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We need to provide more help for these long-term displaced workers, which could range from additional extended unemployment benefits in high unemployment States, to federally funded jobs programs, to better training employment services.

A few months of employment gains, as welcome as they have been recently, have not suddenly eliminated the problem of long-term unemployment. We simply cannot abandon millions of Americans who have worked hard, played by the rules, and now find themselves with no jobs, no savings, and no support. We cannot let a huge section of the middle class go with nothing but food stamps.

At the end of the article, I mentioned earlier Cindy Paoletti said, "Out of all the people I know that got laid off the same time as me, I think only three have found jobs. The rest . . . have exhausted unemployment or they're getting close to the end of it. Someone's got to do something."

The Congress is faced with this. The Senate is dawdling. It is time, Mr. Speaker, that they act and we then move on to the next level while we deal with long-term unemployment in this country. We cannot close our eyes and believe it's going to go away. It will not go away. We have to help the process.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

CONGRATULATING THE CALHOUN YELLOW JACKETS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GINGREY) is recognized for 5 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, I want to take this opportunity to congratulate the Calhoun Yellow Jackets for defeating Cook County High by a score of 8-2 in the deciding game to win the 2010 AA Georgia State baseball tournament. The Yellow Jackets clinched the series in game three with excellent pitching and three home runs.

I would especially like to recognize Manager Chip Henderson and the Calhoun coaching staff for leading the Yellow Jackets to a remarkable 35-1 record this season. Calhoun, Georgia, truly had a remarkable season, Mr. Speaker, dominating their opponents by scoring, believe this, 376 runs in just 33 games this season. That's an average of over 10 runs per game, Mr. Speaker. I am extremely proud to represent Gordon County and Calhoun, Georgia, in the 11th Congressional District, and I couldn't be prouder of the Calhoun Yellow Jackets for capturing their fourth State championship title.

Congratulations, Calhoun. Best of luck to all of the seniors who are graduating this year.

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

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

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

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members be given 5 legislative days to revise and extend their remarks into the RECORD on this topic.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. Mr. Speaker, I appreciate the opportunity to anchor this Special Order hour on health care for the Congressional Black Caucus. Currently, the Congressional Black Caucus is chaired by the Honorable BARBARA LEE from the Ninth Congressional District of California.

I would now yield to our chair, the Honorable BARBARA LEE.

Ms. LEE of California. Thank you very much. First, let me thank my friend and colleague, Congresswoman MARCIA FUDGE of Ohio, for anchoring tonight's Congressional Black Caucus Special Order on the immediate benefits of health care reform. Also, let me just thank and salute Congresswoman FUDGE for her consistency and her commitment to hold these Special Orders so that we can bring attention to some of the most pressing issues confronting our country that often don't really make the headlines. So I would especially like to thank Congresswoman FUDGE for leading tonight's Special Order once again on the immediate benefits of health care reform and for continuing to keep our caucus focused on addressing the key issues facing our Nation. She has many, many of the same problems and issues in Ohio as I do in California, as all of the members of the Congressional Black Caucus have, whether we come from rural districts or urban districts. I just

want to thank you very much for your leadership and for once again sounding the alarm.

As chair of the 42-member Congressional Black Caucus, I rise tonight to talk about the health care crisis in America and to inform the American people about our actions and agenda working with President Obama, Speaker PELOSI, Leader REID, and what we're doing to make us a healthier and stronger Nation.

Since Teddy Roosevelt almost a century ago, President after President has sought to deliver health care for the American people, but to no avail. This year, under the leadership of President Obama and Speaker PELOSI, the United States Congress took a major step toward delivering on the promise of health care for all Americans in a comprehensive and fiscally prudent way.

This is a very important investment in the health and wellness of all Americans. For too long, quality and affordable health care, which I believe is a fundamental human right, was way out of reach for far too many Americans and was really the province of the wealthy or those who were fortunate enough to have a job that provided health care benefits.

It was a very long and arduous struggle, but I am pleased that we continued to push to reform our health care system. It took clarity of purpose. It took moral authority. It took determination and commitment of President Obama, the brilliant and focused leadership of Speaker NANCY PELOSI and Senate Majority Leader HARRY REID, and the will of the majority of my colleagues in the House and the Senate, but most importantly, the will of the American people to make this a reality. Together, we fought against the insurance industry to say that we will no longer, no longer mind you, be held hostage to the denial of benefits for those who continue to pay their premiums. We won't be held hostage any longer to escalating health care costs.

