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35TH ANNIVERSARY OF INVASION  
OF CYPRUS

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

Mr. BILIRAKIS. Mr. Speaker, I rise today to recall an anniversary that for the past 35 years has plagued the Cypriot and Hellenic communities, as well as all freedom-loving people. Mr. Speaker, even though the tragic events of the Turkish invasion took place so long ago on July 20, 1974, the pain and suffering is still felt because the divisions of the invasion still exist, unfortunately.

This week is a time for this body to solemnly remember the Turkish military invasion of the island of Cyprus, to mourn those who lost their lives in the invasion, and to condemn the ongoing Turkish occupation.

On July 20, 1974, in flagrant violation of international law, Turkey invaded Cyprus and violently captured the northern part of the island Cyprus' territory. As a result of the Turkish invasion and occupation, 160,000 Greek Cypriots, 70 percent of the population of the occupied area, were forcibly expelled from their homes. In addition, 5,000 Greek Cypriots were killed, and more than 1,400 Greek Cypriots, including four Americans of Cypriot descent, remain missing since the Turkish invasion, and their fate is still unknown.

As a result of the invasion and occupation, Greek and Turkish Cypriots were forcibly divided along ethnic lines and remain so to this day.

The United Nations has adopted numerous resolutions which reflect the universal condemnation of Turkey's invasion. Moreover, the European Court of Human Rights has found the Government of Turkey responsible for gross and systematic violations of human rights in Cyprus.

Cypriots should have the right to return to their homes, and the illegal settlers who were transported from Turkey to the occupied parts of Cyprus should relinquish their homesteads and properties to the rightful owners. Thirty-five years is 35 years too long for the island and people of Cyprus to endure an illegal occupation and division.

Negotiations that began with President Christofias and Turkish Cypriot leader Mehmet Ali Talat last year have provided some measure of hope. Negotiations are moving forward. The key to a successful outcome of the negotiating process and reunification of the island remains with Ankara. A solution to the Cyprus problem cannot be reached without Turkey's full and constructive cooperation. It is essential that Turkey exhibit the necessary political will that would enable the negotiations between the two communities in Cyprus to move forward. A solution must come from the Cypriots themselves and must serve the interests of the Cypriots.

Secretary Clinton promised me in a recent hearing that the administration would support a solution of the Cyprus problem and, specifically, a bicommunal, bizonal federation. The U.S. should use its influence toward Turkey to also actively and publicly support the process and the reunification of the island as a bicommunal and bizonal federation.

Mr. Speaker, let's hope the people of Cyprus won't have to suffer another year longer. Let us hope that Cyprus will once again be a unified nation where all freedom-loving Cypriots can live together in peace.

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.)

## 30-SOMETHING WORKING GROUP

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

Mr. MURPHY of Connecticut. Mr. Speaker, we're here for the next 60 minutes to talk about the need to get health care, affordable accessible health care to all Americans; but before we do, I want to yield to my good friend from Ohio who's going to join us for this hour to share with us some pretty exciting news about his home district.

Mr. RYAN of Ohio. Well, we have in Youngstown, Ohio, we have a Youngstown business incubator, and we've had some debates on this floor about a variety of issues, earmarks, different things. And one of the issues that I have been pushing, and I know a lot of Members, is reinvestment back into communities in the Midwest that were once steel or rubber or industrial cities to invest in new technologies.

And we have been doing that in Youngstown, Ohio. We have a great business-to-business software incubator there. And recently in the latest edition or latest issue of Entrepreneur magazine, you may or may not be able to read, the 10 best cities to start a business, and down here in parenthesis: Youngstown, Ohio. Anyone? So we're in there with some major metropolitan areas across the country who have been doing great things, but in Youngstown, Ohio, in the Mahoning Valley we're emerging, I think, from years and years of steel-making into advanced manufacturing and business-to-business.

It's great. To the gentleman from Connecticut and the gentlelady from Maryland, this is the best issue of Entrepreneur magazine they've ever put out. And I commend to you this issue and read with great excitement, as we have.

And we have a local convention center there that's doing great and has made money for the first time in the second quarter and they're doing tremendous. We have got a lot of great shows. We've got downtown living. Anyway, it's happening like a lot of cities in Connecticut, I think, that have made comebacks.

So I wanted to just plug our local business incubator, thank Jim Costner who runs the incubator; Michael Brokerage who ran the company that was highlighted in here and look forward to our health care discussion as well, so that these small businesses can prosper in the future because we have a sane health care policy going here in the United States.

Mr. MURPHY of Connecticut. If you pick up that issue, you can also read about pet airways and the shiny object of the month as well.

Mr. RYAN of Ohio. Absolutely. Whatever you need, it's all in here.

Mr. MURPHY of Connecticut. It's a good issue.

Mr. RYAN of Ohio. This is "the" issue. In fact, they may just wrap it up and say we're never going to have a better issue than the one we just issued so we're done.

Mr. MURPHY of Connecticut. Well, congratulations, Mr. RYAN of Youngstown, on a very well-deserved accolade, and you know, in some way it's a good segue to what we're going to talk about tonight, which is the need for this Congress to pass health care reform that revitalizes our economy, that cuts the cost of providing health care to employees for the thousands of businesses in Youngstown, Ohio; in Connecticut; in Maryland that are right now struggling to match revenue with expenditures to cut the cost of health care for the millions of Americans who don't have it today and desperately need it, you know, cut the cost of health care for the Federal Government that right now is about to bankrupt itself through major increases every year in the amount of money that we have to put out for health care.

So, listen, families in my district, they didn't figure out that this economy was in trouble when the banks did and the investment houses did last October, November. You know, they knew this economy was in crisis long before that when they saw their wages stay flat over the last 10 years while their employer heaped more and more of the cost of health care on their backs.

They figured out that this economy was in trouble when they showed up to get an MRI and they were charged a \$200 deductible. They found out this economy was in trouble when they went to get health insurance in the new town, new State that they moved into and found out because their daughter had a complicated preexisting condition that they were uninsurable and that they were going to bear the full cost of care for their family.

