

Mr. CONNOLLY of Virginia. Mr. Speaker, budgets are about values and require elected decisionmakers to balance the needs of our constituents with fiscal responsibility.

The Republican Ryan budget this Chamber deemed adopted yesterday is in no way a reflection of the American values that have shaped this Nation. The Republican budget would turn back the clock more than a century to a time when social Darwinism—survival of the fittest—was, in fact, the norm.

Through the leadership of people like Republican Teddy Roosevelt, our Nation began to realize the value in tending to the needs of the poor, the sick, the working poor, the elderly, our children and women. The Republican budget would again put us at risk by making seniors experience a slashing of Medicare and increasing their out-of-pocket costs, and it would further line the pockets of the rich at the expense of the downtrodden among us.

The cuts in discretionary spending put forth by the Republican budget would further set our students behind and create a drag on the economy by disinvesting in research and infrastructure. Mr. Speaker, these are not American values.

BIRTH CONTROL AND MINORITY COMMUNITIES

(Ms. CHU asked and was given permission to address the House for 1 minute.)

Ms. CHU. For women of color, access to birth control can mean the difference between life or death. Without birth control, they face more reproductive cancers, more unintended pregnancies, and more sexually transmitted infections. And because many times they can't afford to pay for health care, such diseases have a more disproportionate effect.

Without affordable health care—and birth control being part of that health care—women's health is at risk. In fact, birth control pills prevent 200,000 ovarian deaths and 100,000 deaths overall for women. Without birth control being covered, out-of-pocket costs for women and their health care needs can be up to \$600 per year. It's like a tax on women. That's not fair.

That's why I support President Obama's decision that birth control should be part of all health care plans. Women do not have to be second-class citizens.

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STOP STUDENT LOAN INTEREST RATES FROM DOUBLING

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise today to sound a warning: college could become even more expensive.

While it's true that a recent report from the College Savings Plan Network put the value of a 4-year degree at \$570,000 more than a high school education would provide over a lifetime of work, paying for loans to go to school is a ticking timebomb.

On July 1, federally subsidized student loan interest rates will double for low- and middle-income families from 3.4 percent to, yes, 6.8 percent. About 8 million students nationwide will be affected by this change. For a student that takes out \$23,000 in loans over the course of a 4-year degree, this would mean paying back an additional \$11,000 over a 20-year payback period.

But it doesn't have to be this way. This body can act. It can act before July 1 to stop interest rates from doubling.

I stand here today to urge action to stop student loan interest rates from doubling overnight. Our Nation's young people face enough hurdles that range from student debt to finding a job to starting a career. They shouldn't have to worry about this body adding to the list.

JOBS AND THE ECONOMY

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, roughly 120,000 jobs were added to the economy in March, marking the 25th consecutive month of increased private sector employment.

In 2 years, American businesses have created 4.1 million jobs. Just last month, the unemployment rate was down to 8.2 percent. While the stimulus bill enacted in 2009 aided in the recovery, there is still much more that this Congress can do to close the employment gap. Instead, Republicans in Congress have insisted on either blocking Democratic job creation proposals entirely or aggressively pursuing legislation that concentrates on special interests and the superwealthy.

Mr. Speaker, as long as millions of Americans continue to struggle, we have the responsibility to engage in a meaningful way that will get our economy back on track.

WOMEN'S HEALTH WEDNESDAY

(Ms. LEE of California asked and was given permission to address the House for 1 minute.)

Ms. LEE of California. Mr. Speaker, first let me just thank Congresswoman CHU and our colleagues for standing up for women's health today.

Between 2009 and 2010, the United States teen birthrate saw a record 9 percent decrease to 34 births per 1,000. This decrease is due in large part to increased contraceptives use in addition to sex education. Yet even as African American and Latina teens saw large birthrate decreases of 9 and 12 percent, respectively—and we know it's also

true for Asian and Pacific American women—all three communities still experience much higher rates of pregnancy and sexually transmitted diseases and infections than white teens.

The reality is not much better for African American women, who, like teens, experience more than double the unintended pregnancy rate of white women. This is unacceptable.

Unintended pregnancy has a very real public health impact, not to mention the increased economic burden on families who are not able to adequately plan for their children. That is why access to affordable birth control is so very important for minority women.

HEALTH CARE DISCRIMINATION

(Ms. SPEIER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SPEIER. Mr. Speaker, I'm sick of women getting the short end of the stick. On the whole, women earn less than men for the exact same jobs. In fact, compared to men, women basically work for free 3.5 months of the year since we only make 77 cents for every dollar earned by a man.

But here's something that's not free—health care for women. We pay \$1 billion more a year in health insurance premiums than men. That's astounding. And it's not because "the fairer sex" is less healthy than men. In the individual market, a woman, 40 years old, nonsmoking, in Kentucky, actually pays more for her health insurance than a 40-year-old man who does smoke. Even among 30-year-olds in Chicago, women are paying over 30 percent more for health insurance than men of the same age. In South Dakota, a 40-year-old woman pays \$1,200 more than a 40-year-old man for the exact same coverage.

The fact is, women are at the mercy of the vast majority of insurance companies which charge us significantly more than men, even with maternity coverage excluded.

Gender Rating in the individual market is wrong and must end.

And if you want maternity coverage? Forget it.

How's this for family values?

For women who do want maternity coverage in the individual market it's an uphill battle to find it and an even greater challenge to pay for it.

Maternity coverage is only covered by 6 percent of insurance companies unless it is mandated by the state. And the cost can be astronomical. Deductibles could be as high as \$10,000.

Some companies offer special maternity coverage riders. In Kansas a rider could cost over \$1600 a month—well over the cost of a normal health insurance premium.

And some of the riders require long waiting periods before the coverage goes into effect.

Insurance companies call being a woman a pre-existing condition.

And they get away with charging women more for the same coverage as men unless there are laws in place to prevent Gender Rating.