Just as Social Security was in the 1930s and with the passage of Medicare and, of course, the civil rights and the voting rights acts of the 1960s, the passage of health care reform is a defining moment of our era, and I am so pleased that this happened on our watch.

As I cast my vote, I was thinking of all the people that I see in the emergency rooms and in the hospitals when I'm there with my 86-year-old mother or with my sister who has multiple sclerosis. They have health care, but I worry so much about the people that I see who don't have health care and who are just struggling to survive and who land in the emergency room because they don't have primary care.

As I cast my vote, I was thinking of all of those who died, mind you, because they didn't have preventive care and they couldn't see a doctor and they died an early death.

I was also thinking about my children and my grandchildren and future generations of Americans who will now live longer and will now live healthier lives because of the legislation we passed. I am so glad that this happened on our watch.

Members of the Congressional Black Caucus worked tirelessly to ensure that this bill holds insurance companies accountable and included a number of cost-saving provisions. We were vocal advocates for provisions in the bill to combat health disparities, illnesses and diseases that disproportionately affect low-income and communities of color.

This bill is a win for all Americans because it makes us a stronger and healthier Nation. It contains many immediate benefits that Americans will begin to realize before the end of this year. In fact, just last week, thousands of senior citizens trapped into the doughnut hole prescription drug coverage, they began receiving a one-time, tax-free check for \$250. These checks will continue to be mailed over the next several months as seniors enter the coverage gap, with an estimated 4 million seniors receiving this relief. Beginning next year, seniors will get a 50 percent discount on prescription drugs if they are in this doughnut hole.

Additionally, if you are between the ages of 55 and 64 and thinking of taking an early retirement over the next few years—and many in, I know, my age group are thinking about this—but if you're in that age group and if your employer provides extended coverage, we create a temporary insurance program to help protect your coverage and to reduce premiums for you and your employer.

If you currently have private insurance, either purchased individually or through your employer, by September of this year all new plans will be prevented from denying coverage to children with preexisting conditions, dropping your health care coverage if you get sick—I mean, this is mind-boggling to think that you pay your premiums for health care and then the insurance companies can drop it if you get sick. My God, just for that reason alone everyone should have voted for this bill. It will take the lifetime cap on the amount of coverage you can receive away. Also, in addition, new plans will also be required to cover preventive services so that you don't have to pay a copay, and the cost of the service will be exempt from consideration as part of your deductible. This is a big deal.

It will set up an accountable and effective internal and external appeals process to allow you to challenge arbitrary decisions made by your health insurance company. I know my family, myself, my constituents, they get jerked around many, many times by insurance companies. They get put through so many changes. They have to jump through so many hoops just to find that their claims have been denied. Well, no more of that.

The plans on the individual market, we also tightly regulate the use of annual coverage limits and then move to full prohibition of such limits by 2014. 2014 seems like a long time, but it's really not, and so the steps that we're taking between now and 2014 I think are going to immediately help those who need this type of help.

Within one year of enactment, by next March, insurance companies will also have to ensure that they are spending at least 80 percent of the premiums that they collect from the individual market and 85 percent of premiums collected from large group market plans on actual health services. That would, for the first time, guarantee that insurance companies can't raise premiums just to provide huge salaries and bonuses to their CEOs. They actually need to ensure that they are being used to provide health care for people. Most people believe that that's what they're paying for, that's health care, not to provide these huge CEO salaries, and so finally we're going to begin to do the right thing.

If you're a small business owner, let me just say, with less than 50 employees, you will never have any obligation under this bill. You won't be required to buy health coverage for your workers, and you won't pay a penalty if you don't provide health care coverage, regardless of what you heard during the debate. This is a fact. But if you do provide health care and if you are a small business, you will get a tax credit this year up to 35 percent of the cost of your share of the insurance premium. If you continue to provide health care to your employees, then by 2014 you will receive a tax credit of up to 50 percent of your premium contribution. Believe you me, as a former small business owner, I know how important this is. Requirements on businesses that are larger than 50 people do not kick in until 2014.

That's plenty of time to get ready for this. That's when we will actually provide those subsidies to people that might not have coverage and when the national- and State-based health exchanges are officially launched. That's in 2014.

Now, if you're uninsured right now as a young person and maybe you're just looking for a job or between jobs, and if you are younger than 26 years of age and if your parents have insurance, then you will be, of course, added to their insurance plan, and it's like your parents won't have to drop you from their plan until you are 26.

If you are uninsured because you have a preexisting condition—and mind you, we learned during this debate that, unfortunately, victims of domestic violence—domestic violence was a preexisting condition. Can you believe that? Just being a woman had been a preexisting condition until now. That's shocking and pretty disgusting, really.

