

You have seen what happens when the private marketplace decides what's best for the American people: Wall Street, housing market. Remember, when they say the market will take care of itself, they mean just exactly that. And we need someone to take care of the American people. That's what the Ways and Means bill is all about.

It comes down to this: Who do you trust? The private health insurance industry companies have had 18 years since Mrs. Clinton and the President tried to change it in 1993 and 1994, and there's nothing that's happened except raising the rates and more people losing their insurance. Or you can trust the people who design Medicare, which has given every citizen in this country, every senior citizen, real health security.

The choice will be made in September. The American people will have a month to think about this, listen to their legislators, ask questions, read the bill. It's online. You can find it. There are plenty of ways to find out what's happening. But you have to tell your legislators, We want this bill from the Ways and Means Committee.

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

(Mr. BISHOP addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HONORING PHILIP MARING

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

Mr. SCHAUER. Mr. Speaker, I rise today to honor Philip Maring of Grass Lake, Michigan, for his service in the United States Army. His courage and commitment while serving as an infantryman in Vietnam is truly deserving of our respect and admiration.

Mr. Maring enlisted in the U.S. Army at the age of 17 upon finishing high school. He volunteered to serve in Vietnam and was deployed with the 196th Infantry Brigade in 1972. In July of that year, Mr. Maring was severely wounded by skilled enemy explosives. He remained in the Army despite his injuries and returned home for duty with the 4th Mechanized Infantry Division. Because of his outstanding service in Vietnam, he earned both the Air Medal and the Army Commendation Medal.

Later, Philip Maring was honorably discharged, and he moved to Michigan. He is now retired and enjoys time with his six grandchildren.

Mr. Speaker, hundreds of thousands of Americans still carry the wounds of Vietnam with them. They are deserving of our constant recognition and support, and I am pleased to be able to have shared just one of their stories today.

May the United States Congress and all Americans thank and recognize my constituent, Philip Maring of Grass Lake, Michigan, for his service to our great Nation and for the injuries he sustained while serving as a U.S. Army infantryman in Vietnam.

May God bless Philip Maring and his family.

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

(Mr. FORBES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LINDA T. SANCHEZ) is recognized for 5 minutes.

(Ms. LINDA T. SANCHEZ of California addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BECERRA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REVISIONS TO THE 302(a) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010

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

Mr. SPRATT. Madam Speaker, under section 423(a)(1) of S. Con. Res. 13, the concurrent resolution on the budget for fiscal year 2010, I hereby submit an adjustment to the budget aggregates and the 302(a) allocation for the Committee on Appropriations for fiscal year 2010. Section 423(a)(1) of S. Con. Res. 13 permits the chairman of the Committee on the Budget to adjust discretionary spending limits for overseas deployments and other activities when these activities are so designated. Such a designation was included in the bill H.R. 3326 (Making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes), as passed by the House. Corresponding tables are attached.

This adjustment is filed for the purposes of sections 302 and 311 of the Congressional Budget Act of 1974, as amended. For the purposes of the Congressional Budget Act of 1974, as amended, this adjusted allocation is

to be considered as an allocation included in the budget resolution, pursuant to section 427(b) of S. Con. Res. 13.

BUDGET AGGREGATES
(On-budget amounts, in millions of dollars)

	Fiscal Year 2009	Fiscal Year 2010	Fiscal Years 2010-2014
Current Aggregates: ¹			
Budget Authority	3,668,788	2,882,117	n.a.
Outlays	3,357,366	3,002,563	n.a.
Revenues	1,532,579	1,653,728	10,500,149
Change for Appropriations adjustment:			
Budget Authority	0	0	n.a.
Outlays	0	7	n.a.
Revenues	0	0	0
Revised Aggregates:			
Budget Authority	3,668,788	2,882,117	n.a.
Outlays	3,357,366	3,002,570	n.a.
Revenues	1,532,579	1,653,728	10,500,149

¹ Current aggregates do not include the disaster allowance assumed in the budget resolution, which if needed will be excluded from current level with an emergency designation (section 423(b)).
n.a. = Not applicable because annual appropriations Acts for fiscal years 2011 through 2014 will not be considered until future sessions of Congress.

