

States today would love to see 8 percent unemployment.

Try the State of Michigan. Last week they reported their unemployment stands today at 15.2 percent. We can do better, so much better. We have before and we can again.

Let's ask every business owner in America, Madam Speaker, if it would help them if we would cut their costs of doing business with the Federal Government.

Let's ask the average American if they would like to see government take less of what they make. Let's see if Washington would allow the American people the freedom to reclaim their lives, rather than waiting for a Washington bureaucrat to give them permission to move forward with their lives.

□ 2000

This last weekend, I spoke to a Minnesota businessman who has created four dozen jobs in my district. He would love to provide health care for his employees, but he simply can't afford to. Why? It's because of the government mandates.

Do his employees go without health care? No, they don't. Almost all of them have health insurance either through a spouse or they purchase health care on their own.

What would his employees like to see? They would like to have help with the full deductibility of their health care costs on their tax returns; also if they could purchase health insurance in the same way they purchase their car insurance in a competitive, free-market manner. Many of them would like to see the increased use of health savings plans. They want to own their own health insurance because they want to be able to take it with them in case they want to be able to change jobs.

Madam Speaker, fully 77 percent of all Americans respond that they prefer their present health insurance. They like what they have, and they want to keep it, but they think, Madam Speaker, that they will be shocked if they learn that they could lose their private health insurance, and they would be shocked to learn if their only option would be the government as their only health decision-making.

Page 16 of the House Democrat plan that was revealed last week of the government takeover of insurance is quite a shocker. Page 16 says that no new private health insurance policies will be allowed to be written after the passage of the bill. Government insurance is expected to be subsidized by taxpayers to the tune of 30 to 40 percent.

Approximately 114 million Americans are expected to leave private health insurance. Why? Their employers will drop the insurance because the taxpayer-subsidized plan will be 30 to 40 percent cheaper. This action will collapse the private health insurance market, and then the Federal Government will own the health provider game.

The problem is that every American will have to hope that the government will act benevolently toward their

cases. Why? Because government will be the only game in town.

We can do better, Madam Speaker. We have done better. We can take a plan that truly does represent compassion and that does represent the best interests of the American people by offering them freedom and true options.

THE CONGRESSIONAL BLACK CAUCUS: HEALTH CARE

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

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members be given 5 legislative days to revise and extend their remarks on the subject of my Special Order.

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

There was no objection.

Ms. FUDGE. The Congressional Black Caucus, the CBC, is proud to present this hour on health care. The CBC is chaired by the Honorable BARBARA LEE from the Ninth Congressional District of California. I am Representative MARCIA L. FUDGE from the 11th District of Ohio, and I am the anchor for this hour.

Mr. Speaker, I would now like to yield to our Chair, the Honorable BARBARA LEE, the gentlewoman from California.

Ms. LEE of California. Thank you very much.

Mr. Speaker, first, let me thank my colleague, Congresswoman MARCIA FUDGE of Ohio, for leading this Special Order, not only tonight but each and every Monday night, to keep our caucus and the country focused on addressing the key issues which are looming today. She consistently and is constantly on the case, making sure that we speak with one voice on the very, very critical issues which our country and the world are facing.

So thank you, Congresswoman FUDGE, for your leadership.

As Chair of the Congressional Black Caucus, I join my colleagues tonight in this very timely discussion of health care and of our efforts. Also, I want to make the case tonight for prevention as a very cost-effective strategy for health care reform. Prevention and, of course, public health should be the cornerstone of any true health care package. Prevention that takes place outside of the doctor's office can be just as important in impacting the health of Americans as health care on the back end when one ends up in an emergency room. Disease prevention is universally popular from coast to coast and across political spectra. Americans understand and appreciate the value of prevention, the value especially for reducing disease rates, for improving the quality of life and for lowering health care costs.

Yes, given the rise in deficit, we all are extremely concerned about the

costs of health care, but we also must remember that an ounce of prevention is worth a pound of cure. For whatever reasons, those experts who are giving us the numbers in terms of the costs don't seem to, for whatever reason, want to tell us how much we will save based on prevention as a key element and strategy in our bill.

In a new poll released last month by the Trust for America's Health, Americans actually ranked "prevention" as the most important health care reform priority. The poll also found that more than three-quarters of Americans believed the country should invest more in keeping people healthier; and by a ratio of nearly 4-1, they supported putting more emphasis on preventing disease rather than on treating people after they become sick.

People are convinced it will save the health care system money, but surprisingly, the poll also found that more than 70 percent of Americans say investing in prevention is worth it even if it doesn't save money, because it will prevent disease and it will save lives. We also know that it will save money.

Now, this is not about lecturing people about behavior. Instead, what we want to do is to remove barriers to good health that are beyond the control of most people. One role of government in health care is to provide opportunities to make it easier for people to make healthy choices. Americans are not as healthy as they could be or should be, and this is resulting in skyrocketing health care costs that threaten to bankrupt American businesses. Our workforce is less productive than it could be or it should be as it relates to competing with the rest of the world.

Tens of millions of Americans suffer every day from preventable illnesses like diabetes, heart disease, some forms of cancer, and infectious diseases which rob them of health and the quality of life that they deserve, and it also drives up health care costs. More than half of Americans suffer from at least one chronic disease. Two-thirds of Americans are obese or are overweight, and 20 percent of Americans smoke. Due to the epidemic of obesity, today's children could be the first generation to live shorter, less healthy lives than their parents. This is very scary. The Nation's economic future demands that we find ways to reduce health care costs. Helping Americans stay healthier is one of the most effective ways to lower costs and to ensure that our workforce is strong and productive enough to compete in a global economy.

