

issue: the catastrophic consequences of the health care status quo . . .

PITTSBURGH POST-GAZETTE EDITORIAL (PENNSYLVANIA)—TO OUR HEALTH: DEMOCRATS MUST SEIZE THE DAY AND PASS REFORM

One of the bogus assertions made in the health care debate—and that includes allegations of death panels and kindred nonsense—is the Republican idea that the bills passed by the House and Senate should be junked and Congress should start over.

Let everybody know this: Starting over is political code for doing nothing, or at least very little. It is the invitation to drag feet until another election cycle starts and the chance is lost. It is the siren call to put comprehensive health care reform forever on the rocks . . .

This legislation has been talked to death. It's time now to give it life by passing it, forthrightly and bravely, with as few gimmicks as possible.

DAYTON DAILY NEWS EDITORIAL (OHIO)—HEALTH CARE REFORM PARTLY IN OHIO'S HANDS

. . . Are we or aren't we going to extend affordable health care to nearly all Americans? And are we going to insist that Americans who can afford to buy insurance do so, while also requiring those who can't pay the full cost still pay something toward coverage? . . .

. . . does anyone believe that there isn't a lot wrong with the current system—50 million people without coverage; an insurance system that protects you when you're well, but kicks you to the curb when you get sick; cost structures that result in huge sums being spent on marketing and processing claims instead of services to patients? . . .

Republicans would have you believe that this legislation is so awful that the only solution is to start over. That is not a plan; it is a stalling strategy. But stalling for what?

The current system is unsustainable for everyone. Insurance rates keep going up both for businesses and individuals. Young people continue to choose not to buy insurance, sticking hospitals and those who do buy insurance with their bills. Medicaid rolls are soaring, forcing states to limit eligibility, cut spending elsewhere and reduce how much they reimburse doctors. People who want to buy insurance can't get it if they've ever had a serious illness . . .

Win or lose this vote, the president and Democrats are in for tough political times. At least if they win, some 30 million people will get health insurance and some immoral elements of a broken system will be no more.

DETROIT FREE PRESS EDITORIAL (MICHIGAN)—MESSY BILL OFFERS SIGNIFICANT HEALTH CARE PROGRESS

. . . So let's get on with it. Congress can continue to tweak the program through the years as its shortcomings become more obvious. In the meantime, people with pre-existing conditions will get decent coverage again, Medicare won't have such a huge "doughnut hole" in its prescription plan, and many other benefits will accrue. Women, in particular, may find better coverage, especially for pregnancy—a huge plus especially for anyone who (mistakenly) thinks the Senate language is not strong enough on keeping federal funds separate from any insurance with abortion coverage. Good health insurance is probably the most life-affirming policy any Congress could enact.

What's pending before Congress hardly represents a government takeover of health care. It will attract more private dollars into the system and should spur competition among insurance companies to offer helpful and more effective care.

But the main point remains: Not just health insurance but health care itself will

continue to deteriorate without decisive congressional intervention. Unless you welcome the day when America has the best health care in the world for the lowest percentage of people, you should look forward to a successful, history-making vote, no matter how messy the process.

LOS ANGELES TIMES EDITORIAL (CALIFORNIA)—REHABILITATING HEALTHCARE

Opponents of comprehensive healthcare reform have achieved something remarkable, if not necessarily admirable: Having stopped the legislation from being considered and passed in the usual fashion, Republicans have now ginned up a debate over the extraordinary procedural steps they've forced Democrats to take to complete the work. This ugly, gimmick-ridden process brings no credit to either side. Yet the fist-pounding over the shortcut being contemplated by House leaders shouldn't obscure the simple reality of the vote that House members are expected to cast this weekend. It may not be an up-or-down vote on the Senate's version of the bill, but it is an up-or-down vote on comprehensive healthcare reform.

. . . any House members who vote for reconciliation under a self-executing rule will be unmistakably voting to enact into law a sweeping change in the healthcare system, extending coverage to millions of the uninsured, outlawing abusive insurance industry practices, promoting higher-quality care and attacking the incentives that drive up costs. At the same time, they'll be voting to improve the Senate's approach by eliminating special deals and making insurance more affordable to the working poor. That's not an abuse of power, that's a win-win.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON. Mr. Speaker, an estimated 64 million women do not have adequate health insurance coverage. 1.7 million women have lost their health insurance coverage since the beginning of the economic turndown, which was somewhere around December 2007.