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So, once again, if you have a preexisting condition, nobody, mind you,

no company will be able to deny you your benefits, but you don't qualify for Medicare. If you don't qualify for Medicare or Medicaid, then you will be eligible to buy into a temporary high-risk pool at the State level, which will price coverage at the average going rate in each State. These temporary high-risk pools will continue to offer coverage through 2014, until the subsidies and the exchanges kick in. So there are immediate benefits.

By no means is this a perfect bill—or a perfect law. We're so accustomed to saying "bill." This is a law, and we were working so hard on the legislation. Some people really think that it is hard to believe that this was signed into law, but this is a law now.

No doubt it has flaws. Many of us would have preferred—me personally, I would have preferred a single-payer system. I think my constituents would have preferred a single-payer system or at least a strong public option which we're going to continue to pay for because we have to have some kind of a competitive program so that insurance companies can begin to bring their costs down.

However, this bill offers virtually every important advance for health care that we could make at this point, making coverage more affordable and expanding access to much-needed services. This was a good bill. It is now a good law that will have real impact in the lives of millions of Americans. But it was a foundation. It was just the beginning, so we have to continue to fight and to make sure that any of the provisions that weren't included get included.

I just have to say this in closing: This law does not discriminate between Republicans who don't have any insurance, Democrats who have no insurance or who pay too much for their insurance coverage, or tea party activists, Independents; it does not discriminate against anyone with any political affiliation. Whether your Member of Congress voted for this bill or not, you will benefit from this bill.

Each and every American soon will learn that this is not a government takeover. It is not socialized medicine. And due to the hard work and commitment of Democrats, we will finally bring the United States of America into the column of industrialized nations, mind you, which provide affordable and accessible health care for all. This, my colleagues, I think is a remarkable step in the right direction. And so I have to just thank all of those who voted for the bill and thank President Obama for signing it into law. And I want to thank the Congressional Black Caucus, especially our Health Task Force, led by our physician, Congresswoman Dr. DONNA CHRISTENSEN, who really fought each and every day to make sure that we expanded community clinics, ensured that we begin to close these health disparities in communities of color, that our minority medical schools finally receive

some equity in terms of the ability to train more minority medical professionals. So this was a big deal. It is going to kick in over the years up until 2014, but I think that the American people will see why this was well worth fighting for.

Once again, it doesn't matter whether you're a Democrat or a Republican or a tea party activist or an Independent, or whomever, you will benefit from it whether your Member voted for it or not.

Thank you again, Congresswoman FUDGE, for your leadership. And thanks to the Congressional Black Caucus for being such strong advocates for health care reform.

Ms. FUDGE. Madam Chair, we would like to thank you.

Mr. Speaker, I think that there is probably no one in this caucus who fought harder to get this bill passed. Our Chair, Representative LEE, is one of the hardest working Members of this entire body. She has vision and leadership. And most of all, she has courage.

We want to thank you for being our leader. We thank you very much.

Mr. Speaker, I would now like to yield to my friend who has joined us and has always been a consistent voice for the people of this country, the gentlewoman from Texas, SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank my colleague from Ohio very much, and I am delighted to be able to join her, and as well my chairwoman of the Congressional Black Caucus and other Members who I know have a great interest in this area of reminding the American people of the great strides that we have made in the passing of this outstanding new attitude for health care in America. It is long overdue, and it was an enormous struggle.

I can remember that weekend of March 2010 and the week that led up to it and the days that we stayed over on Saturday to gather our resources and to continue to work and to push, working and ensuring that the Senate would bring the bill over to the House so on that Sunday, we could cast a vote for what has to be a monumental change in American life and will go down as a monumental move in American history.

Just a few minutes ago, I had the privilege of listening to our Secretary of Agriculture, Secretary Vilsack, and he reminded us of how diverse America is. Rural America, for example, with all of its needs and all of its specialness—of course, just on the floor of the House, we stood in silence to acknowledge the loss of lives in rural Arkansas in a terrible flooding. And then he expressed the inequity in terms of poverty in some of our rural communities and the need for investment in that community. And I would venture to say that alongside of that investment, this health care bill, which as our chairwoman just said, it is not respective of region or what party you're in or who represents your district; you

will have access to health care. That means that many of the rural Americans, some of whom scratch their survival out of the earth, some of whom are still tenant farmers, some may have small family farms, and many of them have sacrificed to invest in those farms and have probably ignored the need for health care because of the cost. Now we have that opportunity to ensure that those Americans, hard-working Americans who put bread on our table, have the ability to provide for their family.