According to the United States Centers for Disease Control and Prevention, a vast majority of chronic diseases could be prevented through life style and environmental changes. For too long, the health care system has focused on treating people after they become sick instead of keeping them healthy in the first place. We need to shift from a sick care system to a health care system. Prevention can improve the quality of lives of Americans, can spare millions from needless suffering and can eliminate billions of

dollars of unnecessary health care costs. Research shows that strategic investments in disease prevention programs in communities can result in a big payoff in a short time, reducing health care costs, increasing the productivity of the Nation's workforce and helping people lead healthier lives.

Let me just conclude by saying I have to take a moment to commend Congresswoman Donna Christensen and the Congressional Black Caucus' Health Task Force, along with the Congressional Hispanic and Asian Pacific American Caucuses' task forces, for their diligent and effective work to ensure that any health care reform bill includes a real public health option and provisions to address the racial and ethnic disparities which we face each and every day. Unfortunately, people of color are disproportionately seen in emergency rooms because they don't have health insurance and can't get preventative care.

For example, African Americans are 3½ times more likely than whites to get an amputation as a result of diabetes. African American men with colon cancer are more than 40 percent more likely than white men with the same condition to receive major diagnostic and treatment procedures too late.

So, Mr. Speaker, as we debate health care reform, let's look at the real costs and focus on the billions—and I mean billions—of dollars that we will save if we remember that old adage that an ounce of prevention is worth a pound of cure.

Thank you, Congresswoman FUDGE, for your leadership and for giving me a few moments to talk about this very important issue tonight.

Ms. FUDGE. Thank you very much, Madam Chair.

Mr. Speaker, we have the honor of being joined this evening by the majority whip. I would at this time yield to the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. I thank the gentleman for yielding me this time.

Mr. Speaker, I would like to say to the American people that this whole issue of health care reform is something that needs to be focused on, not as an individual condition or situation but as to what is happening to the American families, as to what has happened to American businesses and as to what is happening to the American economy.

This is not about government-run health care. It's about removing insurance companies and costs from health care decisions, and it's about allowing you and your doctor to make those decisions. The status quo is not acceptable, and it is not sustainable. Here is why:

Every day, Americans are worried not simply about getting well but about whether or not they can afford to get well. Millions more wonder if they can afford preventative care to stay well. Premiums have doubled over the last 9 years, rising three times faster than wages. The average American family already pays an extra \$1,100 in premiums every year for a broken system that supports 46 million uninsured Americans. For American businesses, soaring health care costs put American companies at a competitive disadvantage in a global economy. Small businesses are forced to choose between coverage and layoffs.

The broken health care system will cost us as much as \$248 billion in lost productivity this year alone. We have the most expensive health care system in the world. We spend almost 50 percent more per person on health care than the next most costly nation, but we are no healthier for it. If we do nothing, in a decade we will be spending \$1 of every \$5 on health care. In 30 years, it will be \$1 of every \$3. Health care reform is curbing health care costs. It is the single best tool for deficit reduction.

Now I want to answer a question for all of the American people: What is in the reform plan for the average American?

Without reform, the health care costs for an average family of four is projected to rise \$1,800 every year for years to come, and insurance companies will make more and more health care decisions. America's middle class deserves better.

Now, here is what is in this reform package for you: no more co-pays or deductibles for preventative care; no more rate increases for preexisting conditions, gender or occupation; an annual cap on your out-of-pocket expenses; group rates of a national pool if you buy your own plan; guaranteed affordable oral, hearing and vision care for your kids.

□ 2015

With this health care, there is greater choice. Keep your doctor and your plan if you like them. More choice with a high-quality public health insurance option competing with private businesses.

And so I want to say to the American people, this health care plan that we are marking up in the Energy and Commerce Committee over the next 2 days—and it's already been marked up in three of five committees in both houses of the Congress—is a plan that will say to the American people, You no longer have to worry about the cost shifting that's taking place in our current health care system; you will no longer have to worry about your premiums going up in order to cover that cost shifting for those people who do not have insurance. There will be stability in your families, there will be decreases in your premiums, and there will be an expansion in the coverage for all Americans. This is something we cannot afford not to do.

Ms. FUDGE. Mr. Speaker, I would now like to yield to my friend and colleague, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

Ms. EDDIE BERNICE JOHNSON of Texas. Let me thank our congresswoman from Ohio, Congresswoman FUDGE, for organizing this Special Order on health care.

Over the years, the degree of accessibility and quality of health care in the United States has faltered. We are a Nation in crisis. Many Americans who are uninsured and unable to pay their hospital bills are deprived of the care and attention needed to ensure their well-being. Fundamental change is necessary to truly make progress toward a healthy America. We must rescue our health care from the insurance companies and the pharmaceutical companies.

My experiences as a State and Federal legislator and a nurse have provided a unique vantage point from which to discuss this issue.

During my 15 years as a professional nurse and that of a chief psychiatric nurse at the Veterans Administration Hospital in Dallas, Texas, I witnessed the diminishing state of our health care firsthand. Our system of health care is especially weak when it comes to mental health, for example. Individuals with mental illness do not receive sufficient coverage from insurers. While some are uninsured and unemployed, others may make too much to qualify for Medicaid. The limited options that our health care system offers mental health patients results in their inability to obtain appropriate treatment.

