

HEINONLINE

Citation: 155 Cong. Rec. 27510 2009

Provided by:



Content downloaded/printed from
HeinOnline (<http://heinonline.org>)
Tue Apr 12 16:13:38 2016

- Your use of this HeinOnline PDF indicates your acceptance of HeinOnline's Terms and Conditions of the license agreement available at <http://heinonline.org/HOL/License>
- The search text of this PDF is generated from uncorrected OCR text.

health insurance. These reforms would drive down the costs of health care to make it more affordable for Americans while also protecting the choice and numerous options that citizens need.

I have spoken to many health care professionals in my District as well as held town halls with my constituents, and both have expressed not only their opposition, but their fear, of this government takeover of health care. We are not listening to Americans, and we are missing the opportunity to use insight from the experts in the field to enact meaningful reform. This bill is not what Americans have asked for.

Mr. PLATTS. Mr. Speaker, I rise today in opposition to Speaker NANCY PELOSI's health care bill (H.R. 3962). I plan to vote against this legislation for numerous substantive reasons, including my concerns about its trillion dollar plus cost to taxpayers, its mandates on individuals and employers, its deep cuts to Medicare, and the strong likelihood that H.R. 3962's provisions will cost millions of Americans their jobs. H.R. 3962 is a health care bill that fails to abide by the physician's guiding principle: "First, do no harm."

H.R. 3962 consists of approximately 2,000 pages and costs more than \$1 trillion over ten years. If adopted, this legislation will destroy millions of jobs by raising taxes on small businesses and other employers. H.R. 3962 also imposes new taxes on certain employer-provided health benefits and on medical devices such as wheelchairs and walkers. In total, H.R. 3962 includes more than \$700 billion in new taxes.

Unbelievably, in the name of health care reform, H.R. 3962 cuts Medicare benefits by more than \$400 billion and raises Medicare premiums, making access to comprehensive health care more difficult for our Nation's senior citizens. Additionally, over time, H.R. 3962 will move countless Americans involuntarily from private health insurance to government-run health care.

I have long maintained that there is no "silver bullet" for health care reform. We should aim to build upon the current health care system in a variety of ways, making health insurance more affordable and more accessible. In other words, Congress should fix what is broken in our nation's health care system and be certain not to break what is not.

Congress should adopt insurance reforms to end the practice of denying coverage due to pre-existing conditions and ensure the portability of one's health insurance. Additionally, Congress should allow small businesses to band together to negotiate insurance coverage for their employees, just as large corporations and labor unions are already allowed to do. Congress should also allow individuals to purchase health insurance across state lines from a competitive, nation-wide market and should enact responsible medical malpractice reform to lower health care costs. I plan to join with my fellow Republicans in voting for an alternative legislative proposal that includes such reforms.

The full Senate has yet to act on a health care bill of its own. Hopefully, when it does so, the Senate will adhere to the principle of: "First, do no harm."

Ms. LINDA T. SANCHEZ of California. Mr. Speaker, I rise on behalf of the nearly 50 mil-

lion Americans who don't have health insurance.

On behalf of parents who have to choose between taking their sick child to the doctor and paying the electric bill on time.

On behalf of adult children who are slowly losing their parents to Alzheimer's, and yet can't afford the quality care their parents need.

In a Nation as prosperous as ours, it is a shame and a tragedy that so many families suffer, watching their loved ones die, when timely tests or early care could have prevented it.

American families have waited too long for the freedom and security that universal healthcare can provide.

I strongly support H.R. 3962, the Affordable Health Care for America Act because this legislation tells families yes.

Yes, they can afford high quality health care.

Yes, they can get health insurance even if they have a pre-existing condition.

Yes, they can expect to be treated fairly by insurance companies, regardless of their gender or age. Yes, they can keep their health insurance, even if they get sick.

And yes, we can pass health reform that protects and strengthens our economy by encouraging development and use of health information technology, generic drugs, and advanced medical devices.

It's well past time for Congress to make sure that an unforeseen illness or accident doesn't mean economic ruin for American families. To stop the abuses of health insurance companies, who play games instead of paying for health care. To ensure that Americans have the freedom to change jobs or to become entrepreneurs, instead of being locked into a job they hate because it is the only way they can afford healthcare.

I worked to make sure this bill bars insurance companies from charging women more just because they are women.

I worked to make sure that this bill creates Collaborative Care Networks, to ensure that doctors, hospitals, and other health care providers work together to provide working families, lower income Americans, and those with chronic conditions the high quality coordinated care they need to stay healthy and out of emergency rooms.

I worked to make sure this bill includes, among the choices it offers consumers, a public option that will focus on health care, not profits.

I'm proud of my work on this bill, because it means American families and businesses will have the peace of mind that comes with knowing they can access affordable, quality care when they need it.

It means that my son Joaquin can grow up in a country that is a little fairer, a little more humane, and a little more secure than the one I grew up in.

I urge my colleagues on both sides of the aisle to vote for children and families by supporting this bill.

Mr. KANJORSKI. Mr. Speaker, I rise today in support of H.R. 3962, the Affordable Health Care for America Act.

The House has taken an important first step today to improve the affordability and accessibility of health care. While today's health care

legislation is not perfect, action to address this important issue is absolutely necessary. If we do nothing to reform health care, health care costs are expected to double over the next ten years, just as they have over the last ten years.

Insured Americans pay on average \$500 per year just to administer health insurance, more than double the administrative costs paid in any other country which has a government-run health care system. The McKinsey Global Institute estimates that \$91 billion a year is wasted on excessive insurance administrative costs.

Because about 60 percent of all Americans under the age of 65 receive insurance through their employers, much of this waste is burdening American companies. American companies competing in the global economy cannot afford this economic disadvantage. The bill we voted on today attempts to reduce the costs of insurance to employers and employees by providing greater competition among insurers. According to a study by the Massachusetts Institute of Technology, a family of four would save \$1,260 in annual health insurance premiums once this bill is enacted.

It is estimated that 96 percent of all Americans will have access to affordable health insurance under this bill. While I believe that caring for our fellow citizens is a moral imperative, it also makes economic sense to have as many people covered by insurance as possible. Families USA estimates that every insured American family pays over \$1000 per year in premiums just to cover the medical expenses of the uninsured, who obtain urgently needed health care through inefficient means such as visits to hospital emergency rooms. As we face the threat of pandemics such as the current swine flu, it is in the best interest of all of our health to make sure that sick people are treated quickly and affordably so that infectious diseases are not spread.

While there are many detailed provisions in this complex legislation, it is important to note what the bill does not do. The only effect it will have on senior citizens who rely on Medicare is it will reduce their out-of-pocket costs for prescription drugs, as noted by AARP in its recent endorsement of the bill. The bill does not use tax dollars to pay for abortions. It does not require our smallest businesses to pay for insurance coverage for their employees. It will not result in the federal government controlling the delivery of health care; in fact, the non-partisan Congressional Budget Office (CBO) estimates that only six million Americans will choose to enroll in the government-sponsored insurance plan, the so-called "public option." It does not add to the federal deficit. CBO estimates that the bill will reduce the deficit by \$109 billion over the first ten years.

Finally, I want to praise the House leadership for including in this bill a provision which will help to fund the education of the next generation of doctors, some of whom I hope will be educated by our region's own medical college.

We all share the goal of keeping American citizens healthy in the most humane and efficient means possible. I believe this bill is a reasonable first step toward reaching this goal.

In closing, I appreciate the opportunity to share my thoughts about this important legislation.

Mr. TIAHRT. Mr. Speaker, I rise in strong opposition to H.R. 3962. I cannot and will not support this government takeover of our health care system that will restrict choice, ration care, increase the cost of health care, greatly increase government spending, and lead to the destruction of the world's best medical care.

Americans are fed up with Washington's out of control spending, with more and more power over their daily lives being put in the hands of nameless, unaccountable bureaucrats, and with the systematic shift of the United States Government from a government OF the people to a government FOR the people. The growing discontent began with the bloated stimulus bill that did nothing but grow a bigger Washington and create more bureaucratic jobs. It increased with the government takeover of General Motors, the cap and tax bill, the placement of power in the hands of unconfirmed and unconstitutional czars, and the grossly inflated spending bills passed for fiscal year 2010. With the Democrat attempt to takeover health care, the discontent has now come to a full boil.

This spring, summer and fall the American people have spoken loudly and clearly about what they do and do not want in health care reform. The Democrats ignored these sentiments and introduced H.R. 3200 and the two Senate bills. This led to the most lively, spirited town halls in my 15 years in Congress, followed by an unprecedented number of phone calls, emails and letters sent to my office by concerned Kansans.

The American people told us what they do and do not want: they do not want a government takeover of health care, the American people do not want higher taxes, the American people do very much want to keep their health insurance and increase their choices and access for those who do not have insurance.

What was the Democrat response to their constituents? A new, bigger bill that again ignores the input of the American people and is even worse than H.R. 3200.

The new bill is a government takeover of health care. H.R. 3962 is double the original H.R. 3200 at 1990 pages long and loaded with new mandates. The word "shall" appears 3,425 times—in other words—this is the government telling you to do something. The bill creates 118 new bureaucracies. The Congressional Budget Office (CBO) calculated the cost of the bill at \$1.2 trillion but this does not include 28 instances of hidden costs indicated by the ominous words indicating that certain programs be appropriated "such sums as may be necessary." The bill raises taxes, on individuals and job creators, including a \$461 billion surtax on small businesses according to the U.S. Chamber of Congress. The Pelosi bill will result in 5.5 million job losses at a time when unemployment is already over 10 percent. And to top all of that off—this bill completely rewrites 16th of our nation's economy.

H.R. 3962 cuts benefits to seniors, does not ensure that Americans can keep their health insurance, limits choice, covers even more illegal immigrants than H.R. 3200 (2.5 million more according to CRS), and allows for taxpayer funded abortions.

If H.R. 3962 is enacted into law, even the Democrats acknowledge that health care costs

will increase. As PJ O'Rourke said, "If you think health care is expensive now, wait until you see what it costs when it's free."

My biggest concern with the Democrat proposals is the intended rationing of health care. The Obama administration has already begun to set the framework for rationed care with comparative effectiveness research. This is a very dangerous road to travel down.

In addition to all the other concerns I am also opposed to the BAUCUS and PELOSI attempt to destroy Health Savings Accounts (HSAs). HSAs are what we should be promoting as a way to expand choice, give patients more control over their medical spending, and reduce health care costs.

I want health care reform and am saddened that this process has become so political that we won't see the much needed modernization that will ensure Americans have access to the best health care for decades to come. I am saddened that states like my home state of Kansas are forced to take drastic action to try to protect their citizens from being affected by Washington's takeover of health care.

Republicans have offered better solutions and principles that should be included in any health care reform. Those principles should: let Americans who like their health coverage keep it, give all Americans the freedom to choose the health plan that best meets their needs; ensure that medical decisions are made by patients and their doctors, not government bureaucrats; and improve Americans' lives through effective prevention, wellness, and disease management programs, while developing new treatments and cures for life-threatening diseases.

The Republican 219 page bill is a plan that will lower cost and improve health care access. This bill includes: tax incentives; Association Healthcare Options to let Americans group together for greater purchasing power; limitations on defensive medicine and implementing comprehensive medical liability reform; tackling waste, fraud and abuse (a \$10 Billion annual cost to taxpayers generated from Medicare alone); and incentives for savings and increased use of personal Health Savings Accounts (HSAs). In addition, the Republican plan will ensure that Americans are not prevented from health coverage due to pre-existing conditions and are not subject to lifetime caps on treatment. Unlike the PELOSI and Obama plans, the Republican plan protects Medicare for seniors. Finally, the Republican plan protects taxpayers from funding abortions or health insurance for illegal immigrants. The Congressional Budget Office has confirmed that the Republican bill will lower premiums for the American people by up to 10 percent. Under our plan, premiums for families and small businesses would be nearly \$5,000 per year lower.

I strongly encourage my colleagues to vote for the Republican substitute that will provide real solutions that will meet the needs of the American people. Our constituents have spoken loudly and clearly and it is our duty as their representatives to listen to them, not ignore them and use the sacred Speaker's gavel to impose personal political goals upon them.

Mr. FILNER. Mr. Speaker, many Members of the House of Representatives have spoken

at length on the ways that the Affordable Health Care for America Act will improve health care for all of our constituents. I wanted to draw attention to another significant benefit of this legislation: the creation of new high-paying jobs in this country. Let me repeat that for some of my friends on the other side of the aisle, this bill will create high-paying, high-quality jobs in healthcare delivery, technology and research in the United States.

First, this bill will create enormous demand for healthcare workers, especially in the area of primary care. Insuring the millions of Americans in this country who currently have no insurance will allow them to see primary care providers and receive the wellness and preventive care they have been denied for too long. This influx of new patients will need doctors, nurses and technicians for their care, while reducing overall healthcare costs because they will not need much more expensive hospitalizations. I support channeling resources that for too long have been used to treat people once they become sick into jobs and services that will prevent people from getting sick in the first place.

Second, this bill will continue the efforts we began in the stimulus package to deploy new health information technologies that better manage both the quality of care people receive and the cost at which they receive it. New health care exchanges and new demands on the health system to provide high-quality and cost-effective health care will create new opportunities and markets for our brightest technology minds. They will be incentivized to create and develop products that will be a win/win for Americans: high quality health care at an affordable price.

Third, this bill will create high quality research opportunities in this country. The Energy and Commerce Committee enacted a framework for allowing biosimilar competition in this country. This new class of medicines will help lower costs and bring competition to one area that is key to the future of our healthcare system. Biotechnology is on the cutting edge of efforts to reducing costly invasive procedures and allowing our constituents to live healthier and more productive lives. The creation of this new class of medicines comes with requirements for new clinical research and testing, especially in the area of whether a new biosimilar can be interchangeable with an innovator's product. This research will create high quality and high paying jobs and it is imperative that we keep this research and these jobs in this country. We cannot allow these research opportunities to leave this country, and I intend to work with the Secretary of HHS and the Commissioner of the FDA to ensure they stay in the United States.

Mr. Speaker, I do not look at this bill as one of cost or drain on the economy of our country like so many of its opponents on the other side of the aisle. I see this bill as an exciting opportunity to create the kind of jobs we so desperately need in this country while at the same time improving the lives of ALL Americans. This bill will improve health care, create jobs and grow our economy.

Mr. COSTELLO. Mr. Speaker, today is a historic day in the House of Representatives, and will be one of a handful of votes that can be deemed the most important of our careers.

We are considering today how to improve the provision of health care in America. Spiraling costs, insurance limitations and a lack of insurance coverage continue to impact families, our economy, and ultimately our way of life. It is for this reason that after careful consideration, I will vote in favor of H.R. 3962.

As the health care debate has developed this year, I have held meetings with individuals, families, health care providers, business owners and other groups. What everyone can agree on is that our health care system is broken and needs attention. At the simplest level, we need to put an emphasis on preventive medicine. As the old saying goes, an ounce of prevention is worth a pound of cure. We treat too many people in emergency rooms instead of doctors' offices, and often when they are sickest and care is the most expensive. H.R. 3962 moves us toward preventive care in a variety of ways, but chiefly through providing health insurance to 36 million more Americans. Having insurance will allow them to see a doctor on a regular basis and detect health problems earlier.

Most importantly today, passing H.R. 3962 keeps the process of health care reform moving forward. Today is a very important step, but there is still a long way to go. As we all know, the Senate is working on its version of health care reform legislation, and that bill is likely to be very different from this one, but I am confident we can craft a final product that incorporates these goals and makes our health care system better.

Mr. Speaker, I am glad that we slowed our process down and took some additional time before bringing it the floor. This is not a perfect bill, but I think it will make a positive difference for the entire country. Over 300 organizations have endorsed it, including AARP, the American Heart Association and the American Medical Association. I urge my colleagues to vote for H.R. 3962, and keep us moving toward a healthier America.

Ms. LINDA T. SANCHEZ of California. Mr. Speaker, I strongly support H.R. 3962, the Affordable Health Care for America Act, which delivers on a promise Americans have been waiting for since the New Deal, a promise that families can get the health care they need, when they need it, without facing economic ruin.

I have previously spoken about the ways that this bill will help ensure access to affordable, high quality health care for American families. But another significant benefit of this legislation which has not received much attention is its promotion of high-paying research, high tech, and manufacturing jobs.

Contrary to the claims that this is a "job killing bill," in fact, this bill will create thousands of jobs here in the United States.

First, this bill will increase demand for healthcare workers, including doctors, nurses, nurse practitioners, physician assistants, home health workers, and more. More affordable insurance means more families getting the primary and chronic care they need instead of waiting until they need an emergency room. And it means more middle class American jobs that can't be exported.

Second, this bill will continue the investments begun in the American Recovery and Reinvestment Act, also known as the stimulus

bill, to expand the use of health information technology.

Health IT will help better manage the quality and cost of care patients receive by eliminating duplicative tests and ensuring that patients don't receive the wrong medicine or the wrong dose. And investment in health IT creates jobs—jobs in hardware production, software design, and computer training. When we invest in quality health care for all Americans, we are investing in jobs.

Finally, this bill will promote more of what America already does so well: medical research. By allowing more Americans access to health insurance, this bill will increase the demand for advanced medical technologies that are manufactured right here in America.

And by creating a process for the Food and Drug Administration to approve so-called "bio-similar" drugs, this bill will encourage competition in the cutting edge field of biologic drugs.

This new class of medicines will help cure and treat more Americans at lower costs. And the promise of protection for intellectual property and an FDA structure to approve biosimilars will result in increased investment in this industry, which already provides thousands of well-paying jobs in California and across the country.

I hope to work with the Secretary of Health and Human Services, the Commissioner of the FDA, and like-minded colleagues in Congress to ensure that these important research and manufacturing jobs stay right here in the United States.

In sum, this bill preserves and promotes the strength of the American health care system: innovation. And it fixes the shortcomings: spending too much while caring for too few.

If we fail to pass this bill, we fail American families, and we fail the American economy. As a champion of both, I strongly support this bill.

Mr. ALEXANDER. Mr. Speaker, after months of meeting with constituents and business leaders, as well as hosting town halls and roundtable discussions, I can say that American public has clearly stated their opposition to this government takeover of health care.

H.R. 3962, the Affordable Health Care for America Act, states in section one that this legislation "builds on what works in today's health care system, while repairing what's broken." I agree that improvements need to be made to drive down medical costs, but placing individuals under one bureaucrat-run umbrella does not build on what works or make any repairs. The bill includes the government-run public option, cuts Medicare and Medicare Advantage programs, and raises taxes on middle class families. In addition, the bill does not protect the interests of small businesses nor does it adequately address defensive medicine. And, in the midst of states struggling with fiscal constraints, it will burden them with more unfunded mandates from the federal government.

In the President's address to Congress on Sept. 9, President Obama said, "Nothing in our plan requires you to change what you have." A study by the Lewin Group shows that two out of every three people would lose their current coverage, including up to 114 million people who receive health benefits through

their employer or other current coverage if a government-run plan "competes" with private companies. I don't see the choice in this.

Medicare cuts total \$162 billion. As a result, Medicare Advantage plans will drop out of the program, limiting seniors' choices and causing many to lose their current health care coverage. Medicare Advantage has been successful in providing seniors with choice, selection and value. This is especially true for residents of rural America, where seniors have previously not had sufficient private alternatives. Currently, over 600,000 seniors are Medicare beneficiaries in Louisiana, while over 10,694 seniors in the 5th District are enrolled in the Medicare Advantage program.

The bill includes taxes on individuals who do not purchase government-forced health insurance. It also imposes new taxes on businesses who cannot afford to fund government-forced health coverage for their workers, therefore violating the bill's new employer mandate and triggering an additional 8 percent payroll tax.

The bill also prohibits the reimbursement of over-the-counter pharmaceuticals from Health Savings Accounts (HSAs), Medical Savings Accounts, Flexible Spending Arrangements (FSAs), and Health Reimbursement Arrangements (HRAs), increases the penalties for non-qualified HSA withdrawals from 10 percent to 20 percent, and places a cap on FSA contributions. Because at least 8 million individuals hold insurance policies eligible for HSAs, and millions more participate in FSAs, all these individuals would not be able to keep the coverage they have without facing tax increases.

The grand total amount of tax increases included in this legislation equals approximately \$729.5 billion over ten years. Imposing these new tax increases in the middle of a recession—with unemployment numbers we haven't seen since 1983—will only harm the economy and kill jobs.

This bill intends to ensure that generic biologic companies will have to do some research and clinical trials before the FDA will approve them for use in the United States. This dramatically increases patient safety as generics come to market. Likewise, keeping research and trials in the country means more jobs at home. I hope this is included in discussions as the health care debate continues in the coming months.