Health care costs in this country, whether it be for individuals or businesses, have been weighing this economy down for way too long, and this health care conversation that we're having today, this bill that we hope to pass that we're going to talk a little bit about over the course of the next hour, is certainly about getting health care out to the people that don't have it in a country that is the richest and claims to be the most powerful in the world. There's just no reason why some little kid goes to bed at night sick just because his mom can't afford to get him to a doctor. That's just not right.

But this is just as much beyond the moral considerations of conscience for a country that doesn't provide health care to those kids. This is about economic revitalization of this country, realizing that we are going to be forever at a competitive disadvantage, vis-a-vis the rest of the world, so long as we have a health care system that costs twice as much as every other country health care system.

And what we need to talk about is, yes, the cost of the bill that we're proposing and the cuts that are in the bill to providers and what that means, but we're also going to talk about the cost of doing nothing. We're also going to talk about the cost of the Republican proposal which is to sit on our hands for another 10 years and let this health care system spiral out of control for families and businesses.

We cannot afford as an economy to continue to allow health care costs to strangle us. It is a tough issue to take on.

There's a reason why this Congress has gone 30 years without passing major structural health care reform. It's tough. There are a lot of special interests involved in this thing, but for families and for businesses in Youngstown, in New York, in Connecticut, in Maryland this is the right thing to do and the right time to do it.

So I hope that over the course of the next hour we're going to talk about the need for health care reform, and we're going to talk a little bit about the specifics, and we're going to push back on not the myths that have been created from the other side, but frankly the outright fabrications that have come from our colleagues on the other side of the aisle and the pundits who talk on the air waves and radio waves at night and try to clear the record as to what this means for our constituents.

So, with that, let me welcome my friend from Maryland, Representative EDWARDS, for joining us here this evening for this Special Order hour.

Ms. EDWARDS of Maryland. I thank my colleagues because I think there is probably no more important issue to talk about than health care, and not for us but for the American people.

I thought about it for a bit, and before I came into the Congress, I started out the year 2000 working at a small nonprofit, and they paid all my health care, and the cost was about \$12,000 per

employee. Well, by the time I had been elected to Congress and came in in 2008, the cost for me and my son, you know, same network, was about \$20,000. And that's true for people across the country, that premiums have skyrocketed about 114 percent over a decade.

And I think that if you think of those wages, whether they worked for small or large employers or they're self-employed, there are few among us whose salaries have skyrocketed to 114 percent in the same time frame. And that's what we're talking about with health care.

And so I know that we often speak a lot about those who are uninsured; and, clearly, the moral imperative for us to insure the 47 million to 50 million people who don't have any health care coverage at all is really important. But tonight I want to spend some time actually talking about the 250 million people or so who have health care coverage and sometimes it's inadequate. Sometimes it doesn't meet the need when the time comes, and then other times the premiums and deductibles are going up, the copayments are going up, out-of-pocket costs are going up, and what began as an affordable plan has become really unaffordable for so many Americans.

And it's a system anymore that's unsustainable. We think often about what it means to be sick as an individual, what it means to have a family member who's sick. Well, there's something that is really sick, and it's our health care system. It's really sick. It's on its last leg, and our job in the United States Congress is really, I think, to do some truth-telling about this system and to let the American people know that we really do have a plan that is going to lower costs, that is going to make health care really affordable for ordinary Americans, that is going to ensure that if you have coverage and you like it you can keep it, and if you want to have other choices you can have those, too, and that the government is not going to be out there choosing your doctor. You get to choose your doctor.

You will have a system in which, you know, if you have an illness like my father had kidney disease, well, he wouldn't be able to be turned down by an insurance company because he had a preexisting condition.

There are some insurance companies that turn women down who have experienced domestic violence because they define domestic violence as a preexisting condition. This is unacceptable, and so I think for the American people we are creating a plan that is indeed fiscally responsible. It is the moral imperative to do what's right by the American people, and we know that the kind of investment in prevention in community health and ensuring that we take care of primary practice, we will in fact achieve the kind of goals that we set out for the American people and invest in that competitiveness that we talk about all the time for the 21st century.

And so I'm excited to be with my colleagues this evening because we have a task ahead of us, and it's a difficult one, and putting it off is not going to make it less difficult. And the enemy, those people who don't want reform at all, will try to say anything or do anything to kill reform, and we can't that let happen for the American people.

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With that, I'd yield to my colleague from Connecticut.

Mr. MURPHY of Connecticut. Thank you, Representative EDWARDS. I think you're exactly right. There are just a lot of forces of "no" here. Frankly, it's not the first time we've seen it. When we tried to free this country of dependence on foreign oil, there were a whole bunch of people in this House of Representatives who said "no."

When we tried just 2 years ago—I mean, forget health care reform in the way we're talking about today. A couple of years ago in this House we just tried to extend health care coverage to 4 million more kids. Just 4 million more poor kids out there who just deserve a chance to get up healthy, on two feet, and learn every morning. We couldn't even get it to them. So there are a lot of people in this House who are against any change.

Mr. RYAN of Ohio. Will the gentleman yield?

I want to accentuate that point a little bit. We tried to provide 10 million kids health care coverage through the State Children's Health Insurance Program, and President Bush vetoed it twice, with the support of a lot of people who come to this floor tonight and are fabricating things about this bill, talking about we're going to cover illegal aliens and this is a government-run operation that we're trying to promote here, that we're trying to drive small business out.

This bill doesn't even start until 2013. What we pass, no matter what it is, doesn't even get implemented until 2013. And there's no coverage for illegal immigrants in this bill. That's why it doesn't cover everyone. It only covers 97 percent of folks here, and there may be an argument about that.

But the fact of the matter is there is institutional support to undermine and sabotage health care reform, and someone's going to win and someone's going to lose. And who's been winning have been the big insurance companies, the people who like the system just the way it is, and the people who have been losing are the men and women and children that the gentlelady from Maryland was speaking about a few minutes ago.

