

to cancel health insurance, but I might have to in order to survive. It's scary to think about not being able to provide health insurance for employees or going under as a business. Knowing that I would always have access to reliable, affordable health care would relieve my fears.

"I would like to tell those who oppose health care reform that this is a moral issue. We should be taking care of each other. It's an embarrassment to our country to be one of the wealthiest countries and not have health care for all. Please pass Federal health care reform that includes a public insurance option."

□ 2100

We've been joined by JARED POLIS, who is an excellent advocate for the people's rights. He has been very vocal and has been a strong advocate of health care reform. I want to turn it over and yield to my friend from Colorado (Mr. POLIS).

Mr. POLIS. I would like to thank Mr. ELLISON, certainly, for the kind introduction and for sharing very powerful stories.

I have had the opportunity to share a number of stories on the floor of the House of Representatives, and these are all real people who are impacted. I think that, perhaps, my colleagues in the House and those watching us can see in themselves some of the experiences that American families go through.

We're not just talking about the uninsured out there, some mysterious group that you're not a part of because you might have insurance. We're talking about American families, American families who are worrying because one of the parents lost a job; we're talking about soccer moms; we're talking about people with preexisting conditions.

I want to briefly talk about immigration in the context of immigration and health care reform. I received some false information from an anti-immigrant group. The name of this group is the Federation for American Immigration Reform. They're actually a group that fights against immigration reform, but their name says that they're for immigration reform.

They believe—and I believe that similar comments have been echoed on the floor of the House of Representatives—that there is in the health care bill before us something that allows illegal aliens to game the system and to access taxpayer-subsidized health care benefits.

What they're seeking to do—and it would significantly raise the cost of the bill should they succeed—is to prevent our undocumented population, some 12 to 15 million people who reside in our country and who contribute in so many ways, from buying insurance through the exchange.

Now, remember, the "exchange" is something that doesn't exist today. It's set up under law. It is not subsidized

health care. It is where small businesses or individuals will go. They, of course, will pay the full market rate. There will be many private companies that will participate in the exchange and that will design products for the exchange. It is not a benefit. It is simply a marketplace. We've never before barred anyone from being able to purchase a product like health insurance at full price because of one's citizenship or immigration status, nor is it good policy.

I think that many of us on both sides of the aisle would agree that we shouldn't have as large an undocumented population as we do. I dare say we shouldn't have an undocumented population at all. There might be different solutions to that. Mine would simply be to normalize the status of those who are here, who work hard and who contribute so much to our country. My colleagues on the other side of the aisle, who also agree we shouldn't have a large undocumented population, might, in fact, have a different solution to that.

Insofar as they are here, we should, all of us, regardless of where we stand ideologically, want them to buy insurance with their own money if they are willing to. They certainly all won't; but to the extent that they do, they are less of a burden on the rest of us. Anybody who would seek to prevent them from accessing the exchange, which will really be "the place"—"the place" for individuals to buy insurance—effectively is saying that taxpayers should subsidize illegal immigrants.

Frankly, I think that there are many across the country who have a problem with that. To prevent undocumented immigrants from being able to buy insurance from the exchange is saying that taxpayers should pay for their health care. They're going to go to the emergency rooms. They won't have insurance. The costs will be shifted to the rest of us and to taxpayers. We should encourage our undocumented population to buy insurance with their own money. Again, I don't think all of them will, but some of them will. That's a very good thing, and I'm very hopeful that many undocumented immigrants will participate in this exchange.

The exchange makes health care affordable for individuals. Right now, we have an issue where individuals don't have the buying power of big companies. If you have a preexisting condition, which is that scarlet letter that so many residents of our country wear, forget about it. Whether you're a citizen or a noncitizen, if you're an individual, the exchange will allow you to pool your risk. The exchange has the buying power that previously has only been enjoyed by large corporations. It allows one to negotiate the very best rates with insurers. Once again, the exchange is not a benefit. It is not a product.

Mr. ELLISON. I just want to say thank you, Madam Speaker, for allow-

ing us the time for the Progressive message. I yield back the balance of my time.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 2847. An act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2847) "An Act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Ms. MIKULSKI, Mr. INOUE, Mr. LEAHY, Mr. KOHL, Mr. DORGAN, Mrs. FEINSTEIN, Mr. REED, Mr. LAUTENBERG, Mr. NELSON (NE), Mr. PRYOR, Mr. BYRD, Mr. SHELBY, Mr. GREGG, Mr. MCCONNELL, Mrs. HUTCHISON, Mr. ALXANDER, Mr. VOINOVICH, Ms. MURKOWSKI, and Mr. COCHRAN, to be the conferees on the part of the Senate.

HEALTH CARE REFORM

The SPEAKER pro tempore (Ms. PIN-GREE of Maine). Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY of Georgia. Madam Speaker, I thank you for the time, and I thank my minority leadership for the time.

We will spend our hour talking about health care reform; and we will try to compare and contrast, Madam Speaker, many of the policies that were just described by our colleagues on the Democratic side of the aisle, by the majority party Members: the gentleman from Minnesota, the gentlewoman from California, the gentleman from Colorado. A number of statements were made in regard to their bill, the Pelosi health care bill, the 2,000-page bill. In fact, Madam Speaker, I have that bill behind me, and we'll take a look at it in just a few minutes.

We certainly want to talk about the 261-page bill, Madam Speaker, which is the Republican alternative that, indeed, as we know from a letter that we just received yesterday from the Director of the Congressional Budget Office, across the board, the Republican alternative lowers the price of health insurance premiums on an average of 10 percent. I'm not sure that my colleagues who have left the floor now—and if they were still here, I would be happy to yield them time, but I'm not sure that they can say that with regard to this massive, monstrosity of a bill of