The CBO has also said that this bill will increase seniors' Medicare prescription drug premiums by 20 percent over the next decade. While the cost of living continues to rise during these tough economic times, I know that many cannot afford this increase. Medicare finances are rapidly deteriorating and we should be working on real solutions that ensure the long-term financial stability of Medicare.

Choice is not option in this government takeover of our health care system. I am genuinely concerned for the well-being and options that the people of this great nation have. I do not believe H.R. 3962 best represents what the American people are asking for.

I agree that improvements need to be made to our system currently in place. However, a solution should be built upon the principle that when individuals—not the government, insurance companies, or employers—are given

control and ownership, we will achieve full access to coverage and see the entire system move in a more positive, patient-centered direction. America needs economic relief in the form of tax breaks for working families and small businesses, and fiscal discipline in Washington. Instead, our federal government keeps pushing policies that will impose harmful taxes and increase our national debt, saddling Americans who are already hurting with even more financial burdens. We must work to find real solutions that will help create jobs and lower health care costs.

Everyone can agree that affordability, accessibility, portability, and quality should be the outcome of any overhaul of the health care delivery system. More specifically, it should be guaranteed that medical decisions are kept in the hands of patients and their doctors; the cost of insurance is lowered, and in turn the number of Americans who have insurance is increased. The American people deserve a plan that allows them to keep their health care coverage if they like it, and have the freedom to choose the plan that best meets their needs. As I have said before, and as I will say again, I will not support any type of health reform plan that raises taxes, rations health care, eliminates employer-sponsored health benefits for working families, or allows government bureaucrats to make decisions that should be made by families and their doctors.

Mr. VISCLOSKY. Mr. Speaker, I am proud to support the Affordable Health Care for America Act, a bill that will significantly improve our healthcare system.

For too long, our healthcare system has allowed millions of Americans to go uninsured, tolerated egregious and abusive business practices by big insurance and pharmaceutical companies, and ignored skyrocketing costs. It has diminished our nation's collective health and drained our economy. The Affordable Health Care for America Act represents a significant effort to address the iniquities of our current healthcare system.

Specifically, the Affordable Health Care for America Act strengthens the healthcare market for all Americans. For those with insurance, the measure would establish benefits to be included in all health insurance options, including preventative care, mental health services, and dental and vision services for children. Additionally, the measure would establish annual and lifetime out-of-pocket spending caps to ensure that no family faces bankruptcy due to medical expenses. And the Affordable Health Care for America Act would eliminate the decades-long exemption of health insurance companies from federal anti-trust laws, enabling the regulation of abusive business practices.

For those without insurance, the Affordable Health Care for America Act would establish a public health insurance option to compete with—not replace—private insurance plans. The public health insurance option would aim to provide more Americans with healthcare coverage and would be financed through its premiums. The measure would allow the Secretary of Health and Human Services to negotiate physician and hospital rates for the public option and would prohibit insurance companies from denying coverage based on a pre-existing condition.

Importantly, the measure would repeal the prohibition on negotiating with pharmaceutical companies and would require the Secretary of Health and Human Services to negotiate the prices of prescription medications for Medicare beneficiaries. It is my sincere hope that these negotiations will ameliorate the high out-of-pocket costs for prescription medications faced by our seniors. Additionally, the Affordable Health Care for America Act would provide savings to the Medicare programs by improving payment accuracy to Medicare Advantage.

The Affordable Health Care for America Act would reduce the costs to small businesses, America's economic engine, by establishing a Health Insurance Exchange where these businesses will benefit from large group rates and a greater choice of insurance options for their employees. Further, the measure would provide tax credits to eligible small businesses for assistance with the costs of providing health insurance to their employees.

Finally, the Affordable Health Care for America Act is not only fully paid for, but according to the non-partisan Congressional Budget Office it would reduce the deficit by \$104 billion over the next ten years and would continue to reduce the deficit in the following decade.

Through these provisions and others I believe that the Affordable Health Care for America Act will accomplish my goals for healthcare reform, namely to give more security and stability to those who have health insurance, to provide affordable, quality options to those who do not have health insurance, and to lower the cost of healthcare for families, businesses, and society.

Although this bill may not be perfect, it will improve our healthcare system. It is the result of a lengthy, transparent process that has helped the bill evolve and improve at each step of the way. I will continue to closely monitor the legislation's progress.

Voting for comprehensive healthcare reform at long last was a gratifying experience. I believe that a generation from now people will ask the question, what took us so long?

Mr. REYES. Mr. Speaker, this is a momentous occasion for the American people, particularly for the hundreds of thousands of El Pasoans who have unjustly struggled without health insurance in the world's wealthiest nation. The Affordable Health Care for America Act, as passed by the House, will dramatically improve the quality of life for so many families in our community, who will finally have access to quality affordable health coverage.

I am particularly pleased this legislation incorporates a provision that I, along with Majority Leader STENY HOYER, and others worked to include that will support the development of our medical school. The measure will allocate \$100 million each year through fiscal year 2015 to the Department of Health and Human Services to help develop medical schools in federally-designated health professional shortage areas for construction, equipment, curriculum and faculty development. This is an exciting opportunity for our community.

The House passage of the Affordable Health Care for America Act is one of the most significant legislative victories for the people of El Paso. Our community has one of

the highest concentrations of America's uninsured population, with over 230,000 residents without health coverage, one in three people. Texas has the highest rate of children and adults without health insurance in the entire nation. The status quo is unacceptable, and we can no longer afford to pass this growing problem to future generations.

While our community is spending a greater share of property taxes to pay for individuals without health coverage, insurance companies have continued to engage in practices that protect their bottom lines. For too long, insurers have been the gatekeepers to our health care system, with the power to dictate who receives health coverage and who does not. Americans with pre-existing conditions and serious illnesses are too often denied coverage or are dropped from their existing insurance plans for developing a serious illness or reaching their cap on coverage, and are denied access to the medical care they need.

When people lack access to quality affordable preventative care, they end up in our emergency rooms for ailments that could have been treated by a family doctor or seek treatment for conditions that should have been diagnosed earlier. When these patients fail to pay their medical bills from publicly-financed hospitals such as University Medical Center, local property taxes are used to cover these expenses. Since 1998, El Paso property tax payers have spent over \$400 million to pay for treatment and services for those patients who could not afford to pay their medical bills.

The Affordable Health Care for America Act will dramatically reduce the number of people without insurance in El Paso. First, it prohibits insurance companies from denying coverage due to "pre-existing conditions." It requires that every American obtain health coverage, and provides "affordability credits" to individuals and families with incomes up to 400 percent of the federal poverty level (currently \$43,430 for individuals and \$88,200 for a family of four).

The legislation also requires that most employers provide coverage. It includes exemptions for small businesses with payrolls of less than \$500,000 and offers generous tax credits for those small businesses that elect to provide coverage for their employees. The bill creates an "insurance exchange," that will offer affordable health insurance plans for individuals without employer-provided or government-provided insurance (such as Medicaid and Medicare). This exchange will include a public option to encourage competition with private insurers to keep prices low for consumers.

This bill also brings much needed relief and peace of mind for those who do have insurance coverage, as all Americans will no longer have to worry about the possibility of financial ruin due to a serious illness. It caps annual out-of-pocket expenses at \$10,000 for families and \$5,000 for individuals, and prohibits insurance companies from imposing lifetime limits on an individual's coverage.

Our local community leaders have expressed their support for health insurance reform, and both the city and the county have passed unanimous resolutions in support of reform. The Affordable Health Care for America Act is endorsed by over 300 national organizations and associations, including the

AARP, the American Medical Association, the American Cancer Society, the American Heart Association, and many other medical professional organizations.

The passage of this landmark legislation by the House of Representatives is an historic achievement and reflects the commitment and determined leadership of President Obama and the Democratic Congress to follow through on a key promise to help middle class families, who have endured years of rising medical costs. I commend my colleagues for their determination to pass this truly historic legislation that will lower health care costs for all Americans, and strengthen our country's financial future.

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I rise today to oppose language in the Republican substitute that threatens the well-being of patients in hospitals across the country.

The goal of the underlying legislation is to provide affordable, quality healthcare to every American. According to The Institute of Medicine, nearly 100,000 people die every year because of medical errors in America's hospitals. I cannot understand how reducing the accountability of our healthcare practitioners would lower that number or improve the quality of healthcare in this country.

The facts are clear. Those states that restrict damage awards and limit access to courts for patients injured by negligent doctors have seen limited or no reduction in healthcare costs. Instead, many have seen an increase in the cost of malpractice insurance. In fact, for every malpractice damage award, 3 to 7 people die due to medical errors.

While we all share a goal that doctors practice medicine with confidence and avoid needless tests, we should not limit access to justice where reckless action permanently alters the lives of patients and their families. Make no mistake, that's what the Republican substitute would do.

If we want to lower healthcare costs, let us instead cut down on medical error by encouraging adoption of best practices, standardizing safety procedures that are proven to reduce infection, and lowering malpractice premiums by creating more competition in the insurance industry. I listened to the Americans who visited Washington this week. Many spoke about a fear of monopolies and in favor of increased competition. I agree. Let's make the insurance companies comply with antitrust laws and operate on the same competitive playing field as other American businesses.

One of the great guarantees the founders provided in our Constitution was the ability to address grievances in a court of law. Our courts remain a great equalizer that allows every American the opportunity to seek justice when wronged. Limiting this guarantee goes against that spirit and leaves grieving and injured families without access to justice. I ask my colleagues to join me in opposing this substitute.

Ms. CORRINE BROWN of Florida. Mr. Speaker, tonight, I'm thinking about my grandmother, and all the grandmothers out there—back in November of 2003 when the Republicans passed their Medicare Prescription Drug bill, they put a provision in there known as the donut hole. And that's why I voted against that

bill because I knew that my Grandma needed her prescriptions yet couldn't afford them because of this gap in coverage. And they made it illegal for the Secretary of HHS to negotiate the prices of drugs, even though we in Congress allow the VA and DOD to negotiate drug prices.

Yet this bill closes that prescription drug loophole. It makes it impossible for insurance companies to deny people health care because of a pre-existing condition, and it allows the Secretary of HHS to negotiate drug prices, which WILL help to bring down cost.

Secondly, one of the most family friendly provisions in this bill: families can keep their children on their health care insurance policy until age 27! This will be a great assistance to young adults studying in graduate school, or those just starting out in their career and barely making enough to get by.

To whom God has given much, much is expected. I strongly urge my colleagues to vote in favor of this bill to reform health care in our country and make sure access to health care is a right for every American, not a privilege.

Mr. ETHERIDGE. Mr. Speaker, I rise today in support of H.R. 3962, the Affordable Health Care for America Act. This bill is essential to improving North Carolina's economy and will lower health care costs for millions of Americans. I am committed to enacting comprehensive health care reform that contains costs, protects patient choice, and assures quality, affordable care for all Americans. As the only North Carolina Member on the House Ways and Means Committee, a Member of the Budget Committee, and a supporter of fiscal responsibility, I am pleased that this legislation is fully paid for and according to the Congressional Budget Office will reduce the deficit both in the short and long term.

Working families and small businesses are facing crushing health care costs that threaten their lives and livelihoods. Health care costs will reach \$2.5 trillion in 2009, more than we are expected to spend on the wars in Iraq and Afghanistan this decade. Families already have experienced health care costs doubling in the past 10 years. Without reform, health care costs will skyrocket in the next decade. Independent analysis has predicted that family premiums will be \$1,000 to \$9,000 lower in 2016 under this legislation compared to what they would be without reform.

H.R. 3962 will improve health care for seniors in Medicare by reducing costs and extending Medicare's solvency. This bill brings an end to the prescription drug "donut hole" which has unfairly burdened the pocketbooks of seniors, decreasing out-of-pocket costs by \$500 immediately, cutting copayments in half in the short term, and fully closing it over the next 10 years. H.R. 3962 also provides better and more timely payments to doctors who accept Medicare and attacks waste, fraud and abuse in Medicare ensuring more money goes to benefits and improving senior health and quality of life.

Too many people have their choices limited by insurance companies and financial decisions, rather than by patients and doctors. H.R. 3962 will expand individual choice and prevent insurers from denying benefits that doctors recommend. This bill will place caps on out-of-pocket health expenses, and remove

the ability of insurance companies to place annual or lifetime limits on coverage. Choice will be reinforced with one-stop comparison insurance shopping through a health insurance exchange.

During this economic downturn, H.R. 3962 will help small businesses address the crushing costs of health care. In particular, this legislation will curb skyrocketing health care costs and provides greater access to health care for small businesses. Companies that offer their employees health insurance coverage will get a tax credit for two years to help them transition to, or continue, providing health benefits to their employees—paying up to 50 percent of their costs.

Mr. Speaker, as this bill moves to the Senate and then to conference, I am hopeful that we can make sure that H.R. 3962 does not unintentionally burden small businesses who employ seasonal workers. While tax incentives in the bill are designed to help small employers cover health care expenses, there are no allowances for seasonal workers common to the agricultural industry. Workers who are only employed for a short time by an employer should be able to get health insurance, but there must be provisions to ensure that this is affordable and not burdensome to their temporary employer. As we work through the process of passing a final bill to be sent to the President, I hope leadership will work with me to resolve this issue.

H.R. 3962 is fiscally responsible and will improve the health and health care of people across my district, North Carolina, and the country. I am pleased to be able to vote in favor of this historic legislation.

Ms. FOXX. Mr. Speaker, small business owners and employees need more choices of health insurance plans, not fewer. This bill will drive out the private health insurance market and permit the government to determine if the health insurance options a small business offers are "acceptable."

The bill places a new tax-compliance paperwork burden on all small business owners.

This bill will kill jobs. It does nothing to lower the cost or increase choice in the marketplace for America's small business. It will harm small business owners with costly employer mandates and punitive payroll taxes.

The Joint Committee on Taxation and the NFIB agree that more than one-third of the \$460.5 billion raised by this bill's surtax will come from small business income.

Small business owners have shared their concerns about H.R. 3962 with me. One small business owner in Statesville N.C. summed it up:

"If this bill is passed the way it is written, my business will be unable to afford to comply with the legislation. My business has drastically cut expenses, delayed capital investments and decreased our work force to stay competitive. If H.R. 3962 is passed by Congress it will force us to close down our business and end the paychecks for the 56 employees who depend on our company to feed their families."

Mr. LUJÁN. Mr. Speaker, as I came to the floor tonight I was reminded of a constituent, Aunt Adrian, who we lost to cancer this last year and who couldn't afford insurance, she spent her last few months worrying about bills,

rather than get better. This story didn't have to end this way.

We reached this point today because people have had enough.

People who have been ignored and shunned, because they are sick;

People who have lost their homes and all they have because a health insurance company slammed a door on them and denied them coverage they thought they had.

People who deserve to be treated fairly and with dignity.

We are here today not to frighten and scare the American people with things that are untrue

But to act, to make a difference, to have the courage and will to put the people first.

And I now know that we do have the courage and the will to get this done, Aunt Adrian and the American people deserve no less.

Ms. RICHARDSON. Mr. Speaker, I rise today in strong support of H.R. 3962, the Affordable Health Care for America Act of 2009, because this bill is good for seniors, good for women, good for small businesses, and good for all Americans.

I would like to thank Speaker PELOSI, House Majority Leader HOYER, Congressman DINGELL, Congressman RANGEL, and Congressman WAXMAN for their skill and leadership in bringing this historic bill to the floor. I would also like to thank my colleagues who have worked so hard to bring about a workable solution to one of the most critical challenges in the history of our nation.

President Theodore Roosevelt proposed national health insurance in 1908 because he could not stand by and watch American families go bankrupt when their children fell ill. Forty years later in 1948, President Truman proposed it again. Under the leadership of Lyndon B. Johnson and a Democratic Congress, Medicare was enacted in 1965 which provided health care for senior citizens. Thirty years later, Congress passed the State Children's Health Insurance Plan which expanded affordable coverage to millions of poor children.

Today, this seventh day of November in the year 2009, we write another great chapter in the remarkable history of this country. Today, we extend to tens of millions of our fellow citizens the security that comes from knowing that they will have health care that is there when they need it and won't bankrupt their families. Today, we keep faith with those who came before us and those who will come after us. Today, we will pass the Affordable Health Care for Americans Act of 2009 and change America for the better.

The health care system we have now is not working for middle and working class families, not working for businesses trying to compete in a global economy, not working for taxpayers or for the uninsured. There are 54 million Americans who are uninsured who need us to reform this broken system. 1 in 5 Californians are uninsured or underinsured. These numbers are staggering and if we do nothing, they will only grow worse.

Mr. Speaker, House Republicans have offered a bill that they claim solves the broken health care system, but the reality is quite different from what their rhetoric makes it out to be. The fact is the Republican substitute

leaves affordable health insurance out of reach for millions of Americans. It will allow discrimination based on gender, age, and pre-existing conditions to prevail in the insurance industry. It will do nothing to protect consumers. It is not the answer.

Mr. Speaker, the Affordable Health Care for Americans Act is a better bill. It is the answer to the broken health care system. This bill provides American families with stability and peace of mind. Never again will they have to choose between their health and their livelihood. This bill provides American families with higher quality health care. It leaves important health decisions up to patients and doctors, not to insurance companies. This bill provides American families with greater choice. It creates a high-quality, robust, public health insurance option for families to choose from. Finally, this bill lowers costs for American families. It eliminates co-pays and deductibles for preventive care while putting an annual cap on out-of-pocket expenses for American families.

Mr. Speaker, this bill is the answer to the problems faced by real American families today. The Republican bill is fantasy. It is not grounded in reality. Now, we need to stop playing politics and focus on actually improving people's lives. H.R. 3962 will reform the health care system so that it provides quality, affordable coverage that cannot be taken away. This bill eliminates discrimination based on gender and pre-existing condition. It eliminates the prescription drug donut hole for seniors. It ends the era of no and begins the era of yes for millions of Americans seeking coverage.

As FDR once said, the test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have little. It is time for us to move forward. It is time for us to take this great nation in a new direction. It is time for us to look out for all Americans in their time of sickness and need. The hour is late, and the need is great. I urge my colleagues to vote "aye" on H.R. 3962.

Mr. SHULER. Mr. Speaker, as you know I am opposed to the bill we are considering today for many reasons that I have articulated previously. I am pleased, however, that the bill strikes the appropriate balance on the issue of follow on biologics. This bipartisan compromise language will provide lower cost options to consumers and my constituents without destroying a healthy and functioning biotech industry in this country. The Barton-Eshoo biosimilar amendment in the Energy and Commerce Committee was one of the few issues that was addressed on a truly bipartisan basis and ought to serve as model on how things should get done in Congress.

I believe it is critical that the creation of a pathway for new products does not destroy the ability or the incentives of innovator companies to develop breakthrough technologies. We have a moral obligation to provide a safe and effective pathway of bringing competition that will benefit patients. I wish we could consider this as a stand-alone bill because it would pass with the kind of overwhelming bipartisan support that Americans across the country wish to see.

However, these provisions are only the first step in a long path to the marketing of these

new products. New research and clinical testing will have to occur and the FDA will write rules that will ensure this research is done safely and effectively. One of the reasons I have long supported the U.S. biotechnology industry is that it is a homegrown success story that has been an engine of job creation in this country and in my home state of North Carolina. Unfortunately, many of the largest companies that would seek to enter the biosimilar market have made their money by outsourcing their research to foreign countries that don't have the same safety and efficacy standards that we have in the United States. With this week's devastating news that unemployment has reached 10.2 percent it is critical that we preserve jobs in America. While the innovators have created jobs here, these generic companies have shipped them overseas, so they can turn around and sell cheap knockoffs of innovative American products.

As this new market launches in the U.S., we need to ensure that we foster innovative products in this country for the creation of jobs and research that will go into proving whether these products are interchangeable with the innovator's products. I don't know whether these companies can create such interchangeable products, but I am certain that the research and testing of whether or not they should occur in this country and not somewhere across the globe. Testing and research on these interchangeable biosimilars should be required to occur in this country to ensure that it is done properly and safely.

Mr. BOOZMAN. Mr. Speaker, the Pelosi Health Care Bill is a bad bill disguised as health care reform. I have heard my constituents and the American people and they say they don't want this government takeover. They want the right to make their own health care choices. I agree that we need health care reform because the costs are too high. There is nothing more frustrating as a medical professional than when my patients can't afford the prescriptions I write for them. The Majority plan will put Washington between me and my patients and this is unacceptable.

We all deserve access to quality and affordable health care. Unfortunately, a public option doesn't guarantee that we will accomplish this. This government takeover will increase taxes, take away health care choices Americans deserve to make and create more bureaucratic red tape. We don't want reforms that come with higher costs while the quality and access to health care suffers.

