

'fortunately,' he told me, are covered through the state (ACCESS program). He seemed calm as he explained this predicament. 'My wife just got diagnosed with Lyme disease, though—a tick-bite right here in our back yard.' Eyes perked up among the others sitting about the grocery. He told me, 'We're paying cash for the lab bill.' It had originally been \$307 but they were able to get it discounted to \$187. 'The doctor's bill was \$80—and that's just for the diagnosis,' he added. 'For the actual treatment, we're dependin' on free samples.'" Mike—Harrisonville, 7/21/2009

"Martin has been out-of-work since last year. 'Obviously I have no insurance,' he said. He has insulin-dependent diabetes and gets some healthcare through the Pennsylvania ACCESS card. He explained that, 'If I go back to work, however, I'll lose my medical care.' That's a disincentive to work, I said. 'Sure is . . . I need to stay under twenty hours a week to get medical care. If I work more, there's no job, no way I could pay for the healthcare and medicines. I can't just drop the insulin.'" Martin—Harrisonville, 7/21/2009

"I would call myself a fiscal conservative,' Jim told me as we sat together discussing healthcare in his living room. 'I believe that health savings accounts, HSAs, and patient involvement in the decisions will be important to bring costs under control.' He added that in his experience, once health benefits are provided, it's 'very difficult to backtrack.' He's worked in government for 32 years and is currently retired. 'Personally, I think the government plan, if made available to all, would work well. I think that would be easy to implement. It allows choice, there's already a mechanism to collect premiums and there could be some income tiering.'" Jim—Bedford, 7/21/2009

"I think that it's possible to have a very basic plan as a public good.' Jo told me she's seen examples of that and she 'believes it's a good use of taxpayer money.' But she also realizes how it could get out-of-hand. 'It all depends on how and what "basic" is defined as,' she said. 'Sometimes that's too abstract.'" Jo.—Bedford, 7/21/2009

## RULES OF THE HOUSE

SPEECH OF

### HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 5, 2011

Mr. BLUMENAUER. Mr. Speaker, I am deeply disappointed in the Rules package assembled by my Republican colleagues. In their campaigns, they promised to improve transparency and to reduce the deficit. These Rules break those promises.

Under these Rules, the new Republican majority will enact a draconian budget without a single hearing, without any input from the Budget Committee, without any outreach to Congressional Democrats, and without a direct vote by the House of Representatives. Merely by entering a statement into the record, the Budget Chairman can subject all spending beyond whatever levels he deems appropriate to a point of order. This level of concentrated authority runs contrary to the premise of transparency that Republicans campaigned on, and, given its disregard for scrutiny, runs the risk of greatly damaging our economy and the welfare of millions.

The rules themselves make a mockery of prudent budgeting. While the Republican rhet-

oric has been laudable in some instances, their "Cut-as-you-go" rule is riddled with loopholes. For instance, it allows tax cuts for corporations to be deficit financed, while programs like child tax credits must find offsets. In fact, these rules forbid eliminating even the narrowest special interest tax loophole to find revenue for effective government programs.

The most casual glance at the origin of this country's debts illustrates the fallacy of their approach. Without finding a dime to offset the cost to our Nation, these rules make it possible to both make permanent the 2001 and 2003 Bush tax cuts for the highest-income taxpayers and to repeal the Affordable Care Act, which not only saves nearly \$150 billion during the next 10 years, but reduces healthcare costs by nearly a trillion dollars during the following decades.

In no way do these rules result in the type of prudent budgeting that my Republican colleagues campaigned on, nor does it resemble anything like what any hardworking American family must do. At a time when the Republican majority is pledging greater openness, the Rules are also anti-democratic by depriving 600,000 taxpaying D.C. residents of their ability to have their voice heard in the Committee of the Whole.

The Rules package also undermines opportunities to continue investing in America.

By eliminating the point of order guarding Highway Trust Fund balances this Republican majority threatens investments in communities large and small across the country. Historically, this point of order ensured that Congress delivered on the transportation investments promised in the transportation authorization, and that States and communities could count on the long-term commitments made in that legislation. By removing this point of order, and allowing Highway Trust Fund balances to accrue and mask the actual deficit, the Republicans are engaging in budget gimmickry that undermines our economy and the safety of our communities.