So, yes, this is a big fight. This is a pretty big deal that we're having. But the scare tactics—and it's funny, because our friends on the other side of the aisle, they're like a stable full of one-trick ponies, man. If there's not fear coming out to scare you, to make you so afraid of what is happening, but

the problem they have now is everyone's already afraid. Everyone's already scared. Everyone's already anxious about their kid and the middle of the night, if something happens, they've got to go to the emergency room because they don't have the kind of coverage that we want to provide here.

So they can keep coming with the fear, but what we want to do is provide a little bit of hope for the American people and some sanity, and this chart, itself, shows it.

We pay twice as much per person for health care in the United States than they do in France and Germany and in Canada. We have a lower life expectancy. We continue to spend more and more and more and more and not reap the benefits of it because we don't spend the money in the right areas.

We need to put the money in the front end so that we have prevention and we stop a lot of these problems from happening in the first place.

If you look in the United States from 1995 to 2006, we had an 83 percent increase in health care spending. Public, private, all health care all together, 83.64 percent increase in health care spending; that is not sustainable. It goes on the backs of the small businesses. It goes on the backs of the individuals. We just can't continue to do it.

Mr. MURPHY of Connecticut. I thank the gentleman from Ohio. I do now want to welcome to the floor a good friend, Representative TONKO from New York, who is joining us, a new Member, and just been a great proponent of trying to get more people in his district insured and lower costs for the folks as well.

Mr. TONKO.

Mr. TONKO. Thank you, Representative MURPHY. Thank you for bringing us together in what is a very good exchange so that we can exchange for the sake of the American public the facts on a situation that finds us meeting a wonderful challenge that can pull us to a new day for health consumers in this country.

With the leadership of President Obama and certainly with the leadership in the House, with the Speaker here in the House of Representatives and the respective Chairs, we're now developing that dialog that is long overdue, that needs to speak to the dignity of health care for each and every individual in this country.

You know, I listened to the statements made by my friend Representative EDWARDS about those who are insured today. What is startling is to look at the business community and understand that in the last 15 years we went from a statistic where 61 percent of our small businesses offered employee health care coverage. Today, that number has dropped below 40 percent. Some 38 percent of our small businesses offer that. It's not that they have grown less compassionate or less sensitive to those needs. They simply cannot afford this system.

So a plan that embraces universal insurance reform, that sharpens the pencils for our consumers, that drives the bottom-line bargain whereby it is affordable, where there's an exchange developed, where there is a plan, a customer, a consumer choice plan that will be actuarially sound, that will incorporate all of the basic health care measures essential for our families in this country, will compete with that private sector market in that exchange.

That separate consumer choice plan will be sustained by premiums, not by government taxes. It will be a plan that will be modeled in a way to compete, and I believe effectively, so as to produce a market-driven outcome that is far better than what we see today.

The cost of providing health care insurance by our business community is said to be about \$430 billion today. In 10 years, doing nothing, we all know that that's been projected to grow to some \$880 billion. We can't afford that. The plan of inaction is unacceptable.

And you're right, Representative MURPHY. When you talk about some of the similarities in the energy debate, there are those in this House that want to feed that discussion with facts. There are others who are happy to play with figures, and that fix has denied progress.

Just this week, we celebrated the 40th anniversary of the Apollo mission, of landing a person on the Moon, being able to invest as a Nation because of a boldness of vision.

Well, the boldness of vision here that we're now asked to respond to is about providing quality health care with reduced costs and equal access for everyone. With this exchange, there's the potential of having groups migrate toward that opportunity in areas of need, in elements of need, where 10 or fewer employee firms can join up, then moving to 20 or more, then moving to that universal system where we grow this opportunity to provide universal coverage. That is an important part of the equation.

It also impacts our State governments and our Federal Government. When people talk about taxes they say, Cut that budget. Well, we can take \$56 billion today of health care coverage that is provided for those who are uncompensated, \$56 billion paid for by Federal and State sources, so as to allow for the care for those who simply do not have a plan.

Well, we can avoid all of that. This is called preventative maintenance. We offer prevention in these plans. We provide the incentives to encourage people to move into these preventive models that will provide for outstanding benefits.

This is a great opportunity to reform a system that has long been asking for reform, and we do it in a way that is consumer friendly, consumer driven, and the government stays out of that equation, as was made mention. They're not going to choose. The gov-

ernment is not going to choose your doctor.

There are plans that empower our families and respond in a way that won't penalize them for catastrophic care, won't penalize them for pre-existing conditions, won't penalize based on age, and will take care of our children in a way that shows us to be the compassionate Nation that I truly believe we are.

This is a way to express it. This is a way to also be economically sound in moving forward with health care delivery so that our businesses can compete in that global marketplace, not strapped with the burdens of this system. But we do take what is good about the American system, keep it in place, and reform those elements that need to be reformed.

It's a great opportunity for us to do academically sound work. And I applaud the efforts of leaders in town that are doing this with their eyes wide open, with their heart in the right place, and with the boldness of vision that they're sharing with the American public.

Mr. MURPHY of Connecticut. Mr. TONKO, I think that if the Democrats had introduced a one-page bill that was a nice, pretty picture of a flower, the Republicans would have claimed that it was socialist medicine. It just didn't matter, right? It doesn't matter what is in the bill.

A lot of our friends—not all of our friends, but a lot of our friends on the other side are going to scream, "Government-run medicine and socialism" because their pollsters have told them—and we got a 28-page memo from the top Republican pollster, Frank Luntz, who's laid it all out for them that if you want to kill health care reform, all you've got to do is go out there and shout, "Government-run. Government takeover."

And so there are friends on the other side of the aisle and those outside this House who want to stop health care reform who've never read the bill, who have just decided to shout some slogans to try to stop it.

Mr. TONKO. I think you're absolutely right. The issues of energy reform, energy security, the issues of health care reform cannot be resolved or determined by sound bites, by bumper sticker slogans, by billboards. They need to be done in a way that establishes a healthy dialogue, academically driven, and where facts rule and fiction is set aside.

What I'm proud of is that the majority here has approached this situation in a way that allows us to push forward a very, very strong bit of reforms, including those in the insurance industry.

Mr. MURPHY of Connecticut. Let me ask our good friend from Maine, Representative PINGREE, to join us, somebody that I knew about long before she got here as a tireless advocate across this country and in her home State of Maine for health care reform.