The Secretary made mention of the fact of the First Lady's commitment to, in essence, stamping out obesity, particularly in our children. This health care bill provides for preventative measures, preventative care, and a focus on nutrition and an emphasis on helping children, something long overdue. And it compliments the First Lady's effort and the Secretary of Agriculture's acknowledging that we must have healthy foods, for example, in our school cafeterias to make healthy children. But at the same time, it is important to note that that child who may be obese as we speak should have access to some form of health care.

Now, with the passage of this health care bill, that child will have that opportunity to have a better life, a healthier life, to have a nutrition plan—we don't like to call plans for children diets, but a good healthy nutrition plan that can be governed by their family practitioner now or their pediatrician, to which they will have access, either through the National Exchange or through health care that now this family farm or their family can purchase.

Just a week or so ago, during Memorial Day week, I had the privilege of announcing a \$1 million grant that was to allow an inner city hospital—the only African American hospital in the State of Texas, and one of very few in the Nation—to receive a grant to servicemembers and their families, active duty servicemembers and their families for PTSD, post-traumatic stress disorder. We know that is a prominent and prevalent condition that many of our soldiers are coming back from Iraq and Afghanistan and have been impacted by that.

But what about mental health and the need for mental health care across America that people who have had mental health concerns have literally suffered because we never had parity in our health care insurance coverage? It has never been required federally until recently. The legislation, of course, shepherded by the late Senator Ted Kennedy, and our friend and colleague, his son, PATRICK KENNEDY. But for so many years, we did not have mental parity; insurance companies could ignore it. Just think if you would ignore the servicemen and their families who are impacted by post-traumatic stress disorder.

Well, many Americans feel isolated with mental health concerns and not

being able to access good care. This health care bill turns a corner on mental health care, and I want to say to the American public that physical illness has no position to be raised up over a mental health condition. There should be no stigma, and you should have access to as good a care for a physical ailment, a broken arm, an upset stomach, diabetes, kidney disease, terrible diseases, of course, but you should equally have access to mental health care. Well, this health care bill allows that to happen, and I think that that is a step forward for the American people.

It's good to note that families who have raised children who are now entering the work world or looking for work and coming out of college, used to be an enormous burden of, how do I care for my child when they have aged out of my insurance? Well, now we have the opportunity for them to remain on the insurance until 26. But let me give an admonition—and I think this is going to be important for the Congress to do. In the legislation, there are several oversight provisions in the bill—in fact, our own Congressional Black Caucus, working with Congresswoman EDWARDS and some others, were very insistent on making sure that the raising of the cost did not inappropriately or unfairly burden middle class, upper middle class Americans, just by the nature of who it falls on.

But the other aspect of it is, the rumor is that if insurance companies are required to keep children on until they're 26, that ugly word of "increased cost" is going to rise. What I would say is that we need to pay attention to the actuarial tables and the database that suggest how many times a 26-year-old or under utilizes health care and not let insurance companies just willy-nilly on their own regard, on their own basis make the determination, well, they're giving me something to do, I'm going to raise the cost, because that's what people are afraid of. We have to say to the American public, we're going to be your watchdog in the United States Congress and ensure that that doesn't happen.

Let me also take note of the federally qualified health care clinic. I'm excited about that. I debated this some years before when we were talking about trying to put more funding into the legislation to increase the number of federally qualified health clinics even before this health care bill because for a long time, these clinics were not even known about. But the idea to be able to walk out your front door and walk down your block and go to a health care facility that is not an emergency room will make an enormous difference on the healthiness of Americans, preventative care.

Right now I am, in my community, assessing different locations in my congressional district that a federally qualified health clinic would be suitable; the population, the partnership, 501(C)(3)s, and petitioners who would

want that to be in their neighborhood. I'm excited about it. And I'm excited about the Martin Luther King Center. That is a health clinic that I helped fund so many years ago when their doors were about to close. They are not only open today, but they have sprung two more Federally qualified clinics in order to be able to serve the public. This is a good investment.

As was indicated earlier, our small businesses will finally be able to spell the word relief, r-e-l-i-e-f. They will be able to say, I will be able to not only pay for the owners, but my employees will be able to get insurance, and that is a great mechanism. And we should not let anyone, in essence, dump on our parade. We should not let anyone miscalculate or mischaracterize, if you will, how much of an impact the small business tax exemption will be for those small businesses to allow them to be able to provide health insurance for their employees.