Organizations from the Chamber of Commerce to the American Association of Highway Transportation Officials have expressed their strong concern about destabilizing transportation funding, and have urged the Republican Conference to make changes. I join with these organizations in expressing my concern and disappointment.

At a time when the need to invest in our communities is higher than ever, these rules will make it possible for the Republican Congress to decrease our investment in infrastructure, undermining efforts to rebuild and renew communities across the country. In addition to the new rule regarding the Highway Trust Fund, these Republican rules also limit the ability of the House to raise revenue for the Highway Trust Fund. At a time when our needs are greater than ever, and individuals and organizations across the country are calling on Congress to upgrade our Nation's roads, bridges, and transit systems, limiting our options—as these Rules do—is shortsighted and foolhardy.

THE WALK FOR HEALTHCARE: HEALTHCARE STORIES FROM MARYLAND AND WASHINGTON, DC, COLLECTED BY OGAN GUREL, M.D.

### HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. KUCINICH. Mr. Speaker, I submit the following stories, collected by Dr. Ogan Gurel.

"Tamara told me, 'She was lucky having health insurance.' Knowing generally that lack of insurance was a problem, she didn't have any particular personal stories to share. But when I asked about health reform, she said, simply enough, that, 'More should be done.'" Tamara—Hagerstown, 7/22/2009

"Patrick has been on and off insurance all his life. 'More off than on,' he further clarified for me. 'My credit rating is trashed because of medical stuff.' And in the 80s he had a skull injury. 'I actually had insurance but not everything was covered so I just couldn't pay.' He seemed relaxed for someone for whom the system seemed not to work—forced into debt, even with insurance, and now suffering the consequence of ruined credit. But perhaps one gets used to such predicament.'" Patrick—Hagerstown, 7/22/2009

"Tiffany doesn't have a job, nor does she have health insurance. As a single mom, her daughter gets assistance through the state. For herself, she did have to go to the emergency room one time last year but as she didn't fill out the form for medical assistance in time (there was a three-month time limit), she ended up owing \$4,000. Now she's being taken to court by the hospital, Washington County. 'I get phone calls every day from the bill collectors,' she tells me. 'And I'm scared to go back to the doctor for anything including my frozen shoulder.' With some trepidation, she told me she knew somebody who was threatened with jail for not responding to court summons for a medical bill. 'It's not a good situation to be in,' she told me. Despite her unhappy troubles, Tiffany insisted on smiling when I took her picture.'" Tiffany—Hagerstown, 7/23/2009

"I met Terry at the Oriole Club, a local bar where I stopped in during a ferocious thunderstorm to take a water break. Terry believes in preventative medicine, eating right, exercising—being positive. She doesn't have insurance and with two kids, she's busy providing them with a home and feeding them right. Last year she got very sick but nobody would take her. Because she has no primary care doctor, it costs \$250 just to get in the door. The others seated along the bar gave knowing looks. She told me she prayed a lot, especially when her temperature hit 104. 'But I survived,' she said with a smile. 'But, if you don't have insurance,' she told me, 'you're treated different.'" Terry—Middletown, 7/23/2009

"Sonny told me the story of a girl in town. Many of the others seated at the bar recognized her plight. 'She's worked for ten years, without insurance,' Sonny told me. And she got sick with a gallbladder problem and, 'probably because she couldn't work on account of her illness,' she was laid off. She needs a gallbladder removal but the doctor keeps putting her off. 'Nobody wants to treat her,' he added. 'And she went to see the specialist but he wanted \$300 up front.' Karen, sitting alongside, squirmed in disapproval. 'Everyone's giving her the run-around . . . And there seems to be no way out of her situation.'" Sonny—Middletown, 7/23/2009

"Chris works at the Days Inn in Frederick. He's an insulin-dependent diabetic (that's his

supplies he's proudly showing me). He has insurance but 'it sucks, only covers so much,' he told me. 'They don't cover even the supplies I have here. And if you go to the hospital for low blood sugar, or see a specialist, it costs several hundred dollars.' He was previously under his parent's coverage but now his own insurance, which 'bad as it is,' he added, has been further downgraded because of the economy. 'But,' he said, 'I don't have much choice unless I get another job, and that's not at all easy these days.'" Chris—Frederick, 7/23/2009