DISCRETIONARY APPROPRIATIONS—APPROPRIATIONS COMMITTEE 302(a) ALLOCATION

(In millions of dollars)

	BA	OT
Current allocation:		
Fiscal Year 2009	1,482,201	1,247,872
Fiscal Year 2010	1,219,652	1,377,611
Changes for overseas deployment and other activities designations: H.R. 3326 (Department of Defense Appropriations) floor amendment:		
Fiscal Year 2009	0	0
Fiscal Year 2010	0	7
Revised allocation:		
Fiscal Year 2009	1,482,201	1,247,872
Fiscal Year 2010	1,219,652	1,377,618

HEALTH INSURANCE FOR AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from New York (Mr. RANGEL) is recognized for 30 minutes as the designee of the majority leader.

Mr. RANGEL. First, let me thank Congresswoman WOOLSEY and Congressman ELLISON for sharing their hour with us on Ways and Means. We have been blessed in having such dedicated members of our committee coming down here in support of H.R. 3200.

You heard from BILL PASCRELL, JOHN YARMUTH, the dynamic JOHN LEWIS. We had Dr. MCDERMOTT. He spends so much of his life on this very sensitive subject. Soon we will be hearing from Congresswoman SCHWARTZ, and you may have noticed that our discussion has been on a subject that the whole world has wrestled with in the United States, and that is health insurance for Americans.

Tomorrow night, we hope to be able to go back to our congressional districts to discuss this very serious and complex subject, a subject that many Presidents have looked at and hoped that we could provide some decent way to take care of American citizens. But we do believe that this courageous President has not only talked about the problem but brought together the stakeholders—the doctors, the insurers, the nurses, the hospitals, the unions, the private sector, the businesspeople—all coming together to

see how they collectively would be in the position to tackle this problem once and for all. They even went as far as to suggest that we could, over 10 years, save \$2 trillion and stop the hemorrhaging of the cost of health insurance by working together, Republicans and Democrats. I say that, notwithstanding the fact that it appears as though the public debate has the Republicans fighting against the Democrats.

The fact is, you can't fight against anybody's ideas if you don't have any of your own. And it's tragic and unfortunate that during the next month, it will appear as though the Republicans are just attacking us because they don't have any way to resolve this serious problem on their own.

Having said that, we intend to move on. The Ways and Means Committee, as you have heard, has passed on a bill that we are so proud to present them. We have two other committees that have jurisdiction: the Education and Labor Committee—they have passed out their bill—and we do hope that tomorrow, we have every reason to believe, that the Energy and Commerce Committee will be passing out their bill.

That means that the House would have completed its work, the three committees would have one bill, and that in September when we come back and blend these bills and merge these bills, we will be able to have a bill that we believe we can go into conference with the Senate as they wrestle with two pieces of legislation over there. And then we hope in September, or certainly soon thereafter, we will be able to present to the President of the United States a bill that tackles this very, very serious problem.

This problem really—everybody listening and everybody in this House of Representatives has had some horror story, some story about what has happened with the insurance that they thought they had, the insurance that they lost, the insurance costs that have just soared, or even people who can't even think about leaving their jobs for fear that they would lose their insurance.

It shouldn't be, in this great country of ours, that people have to worry about education and health care as we try to compete with people throughout the world. It should be in this country that the least thing that you have to worry about if you are sick is how you're going to pay for it. And in a country as industrialized and as wealthy as we are, we shouldn't be included among a handful of countries that don't take care of its people's health.

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So in this bill we provide health care for some 50 million people. And believe me, we're providing the insurance that they're getting one way or the other. They're getting health care. It's not the best health care. Sometimes

they're afraid to go into the emergency rooms. Sometimes they can't afford to talk to doctors. Sometimes they end up worse off in terms of illness than they would have been if they did have some insurance. But nevertheless, the State governments, city governments and the Federal Government pay for it; and you pay for it too. That's part of the reason why your insurance premiums are going up, because the hospitals are going to charge those that have insurance for it; the insurance companies that are not getting paid, they're going to charge you for it; and ultimately, you're going to find out that this fiscal crisis that our Nation has is just going to be hemorrhaged more by sharp increases in health care. So it's not just a moral problem. It's not just a health problem. It's a national interest problem in terms of the direction in which this great country of ours is going. But just imagine the relief that all of us will have to know that if we do get sick, the insurance company would not be able to come and tell you that you're not covered. Just imagine, if you want to get insurance, no pre-existing illness would prevent you from getting insurance. Just imagine, if you want to leave your job, you won't have to look at your insurance policy to see whether or not you are going to lose that and not be able to get another one. So this is really just the beginning.