The cost is a staggering \$1.2 trillion and to think that won't impact our national deficit and state budgets is unrealistic. The increased price for greatly expanding Medicaid will be an unfunded mandate to Arkansas taxpayers that at the bare minimum will cost \$205 million and could be as high as \$596 million. This is an unfunded mandate that we cannot force Arkansians to pay. Health reform should not end up costing hardworking Americans. Our citizens deserve better.

Mr. ISSA. Mr. Speaker, today I will vote in strong opposition to H.R. 3962, the "Affordable Health Care for America Act."

This government takeover of health care is filled with tax increases, job killing mandates, Medicare cuts, bureaucrat additions, and entitlement expansions. This bill will lead to higher

health care premiums and a growth in long-term health care costs.

Despite this bill's many faults, I support the bill's language establishing a market for biosimilars which balances the desire to provide cheaper biologics with the need to continue incentivizing investment in research and development. The bipartisan language approved by the House Energy and Commerce Committee earlier this year would create an FDA approval process that allows for the continued development of biosimilar products.

This language appropriately protects intellectual property rights by encouraging the creation of new technologies and helps protect patients from possibly dangerous, insufficiently tested biosimilars. Because biologics are more complex and susceptible to change during formulation, it is of the utmost importance that we only support a process that provides for a safe biosimilar market.

It is critical at this time of 10.2 percent nationwide unemployment that the federal government allow job creating industries, like biotechnology, to continue to invest and create jobs. It is unfortunate that the Majority wrapped up a good biosimilar bill in a bad health care bill, but I hope that we have the opportunity to support the Eshoo-Inslee-Barton biosimilar provisions in a separate legislative vote.

Mr. MCCARTHY of California. Mr. Speaker, I rise today to express my strong opposition to H.R. 3962. Specifically, I am very concerned about how the House Democratic Leadership's government takeover of health care legislation will affect the biotech industry, which has been a source of innovation and job creation in California.

Californians know very well how the burden of heavy taxes and regulations can harm small businesses and innovation, as our state economy continues to lag and continues to have an unemployment rate much higher than the national average. On top of state taxes and regulatory burdens, H.R. 3962 would only add on to the devastating burdens facing our biotech industry, through its \$20 billion excise tax on medical devices and by establishing a pathway for follow-on biologics that could harm innovation and American jobs.

As one of the biotech leaders in our country, California boasts more than 2,000 biomedical companies and has created more than 271,000 jobs. The proposed excise tax, whose purpose seems to be solely to raise revenue, is a job killer and would stifle innovation. It will ultimately result in making it more difficult for millions of Americans to have access to life-saving medical devices that they need for their health and well-being.

Further, H.R. 3962 would establish a new pathway for follow-on biologics that could slow advances to new life-saving therapies, and ultimately reduce the number of American jobs. The bill does not expressly require clinical trials for follow-on biologics to be completed in the United States, which could allow for these studies to be conducted overseas. Over the past decades, many innovator biologics have demonstrated to be safe, reliable and life-changing—the product of strong clinical trials and research done by dedicated researchers here in America. As unemployment has now crossed 10 percent nationally, and is over 12

percent in California, I hope that we could continue to foster the creation of jobs and research in America.

These are some of the many concerns I have with H.R. 3962, which is why I instead support the Republican health care alternative. The alternative excludes the unnecessary and burdensome excise tax in H.R. 3962, and also includes a responsible pathway for follow-on biologics by including provisions from the Pathways for Biosimilars Act, which I am a proud cosponsor of. By passing the Republican alternative, we can ensure that the American biotech industry can continue to lead the world in innovative therapies and that the necessary research and clinical testing in the field can continue to be done domestically so we can continue to create good-paying American jobs.

Californians, and all Americans, need Washington to pass strong common-sense health care solutions. But we need solutions that strike a balance in reducing health care costs, strengthening health care access, and allowing health innovators, like our biotech industry, to continue to research and improve therapies for patients. That is why I support the Republican health care alternative—it addresses the needs of patients and ensures that we keep good-paying jobs in America.

Mr. BONNER. Mr. Speaker, I rise today to state my objection—in the strongest way I know how—to Speaker PELOSI's health care bill.

This bill represents everything I have fought against during my years in public service . . . it raises taxes by hundreds of billions of dollars, it hides deficit spending with dubious accounting gimmicks, and it will vastly expand the federal government's scope and size in every aspect of our daily lives and take even greater control over one sixth of our nation's economy.

Among other things, this bill piles crushing mandates on small businesses, it wrings hundreds of billions of Medicare dollars out of our doctors, hospitals, and other providers. It decimates the popular Medicare Advantage program, which millions of seniors depend on. Moreover, it will be the mother of all unfunded mandates on state budgets which—like my home state of Alabama—are already stretched thin because unlike the federal government, most states actually balance their budgets.

Mr. Speaker, over the past several months I have heard from thousands of Alabamians who have called, written, and e-mailed my office. In August, my staff and I held 19 town meetings throughout Alabama's First District where more than 5,000 people came out to voice their opposition to this massive takeover of our health care system.

My friends and colleagues, the vast majority of the people I work for—and have heard from—are unambiguous—they do not want this bill.

In fact, most Alabamians—and, I believe, most Americans—want to preserve what's best about our health care while lowering costs and improving access. That's why I will not only be opposing H.R. 3962, but I am proud to support the Republican substitute. My Republican colleagues and I believe this bill would lower costs in both the short term and the long term, honoring our pledge for fiscal

responsibility while broadening access to quality health care through lower costs and more competition.

Mr. Speaker, I only have one vote but I will cast that vote against this legislation that The Wall Street Journal correctly dubbed, "the worst bill ever," and I humbly urge my colleagues to do the same.

Ms. HIRONO. Mr. Speaker, the U.S. Congress has been grappling with how to provide all our citizens with access to affordable, quality health care since the time of President Harry Truman. H.R. 3962 represents a critical milestone in the effort to reform our health care system.

For those who have it, health insurance is not something you can take for granted. Every day 14,000 Americans lose their health insurance coverage. A recent U.S. Treasury Department report noted that approximately half of all Americans under the age of 65 will lose their health insurance coverage at some point over the next ten years. Thousands are denied coverage because of pre-existing conditions like asthma, pregnancy, arthritis, or diabetes. Millions more have no health insurance at all, including 54,000 people who live in Hawaii's Second Congressional District.

In his health care speech before Congress and the nation, President Obama appealed to the best part of us—to act unselfishly, and to put ourselves in the shoes of others. He asked us to imagine what it must be like for those who don't have insurance—to live in a State of helplessness should illness strike you or the ones you love.

H.R. 3962 is a bill that will provide for comprehensive health care reform that will protect consumers, hold insurance companies accountable, rein in health care costs, reduce the deficit, and cover 36 million uninsured Americans. In supporting this bill, I want to highlight three key points. First, for Hawaii the bill includes the Hirono Amendment that provides an exemption for Hawaii's Prepaid Health Care Act of 1974, which is our nation's first and only employer mandate law of its kind. Second, the bill will provide health insurance coverage for an unprecedented number of Americans while still reducing our deficit. And third, the bill strengthens and improves the Medicare program for our seniors.

First, there is a mistaken perception that everything and everyone in Hawaii is exempted under H.R. 3962. That is not so. The Hirono Amendment only exempts Hawaii's Prepaid Health Care Act (PHCA) and those who come under it (certain full-time employees and their employers). PHCA does not apply to part-time employees, seniors on Medicare, those without health insurance, government employees, or those covered by collective bargaining agreements.

Therefore, H.R. 3962 would apply to them. I know it is easier to talk in terms of the State of Hawaii being exempt from the bill, but that is wrong. The distinction between PHCA being exempt and the whole State being exempt is a critical distinction to make.

PHCA requires employers to contribute at least 50 percent of the premium cost for single health care coverage, and the employee must contribute the balance, provided the employee's share does not exceed 1.5 percent of his or her wages. Because of rising health care

costs, Hawaii employers on average cover 94 percent of the premium cost because of the second part of Hawaii's law limiting employees' share. Hawaii employers may cover the full cost of the health insurance premium and many do cover 100 percent of the cost of single coverage. H.R. 3962 would require employers to cover 72.5 percent of premium costs for single health care coverage.

Hawaii consistently ranks among the highest nationally in terms of insurance coverage and lowest in regard to the number of uninsured. This is largely due to PHCA. Private and public health insurance cover an estimated 92 percent of our population of 1.3 million people. Of those with private insurance, 93 percent are covered through employment-based plans.

Lawrence Boyd, an economist at the University of Hawaii, estimates that per capita health expenditures in Hawaii are seven percent lower than the national average. Dr. Boyd believes that wider health insurance coverage and support for preventive health care lead to this outcome. The Hirono Amendment will provide maximum flexibility for Hawaii once a federal health care reform bill becomes law. Hawaii will be able to decide for itself to retain PHCA or come completely under the new federal law.

Second, H.R. 3962 will ensure that 96 percent of Americans will have health insurance coverage. The non-partisan Congressional Budget Office (CBO) estimates that the cost of enacting H.R. 3962 will be \$894 billion, consistent with the \$900 billion limit established by President Obama. The bill is fully paid for. About half of the cost of H.R. 3962 is paid for by targeting waste, fraud, and inefficiency in the federal Medicaid and Medicare programs. The other roughly half of the cost of the bill is paid for through a surcharge on the wealthiest Americans—those with incomes above \$1 million for couples and \$500,000 for singles; therefore, 99.7 percent of Americans will not be touched by this surtax.

While H.R. 3962 will be paid for, CBO also estimates that the bill reduces the deficit by over \$100 billion in the first 10 years, and continues to reduce the deficit in subsequent years. Leading economists from educational institutions across our nation have concurred with CBO's findings and support the idea that health care reform promotes our country's economic health.

Finally, I want to address the importance of health care reform to seniors. Some of the most damaging misinformation that has circulated over the past several months on health care reform is the use of scare tactics targeted at seniors. The cynical irony is that the misinformation targeting seniors is largely perpetuated by the same people who fought the establishment of Medicare and wanted to privatize Social Security.

The truth is that H.R. 3962 will lower prescription drug costs for people in the doughnut hole; give the Secretary of Health and Human Services the authority to negotiate lower drug prices on behalf of Medicare beneficiaries; and extend the solvency of the Medicare Trust fund by five years.

Closing the doughnut hole is an especially critical issue for Hawaii, as we have the nation's largest percentage—36 percent compared with 26 percent—of Medicare bene-

ficiaries who fall into this gap of prescription drug coverage. In its first year, H.R. 3962 will reduce the doughnut hole by \$500 per beneficiary, provide a 50 percent discount on brand-name prescription drugs, and phase out the doughnut hole by 2019.

It is remarkable that in just the past two days, over 300 groups representing Americans from all walks of life—doctors, farmers, seniors, consumers, cancer and diabetes patients—have rejected the unsustainable status quo and have endorsed H.R. 3962. In its endorsement of the bill, Consumers Union—publisher of the independent, non-partisan Consumer Reports—called the health care status quo a “consumer crisis with its crippling costs, its unreliability, and lack of access,” and strongly endorsed the House of Representatives health care bill because it will create “a more secure, affordable health care system.” Other groups endorsing the House bill include the: American Medical Association, American Nurses Association, AARP, AFL-CIO, AFSCME, Americans for Democratic Action, American Cancer Society, American Diabetes Association, Asian & Pacific Islander American Health Forum, Association of Asian Pacific Community Health Organizations, National Association of Community Health Centers, National Education Association, Campaign for Tobacco-Free Kids, and from my district, Lana'i Community Health Center.

Now is the time to end insurance discrimination based on pre-existing conditions or gender. Now is the time to begin to close the Medicare doughnut hole for America's seniors. Now is the time to bring change to a broken system.

I urge my colleagues to vote in support of H.R. 3962.

Aloha and mahalo.

Mr. THORNBERRY. Mr. Speaker, most of us agree that improvements are needed in our health care system, especially in the way we pay for health care. Health insurance costs have been increasing faster than many people can pay, and too many of us do not have health insurance.

At the same time, many aspects of our health care system are the best in the world. We need to work step-by-step to make needed improvements while we protect those parts that are improving the quality and length of our lives.

The bill before us, H.R. 3962, takes a very different course. It cuts over \$400 billion from Medicare and Medicaid, increases various taxes, and fines individuals and businesses that do not sign up for the government-approved insurance, all to pay for massive new programs, including a government-run health insurance plan.

I believe that this bill will not only fail to stem the growing cost of health insurance; it will make health insurance significantly more expensive for the 85 percent of Americans who are currently insured. And it will severely affect those on Medicare and Medicaid. It will also present the largest, most intrusive growth of government into our lives in many years.

The alternative bill is a better approach. It focuses on lowering health insurance costs, and CBO agrees that it will do so by up to 10 percent. At the same time, it makes it easier for those with pre-existing conditions to obtain

coverage. CBO judges that the alternative would reduce the federal deficit by \$68 billion over the next ten years.

Unfortunately, other ideas have never been allowed to be considered. This bill has been railroaded through this House from the beginning. That is not the way to deal with an issue as important as health care. H.R. 3962 must be stopped so common sense health insurance reform can begin.

Mr. TIAHRT. Mr. Speaker, I rise today to express my opposition to both the rule and to the massive government takeover of health care that is before us today. There are a large number of issues that I could raise, but right now I would like to focus on one of the most blatant examples of disregard for the will of the American people found within this bill. The bill includes abortions paid for by federal dollars.

For more than 30 years, the United States federal government has not been in the business of providing funding for abortion. Since 1976 the Hyde amendment has struck a delicate, but respectful balance between those who support abortion and those who do not. While it does not make abortion illegal, it protects those who oppose abortion from being forced to support it with their taxpayer dollars. This is a fair compromise that should be included in the H.R. 3962.

Public opinion is clear on this issue. A number of polls have been conducted in the last couple of months confirming that Americans do not support federal funding of abortion. A Rasmussen Reports poll from September found that only 13 percent of Americans support abortion coverage by government-backed health insurance. A Public Option Strategies poll from September found that only 8 percent of Americans would be more likely to support a health care bill if it included federal funding for abortions. A whopping two-thirds of Americans oppose using federal dollars to pay for abortions, according to the September International Communications Research poll. This is like every other aspect of this health care bill—the American people do not want it, but Democrat leadership is attempting to ram it down our throats anyway.

This is why I support the Stupak-Pitts amendment. Their amendment would extend the same restrictions found in the Hyde amendment to cover this bill as well. It does not outlaw or prohibit abortion, or restrict those who wish to have an abortion from seeking one. But it does prevent federal dollars from being used to pay for those abortions.

I am pleased that we will be allowed to debate the Stupak-Pitts amendment, even without assurance that should it pass, the House would retain the language in conference, and I hope that my colleagues vote in favor of the amendment. The Republican bill clearly states that abortions will not be paid for with taxpayer dollars. I urge my colleagues to vote for the Republican bill and against H.R. 3962.

Mr. ENGEL. Mr. Speaker, I rise in strong support of the Affordable Health Care for All Americans Act. In my 21 year career, this is by far one of the most important votes I will take. I have spent the past ten months meeting with the people of Bronx, Rockland and Westchester Counties and have had heart-breaking stories shared with me about the inadequacies of healthcare.

On this historic day, our Congress honors our country, honors our citizens, and honors our moral imperative to provide all Americans with comprehensive, affordable access to quality health care.

This is the reason so many of us get up day after day after day. It is the reason why so many of us sought public office, and it is the reason why our constituents sent us to Congress—to right the wrongs of our broken healthcare system and steer our country back in the right direction.

Never again will families worry late into the night over whether their pre-existing medical conditions will prevent their loved ones from getting access to health care coverage they so desperately need.

Never again will insurance companies be allowed to drop coverage for those who have paid their premiums diligently, only to lose it when they get sick and need it most.

Never again will families have to worry that if they lose their jobs, they will also lose their healthcare coverage.

The underlying bill provides comprehensive reform to our nation's healthcare system and puts our nation back on the road to fiscal responsibility by reducing the deficit by \$30 billion in the first 10 years.

Regardless of who you are, or where you live, this bill provides significant benefits to all citizens.

If you have health insurance, you can keep your doctor and your health plan. You like it, you keep it. It's that simple.

But for those that don't have health insurance, we will change that today. Of the 46 million Americans that are uninsured, 85 percent of them are in working families. Millions of Americans desperately want to purchase health insurance and can't. They've been priced out of the system. They have been priced out of a basic desire to keep them and their families healthy. 53 percent of Americans postpone care or medication because of cost. 60 percent of bankruptcies were related to medical debt. It's unfair, unsustainable and un-American to allow this failed health care system to continue.

Insurance companies have a chokehold on the market and we are breaking through that today. If you don't have health insurance, or lose your health insurance, the new health insurance exchange will provide a one stop comparison shopping market place for you of private insurance options or a new public health insurance option.

While in my heart of hearts I believe a single payer system would be the best reform of our nation's health care, I have worked tirelessly over the last year to enact a strong public option. The public option included in the bill will undoubtedly inject competition into the market for better prices and coverage of quality health insurance.

No longer will women be considered second class citizens when it comes to healthcare coverage. H.R. 3962 supports women's health care by ending the designation of pregnancy, domestic violence and caesarean sections as pre-existing conditions, and eliminating out-of-pocket expenses for preventive services including mammograms, well baby and well-child care visits. It also prohibits plans from charging women more for health coverage

than men, and guarantees coverage for maternity care.

H.R. 3962 invests in Medicare. Our seniors will see improved benefits, free preventive care, better primary care and lower drug costs. The donut hole, in which seniors pay monthly premiums for drug coverage without a drug benefit, will finally be closed. I have been fighting for this since the day we enacted the Medicare Prescription drug benefit.

Young adults will have more access to affordable healthcare than ever before. Our bill allows adults to stay on their parents' healthcare plans until their 27th birthday. This measure alone will cover one out of three uninsured young adults.

Additionally, small business owners will be granted access to affordable large group rates in the new insurance exchange and tax credits to help businesses insure employees across the 17th district and our nation. I met with the Rockland Small Business Association this summer and fought to make health insurance reform workable for small businesses. 98.8 percent of small business owners will pay no surcharge and 86 percent of America's businesses are exempt from the shared responsibility requirement to provide insurance. In fact, businesses with payrolls of \$500,000 or below are completely exempt from provisions in H.R. 3962.

Throughout this year, and in my role as the Senior New Yorker on the Energy & Commerce health subcommittee, I have worked hand and hand with Chairmen WAXMAN, RANGEL, MILLER, Majority Leader HOYER and Speaker PELOSI to improve the underlying bill for New York State and people nationwide.

Here are just a few of the provisions I was successful in inserting in the underlying bill.

I am proud to have reformed the Medicaid program to serve people with HIV. Under current Medicaid rules, low-income people with HIV must wait until they are disabled by AIDS before they can get covered by Medicaid. In the House bill, states could cover all people with HIV infection under state disability income and resource levels until January 1, 2013, when the new health insurance exchange is operational, at an enhanced federal match.

I worked to protect the ability of eight states, including NY to preserve Adult Day Health care programs in Medicaid. These community-based long term care programs provide comprehensive health care services in day settings.

Beneficiaries are given nursing, case management, clinical management, medical, diagnostic, social, rehabilitative, recreational and personal care services on a routine, daily basis.

Since my time in the New York State Assembly when I was the Chair of the Assembly Committee on Alcohol and Drug Abuse, I have been championing for mental health and substance abuse services. I worked to strengthen our capacity to serve people affected by these disorders through Federally Qualified Behavioral Health Centers. My provision will establish national standards of care for persons with serious mental illness and addiction disorders. Furthermore, new reporting and accountability standards for mental health care will better integrate its providers and services within the larger healthcare system.

Many people have a family member, or are friends with someone who has autism. I worked with Rep. DOYLE, the Co-Chairman of the Congressional Caucus on Autism on several provisions dear to me. We ensured that discrimination in benefits against persons with autism are prohibited by including behavioral health treatments as part of the essential benefits package in the House health reform bill.

There is currently a shortage of appropriately-trained personnel who can assess, diagnose, treat and support patients with Autism Spectrum Disorders (ASD). These professionals require the most up-to-date practices to best care for those with autism and their families. And so we included a provision for the training for professionals working with children and adults with autism.

I advocated to improve the healthcare for maternity and newborn care in the Medicaid program. H.R. 3962 will extend important child health quality improvement provisions to traditional-eligible childbearing women and newborns and other covered adults younger than age 65. As a result of my provision, the Secretary of Health & Human Services will collect data and make recommendations on improving care for these key populations.

Finally, I was tireless in my advocacy for the Disproportionate Share Hospital (DSH) program, which assists with the cost of caring for uninsured and underinsured people at hospitals. These payments ensure that hospitals are not in financial distress from serving low-income people.