Some years ago in the State of Texas, there was a lawsuit, and the ruling came down that said patients had a right to treatment. Many of the patients that were in State institutions were discharged because we did not have the staff to treat them. Guess what happened to them? They became homeless and many went to prison. They become victims of our flawed health care system, become unable to gain employment, and at times really have no other place to go but to the sidewalks and the streets and the doorways. People with mental illness are amongst those least served by local and national health care systems.

Individuals and families across the country are being affected by the faults in our care system. Thousands of families are crushed by the growing cost of health care. Today, Americans are spending more on health care than housing or food, and they sometimes must choose between paying their health premiums or their rent or even their prescription medications.

With our ailing economy, Americans should not be forced to make that choice, and now is the time for reform. We must not allow these millions of dollars that are going to lobbyists to distort this plan win this time. We can reform our health care system by improving and expanding our current systems of Medicare, Medicaid, and CHIP, making them available and affordable to all Americans. I don't think we ought to have a total Federal or a government plan, but we ought to have a choice because the insurance companies have no one to compete with now and they can charge what they want and limit what patients can get. They are dictating to doctors what they should order. That needs to end.

We need to guarantee and provide quality and affordable health care to all. We need to ensure that care is patient-centered and accessible, setting higher benchmarks for quality and efficiency. We need to enforce rules that make sure our insurance companies put health care over profit. They've had their day.

Americans should be able to keep the health care that they have but also have the option of a public plan that does not leave anyone at the mercy of

fate in order to stay healthy and avoid bankruptcy. We can take the best of our current models and lessons learned and use them to reform our health system.

Forty-six million uninsured Americans—including 5.7 million in Texas—are in great need of health care coverage. Many of our uninsured in Texas are working people. We need to act now to reduce health care costs as well as health care disparities to ensure the well-being and the healthiness of all Americans.

This country we call the leading Nation and the richest country does less to make sure that the people here, the citizens, are healthy. We must change this now. We must not allow the millions of dollars going to lobbyists to distort this and defeat it this time.

Thank you.

Ms. FUDGE. Mr. Speaker, CBC members are advocates for families nationally, internationally, regionally, and locally. We stand firm as the voice of the people. We continue to work diligently to be the conscience of the Congress. We are dedicated to providing focused service to citizens that elected us to Congress. The vision of the founding members of the Congressional Black Caucus—to promote the public welfare through legislation designed to meet the needs of millions of neglected citizens—continues to be the goal of our legislative work.

Tonight, the CBC is going to focus all of its attention on health care. I am proud to serve on one of the three House committees that are working on health care reform legislation. I serve on the Education and Labor Committee. The other two committees are Ways and Means and Energy and Commerce.

While each member of the CBC has his or her own area of concern, I will focus on two categories which directly affect the most vulnerable citizens: the poor and those with mental illness. I will examine how the House's health care reform bill, H.R. 3200, the America's Affordable Health Choices Act of 2009, assists these two groups.

I will begin by examining the problems people with low incomes and those in poverty face while attempting to access our current and expensive and broken health care system.

One quote comes to mind, Mr. Speaker. This statement was made by Dr. Martin Luther King, Jr., more than 40 years ago. Dr. King said, Of all the forms of inequality, injustice in health care is the most shocking and inhumane. Sadly, Dr. King's statement is still relevant today.

Statistics prove that the high cost of health insurance causes or deepens financial hardships. The Service Employees International Union reported that in 2004, half of all people filing for bankruptcy cited medical costs as the reason; and in 2008, half of all home foreclosures were due, in part, to the high cost of coverage and care.

The numbers also prove that the high cost of health insurance causes people

to remain or become uninsured. Due to the high cost of health care coverage, one in six—or 43.6 million Americans—under the age of 65 do not have any type of health insurance. That comes from the Centers for Disease Control. The Children's Defense Fund reports that 9 million children are uninsured in America.

Statistics demonstrate that the high cost of health insurance and lack of access to quality health insurance disproportionately affects African Americans. According to a new report issued in June of 2009 by the U.S. Department of Health and Human Services, minority and low-income Americans are much more likely to suffer from a chronic, debilitating illness than whites, and are far less likely to have the kind of coverage that will ensure quality care.

For example, nearly half—or 48 percent—of black adults suffer from some form of chronic condition compared to 39 percent of all adults. Yet, one in every five black Americans lack health insurance compared to one in every eight whites. Considering the statistics that I mentioned, I'm glad to report that affordability and access to quality health care are two problems that are addressed by the America's Affordable Health Choices Act. Effective in 2013, assistance will be available for individuals and families that fall below the 133 percent to 400 percent of the Federal poverty level. Financial assistance will limit individual and family spending on premiums from a minimum of 1.5 percent of income for those with the lowest income and maxing out at 11 percent of income for those at 400 percent of poverty or more. Also effective 2013, people with incomes at or below 133 percent of poverty will all be eligible for Medicaid.

In addition to the financial assistance provided by our bill, while vitally necessary, monetary help will only address part of the problem. Prevention and wellness measures need to be a part of the solution as well. Fortunately, there are measures that are included in our legislation to address this gap.

I was speaking with a constituent the other day, Mr. Floyd Perry from my district, who was born in 1938. He is in good health and does not take any medication. Mr. Perry attributes his good health to preventative health care, and he wanted me to share with everyone that preventative health care works.

H.R. 3200 authorizes additional funding for existing community health centers and creates community-based programs to deliver prevention and wellness services and waives cost sharing, both co-insurance and deductibles, for preventative services—which means that you will no longer have to pay for cancer screenings or adult and child immunizations or vision screenings or hypertension treatment.