The month of August is going to be America's month, a month to analyze what these bills mean, what it means to you, how it can save you money, protect your health, and protect our country against illnesses that we hope we never have; but sometimes when we are hit, people have lost their homes, lost their bank accounts and ended up in dire financial need because they couldn't afford it. Tonight we hope to share with you some of our thoughts.

I would like at this moment to yield to one of the dynamic Members from Pennsylvania, a member of our committee, Ms. SCHWARTZ. She has worked so hard in this area before she got to Congress, while she has been in Congress and has made an outstanding contribution to the Ways and Means Committee. At this time I yield her such time as she may consume.

Ms. SCHWARTZ. Well, thank you, Mr. Chairman. I have to say, it has been an honor and a privilege to serve on the Ways and Means Committee. I knew when I sought a position on the Ways and Means Committee that it would be always interesting, and we would always be doing important work, always sort of being in the mix of really the principal work that we do in Congress. I'm not sure I could ever have anticipated the opportunity that we've had over the last 7 months to work on the major issues facing this country. Really, there are few issues as important as the health care of Americans. I think we have seen in the Ways and Means Committee, under your guidance and your leadership, the fact

that people bring their own experiences with health care. I think what is unique about talking about health care is that each and every one of us have our own experiences, both good and bad. We bring certainly the experiences of our constituents, the concerns of our constituents, and I think our hopes and our dreams for this country of how great it could be, if under your leadership and under our watch, to participate in finding that uniquely American solution to health care, affordable, meaningful health care for all Americans. It's really both I think an attainable goal and a big goal. It is one that the President has set out when he ran for the presidency. He sent us out, both on the committee and to Congress, to say, Now is the time to do this.

I think each and every one of us can share stories that we hear from our constituents. I will tell just one, if I may. I have some statistics about the number of Pennsylvanians who don't have health insurance, but I think sometimes it's helpful to bring it down to a personal story. I was asked to visit one of the colleges in my district, Penn State, which is obviously well known. Its center campus is not in my district, but we do have a satellite campus in Abington, a wonderful commuter campus. I met with a group of students who wanted to talk about health care. There was a young woman who talked about the fact that she was raised by a single mother, and she was on CHIP. I think all of us are very proud of the Children's Health Insurance Program. She said her mother made \$20,000, \$25,000 a year. She didn't get health insurance through her work, and there was no way that she was able to afford it on her own. She got CHIP, and she was always grateful that her kids had health insurance.

Well, this young woman was over 21. She no longer had access to CHIP. But she was working full time, was a full-time student; and because of the commuter campus, doesn't either require or offer a way for students to buy health insurance, she looked for it, but it was unaffordable for her. There was no way. She actually tried to find an affordable health policy but couldn't find one. So she took a chance. She had said just a short while before she had gotten sick; and friends of hers felt that she was sick enough that she ought to go to the emergency room; and she went to the emergency room and ended up with a \$7,000 bill. I don't know if she was held overnight. We didn't get into the details of what care she received. But she was healthy. She was doing fine. But suddenly she is faced with \$7,000 in a bill. She had no idea how she was ever going to pay that \$7,000, stay in school and continue on her path. She had a promising future ahead of her. It was going to ruin her credit rating. All of these things. There were consequences; and yet she still said to me, Well, how can we be in this great country and not be able to help her out? I think that's why we're here.

It is for the 50 million Americans without health coverage, certainly for the many, many more millions of Americans who have health coverage who find that if they go to the hospital, something's not covered, that they have a pre-existing condition and are not able to find the coverage, even though they have health insurance. This is why we're here. I had one small business owner tell me, "I want to be able to provide health insurance, but I can't afford it," or "I provide it, but one of our small group of employees got a serious illness, and we saw a rate increase of 40 percent from one year to the next."

We talk about double-digit inflation. We know that in the last 8 years, we've seen health premiums double in price; and of course we are concerned about the Federal Government as well. We have a deep concern about absolutely maintaining our commitment to seniors in this country under Medicare. They rely on it. Imagine our seniors not having access to health care. This is something that we did 35 years ago—not you and I, but any of you who were here—to get Medicare coverage for all seniors. But again, we see the unsustainable growth in costs. So what are we going to do about it? We actually have a bill before us. We passed it out of the Ways and Means Committee, it was voted on by the Education and Labor Committee; and of course, as we speak, the Energy and Commerce Committee is going through the bill.