We stand here as proud Americans determined and ready to transform a broken health care system into a model of care worldwide. The cost of inaction is too great. Today, we answer the call of history, and vote for health insurance reform for America. Our nation's future depends on it.

Mr. SCOTT of Virginia. Mr. Speaker, all afternoon we have heard about the "freedom" to be uninsured. Seniors in my district do not want us to repeal government run Medicare so that they can enjoy a "freedom" to be uninsured, and those without insurance now do not view themselves as enjoying some "freedom"; they want insurance.

The Republican substitute responds to the comprehensive Affordable Health Care for America act with a bill that fails to reduce cost, fails to cover uninsured Americans, and it may study—but it does not help—those with pre-existing conditions. It does, however, attack innocent victims of medical malpractice.

One recent study showed that medical malpractice represents less than one-third of one percent of all health care costs. And yet the Republican substitute seeks to blame our broken health care insurance system on innocent victims of medical malpractice. For those victims, the bill limits the ability to hire a lawyer, complicates the lawsuit, shifts the costs of medical malpractice from the doctor to the victims' own private insurance, and in some cases causes the injured victims to lose the right to sue before they even know they've been injured. I'd like to share some specific examples of the egregious provisions included in the Republican substitute.

Under the Republican substitute, a young child whose life is forever devastated by medical malpractice can lose all right to sue on his

or her eighth birthday—long before he or she reaches legal age to make his or her own decision.

Under the Republican substitute, when two or more wrongdoers act together, and one of them is able to flee or put their assets out of reach, the innocent victim is left short, while the other wrongdoer is shielded from full responsibility. They call this the “fair share rule.”

Under the Republican substitute, it is more difficult for a medical malpractice victim to get a lawyer's help to fight against the insurance companies, because the bill permits a court to reduce the fee paid to the victim's lawyer—after the case has been fought and won. This provision penalizes victims with winning cases. One would think the purpose of this provision is to save the insurance carrier money and thereby reduce malpractice premiums; however, insurance carriers are not responsible for the victim's lawyer's fee. Insurance carriers are responsible for the defendant's lawyer's fee, so permitting the court to reduce fees paid to defendant's lawyers would actually save money and reduce premiums. The substitute does not allow that. This makes no sense. Under current practice, the victim's lawyers already don't get paid if the victim loses. Now they might not get paid even if the victim wins.

Under the Republican substitute, if the victim has health insurance that helps pay for the victim's care while the victim is waiting for the wrongdoer to be held accountable, the wrongdoer can escape legal accountability for that part of the cost entirely. The wrongdoer gets to shift the cost onto the victim's own health insurance. That's the Republican approach to health insurance reform—saddling the victim's insurer with the cost of someone else's negligence, while letting the wrongdoer off the hook.

Under the Republican substitute, the only time punitive damages would ever be available is when the wrongdoer has maliciously injured the victim that is, when the wrongdoer has committed a violent felony. And even then—even in cases of the most heinous violence imaginable—the Republican substitute caps punitive damages.

The Republican substitute is empty of any meaningful health insurance reform, and it is utterly callous to malpractice victims. None of these unfair provisions were passed during previous attempts when the Republicans controlled the House, the Senate and the White House, and they should not be passed now. The substitute should be defeated.

In contrast, the majority's Affordable Health Care for America Act reduces the number of uninsured, increases accessibility of health care, controls skyrocketing costs, and addresses the denial of coverage based on pre-existing conditions. This legislation will put us on a new path where health care will be affordable to all and not just a luxury for some, and I am proud to support this historic health insurance reform legislation.

Ms. NORTON. Mr. Speaker, I support the Affordable Health Care for America Act both because of the extraordinary step forward it brings the nation and my district, the District of Columbia. First, I took steps to assure that the Affordable Health Care for America Act we expect to pass tonight would treat the District

equally with the 50 states (although it does not do so for the territories). Consequently, the bill will provide coverage for 14,000 uninsured D.C. residents and affordable credits to help up to 134,000 D.C. families pay for coverage; will improve employer-based coverage for 363,000 District residents; will improve Medicare for 75,000 D.C. seniors, including closing the prescription drug donut hole for 3,300 seniors, as well as providing free preventative care and wellness check-ups for all seniors; will allow 22,200 D.C. small businesses to obtain affordable health care coverage; and will save about 400 District families from bankruptcy resulting from unaffordable health costs. The bill also will reduce the cost of uncompensated care by \$126 million for the District's besieged hospitals and health care providers.

I am proud of the remarkable advances made by our bill, even though it does not meet all that I pressed to achieve. The Congress, of course, is not known for perfect bills, but the extraordinary diversity of our Democratic Caucus—from right to left—has assured that this bill represents a cross-section of the American public—urban, suburban, and rural. The incredible diversity of the Democratic Caucus, representing Republican, right-leaning, moderate, and progressive areas, meant that we could go to the floor only with a bill that sensitively put all of America together into one convincing bill. That is why we have produced a bill that satisfies deficit hawks, more wary of increasing deficits than of most other issues as well as single-payer advocates, who believe that only Medicare for all can sufficiently reduce costs while providing adequate health care to the middle class and the uninsured. Thus, there can be no doubt that the Affordable Health Care for America Act is a balanced bill.

The bill's greatest achievements are that it will reduce the deficit over the next 10 years and into the future while covering 96 percent of the American people; will end discrimination by insurers who dropped or refused to renew or sell coverage because of health status; and will ensure that coverage is affordable by providing subsidies for people in employer-based health care or through the insurance exchange of private insurers as well as a consumer option to drive down the cost of health care while operating on a level playing field with other insurers.

I particularly support this bill because it will take off the burden that the District of Columbia heroically took on, beginning with the Williams administration, to offer health care to the uninsured, without any assistance from the federal government, rather than subject them, as well as the District, to costly emergency room care, the most expensive available. The District's Health Care Alliance, which provides insurance to more than 50,000 residents lacking health insurance, who do not qualify for Medicaid or Medicare, is collapsing under the weight of increasing requests from individuals without insurance. The city had to cut its Health Alliance budget this year to 46,000 individuals, although a year ago 48,000 individuals had registered and 55,000 were expected to register in the 2010 fiscal year.

At my “Fact Check Town Hall Meeting on Health Care Reform,” which observers said

was notable for its civility and the diversity of residents attending, it was apparent that District residents strongly support the approach taken by today's bill. By September, my office had received 2,000 contacts on health care reform, almost all supporting the reform efforts underway in the House, with only nine residents expressing opposition to any reform. Also, 276 District residents had written in opposition to parts of the proposed bill, and 220 of them opposed the public plan. Most who opposed the public plan, appeared to believe that such a plan would affect their employer-based plans, which this bill ensures cannot happen.

I believe that this bill is strong and compelling enough to offer stiff resilience to those who have been unwilling to take on the special interests and who may now believe their best hope is in the other body. Tonight, this bill provides the best hope for the health care of our nation's long-suffering people.

Mr. PAULSEN. Mr. Speaker, like many of my colleagues on both sides of the aisle, I believe the status quo of our nation's health care is unacceptable. We need real reform in this country that will lower costs and keep health care decisions in the hands of patients and their doctors.

This bill would establish a new government run bureaucracy and a public-plan that will drastically expand the role of government into personal health care, at a massive cost of more than \$1 trillion. And it's important to note, that like nearly every other entitlement program, the costs from this bill will only skyrocket.

The bill raises taxes on small businesses, individuals and medical devices like pacemakers and stents. Indeed, this bill would impose \$729.5 billion in higher taxes. \$135 billion in taxes will be levied on business. \$20 billion in taxes will be levied on medical device manufacturers. Using President Obama's economic measuring stick, as many as 5.5 million jobs could be lost from the taxes in this bill.

We all heard over and over again that, “those of you who like your health care plan can keep it.” What is not mentioned is that every plan will need to meet government requirements for a government seal of approval. This plan cuts \$500 billion in Medicare benefits to seniors, including over \$170 billion in cuts to Medicare Advantage—a plan that is used by more than 19,000 seniors in my district. These seniors will no longer get the same care and coverage that they need.

Mr. Speaker, in the bill before us there is no provision in this bill to allow small businesses to pool together, no protection for those who want keep the coverage they have, and no medical liability reform.

The health care plan I support lowers health care premiums for all Americans, guarantees affordable coverage for patients with pre-existing conditions, protects seniors, Medicare benefits, includes no tax increases, enacts real medical liability reform, empowers the doctor-patient relationship, and reduces the budget deficit.

I also want to point out that I offered five amendments to the healthcare bill, but none were made in order. The first amendment would have removed the onerous medical device tax from the bill and replaced it with unobligated stimulus funding. It makes no sense

to me that this bill taxes innovation and our job creators and takes away funding for life saving technology.

I had another amendment that would have required a study of the harmful effects the innovation tax would have on the medical technology industry. Americans should know the implications of the negative effects on life saving technologies in this nearly 2,000 page bill.

Yet another amendment I offered would have removed the seasonal and temporary workers from the employer mandate. This amendment would have helped to lessen the heavy burden this legislation imposes on small businesses.

In addition, I offered an amendment that would have improved and expanded health savings accounts. This would have helped make health care more affordable for the millions of people covered by high deductible health plans.

Finally, I offered an amendment to clarify that nothing in this bill would have infringed on the healthcare that was promised to our nation's veterans. Unfortunately, this health care bill makes massive changes and our nation's veterans are owed the assurance that they will have adequate care.

Mr. Speaker, I would like to close by saying that I oppose this bill because it puts the government in between the decisions of a patient and their doctor. This is simply unacceptable. Patients should have the right to make their own choices regarding the medical care they need without government interference. Whether it is taking care of your children, parents or grandparents, there is no issue that is more personal to a family than health care. No special interest group, Member of Congress or federal bureaucrat should stand between a patient and their doctor.

Americans continue to lose jobs and faith in their American government each day. This bill is not only the wrong direction for our economy but also the wrong direction for America.

Mr. BISHOP of Georgia. Mr. Speaker, after months of studying the various proposals, listening to feedback from my constituents on both sides of the issue in town hall meetings, informal discussions, letters, e-mails and faxes, and after prayerful reflection, I concluded that I must support the health care reform legislation. I believe it would improve the lives of my constituents by ensuring that they have access to quality, affordable health care. H.R. 3962, while not perfect, makes substantial progress in this regard.

During my town hall meetings on health insurance reform last August, I said that we have a moral obligation to ensure that all Americans receive the health care they need to live healthy and productive lives. I have long been concerned about the poor health indicators among my constituents, and this evening I cast a vote that I believe will have a significant impact on improving the lives of Southwest Georgians now and into the future.

Georgia ranks third in obesity rates for children age 10–17; sixth in the number of tuberculosis cases; seventh in number of low birth-weight babies; ninth in diabetes rates for adults; tenth in the number of uninsured; eleventh in hypertension rates; eleventh in the number of new cancer cases; and fourteenth in obesity rates for adults. These numbers are unacceptable.

H.R. 3962, when signed into law, will immediately bring about reforms that will benefit the citizens of Georgia's Second Congressional District and all Americans. The bill will immediately begin to close the donut hole in the Medicare part D prescription drug coverage for seniors. It will outlaw denial of coverage for people with pre-existing conditions, limit premium discrimination based on gender and age, and prevent insurance companies from dropping coverage when people develop serious illnesses and need it the most.

In addition, the bill increases funding for community health centers and other primary care providers, doubling the number of patients seen over five years. It will extend coverage for young people to stay on their parents' insurance plans up to their 27th birthday. It will extend COBRA health insurance coverage for displaced workers. Furthermore, it will hinder price-gouging by requiring that insurance companies disclose rate increases.

By 2013, when the mandate for coverage and the Exchange are in place, additional provisions will take effect including no more co-pays for routine checkups and preventive care, yearly caps on individuals' out-of-pocket expenses and no lifetime caps on what insurance companies will cover.

In addition to the benefits for Southwest Georgia, the bill will reduce the federal budget deficit by \$104 billion over the next decade. It will allow states to form compacts that will enable consumers to buy policies from insurers across state lines.

With regards to small businesses, the health care legislation will provide tax credits to nearly 14,000 small businesses in the Second Congressional District who offer their employees coverage and exempts 86 percent of small businesses (those with payrolls of less than \$500,000) from having to provide coverage, and continues the business deduction for those who do.

Finally, the House health care bill prohibits the use of federal funds for abortions. It also requires verification of citizenship or lawful presence for undocumented immigrants to receive coverage.

I look forward to further improvements as the bill is considered by the Senate and the Conference Committee, where differences between the House and Senate bills will be resolved. But this evening's vote is a significant step towards affordable, quality health care for all.

Mr. KENNEDY. Today is truly a historic day for all Americans, and as an elected official of this great democracy, it is an extremely proud day for me. It is an occasion to celebrate and thank all those who fought to protect our nation's democratic process. It is also an occasion to recognize and remember all those Americans who have suffered waiting for this day to arrive. We have worked together to achieve this goal of quality, affordable health care for all Americans. To all these people, I express my sincere gratitude, and I rejoice with you today that a new chapter in our history has begun.

The Affordable Health Care for America Act creates basic protections for all Americans seeking access to healthcare. No longer will insurers be able to drop you from your insurance when you get sick, nor can they deny

you coverage for a pre-existing condition. A public option will offer a choice for consumers and provide real competition to keep private insurers honest. Affordability credits will help individuals and small businesses to purchase health insurance. Additionally, these reforms are fully paid for and will actually lower the deficit over the next 10 years.

I am proud that the final version of this legislation includes numerous provisions I have long advocated for and worked with my colleagues to achieve. While the initial draft of the Affordable Health Care for America Act gradually closed the donut hole for Medicare prescription drug coverage over 15 years, I am pleased to have worked with the Speaker to successfully reduce the timeline in which this critical reform will take place. The donut hole will now begin to close immediately and will close completely by 2019, providing much needed assistance and relief to seniors starting next year.

Likewise, I am also pleased that the Affordable Health Care for America Act eliminates lifetime caps, provisions of many health insurance plans that limit the total dollars in benefits that the insurance plan will pay out over the lifetime of an enrollee in the plan. I authored a letter, signed by 23 of my colleagues, urging this lifesaving provision to become effective immediately. I am pleased that the elimination of lifetime caps on insurance has been made effective in 2010, so that none of the 25,000 individuals who reach their lifetime caps each year will die waiting for the provisions to take place.

A key aspect of this legislation that is of particular importance to me is the extension of the mental health parity protections established into law last year by my legislation, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Not only are these protections extended to all plans in the Health Insurance Exchange, but mental health and substance use benefits are a part of the essential benefits package created by this legislation. For 67 percent of adults and 80 percent of children needing mental health care that do not receive it, this victory cannot be understated. I commend my colleagues and my fellow citizens for their leadership in recognizing that the health of the mind truly cannot be separated from the health of the body. Today marks a new day and a giant leap forward towards our transition from a "sick care" system to one which is preventive, collaborative, and patient-centered.

Along these lines, I have also worked closely with my colleagues to ensure that mental health and substance use screening tools, such as Screening, Brief Intervention and Referral to Treatment (SBIRT), were included in this legislation. Severe mental illnesses are estimated to cost the U.S. hundreds of billions annually in lost wages. Screening for mental health and substance use has proven to be a significant cost saver for our health care system. The Affordable Health Care for America Act establishes a program to provide grants to support these critical services.

I will continue to work with my colleagues to ensure that our health care professionals have the tools that are needed to recognize mental health and substance use in their patients. This means ensuring that mental health and

substance use education be required of all health care professionals and integrated into the medical curricula, continuing medical education, and licensing examinations. It also includes addressing the drastic shortages of child and adolescent mental health professionals by providing loan forgiveness and making grants to professional schools to develop, expand, and improve training programs for professionals who serve children and adolescents. Language to this effect is included in some of the Senate healthcare reform legislation, and I will work with my colleagues to ensure that these critical provisions are retained.

Again, I commend my colleagues, the leadership, and my fellow Americans for their steadfast effort, diligence, and tremendous stewardship towards realizing the dream of quality, affordable health care for all Americans.

Mr. SMITH of New Jersey. Mr. Speaker, like most Americans, I believe we urgently need health care reform to provide every American access to high-quality medical care.

During the long and painful illnesses of both my parents, I had to fight with their health management organization to get them the care they deserved. Their HMO put my family through months of frustration and anguish. I know I'm not alone—tens of millions of Americans have gone through this as well. It's not right, and it's time to change that. Americans need more protection, power, and say in their health care programs, and they need us to reform the system to make it more affordable for everyone.

Regrettably, H.R. 3962, the bill before the House tonight, not only falls short, but it will make most people's health care worse, and it will certainly disempower all of us. For this reason I strongly oppose the bill—H.R. 3962.

After carefully studying H.R. 3962, I am concerned that the bill is actually a step backwards—many patients will have less, not more, access to and say over their health care if H.R. 3962 is enacted. I firmly believe we can and must reform our health care system and provide better solutions for those currently uninsured or underinsured. But we must do so without jeopardizing the quality of health care for these currently insured people and families, many of whom will see their own health care access and quality seriously eroded under the bill.

H.R. 3962 will:

Limit patient access by establishing federal bureaucracies with new authority to determine what medical treatments and services will be covered at, what costs patients will pay—Americans will be so disadvantaged that this bill makes those who don't purchase "acceptable" coverage (as defined by the federal government) subject to fines and imprisonment up to 5 years.

Cause most Americans to lose access to their current health insurance coverage and force them into a nationally uniform public plan. It will do this by subsidizing a government-run "public plan" that will ultimately drive private health plans out of business. Most Americans don't want to lose their current insurance, and they trust the public plan even less than they trust private insurance, which at least has to compete for customers, and permits them to choose their doctors. This would

hit my constituents especially hard—according to the Urban Institute, approximately 90% of the people in my district currently have health coverage;

Slash payments to health-care providers, threatening the continued existence of many hospitals, home health and skilled nursing facilities serving New Jersey residents.

Mr. Speaker, throughout my career in Congress, I have been a steadfast supporter of Medicare for our senior citizens and the disabled. I have voted several times to preserve and protect Medicare even when I stood alone in my own party rejecting a proposal to cut \$270 billion from Medicare in 1995.

That is why I find it absolutely unacceptable that H.R. 3962 cuts Medicare by a whopping \$500 billion. Proponents argue that some funding will be returned through other avenues. But even if that were true, Medicare will still be drastically cut by a net of \$219.4 billion, in their "best case scenario."

The bill also guts Medicare Advantage plans, which offer additional coverage to over 11 million seniors—15,983 in my district alone—who choose Medicare Advantage plans as the coverage that best meets their needs.

I will not vote for massive cuts in Medicare. These cuts will wreak havoc on our nation's health care system and everyone it serves, particularly the seniors and disabled. We need reform legislation that respects all human life, the most vulnerable among us which includes the frail and the disabled of all ages.

Finally, this bill will hinder economic recovery and job creation during a major recession. Just yesterday the nation's unemployment rate rose above 10 percent for the first time since 1983, and if you include those who have stopped looking for jobs and those who can only find part-time work, the rate is 17.5 percent. The bill does additional harm by:

Raising taxes on individuals and small businesses by \$729.5 billion;

Failing to reform our costly and unfair system of medical liability lawsuits, which inflates health care costs by billions of dollars each year, exceeding 10% of all health care expenditures;

Mandating a \$34 billion expansion of state Medicaid payments—in order to cover this massive increase, financially strapped states like New Jersey will have to cut other services; and

Costing the taxpayer, according to the Congressional Budget Office (CBO), \$1.3 trillion over ten years and using budget gimmicks and tax increases to cover that cost.

I must mention two other serious problems with the bill:

It does not adequately protect the freedom of conscience of health care providers and sets up mechanisms that ration care by creating government "waiting lists" if there are insufficient funds to pay expenses; and

It does not require patients to verify their identity, which, according to the CBO, means that millions of undocumented immigrants will receive free health care, unfairly subsidized by taxpaying citizens.

It is truly unfortunate that the Democratic leadership did not work to put forth a health care reform bill that addressed these concerns. We need a proposal that advances so-

lutions rather than creates new problems. Let me be clear, I take a back seat to no one when it comes to working to ensure that the federal government accepts its role and is doing its part in helping people and providing a health care safety net for those in desperate need of health care support. I am proud of my record, voting to defeat cuts to and expand existing federal health care programs, while working to protect patient rights and the delivery of quality medical care. These efforts include:

Medicare/Medicaid/SCHIP. I support providing our senior citizens a high level of benefits under the Medicare program. On one occasion, I voted against a \$270 billion reduction in Medicare spending. One reason I cannot support the current health care legislation is because it makes over \$500 billion in cuts to Medicare. To expand health insurance to more uninsured low-income children, I voted in 1997 for legislation creating the State Children's Health Insurance Program (SCHIP) and voted last year to expand the program. SCHIP and Medicaid together cover more than 30 million low-income children, as well as 16 million adults, 6 million seniors, and 10 million persons with disabilities. That is why I have been so adamant about protecting those programs.

