

families, the beginning of life to the end of life.

I thank the women of the House and Congresswoman WOOLSEY for making this evening possible.

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

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

#### HEALTH CARE REFORM

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

Ms. BALDWIN. Mr. Speaker, what this health debate boils down to is this question: Whose side are you on? Are you listening to and fighting for the American people or are you listening to insurance executives and fighting to line their pockets? I am listening to and fighting for the American people, and especially the Wisconsinites who will benefit so significantly from health care reform.

This evening, I rise to speak about how health care reform will help women. Women shoulder a disproportionate burden in today's broken health care system. Perhaps most shocking is the discrimination women face in health insurance simply because we are women. To some insurers, being a woman is a preexisting condition. In Wisconsin, as in many other States, if a woman and a man purchase identical insurance coverage in the individual market, the woman will be charged more even though the medical services covered are exactly the same.

In small businesses in Wisconsin and across the country, insurance companies are allowed to count how many male and female employees work at that small business. If the workforce is disproportionately female, the insurance company charges more. So, what sort of small businesses pay the most for health care? Child care centers, home health agencies, and other small businesses with female-dominated workforces.

Adding insult to injury is that we all know that women's pay still lags behind men. Nationally, women earn 78 cents to every dollar earned by a man. And in Wisconsin, that figure is even worse—73 cents to the dollar. So women who make less have the added burden of paying more for their health coverage.

Our health care reform measure will end this practice of gender rating, and that is just one reason why women have so much to gain in health reform.

So I ask again, whose side are you on? The hundreds of thousands of women that you represent or the insurance companies that get away with these practices?

We have talked during the debate a lot about people who can't get any in-

surance at all because of preexisting conditions, something in their medical history or health status that the insurance company points to and says, We are not going to cover you. Women also bear the brunt of these practices. Can you believe that women who have been the victims of domestic abuse have been denied health insurance because their victimization was considered a preexisting condition? Women who have given birth by C-section are also routinely either refused insurance or provided insurance that specifically denies coverage in the event they have a future C-section.

Our health reform efforts will prevent the insurance companies from denying coverage to women who have been the victims of domestic violence and women who have had C-sections. In fact, our measure will stop the practice of denying needed insurance based on preexisting conditions altogether.

So I ask, whose side are you on? I'm on the side of all Wisconsinites who have ever faced such denials, not on the side of the companies who refused to cover them.

Women also have trouble finding insurance policies that cover what they need when they shop for insurance in the individual market. In that market, it can be next to impossible to find insurance that covers maternity care. In a survey by the National Women's Law Center of plans offered in the individual market in my hometown of Madison, Wisconsin, they could not find a single plan that offered maternity care. I find this shocking. And health care reform will require all new plans to cover a wide set of benefits, including maternity care.

Mr. Speaker, Wisconsinites sent me to Congress to fight for them. I ran for Congress in order to fight for the people of Wisconsin who have been denied insurance based on preexisting conditions or had their coverage dropped in their very time of need. In order to prevent Wisconsinites from having to declare personal bankruptcy because of mounting medical bills from a serious illness, and in order to help families be able to afford their premiums and their deductibles and their copays, this health care reform effort addresses all those problems and then some. It's not perfect and it's not all I wanted it to be, but it is a darn good start.

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

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

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

Mrs. MCCARTHY of New York. Mr. Speaker, I want to thank LYNN WOOLSEY and my colleagues here that came out tonight to speak about the issues that are going to be in this bill as we go forward for a vote sometime this weekend.

Many of us have talked about health care for years. I'm talking about years. I think all the time when we go out to dinner or anything, health care always comes up. So when I hear charges against this side of the aisle of why are we rushing through this, let me tell you something. I've been in Congress going into my 14th year. Before that, I was a nurse for over 30 years. So when I came to Congress, the first thing I started working on is how can we improve health care. And this day is coming.

Unfortunately, there's been an awful lot of information over the last several months that really is quite wrong. And a lot of my friends say, Well, why aren't the Democrats speaking out? I guess it's because, and I will speak for myself, many of us have been speaking up but, unfortunately, because we are not yelling and screaming, we are not heard.

So what I'm going to explain to many, hopefully, of the people who are listening to this, I just want to tell you how this bill is going to help my district back on Long Island. I live in a middle class suburban area. I've been there for 62 years living in the same house. It was the house of my parents. My family grew up there, and I went to the public schools there. My son went to the same schools that I went to and in some cases had the same teachers. And we also had the same doctors.

I have to say, going back to those days, we had a great family physician. Today, he would be called a primary care physician. And yet we are seeing a shortage of primary care physicians across this Nation. We are also going to see a shortage of nurses across this Nation. Those are two components that we have to make sure that we have in the health care bill.

But just in my district alone, it's going to improve coverage for 444,000 residents that already have health care. How can that be? Well, they are certainly going to have preexisting conditions taken away, so that when they go to the doctor and they find out they have a preexisting condition and they find out some of these preexisting conditions, which—I tell you, it's outrageous. Do you know if you're a woman of childbearing years, getting pregnant is a preexisting condition? A preexisting condition.

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I have young people on my staff that have preexisting conditions. What are they? Well, apparently one went to a doctor and was being treated for asthma; he has a preexisting condition. My grandchildren since they were very, very young have had bronchitis. A lot of kids get bronchitis. Ear infections.