What it does is it addresses just the issues, the concerns and the realities of the families that I talked about. It finds a way to bring down the costs under Medicare by really instilling in our system a goal of quality and the value of our dollars, encouraging primary care.

Part of the bill that I want to, again, thank the chairman, his staff and other Members for including in this bill is for the increased opportunity for loan forgiveness and debt repayment so physicians and nurse practitioners can go into primary care. Increased reimbursements in primary care. A new category of medical homes so that if a primary care physician, nurse practitioner or physician's assistant wants to be able to provide ongoing care between visits, make that phone call to see how somebody, like an early diabetic, is doing, make sure they get the kind of care that they need, make sure that they followed up on their prescriptions and that they're following the instructions, that they understand the diet and the exercise that they have to engage in so that they don't end up on renal dialysis years later, lose sight or any of the number of things that can happen with untreated diabetes, is just one example. We actually encourage payments that are bundled—that is our term—but it really basically says, We're going to look out for what happens to you in the hospital and when you go home. New possibilities of encouraging physicians to get together

and provide both primary care and specialty care and to keep people out of the hospital. These are life saving and cost saving for the government.

We have got almost \$500 billion in savings that have been already included in the bill that we have before us. And of course we have found ways to help small businesses with tax credits, to be able to provide health coverage for their employees and encourage all employers to cover health care. Then for the group that is already insured, to say, You're never again going to have preexisting condition exclusions; you are never again going to have to worry about the insurance companies finding a reason to deny coverage because of a health condition; that you won't again have to worry about going bankrupt because we will say, You don't have to pay any more than 10 percent or 12 percent of your annual salary. You will never again have to lose your home or go bankrupt over health costs. These are just some of the consumer protections that we are going build for people who already have insurance. And of course if you lose your job or you are between jobs—and many Americans change jobs every 3 or 4 or 5 years—that you will have that continuity of coverage. And last, but by no means unimportant, we are going to find a way to help all those 50 million Americans who don't have access to affordable coverage through a new marketplace called an exchange; and we're going set them in a benefits package; and we are going to provide some subsidies for lower income, working folks. At the end of the day, we're going to do what the President told us he wanted to do, and that is to contain costs for government, for businesses and for families. We're going to make sure that insurance is meaningful, and we're going to make sure that every American has access to health coverage. At the end of the day, it's going to be a great day.

Mr. RANGEL. I would like to recognize Dr. McDERMOTT because when people have nothing to compete with, I think it's natural just for them to be critical. I hear talk, Dr. McDERMOTT, that this plan that we're creating for all of America is actually a takeover of all insurance plans by the Federal Government. They say that the Congress and the Federal Government want to get in between a patient and their doctor and to watch out because the government is coming. It bothers me that they would say that because it would appear as though we're only talking about Democrats who are sick and have doctors. We're trying to help all Americans. Could you share with us the public option, what this does for America and what opportunity it gives to people who don't have insurance?

Mr. McDERMOTT. Well, Mr. Chairman, you raise the issue I think that is probably our biggest and most tough issue to deal with, and that's the question of fear. People continue trying to convince people that they have to be

afraid. We had a speaker here just a moment ago who had a beautiful picture of a little child, and the fear was that the government is going to come and take over their health care. Now nothing could be further from the truth in what we've put together.

If you look at America, you have 150 million people in private insurance. Then you've got 50 million people in Medicare; you've got 50 million in Medicaid; and then you've got 50 million who don't have anything. Now these people who have insurance today in their employment, each month when 300,000, 400,000, or 500,000 people lose their jobs, they suddenly are over in the basket with the people who don't have health insurance. So we're not talking about people who aren't trying or people who haven't been paying their taxes or haven't been working. We're talking about us, the middle class, who are in danger in this present system because if your employer stops paying your insurance, you don't have anything, and you're suddenly over here trying to buy it for yourself. It wouldn't matter if you are older, you've got a problem, you've got a problem kid or whatever. You are going to have a very tough time. Now the answer to that is for the government to say, Here is a public option that you can buy into at an affordable price.

The problem with individual insurance, most people by the time they're 30 or 40, you know, something's starting to go wrong, whatever; and the premium for those kinds of insurance programs is \$1,000 a month. Many people are paying \$12,000 out of pocket trying to buy an individual program. That is unreachable for most of the working class in this country. They can't come up with that kind of money. The only solution is to have a government-subsidized program that they can buy into.