So I'm happy you're here to join us.

Ms. PINGREE of Maine. Well, thank you so much for letting me say a few words here and thank you for convening us all here on the floor to counter some of what we hear on the other side, as you mentioned, that this would be the worst thing we could ever do and what is wrong with this. I'm glad to be here for a while to talk about what is right about this.

You mentioned that I have been working on this for a little while. I often tell people I may be a freshman in Congress—and I truly am one of the freshmen and proud to be here—but I've been working on this since I was first elected to the State legislature in 1992, which was also a year we all thought we were running on health care and when we promised the American public we were going to do something about this.

And what I would say is most significant about talking about the issue now when I'm back in the district—and I, like most of my colleagues, have held forums of doctors and businesspeople and individuals who have health care, individuals who can't afford their health care, everyone across the spectrum.

What is different is, when I first ran in 1992, I would sit down with a group of the doctors in my home county, Knox County, and they would say, Keep your hands off medicine. Don't want socialized medicine. Leave this alone.

And when I meet with the doctors today, they say, How soon are you going to fix this system? They tell me, We can't work anymore. We can't provide our patients with the care that they need.

This will be surprising, but they took a poll of the doctors in Maine—and, look, we're not a completely liberal State. We've got two Republican United States Senators. But our doctors said, with a 50 percent margin, that they wanted single-payer health care now. Now, we're not voting on single-payer today. We are working on a bill that is an excellent bill. But that just shows you how far the medical profession has come. Doctors, nurses, alternative providers, they're all saying that.

Certainly, my Chambers of Commerce, when I sit down with them, it's the same thing. They don't say to me anymore, Keep your hand off medicine. They say, How soon are you going to do this? We can't afford to cover the cost of our employees. And they want to. They know that it's better to have your employees covered.

These aren't people trying to run away from the bill. These are people who are saying, with the costs going up, with a limited number of providers, We cannot not afford to be in the system any more.

Recent figures in Maine show, if you have health care insurance—and you all may have mentioned this before I came into the room—but if you have health insurance today, \$1,200 of your

payments are going to a cost shift to cover everybody else. When people say to me, Don't tax me to cover health care, you're already paying a tax if you have health care coverage.

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One other thing I want to say and then get back into the dialogue. My good friend from New York mentioned the challenges of being a State legislator. Certainly States today, as we all know, are struggling under the weight of trying to cover the uninsured, the charity care in hospitals. I am fortunate to have a daughter who is the Speaker of the House in the State of Maine.

I can guarantee you, as they made budget cut after budget cut after budget cut, every time she could pick up the phone and call me, she would say, Mom, when are you guys in Washington sending the money back to our State because we can't afford this anymore? And I am one of those who have valiantly tried health care reform. We have many of the insurance reforms that we are talking about in this bill, but frankly, they don't go far enough. You can't count on the insurance companies just to do it out of the goodness of their hearts.

We've tried it all in our State. States are struggling under the weight of this. We need a Federal plan, just like the bill we're working on today. It's an excellent piece of legislation. It's a very good start, and I am very excited to be here with all my colleagues tonight.

Mr. MURPHY of Connecticut. It's amazing to me how we can all represent districts as different as they may be who are all struggling with the same problem. There are uninsured folks in every single one of our districts, whether they be affluent districts or poor districts, African American districts, Caucasian districts, whatever it may be. And the fact that some of the Members of this House come with no solution at all, no answer for their thousands, if not tens of thousands, of constituents who don't have health care, whose families who are amongst the 50 percent of bankruptcies that are caused by health care costs. We can have a constructive debate as to what the best solution is. But the debate right now, which is between something and nothing, Mr. RYAN, is just unbelievable to a lot of us that are hearing these stories back home.

Mr. RYAN of Ohio. We do have a chart of the Republican health care plan. You may be able to see it from where you are. But it is a series of question marks with arrows pointing in all kinds of different directions because they've had no plan. So it becomes very easy to come down here and be critical and scare people about what the Democrats want to do. But the one key statistic that everyone needs to remember is from 1995 to 2006, per person, there was a \$3,000 increase in health care spending per individual in the United States of America. An 85

percent increase under the do-nothing plan.

Our people did not elect us to come down here and just continue to let problems compound and compound and compound. We're trying to do something. We all know the problems. We all have the uninsured in our communities. We all have the underinsured in our communities. In my district almost 1,600 families go bankrupt just because of health care. How do you go back and say, Well, you know, we couldn't really get the political muscle to push something through? How do you tell this to these families in America today?

And with all the changes going on in the economy—and earlier I showed communities converting from industry to high-tech businesses. There's a lot of unseemly transition going on here from people who have worked in the auto industry and steel industry that eventually will get retrained and may eventually work their way into a newer part of the economy—hopefully the green economy that we tried to deal with a couple weeks ago. But shouldn't we say in America that you at least have some basic level of health care, you at least don't have to worry about that as you go about getting retrained or your kids are in college or your kids are in school?

When you look at what we would save—we went back and we did a little research—if we spent on health care at the level that France spends, we would save \$805 billion a year. That's how much we would save. And we could take a portion of that savings—which is what we want to do, which is how we're paying for half of this to begin with, savings in Medicaid and Medicare—and put it on the front end so we have preventive care. That's why these other countries are saving money, because people don't end up in an emergency room, costing us hundreds of thousands of dollars. They have some card so they can go or some plan so they can go and get a prescription. That is common sense. That is basic common sense.

Our plan is very uniquely American. It takes the best of what happens around our States and our communities, blends them together, and makes them work by driving down costs, focusing on prevention, and making sure if something happens to you and you have heart disease and you lose your coverage and then try to go to another insurance company or another plan, who say, Whoa, you've got heart disease. Sorry, you can't come in here. Oh, you have got diabetes? Sorry, you can't come in here. Cancer? Sorry. Too bad. You can't come in.

That's not right. So what we're saying is, everyone will be covered. Everyone. And we have a lot of the money within the current system that we have now to do it. When you look at the statistics in all of our own districts with the doughnut hole and a lot of other things, this bill is going to be in

the best interest at the end of the day for businesses in the United States of America. They're going to have a more healthy, more productive workforce and, quite frankly, when you talk to some of these—and I just want to share one story.

