

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### CLINICAL LABORATORY COMPLIANCE IMPROVEMENT ACT OF 2005

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, today I am introducing the Clinical Laboratory Compliance Improvement Act of 2005, legislation to improve accuracy and reliability in medical testing and provide protection for employees who report laboratory problems to their superiors or regulatory entities.

Medical laboratory testing is a fundamental pillar of our Nation's health care system. Virtually every American undergoes testing in the course of receiving medical care and relies on the accuracy of laboratory tests to receive appropriate medical care and treatment. Incorrect test results in the worst case can contribute to a misdiagnosis that leads to inappropriate care and possible adverse health consequences for the patient. In the best case, incorrect or invalid results can lead to undue stress and inconvenience.

Inaccurate testing for communicable diseases can pose a serious threat to the public health. In May and July of 2004, the House Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform held hearings to investigate lab deficiencies that led to the release of hundreds of invalid test results by the Maryland General Hospital located in my district in Baltimore City. I requested the hearings as the subcommittee's ranking minority member, and with the cooperation and support of the distinguished chairman, the gentleman from Indiana (Mr. SOUDER), the subcommittee conducted the hearings on a strictly bipartisan basis.

During the hearings, the subcommittee received testimony from Teresa Williams and Kristin Turner, two former laboratory employees who complained to superiors and State health officials about serious, long-standing deficiencies in the lab, including failure to implement quality controls on a diagnostic device used to read tests for HIV and hepatitis.

Officials from the Food and Drug Administration and the Centers for Medicare and Medicaid Services, responsible for implementing Federal regulations governing medical diagnostic devices and laboratory operations, respectively; the former chief executive of Adaltis US, Inc., manufacturer of the device used to run the invalid test; the College of American Pathologists, a private accrediting organization responsible for certifying the labora-

tory's compliance with Federal and State regulations on behalf of CMS and the State; and the Maryland Department of Health and Mental Hygiene all testified.

It was Ms. Turner's complaint in December 2003 that triggered investigations by the State CMS, the Joint Commissioner on Accreditation of Healthcare, JCAHO, and CAP, between January and March. The investigations confirmed Ms. Turner's allegation that during a 14-month period between June 2002 and August 2003, Maryland General Hospital issued more than 450 questionable HIV and hepatitis test results to hospital patients.

During this time period, the hospital laboratory was inspected and accredited for 2 years by CAP, receiving CAP's Accredited With Distinction Certificate. Despite an earlier anonymous complaint by Ms. Williams and several colleagues, the State also was unable to identify the problems, and serious deficiencies in two key departments of the lab went undetected by CAP and the State until January of 2004.

In Spring of 2004, inspectors from the States' EMS and JCAHO concluded that the laboratory staff had falsified federally required instrument quality control results and reported patient results even though quality control checks had failed. Learning of the problems by way of news reports, CAP conducted a complaint inspection in April, found similar deficiencies, and suspended accreditation of the lab's chemistry and point-of-care departments for 30 days.

To its credit, Maryland General Hospital conducted its own internal review and vigorously undertook efforts both to retest the affected patients and to revamp the lab's leadership and operations.

Fortunately, retesting verified the accuracy of the overwhelming majority of tests, and Maryland General has made enormous strides in improving its lab operations so that patients receive results that are accurate and reliable.

Nevertheless, Mr. Speaker, this is a situation that caused great distress to the community that the Maryland General serves.

I should note that I live in that community, and I have received care at Maryland General Hospital. This is a situation that could have put lives in jeopardy and one that simply should never have occurred, given the regulatory safeguards that exist to ensure quality testing.

Congress recognized the importance of ensuring that all Americans receive accurate diagnostic test results when in enacted Federal Standards for Medical Laboratories under the Clinical Laboratories Improvement Amendments of 1998, now known as CLIA. Under the CLIA, the Centers for Medicare and Medicaid Services were charged with developing and implementing regulations to ensure that all labs conform to strict Federal guidelines.