Now people say, Ah, there it is. The government's going to make all the decisions. No. You're going to buy an insurance program that will be paid for by a government mechanism, but the delivery of the health care is going to be by private physicians, private hospitals, private nurses. The whole thing is private.

Mr. RANGEL. How could the government get in between the doctor, the hospital and the patient? What are they talking about?

Mr. McDERMOTT. It's part of the scare tactics. If you watch television tonight when you go home, you will see commercials on there saying that the government is somehow going to get between—they did it in '93, '94. It was Harry and Louise. Harry and Louise were sitting at the kitchen table, and Harry says to Louise, You know that Mrs. Clinton, she is going to take away our health care. They're doing that same thing again now, making it appear that that's what's going to happen when no such thing is being planned.

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There is no question that the government is not going to be between you and your doctor and making a decision what needs to be done.

Mr. RANGEL. Well, why would the private insurance companies be against the public option? I mean, if the Congress is saying—and the President wants—that we have 50 million people out there with no health insurance, another 25 million with low health insurance, and we are now going to give them a subsidy, we are going to give them enough money so that they can walk in and get the type of health plan they want, why would the health insurance companies out there fight against, campaign against, put ads against the public option? Why would they do this?

Mr. McDERMOTT. Well, because our bill, CHARLIE, has one thing in it; it says to insurance companies you can't cherry-pick the healthy patients you want to take care of and leave the sick ones to somebody else.

What we say is if you're an insurance company, you've got to cover everybody; you've got to open the doors wide and let anybody come in. Insurance companies don't want that. What they want are healthy patients who pay a premium, for whom they have to pay out very little money, then they can give the rest to the stockholders. Now, there's nothing wrong with that, that's the free enterprise system. But they're afraid that if we have a government system that is there for the people's benefit and has a 3 percent overhead, whereas an average insurance company overhead is 14 percent—and they know the people are going to take the lower premium in the government plan, or they're afraid of that—so they say, you've got to put us on a level playing field.

Well, you can't make profit off people's sickness and have a level playing field with a government plan.

Mr. RANGEL. Well, let me ask Congresswoman SCHWARTZ. If, indeed, the private insurance companies are fighting against the public option, does our legislation demand that a person has to join the public option? How does that work in our legislation?

Ms. SCHWARTZ. Right. It's a really good question. Of course not. We are not in any way telling people where they have to get their coverage or where they have to buy their insurance. If in fact people get a subsidy—and, really, understand that everyone is going to have to pay something. We're not giving away too much free here, everyone is going to pay their share. We're going to help people.

But we're saying to the insurance companies, fine, come in and compete. That's great. We're going to create a marketplace where you can offer new products to another 30 million, almost 40 million people, and then each of those individuals or families or very small businesses will be able to choose between private insurance companies and a public option.

I see that the public option is an opportunity to ensure that there really is competition, because I think in many of the markets across the country we have one major insurance provider, that's it; so not a lot of competition. If you believe in the free market system, you need a little competition there. If you only have one product to buy, and it's very expensive, you don't have a lot of choices.

The insurance companies—I'm not here to beat up on insurance companies, but I will say, they have said if everyone's in, they want to be able to have the opportunity to sell a good product to people. That's fine; we're fine with that. We want them to step up to the plate and offer new insurance products to individuals and small groups. And again, as Mr. McDERMOTT said, make sure it covers certain benefits, it doesn't exclude people, it doesn't cherry-pick, as you say.

There are going to be rules. And we are going to make sure that consumers are protected under these rules. That is very important. But no one is going to be told to go into the public option, no one. They can choose the insurance.

Mr. RANGEL. Well, Dr. McDERMOTT, I've heard Republicans say on this floor, in this House of Representatives, and others on television, that this public option that's being offered to people to take if they want it is really a Democratic socialistic, communist attempt to knock out the private sector. Where do they get this idea, and what do they mean?

Mr. McDERMOTT. It's very strange. And people who talk about believing in competition and believe in the marketplace, as Representative SCHWARTZ says, there are places in this country where there is only one option; and if you have nobody to compete with, they control the prices. And for them to get the idea that it's socialistic to put somebody in there to compete is really saying they're afraid to compete.