I would like to turn my attention just for a moment to citizens with mental health issues.

In my most recent town hall meetings, many constituents were concerned about health insurance, the affordability and the coverage. Some questions were fairly general, of course, and others were fairly specific.

One woman in particular was concerned about mentally ill felons who are released from jail without access to the medications they need to remain mentally stable. My constituent found that ex-offenders with mental and emotional problems are more likely to commit crimes again due to the lack of treatment. Fortunately, access to mental health care will be improved under the current House health reform bill, but the distinct needs of ex-offenders are not explicitly addressed. Among others, my office is currently working on this issue with Representative RUSH of Illinois.

The following statistics will help us understand the current problems felons and ex-offenders with mental illnesses face.

According to the Bureau of Justice Statistics, at mid year 2005, more than half of all prison and jail inmates had a mental health problem, including more than 700,000 inmates in State prisons, more than 78,000 in Federal prisons, and almost 500,000 in local jails. More than two-fifths of State prisoners—43 percent—and more than half of local jail inmates—54 percent—reported symptoms that met the criteria for mania. About 23 percent of State prisoners and 30 percent of all local jail inmates reported symptoms of major depression.

We also have problems with mental health hardships with our children.

According to the American Academy of Child and Adolescent Psychiatry, while almost one in five children in the United States suffers from a diagnosable mental disorder, only 20 to 25 percent of affected children receive treatments for illnesses such as attention deficit hyperactivity disorder, eating disorders, depression, and substance use disorders.

□ 2030

The Department of Health and Human Services reports that serious emotional disturbances affect one in every 10 young people at any given time, and our general population faces many more problems with mental illness. One in four uninsured adult Americans has a mental disorder, substance use disorder or both. Adults with serious mental illnesses die 25 years sooner than those who do not have mental illness. Almost 1 in 4 stays in acute care hospitals involve depression, bipolar disorder, schizophrenia, and/or other mental health and substance abuse disorders.

Treatment for mental health and substance use disorder is very effective. Recovery rates for mental illnesses are comparable to and even surpass the treatment success rates for any physical health conditions. For example, up to 85 percent of people with depression

who are treated with a combination of medication and therapy experience substantially reduced symptoms, enhanced quality of life and increased productivity.

Mr. Speaker, I see I have been joined by my colleague and friend, the gentlelady from Texas, Ms. JACKSON-LEE.

Ms. JACKSON-LEE of Texas. Let me thank the gentlelady from Ohio, first of all, for bringing this important Special Order to the floor of the House tonight and for her continued leadership. Allow me to thank Mr. Speaker for his leadership as well on these many issues because this is a dialogue with our colleagues on an important topic.

And so I would like to begin by just congratulating you for focusing on the mental health issue, and some of our colleagues were focused on preventative medicine, and certainly, our majority whip indicated, in essence, a message to the American people of just what would be occurring.

I would like to follow suit and try to walk us through the construct of what we're trying to do here in the United States Congress in the light of day, if you will. The Tri-Committee, members of those three committees, have marked up their bills in an open process, starting last week. That markup is continuing. Members will have an opportunity to engage in issues that they believe are extremely important.

But while I discuss the bill, I think it is important that I point out that this is, in fact, the organizational chart of the Republican health care plan. I hope everyone can see it, and so as I discuss it we see that there is one option. It is the option that the President and the Democratic leadership and Members of Congress, which we hope will be bipartisan, will focus on curing the cancer, if you will, of uninsured people in America. When I say cancer, of course I'm speaking in the metaphoric manner, meaning that it is a cancerous sore to have people that cannot have access to health care.

On July 25, I am going to hold a job fair because Houston has the highest unemployment since 1987, and many people believe Texas has been immune. And of course, I know that some will pick up on that and suggest that they told you so about the stimulus. We understand that the stimulus is making its way into our communities, and we know that jobs are being created and jobs are saved. But it's hit a point where various cities are being impacted at different points of time. So we'll have that job fair, and we expect any number of employers to come and we expect to have success.

But in the interim, we realize that people are without health insurance. They are part of the 47 million-plus, including those who have never had health insurance, including those with preexisting diseases.

So what is the Democrats' health insurance about? It is about closing the loopholes. It is about answering the call of Americans who cannot find pe-

diatricians to take their children to, who have the elderly who need home care, who have articulated the major disparities in health care.

You know, I heard my good friend from Texas rise today and talk about the Native Americans. I'm glad to tell him that the Tri-Caucus, Asian Pacific, Hispanic Caucus and African Americans, are way ahead of that question, and so we're focusing on the issue of disparities in health care.

Just this past weekend I joined with Organizing for America to work with volunteers as they were calling to explain to constituents just what this health care package is about because we're not trying to hide the ball. And so it is about reducing costs, because rising health care costs are crushing the budgets of governments, businesses, individuals, and families, and they must be brought under control. That's what we want to do.

It's about guaranteeing choice. Every American must have the freedom to choose their plan and doctor, including the choice of public insurance, a vigorous and robust public option.

Ensure affordable care for all. All Americans must have quality health care. And unfortunately, I'm hoping that we are watching the plan that our good friends have so we can realize how important it is to focus on what we're trying to do, and it is complex.

What we're trying to do in this health care reform is to answer the call that more than 8 in 10 of those Americans surveyed say: It's extremely or very important that the legislation make health insurance more affordable. We think that's very important.

Without reform, the cost of health care for the average family of four is projected to rise \$1,800 every year for years to come.