Community Health Centers. Federally designated community health centers are another effective means to get affordable health care to underserved communities. The health centers program includes community, migrant, homeless, and public housing health centers and provides primary and preventive care to more than 18 million individuals at over 3,700 sites located in every state and U.S. territory. I have been a consistent supporter of increased funding for the community health centers program. A significant factor in the success of community health centers is that they are managed at the community level with a concern for serving their clients in their local neighborhoods.

Veterans Health Care. As former Chairman of the House Committee on Veterans' Affairs, I fought successfully (and sometimes nearly alone) to provide increased medical services and funding for veterans health care programs. I wrote several laws to boost and expand veterans health care, including the Department of Veterans Affairs Health Care Programs Enhancement Act (PL 107-135), which expanded and enhanced veterans' healthcare services and reduced out-of-pocket costs for low income veterans by 80 percent and continues to help disabled veterans obtain the tools they need to live fuller lives. I also wrote the law, the Veterans Health Programs Improvement Act of 2004 (PL 108-422), that created 5 poly-trauma centers within the VA, and an additional 17 networked sites, that specialize in treating complex multi-trauma injuries—including severe brain injury—associated with combat injuries from Iraq and Afghanistan.

Health Care Caucuses. Working with my colleagues across the aisle, I have cofounded and currently co-chair important bipartisan health care working groups, i.e. caucuses, which aim to educate Members of Congress and increase federal resources and research on treatments and cures for specific diseases, some which effect New Jersey residents disproportionately. For instance, I serve as co-

chairman of the bipartisan Congressional Alzheimer's Task Force; the Coalition for Autism Research and Education; the Spina Bifida Caucus; and the Lyme Disease Caucus. Each caucus has served as an effective forum to advance legislation that helps families combating health care challenges;

Patients Rights. As far back as 2001, I co-sponsored and voted for the Patient Protection Act which contained critical patient protections to help put doctors and patients back in control of their health care decisions, rather than bureaucrats at managed care companies. Unfortunately, while separate bills passed the House and the Senate, they were never signed into law.

Insurance Reform. I voted for the Health Insurance Portability and Accountability Act of 1996 (HIPPA), which provided insurability protections for individuals moving between insurance plans in the individual or group markets and reduced or eliminated preexisting medical condition exclusion periods for such individuals. I have also been a strong advocate for allowing small businesses, associations, and non-profit organizations to band together to purchase health insurance. In acquiring health insurance, small businesses do not enjoy the benefits of economies of scale of large businesses, which allows those large businesses to spread administrative costs over a large base and provide significant leverage in negotiating lower premiums. Over 50 percent of the nation's uninsured are employed in a small business or are a dependent of such a worker.

Medical Malpractice Reform. The House of Representatives has voted to pass medical liability reform legislation with my support eight times in the past 15 years. These bills—which sought to place a cap on non-economic damages, limit punitive damages, and restrict attorneys' fees—were modeled after a California law that many credited for relatively low malpractice premiums in the state.

While we have had some significant successes in these critical areas expanding—frequently after much toil—it is indisputable that more comprehensive changes are needed, including major reforms of the private health insurance market.

The goal of responsible health care reform should be to provide credible health insurance coverage for everyone, strengthening the health care safety net so that no one is left out, and incentivizing quality and innovation, as well as healthy behaviors and prevention. This means that the current private health insurance market will have to be reformed to put patients first, and to eliminate denials for preexisting conditions and lifetime caps and promoting portability between jobs and geographic areas, including across state lines. The tax code should be modernized to promote affordability and individual control, provide assistance to low-income and middle-class families. Medicare requires reform to be more efficient and responsive, with sustainable payment rates.

Of course responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions, not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

The Republican alternative amendment does these things. It focuses on lowering health care premiums for families and small businesses, increasing access to affordable, high-quality care, and promoting healthier lifestyles—without increasing taxes or adding to the crushing debt Washington has placed on our children and grandchildren and without cutting Medicare. It also establishes a real conscience protection for health care providers and it requires verification of citizenship and identity.

I oppose H.R. 3962 because in many ways it jeopardizes coverage for those who already have it, especially seniors and the disabled. At the same time it exercises far too much top-down government control, forcing everyone toward a government plan, controlling exactly what sort of care will be offered. For this reason I support the Republican alternative amendment. It moves significantly in the right direction while applying the wisdom of Hippocrates' first principle of medicine: doing no harm.

Mr. SCHRADER. Mr. Speaker, I am proud to have cast an historic vote to overhaul America's failing health care system today. Controlling escalating health care costs is essential to getting our nation's fiscal picture under control. For the first time in our country's history it has brought consumers, businesses and providers to the table in a united effort to control costs, make health care affordable and improve our health outcomes. I have always said that if you like your current health care you need to be in favor of reform because you will not be able to afford that same level of care if the status quo persists.

H.R. 3962 prohibits exclusions based on preexisting conditions. It forbids the cancellation of your health care because you have suffered an illness or injury. It makes sure that everyone shares appropriately in the benefits and costs of affordable health care reform. Americans will no longer be one illness or job loss away from bankruptcy. It guarantees basic benefits for all Americans and allows competition across state lines to reduce costs.

H.R. 3962 makes major reforms in our health care delivery system that we have not had the political courage to do for years. Major improvements in Medicare and Medicaid save over \$400 billion while still expanding services to our seniors. I am pleased the House bill contains a section on Comparative Effectiveness Research (CER). However, I believe the CER provisions contained within the bill could use significant improvement to ensure the research that is conducted is protected from undue political influence from the government. Earlier this year I introduced H.R. 2502, the Comparative Effectiveness Research Act of 2009. My bill reinforces a core principal of health care that patients and doctors should be making medical decisions. It would establish an independent institute charged with coordinating and guiding comparative effectiveness research programs. By streamlining access to the latest medical research, doctors can make sound decisions that will improve the health of their patients and ultimately lower costs by reducing the number of redundant and ineffective treatments. This is the approach that has guided CER efforts in the Senate and it is my intention to work closely

with the House leadership and the conference committee to ensure any final compromise establishes a public-private institute outside of government to guide the research and ensure it will be independent, credible, and protected from political influence.

It begins to emphasize, and pay for early, intervention and prevention to keep people healthy and reduce costs. H.R. 3962 puts \$34 billion is put into wellness and prevention programs and developing the primary care network needed to provide timely service to all Americans. Rural America also gets particular attention in the bill with loan forgiveness and incentive programs.

America's senior citizens do particularly well under this legislation. In addition to modernizing and reducing costs, Medicare improvements allow seniors to keep more assets and still access subsidies. The new bill fixes the donut hole sooner and allows more drug price negotiation to ensure seniors are getting the best prices for their medication. In a separate bill Congress fixes doctor reimbursement so that a 21 percent rate reduction is avoided and doctors become more willing to take senior Medicare patients again.

Private employer-based health insurance would still constitute 60 percent of the way Americans get their health care. This bill provides a public option with negotiated rates and without tax-payer subsidies that will drive down costs without creating an uneven playing-field with private insurance companies.

H.R. 3962 does better by small businesses too. Small businesses with payrolls below \$500,000 are excluded from having to provide health care or pay penalties. The old bill set that limit at \$250,000. And only individuals earning over \$500,000 and families over \$1 million would be subject to the surcharge for incomes over those amounts.

Oregon does particularly well in the new bill. Not only are many of our pioneering health care delivery systems included in the bill with grants for expanding, but two studies create a Congress proof opportunity for the restructuring of Medicare reimbursement that will reward high-quality low-cost states like Oregon.

Perhaps most significantly H.R. 3962 substantially reduces the cost of the initial reform bill. Almost \$200 billion is trimmed from the costs, with more to come in negotiations with the Senate and President Obama. According to CBO, the bill reduces the deficit both in the short- and long-term. According to leading economists, the bill lowers premiums going forward compared to current law for all income groups, even those without subsidies.

I believe we can do better! I have personal commitments from the President that more cost containment is necessary and will occur as we work with the Senate. The Senate subsidies are much more sustainable over the long-term and strike a better balance between making health care affordable and curbing the overutilization through meaningful cost sharing.

I am excited about reforming our health care system to deliver better health outcomes and more affordable costs for families, businesses and our Nation.

Ms. ESHOO. Mr. Speaker, I come to the floor today to cast one of the most important votes of my congressional career—a vote in

support of H.R. 3962, the Affordable Health Care for America Act.

We are on the threshold of history that has been a half-century in the making.

The promise of America as a land of equality and opportunity that embraces and cares for all of its citizens is but an empty promise without the guarantee of healthcare and the freedom from financial devastation resulting from illness.

For so many of us, this long battle has had a singular, courageous champion who has fought like a lion for the sick, the elderly, the left behind and the left out. Our great achievement today will also be our greatest memorial to our friend, mentor and inspiration, Senator Edward Kennedy.

Like Senator Kennedy, many of us wondered—as the decades marched by—whether our efforts for comprehensive healthcare reform would ever be successful.

His unwavering commitment to decent healthcare for all Americans has paved the way for the bill before us today. It is on the shoulders of this giant that we stand and I pledge my vote as a tribute to the late Senator.

At the heart of this legislation is one simple, indisputable idea: Everyone deserves health insurance they can afford.

Our system is broken. In a nation where health is a daily value and where health care is the finest in the world, I hear daily from constituents who cannot afford to take care of themselves or their families, who are driven out of the system by skyrocketing premiums, who live under the threat of a shuttered business or a bankrupted household, or who simply have to roll the dice and hope they will get better—or not too much worse.

Perhaps most tragically, our current system turns its back on those most in need—those with a pre-existing condition. Health insurance is meaningless if it's only available to the healthy.

H.R. 3926 will cover 96 percent of all Americans.

It prohibits discrimination based on pre-existing conditions.

It eliminates lifetime caps—immediately.

It includes a non-profit public insurance option designed to increase competition and lower prices.

It provides affordability credits to lower-income Americans to help them pay for coverage.

It modernizes and strengthens Medicare, ensuring the program's continued solvency and eliminating the prescription "donut-hole."

And, very importantly, it is budget neutral.

When I return to my constituents in California, I'll be proud to tell them that with this bill: Employer-based health coverage will improve for 461,000 men, women and children who live in my District; 84,000 households in my District will receive affordability credits to help them pay for coverage they otherwise couldn't afford; 9,500 of the seniors in my District will no longer fall victim to the prescription drug "donut-hole"; 17,100 small businesses in my District will be able to obtain affordable healthcare coverage; and that 15,400 small businesses will qualify for tax credits that will help reduce their health insurance costs.

I'm also proud that I joined with Senator Kennedy to author H.R. 3962, to create an

FDA pathway for the approval of biosimilar drugs.

Biotechnology is a complex and emerging field that can harness the power to cure cancer, AIDS, and diabetes, and prevent the onset of deadly and debilitating diseases such as Alzheimer's, heart disease, Parkinson's, multiple sclerosis and arthritis.

My amendment will save the government \$6 billion over the next ten years while continuing to foster innovation and new advancements.

After President Obama signs this bill, millions of Americans who today have no health insurance will have it. Patients who are now denied coverage because of a pre-existing condition will no longer be shut out of the system. Millions more seniors will be able to afford their medications, and the average American family will pay less for their health coverage.

Most importantly, we will be keeping our promise to the American people that they will have affordable health insurance which they cannot lose or have taken away from them if they become ill.

I look forward to passing this landmark piece of legislation and seeing it signed into law by the President.

Mr. ISRAEL. Mr. Speaker, I rise in support of the Affordable Health Care for America Act. I join the American Cancer Society, the American Medical Association, the American Nurses Association, Consumers Union, AARP, and many other organizations in the strong belief that this bill will bring financial relief to middle class families and businesses who have faced skyrocketing costs for health care.

In the past months, I have listened carefully to the families and businesses I represent on Long Island. I held many public forums on health care; visited businesses facing double digit premium increases; met with physicians and toured hospitals; invited protesters into my office to hear their concerns; convened a tele-town hall that attracted 5,000 senior citizens; hosted another tele-town hall meeting with nearly 11,000 people; organized a live town hall meeting at Suffolk Community College with 500 people; made hundreds of personal phone calls to constituents; and much more.

People with strong opinions on opposite sides of this issue have insisted that I listen to them, believing that they represent a majority of our community. And at the end of the day, I believe strongly that we can no longer do business as usual. In the past 10 years, Long Islanders have seen their health insurance premiums increase 80 percent. And if we do nothing, the average Long Islanders' health costs will increase \$1,800 every year.

Employer-sponsored health insurance premiums have increased 80 percent in 10 years for Long Island businesses. As a result, more companies are forced to cut payroll, trim raises, or increase employee contributions. Some have told me if this continues, they will have to begin considering offering no health insurance.

And almost every week, my office in Hauppauge receives complaints from neighbors who were denied insurance coverage due to preexisting conditions. They complain about "sticker shock" when they open their insurance company statement and learn that they'll have to pay for a greater share of services they assumed were covered.

In a region with unacceptably high property taxes and energy costs, we simply cannot afford to allow health care to continue skyrocketing.

The original bill did contain provisions that concerned me. As a result of my town meetings and other visits, I was able to help improve the bill.

For example:

Many Long Islanders complained that the original family income trigger for the surtax that will fund nearly half of this bill was too low. I successfully fought to raise the trigger to \$1 million per family. As a result, no Long Island family with earnings less than \$1 million will see a surtax to pay for this bill.

I worked to increase the trigger for small business health care from \$250,000 to \$500,000 in payroll.

Many seniors in Medicare Part D prescription drug plans asked for faster relief from the so called "donut hole." In 2010, they will receive an immediate \$500 expanded benefit. That will assist 8,000 seniors in our district alone.

To lower drug costs, I fought to include a provision allowing the Department of Health and Human Services to negotiate volume discounts with big drug companies, just like the VA does.

I sought to increase funding for the Family Caregiver Support program to help Americans who take care of their parents or grandparents.

Some argued that insurance should be sold across State lines. This bill would allow companies to sell plans across State lines where States joined together to form interstate compacts to allow it.

Before accessing the newly created Health Insurance Exchange, one's citizenship and immigration status will be verified by the Department of Homeland Security.

Mr. Speaker, I have heard some insist that this bill represents a government takeover of health care. It is simply not true. All the bill does is give Long Islanders the choice to enter into a competitive Health Insurance Exchange to shop for a health insurance plan—just like every Member of Congress. There, private companies will compete for one's business. Among those private businesses will be a "public option" which must be self-sufficient and funded from premiums paid by its enrollees. That option will not need to worry about dividends or profits, CEO salaries or expensive marketing campaigns. It will compete against the private plans: just like public colleges compete against private colleges, just like ExpressMail competes against FedEx, just like Perrier competes against the Suffolk County Water Authority. I haven't heard anyone call the water they drink from their faucets "socialist water". And I've not heard any reasonable person call Medicare socialized health care. The reason the public option is so vital is that its lower costs will incentivize insurance companies who have doubled their premiums to be more price sensitive in order to attract customers.

Finally, Mr. Speaker, a special word for those who have demanded that I "listen to them." We tend to see the world through our own eyes, leaving very little room for what may be outside our vision. People on polar

opposites of this issue have understandably demanded that I "listen to them." Both claim to represent a majority of Long Islanders. I don't pay much attention to polls, Mr. Speaker, but a recent poll in *Newsday* indicated that 70 percent of Long Islanders support the public option. I will say that after that poll, some of the same people who demanded I listen to the majority told me the majority doesn't know what it's talking about so I should ignore it.

I made a final judgment by listening carefully to everyone. I fought and delivered improvements in this bill. Is it perfect? No. Government can never be perfect, and I'll continue to demand that it be more competent. But this bill, for the first time, will give Americans more choice and control over a virtual health insurance monopoly and will finally end the days when someone who has faithfully paid their premiums from hearing that their diabetes, their cancer, their children's autism, are no longer covered.

Mr. SCHOCK. Mr. Speaker, this past Monday night I decided I could better serve the citizens of the 18th district of Illinois by hosting a town hall meeting to listen to their thoughts and concerns with the Speaker's health care proposal, rather than rush back to Washington to vote on a resolution honoring man's best friend.

As I participated in a town hall in Washington, Illinois with more than 1,000 people in attendance, I heard a reoccurring theme of concern, outrage, disbelief, frustration and fear for what Speaker Pelosi's health care proposal could mean.

The final question of the night came from a young man named Joshua. In a room surrounded by those three or four times his age, young Joshua had the courage to ask me the difficult question if I supported what President Obama wants to do with Healthcare.

I told Joshua that I've spent my first 9 months in office trying to figure out exactly what the President was actually trying to do with health care. It is this precise confusion of goals, conflicting messages and lack of communication from the Majority which has all Americans still trying to figure out exactly what the President and the Speaker are trying to do.

Unfortunately, we've finally learned what they want to do. Tonight, under the cover of darkness, the majority finally passed a health care plan that will raise taxes, raise health care costs, add to our national debt, and hurt America's seniors, families and small businesses. Over half those covered in the bill are done so by expanding entitlements instead of helping them afford insurance. This only exacerbates insurance premiums for ordinary Americans and dramatically increases our nation's debt.

The bill tonight was about expanding the size of government and leading us down the road to a no-choice government-run healthcare system. Instead of working across party lines to pass bipartisan reform, Speaker PELOSI has decided to let the votes against this massive entitlement expansion be the only true thing bipartisan about it.

Mr. THOMPSON of Mississippi. Mr. Speaker, I and others have spoken at length on the ways that this bill will improve health care for all of our constituents. Another significant ben-

efit of this legislation which has not received as much attention will be the creation of new high-paying jobs in this country. Let me repeat that for some of my friends on the other side of the aisle, this bill will create high-paying, high-quality jobs in health care delivery, technology, and research in the United States.

First, this bill will create enormous demand for health care workers, especially in the area of primary care. Insuring millions of Americans in this country who currently have no insurance will allow them to see primary care providers and receive the wellness and preventive care they have been denied for too long. This influx of new patients will need doctors, nurses and technicians for their care, while reducing overall health care costs because they will not need much more expensive hospitalizations. I support channeling resources that for too long have been used to treat people once they become sick into jobs and services that will prevent people from getting sick in the first place.

Second, this bill will continue the efforts we began in the stimulus package to deploy new health information technologies that better manage both the quality of care patients receive and the cost at which they receive it. New health care exchanges and new demands on the health system to provide high-quality and cost-effective health care will create new opportunities and markets for our brightest minds in technology. They will be incentivized to create and develop products that will be a win/win for Americans: high-quality health care at an affordable price.

Third, this bill will create high-quality research opportunities in this country. The Energy and Commerce Committee enacted a framework for allowing biosimilar competition in this country. This new class of medicines will help lower costs and bring competition to one area that is key to the future of our health care system. Biotechnology is on the cutting edge of efforts to reduce costly invasive procedures and allow our constituents to live healthier and more productive lives. The creation of this new class of medicines comes with requirements for new clinical research and testing, especially in the area of whether a new biosimilar can be interchangeable with an innovator's product. This research will create high-quality and high-paying jobs and it is imperative that we keep this research and these jobs in this country. We cannot allow these research opportunities to leave the United States and we must ensure that these new medicines are safe. I intend to work with the Secretary of HHS and the Commissioner of the FDA to ensure that the testing and research on these biosimilars occur in this country to make certain that it is done properly and safely and to benefit our economy.

Mr. Speaker, this bill is an investment and an exciting opportunity to create the kind of jobs we so desperately need in this United States while at the same time improving the lives of all Americans. This bill will improve health care, create jobs, and grow our economy.

Mr. LANGEVIN. Mr. Speaker, I rise in strong support of H.R. 3962, the Affordable Health Care for America Act. Congress has made unprecedented strides this year in the fight to reform our nation's health insurance system and

provide coverage to all Americans, and today's vote represents a historic culmination of these vast, collaborative efforts. This transformative bill offers real solutions for Rhode Islanders by providing better access to affordable, quality health care coverage and finally puts America back on the path to an efficient and sustainable health care system.

This summer, I traveled across the district to meet with Rhode Islanders and discuss health reform. I met with constituents who had health insurance all their lives, but then lost it when they were diagnosed with cancer. I met with small business owners who provided coverage for their employees for decades, but were forced to discontinue it when they could no longer keep up with skyrocketing costs. And I met with parents who were desperate to protect their children's health, but feared they would soon run up against lifetime insurance caps.