I was at a wedding last week and was talking to someone who employs about 150 people, but he was also a provider. He does equipment and different services, so he sees this from both sides. His insurance rates went up over the past 5 years 42 percent. So the insurance companies were making more money off him. But on the provider side, he got the goose egg for any increase. So he felt the insurance companies raise his rates on his 150 employees; but they didn't say, Okay, we're raising your rates, but here's a little bit more reimbursement for you. That's not how it works. They squeeze the providers; they increase your rates; they make a lot of money at the expense and on the backs of a lot of the American people.

I yield to my friend from Maryland

Ms. EDWARDS of Maryland. I thank the gentleman from Ohio.

You raise an interesting point and it really has to do with what small employers need, small businesses. I know I have them in my congressional district out in Maryland. When I talk to the barber shop owners and the small IT firms and the engineering firms, they want to be able to provide health care for their employees. But you're right. They're being squeezed. The irony of it is that because they're so small, they have no capacity to negotiate with these big insurers. So their rates, if they do choose to provide health care, those premiums actually really, really go up in comparison to even premiums for the larger employers. So we've created a system here where there are disincentives even for the smaller employers to provide health care for their employees, despite the fact that they want to.

Now what is it that we do in this plan to go at lowering some of those costs? Well, I think one of those things that's really important to me, and I know important to so many people in my congressional district and in my State, is providing a robust public plan that really is going to drive competition. I'm often amazed because the same people who argue for the free market, when it comes to talking about a robust public plan option that competes in the marketplace on a level playing field with a doctor network, those same folks actually don't want competition.

So I say, bring on the competition. Bring on the competition with a robust public plan that relies on a recognized provider network and that makes sure that reimbursement rates really reflect care delivery so we can bring in more patients and then competes on a level playing field. I think that, in fact, will bring down costs for all of us who are insured—our premiums, our

deductibles, our copays, all of those out-of-pocket costs that really burden average families.

And for our small businesses, we give them some options. Folks talk all the time about choice. I want to talk about the choice that people don't have right now under the current system. You know, if you have an employer that just has a set plan, whether it's good or not, you don't have a choice. You may be in a plan where your doctor is not part of that network. You don't have a choice. So there are a lot of things that you don't get to choose about. And guess what, we now are actually opening up a system that provides average consumers with far greater choices than they have under the current system.

So I think it's actually an exciting time for the American people. I think that when it's all said and done, the naysayers will be out there trying to beat this plan down; but I know that there's not a single person in my congressional district who doesn't have a horror story to tell about their insurer, about their neighbor, about a family member, about the potential loss of a home or a bankruptcy because this system is so broken. In the future, whether it is 5 years down the line or 10 years down the line, we'll have a story to tell about healthier people because we've invested in prevention. We'll have a story to tell that's about small businesses who can provide the insurance and the coverage that they want for their employees. And we'll have a story to tell about the American people who aren't enduring the ever-skyrocketing costs of health care.

With that, I yield to my good friend from New York (Mr. TONKO).

Mr. TONKO. I thank the gentleman from Maryland, Representative EDWARDS.

You know, you talk about the choice that empowers the consumer, that empowers families and children across the country. But there's also continuity that is important. As we look at this recession that this administration has inherited, as they struggle with it, we've been told, Go to Washington and fix the health care system. Go to Washington and provide for energy security and green up our thinking and, oh, yes, fix the economy.

Well, in order to fix the economy, the health care situation is a key ingredient in the equation for success. So just why do we need to do that? Well, since this recession began, which may be one of the most devastating economic crises faced in our given lifetime, 4 million additional Americans have lost insurance. The stats are indicating that some 11,000 people per day, workers per day are losing insurance coverage.

So the continuity in the equation, in the outcome is an essential ingredient, because when people lose a job or if they even choose to change a job for better opportunities or are relocating as a family, they'll have opportunity to

continue in a system. That's key. That is critical. And again, not held back if they're in the midst of a catastrophic illness or have some sort of pre-existing conditions. Those sort of factors are incredible. When we're fixing the economy, again, we need to hold off that \$880 billion balloon, which will expand in 10 years, that the business community will pay if it tries to keep its insurance coverage for its employees. That's a huge catastrophe waiting to happen.

So this is about prevention. This is about choice. It's about continuity. And it's about utilizing our resources. The \$2.4 trillion that we are historically willing to invest in a system can be used in a better way. Otherwise, that \$2.4 million, Representative MURPHY, turns to \$4.4 million in just a matter of a decade. It is unacceptable.

Mr. MURPHY of Connecticut. Will the gentleman yield?

Mr. TONKO. I yield to the gentleman from Connecticut.

Mr. MURPHY of Connecticut. I want to talk about choice. In half the States in this country, there is one insurer that controls 50 percent or more of the market. In about 75 percent of the States, there are two insurers that control about 75 percent of the market. As Representative EDWARDS pointed out, for a lot of employees, they only have one option to begin with, even if their employer offers them insurance. I mean, this mythology that we've got a really competitive marketplace out there is just that, mythology.

I think about my small employers in Connecticut. They just got notice about 2 weeks ago that the big gorilla in the room in our State, Blue Cross/Blue Shield, is going to increase their rates this year—get this—by 32 percent, a 1-year increase for individuals and small employers of 32 percent.

Well, those small employers are going to look at Medicare, which this year will increase its costs by about 3 percent. They'll look at the health care plan that we're all on, the Federal Employees Health Benefits Program, which is going to raise its rates by 3 or 4 percent. Some of the plans in our network are actually lowering costs this year. And they're going to scratch their heads when they hear the Republicans saying that they shouldn't have the option to buy into a publicly sponsored plan. They're going to say to themselves, What kind of choice is that for me if all I can do is stay on a plan that's going to raise my rates 30 percent, and these Members of Congress are on a plan whose rate of increase is 10 times lower? I want that choice. I want to be able to buy into that.