They know they can't win. They have failed over the last 18 years. They knocked out Mrs. Clinton's efforts in '93. They had an open field. The entire country was open to the private sector, and they cannot figure out how to cover 50 million people. So we come stepping in and say, we have a way. And they say, oh, no, no. If the people ever get wind of what you're doing, they will leave us. They're afraid that people will leave them because they have been in it for the profit and not in it for the benefit of the patients. And that's really why I think they're afraid.

Mr. RANGEL. Well, some of the private insurance companies say we just don't have enough resources to take care of all these poor folks that you're giving subsidies to. Let me ask you, Congresswoman: Is there anything that we're doing to provide the workforce and to provide the environment so that sick people can feel secure in getting health care once they have the subsidy?

Ms. SCHWARTZ. Right. And understand that subsidies are provided. Poor people in this country do get Medicaid, and we're expanding that. These are really people who work—and many poor people do as well—every day and simply don't make enough money to be able to afford the high rates of insurance. That's part of it. We want to bring down the cost of the insurance. Again, we hope that the private insurers step up to the plate and help us do that, but they haven't done a great job of containing costs over the last number of years which is why we're in this situation.

But once people have insurance, we are really working hard to make sure that the delivery system, all those doctors and nurses and—well, you can name all the other health providers—are both available and that we're training enough. We anticipate that if we don't do something about the lack of primary care physicians, in 2025 there will be 46,000 too few primary care doctors. That is pretty astounding. A lot of us are getting older—all of us are getting older, I guess—neither of you are, of course—but we also want to make sure that we have the kind of care for every age.

And we're not getting the quality out of the system that we know we should, and that also is an issue that we have taken up in this legislation. We want to encourage our hospitals and our doctors, through financial carrots—there might be some sticks, but mostly we are really creating incentives for our doctors and our hospitals to improve quality.

One of the examples that many of us are becoming aware of is infections that you get in a hospital, or when you leave the hospital after surgery, that you don't have the right kind of followup once you get home and you end up back in the hospital. That's not only really hurtful for the person who is affected, who's sick, but it's also very expensive for all of us. So if we can, and our hospitals can, if we can encourage our hospitals—and in fact insist upon our hospitals really making sure that they reduce the number of infections and readmissions, we would all be better off. And that's what we're trying to do.

There are many pages of what we call delivery system reforms, ways in which we are encouraging everything from home visits after a baby is born to a family, to, as I talked about, primary care, medical homes, and ways that doctors will be able to organize themselves in a way that is much more efficient in quality.

And we're setting out a real goal of changing some of the ways we pay doctors and hospitals, to encourage them to really look at quality and to save dollars and improve health outcomes. That is one of the most discouraging things; for all the dollars we spend, \$2.5 trillion—not all government, half of it's in the private sector—we don't have the kind of healthy Americans

that we should. And that is part of our goal, here, to extend coverage, for the government to be smarter in the way we finance it, and for people to take more personal responsibility in their own health care as well.

Mr. RANGEL. Dr. McDERMOTT, before you came here you've practiced, you've been out here, you've worked with patients and doctors and hospitals. One of the most frightening thoughts that we have is that you get sick and you don't have enough coverage—or you don't have any coverage—you face bankruptcy, you lose your home, you lose your dignity, and sometimes even lose your family merely because you didn't have the resources to deal with a catastrophic illness. What provisions are in this legislation to protect Americans against that?

Mr. McDERMOTT. Well, the plan that would be provided for every American who was in a health insurance plan, whether the private one they were in before or the one that they're in in the government option, would give them the protection for the basic things that everybody needs in a health care system.

I have a story you reminded me of. One night I was going out of a hospital in Seattle and a telephone operator stopped me and said they want you up on the coronary care unit. So I went up there, and there was a guy putting on his clothes and said, I'm leaving the hospital. He had had a heart attack the day before. They wanted him to stay in the hospital. He said, Look, I have no health insurance. If I lie in this bed, it costs me \$1,000 a day, and I can't afford it. And what if I die? I then leave my family with a big bill. So either way I'm caught. And when we put this program together, we give people the assurance that if you have a heart attack, or whatever, and you need hospitalization, you will be taken care of.

Mr. RANGEL. Well, let me thank the speaker and Mr. ELLISON and Ms. WOOLSEY for giving us an opportunity to share what's in our bill. We will be back tomorrow. And we hope during August all Americans can look forward to the President of the United States signing a bill that will give them confidence that wellness is the top priority for this Congress.

Mr. Speaker, I yield back the balance of my time.