"Frank's story centers around his fiancée. She's a breast cancer survivor. The chemotherapy, according to Frank, 'cured the cancer but devastated her body. She continues to have health problems,' he told me. These include diabetes and psoriatic arthritis for which she is treated with methotrexate and Enbril injections. She had been getting her medications through PAC (Physicians Assistance Care of Maryland) but, as Frank explained to me, 'Only the diabetes medicines qualified and those she got through this program were less effective than what she was previously taking.' Now that she is working, she is no longer eligible for the program (which requires an income of less than \$1,400 a month). Her new job offers health insurance but, 'the premiums are so high that if she gets the policy, there'd be no money for anything else.' Getting health insurance, would 'make it impossible for her to live,' Frank told me. 'And, even with the policy, the medications would be too expensive. Basically,' Frank summarized for me, 'without healthcare, she has pain and suffering, can't get out of bed and so could lose the job.' That's terrible, I said. 'Oh, it could be worse I guess,' he replied, shaking his head." Frank—Frederick, 7/23/2009

"I met Howard and Tauyna over breakfast at the Days Inn. Howard told me that they've generally been OK, but even with insurance, 'deductibles have been increasing and out-of-pocket expenses also going up.' But Howard wished to share a story from twenty years ago. 'It actually relates to what's happening today,' he told me. He was between jobs, he explained, having left a position with health insurance for a higher-paying job that did not, however, offer health benefits. Soon after, his wife had a tubal pregnancy and with the hospital bills he ended up having to taking out a loan for \$8,000 ('a huge chunk of change in those days,' he added). The doctor forgave his fee and he was able to negotiate a half-price with the anesthesiologist. 'I sure don't know what would happen if it were today.'" Howard—Frederick, 7/24/2009

"Brenda's story is about her father who died two months ago. She told her story with a mix of disbelief and quiet anger though she was heartened to be able to share with others what she felt was a true health insurance horror story. Her late father had diabetes since 1995. His illness was complicated by neuropathy and multiple foot infections resulting in an amputation of one great toe. Earlier this year, his insurance company, Group Health, told him that they were dropping him for medical noncompliance although Brenda, who's a nurse, said this was patently a lie and they had medical proof, including doctor's attestations, that he was in compliance. And then he had a stroke, which was compounded with multiple complications. He came down with sepsis, had to have another amputation, this time below-the-knee. Though the MD said everything was OK, the operation was, in fact, a 'was a disaster,' Brenda told me. It turned out he was left unattended in the hallway, coded in recovery, had a head bleed, was given CPR, put on a ventilator and admitted to the ICU. He never regained consciousness. He was taken

to a Palliative Care unit and though he was put on a morphine drip, he survived for two more tortuous months. All during this time, people from the hospital kept coming by telling his already grieving wife that she would be responsible for the bill. 'The total bill is \$69,000 and still going up,' she said.'" Brenda—Gaithersburg, 7/24/2009

"Shayla's been newly enrolled in a PPO. Supposedly better than an HMO, she had high expectations. 'But,' she told me, 'I don't understand why it's so good. First, you pay more,' she explained, 'and second, you still get a bill AFTER the co-pay.' And then she told me about the prescription plan, which requires you to mail away for the medications and it often takes 4 to 6 weeks for delivery. She shook her head. 'That just doesn't make sense!'" Shayla—Gaithersburg, 7/25/2009

"Keith is one of the founders of the ubiquitous Food Not Bombs organization. His organization has protested around the world and now he's in front of the White House delivering his message to all those gathered. His story is simple: he's got fibromyalgia, which he says he acquired after being tortured by the CIA during one of his several incarcerations for illegally delivering free food. With his income and this sort of pre-existing condition, he can never get health insurance." Keith—Washington, 7/26/2009

"Doris, from New York, is here in DC visiting. 'No insurance, can't afford it.' She said, 'and doesn't ever go to a doctor. I'm otherwise lucky,' she said, with a smile and went off with her friends." Doris—Washington, 7/26/2009

#### CELEBRATING THE GRAND OPENING OF TERRY'S HOUSE

### HON. JIM COSTA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. COSTA. Mr. Speaker, I rise today to recognize Community Regional Medical Center on the occasion of the grand opening of Terry's House, a new, state-of-the-art facility in downtown Fresno, California, which will provide much needed support and housing to allow families to stay close to sick and injured loved ones in the hospital. Located in the heart of the Fresno medical district, this new 15,874 square-foot, two-story family house with twenty guest suites will be the first hospitality house in the Greater Fresno Area.