And that's what it is, choice. Listen, we can talk about a lot of myths, a lot of fabrications that come from the Republican side. But one of them is this notion that anyone is going to be forced on to a particular health care plan by the Democrats' plan—that we hope will get some Republican votes in the end—just isn't true. We are simply

saying to people that you get to keep the coverage you want, but if you want to go on to a cheaper plan that might be sponsored by the government, you have the option to do that. There is absolutely nothing in this bill that forces one single person in this country to make that choice.

I'm going to tell you, faced with a 30 percent increase in Connecticut, there are going to be tens if not hundreds of thousands of people in my State who are going to be clamoring to get access to the same kind of health care that Members of Congress have, if it can save them some money.

Ms. PINGREE of Maine. Will the gentleman yield?

Mr. MURPHY of Connecticut. Absolutely.

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Ms. PINGREE of Maine. You know, it's interesting. I want to just talk about this point for a minute.

I was doing a Statewide radio talk show the other day, and I got the question that, I think, a lot of us get when we talk about the public plan, and I completely agree with you about this issue of choice.

In my State, two insurance companies control 88 percent of the market, and one of them is controlling 78 percent of the market. So, you know, we've tried all kinds of alternative, and insurance companies just don't want to participate. You're right. There is no choice. A lot of States are faced with the same kind of increases.

Somebody asked me on the call-in show, Well, how are you going to make sure there is a level playing field? Is this going to be fair to insurance companies? I said, Wait a minute. It's not my job to support insurance companies that are declaring 32 percent increases or 15 percent increases or whatever is going on in your State. It's not my job to make sure insurance companies can pay CEOs huge salaries and have huge administrative costs. My job is to make sure that everybody in my State and in this country has access to affordable health care. The hospitals can keep operating. The doctors can keep seeing patients. It's not my job to make sure insurance companies make huge profits. It's my job to make sure that everybody has access to health care.

The reason we have a public plan, as my colleagues have so eloquently stated, is so that there is some choice in competition out there. Isn't that what we're here for? When people say to us, Government should act more like a business, well, that's what we're doing. We're trying to create a more business-like atmosphere out there so there really is choice and competition.

I just want to read a couple of interesting facts and then turn it back to my colleagues.

You know, in looking at some of the numbers in my own State—and I know we've all been doing this—it is really fascinating. I think a lot of people

don't know how amazing this bill can be if and when we get it passed, and I believe we will soon. In my district alone, there are 87 seniors in the district who are hitting the doughnut hole in that they are forced to pay full drug costs. Well, under this plan, we're going to do something about that doughnut hole. That's a huge difference in our State. The legislation also cuts brand name costs in the doughnut hole. This is a huge change for all of us and for many seniors who are already struggling.

You know, I looked at another interesting fact. In my district in 2008, there were 690 health care-related bankruptcies. How many times do we hear a story about somebody who has put his health care bills on his credit card, about somebody who just can't afford to get by anymore because he couldn't pay for his health care costs? Well, this bill not only will provide health insurance for almost every American, but it will cap your annual out-of-pocket costs with \$10,000 a year. That ensures that no citizen is going to get to that position. It's going to make a huge difference. We're talking about things that people will feel in the economy in their daily lives.

If we want to talk about, as many of my colleagues have said, the economy and what could make it a lot better, I know in my State it would be by lowering the costs of health care and by making sure everyone has access and by making sure everyone is covered from lowering those costs.

Mr. RYAN of Ohio. If the gentlelady would yield.

Ms. PINGREE of Maine. Absolutely.

Mr. RYAN of Ohio. We hear a lot about this—run your government like a business. That's exactly what we're trying to do here, which is to make a decision as we look at the facts as they're presented to us, as we look at the costs that have gone up 84 percent over the last, you know, 10 or 12 years. A businessperson looking at this would say, Hmm, we wait until someone gets really, really sick. Then we provide universal health care as opposed to saying, As a businessperson, if I just spent a little bit of money up here on the front end, we would save all of this money on the back end.

Look at all of these hospitals, whether they're in the cities or whether they're in the rural communities, that spend enormous amounts on charity care. Somebody is paying for that. We're paying for that. Taxpayers are paying for that already, and that's the problem here.

Everyone says, Well, why are you asking the rich to pay for it? It's the top 1 percent that we're going to ask to pay a surcharge. The rich are already paying for it. They're already paying. These people don't have health care, so they show up in the emergency rooms, and they get public money to help the hospitals so that the hospitals don't go belly up.

So what we're trying to say with the business mind is let's put a little bit of

money up here and give these people preventative care, and let's make sure that they get prescriptions instead of ending up in the emergency rooms a week later and costing everybody \$100,000 or \$200,000. Let's make sure you have a mammogram instead of ending up, you know, in the hospital after being diagnosed with breast cancer. Let's make sure you have a cervical screening so you don't end up with cancer weeks or months later because you don't have preventative care.

This is common sense, and I think that's what frustrates the American people. It's like get your act together, and get this done. We can do this.

As you said, there will be more choice with a public option, and the public option will then, as it competes, drive costs down. When there's a public option hanging out there, Blue Cross-Blue Shield will not be able to get away with a 32 percent increase. It just will not happen. People will flock somewhere else. So, inherently, this public option will drive down the costs of health care.

Again, the idea of doing nothing, which basically has been the case over the past 10 or 15 years, and of saying we hope this all just goes away and that we hope the free market works, has led to an 85 percent increase from 1995–2006 per person, almost a \$3,000 increase. We can't sustain it. We are going to build the political coalition here and exercise the political muscle necessary to make sure that our small businesses that can thrive under this plan get the kind of benefits that they deserve, and the people and the increase in productivity will increase, too, in the United States.

Mr. MURPHY of Connecticut. Will the gentleman yield?

Mr. RYAN of Ohio. I would be happy to yield.

Mr. MURPHY of Connecticut. I just wanted to add a statistic here. You mentioned about how a public option is going to provide competition. There have been those critics of the bill, those proponents of the "do nothing" strategy, who have said, Well, you know, if you have this public option, it's going to mean all of these people are going to lose their private insurance, and the private insurers are going to go out of business.

