

There are many things we ask of our constituents, but mostly there are many things that the government provides for them, like public education, police, fire, roads. We pay for all of that because we use all of that—some more than others. Some benefit more than others from these services, but it's pretty proportionate about how much you pay and your taxes depending on how much you earn, on how much you have and on how much you've actually benefited from this country of ours. So I believe you're right. It's a shared thing.

One of the suggestions is, of the people who have health care benefits, their benefits should be taxed. There are a lot of us who feel that taxing a person's benefits is not the way to go because they've already, probably, in this economy of ours, given up raises in order to keep their benefits in the first place. To tax those benefits on top of that would just be a hit to the middle class of this country.

Mr. ELLISON. If the gentlelady would yield back, does the gentlelady agree that we should go about 10 more minutes and hand it over?

Ms. WOOLSEY. Right.

Mr. ELLISON. I just want to point out that, under the Baucus—or the Senate finance bill, subsidies to the premiums of low-income people would be kept at 13 percent of the max; whereas, in the House bills, the premiums would be kept at 11 percent. So the House bill, again, is doing more to help the middle class person. The Senate Finance Committee is cutting into the middle class even more. This is just premiums. This is not copays. This is not deductible payments, payments you have to make when you have a deductible. This is not other costs associated with health care. This is just premiums. So, again, the Senate Finance Committee's bill is not nearly as good as any of the House bills.

Ms. WOOLSEY. If the gentleman would yield again—

Mr. ELLISON. Certainly.

Ms. WOOLSEY. With just that 2 percent difference, that cuts into middle-income workers.

Mr. ELLISON. Yes.

Ms. WOOLSEY. I don't know what the numbers are, but I think, if they earn \$41,000 a year and have four children, then they wouldn't be eligible for the subsidies. I don't have that in front of me. I'm sorry. I might be off a little bit, but it really cuts into middle-income workers.

Part of what this bill is about is making it secure for all workers who already have coverage, not making it harder for them to have their coverage. Part of that is security. They might love the coverage they have, but they know, in their heart of hearts, that they could lose that.

Mr. ELLISON. That's right.

Ms. WOOLSEY. Their employers could decide they can't afford to cover them anymore, and boom, that's the end of it. They might lose their jobs.

They might want to change jobs and not have insurance going with them.

The truth of it is that, not the Baucus bill particularly, but the House health care reform bill makes it more secure for people who are already covered. They lose nothing. They don't have to leave their coverage unless their employers decide they don't want to cover them anymore. With the House bill, they have a place to land. They have a place to go, and they can get health care coverage without prejudice.

Mr. ELLISON. If the gentlelady will yield back, we're wrapping up now. Yet the fact is, as to the House bills, if you look at them together, insurance companies can only charge different premiums based on age, and then it's like 2-1.

Ms. WOOLSEY. In the House bill, it's 2-1.

Mr. ELLISON. In the House bill.

Ms. WOOLSEY. Tell what it is in the Baucus bill.

Mr. ELLISON. The Baucus bill is 5-1.

Ms. WOOLSEY. 5-1. Can you imagine?

Mr. ELLISON. 5-1. This is wrong. This is very bad. This is very, very bad.

The fact is that this is going to be financially devastating for people who aren't yet elderly but who still are up to 60, 58, 59. It's going to hit them very hard if the insurance companies can discriminate like that, and there are far less stringent insurance reforms in the Baucus bill.

So, when you look at the Baucus bill, it is an inferior product. The Senate Finance Committee is an inferior product. The Senate Finance Committee bill is an inferior product. That's what it is, and it really is a nonstarter. So we're pulling for people on the Senate Health Committee to make a better bill than that which came out of the Senate Finance Committee.

We believe that help is on the way. Health care reform is right around the corner. It's time to raise the voices and to not be shy.

The President is running all over the country, talking to people about health care reform. He was in my own town of Minneapolis last Saturday. He did a phenomenal job. When the President mentioned the public option to a capacity crowd in the Target Center in Minneapolis, Minnesota—my city—the crowd roared for 1 minute 40 seconds. They wouldn't even let him continue with his speech. They were just clapping wildly—a deafening noise. That's how much people want the public option.

Ms. WOOLSEY. That's right.

Mr. ELLISON. So I'll leave the last word to the gentlelady of California.

Ms. WOOLSEY. Well, I'd like to say that the Progressive Caucus believes that it is our responsibility in the House to get our bill united and that it is our responsibility to bring our bill forward and to get it voted on so that we have that as an example of a robust

health care reform package, so that Senator HARKIN's Health Committee can follow suit, and so that we can give him a lot of the strength that comes from this House. We'll be negotiating with them later, but we'll be negotiating two very good bills. We want to go first.

Mr. ELLISON. So that will close us out.

I just want to say thank you, Chairwoman WOOLSEY, for being here and for always being supportive of our special hour and of our progressive message.

The Progressive Caucus is committed to values of shared community, of shared responsibility, of making sure that the least of us are cared for and are looked out for, of making sure that America is a country that supports peace around the world. This is what some of our essential values are: The Progressive Caucus. The progressive message. Thank you very much.

I yield back the balance of my time.

AMERICA'S ECONOMY AND HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank the minority leader, JOHN BOEHNER of Ohio; the minority whip, ERIC CANTOR of Virginia; and the minority conference chairman, MIKE PENCE from Indiana—our leadership—for giving me the opportunity to take this hour this afternoon as the designee of the Republican Party, the minority party.