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Small businesses are the backbone of America. They are probably the largest employers of the American economy. They want to provide insurance for those mothers and fathers who work for them every day, who are committed and dedicated—sometimes they are mothers and fathers with family businesses—and now they will be able to do so, and I believe that is very important.

The doughnut hole was the most horrific vote that was taken here in the United States Congress some years ago, which was for Medicare part D. We lasted on the floor of the House until 6 o'clock because our friends on the other side of the aisle could not get a vote until they squeezed it out of some of our colleagues. It was horrific. For those who don't understand it, it means that you pay for your prescription drugs, which are going through the roof, until you, as a senior, fall in the hole because you've gotten a catastrophic illness, and they will wind up paying for you. What an atrocity. We're going to close that hole in the next 2 years.

As well, right now, seniors should be receiving \$250 checks in their hands. We recognize the undermining of your health care because of Medicare part D. First of all, it was unrealistically expensive, and certainly, it was a plan that we Democrats have indicated was a wrong-headed decision. Obviously, we have been proven right. Part of our deficit, which was spoken so loudly about by the other side of the aisle, was caused by Medicare part D, and the large majority of our party, our caucus, voted against it. Really, it was a wrong-headed direction to take.

Here is another negative that the naysayers would say: well, you can hardly get into doctors' offices today. How are you going to get into their offices now? They're standing in line. I'm afraid that I'm not going to be able to see a doctor.

They were scaring seniors with that kind of information. Well, I think that when people are inclined to serve, there is a great deal of love and affection for the medical profession. Yet one of the reasons we don't have the numbers is that we have not been able to give people opportunities. It is very expensive training, so we will be engaged in providing resources to train nurses, nurse practitioners, and physicians. We will actually have resources to give young people who want to go into that profession.

I spoke at the High School for Health Professions in my district. They have a diverse student body, but many of them are not going into the health profession. Yet many are, and more would if they had the resources to do so. So we are excited about that.

As I focus on closing on some of these points, let me quickly bring something in that you might not think is related to the health care bill, but it is. The BP oil spill is plaguing the gulf coast. More importantly, there is human devastation, if you will. There is the devastation of not working in the shrimping, fishing and oyster industries. There are some energy industry workers who are now not working as well. All of those individuals were probably living off their salaries or off the revenue that they brought in day to day and month to month. I would imagine that some of those individuals did not have health insurance. They might have even been paying a fee for service because they made choices of putting money into businesses as opposed to into health care. Well, now we have an opportunity for these individuals, if they are at risk, to either go into a high-risk pool or to prospectively be able to go into a health exchange to be able to get the most cost-effective health insurance that they might be able to get.

With that in mind, I would like to indict, if you will, those States for refusing to get into the health exchange program, like my State, which has the highest number of uninsured, as evidenced by Dr. Oz, who came to Houston, but also as evidenced by the data that says that Texas needs opportunities for people to be insured. So I would hope that we would have the kind of energy and excitement around this idea of the health exchange so that States would have to engage in it because the people would rise up and would say that they wanted it.

Of course, under this bill, hospitals which have been facing increasing costs with no compensation now will have the opportunity to be paid for uncompensated care. We hope those numbers will go down now because, obviously, if they go down, it will mean more people will have gotten their own insurance; but just in case, these hospitals will have that.

I want to close on these last two points which I think are unique to the Congressional Black Caucus. One is to express great applause to the CBC

Health Care Task Force with Dr. DONNA CHRISTENSEN and to the Tri-Caucus health effort, because out of that effort came the very important language on disparities or on the continuing work on disparities that we see amongst our minority population, such as with regard to diabetes, kidney failure, heart failure, and such as with regard to devastating breast cancer. These are elements that are clearly as a result of disparities that were not addressed, and I think we will see more opportunities for clinicals where minorities will be used so we will be able to find causes and will begin to find cures for some of these devastating diseases in the minority community.

Lastly, our work is yet unfinished. I worked very hard on the issue of physician-owned hospitals. Many of us thought that the passage of the bill was worthy of our looking down the road and of our making sure that we would cure that problem. It is a serious problem because these hospitals were stigmatized as hospitals that were all for-profit and not for service. I know for a fact that the hospitals that are in the State of Texas which hire or which have at least 40,000-plus employees are serving their constituents with OB/GYN and with full service care. One of the hospitals in my district was the only hospital that had a wing dedicated to H1N1 when it was rampant here in the United States.