And so our draft legislation has—and I want us to have the comparison of what we're seeing from our friends on the other side of the aisle, we will have no more co-pays or deductibles for preventative care. Can I use a term we use in our communities? Hallelujah. Can you imagine? Can you imagine?

I know that you have the Cleveland Clinic. I have come and admired that. It's in your district. You have done great work for the Cleveland Clinic. Can you imagine those scientists and doctors will have the ability to design a preventative medicine program? I am sure they have one. The Texas Medical Center will be able to design a preventative program.

Dr. Lovell Jones, who heads a minority populations program at the M.D. Anderson, will be able to finally get his way to work on the issue of disparities in health care but work on prevention.

No more rate increases for pre-existing conditions, gender or occupation.

An annual cap on your out-of-pocket expenses. How many of us have heard the stories of catastrophic bankruptcies, financial collapses, because families have had to deal with catastrophic illnesses?

Group rates of a national pool if you buy your own plan and guaranteed affordable oral, hearing, and vision care for your kids. I have worked on the issues of vision care, and I know as Chair of the Congressional Children's Caucus children, as Chairwoman BARBARA LEE said, are the most vulnerable.

So we realize that we've got to do something. By a 23 point margin, 56 to 33 percent of Americans endorse the idea of enacting major health care reform this year. Half call it extremely or very important, and the idea of not having a health plan is really nightmarish, if you will.

It is a fact that 68 percent of all personal bankruptcies are the result of health care expenses and that 75 percent of those are filed by people who had health insurance. Given that, it is clear that the existing system of private health insurance companies is no protection against financial ruin.

That's why we need a robust financial option, and I refute the arguments that are being made that if we have a robust public option that all the people in the private sector will run for this. No, they won't, because obviously there will be criteria. There will be standards which they will meet, and there will be standards which we meet. There may be extras that the private insurance has. We wish them well, and they will be judged by the market, and their particular members will be subscribing on the basis of their desires and their ability.

But I think one thing that we need to be careful of, and we need to find language to ensure that—we know they're writing the bill. We cannot allow willy-nilly for corporations to close their doors on the most sick of their employees and throw them, in essence, without their will, without their desire, into another plan. That's what we have to protect against, and I believe that we'll do so.

The public option is going to be a very good plan, but if you are any corporation, and you're an employee, then you should not be thrown unless you desire to go into the public plan. And so we will protect against that.

But I think it is important to note that our plan is, again, not one that is throwing money out and around and flooding, if you will, the streets like greenbacks by throwing them out on the street. We're not talking about that. We are talking about being fiscally responsible.

Let me tell you how we're doing that—and this is important because the argument has gotten that this is a tax bill, that this brings no relief to anyone, but let me tell you, we don't ultimately know how it will manage in the size that it is to be fully paid for. But we are committed to being responsible with taxpayers' dollars.

We are going to be working on programs that will prevent waste, fraud and abuse. This is going to be a health care reform with integrity, and I ask

the American people, lift up the curtain. We have the lights on right now. You actually see what is going on as we mark up this bill.

But I tell you what we're going to do. We're going to strengthen Medicare and Medicaid program requirements for provider, suppliers and contractors. No more willy-nilly rates and having no knowledge of how much things cost. I think there's a way of doing it. There is one position being proposed that some of us do disagree with, but I do believe that we can find a way to have common ground.

We'll require providers and suppliers to adopt compliance programs as a condition of participating in Medicare and Medicaid. We'll require Medicare and Medicaid integrity contractors that carry out audits and payments reviews. We're going to be looking at why are you charging this amount for renting something—I just saw an expose today about paying \$1,200 to rent a wheelchair, and you can buy it for \$300. Let's slash that out. Let's slash and burn that out. That's what we're going to be doing, and the American people should understand that.

Then we're going to improve screening of providers and suppliers. Create a national preenrollment screening program to determine whether potential providers or suppliers have been excluded from other Federal or State programs, that have revoked licenses; allow, in any state, enhanced oversight periods or enrollment moratoria in program areas determined to pose a significant risk of fraudulent activity; and require that only Medicare-enrolled physicians can order durable medical equipment or home health services paid for by Medicare. And a number of other checks that we are going to have.

This is a not a fool-around-type effort. This is going to be a serious effort.

May I share with you just a few other thoughts, and I will show you how our plan is going to be work. I am likewise very pleased to have been part of the CBC health task force for a number of years, but I, too, want to congratulate the Congressional Black Caucus health task force and DONNA CHRISTENSEN, who I believe is right now involved in marking up the bill.

We have worked for a long time as a Tri-Caucus on this issue called disparity, and since my colleague was speaking just a few moments ago about Native Americans and that public system, and you know what, I agree. It has not been the best. It hasn't been run by a health care system. It's run by the Bureau of Indian Affairs. We need to overhaul that as well.

A robust public option does not entail the kinds of abuses or misdiagnoses that my good friend was talking about. And let me tell you why the Tri-Caucus of Hispanic Caucus, African American Caucus—Congressional Black Caucus and Asian Pacific Caucus, includes Native Americans. And

what we are going to be doing is ensuring that community-centric health efforts, particularly those that will expand access to care and improve the health and well-being of communities that are the hardest hit by health inequities—and that happens to be Native Americans among others—are integrated into health reform.

So as we improve health reform we'll be looking to fix the broken native American health system. It is broken: high rates of diabetes, high rates of heart disease, bad nutrition in many instances, not good care for children. We're looking at turning Americans, all Americans, on this soil into healthy, healthy individuals.

