

some good ideas, not just the two of us but Members on both sides of the aisle. The more conservative Members on the Democratic side, the Blue Dog Coalition of 52 members, they need to be heard, and I think thus far they've been heard, but they've been ignored at the same time.

And what I would say to the President as we wrap up this hour, Mr. Speaker, this is what I would suggest to the President. We've all heard the expression around here—in fact, I think the late Senator Kennedy was famous for this; maybe he coined the phrase—“Don't let the perfect be the enemy of the good.”

Now, if President Obama thinks that H.R. 3200, the big bill with the public plan in it, is perfect but the American people, in a very resounding way, have said, “Mr. President, we don't want the public plan because we fear that that's just a Trojan horse and it's two steps towards a single-payer national health insurance where you have rationing such as they do in Canada and the UK,” then the President could—and I wish he had last night said to us—“Well, we can't pass what I think is the perfect, because American people are afraid of it. I feel that they're wrong. I fear that they've been scared. I fear that they've gotten misinformation. But nevertheless, they've spoken pretty clearly, and the Members on both sides of the aisle have heard because they came back to Washington and they told me, and I'm just going to have to pull that public plan option out and let's get together with the Republicans in the Senate and in the House and let's draw up a new bill and let's do the ‘not perfect but the good.’”

And Dr. FLEMING, Representative FLEMING mentioned a couple of things. Equalize the tax treatment so that everybody gets discounted health care. Absolutely put in the subsidy for people who are not poor enough to qualify for our safety net programs like Medicaid but they don't have enough income to purchase health insurance for them and for their children. They get government subsidies based on a sliding scale.

Make the insurance companies accept people with preexisting conditions. Don't let them put caps on how much coverage you get in any one year. If you get real sick in any one year, whatever the bill is, the insurance company should pay it after you paid your copay and your deductible. Maybe the next 5 years they won't have to pay anything and you won't have any claims.

And let's create these high-risk pools across each and every State where people with multiple illnesses can get coverage at a reasonable rate and, yes indeed, help those who need help with subsidies both from the State and from the Federal Government.

Just a few—let people purchase health insurance across State lines where maybe they're cheaper. If you live in—as I did for a long time—in Au-

gusta, Georgia, it was just a half a mile across the river to North Augusta, South Carolina. Why can't people go across State lines and purchase health insurance? They can do it to buy a gun or a television set.

So again, all of these provisions are in the bill H.R. 3200, which I showed you just a second ago. Here it is.

So, Mr. President, in your opinion—not in ours—but in your opinion, this may not be the perfect, but I tell you what, it's darn good. And if we can get together in a bipartisan way for the American people and let's get this done and then let November 2, 2010, take care of itself. And as far as your political future, Mr. President, let's let 2012 take care of itself. Let the American people be the judge. But let's get this done in a bipartisan way and let's, for once, listen to the American people.

With that, Mr. Speaker, I will yield back.

NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO CERTAIN TERRORIST ATTACKS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-63)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent to the *Federal Register* the enclosed notice, stating that the emergency declared with respect to the terrorist attacks on the United States of September 11, 2001, is to continue for an additional year.

The terrorist threat that led to the declaration on September 14, 2001, of a national emergency continues. For this reason, I have determined that it is necessary to continue in effect after September 14, 2009, the national emergency with respect to the terrorist threat.

BARACK OBAMA.
THE WHITE HOUSE, September 10, 2009.

HEALTH CARE IN COLORADO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Colorado (Mr. POLIS) is recognized for 60 minutes.

Mr. POLIS. Mr. Speaker, over the last month, I've asked my constituents to share their health care stories with

me so that I can share them with the Nation with regard to how we can improve upon our current health care system and some of the problems that exist that many Americans face every day.

One of my constituents from Boulder asked that her name not be used. When she was 17, she was diagnosed with the HPV virus that causes cervical cancer. It wasn't an easy diagnosis to reach. She had the symptoms of a miscarriage but she wasn't pregnant. That was later verified by the doctors. The only other syndrome that matched her symptoms was cervical cancer. Because of her age and the fact that she hadn't been sexually active for long enough to develop lesions, her doctor said it was statistically impossible for her to have cervical lesions. She said it was most likely a problem with the pill.

She returned every day of the week, had exams, and was given no information. She continually asked for a test to see if she had cancer or tumors, but her doctor refused the test and said it would be a waste of money and insurance probably wouldn't cover them. Even when she said she'd pay for the tests, she was denied them. She asked for a referral to a different doctor, and the doctor wouldn't give her a referral for the same reason. Statistically nothing is wrong, they said. It would be a waste of money.

Finally, this young woman asked her mom to come with her, and after making them wait for an hour until the office closed, the doctor had a conference with other doctors and finally gave her a referral. She got an appointment, found out what was wrong and had surgery to fix it. Thank goodness that her mother helped her out with the cost.

Now, this young lady is having similar problems. She saw her new doctor to see what was wrong and decided they needed to run a few tests. She didn't tell her, however, that the six tests would add up to over \$1,000 and her insurance only covered \$300. When this young lady from Boulder, Colorado, was 20 years old, she went through what too many Americans are victims of and, unfortunately, she was raped and she contracted herpes. She started generic medication but it didn't work so she was prescribed Valtrex, which has no generic, and now it costs her out of pocket \$200 a month just for that medication, which she can't afford most months.

Mr. Speaker, it is for women such as this across our country that we need to pass health care reform so that people don't have to be told “no” by their doctor, “no” by their insurance company, and they can get ongoing treatment for conditions that aren't their fault, might have been misdiagnosed, but they still have a healthy life ahead of them. And by passing health care reform now we can make sure that the next generation won't have to go through what this young lady in Boulder, Colorado, did.

Thank you, Mr. Speaker.