Nearly two-thirds lost coverage because their spouse's job was lost. Thirty-nine percent of all low-income women lack health insurance coverage. Women are more likely to deplete their savings accounts paying medical bills than men. Women are charged up to 48 percent more than men in the individual market.

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has insurance.

In a recent study, more than half of women reported delaying needed medical care due to costs compared with 39 percent of men. In many cases, even women and children with insurance do not receive key preventive care, from mammograms to well-baby and well-child care, because they can't afford the copays. Partly due to cost, 1 in 5 women over the age of 50 has not had a mammogram in the past 2 years.

Now, our health care reform stops insurance premium discrimination against women known as gender rating. It bans insurance companies from charging women higher premiums than

men for the same coverage. Since 40-year-old women are charged up to 48 percent more than 40-year-old men with the same health status, we really need this bill.

It would end discrimination based on preexisting conditions such as domestic violence and previous C-sections, prohibiting insurance companies from charging higher rates for these conditions. The bill says that 79 percent of women with individual market policies will have the maternal coverage that they haven't had in the past.

Our health care reform bill requires maternity care to be a part of essential benefits. It requires all employer plans and gateway plans to have women's screening and preventive care provided at a minimum or no cost. This includes annual mammograms for women under 50.

It will allow women to visit their choice of community providers who offer the spectrum of essential benefits, including women's health clinics. It would allow OB-GYNs to be the center of a medical home supported by community health teams. It codifies offices of women's health via the Department of Health and Human Services to ensure that women's health issues will be comprehensively addressed, from basic research to awareness campaigns.

I would say, Mr. Speaker, to all of my colleagues that if we really want to make the United States a number one Nation in health delivery, let's start with the women who bear the children who will be the future of this country.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Massachusetts (Ms. TSONGAS) is recognized for 5 minutes.

Ms. TSONGAS. Mr. Speaker, I would like to thank Congresswoman WOOLSEY for organizing this evening. And I rise today because our health care status quo simply does not work for older women and must be changed.

The rising cost of health care and the lack of access to essential medical services is a problem for millions of Americans throughout our Nation, but it is uniquely so for older women. Times of economic hardship like we are now facing truly illustrate the impact that our inadequate health care system has on older women.

Older women disproportionately rely on their spouses for employer-based coverage in comparison to their younger counterparts and in comparison to older men. That is why over 1 million of them have lost health insurance due to a spouse's job loss during the economic downturn.

When an older woman loses her health insurance, it is even harder for her to find health insurance in the individual market, where there is little to no regulation, than her male counterparts. Older women, because of a combination of gender rating, age rating, and discrimination based on health

status, face premiums that are roughly four times greater than those who have employer-based coverage.

But it doesn't stop there. Women who are on Medicare who do have health insurance are disproportionately low income, have fewer resources, and suffer from more chronic conditions than men. As a result, they pay more in out-of-pocket costs than older men. Therefore, Medicare's ability to provide meaningful and protective health insurance coverage is critical to a senior woman's health and financial security. And that is exactly what health care reform does.

In 2007, over 8 million seniors hit the doughnut hole, and 64 percent of those were women. Health care reform permanently closes the Medicare doughnut hole.

Breast cancer is a leading cause of death for older women in the United States, yet, 1 in 5 women aged 50 and above has not received a mammogram in the past 2 years. Health care reform improves Medicare to ensure that all prevention, including mammograms, is fully covered.

Seventy-seven percent of Medicare beneficiaries living in long-term care facilities are women. Women are three-quarters of all nursing home residents. During a recent visit to a nursing home in my district in Lowell, Massachusetts, I was struck by a recent experience that truly illustrated this point for me.

In one meeting, I looked at the crowd of senior citizens who came to ask me questions and express their concerns about the direction in which our country is going and was struck by the fact that I saw only one man in the audience.

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While I later met a number of very interested male residents, the fact is that the typical nursing home resident is an 85-year-old woman who enters a nursing home because she lives alone and has no available caregiver. It is no wonder then that women are more likely to need long-term care services. And that is why it is so important that we pass health care reform that provides voluntary, long-term insurance to help cover the costs associated with growing older for the millions of senior women who need it. No one should have to make decisions based on their finances rather than what is best for their health. We need health care reform in order to address the need that older women face for quality, affordable health care.