I am looking forward to the leaders of these hospitals having the opportunity to come back to Washington to sit down with our leadership and to talk about making sure that these hospitals are not discriminated against as it relates to Medicare reimbursement. Some language allows that to happen in the bill, but it is a very peculiar formula that may not match all of the needs of the constituents who need to be taken care of by these hospitals.

So I thank the distinguished gentlelady from Ohio for her constant leadership. She has a great medical community in Cleveland, a community that certainly was engaged in this process of putting together this very, very strong health care reform bill, historic in its own efforts; and I thank her for her leadership.

My final words are: it is never easy to make hard decisions. We said that as we debated and as we compared this to the 1964 Civil Rights Act and to the 1965 Voting Rights Act. There were many in their home districts who threatened them for taking that vote. Where would America be today if we had not taken the strides to break down the shackles of discrimination to allow all Americans to vote? I hope and I pray and I believe that we will have the same opportunity to look back on history in 2010 and will be able to say how we have changed the lives of Americans and how we have saved the lives of Americans.

With that, I yield back to the gentlelady, and I thank her again for her leadership.

Ms. FUDGE. I thank you.

Mr. Speaker, I just want to again thank my friend and colleague, Representative SHEILA JACKSON LEE, for her insight and for her knowledge, obviously, of the bill as well as for her ability to connect with the American people.

I thank you for joining me this evening. It is always my pleasure.

Mr. Speaker, again tonight, we are going to focus on the benefits of the health care reform that Americans are experiencing today. When it comes to health care reform, what is now called the Patient Protection and Affordable Care Act, I truly believe history will show those of us who supported it did the right thing, and we are already seeing evidence that our courageous act is positively impacting Americans.

I am extremely proud that Congress took the task of closing the doughnut hole for seniors. The doughnut hole has, in many instances, become the black hole because, for some seniors, the uncovered prescription costs never end. Fortunately, that is about to change. Beginning in 2011, seniors in the doughnut hole will receive a 50 percent discount on prescription drugs. By 2020, the doughnut hole will be completely closed. I know that many seniors cannot afford to wait. To ease the burden, Medicare recipients will automatically receive onetime \$250 checks to help them with prescription costs. Some of those checks have already been received. I know that this is a modest step, but it is the beginning of our commitment to improve Medicare for our seniors, and I am very happy to see that it has started helping some of the 97,000 seniors in my congressional district who receive Medicare. Making prescription drugs more affordable for seniors is only one of the many benefits for seniors included in the recently enacted health reform law.

Other benefits for seniors include free preventative care services. So, if you need screenings or if you want your physical examinations, all of those things become free, and all of those things become free under Medicare beginning in 2011. Extended funding for Medicare is going to be there through 2029. There is going to be increased access to doctors, and we will have expanded home- and community-based services to keep seniors in their homes instead of in nursing homes.

I am also pleased that Americans without insurance and those who have been denied insurance due to pre-existing conditions can now sign up for immediate access to health coverage. This will be done through a temporary high-risk pool until the exchanges are up and running in 2014. This will be a great relief for Americans.

Small businesses are receiving tax credits to assist in providing employees with health coverage. As a result of the health care reform, the Federal Government now offers tax credits of up to 35 percent of the employer premium contributions for those small busi-

nesses that choose to offer coverage. Beginning in 2014, those tax credits will increase to up to 50 percent of employer premium contributions.

Beginning in September of this year, of 2010, just in time for the start of the fall semester for college, young adults will be able to remain on their parents' insurance plans until age 26. The best part is any young adult without employer-provided insurance will be able to remain on their parents' insurance plans up to age 26. The young adults need not be enrolled in college. He or she does not even have to live in the same State as his or her parents. Parents only need to contact their health insurance companies to enroll their children.

Also, our young adults, including former foster youth, will be able to pursue their educations and start their careers without the fear of unexpected medical bills hanging over their heads. Finally, these young people will have access to medical care without fear that they will have bills they cannot afford.

Further, Mr. Speaker, in September, we will also respond to the needs of younger children. Beginning on September 23, the unfair and discriminatory practice of denying children health care due to preexisting conditions will end. No more will insurance companies determine that children who face medical hardship don't deserve affordable health care. No more will private industry decide which children deserve care and which do not.

I held multiple town halls on health care prior to the passage of the bill, and I was moved by the many stories I heard. One in particular came from a father who was barely able to afford health care for his son who suffers from sickle cell anemia. The insurance company found sickle cell to be a pre-existing condition, and as such, the only insurance he could find was astronomical in price. He could not afford it. I am proud that this Congress remedied the situation for this father, who only wanted to give his son a shot at a healthy future.