This residential facility is named in honor of Terry Richards who suffered and survived a serious trauma at the age of five when he was injured in a car accident. For nearly five months, his mother was forced to travel nearly 80 miles a day to see her son while he was recovering in the hospital. Currently, family members of patients must seek accommodations miles from the hospital, and many who cannot afford lodging sleep in waiting rooms, in their cars or try their best to find a spot in a busy hospital. Often, patients' loved ones have no alternative but to leave the hospital and make the long drive home. Now families have Terry's House, their home away from home, while their loved ones receive care.

Terry's House was made possible by the tireless work of Terry Richards' brother, Tom Richards, a local community developer and CEO of the Penstar Group. With the dedication of Tom Richards, Leta Ciavaglia, the Terry's House Development Council, the Commu-

nity Regional Medical Center Foundation and many generous members of the community, a family dream has become a reality.

Mr. Speaker, I applaud Terry's House and its many supporters for their efforts to create a facility which keeps families together during times of need. I ask my colleagues to join me in commending Tom Richards and the community members of Fresno who have worked unremittingly to make the opening of Terry's House possible.

#### THE WALK FOR HEALTHCARE: HEALTHCARE STORIES FROM ILLINOIS AND INDIANA COLLECTED BY OGAN GUREL, M.D.

### HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. KUCINICH. Mr. Speaker, I submit the following stories, collected by Dr. Ogan Gurel.

"Martha finds it shameful that America can't provide basic health care for its citizens, like any other developed country does. 'Civilized nations care for those in need,' she said. She especially noted that the connection of health care insurance to employment status was a big problem. 'It doesn't make sense. If you get sick, you have a greater chance of being unemployed.'" Martha—Chicago, 6/27/2009

"Addison, on the right, is Martha's older son. He's a student in college who, with evident pride, told me that in the past election he had just voted for the first time. As he embarks on study abroad in Italy this coming fall, he is, despite his glowing patriotism, embarrassed that health care for all, as he has learned is the case in Italy, doesn't exist here in America." Addison—Chicago, 6/27/2009

"I met Ron along Martin Luther King Drive. He was working at painting a fence. He waved his hand towards the south side streets beyond and said, 'Yes, there's many people here without health insurance.' With a serious look, he turned back towards me. 'Yes, without health care.' He shared a story of an old lady from the neighborhood. She had a change in coverage that now made it too expensive to get her insulin for her diabetes. 'It was all very fishy business,' Ron told me. This lady, on Medicare, was in the hospital for some time. An insurance salesman came to her hospital bed and convinced her to change her coverage (Ron couldn't recall the exact name but he told me it sounded, 'Something like Well Care'). What happened was that this 'new' plan didn't cover the old lady's particular type of insulin so, with her 'brand-new' private supplemental insurance plan in place, she ended up now spending \$129 a month, out-of-pocket, for her medication. The insurance salesman is gone and now she's struggling, Ron tells me, on top of her fight to stay well, to piece together her wrecked insurance and financial situation." Ron—Chicago, 6/27/2009

"Stopping by the Chicago Baptist Institute, I met Rev. Joseph Felker, the Chairman of that organization. A crowd was gathered and they were hosting an outdoor event—a 'Healthy Walk' event actually. He told me, 'We should have had health care for the uninsured years ago. It is a travesty, a true travesty, but hopefully the change we are seeing is a start.'" Joseph—Chicago, 6/27/2009

"Sitting next to Rev. Felker was Rev. Dr. Tyler. He concurred, saying that, 'Health care reform is long overdue. With the wealth