Well, you know, we have this thing here in Congress called the Congressional Budget Office. Do you know what? Sometimes we like them and sometimes we don't because they play it pretty straight. They're nonpartisan. They provide analysis of the bills that we do, and they've said it pretty clearly on this issue of whether or not people are going to lose their private health care insurance.

They actually show, over the course of this bill, over the 10 years that this bill will be in implementation, that more people will be insured through their employers at the end of this 10-year period than when we started and that 2 million more people will be insured through their employers than



when this bill started. They also show that the price of insurance is going to come down over time.

So, yes, there are going to be some people who will choose the public option, but what will really happen is that everybody's insurance is going to get less costly and that more employers are going to be able to provide it and will provide it to their employees because their costs will have been brought down.

With that, I am so glad that our good friend from New Mexico has joined us on the floor. He is another new Member who has been a great champion in his district for affordable health care.

Mr. LUJAN. I thank my friend as well.

I will tell you and my colleagues here on the floor that, as I was sitting in the office, watching the discussion that was taking place, I felt compelled to come down because, in my office, we were looking at some of the letters that have been sent to my office. I'll tell you there is story after story, whether it's in writing or by e-mail or by phone or in person, as we talk to our friends in the district, of the concerns that we have of those who have insurance but who say when that bill comes in and when they see that denial on there, Well, I was paying into the system. I was working hard, I was paying my bills. I thought I had coverage. I went to go see the doctor because I was sick. Then they get the rejection letter and denial after denial.

There is something that's not being talked a lot about today. Some of those who are opposed to health care reform, to the public option and to the legislation that we're working on aren't talking about some of the protections that are in this legislation, even to those who have coverage today. As we've been talking about this and as we've been advocating for a strong public option to give competition and to provide choice for our patients out there for those who are so in need of good care today, the other element of this is, if they like the coverage they have, they can keep it.

One of the problems that exists therein, though, is how insurance companies are denying these claims one after another. This whole idea and this notion that government is going to get in the way of people being able to make decisions about their health care with their physicians couldn't be more wrong. The problem that exists today is that the bureaucrats who are in place today within some of the insurance companies and who review these claims one at a time are not your physicians. They get this submittal from a doctor, and they ask, Well, should we provide coverage or not? Then they reject that letter.

You know, before I came to Congress, I was part of a commission that had the State superintendent of insurance under it. It was where the State regulatory reform took place. We had the responsibility of having to work with

patients to look at some of those denials. I'll just share one little story with you.

There was one young lady whom I ran into who asked, Ben, don't you do something with insurance? I explained to her, yes, I did. What was going on? Well, she and her husband were trying to have a baby, and they were not having much luck. They had a 1-year-old son, but they weren't having much luck. So she went to see the doctor, and the doctor diagnosed her, and said, Well, there may be something wrong here.

Well, it turns out what they diagnosed her with was related to something that wasn't included in her coverage. They were trying to say, Well, we diagnosed you with this illness about 2 years ago, but now that they were trying to have a son, to grow their family and to live the American dream in their home that they had just purchased, the insurance company said, Well, we're not going to cover this. As a matter of fact, you have to go back and pay 2 years of bills that we've been treating you for.

Well, the family was in dire need because, when they tried paying this bill, they were going to have to sell their home. They were going to be out on the street. There was no telling what was going to happen to them. Well, it turns out that the insurance company wrongfully denied this claim.

Now, how many more millions of people are out there who have coverage today who are getting those claims denied?

One of the strong elements of this piece of legislation is all of the consumer protections that are built in. It's important that we talk about those because, as we talk about building a strong public option and about providing protections, about extending coverage, and about lowering costs, it's important that those who have coverage today are going to get the protections they deserve. Those who are opposed to this legislation aren't talking about those protections.

It's important that we continue to advocate for them because people across this United States and across my district, I'll tell you, want coverage and need coverage, and they're crying out every day. It's about time that we start listening to them. That's why I had to come down here to my colleagues, to my good friends who are all down here visiting with the American people about the importance of this legislation that we're working on as we advocate for lower costs, for squeezing what we can out of the system to make sure that we're looking after the general welfare of the American people and to make sure that we're providing the consumer protections that Americans deserve.

So, with that, I yield back. It's an honor to be here with you, and we'll continue working day in and day out to make sure we're able to advocate for the well-being of the American people. Health care reform is what we need.

Mr. MURPHY of Connecticut. I thank my friend.

You know, I'm feeling pretty good. Something Mr. RYAN said must have really galvanized folks because we're getting a crowd down here.

We've got a few minutes left, and I want to yield to my good friend from Virginia to kick in to help end our discussion here.

Mr. PERRIELLO. Well, I was listening to some very important conversation about the choice that we're going to give to patients under this plan, but I also want to talk a little bit about the choice we're giving the doctors. I come from a family of pediatricians, and the thing that I hear over and over again from our primary care doctors in particular is that they will prescribe something to a patient, and will be told by the insurance company that it's not all right. We have insurance companies invading this relationship between the doctor and the patient.

So many people got into medicine because they wanted to make people well or, better yet, because they wanted to prevent them from getting sick in the first place, but they get zero reimbursement in many cases for doing the very preventative medicine that we should be encouraging. So, when my sister takes a call late at night from a patient who's sick or when she follows up a couple of weeks later to make sure a person is doing whatever routine she has prescribed to him, she gets reimbursed zero for that.

We are literally bankrupting our primary care doctors for doing the very things they got into medicine to do, which is to take care of people and to help cure people. So I think this is also about trying to re-empower our doctors and to protect that relationship and to get the insurance companies to not be standing there every second between that doctor and that patient.

With that, I yield back.

Mr. RYAN of Ohio. I think it's important to know that one of the major endorsements is the AMA. The American Medical Association has endorsed this bill.

If you go back 40-50 years when we tried to do something, they'd put the kibosh on it. You talk about health care reform in the early 1990s. The docs did not want anything to do with it. They have endorsed this bill. It has gotten that bad.

I would yield to my friend.

Mr. TONKO. Representative RYAN, I want to go back to what you talked about earlier, which is common sense. I know we have to close our hour here, so I'll make this quick.