All of these stories conveyed the same message—health care costs in the United States are rising at an unsustainable rate, and they are placing a huge burden on Rhode Island families, employers and health care providers. This year alone, over 13,000 Rhode Islanders lost their insurance coverage due to rising unemployment. And those who still have coverage are struggling with rising premiums, copays and crushing medical debt. Meanwhile, yearly double-digit premium increases are forcing businesses to choose between keeping their employees' health coverage and keeping their employees.

As a longtime advocate of universal health care, I made a promise to my constituents to change the status quo of health care in America. The time for inaction is over—we must join together to pass this bill.

H.R. 3962 will institute the changes we need to provide more security and stability to Americans who have health insurance, guarantee insurance to the millions who don't, and lower health care costs for our families, businesses and the government.

This legislation builds on the strengths of our current employer-based system by encouraging businesses who offer their own coverage to continue doing so. Americans who don't have coverage through their employer will be able to shop for their choice of a health plan through a new "health insurance exchange," modeled after the tried and true Federal Employees Health Benefits Program, which successfully provides coverage for over 9 million federal employees, retirees and their dependents.

Unlike the limited options that are available to most consumers today, the exchange will provide a more convenient, transparent and affordable way to choose among a variety of health plans that meets individual needs. Americans who cannot afford to purchase coverage within the exchange will receive financial assistance to ensure that they can obtain comprehensive coverage. Additionally, small businesses will receive tax credits that will make it more affordable to offer insurance to their employees.

I am also pleased that this bill encourages competition by ensuring that Americans will have the ability to choose a public plan alternative. Unlike private insurance carriers, the public option will not be obligated by big profits for shareholders or large salaries for CEOs.

And while it represents just one option for the consumer and one component of health care reform, it will serve as an important tool to increase choice and competition and lower overall insurance costs.

Included in this proposal are a number of important health consumer protections. It will finally end insurance discrimination against people with pre-existing conditions and prevent insurance companies from imposing lifetime limits or dropping coverage when people are sick and need it most. It will cap out-of-pocket expenses so people don't go broke when they get sick; eliminate extra charges for preventive care like mammograms and diabetes tests; and protect Medicare for seniors while working to eliminate the "donut-hole" gap in coverage for prescription drugs. It will also require that insurers reinvest at least 85 percent of their premiums back into health coverage. This will limit the amount of money spent on advertising, underwriting, overhead and profits that do nothing but reduce health benefits for patients.

Improving access to coverage will also require investments in our health care workforce. Our system is strained by a lack of nurses and primary care physicians, particularly in underserved areas. That is why our bill contains important workforce development initiatives like new scholarships and loan repayment programs, grant programs for primary care training and immediate financial support for community health centers. This will strengthen the number of nurses, doctors and other health care professionals necessary to meet the increased demand for services.

This bill also makes historic changes to our antitrust laws by removing exemption enjoyed by insurance companies so that they are no longer shielded from liability for price fixing or dominating their market—all of which reduce competition and increase prices for consumers. It establishes new grant programs designed to encourage states to implement alternatives to traditional medical malpractice litigation with the goal of reducing frivolous lawsuits while allowing legitimate cases to be heard. This bill also has my strong support because every portion will be completely paid for, and it will reduce the deficit by \$109 billion over the next ten years.

Mr. Speaker, I believe it is incumbent on us as policymakers to offer a new vision for health care in America—one that contains costs, improves quality, increases efficiency, promotes wellness, puts health care decisions back in the hands of patients and doctors, and guarantees coverage as a right to our citizens.

Every American deserves the promise of quality, affordable health care. I urge my colleagues to join me in fulfilling that promise today, and support the Affordable Health Care for America Act.

Ms. EDWARDS of Maryland. Mr. Speaker, I strongly support H.R. 3962, the Affordable Health Care for America Act because it eliminates the discriminatory insurance industry practice of charging women higher premium rates than male customers for the same insurance benefits. This practice, known as "gender rating," leaves women burdened by higher insurance costs. In fact, women are charged 25–50 percent more than men for comparable insurance benefits. For decades, insurance

underwriters have tried to justify this disparity by asserting that women use more health care, especially during child-bearing years. This claim is contradicted by the reality that many women are denied insurance coverage for maternity care and even denied coverage based on a history of prior pregnancies. Further, female nonsmokers pay more for health insurance than men who smoke. In a recent study, more than half of women (compared to 39 percent of men) reported delaying needed medical care due to cost. Gender rating is prohibited in the individual market in 10 States (Maine, Massachusetts, Montana, Minnesota, New Hampshire, New Jersey, New York, North Dakota, Oregon, and Washington). Two States have "rate bands" that allow 20 percent variation in charges (Vermont and New Mexico). Twelve States ban gender rating in the small group market, including my home State of Maryland (as well as California, Colorado, Minnesota, Michigan, Montana, Maine, Maryland, Massachusetts, New Hampshire, New York, Oregon, and Washington). H.R. 3962 ends the discriminatory practice of gender rating in all States and ensures that women and men are charged equitable prices for premiums.

As a life-long advocate of women's rights and a domestic violence prevention advocate, I support this ban on gender rating and support equal access to the insurance market for women.

AMENDMENT OFFERED BY MR. STUPAK

Mr. STUPAK. Mr. Speaker, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Part C amendment printed in House Report 111-330 offered by Mr. STUPAK:

Page 97, strike line 13 and all that follows through page 98, line 7.

Page 110, strike lines 1 through 7.

Page 114, line 21, strike "consistent with subsection (e) of such section".

Page 118, line 21, strike "(including subsection (e))".

Page 154, after line 18, insert the following new section (and conform the table of contents of division A accordingly):

SEC. 265. LIMITATION ON ABORTION FUNDING.

(a) IN GENERAL.—No funds authorized or appropriated by this Act (or an amendment made by this Act) may be used to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion, except in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, or unless the pregnancy is the result of an act of rape or incest.

(b) OPTION TO PURCHASE SEPARATE SUPPLEMENTAL COVERAGE OR PLAN.—Nothing in this section shall be construed as prohibiting any nonfederal entity (including an individual or a State or local government) from purchasing separate supplemental coverage for abortions for which funding is prohibited under this section, or a plan that includes such abortions, so long as—

(1) such coverage or plan is paid for entirely using only funds not authorized or appropriated by this Act; and

(2) such coverage or plan is not purchased using—

(A) individual premium payments required for a Exchange-participating health benefits plan towards which an affordability credit is applied; or

(B) other nonfederal funds required to receive a federal payment, including a State's or locality's contribution of Medicaid matching funds.

(c) OPTION TO OFFER SEPARATE SUPPLEMENTAL COVERAGE OR PLAN.—Notwithstanding section 303(b), nothing in this section shall restrict any nonfederal QHBP offering entity from offering separate supplemental coverage for abortions for which funding is prohibited under this section, or a plan that includes such abortions, so long as—

(1) premiums for such separate supplemental coverage or plan are paid for entirely with funds not authorized or appropriated by this Act;

(2) administrative costs and all services offered through such supplemental coverage or plan are paid for using only premiums collected for such coverage or plan; and

(3) any nonfederal QHBP offering entity that offers an Exchange-participating health benefits plan that includes coverage for abortions for which funding is prohibited under this section also offers an Exchange-participating health benefits plan that is identical in every respect except that it does not cover abortions for which funding is prohibited under this section.

Page 171, strike line 5 and all that follows through page 172, line 8.

Page 182, line 22, strike "willingness or".

Page 246, strike lines 11 through 14.

The SPEAKER pro tempore. Pursuant to House Resolution 903, the gentleman from Michigan (Mr. STUPAK) and a Member opposed each will control 10 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. STUPAK. Mr. Speaker, I ask unanimous consent that 5 of the 10 minutes granted to our side be controlled by the gentleman from Pennsylvania (Mr. PITTS).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. STUPAK. Mr. Speaker, our amendment does one very simple thing: It applies the Hyde amendment, which bars Federal funding for abortion except in the case of rape, incest, or life of the mother to the health care reform bill. The Hyde amendment has been law in Federal funding of abortion since 1977 and applies to all other federally funded health care programs, including SCHIP, Medicare, Medicaid, Indian Health Services, veterans health, military health care programs, and the Federal Employees Health Benefits Program.

More specifically, our amendment applies the Hyde amendment to the public health insurance option and private policies purchased using affordability credits. I am not writing a new Federal abortion policy. The Hyde amendment already prohibits Federal funding of abortion and the use of Federal dollars to pay for health care policies that cover abortion. This policy

currently applies to the 8 million Americans, including Members of Congress, covered under the Federal Employees Health Benefits Program, and should apply in this bill.

The amendment has no impact on those individuals with private insurance who do not receive affordability credits and in no way prohibits any individual from purchasing a supplemental abortion coverage policy. Health insurance companies can still offer policies in the exchange that cover abortion; they just can't sell those policies to individuals receiving affordability credits.

I wish to thank Speaker PELOSI for her commitment to trying to reach an agreement between all sides late last night. Unfortunately, at the last minute the deal fell apart. The Speaker then took the only appropriate action remaining, which was to allow a vote on the floor.

So we are asking Members to maintain current law and vote "no" on public funding for abortion. Let me also reassure my colleagues, both Democrats and Republicans, I did not buck my party. I did not buck my party leadership to trade a vote for this amendment. I did it based on principle.

This bill, with the Capps language, is the most direct assault on the Hyde language we have had since 1997. So I ask my colleagues, Democrats and Republicans alike, let us stand together on the principle of no public funding for abortion, no public funding for insurance policies that pay for abortion. Stand with us, protect our role, and let's keep current law.

I reserve the balance of my time.

Ms. DEGETTE. Mr. Speaker, I rise to claim the time in opposition to the Stupak-Pitts amendment.

The SPEAKER pro tempore. The gentlewoman from Colorado is recognized for 10 minutes.

Ms. DEGETTE. I yield myself 3 minutes, Mr. Speaker.

Mr. Speaker, to say that this amendment is a wolf in sheep's clothing would be the understatement of a lifetime. The proponents say it simply extends the Hyde amendment, just a clarification of current law. Nothing could be further from the truth.

If enacted, this amendment will be the greatest restriction of a woman's right to choose to pass in our careers.

□ 1945

Here is why: The Hyde amendment states that no Federal funds shall be used for abortions. This has been contained in our annual appropriations bills for many years.

In the Energy and Commerce Committee, the pro-choice and some pro-life Democrats came together and compromised and we said no Federal funds in this bill will be used for abortions, the Capps amendment. This bill does not spend one Federal dollar on abortions.

This Stupak-Pitts amendment goes much further. It says that as part of their basic coverage, the public option cannot offer abortions to anyone, even those purchasing the policies with 100 percent private money. The amendment further says that anyone who purchases insurance in the exchange and who receives premium assistance cannot get insurance coverage for a legal medical procedure even with the portion of their premium that is their own private money.

Well, the proponents say women can just purchase supplemental insurance for abortions. This very notion is offensive to women. No one thinks that women will have an unplanned pregnancy or a planned pregnancy that goes terribly wrong. Would we expect to have people buy supplemental insurance for cancer treatment just in case maybe they might get sick? Like it or not, this is a legal medical procedure, and we should respect those who need to make this very personal decision.

Once again, the base bill contains language that preserves the Hyde amendment. Let's keep our eyes on the goal here, providing safe medical treatment for 36 million Americans. Let's not sacrifice reproductive rights today in pursuance of that noble goal.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield myself 1¼ minutes.

I rise in support of this bipartisan amendment.

Polls have repeatedly shown that the public does not support Federal funding of abortion, yet that is exactly what is in this bill. Current law actually prevents any Federal health care plan from paying for abortion. It also prevents taxpayer subsidies from flowing to benefit packages that include abortion. However, the Capps amendment included in this legislation would have the opposite effect.

Under this bill, funds will flow from premium payments and affordability credits into the U.S. Treasury account, and that account will then reimburse for abortion services. Every dollar in the public option is a Federal dollar. Let me be clear, if the government plan covers abortion, that amounts to Federal funding for abortion. It's that simple. Our amendment would maintain the principles of the Hyde amendment, something that the large majority of Americans support.

I urge my colleagues to stand with the majority of the American people, to oppose establishing a Federal Government program that will directly fund abortion on demand, to keep the government out of the business of promoting abortion as health care, and support this amendment.

I reserve the balance of my time.

Ms. DEGETTE. I yield 1 minute to the distinguished gentlelady from Connecticut (Ms. DELAURO).

Ms. DELAURO. This amendment undermines the thoughtfully crafted and

balanced language in the bill that already prohibits Federal funds from being used to pay for abortion. It attempts an unprecedented overreach of women's basic rights and freedoms in this country.

Abortion is a matter of conscience on both sides of the debate, and it goes to the very heart of our belief as citizens and as legislators. This amendment takes away that same freedom of conscience from America's women. It prohibits them from access to an abortion even if they pay for it with their own money. It invades women's personal decisions, discriminates against working women, and, put simply, violates the law of the land.

Access to quality, affordable health care coverage is a question of life or death for millions of Americans. We should not be injecting this divisive and polarizing issue into our debate.

The best vote for life we could make today would be to pass the critical reforms American families have asked for and desperately need.

I urge my colleagues to oppose this amendment.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members to please heed the gavel.

Mr. STUPAK. Mr. Speaker, I yield 45 seconds to Mrs. DAHLKEMPER from Pennsylvania to speak on the bill. She has been a stalwart on this issue, and I appreciate her support on this issue.

Mrs. DAHLKEMPER. Mr. Speaker, I want to thank Congressman STUPAK.

I rise today to ask my colleagues to support the Stupak-Ellsworth-Pitts-Kaptur-Dahlkemper-Lipinski-Smith amendment which will keep in place current Federal law on abortion funding in H.R. 3962, the Affordable Health Care for America Act.

Mr. Speaker, our amendment does not change current law regarding abortion. It does not outlaw abortion. It does not prohibit women from making a choice to which they are entitled under the law. What this amendment does do is make the House's health care reform legislation consistent with all other Federal health care programs, including Medicaid, Medicare, SCHIP, and veterans care. It prohibits Federal funding for abortions consistent with legislation that has been in place since the 1970s.

Ms. DEGETTE. I am now delighted to yield 1 minute to the gentlelady from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I rise in strong opposition to this amendment.

Contrary to what its sponsors and their supporters say, the underlying bill does prohibit Federal funding for abortion. It is written clearly and plainly on page 246, line 11, "prohibition of use of public funds for abortion coverage." But apparently that isn't good enough for people whose goal really is to strip women of their right to

choose altogether despite purporting to just want to maintain the status quo. So instead we have this amendment which restricts a woman's right to access a legal medical procedure in this country.

It is ironic, actually, because most of the people who support the amendment claim to oppose government interference in health care, yet this amendment is government interference and a decision that should be made between a woman and her physician.

If this amendment passes, it will be the only language in the entire legislation that actually restricts coverage of a legal medical procedure. Not one other legal medical procedure is singled out in this legislation for rationing.

I urge my colleagues to vote "no" on this devastating amendment.

Mr. PITTS. Mr. Speaker, I yield 30 seconds to the gentleman from Indiana, Chairman MIKE PENCE.

Mr. PENCE. Mr. Speaker, I rise in support of this amendment, though it will not change my opposition to the Pelosi health care bill. I am grateful this amendment has been brought to the floor, and I wish to commend Mr. PITTS and Mr. STUPAK for their principled leadership.

Ending an innocent human life is morally wrong, but it's also morally wrong to take the taxpayer dollars of millions of Americans and use them to provide for a procedure that they find morally offensive. In the Congress of the United States, we have a responsibility to respect the moral beliefs of the majority of the American people.

I urge my colleagues to prevent Federal dollars from funding abortions. Take a stand for life, support the Stupak-Pitts amendment, and vote "no" on Pelosi health care.

Ms. DEGETTE. I yield 1 minute to the distinguished gentlelady from New York (Mrs. LOWEY).

Mrs. LOWEY. I rise in strong opposition to this amendment. This is a disappointing distraction from the bill before us.

Under current law, no taxpayer funds can be used to cover abortion. While I believe abortion should be legal and safe, I have worked for years with colleagues on both sides of this issue to also make this procedure rare. If we want to reduce abortions, we should provide women health coverage for reproductive care, contraceptives to prevent unintended pregnancies, and prenatal care to ensure healthy pregnancies.

This amendment threatens the rights and health of women to seek a legal procedure covered by the premiums they will pay out from their own pockets. The underlying bill would uphold current law which states that no Federal funds can support abortion. Therefore, I urge my colleagues to oppose this unnecessary and reprehensible amendment.

Mr. STUPAK. Mr. Speaker, may I inquire as to how much time we have remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 2½ minutes remaining. The gentlewoman from Colorado has 4½ minutes remaining. The gentleman from Pennsylvania has 3½ minutes remaining.

Mr. STUPAK. Mr. Speaker, I continue to reserve.

Ms. DEGETTE. Mr. Speaker, I reserve.

Mr. PITTS. Mr. Speaker, at this time, I yield 30 seconds to the gentlelady from Washington, Vice Chairwoman CATHY MCMORRIS RODGERS.

Mrs. MCMORRIS RODGERS. Mr. Speaker, many have stood before me from both sides of the aisle to ensure that Federal taxpayer dollars do not fund abortion, whether it's Medicaid, whether it's the Federal Government's own health program. Today, I stand to ensure that this policy is included in the health care bill that is being rammed through this Congress.

If we are talking about health care reform for women and children, then protection for children should start at the moment their life begins. Two-thirds of women recently polled representing all parties, races, and marital statuses object to government funding of abortion.

I urge my colleagues to support this amendment.

Mr. STUPAK. Mr. Speaker, I yield 1 minute to Mr. ELLSWORTH from Indiana, who has been a champion on this issue and has worked hard to get this amendment to where we are here today.

Mr. ELLSWORTH. Thank you, Mr. STUPAK.

Mr. Speaker, I rise today to urge the passage of this vital amendment.

Since this debate started, my goal has been to ensure Federal taxpayer dollars are not used to pay for abortions and to provide Americans with pro-life options on this exchange. I have been proud to work with Mr. STUPAK and all my colleagues and the Catholic Bishops to make the goal a reality.

Getting to this point has not been very easy, but today we're on the brink of passing health care reform that honors and respects life at every stage, including the unborn. If this amendment passes today, I will support this bill.

It is time to fix what's broken in our health care system and begin to fulfill the promises we've made to Americans that we represent. That's why I urge Members on both sides of the aisle to vote for this amendment.

Ms. DEGETTE. Mr. Speaker, I am delighted to yield 1 minute to the gentlelady from California (Ms. LEE).

Ms. LEE of California. Mr. Speaker, this amendment inserts the Federal Government further directly into the medical decisions that a woman makes with her doctor.

As a person of faith who was raised in the Catholic Church, I have the deepest respect for Mr. STUPAK and Mr. PITTS. I know personally the moral dilemmas women face in making personal decisions about abortion, but I'll tell you one thing, I remember the days of back alley abortions, and this amendment takes us one step back to those dark days.

This amendment goes way beyond the Hyde amendment that denies Federal funds for abortion and attempts to dictate to women how to spend their own money. It is simply outrageous. It is outrageous.

It further places the religious views, mind you, of some into our public policy. Again, we're a democracy; we're not a theocracy. The separation of church and State requires us as legislators to never cross this line and it allows personal religious views to be personal. We should not, as Members of Congress, compromise this separation. And low-income women especially will be hurt by this amendment. Reject it.

Mr. PITTS. Mr. Speaker, at this time, I yield 30 seconds to the ranking member of the Budget Committee, the gentleman from Wisconsin, PAUL RYAN.

Mr. RYAN of Wisconsin. Mr. Speaker, this is perhaps the worst bill I have seen come to the floor in my 11 years of serving in Congress, and what would make this bill worse is if we break with the long-standing law of preventing abortions from being funded with taxpayer dollars.

For those of us who support the protection of and the sanctity of life, the only vote, the right vote, the vote to keep a clean conscience is a "yes" vote for the Stupak amendment.

Ms. DEGETTE. Mr. Speaker, I am now pleased to yield 1 minute to the distinguished gentleman from New York (Mr. NADLER).

Mr. NADLER of New York. Mr. Speaker, I rise in opposition to the Stupak amendment.

Despite significant efforts made by the underlying bill to level the playing field for women and to end discrimination against them in the health insurance market, this amendment adds a new discriminatory measure against women. Under this proposal, if a woman is of low or moderate income and receives tax credits to help her to afford the premiums for a health insurance plan she purchases on the exchange, she cannot choose a plan that covers abortion services. And if she chooses the public option, she cannot receive abortion coverage at all, even if she receives no help of any kind and pays for the plan entirely by herself.

The provision inserted in the underlying bill by our colleague, Representative CAPPS, extends the Hyde amendment in current law by ensuring that no Federal dollars can be used to fund abortions. That should be sufficient.