On September 23, insurance companies will be banned from capping the amount of money they will spend on a patient's care. One of my constituents, whom I will call Mary, is especially excited about this particular provision. Mary has been paying for health care insurance, as well as for catastrophic health care insurance, for many years. She does this in case she hits the lifetime limit. She saw her own brother, who has brain cancer and no health insurance, inundated with medical bills well in excess of \$60,000. She lived in fear that that might happen to her, so she wanted to be sure that she was prepared. Just out of fear that an unpreventable or unexpected illness will force her into financial hardship, she prefers to be safe rather than sorry. Mary has maintained a policy with a \$25,000 deductible—yes, I did say a \$25,000 deductible—just to be sure she

doesn't fall into medical bankruptcy. For her, the countdown for September 23 can't come soon enough.

Beginning on October 1, there will be increases in funding for community health centers to allow for nearly doubling the number of patients served over the next 5 years. For those in Ohio, you can find a community health center near you just by calling 211. There will be scholarships for medical students. There will be new scholarships for loan repayment programs that will be available for doctors, for nurses and for other health care providers who work in underserved areas. To those listening in the 11th District at home, to find a scholarship, visit National Health Service Corps' Web site at nhsc.hrsa.gov. Again, that is nhsc.hrsa.gov.

□ 2045

Next year, in 2011, a public option for long-term care insurance will become available. Further, in 2011, insurance companies will be required to spend 80 to 85 percent of all premiums received on patient care or provide a rebate to customers. Insurance companies can no longer just take inordinate sums of money and put them in their pocket and have nothing to show for the care that they have given to the people who have paid these premiums. Now they must spend at least 80 to 85 percent on care. In 2011, Medicare patients will receive free preventive care.

As President Obama rightly noted, passing health care reform is just the first step. Implementing it in an effective, accountable way is now the challenge and our goal. I am honored and privileged to have voted for health care. We need to remind ourselves reform was necessary and why we fought so hard to insure all Americans.

I want to share the story of a constituent who was diagnosed with cancer when he was almost 15 years of age. This young man—we will call him Steve—should have been worrying about getting his driver's license or what he was going to wear to the homecoming dance or excelling in school. Instead, he was concerned for his very basic survival. Steve and his family were told he only had a 15 percent chance of living because he had a softball-sized tumor which had grown in his ribcage and into his spine. Luckily for Steve, he lived in the Cleveland area. He was being treated at Rainbow Babies and Children's Hospital in Cleveland, which is one of the leading pediatric hospitals in the world. Rainbow Babies is a world-class facility and cares for patients around the world.

The doctors, nurses, and support staff at Rainbow worked miracles on this young man. He had intense chemotherapy and spine surgery, which shrank and ultimately removed the tumor. His bones, which had been eaten away by the aggressive cancer, were replaced with titanium rods. And he started on an 8-week path to learn how to walk again, a remarkable feat

which, at 15 years of age, is something that few would have the emotional and mental maturity to handle, let alone the physical capacity.

Despite the expert care, continuing radiation, and chemotherapy, it was not enough to prevent the relapse that occurs to a majority of patients diagnosed with this cancer. Within 4 months, Steve had to repeat the process of removing yet another tumor. The tumor was removed by Rainbow Babies. Thankfully, this particular type of cancer did not return.

Steve would go on with his studies and graduate high school and stay close to home and go to John Carroll University in University Heights. His life was starting to get back on track, especially for an 18-year-old. He was still worrying about school but adjusting to college life and figuring out what it means to be a young adult. But just as Steve had started his new life, he received devastating news. He was diagnosed with a new and different type of cancer called acute myeloid leukemia, or AML. AML is a blood cancer that required him to have a bone marrow transplant. An anonymous donor and doctors at Rainbow saw him through a successful operation. And thanks to them and the resilience of his family, Steve is now a robust young adult, physically and mentally ready for the challenges that come to college students.

The story of Steve's resilience and his doctors' skill and persistence is a heroic one that can serve as inspiration to all of us. But what makes this story most notable was that much of it was done without the basic protections that should be guaranteed to minors by health insurance.

Steve had exceeded his lifetime insurance limit during his third bout of cancer and, as a full-time student, he was ineligible for his parents' insurance. Steve sums up his own feelings about health care reform with this quote. He says, If you voted for the health reform bill, thank you, because for other kids, teens, and young adults like me, you solved two problems this year: one to prevent insurance companies from having lifetime maximums, and allowing young adults and teens to remain on their parents' coverage until age 26, even if they are not enrolled in postsecondary education.