This is what I really like: prioritize prevention and public health promotion in both clinical and community settings. We couldn't have it any better. Recognizing that the traditional medical home has been the office of the family and other primary care provider, efforts must be undertaken to increase their numbers and the reimbursement, and they must be an integral part of this process.

These words are very important. Every measure must apply equitably to American Indian tribes and the territories, and barriers to Federal health programs and the territories must be eliminated. This comes out of the Tri-Caucus health care reform, and we are working to make sure that we get those elements in our particular health care reform.

I want to conclude by suggesting that after you see this health care plan, organizational chart of Republican health care plan—and we'll look forward to maybe something coming on this chart, but I think this is easy to read. This is the path to health care for all, and this has been done by my good friend. I am vice Chair of the Progressive Caucus.

□ 2045

We are working together. So this has been done by my good friend, KEITH ELLISON, Congressman ELLISON of the Progressive Caucus. And I believe that this is a straightforward, neutral presentation that anyone of whatever viewpoint they have that wants health care reform can understand how this can be the path to health care for all, every American.

Employer-based insurance, exactly what you have now, except costs less. No more discrimination for preexisting disease, and at least 85 percent of premiums must go to patient care. Would anybody refute and reject that? I think not.

Public programs—Medicare, Medicaid, CHIP—still available to children, seniors, and families below the poverty level. In fact, we're going to reinvestigate Medicare. We're going to make that vigorous and ensure that payments are made. Then, health insurance exchange, individual, small businesses, subsidized for up to 400 percent of the poverty level, which will include a public plan and private plan.

The good news is that small businesses—and small businesses can be one person that wants to go out and follow their dream. They want to be inventive. They want to be creative. They want to do what they had desired to do maybe from a child. Now they are without health insurance. Their families are without health insurance. Their mother that they may be taking care of, their father, their elderly relative is without health insurance. We give them the opportunity.

And so I want everyone to set their eyes on this as I come to a close about a very important point, and I hope that I can encourage you to be interested in this point, and that is the issue of physician-owned hospitals and specialty hospitals.

I am hoping that we will have an opportunity to recognize how important these hospitals are in care. For example, in the State of Texas, let me make it clear, the economic impact of physician-owned hospitals, which cover eight States, concluded that Texas physician-owned hospitals employ over 22,000 Texans, have a net economic impact of nearly \$2.3 billion in Texas, and will pay approximately \$86 million in taxes in 2009.

What are they? Many people believe that they are boutique hospitals. No, they're not. They're hospitals in the valley, where people in the valley of Texas—we call that south Texas—had no hospitals. They're a hospital in the heart of downtown Houston in the 18th Congressional District where the hospital was about to close, and it serves a population that some are below the poverty line, some are above it, but it is called St. Joseph Hospital. It was the only hospital that stayed open during Hurricane Ike. So we want to ensure that public hospitals or physician-owned hospitals have their fair chance.

Very briefly, the emergence of physician-owned special hospitals focusing on high-margin procedures have generated significant controversy; yet it is unclear whether physician-owned special hospitals differ significantly from nonphysician-owned specialty hospitals.

The scrutiny on this lacks significant merit. Our objective is to support physician-owned specialty hospitals that deliver a significant share of their services to underserved. That could be part of the criteria. Currently, the House Tri-Committee bill contains provisions that effectively eliminate these services. We would like to see a revision of that.

We have—when I say that many of us who represent these hospitals, I have visited them. I visited one that is in south Texas. It's state-of-the-art. People are healthier. Emergency rooms work, and it works.

I do want to conclude and share just a comment and yield to the gentlelady. I think this is my third one, but I am concluding.

I hope the bill will include a review or that we can review this issue of physician-owned general acute hospitals in

underserved areas. They should not be penalized.

I would like to make sure that we increase health care professionals—I think that is already in the bill—in underserved communities, and especially provide grants to secondary schools.

I came across a program in New York where a nurse by the name of Jose—I'll just call him Jose—is going out to high schools, taking his staff and doing mock operations and having them dress up in scrubs and getting high school and middle school students exposed to health care professionals. I like that idea, and I'd like to see it supported.

Provide tax incentives for the development community health care centers that are environmentally safe. Introduce language providing employers a tax credit to develop preventative services for all employees, and launch a pilot program that seeks to discover proven alternative medicine and also to address the question of abuse of prescription drugs.

Mr. Speaker and to Congresswoman FUDGE, let me thank you for the opportunity to share these thoughts and to be here to show the comparison between the work that's being done by the Democratic leadership and our caucus and the work that is being done or represented to be done by the critics who are, at this point, criticizing the plan.

Let's roll up our sleeves, let's work, and let's do what is right for America, a good health care reform package.

I yield to the gentlelady.

Ms. FUDGE. Thank you so much. I found very interesting the charts that you have there. I'm certainly hoping that people at home will see what we are trying to do for them. Certainly, I think it's important that they understand that our job is to represent them. Our job is to make sure that we can provide the best plan that is possible, and I believe that we are moving in the right direction to do that.

I certainly do want to talk a little bit more about small businesses. That has been a real issue in this Congress, as to what is going to happen with small employers once we move to a plan such as this.

Let me just say that I do sit on the Education and Labor Committee and was able to include an amendment, a very important amendment, that will provide small employers, those who have 100 employees or less, tools that can give them the resources and counseling to help them make better health care plan choices once this plan takes effect.

We want to keep our small businesses very strong. We know that small businesses represent 99 percent of all businesses in America and employ more than 53 percent of our Nation's workforce, so we cannot afford to not help our small businesses.