There is another aspect I'd like to underscore, which is that of economic justice. When you see since 2000 that the premiums have more than doubled on average for working families in this country and that the salaries have stayed on a flat line, there is a need for us to step in and to fix a broken system. When 60 percent of bankruptcies in this country are due to medical

costs, we need to step in and do something.

Representative MURPHY, I want to thank you for bringing us together so we can share together with the American public our messages of enhancing the quality of services, of reducing costs and of providing access for everyone as we move forward in this health care discussion and reform. Thank you so very much, Representative.

Ms. EDWARDS of Maryland. Thank you.

Before we close out, I do want to say before we get out of this that we've been about clearing up the mythology about what is and is not in our health care bill, and one of those myths really has to do with our seniors.

So, Mr. Speaker, I want to say to all of our seniors across this country that we're protecting you, that we are going to make sure that we phase in completely by filling in that doughnut hole that has left you covering the brunt of your costs for prescription drugs. We're going to eliminate co-payments and deductibles for preventative services under Medicare, and we're going to limit cautionary requirements in Medicare Advantage plans to the amounts that are charged for the same services in traditional Medicare coverage. This is really important for our seniors. We're going to improve low-income subsidy programs in Medicare by increasing asset limits for programs that help Medicare beneficiaries pay premiums and cost-sharings.

So let's be really clear with the American people and especially with our seniors. Don't let them scare you out of supporting this plan for our seniors. This is a good plan for our seniors. It is a good plan for middle-income families. It is a good plan for working families. It is a good plan for people who have insurance, and it surely is a good plan for all of those who don't.

With that, I'll yield back.

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Mr. MURPHY of Connecticut. Let me just close our hour here with a quick story.

A guy came to me at one of the supermarket office hours that I hold. He's a wallpaper hanger. He lost his job, and he's got diabetes. He can't afford his medication. He's just waiting for the day when he gets so sick that he's going to end up in the emergency room, cost his family a fortune, go into bankruptcy, and have their lives forever altered. We've got to have an answer for that guy and his family.

And over the course of the next weeks and months, it's time for this Congress to step up to the plate and get health care for this country.

Mr. RYAN of Ohio. If I could add one thing.

So the American people, every time our friends on the other side sold something to the American people when they were in charge, it was fear-based. You know, it was fear. We have to im-

plement this policy. Here's the fear, we have to implement this policy. Here's the fear, we have to implement this policy. And so the only play in their playbook they have is to try to scare the American people. And now they're trying to do it again.

Big government-run health care plan. Not true. You're going to lose your choice. Not true. You are going to have more choices. Everyone is going to be forced, 100 million people forced into this public option. That's not true. Even the CBO, which is nonpartisan, says maybe 10 million people will access the public option. There will be an increase in the employer-based. All of these things aren't true.

So I think it's important, as we close out, to say when you hear the fear, you know some bad policy is tracking right behind it.

Mr. MURPHY of Connecticut. I thank my colleagues for the time. We will be back here as soon as we can to continue to push forward.

With that, I yield back the balance of our time.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3288, TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Mr. CARDOZA, from the Committee on Rules (during the Special Order of Mr. MURPHY of Connecticut), submitted a privileged report (Rept. No. 111-219) on the resolution (H. Res. 669) providing for consideration of the bill (H.R. 3288) making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### HEALTH CARE

The SPEAKER pro tempore. 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. Mr. Speaker, it's a pleasure to be able to join you tonight and my colleagues and friends to talk about some things that are of tremendous significance to us here in this country. And in order to do our discussion tonight, I'm going to back up just a little bit and answer an interesting question. It was about—I guess it was about 3 weeks ago, and it was a situation that occurred here on the floor of the U.S. Congress.

If you go back from the day that we actually voted on the bill, what's going on was that at 3 o'clock in the morning, we had an 1,100-page bill called cap-and-tax or cap-and-trade. It was the largest tax increase in the history of our country, and that bill was going

to be coming up for a vote. Well, at 3 o'clock in the morning, a major committee that was influencing that legislation at 3 o'clock in the morning passed a 300-page amendment to this 1,100 page bill.

Now, this amendment was not just one amendment but was a whole series of amendments that went into the bill. So starting at 3 o'clock, or whenever the staff got here, they started to put each page of those 300 pages of amendments into the bill as we were just finishing the debate and going to vote on the bill. So before we even voted on the bill, the question was asked, Do we have a copy of the bill that we're going to be voting on? And the funny thing was we're supposed to have a copy of it here on the floor before you vote on a bill, and there wasn't any copy here. In fact, the clerk was still turning the pages trying to get these 300 pages passed in the dark of night into the bill. And then, of course, the thing was rushed forward and was voted almost a straight party-line vote.

It was the largest tax increase in the history of our country, but it also had a lot of other component parts which were very onerous. For instance, it put the Federal Government basically into the building code business telling local communities that, for instance, if you have a garage, you've got to have an outlet for your electrical car. So it was very intrusive from a red tape point of view.

But the reason that I wanted to introduce our discussion on health care tonight in this context is why in the world would the U.S. Congress be voting 300-page amendments into a bill at 3 o'clock in the morning and we don't even have a copy on the floor and rush it to a vote?

Now, to an average person, an average American, that would seem like not much transparency, not much time for people to read 1,400 pages of bill and know what they're voting on. So why would you do something like that? The logic is simple. If people don't know what it is in the bill, it's easier to get them to vote for it. You may say, Well, that's not a very honest or fair tactic, but that's what we do on this floor over the last 6 months. That's what has been going on.

And that's what the attempt is going to be on this great big bill of basically taking 20 percent of the U.S. economy, that is the entire medical sector, and putting it under government control. This is a very, very big change in America. You wanted change. Boy, when you see 20 percent of our economy going to be run by bureaucrats in Washington, D.C., I guarantee you there is change.

This bill, we've been talking about it a number of weeks, but the same idea. People don't really want you to know what's in the bill, so we're going to talk about what is in the bill.

Now, on the surface—and I have been joined by a doctor from Louisiana, a fantastic guy, a medical doctor. He