WHAT IS A WOMAN WORTH?

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SPEIER) is recognized for 5 minutes.

Ms. SPEIER. Mr. Speaker, I also want to thank Congresswoman WOOLSEY for her impassioned and principled leadership not only on this issue but so

many issues facing Americans. To loosely paraphrase Judy Collins, We have looked at health insurance reform from both sides now—from insurance companies and consumers, from Wall Street and families, from Republicans and Democrats. But there has been something missing from the debate.

This evening I would like to ask the question: What's a woman worth? Just how important is it to make sure that quality, affordable health care is affordable to the grandmothers, the mothers, the daughters, and sisters who are responsible for 80 percent of a family's health care decisions; 64 percent of a families' budgets; who represent 79 percent of the health care providers in this country.

What is a woman worth? Is a woman worth as much as a man? One would think so, unless, of course, one was considering our current health care system, a system where women pay higher health care costs than men. Now, believe it or not, in 60 percent of the most popular health care plans in this country, a 40-year-old woman who has never smoked will pay more for health insurance than a 40-year-old man who has smoked. A lower percentage of working women receive employer-based health care. It is a system where health situations that affect only women, such as maternity care and mammograms, are less likely to be covered than common male procedures.

In fact, 90 percent of individual policies available to 30-year-old women don't cover maternity care. Now, believe it or not, that is true. Ninety percent of the health insurance policies in this country available to women 30 years of age don't cover maternity care.

Now think about this: this Chamber is filled with Members who claim to be pro-family and yet defend a system where women have to pay out of pocket to have a baby. Many more women are denied coverage due to preexisting conditions than men. Why are they denied? They're denied because they are women. If you are the one in three women in America who has had a C-section, that becomes a preexisting condition, and you're not going to get health insurance again.

If being one in eight of the American women who is diagnosed with breast cancer, that becomes a preexisting condition, and God help it if you have to go into the individual market and get health insurance, because you just won't; or even being the one in four American mothers, daughters, and sisters who is a victim of domestic violence. Imagine having been declined health insurance because your spouse or significant other has beaten you—and may do it again. And because that significant other or spouse may do it again, you can't get health insurance. As a result of these and other factors, women are more likely to be uninsured or underinsured. And more than half of the women have delayed or skipped needed medical care due to the high cost of treatment.

So I ask again: What is a woman worth? Is a woman worth a health care system that encourages preventative care by eliminating copays for recommended services such as mammograms and maternity care? Is a woman worth a health care system that bans annual and lifetime caps? Is a woman worth a health care system that prohibits insurers from charging us more than men? Is a woman worth a health care system that covers maternity services, outlaws preexisting conditions, and dropping patients who become ill, and limits out-of-pocket expenses to prevent the 62 percent of bankruptcies caused by medical bills?

I think women are worth that and much, much more. As a matter of fact, women are worth their elected officials showing some backbone to stand up to the multimillion-dollar misinformation campaigns to do what's right and reform a health care system that is unfair, inefficient, and unavailable to far too many American women.

“AIN'T I A WOMAN?”

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

Ms. MOORE of Wisconsin. It's Women's History Month, and it's a great month for us to pass comprehensive health care reform. Here we are, again, women, in another epic battle for equality between men and women. As Alice Paul once said, When you put your hand to plow, you can't put it down until you get to the end of the road. And here we are now.

Staggering statistics on women and health care: 18 percent of women are uninsured; 26 percent of single mothers and 41 percent of low-income women are uninsured; 52 percent of women have foregone getting the care that they needed because of the cost, including not filling prescriptions, skipping a medical test, or not going to the doctor.

For decades, the health insurance industry has used every trick in the book, Mr. Speaker, to deny women the care that they need, to charge women more for the same services as men, and even to drop their coverage when they might need it most. Women face so many barriers in getting affordable health care, and our rights have been trampled on for too long.

This Women's History Month reminds me of the most famous speech that Sojourner Truth ever gave when she asked again and again, “Ain't I a woman?”—asking when would it be her turn to have equal rights. With regard to health care, I would paraphrase Sojourner Truth and say, Ain't I a human being?

It's not an understatement to say that the lack of affordable health coverage has contributed to keeping women in poverty, not to mention keeping too many women in poor health. Women are more likely to be in