I don't know why people continue to say, Oh, we're not going to help small businesses. We indeed are. We all un-

derstand how important it is. We're going to help them when they have to make the important decisions about affordable health care and coverage for their employees.

I believe that this assistance will greatly reduce the chances of a small business choosing a health care plan that does not serve their interest or that of their employees.

I, too, want to thank the Congressional Black Caucus for their work, and Dr. DONNA CHRISTENSEN, who has worked so tirelessly on our bill, which is the Health Equity and Accountability Act of 2009, which was under her leadership.

But what they're talking about is making it easier for people who live in underserved communities to be a part of America and a part of what it means to be a healthy and well-rounded person in this country.

We're going to talk about improving workforce diversity, strengthening and coordinating data collection, which is so very, very important. We're going to ensure that there is some accountability, and we're going to improve the evaluation and information that comes back to us so that we can say, Yes, we are doing well, or, No, we need to change, or, We can get better at this area.

So we're going to work very, very hard to improve all health care services for all Americans.

I want to just thank you for spending some time with me. I certainly do believe that if we put together the kind of plan that is on this chart, then we're going to do what the American people want us to do.

We know that 72 percent of all Americans today want health care reform. I believe that if we want to do the job that people have sent us here to do—they have given us a direction. They have said we want health care reform, and I believe that it is incumbent upon us to provide that.

Ms. JACKSON-LEE of Texas. Will the gentlelady yield for a moment?

You have eloquently articulated, I think, what our marching orders should be. I would just like to add an addendum to the vastness of what we're doing.

I want to congratulate you for that amendment. With the rising number of seniors who are now reaching the point where good medicine is keeping them where they can be with their families, this bill is going to be looking at home care. We appreciate the vast network of nursing homes, but we're finding out that that's more efficient, to be able to keep seniors in their home, giving them good care.

I'm experiencing it firsthand with a senior mother who is lively at home and enjoys the neighbors but needs home care. And it's a very important aspect of our work. We're going to do that.

I love the expression or the emphasis on prevention. Why weren't we doing this before? We can then have a genera-

tion who has been engaged in preventative medicine, making them healthier middle-aged people or healthier seniors.

The other point I think is important is the returning soldiers that will be coming home—some on active duty. They do have a system of health care. It's called TRICARE. I'm very glad one of our hospitals has been named a TRICARE site, historically black hospital.

But we'll have all of those individuals that will be out and about needing health care, whether its veterans, whether it's through the TRICARE system, or whether or not they will be going to a civilian system. That is why health care is so important.

I yield back to the gentlelady by simply saying I'm proud to be able to stand by a system that responds to the needs of all Americans.

Today, I stand with my fellow colleagues in an unprecedented era, an era that can bring about change that all of us can believe in. During the 2008 campaign, the American people cast a vote for change, and in an unprecedented move elected Barack Obama as the 44th President. With his election, the country made a bold statement. They realized the Nation was in peril with skyrocketing costs—that were driving many in the 18th Congressional District and other throughout this country into bankruptcy.

Faced with these challenges, America decided to make a calculated risk of monumental reform. Today, as we tackle this reform of the Nation's health care system, we must not become idle spectators and allow any debate over policy divide our country and serve as an excuse to maintain the status quo. The fact is, those who are not eligible for Medicare, Medicaid, or any form of private insurance, in most cases end up in a dangerous position, uninsured. Today, there are over 47 million Americans uninsured.

I am required to alert the citizens of America that this single issue affects every single American and if we do not enact the appropriate kind of reform, Congress will have failed by giving the American people less than what they deserve.

The rising uninsured Americans and medical costs today are a direct link to the economic future of America. Healthcare reform is no longer a choice for Congress to make, it is a necessity. So I pose the question, what will be the reform needed to ensure a brighter future in our health care system? From a cost savings analysis, having a public option included in our reform is the least expensive option that will ensure quality affordable coverage for all Americans. In fact, the House Tri-committee bill has been confirmed to remain deficit neutral by the Congressional Budget Office.

The Public Option, similar to Medicare, will provide a publicly driven health care system, unique to the U.S. and separate from what is in place in any other country. The program will ensure: (1) Early and periodic screening, diagnosis and treatment; (2) Case management for chronic diseases; (3) Dental and mental health services; and (4) and even language access services.

The U.S. healthcare system is broken and if not remedied in the immediate future, consequences will be far greater than anything we

can measure. That is why many of us are fighting for reform to improve the health in every State, city, county, and American.

However, though a public plan will ensure so much, there are still some issues that need to be addressed in the Tri-Committee bill.

(1) Ensure physician owned general-acute hospitals that provide services in underserved communities are protected;

(2) support and strengthen language to increase health care professionals in underserved communities, especially provide grants to secondary schools in underserved communities;

(3) provide tax incentives for the development of Community Health Care Centers that are environmentally safe;

(4) introduce language to provide employers a tax credit to develop preventive services for all their employees;

(5) launch a pilot program that seeks to disprove proven alternative medicine; and

(6) in the wake of ongoing abuse of prescription drugs, introduce language that will launch a Pilot Program to Reduce Abuses of Prescription Drugs.

This legislation will not be easy, but if we want true reform we must guarantee no one will fall through the cracks. This means solidifying every hole in our current health care system. In order to ensure this, allowing those hospitals that serve a high indigent patient base maintain daily operations. The emergence of physician owned hospitals has generated significant controversy. Yet, it is unclear whether physician owned hospitals differ significantly from those not owned by physicians. Currently the House Tri-Committee Bill, contain provisions that will effectively eliminate physician owned hospitals. "The Economic Impact of Physician-Owned Hospitals in Eight States" concluded that Texas physician-owned hospitals, which employ over 22,000 Texans, have a net economic impact of nearly \$2.3 billion on Texas economy and will pay approximately \$86 million in taxes in 2009.