THE PROGRESSIVE CAUCUS ON HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 30 minutes as the designee of the majority leader.

Mr. ELLISON. Mr. Speaker, this is the Special Order hour of the Congressional Progressive Caucus. We come every week to talk with each other and to talk on the House floor about a pro-

gressive vision for America, a progressive vision that embraces everybody, where we all do better when we all do better, a progressive vision that says that the greatest moments of American history were when we passed the civil rights bill, when we invested in our infrastructure during the Roosevelt era. The greatest moments in American history were when we passed the 19th Amendment recognizing the right of women to vote. These are the great moments of American history. And this great tradition of a progressive vision for America is what we carry on week in and week out. I want to say that if you want to communicate with us, our Web site is here at the bottom of the page, cpc.grijalva.house.gov.

What I would like to do, Mr. Speaker, is right away turn the microphone over and yield to our caucus cochair, one of the stalwart, big-time fighters who never backs down and always is for the people, who has lived it, who knows it, and who is now representing the people of California in a great struggle to promote a progressive vision, none other than Congresswoman LYNN WOOLSEY—who, by the way, has more 5 minutes against the Iraq war than anybody else in history. I yield to the gentlelady from California.

Ms. WOOLSEY. Thank you very much. And thank you so much, Congressman ELLISON, for doing this every single week for the Progressive Caucus because we do have a progressive message, and by the end of the day, we sometimes think that we are too tired to come down here and talk about our message.

We are in the middle of a health care debate right here in the House of Representatives. And as Congressman RANGEL told us, two of the committees have marked up, written, and are ready to present their health care bills. One of the committees is Ways and Means, the other one is Education and Labor. The Energy and Commerce Committee is working on it right now. And we're going to leave before the end of the week, and we're going to go off while our leadership and the heads of those three committees put the bill together out of these three committees.

One of the committees, what's happening in Energy and Commerce, the progressives disagree with very, very severely. So we have written a letter to our leadership, to the Speaker and the three chairmen of these committees who will be writing this, pulling these bills together, laying out what the progressives in this Congress stand for, once again, regarding health care.

I'm going to read this letter because I think it's very important. We have 57 Members of the House of Representatives who have signed this letter just today.

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I'm reading it to make sure it is in the RECORD.

It says: "Dear Madam Speaker, Chairman Waxman, Chairman Rangel,

and Chairman Miller, we write to voice our opposition to the negotiated health care reform agreement under consideration in the Energy and Commerce Committee.

"We regard the agreement reached by Chairman Waxman with several Blue Dog members of the committee as fundamentally unacceptable. This agreement is not a step forward toward a good health care bill but a large step backwards.

"Any bill that does not provide, at a minimum, for a public option with reimbursement rates based on Medicare rates, not negotiated rates, is unacceptable. It would ensure higher costs for the public plan and would do nothing to achieve the goal of keeping insurance companies honest and their rates down.

"To offset the increased costs incurred by adopting the provisions advocated by the Blue Dog members of the committee, the agreement would reduce subsidies to low- and middle-income families, requiring them to pay a larger portion of their income for insurance premiums, and would impose an unfunded mandate on the States to pay for what were to have been Federal costs.

"In short, this agreement will result in the public, both as insurance purchasers and as taxpayers, paying even higher rates to insurance companies. We simply cannot vote for such a proposal."

Mr. ELLISON. So as the Chair of the Progressive Caucus, along with Congressman GRIJALVA, are the Progressives and others hanging tough and sticking up for a robust public option?

Ms. WOOLSEY. That is what this letter is all about. We just want the Chairs of all three committees, when they mosh the three bills together, to know that the Ways and Means Committee and the Education and Labor Committee have bills that we can support. Do not weaken those bills with what is being proposed in the Energy and Commerce Committee this week. That is our goal. And it was not only Progressive Caucus members. It was also the TriCaucus that signed onto this, which is the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Asian American Caucus.

So this is our letter. This is what we stand for, and this is what we're hoping we will have when we are voting for real health care reform later this fall.

Mr. ELLISON. We thank the gentlewoman for reading that letter into the RECORD.

I want to say that we are joined by Congresswoman EDWARDS of Maryland, who has been a courageous fighter for many issues but has not shrunk from the battle in this fight for real health care reform.

Let me ask the gentlewoman, I think Congressman McDERMOTT has a quick thing he wants to say. So, if the gentlewoman will allow me to yield to him first, then I will yield to her.