acting Director, NRCS Legislative Affairs Division, Department of Agriculture, transmitting the Department's final rule — Agricultural Management Assistance Program (RIN: 0578-AA50) received March 8, 2010 to the Committee on Agriculture.

6746. A letter from the Acting Director, NRCS Legislative Affairs Division, Department of Agriculture, transmitting the Department's final rule — Technical Service Provider Assistance (RIN: 0578-AA48) received March 5, 2010 to the Committee on Agriculture.

6747. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Hexythiazox; Pesticide Tolerances [EPA-HQ-OPP-2009-0325; FRL-8813-7] received March 11, 2010 to the Committee on Agriculture.

6748. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — S-Abscisic Acid, (S)-5-(1-hydroxy-2,6,6-trimethyl-4-oxo-1-cyclohex-2-enyl)-3-methyl-penta-(2Z,4E)-dienoic Acid; Amendment to an Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2009-0127; FRL-8814-5] received March 11, 2010 to the Committee on Agriculture.

6749. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Tetraethoxysilane, Polymer with Hexamethyldisiloxane; Tolerance Exemption [EPA-HQ-OPP-2009-0845; FRL-8814-3] received March 11, 2010 to the Committee on Agriculture.

(The following Members (at the request of Mr. GOHMERT) to revise and extend their remarks and include extraneous material:)

Mr. GOHMERT, for 5 minutes, today.

Mr. BARRETT of South Carolina, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today and March 24.

Mrs. BACHMANN, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mrs. BIGGERT, for 5 minutes, today.

Mr. LANCE, for 5 minutes, today.

Mr. POLIS, for 5 minutes, today.

ADJOURNMENT

Mr. GARAMENDI. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 43 minutes p.m.), the House adjourned until tomorrow, Wednesday, March 24, 2010, at 10 a.m.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public Law 111-139, Mr. SPRATT hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 4098, the Secure Federal File Sharing Act, as amended, for printing in the CONGRESSIONAL RECORD.

6750. A letter from the Under Secretary, Department of Defense, transmitting a letter regarding the Air Force's Small Diameter Bomb Increment I acquisition report to the Committee on Armed Services.

6751. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Delaware; Amendment to Electric Generating Unit Multi-Pollutant Regulation [EPA-R03-OAR-2009-0804; FRL-9127-2] received March 11, 2010 to the Committee on Energy and Commerce.

6752. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Hazardous Waste Technical Corrections and Clarifications Rule [EPA-RCRA-2008-0678; FRL-9127-9] (RIN: 2050-AG52) received March 11, 2010 to the Committee on Energy and Commerce.

6753. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Mandatory Reporting of Greenhouse Gases: Minor Harmonizing Changes of the General Provisions [EPA-HQ-OAR-2008-0508; FRL-9127-6] (RIN: 2060-AQ15) received March 11, 2010 to the Committee on Energy and Commerce.

6754. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Transportation Conformity Rule PM2.5 and PM10 Amendments [EPA-HQ-OAR-2008-0540; FRL-9127-7] (RIN: 2060-AP29) received March 11, 2010 to the Committee on Energy and Commerce.

6755. A letter from the Director, Defense Security Cooperation Agency, transmitting Transmittal No. 10-07, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended to the Committee on Foreign Affairs.

6756. A letter from the Director, Defense Security Cooperation Agency, transmitting Transmittal No. 09-67, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended to the Committee on Foreign Affairs.

6757. A letter from the Assistant Secretary of the Army, Civil Works, Department of the Army, transmitting recommending the authorization of the proposed Topeka, Kansas, Flood Risk Management project to the Committee on Transportation and Infrastructure and ordered to be printed.

6758. A letter from the Chairman, Medicare Payment Advisory Commission, transmitting the March 2010 Report to the Congress: Medicare Payment Policy jointly to the Committees on Ways and Means and Energy and Commerce.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. CHAFFETZ (for himself and Mr. POLIS of Colorado):

H.R. 4913. A bill to amend the Federal Food, Drug, and Cosmetic Act concerning the distribution of information on legitimate scientific research in connection with foods and dietary supplements, and for other purposes; to the Committee on Energy and Commerce.

By Mr. PALLONE (for himself, Ms. SHEA-PORTER, and Ms. PINGREE of Maine):

H.R. 4914. A bill to promote coastal jobs creation, promote sustainable fisheries and fishing communities, revitalize waterfronts, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on Science and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBERSTAR (for himself, Mr. MICA, Mr. LEVIN, Mr. CAMP, Mr. COSTELLO, and Mr. PETRI):

H.R. 4915. A bill to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the