A story like this, Mr. Speaker, will never need to be repeated again in this Chamber, and that's because of health care reform. I am, again, proud to have been one of the persons who voted in this House to save the lives of so many.

With that, Mr. Speaker, I yield back.

LESSONS FROM THE PAST

THE SPEAKER pro tempore (Mr. MURPHY of New York). Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. It's a treat to be able to join my colleagues this evening as we

take a look at, once again, some of the fundamental questions that we face as a Nation: the questions that center around our budget deficits, the world economy—particularly unemployment in America—and the various policies that are involved in some of these questions. These are things that have absorbed the attention of our Nation now for some period of time because the economy has been very tough. There are many Americans that are hard workers that are out of work, and the condition of our country overall, even particularly various States, is troubling at best, and dire probably would be more accurate.

I think that it's appropriate sometimes just to look back a few years to see where we have come from and also to develop a little wisdom from the past and the lessons that we can learn from the past. I have chosen just to jump in at a particular point, an interesting point in history that I think a lot of people don't know. This isn't really old history. This is things most of us have lived in our own day.

This was September 11, just 2 years after the attack on the Twin Towers, September 11, 2003, the situation chronicled by The New York Times, not exactly a conservative oracle, yet accurately reflecting a proposal, in fact, a plea, from President Bush. This is what the actual text of the article says: The Bush administration today recommended the most significant regulatory overhaul in the housing finance industry since the savings and loan crisis a decade ago.

This is 2003. This is not 2008, when the housing crisis came crashing down upon all of our ears and destroyed the stock market and our economy. It says here: Under the plan disclosed at the congressional hearing today, a new agency would be created within the Treasury Department to assume supervision of Fannie Mae and Freddie Mac, the government-sponsored companies that are the two largest players in the mortgage lending industry.

Freddie and Fannie, for people who have just gotten a little hazy in their memory, of course, were quasi-governmental. They were really private companies, but they were created with almost the implicit assumption that if anything goes wrong, the Federal Government will step in. And what was going on was that going back even before 2003, you had Federal policies. This is closely tied up with the ACORN organization and our President. You had Federal policies that said that banks had to give loans to people who were a very poor risk. There were certain areas of the country where it was very hard to get mortgages and for individuals to buy a house. We felt that home ownership was a good thing, in general. And so the banks, the Congress decided that the banks should be required to make loans to people who may not be able to pay those loans.

So what you have here is social engineering. It reached its height almost

under President Clinton in his last year. And he changed the percentage, saying that the banks have to up the percentage of loans which, by most other economic standards, would be just considered risky or poor loans. Well, what happened was the different bankers and other people who sold the loans took these loans and offered people money to buy houses, even though their credit or perhaps the job they had showed that they could not support that rate of mortgages and mortgage payments. So they sold all these things. But guess who picked up the tab? Well, it was Freddie and Fannie. And Freddie and Fannie got into a huge business of underwriting people's home mortgages, and this grew and grew and grew.

Well, by 2003, even while we were in the height of the real estate boom and it seemed like housing prices were doubling every few years, Freddie and Fannie lost a few billion dollars or so, or a lot of millions of dollars, and that reflected the fact that Freddie and Fannie, in the President's estimation, were in trouble. So the President wanted more authority from Congress to regulate Freddie and Fannie, who were largely private, and the President had no authority to do that. So he is requesting authority.

The response of the Democrats—in this case, particularly the top Democrat in the House at the time was Representative FRANK. He said these two entities, Fannie Mae and Freddie Mac, are not facing any kind of financial crisis. The more people exaggerate these problems, the more pressure there is on these companies, the less we will see in terms of affordable housing.

Now, of course, 20/20 hindsight, you look back and say, Well, yeah, this isn't a very smart thing to have said because Freddie and Fannie were in huge trouble. They continue to be in huge trouble. They're extended way beyond what they have any means to pay for. They've got lots of debt that they shouldn't have. So there is a huge problem with Freddie and Fannie. But Freddie and Fannie were very popular here in Washington, D.C., because they had hordes of lobbyists with many, many thousands and hundreds of thousands and millions of dollars which they gave out to political people in Washington, D.C. So Freddie and Fannie were very popular, and it was quite a number of people, particularly Democrats, said, No, there's no real problem with Freddie and Fannie.

As we know, Freddie and Fannie did have a problem and they're in a tremendous crisis. As that crisis developed, what happens is not only does ACORN and the social engineering threaten just the housing market, but it affected not only just our economy but the entire world economy and created this crisis which started in housing but, unfortunately, did not stay contained just to the housing market.