CMS directly inspects some labs to ensure CLIA compliance and State health agencies are responsible for inspecting and certifying the compliance of others. In addition, pursuant to CLIA regulations and agreements between CMS and the States, clinical laboratories that choose to be accredited by CAP or one of five other private accrediting organizations, are deemed to be in compliance with State and Federal regulatory requirements and can bill for services provided for Medicare beneficiaries.

Mr. Speaker, there is no doubting the fact that CLIA has made medical testing more accurate and more reliable, and surely the overwhelming majority of labs do their best to conform to these high standards. Unfortunately, the Maryland General case clearly demonstrates that not all laboratories will play fair and that the current system does not guarantee that serious instances of noncompliance will be detected or corrected.

Testimony before the subcommittee indicated that in the Maryland General case, laboratory supervisors failed to implement quality control measures and deliberately masked lab deficiencies from inspectors from CAP and the State. Employees who complained were subject to retaliation and intimidation.

#### NO CRISIS IN SOCIAL SECURITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise to help dispel the ridiculous myth that Social Security is in a state of crisis.

If you listened to the President at the State of the Union or out on the stump, you have heard the President use words like "broke," "bust" or "bankrupt." Mr. Speaker, Social Security is neither broke nor bankrupt. The program is certainly not in crisis. A crisis is an imminent problem. Yet, while the President cries "crisis," Social Security continues to bring in more than it pays out in benefits.

According to the Social Security trustees, the program will continue to do so for the next 13 years, until 2018, when the trust fund will be tapped to help pay for benefits. Even then the cries of "crisis" would be melodramatic because the money accumulated in the trust fund would be able to provide full benefits for the next quarter of a century.

As a recent Washington Post article put it, calling 2018 a crisis point is "like saying that Bill Gates will be strapped if he works only part-time." Just as Bill Gates has his personal trust fund to draw down, the Social Security trust fund will have more than \$3.7 trillion in it in 2018. If our government is going to pay back the debts we owe to someone in a foreign country that invests in Treasury notes, why

should we not be required to pay back the Social Security trust fund, whether it is 2018, 2025 or tomorrow?

The trustees acknowledge that the trust fund and incoming payroll taxes will be enough to cover full benefits until 2042, so there will be no reduction of benefits if Congress did nothing this year and until 2042. According to our own Congressional Budget Office, it would last until 2052. Frankly, the CBO, the budget office, has been much more accurate than the Social Security Trustees' report.

Even if the Social Security trust fund is spent, the program still will not be in crisis. After 2052, according to CBO, the Trustees project that the program will be able to pay out at least 70 percent of the benefits.

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Again, that is 47 years from now. Make no mistake, I will not support a cut in benefits, and so a fix is certainly in order, but we need a solution that will mend Social Security without ending the program as we know it. Privatization is no solution.

While we know very little about the details of the President's plan, this much is for sure. On its own, privatization does nothing to close Social Security's funding gap. Rather, it increases that gap by \$1.4 trillion in the first 10 years of private accounts and by another \$3.5 trillion in the next decade. Not only is Social Security further burdened by private accounts but our seniors would also be worse off.

Mr. Speaker, Social Security faces a challenge, not a crisis. Small changes based on the right priorities could keep the program floating comfortably in a sea of black ink for generations to come.

A repeal of the President's tax cuts on 1 percent of the wealthiest will bring in enough revenue to take care of 80 percent of Social Security's shortfall for the next 75 years. And I will repeat: if we repeal 1 percent of the tax cuts for the highest percentage of the wealthiest in our country, it would take care of 80 percent of Social Security's shortfall over the next 75 years. Yet somehow I doubt whether the administration will ever prioritize a safety net program benefiting all Americans over a tax cut that benefits the wealthy few.

As we consider the various Social Security proposals during this debate, we must remember that Social Security was created as a safety net to provide a minimum standard of living for America's retirees. Nobody is supposed to get rich off Social Security, and they do not. Frankly, with private accounts, I do not think they will get rich either.

What they will do, however, is take the security out of Social Security and jeopardize the program's mission and effectiveness.