St. Joseph Hospital is a general acute hospital, in Houston, TX, and the only hospital in the Houston area to remain totally operational throughout Hurricane Ike in September 2008. The limitations in the health care bill will particularly harm the hospital's ability to deliver much needed services to underserved communities. If a hospital like St. Joseph is eliminated, countless people in Houston will not receive adequate care. I seek to work with all my fellow colleagues, even those across the aisle to introduce language to exempt those hospitals like St. Joseph.

Achieving diversity in our health programs must include diversity in our health profession. We need to enact a system that includes people of every race, religion and socio-economic backgrounds. By proposing language that awards grants to the secondary education system in underserved areas to encourage students to seek health professions will improve our health care system. Encouraging young teens and young adults to pursue health care careers in areas of low population are often times only done through scholarships and grants to relieve those financial barriers that keep so many young children reaching for their dreams.

With the recent passage of the Clean Energy Act, a call for new advances in technology can be implemented in our health care system. Permitting incentives for the construc-

tion and renovation of community health centers to one of the four standards set by the National Green Building Association—Bronze, Silver, Gold, and Emerald, will ensure that the patients will be treated in an environmentally safe building. Increasing funding aims to improve the air quality and other environmental features of buildings used for the provision of health care services particularly targeting underserved communities.

While these services are great for physicians and the patients who see them, Americans are having a harder time preventing ever seeing a medical physician. Safeway has implemented a program that provides preventive services to their non-unionized employees. Based on the belief that rising health care costs are mostly driven by behavior (smoking, eating poorly, not checking your cholesterol, etc.), I seek to introduce language that will allow companies to establish a program that gives periodical screenings, questionnaires, prevention-related facilities like fitness clubs, along with advice and referrals to help improve behavior. Ensuring discounted premiums or refunds for those employees passing the screenings or showing improvement and establishing higher premiums for failing tests and no measurable improvement in behavior will hold people accountable and gives them incentives to live a healthy life style. This is the approach of Safeway, and it has kept Safeway's health care costs to \$1 billion or so a year, mostly flat over the past five years. This achievement few other companies can claim.

When it comes to healthcare, just about everyone wants alternatives, especially options that include alternative and complementary medicine. This is why introducing an amendment to provide what a large majority of respondents expect healthcare providers to do is so important. The majority of society wants more research dedicated to alternative medicine, and believes insurers and Federal healthcare programs should cover the cost of those therapies. Seventy-seven percent of the public favor more research. I seek to work with my fellow colleagues to introduce an amendment to launch a pilot program to prove alternative medical treatments, medicine, and services are safe. In doing so legislation can be enacted and will ultimately lower costs and provide the majority of the population requested sources.

Though this reform seeks to improve the lives of every American citizen, it's important we consider every American citizen. In the sudden and tragic death of Michael Jackson, introducing language to study the abuse of prescription drugs by professional entertainers. Abuse of drugs often times has an impact that goes well beyond the individual performers, and frequently encourages impressionable young people to imitate this behavior. Depiction of such conduct in film and other video programming may also lead young people to mimic harmful behavior therein relating to prescription drugs. With this study, Congress can be guided on how best to address this dilemma and ensure the life of our children and celebrities alike.

It brings great joy that the Congressional Black Caucus are at the forefront to lead our country in taking the initial steps to secure our economic future, health of our society, and the ideals of our country. There are those who want to destroy our initiatives, seek to divide

our country, and maintain the status quo, and I ask my fellow colleagues in Congress to ensure the quality of our life will not fall to the ideals of those who seek this effort. It's been a long time coming, but in this Congress and administration, America will now see a brighter day.

Ms. FUDGE. Let me say this as well as we talk about preventive health care. I do live in a community where we do have some of the best health care in the world. But what I also know is it costs three times as much to go to a hospital emergency room as it does to your doctor's office.

What I envision with this preventative care is people who now only see a doctor when they are so sick that they have to go to an emergency room will now go to see a physician on a regular basis, that they will go and have annual physical exams, they will go and have their mammograms, they will go and have their cancer treatments.

They will do that because it will be less expensive. They will have the health care to do it. We're going to make sure it is accessible because we're going to put money into these community clinics so that they can get to these clinics and go on a regular basis.

I just believe that if we do this, we're going to see a much healthier and happier America. We're going to be able to take care of our seniors, to take care of our children. I think it's going to make a huge difference in where we go as a Nation.

So I just want to be as supportive as you have been and as all of us are as we look at where we're going to take this country as it relates to health care.

With that, Mr. Speaker, I so much thank you for the opportunity to address you and this body, and I yield back the balance of our time.

DEMOCRAT'S VERSION OF HEALTH CARE

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

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege to be recognized to address you here on the floor of the House and in the aftermath of the previous Special Order that has discussed primarily the health care and health insurance issue here in America.

I notice continually the expression "health care" gets substituted for the expression "health insurance." There is a distinction. Everybody in America has access to health care, which means everybody in America has health care. Everybody in America does not have health insurance.

When we blend our verbiage, sometimes it's intentional and sometimes it's not. I catch myself occasionally using the wrong expression because our debates here blur the two. It's comparable to the situation when people say "immigrants." They sometimes