play, sing, laugh, and dance. Unfortunately, he is immune-suppressed, and will be for the rest of his life. He takes eight medications twice daily, and must adhere to a very strict schedule to control the levels of medication in his system. So little and he is at risk of rejecting his heart. Too much and the medications trigger kidney failure and disable his immune system, making him even more vulnerable to every germ around.

I trust Josh’s story because, quite frankly, if the health care plans being promoted by the administration and by my Democratic colleagues were to become law, I’m not confident that Josh would be here today. I know that his mother is deeply concerned that, with government-run health care, she might not have had the choice to deliver her baby or to have access to the life-saving medical procedures needed to keep him healthy and alive.

In my view, government-run bureaucracies are not the way to go. As I have said before, Americans may not have the freedom to make the individual decisions that Brittny Kraft made to bring little Joshua into this world. She was in a position to not accept the word of a doctor and was able to search across the Nation for a better choice at life for her unborn son.

While some maintain that Americans like Brittny can stay on their private plans to keep government out of Joshua’s health care, they are not considering the far-reaching implications of the government plan. A government-run plan means bureaucrats make the decisions and that private insurers will be forced to follow suit to remain competitive.

There is valid concern that otherwise healthy people will flock to the cheaper government plan and that sick people will try to stay on private plans, putting private insurers out of business.

Joshua’s story puts all of this in a crystal-clear context for me, and I urge all of my colleagues to remember Joshua Loyda, a young man from New Jersey who has lived in Montclair, New Jersey, my district.

Jodi, one of my constituents, has been living with diabetes for 20 years. In her case, a foot infection caused a condition even though she had never experienced these symptoms before. She was in a position to not accept the word of a doctor and was able to search across the Nation for a better choice at life for her unborn son.

Jodi was not notified until 6 weeks after she lost coverage, so it was too late for her to be eligible for HIPAA protections related to preexisting conditions. When she finally found insurance on the individual market, all of her preexisting conditions were excluded for a year.

Read the bill. When she needed blood work because she was having unexplainable weight gain, the insurance company denied coverage for her tests because of a preexisting thyroid condition even though she had never experienced these symptoms before.

Read our bill. When she had pain in her foot, the insurance company denied coverage for a doctor visit because she had been to a dermatologist 9 months prior for a wart.

What is different about this story from the stories brought to us from the other side of the aisle is that we have the numbers that prove that Jodi was not alone when she was denied the care that she needed.

If you want to talk about rationing, then let’s talk about these numbers: 53 percent of Americans cut back on their health care in the last year because of costs. Between January of 2008 and this year, 5 million families filed for bankruptcy because of medical bills. About one-third of the uninsured have a chronic disease. They are six times less likely to receive care for a health problem than are the insured.

Read the bill. There are 25 million Americans who are underinsured, which means that at least 25 million Americans face premiums, co-pays and deductibles that they can hardly afford. Far too many Americans have no health insurance, price stands between them and the care they need and the treatments their doctors prescribe. Another 46 million are uninsured with no protection whatsoever from these costs. As many as 22,000 Americans die each year because they don’t have health insurance.

Read the bill.

That’s rationing my friends. That’s rationing.

As costs continue to rise, these numbers will grow and grow, so please don’t preach to us about rationing. Plans offered by the other side fail to reduce the number of uninsured; they fail to rein in health care costs; and they erode the employer-provided coverage, that one mode of insurance that has kept us from slipping over the precipice.

Our bill, America’s Affordable Health Choices Act, will expand access to health care; it will rein in health care costs; and it will end needless rationing in this country.

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

Mr. MORAN. Mr. Speaker, we are on the verge of something very significant in this body and in this Congress. I am proud to join my colleagues from the Ways and Means Committee here tonight to talk about the prospects of health care reform in this country.

I heard the other day that it was in 1912 that President Teddy Roosevelt first talked about proposing a national health care system for the United States. Today, we’re still the only industrialized nation that doesn’t have health care for all of its citizens. We believe it’s time, almost 100 years later, to try and get this accomplished for the American people.

Now, a little earlier, my colleague from Texas—my colleague, friend and classmate from college—talked about polls that are out this week that indicate that the American people have somehow turned against the President in his quest to provide health care reform in this country. But what he doesn’t talk about is the other part of that poll, which said, once people understand what H.R. 3200 does, they overwhelmingly support it.

HEALTH CARE

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

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