

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.

□ 1930

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