

U.S. AND THE WORLD EDUCATION ACT

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today to urge my colleagues to support the U.S. and World Education Act which I will be introducing today. My bill addresses the critical need to raise student achievement levels in the national education arena which is vital in order to compete in a world that is rapidly changing.

My bill will raise the international education competence and literacy levels of elementary and secondary students. My bill will also create an international education research repository which will greatly enhance the international education curriculum taught in our schools as well as teaching methods.

I firmly believe that our schools today do not focus enough on preparing our youth to interact and to communicate with other countries and cultures. And given the current economic crisis, future generations must be equipped with a skill set that will help them to excel academically and contribute to our Nation's economic recovery.

I urge my colleagues to cosponsor the U.S. and World Education Act.

GOVERNMENT SHOULD NOT COME BETWEEN DOCTOR AND PATIENT

(Mr. LEWIS of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LEWIS of California. Mr. Speaker, excellent health care begins with a great personal relationship between a physician and his or her patient. Government should not attempt to get between them. America has a health care delivery system second to none. Problems such as portability and covering preexisting conditions can be underwritten actuarially without throwing out a system that works for the vast percentage of Americans.

Every American family knows excellent care does involve some costs. While we pay our doctors fairly for their service, government should not get in the way.

NOW IS THE TIME

(Ms. WATSON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WATSON. Mr. Speaker, I'm so excited because now is the time for America's health insurance reform, and we got a report on Friday from the CBO that affirmed that the insurance reforms in our bill are deficit-neutral over the next 10 years and will even create a \$6 billion surplus. More than

80 major groups have already expressed support for America's Affordable Health Choice Act, including the American Medical Association, AARP, Main Street Alliance—and it's a small business group—and numerous medical specialty groups.

I just spoke to 3,000 members of the National Medical Association. I went through the outline of our bill and there was no question that I could not answer for them and they are 100 percent supportive of it.

We need a uniquely American solution.

THE AMERICAN PEOPLE DESERVE A BIPARTISAN APPROACH ON HEALTH CARE

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, the House Democrat leadership remains opposed to working in a bipartisan effort to cure what ails our health care system. This is unfortunate because this has caused bipartisan opposition to their Big Government, job-killing, debt-producing, tax-hike health care plan. The American people deserve better to create jobs.

The American people know better than to believe that the government is best to run our Nation's health care system or keep costs down. The Democrat plan does not lower the cost of health care. It just raises taxes on small businesses and cuts Medicare by half a trillion dollars. Those tax increases and Medicare cuts do not even cover the costs producing an estimated \$239 billion more added to the deficit. Taxing small businesses and knocking seniors off their current health care plan is no way to reform health care.

Republicans stand ready to work with our Democrat colleagues to develop commonsense reform.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

UNIQUE SOLUTIONS TO HEALTH CARE

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, we've been grappling with how to provide all of our citizens with access to affordable, quality health care since President Truman's time. With health care costs being 18 percent of our GDP and growing and 47 million uninsured, we need to take action now. My Education and Labor Committee spent 22½ hours in a 24-hour period debating H.R. 3200, a historic bill.

In 1974, the State of Hawaii enacted historic legislation of its own called the Prepaid Health Care Act. This law requires employers to provide health care coverage to full-time employees. After 35 years, the Prepaid Health Care

Act remains the only employer mandate law of its kind in our country.

An economist at the University of Hawaii estimates that per capita, health expenditures in Hawaii have been about 7 percent lower than the national average. The economist believes that Hawaii's wider health insurance coverage and support for preventive health care led to this outcome.

Hawaii's Prepaid Health Care Act has been the major driver in the health and well-being of our residents.

HEALTH CARE

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, with Congress deep in negotiations over the substance of health care reform, I'm increasingly concerned about the President's recent unhelpful remarks.

In his remarks last week, he maintained that a pediatrician treating a child with a recurring sore throat may recommend removing tonsils merely to increase the reimbursement from an insurance company. To insinuate that doctors are ordering unnecessary surgeries on children for a few more dollars in reimbursement is deeply offensive to millions of doctors who work each day to help us raise healthy children. Over the weekend, I was approached by several constituents in the health profession who said those remarks were insulting to them.

I worry that the President may have an unrealistic view of the medical community and the overwhelming and vast number of hardworking doctors and nurses that are concerned first with the health of patients. While we're not trying to do nothing, we're not arguing for the status quo. As we reform our health care system, we should be careful. We're not trying to fix some things that aren't broken and in the process break other things that currently work for millions of American.

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HEALTH CARE REFORM FOR OLDER AMERICANS

(Mr. MAFFEI asked and was given permission to address the House for 1 minute.)

Mr. MAFFEI. Mr. Speaker, earlier today I welcomed to the Capitol Dr. Sharon Brangman from my district, who was recently named the next president of the American Geriatrics Society. This morning she told me and other Members how physicians who work with the elderly are spending an overwhelming majority of their time providing primary care often without appropriate compensation through the current Medicare formulas. The extra year of training and additional expertise actually mean less pay, which is one of the reasons why we have an acute shortage of geriatricians in America.