For the sake of all the future Social Security beneficiaries, I urge the President to separate the rhetoric from the

reality and quit fabricating a crisis in a vain attempt to privatize the most popular, most successful domestic program in our Nation's history.

#### ISSUES OF ETHICS

The SPEAKER pro tempore (Mr. BARRETT of South Carolina). Under a previous order of the House, the gentleman from California (Mr. GEORGE MILLER) is recognized for 5 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, very often when we are out among the people we represent and holding town hall meetings and meeting with various organizations, we are asked the question, Why do you not run the government like a business? Unfortunately, today, there is some evidence that we are running it like a business, but we are running it like some of the worst businesses in America.

Today, what we see, as the Republicans gain seats in the House of Representatives, as the Republicans get more and more control of the House of Representatives, there is less and less space for honest debate in the House. There are less opportunities for the minority to offer amendments, to offer bipartisan changes to legislation to come to the floor. If we put together a bipartisan coalition that the Republican leadership does not like, they simply are not allowed to offer that amendment.

This is at a time when young men and women are dying to bring democracy to Afghanistan and to Iraq, and yet we cannot find that democracy on the floor of the House of Representatives. It does appear, as the old saying says, that power corrupts and absolute power corrupts absolutely; and that is the situation we have come to.

We now have the House that has an ethics process that reeks of favoritism, reeks of conflicts of interest, reeks of punishment of those who dare to look at the evidence and make an independent judgment. We now see that those individuals are taken off the committee. The chairman of the committee is sacked for no apparent reason.

There was a unanimous vote in the committee in the last session of the Congress three times to admonish the majority leader of the House. The committee apparently looked at the evidence, listened to the witnesses, and on a unanimous basis decided that that action was warranted. We then see that those individuals who participated, or several of those individuals, including the chairman who participated in that unanimous decision, were taken off the committee.

This starts to look like the businesses that have terrified the American people, the Enrons, the WorldComs, where we see what happens is the CEO starts to appoint his friends to the board of directors. They start to cook the books, they start to steal the shareholders money, they start to mis-

lead the investment communities. What we see here is that apparently the majority leader did not like the outcome of the actions by the Committee on Standards of Official Conduct, and so they started to change the rules.

There apparently is some anticipation that the majority leader could be subject to an indictment out of the State of Texas. As a result of that, there was an effort to change the rules; and in fact, the rules were changed within the Republican Caucus to say that, if indicted, that leader could continue to serve, or a leader in the position of leadership could continue to serve. Of course, that was a voice vote and a secret caucus.

When that vote was exposed to daylight, when they found out that vote was going to be challenged by our side of the aisle, by the Democrats in the House, they, of course, changed that action because it would not stand up under scrutiny; but they did not do anything.

Unlike the old rules, the investigation would have proceeded because the committee is evenly split between Republicans and Democrats. It would have proceeded. Now, unless one person from one party or another crosses the party lines and agrees to the investigation, the investigation dies. We now have the situation where the party that may have somebody under investigation, in effect, has a veto.

That is not the ethics process that the public is entitled to or the Members of the House are entitled to. We now see that that is the rules of the House.

We now also see that in the replacement of the Members of the Committee on Standards of Official Conduct, we have two Members of the committee who have contributed to the defense fund for the majority leader. If they are called upon to undertake an investigation, because apparently that matter is still pending before the Committee on Standards of Official Conduct, they will be in a position of having to decide whether to proceed or not, and they have already cast their vote with their contribution to that defense fund.

So we now have a Committee on Standards of Official Conduct that is severely conflicted with respect to its duty to the people of the country and to the Members of this House.

Mr. Speaker, this is not what the people's House should look like. This is not how the people's business should be done, whether it is about allowing space for true and honest political debate, as many Members on the floor today earlier argued for the ability to talk about the asylum provisions in the bill that we will vote tomorrow, but the time was not allotted to do that. The time was not allotted to have that kind of discussion that affects so many people. Why did they do that? Because they do not want the discussion. As our colleague, the gentleman