This is a bill to extend health care to all Americans. It should not be used as

a political football to try to change existing laws regarding abortion coverage.

Mr. Speaker, I reiterate my opposition to this discriminatory amendment and ask my colleagues to vote "no."

Mr. Speaker, I rise in opposition to the Stupak amendment.

Despite significant efforts made by the underlying bill to level the playing field for women and end discrimination against them in the health insurance market, this amendment adds a new discriminatory measure against women. Under the Stupak proposal, if a woman is of low- or moderate income and receives tax credits to help her afford the premiums for a health plan she purchases through the Exchange, she cannot choose a plan that covers abortion services. And if a woman chooses the public option, she cannot receive abortion coverage—even if she receives no help of any kind and pays for the plan entirely by herself.

The Stupak amendment says to women—if you think you might have an unintended pregnancy, you should purchase separate insurance. Put another way, this amendment requires women to plan that they will encounter an unplanned pregnancy. This defies logic and is absurd.

The compromise provision inserted in the underlying bill by our colleague, Representative CAPPS, extends the Hyde Amendment in current law by ensuring that no federal dollars can be used to fund abortions. That should be sufficient.

This is a bill to extend health care to all Americans. It should not be used as a political football to change existing law regarding abortion coverage.

Mr. Speaker, I reiterate my opposition to this discriminatory amendment and ask my colleagues to vote "no."

□ 2000

Mr. STUPAK. Mr. Speaker, I continue to reserve the balance of my time.

Ms. DEGETTE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 30 seconds to the gentlewoman from Minnesota, MICHELE BACHMANN.

Mrs. BACHMANN. Mr. Speaker, it all begins with life and with protecting the most vulnerable among us, the unborn. Life is the watershed issue of our generation. How can one claim to call the destruction of innocent human life "health care"?

Orwellian statements aside, it is the duty of government to preserve and protect human life. If we do nothing else tonight, let's choose life.

Ms. DEGETTE. I inquire of the Speaker as to the time remaining.

The SPEAKER pro tempore. The gentlewoman has 2½ minutes. The gentleman from Michigan has 1¼ minutes remaining. The gentleman from Pennsylvania has 2 minutes remaining.

Ms. DEGETTE. Mr. Speaker, I yield 30 seconds to the distinguished gentleman from Illinois (Mr. QUIGLEY).

Mr. QUIGLEY. Mr. Speaker, the health care bill we are considering today makes a strong statement that everyone in this country deserves access to health care.

For over 8 months, this body has strived to overcome the health care inequalities in our country, but this amendment disrupts that sense of equality. This amendment says that only women who can afford insurance deserve access to reproductive health care. This amendment says that women who need a little help paying for health care have to surrender their right to privacy.

This amendment will serve only to hurt low-income women, and it will restrict their ability to access reproductive health care even with their own money. It is wrong and we should oppose it.

Mr. PITTS. Mr. Speaker, I yield 30 seconds to the gentleman from Nebraska, JEFF FORTENBERRY.

Mr. FORTENBERRY. Mr. Speaker, the vast majority of Americans oppose—do not want—their government funding abortion.

I want to thank Mr. STUPAK and Mr. PITTS for this amendment to prohibit Federal funding for abortion in the guise of health care reform. Women deserve better.

Last week, we heard a lot of talk about compromise. Well, Mr. Speaker, neither a child in an early phase of life nor an elderly person clinging to each breath in the waning days of this life should ever be subject to a compromise. I hope that, if House has learned anything from this debate, it is this: that we must first do no harm. It is not ours to decide who lives or who dies.

Ms. DEGETTE. Mr. Speaker, I am now delighted to yield 30 seconds to the distinguished Chair of the Rules Committee and the co-Chair of the Congressional Pro-Choice Caucus, the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. I thank the gentlewoman for yielding.

Mr. Speaker, for over 30 years, we lived in this House in peaceful co-existence with the pros and cons getting together on the fact that the Hyde amendment said that no Federal money can be spent—the strongest conscience clause in the world—which is now being strengthened, by the way, in this bill. We on our side simply have the law.

I am very concerned about this bill because, in my own case and in the cases of many of my colleagues, it means 30 or 40 years of our life is being canceled out with this amendment. After the things that we have fought for, we are driving now, I am afraid, young women and poor women who cannot afford to buy their own insurance policies out of their pockets back to the back alley. I dread to see that day.

Mr. PITTS. Mr. Speaker, we are prepared to close on our side.

Ms. DEGETTE. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Mr. Speaker, I rise in opposition to this amendment.

A journalist asked me a few years ago if I could point to one thing that has contributed the most to the empowerment of women in our society. In answer to that query, I might have pointed to the 19th Amendment to the Constitution giving women the right to vote, or Title VII of the Civil Rights Act of 1964, or laws mandating equal pay for equal work. But instead, I responded to that journalist that it is the array of legal choices a woman now has that make it possible for her to plan her family—to decide whether to have children, and to decide when to have children. We refer to this array of choices as "reproductive freedom."

In the days before women were able to legally access contraception and abortion services, women often had to drop out of school, few could pursue careers in the professions, and too many women in desperate circumstances lost their lives from so-called back-alley abortions.

In 1970 women made up a third of the workforce. Today for the first time in history, women make up half of the U.S. workforce. In 1970, ten women served in the House of Representatives. Today there are 76. In 1970, the percentage of female medical students was 9.6 percent. This year, women are 48 percent of our Nation's medical students. In 1970, the percentage of women in law school was 8 percent. Today, 46.7 percent of law students are female.

These are just some of the changes in the role of women in American society that have occurred over the years during which women have secured the right to a full range of family planning options.

The Stupak/Pitts amendment is an erosion of a woman's reproductive freedom. Access to abortion services in the United States is already severely limited. State laws mandating waiting periods, the lack of insurance coverage of abortion and the scarcity of clinics providing abortion services mean that the right to a safe and legal abortion for many women is already pretty hollow. If this amendment is adopted, a woman's right to choose will be further limited.

I urge my colleagues to oppose this amendment.

Ms. DEGETTE. Mr. Speaker, I yield for a unanimous consent request to the distinguished gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY. Mr. Speaker, I rise in strong opposition to this amendment.

Mr. Speaker, it is outrageous that even the historic bill to extend health coverage to 96 percent of Americans includes an abortion fight because of the anti-abortion movement.

The Stupak amendment is a huge step backwards for American women.

Mr. Speaker, I rise in strong opposition to the Stupak/Pitts amendment which plainly discriminates against women, puts women's health at risk, and marks an unprecedented

restriction on people who pay for their own health insurance.

The commonsense Capps Compromise which was agreed to during debate in the Energy and Commerce Committee ensures that taxpayers will not be paying for abortion and reflects the status quo and current law.

It prohibits federal funds from being used for abortion but still allows women to use their own money to buy the coverage they need.

Despite this effort to address concerns raised by pro-life Members, Representatives STUPAK and PITTS decided to further restrict women's access to care by offering their shortsighted, dangerous, and discriminatory amendment to H.R. 3962.

The Stupak/Pitts amendment would make abortion coverage virtually inaccessible for most women in the new exchange.

It does so by:

(1) Banning abortion coverage in the exchange for women who receive subsidies, except by separate rider that they could only purchase with their own, private funds.

(2) Making it highly unlikely that women buying insurance in the exchange with their own money could obtain abortion coverage.

It is an outrage that at time when we are making historic changes—expanding American's access to health care—a group of legislators are bonding together to deprive women of the very health care they both need and deserve.

Ms. DEGETTE. Mr. Speaker, I yield for a unanimous consent request to the distinguished gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. Mr. Speaker, I rise in opposition to this amendment.

Ms. DEGETTE. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. No matter how many times it is said, our health reform bill does not allow one Federal dollar for abortions.

This Stupak-Pitts amendment goes way beyond current law. It says a woman cannot purchase, using her own dollars, coverage that includes abortion services. Even middle class women who are using exclusively their own money will be prohibited from purchasing a plan including abortion coverage, and this is in every single public or private insurance plan in the new health care exchange. Her only option is to buy a separate insurance policy that covers an abortion, a ridiculous and unworkable approach since no woman plans an unplanned pregnancy.

This amendment is a radical departure from current law, and it will result in millions of women losing the coverage they already have. Our bill is about lowering health care costs for millions of women and their families. It is not about further marginalizing women by forcing them to pay more for their care.

This amendment is a disservice and an insult to millions of women throughout the country. I urge a "no" vote on this amendment.

The SPEAKER pro tempore. The Chair will remind the gentlewoman from Colorado that she has the right to close.

The gentleman from Michigan has 1½ minutes remaining. The gentleman from Pennsylvania has 1½ minutes remaining. The gentlewoman from Colorado has 30 seconds remaining.

Mr. STUPAK. Mr. Speaker, I yield 15 seconds to the gentleman from Illinois (Mr. LIPINSKI) to state how current laws are maintained with the Stupak amendment.

Mr. LIPINSKI. Mr. Speaker, I thank my colleagues, especially Mr. STUPAK, for their perseverance as we work together on this amendment. Every year for over three decades, including this past July, we have approved the Hyde amendment.

I ask my colleagues again tonight: do the same thing, and approve the Hyde amendment in this bill.

Ms. DEGETTE. Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield to the gentleman from Texas (Mr. GOHMERT) for a unanimous consent request.

Mr. GOHMERT. Mr. Speaker, I rise in support of the wonderful work in the Stupak-Pitts amendment, addressing things like the money on page 110 for abortions.

Mr. PITTS. Mr. Speaker, I yield the balance of the time to the Chair of the Pro-Life Caucus in support of this bipartisan amendment, the gentleman from New Jersey, CHRIS SMITH.

Mr. SMITH of New Jersey. This week, another Planned Parenthood clinic director resigned after watching an ultrasound of an actual abortion in progress.

Self-described as extremely pro-choice but now pro-life, Abby Johnson said she watched an unborn child "crumple" before her very eyes as the infant was vacuumed and dismembered by a suction device 20 to 30 times more powerful than a household vacuum cleaner.

Ms. Johnson said and told ABC News, "I could see the baby try to move away. I just thought, 'What am I doing?' 'Never again.'"

Mr. Speaker, abortion not only kills children; it harms women physically and psychologically, and it risks significant harm to subsequent children.

Recently, the Times of London reported, "Women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or never been pregnant." The Times said "senior obstetricians and psychiatrists say new evidence has uncovered a clear link between abortion and mental illness. . . ."

Numerous studies show that the risk of preterm birth to children born to women who have had abortions increases. It skyrockets. One abortion

preterm births goes up by 35 percent, two abortions a staggering 93 percent. One of the the leading causes of mental and motor retardation is prematurity.

We have and are going to have more disabling, because of abortion. If we truly don't want to see more abortions and if we want to reduce them, don't fund it.

The Guttmacher Institute has said, formerly the research arm of Planned Parenthood, that prohibiting Federal funds for abortion reduces abortion by 25 percent.

Millions of people are alive today because of the Hyde amendment, because funding was not there to effectuate their demise. Vote for the Stupak-Pitts amendment. It will save lives.

The SPEAKER pro tempore. The gentleman from Michigan has 1 minute remaining.

Mr. STUPAK. Mr. Speaker, to close on our side, I yield 1 minute to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I thank the gentleman.

With respect for all of my colleagues, I rise in support of the Stupak amendment, which maintains existing Federal law, the Hyde amendment, on the compelling issue of abortion.

For 34 years, citizens of conscience have weighed in on this important moral and legal issue. Let me repeat: This amendment reaffirms longstanding, existing law and nothing more. It represents the broad consensus of the American people after 34 years of consideration on this issue. This is what it says:

"No Federal funds 'authorized under this act may be used to pay for any abortion or cover any part of the costs of any health plan that includes coverage of abortion,' except in the cases of the life of the mother, rape or incest."

The amendment does no more, no less. It is similar to language that applies in Federal law on Medicaid, Medicare, Veterans Affairs, the CHIP program, and the Federal Health Employees Program, which is a model for how this language should be applied. It has been tried, tested and proven. The inclusion of this amendment clarifies the bill's language on the potential fungibility of premium dollars.

I urge my colleagues to support the amendment and the bill.

Ms. DEGETTE. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, I rise in opposition to this amendment.

Ms. DEGETTE. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in strong opposition to this amendment.

This amendment critically threatens women throughout America, and is unquestionably a

ban on abortion coverage. H.R. 3962 already provided for no federal dollars to be used for abortion—now this bill denies women the reimbursement for insurance to provide them good health care.

This amendment acutely threatens the personal liberties of our country's most vulnerable women. It negatively affects these women's health, wellbeing, and financial security. This amendment will disproportionately affect women of color. According to the Center for Disease Control, "the abortion ratio for black women (467 per 1,000 live births) was 2.9 times the ratio for white women (158 per 1,000), and the ratio for women of the heterogeneous "other" race category (319 per 1,000) was 2.0 times the ratio for white women. The abortion rate for black women (28 per 1,000 women) was 3.1 times the rate for white women (nine per 1,000), whereas the abortion rate for women of other races (18 per 1,000 women) was 2.0 times the rate for white women." We should not be so naïve to believe that these statistics represent anything less than the reality that minority women have less financial and personal autonomy. Women who decide to abort a pregnancy are not acting on whim or caprice. Rather, the decision to abort is a painful decision process borne out of necessity. I do not support these higher statistics among minority women, however their lives should not be jeopardized because of botched abortions.

As a woman of faith myself, the issue of abortion is very dear to me. I must begin by saying that I am not pro-abortion, I am pro-choice. The early termination of a fetus is a terribly sad and unfortunate event, and the decision to abort is a long and difficult one. Situations arise in which a woman is forced to make the very tough decision about something very private and personal. In situations like this I believe strongly in a woman's right to choose. It is her body and any law prohibiting woman from having total control over their bodies is in violation of our constitutional rights.

I have always supported a woman's right to choose. The decision to have a baby is something between a woman, her family, her faith and her doctor. This is an instance where the federal government does not need to be involved. It is my hope that society will continue to be progressive in their decisions, and if a woman decides to terminate her pregnancy, there are places that she can go to have the procedure done safely.

The Supreme Court in 1973, in the landmark case of *Roe v. Wade*, ruled that a woman's right to have an abortion is a constitutionally protected right. Judge Blackmon wrote that "a statute that criminalizes abortion is violative of the Due Process Clause of the Fourteenth Amendment and the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician."

The Stupak-Pitts amendment effectively reverses a women's control over her body. According to a 2002 study by the Guttmacher Institute, 90 percent of private policies currently cover abortion services. If this amendment is adopted, it will instantly modify the insurance coverage for the millions of women whose current insurance plans include coverage for abortion care. These women entered into their

insurance contracts with the guarantee that potential abortions would be covered. Yet, if this amendment is passed, every woman covered under the new health care system would have to purchase supplemental insurance or pay out of pocket for abortions. It is estimated that one third of Americans will have an abortion in their lifetime. If this amendment is adopted, thousands of women will be unable to afford a procedure for unpredictable and unwanted pregnancies. This would essentially be a ban on abortions for these women.

This is an unacceptable violation of a woman's personal sovereignty. I strongly oppose this amendment.

Ms. DEGETTE. Mr. Speaker, the gentleman from Pennsylvania said exactly what the intention is here. The intention is not simply to expand the Hyde amendment. The base bill does that. The base bill says that no Federal funds will be used in this bill for abortion.

It is the intention of our opponents to effectively stop a legal medical procedure from all plans that are in the exchange, even plans that are paid for with private dollars. This is the first time it would expand the Hyde exceptions to the private sector market. Mr. Speaker, it would not only affect the poor. It would affect the middle class.

Vote "no" on this ill-conceived amendment.

Ms. CHU. Mr. Speaker, I rise today in strong opposition to this amendment.

Ms. HIRONO. Mr. Speaker, I rise today in strong opposition to the Stupak Amendment, an amendment that is anti-choice and anti-women.

Earlier this week, I spoke about the importance of health care reform to women. If there was ever a group that has a lot at stake in reform, it is women. Health insurance companies today essentially treat being a woman as a pre-existing condition and charge them more for it. H.R. 3962 will put an end to the unjustifiable insurance practices of gender-rating—treating pregnancy, domestic violence, and previous c-section as pre-existing conditions—and not covering comprehensive maternity care. The men of this country would rise up in protest if they faced this kind of disparate treatment based on conditions particular to their gender.

The Stupak Amendment would effectively deny low-income women abortion coverage through insurance plans in the health insurance exchange. This is not only discriminatory but dangerous to women's health. Women without abortion coverage will be forced to postpone abortion care while attempting to raise the necessary funds—a delay that can exacerbate both the costs and the health risks of the procedure.

As a woman, I find it frankly insulting that the amendment would make women purchase additional insurance coverage for a legal medical procedure. We aren't asking individuals to purchase additional coverage in case they get cancer or in case they get diabetes. We aren't flagging out any other legal medical procedures to be treated in this manner.

Women do not plan to have unintended pregnancies or pregnancies with complications

that create health risks. And yet unintended pregnancies and complications do arise. This amendment says it's okay to tell women, if you want to guard against these situations, go buy a rider. This is a deeply insulting attitude. An abortion rider policy also raises serious privacy concerns, as it fundamentally undermines the spirit of existing privacy law.

The sponsors of the amendment have consistently failed to highlight that the bill already contains a compromise that stipulates that state laws regarding abortion procedures are not pre-empted. The bill already states that no federal funds—neither tax nor cost sharing tax credits—can be used to pay for abortion procedures.

Before taking this vote, I urge my colleagues who support this amendment to think about the women in their lives, their mothers, sisters, daughters, granddaughters. Would they put the lives of these women at risk? Would they take away their fundamental rights of choice and freedom? Would they want to limit their access to any legal medical procedure? I ask these questions of my colleagues because in voting in support of the Stupak Amendment, they are answering yes to all these questions.

I urge my colleagues to join me in voting "no" on the amendment.

Ms. HARMAN. Mr. Speaker, It is going to be very difficult for me to vote for a health care bill that contains the Stupak amendment on abortion.

Far from codifying the Hyde language, which has been included in House appropriations bills since 1976, the Stupak amendment would essentially make it impossible for most women to use their own funds to purchase insurance to pay for abortions. This is not chipping away at a woman's right to choose, this is an outright assault on my constitutional rights—and it is wrong.

I respect the right of any woman or man to oppose abortion. But, in return, I expect those who are anti-choice to respect my views. My views are that abortion should be safe and rare—but that a woman's constitutional right to privacy as articulated in *Roe v. Wade* is inviolable.

I am old enough to remember the days of back alley abortions. Some women I know had them. I cannot bear the idea that the 111th Congress would restore that horror.

The Stupak amendment is insulting and destructive. Its passage would pair us with the government of Afghanistan in sending women's rights back to the Stone Age. I intend to vote for this bill, but if it contains the Stupak amendment when it emerges from Conference Committee, my conscience demands that I reconsider my support.

Ms. MCCOLLUM. Mr. Speaker, every member of this House has the right to their own opinions and views on issues related to health care reform—including women's reproductive health care issues. However, as comprehensive healthcare legislation reaches the House floor for a vote, Congress must not violate the first tenant of the entire reform effort, which is to ensure that no one loses healthcare coverage they currently have.

Today we have an amendment on the floor that bans legal reproductive health care services for woman who pay for their own health

insurance. This amendment is wrong, it is dangerous, and it should be defeated.

The opportunity to meet the health care needs of all Americans is the strength of the bill we are debating. I want every American to have access to affordable, quality health care. This amendment and the work of many special interest groups to use this amendment to undermine health care reform is a transparent political game that puts millions of Americans at risk. Single issue political games must not be used to deny health care to millions of Americans.

I would like to submit for the RECORD a statement by a broad coalition of Minnesota religious leaders who call health care reform a matter of social justice that should not be undone by a single issue. These religious leaders understand the complex personal decision making that goes into health care choices, but they also know that Americans without access to health care too often have no choice except to suffer and too often endure conditions that result in severe illness or even preventable death.

These religious leaders are an inspiration to me. They are helping to frame the social, economic, moral and spiritual importance of passing health care reform legislation in Congress.

NOVEMBER 7, 2009.

As more Americans lose jobs and insurance coverage, health care reform bills are moving to final votes in Congress. Instead of working toward the reform that is so desperately needed, some groups, including the United States Conference of Catholic Bishops, are working overtime to ensure that women are denied the comprehensive health care they currently have.

With all the hyperbole, we have lost sight of the original goal of health reform: to expand access to health care, improve quality, and reduce costs—not to litigate abortion rights. As Congress works toward health care reform, they must make women's health a priority and guarantee that reproductive health care is covered.

Our faith traditions are abundantly clear about living in community with others and being responsible for them. Our traditions share the common core of serving those most in need. We join with others in expressing the need for us to return to the core of our faith traditions and realize that providing access to safe and quality health care makes sense morally, ethically, spiritually, and financially.

The president has repeatedly stated that no one should lose the coverage she or he currently has under health care reform. But, if dangerous amendments put forth by the vocal minority in Washington aren't defeated, women will lose their benefits, plain and simple.

It's simply untrue that abortion coverage will be mandated under the proposed new health plan. Simply put, Federal money would not pay for abortion care.

In fact, the House bill contains carefully crafted compromise language that allows women to keep the benefits they currently have while also ensuring that no federal funding is used for abortions.

Rep. Lois Capps drafted this provision to address both pro-life and pro-choice concerns around health care reform and balance both sides of the issue. The Capps proposal maintains the current policy of restricting federal funding for abortions and ensures that women won't lose benefits they currently have and will have access to insurance that

covers abortion if they want it. Further, it expressly prohibits the use of federal funds to pay for abortion care.

This is an even-handed compromise supported by people on both sides of the issue. While reasonable people disagree over the issue of abortion, no woman wants her health to be the object of political gamesmanship in this debate. That's why the Capps proposal was created. It's a common sense solution to help health care reform move forward with the support of the mainstream on all sides of the issue.

As religious leaders, we support public policies that are just and compassionate and prioritize the needs of those who are poor and marginalized in our society. In this religiously pluralistic nation, our health care system should be inclusive and respectful of diverse religious beliefs and decisions regarding childbearing. A health care system that serves all persons with dignity and equality will include comprehensive reproductive health services.

Health care reform is far too important a social justice issue to be left to chance and overheated rhetoric. It's time to move forward for the good of American women and families.

Members and Friends of the Minnesota Religious Coalition for Reproductive Choice; Rev. Judith Allen Kim, Presbytery of the Twin Cities Area; The Rev. Norma Burton, Linden Hills United Church of Christ, Minneapolis; Kelli Clement, Candidate for Ministry, UUA; Rev. Doug Donley, University Baptist Church, Minneapolis; Rev. Dr. Rob Eller-Isaacs, and Rev. Dr. Janne Eller-Isaacs, Co-Ministers, Unity Church Unitarian, St. Paul; Rev. Dr. Kendyl Gibbons, Sr. Minister, First Unitarian Society of Minneapolis; Rev. Walter Lockhart IV, Walker Community United Methodist Church, Minneapolis; Rev. Meg Riley, Unitarian Universalist Association; Rev. T. Michael Rock, Robbinsdale United Church of Christ; Kiely Todd Roska, United Church of Christ in New Brighton; Rev. Dr. Christine M. Smith, Cherokee Park United Church, St. Paul; Rev. Victoria Safford, White Bear Unitarian Universalist Church, Mahtomedi; Rabbi Jared Saks, Temple Israel, Minneapolis; Barbara Schmiechen, Linden Hills United Church of Christ, Minneapolis; and Rev. Daniel R. Schmiechen, Linden Hills United Church of Christ, Minneapolis.

Mr. MORAN of Kansas. Mr. Speaker, I rise in support of the Stupak-Pitts Amendment to H.R. 3962, Speaker PELOSI's health care reform bill. This amendment would maintain the current policy of preventing federal funding for abortion and for health benefits packages that include abortion. I feel a special obligation to protect innocent, young life.

I recently sponsored H. Con. Res. 169, legislation urging members of Congress to eliminate taxpayer-funded abortions from any proposed health care reform package. Directing taxpayer dollars to fund abortions is a clear violation of many Americans' deeply held beliefs and Americans should not be forced to compromise their core moral beliefs as a means to health care reform. Additionally, on September 28, 2009, I urged Speaker PELOSI and Democratic leadership, along with 182 of my House colleagues, to allow members of the House to vote their consciences with regard to abortion and health care reform by allowing consideration of an amendment to prohibit government funding of abortion.

Ms. BORDALLO. Mr. Speaker, I rise today in support of the Stupak-Ellsworth-Pitts-Smith-

Kaptur-Dahlkemper Amendment to H.R. 3962 the "Affordable Health Care for America Act."

This amendment, supported by the United States Conference of Catholic Bishops, is important because it ensures that current federal law on abortion funding will apply to the public health care option created by H.R. 3962.

This amendment codifies the Hyde Amendment in H.R. 3962. It will prevent public funds from being used to pay for or subsidize elective abortions, either through the public option or health care affordability tax credits, except in the case of rape, incest, physical injury or physical illness to the women. The Hyde Amendment is already in place in current federal health programs like Medicaid and Medicare and this amendment will make sure that H.R. 3962 is governed in a consistent manner.

I have received numerous letters from my constituents expressing both support for health care reform, but also grave concerns that federal funds would be used to pay for elective abortion under the new law. I am very supportive of the overall goals of H.R. 3962 and particularly its provisions that address the health disparity issues in the territories. The addition of the Stupak-Ellsworth-Pitts-Smith-Kaptur-Dahlkemper amendment will further strengthen this legislation and ensure that no one will need to choose between their conscientious objections to abortion and their desire to work toward more affordable quality health care in America.

I commend Congressman STUPAK for his leadership on this important issue and urge my colleagues to support this amendment.

Mr. FARR. Mr. Speaker, I rise to express my strong opposition to the Stupak-Pitts amendment.

The health care bill before the House tonight retains existing law on the ban on federal dollars being used for abortion services in federal programs. This health care bill does what it promised to do: not to expand abortion services. But the Stupak amendment wants to rewrite current law. This amendment ignores the constitutionally protected right for women to choose their reproductive health care. It makes women, and only women, have to purchase an additional policy with their own money to cover women's reproductive health care.

That we are considering outlawing a medical procedure—one chosen by patients and their doctors—in existing law. This amendment makes it impossible for women to purchase health care insurance to cover a health care procedure that can only be needed at a time of crisis. It would require women to plan for an unplanned pregnancy. That is plain wrong.

When will we stop treating women like second class citizens? When will we admit that they have the right to determine their health care like anyone else? Why are we boxing them in with this amendment that restricts and restrains their ability to act in a manner they deem appropriate for their well-being? Shame on us for being so disrespectful of their humanity and for attempting to disenfranchise them this way.

If we want health care for all Americans then women should be entitled to all health care, not just some aspects of it.

Ms. ESHOO. Mr. Speaker, I come to the floor today to oppose the amendment offered

by my colleague, Representative BART STUPAK. I know that he is following his own conscience, but I want to preserve the right of women nationwide to follow their conscience as well. I support a woman's right to be either for or against abortion. The decision is a private one and it is a matter of faith as well as a matter of conscience, and it is supported by our Constitution.

This amendment is not about federal funding for abortion . . . the current version of the bill and federal law, the Hyde Amendment, already prohibit spending tax dollars to finance abortions. This amendment goes beyond that language. It prohibits private health insurance plans that receive even one dollar of federal funding to offer abortion services to any of their customers. This eliminates coverage for an important health service that millions of women currently have. This amendment leaves women even worse off than they are now. I cannot support such all-encompassing language.

There is a certain irony here that demonstrates how prejudiced this amendment is toward women. Insurance plans would allow a man to obtain Viagra and cause an unwanted pregnancy, but it penalizes women for becoming pregnant.

Insurance is intended to cover the unexpected. Yet, this amendment would deny women the right to purchase their own coverage as part of a regular insurance plan. It will heap an ugly punishment upon those who often times can least afford it, and it will push women into the past of back-alley butchers.

Today women are entitled under the law to a safe abortion. It is estimated that in California before the *Roe v. Wade* decision, about 100,000 illegal abortions were performed each year. Abortion was the most common single cause of maternal deaths in California prior to 1973. We should not turn back the clock. As we work to provide universal health for all our citizens, women should be protected. This amendment does nothing to advance this and I ask my colleagues to defeat it.

Ms. SPEIER. Mr. Speaker, tonight as we prepare to pass a historic health care bill that provides expanded health care coverage to Americans and is more than sixty years in the making, I am concerned that we must first fight to block a direct assault on a woman's right to choose.

America's Affordable Health Choices Act is fair and equitable in its approach to abortion and respects the rights of those who want to purchase a plan that provides abortion coverage and those who do not. It guarantees that no public funds are used to pay for abortion services—codifying the long standing Hyde amendment.

The anti-choice Stupak Amendment seeks to take away a woman's right to pay for her own abortion services, forcing millions of women to retreat to the shadows and an era in which back alley abortions were too often the norm. That is why I will stand up this evening and vote against the Stupak Amendment—ensuring that every woman in this country has the reproductive freedom that she desires and that her mother and mother's mother fought so hard for.

Mr. POLIS. Mr. Speaker, I would like to express my strong opposition to the Stupak/Pitts

Amendment, which unfortunately passed the House by a vote of 240–194. This amendment places a woman's right to choose at risk, for it would place new obstacles in the way of women seeking reproductive health care services. The Stupak Amendment goes further than existing laws. This amendment dictates which medical procedures are offered in the private market.

Health care reform is supposed to increase coverage. This amendment singles out women and reduces their coverage. Women's access to comprehensive reproductive health services is not just about equality between men and women but also equality along economic lines. This amendment sets up a system where only wealthier women could afford a safe abortion. It would prohibit low-income women who receive affordability tax credits from purchasing a private insurance plan that covers abortion, despite the fact that over 80 percent of health insurance plans currently cover abortion. In other words, a woman who happens to be low-income will be denied the right to purchase a health care plan with abortion coverage simply because she qualifies for affordability tax credits. This is discriminatory, plain and simple.

Besides purchasing insurance in the exchange, the primary alternative for low-income individuals is the public option. Not only does this amendment prohibit access to abortion coverage if a low-income woman receives affordability tax credits in the exchange, but this amendment also prohibits the public option from providing abortion care, despite the fact that it would be funded through private premium dollars.

Under the Stupak Amendment, low-income women who either receive affordability tax credits or purchase insurance through the public option have to purchase a separate, single-service "abortion rider" policy. Not only does this idea discriminate against low-income women but it makes no sense either. Women who end up in the tough position of having to seek an abortion never planned on being in that situation. The vast majority of women will not choose to purchase an "abortion rider" policy because they do not plan on ever having an abortion, and when the day arises when they may need abortion coverage, unfortunately it will not be there for them.

The women of America should have access to their fundamental right to choose, regardless of their income level. I urge my colleagues to join me today in defense of that fundamental right.

Ms. EDWARDS of Maryland. Mr. Speaker, I object to the anti-choice amendment brought forward by Reps. BART STUPAK and JOSEPH PITTS. The Stupak-Pitts amendment goes beyond the scope of current law and effectively prohibits private insurers in the health insurance Exchange from offering insurance plans with abortion provisions. This amendment prohibits the use of federal funds from covering any part of the costs of any health care plan that includes coverage of abortion coverage, even if federal dollars do not go towards an abortion procedure. This amendment truly undermines the spirit of health care reform by rationing women's care and taking away current benefits plans that include abortion coverage.

This amendment strips women's legal right to abortion procedures and turns back the

clock on decades of legal precedent and legislation.

This is a procedure that some women must consider in the interest of their health. This is a choice that no one, not a Member of Congress, or government official should make for a woman. This is a woman's choice that must be preserved. A woman's reproductive choice has been recognized by the Supreme Court of this country, and honored by the citizens and lawmakers of this country.

Please oppose this amendment and protect women's health.

Ms. KAPTUR. Mr. Speaker, I rise in support of the Stupak-Ellsworth-Pitts-Smith-Kaptur-Dahlkemper Amendment that maintains existing Federal law on the compelling issue of abortion. For 34 years, citizens of conscience on all sides have weighed in on this important moral and legal question. Lawmakers have attempted to accommodate very divergent views, even on the meaning of life itself. Many lives must be considered—the life of the mother, the life of the child, including the unborn but conceived, and in my opinion the rarely mentioned responsibilities of the father as well.

Our legislative struggle to do what is proper is rooted in interrelated moral, scientific, legal, and yes, theological dissonances. What is right? What should be legal? And what will lead to a just and responsible society for all? I continue to approach this deeply moving issue as a representative from a widely diverse Congressional district in northwestern Ohio, an area of our Nation comprised of people from many different ethnicities, races, faiths, denominations and belief systems. My representation of these varying views embodies the deepest respect for all our people, and for the integrity with which they have arrived at their values.

This amendment reaffirms longstanding, existing law, and nothing more. It represents the broad consensus of the American people after decades of consideration on the issue. Recent Gallup polls show that 51 percent of Americans consider themselves "pro-life" on the issue of abortion. But, this amendment does not resolve all moral questions that face pro choice, prolife, and non-aligned Americans on this issue. All it does is restate existing law.

It states that no Federal funds "authorized under this Act may be used to pay for any abortion, or to cover any part of the costs of any health plan that includes coverage of abortion," except in the cases of the life of the mother, rape or incest.

Effectively, the precedent setting Hyde amendment—which has been in effect for 34 years in our Nation—will apply to the public option, and to any Federal plans which include elective abortion. The amendment does no more, and no less. Further, with the added coverage for all Americans that this bill provides, perhaps the abortion choice will become less attractive for those faced with such a life wrenching choice.

This amendment will not bar any one from purchasing their own private supplemental rider. Our language is the same that applies in current law on Medicaid, Medicare, the Children's Health Insurance Plan, and the Federal Employee Health Benefits Plan, FEHBP, itself which offers many private insurance plans.

The FEHBP is a model for how this language will be applied. It has been tried, tested, and proven.

The inclusion of this amendment clarifies the bill's language on the potential fungibility of premium dollars deposited in Federal accounts that could result in federally sanctioned insurance paid for by taxes, premiums, or Federal subsidies diverted to pay for abortions by those who do not agree with the procedure.

Importantly, for the first time, the base measure itself will help vast scores of women to obtain health coverage and, by so doing limit abortion by enhancing broad coverage options for women's and children's health. The rate of infant mortality, which is fueled by shamefully high rates of premature birth in the United States, shows us that we are not addressing the needs of mother's and their babies. Providing the necessary support for women is the answer. This bill will vastly improve preventive care, double funds available to community health centers including obstetric and gynecological care, and move America fully into this 21st century. No woman, no woman—including poor women, pregnant women, unemployed women, working women, single women, and nursing women—will be left out of health insurance coverage.

I urge my colleagues to support the amendment.

The SPEAKER pro tempore. Pursuant to House Resolution 903, the previous question is ordered on the amendment.

The question is on the amendment offered by the gentleman from Michigan (Mr. STUPAK).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. STUPAK. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 903, further proceedings on this question will be postponed.

AMENDMENT OFFERED BY MR. BOEHNER

Mr. BOEHNER. Mr. Speaker, pursuant to the rule, I call up the amendment in the nature of a substitute printed in the rule.

The SPEAKER pro tempore (Mr. OBEY). The Clerk will designate the amendment.

The text of the amendment is as follows:

Part D amendment in the nature of a substitute printed in House Report 111-330 offered by Mr. BOEHNER:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; PURPOSE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the "Common Sense Health Care Reform and Affordability Act".

(b) **PURPOSE.**—The purpose of this Act is to take meaningful steps to lower health care costs and increase access to health insurance coverage (especially for individuals with pre-existing conditions) without—

- (1) raising taxes;
- (2) cutting Medicare benefits for seniors;
- (3) adding to the national deficit;
- (4) intervening in the doctor-patient relationship; or

(5) instituting a government takeover of health care.

(c) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1. Short title; purpose; table of contents.

DIVISION A—MAKING HEALTH CARE COVERAGE AFFORDABLE FOR EVERY AMERICAN

TITLE I—ENSURING COVERAGE FOR INDIVIDUALS WITH PREEXISTING CONDITIONS AND MULTIPLE HEALTH CARE NEEDS

- Sec. 101. Establish universal access programs to improve high risk pools and reinsurance markets.
- Sec. 102. Elimination of certain requirements for guaranteed availability in individual market.
- Sec. 103. No annual or lifetime spending caps.
- Sec. 104. Preventing unjust cancellation of insurance coverage.

TITLE II—REDUCING HEALTH CARE PREMIUMS AND THE NUMBER OF UNINSURED AMERICANS

- Sec. 111. State innovation programs.
- Sec. 112. Health plan finders.
- Sec. 113. Administrative simplification.

DIVISION B—IMPROVING ACCESS TO HEALTH CARE

TITLE I—EXPANDING ACCESS AND LOWERING COSTS FOR SMALL BUSINESSES

- Sec. 201. Rules governing association health plans.
- Sec. 202. Clarification of treatment of single employer arrangements.
- Sec. 203. Enforcement provisions relating to association health plans.
- Sec. 204. Cooperation between Federal and State authorities.
- Sec. 205. Effective date and transitional and other rules.

TITLE II—TARGETED EFFORTS TO EXPAND ACCESS

- Sec. 211. Extending coverage of dependents.
- Sec. 212. Allowing auto-enrollment for employer sponsored coverage.

TITLE III—EXPANDING CHOICES BY ALLOWING AMERICANS TO BUY HEALTH CARE COVERAGE ACROSS STATE LINES

- Sec. 221. Interstate purchasing of Health Insurance.

TITLE IV—IMPROVING HEALTH SAVINGS ACCOUNTS

- Sec. 231. Saver's credit for contributions to health savings accounts.
- Sec. 232. HSA funds for premiums for high deductible health plans.
- Sec. 233. Requiring greater coordination between HDHP administrators and HSA account administrators so that enrollees can enroll in both at the same time.
- Sec. 234. Special rule for certain medical expenses incurred before establishment of account.

DIVISION C—ENACTING REAL MEDICAL LIABILITY REFORM

- Sec. 301. Encouraging speedy resolution of claims.
- Sec. 302. Compensating patient injury.
- Sec. 303. Maximizing patient recovery.
- Sec. 304. Additional health benefits.
- Sec. 305. Punitive damages.
- Sec. 306. Authorization of payment of future damages to claimants in health care lawsuits.
- Sec. 307. Definitions.
- Sec. 308. Effect on other laws.

Sec. 309. State flexibility and protection of states' rights.

Sec. 310. Applicability; effective date.

DIVISION D—PROTECTING THE DOCTOR-PATIENT RELATIONSHIP

- Sec. 401. Rule of construction.
- Sec. 402. Repeal of Federal Coordinating Council for Comparative Effectiveness Research.

DIVISION E—INCENTIVIZING WELLNESS AND QUALITY IMPROVEMENTS

- Sec. 501. Incentives for prevention and wellness programs.

DIVISION F—PROTECTING TAXPAYERS

- Sec. 601. Provide full funding to HHS OIG and HCFAC.
- Sec. 602. Prohibiting taxpayer funded abortions and conscience protections.
- Sec. 603. Improved enforcement of the Medicare and Medicaid secondary payer provisions.
- Sec. 604. Strengthen Medicare provider enrollment standards and safeguards.
- Sec. 605. Tracking banned providers across State lines.

DIVISION G—PATHWAY FOR BIOSIMILAR BIOLOGICAL PRODUCTS

- Sec. 701. Licensure pathway for biosimilar biological products.
- Sec. 702. Fees relating to biosimilar biological products.
- Sec. 703. Amendments to certain patent provisions.

DIVISION A—MAKING HEALTH CARE COVERAGE AFFORDABLE FOR EVERY AMERICAN

TITLE I—ENSURING COVERAGE FOR INDIVIDUALS WITH PREEXISTING CONDITIONS AND MULTIPLE HEALTH CARE NEEDS

SEC. 101. ESTABLISH UNIVERSAL ACCESS PROGRAMS TO IMPROVE HIGH RISK POOLS AND REINSURANCE MARKETS.

(a) **STATE REQUIREMENT.**—

(1) **IN GENERAL.**—Not later than January 1, 2010, each State shall—

- (A) subject to paragraph (3), operate—
- (i) a qualified State reinsurance program described in subsection (b); or
- (ii) qualifying State high risk pool described in subsection (c)(1); and
- (B) subject to paragraph (3), apply to the operation of such a program from State funds an amount equivalent to the portion of State funds derived from State premium assessments (as defined by the Secretary) that are not otherwise used on State health care programs.

(2) **RELATION TO CURRENT QUALIFIED HIGH RISK POOL PROGRAM.**—

(A) **STATES NOT OPERATING A QUALIFIED HIGH RISK POOL.**—In the case of a State that is not operating a current section 2745 qualified high risk pool as of the date of the enactment of this Act—

- (i) the State may only meet the requirement of paragraph (1) through the operation of a qualified State reinsurance program described in subsection (b); and
- (ii) the State's operation of such a reinsurance program shall be treated, for purposes of section 2745 of the Public Health Service Act, as the operation of a qualified high risk pool described in such section.

(B) **STATE OPERATING A QUALIFIED HIGH RISK POOL.**—In the case of a State that is operating a current section 2745 qualified high risk pool as of the date of the enactment of this Act—