Like my colleagues on the other side of the aisle, the Democratic majority that you've just heard from concerning health care reform, my hour also will be spent discussing this topic of tremendous importance to the American people. Certainly, we were home during the August recess for almost 5½ weeks, and I think, for each and every Member on both sides of the aisle, if they didn't know health care was the number one issue when they went home to their districts, they found out pretty quickly. I think, Mr. Speaker, you would agree with me on that. Certainly, it was all over the television news—cable news and the networks.

So we are in a time of this 111th Congress where we're dealing with something that is just as important as almost anything that you can think of. There are other issues, of course, that are on people's minds, issues which are equally as concerning. One of those, Mr. Speaker, is the economy. The economy has been pretty rough, and we all know it. For the last year and a half, we've been in a pretty deep recession, and it seems like no matter what we do that we're not able to pull ourselves out of that ditch.

So I would say to my colleagues on both sides of the aisle, while the health

care reform issue is important—and it is important that we lower the cost of health insurance so that everybody in this country can have affordable, accessible health insurance plans and can have the opportunity to see physicians when they need to—there are other great concerns. One of those great concerns, of course, is the economy.

I looked at some polls earlier today, and when 1,000 people were asked to list in the order of their own priorities what their greatest concerns were, 44 percent of them said, My greatest concern is the economy.

□ 1545

In second place was reforming health care at 14 percent of the respondents, and our national defense tied in third place when 14 percent also said that was their greatest concern. It is important that we keep this issue as high a priority as it has, and as important as it is to people in this country, that the economy is the number one issue.

Mr. Speaker, I think it was President Clinton that said, It's the economy, stupid. Or maybe somebody said to President Clinton, remember, that it is the economy.

And it is. There is no question about it. When you are looking at an unemployment rate bumping up to 10 percent, and people losing jobs since February, when we passed the economic stimulus act, Mr. Speaker, \$787 billion, I believe, of borrowed money, a third of that money borrowed from the Chinese government. That was going to stem the tide; we were going to make sure that unemployment did not get worse than 8.5 percent, and that we stopped the hemorrhaging of jobs and, indeed, began to grow jobs.

Well, now, here we are, some 6 months later in the process. We haven't spent it all, but appropriated that much money again, \$787 billion, to try to get things going to stimulate the economy. We have lost another 2 million jobs, and the unemployment rate is approaching 10 percent.

I think that one thing that I wanted to share with my colleagues this afternoon, Mr. Speaker, is the revision of our health care system. The revision of our health insurance system, while important, and important to our economy, it's not the number one issue. The number one issue is to get people back to work and start creating some jobs and do something about the homebuilding industry, where sales are down. Prices of homes are down 40 percent, probably, in some parts of the country.

Jobs are lost in that industry, and there are so many things we could be doing, should be doing, to stimulate this economy. Yet the President's attention has been diverted so much that he is going all across the country, doing his own town hall meetings, almost like in a campaign mode, lobbying for this idea of a comprehensive, total reform of our health care system such that the government has more in-

volvement. Maybe not total involvement, but from my perspective, Mr. Speaker, and those of us on the Republican side of the aisle, we have great fear that these plans—my colleagues that spoke in the aisle before were comparing the Senate version versus the House version.

I would say, Mr. Speaker, that I have concern about both versions, about both versions leading to a total takeover of the health care system by our government. Ms. WOOLSEY and Mr. ELLISON are very good people, compassionate Members, as we all know, and you could tell from hearing them speak, that they have good hearts.

But if you ask them, or, and I have heard, actually—I am not going to put words in their mouths, but I have talked to a number of the members of the Progressive Caucus, of which they are a part, Mr. Speaker, and what many of them have said, and don't deny it, is that they are not going to be satisfied until the Federal government completely takes over the health care system in this country. That is similar, if not identical, to the Canadian system, or the UK system, a nationalized, socialized medicine, is actually what we are talking about.

And so we feel, on the Republican side of the aisle, first of all, that's not desirable. The people don't want it. The town hall meetings told us that they don't want it. The recent polling tells us that they don't want it.

They clearly want lower prices for health insurance, they want us to do something about that, and they want to make that opportunity to have health insurance more accessible to each and every one of them and the members of their families. But they don't want a government takeover, Mr. Speaker.

I say to my colleagues, look, the President, in the joint session of the Congress, where our colleagues on the House side, our Chamber, were obviously here. Our colleagues on the other body, United States Senate, were here. Cabinet members, Supreme Court justices were here as the President addressed the Nation in prime time.

You know, you can't have a better bully pulpit than that opportunity for the President to make his case. During that 45-minute speech, another great speech by President Obama, he said one thing that I agreed with, well, probably several things that I agree with, many things that I don't agree with, like a public option, which is a euphemism for a government takeover of our health care system.

But President Obama did say that one thing, one area of reform that he has not yet seen in any bill is medical liability reform, and that he felt that that would bring down the cost and that he was willing to listen, Mr. Speaker, to ideas presented to him. His door was open—I don't know about those three or four levels of gates before you get to the door—but I am really hopeful, Mr. Speaker, that his door

is open to Republicans and Democrats, and rank and file, leadership, to every Member of this body.

In fact, even, it would be great if his doors were open to the citizens of this country that have great ideas and where we get most of our great ideas, if the truth be known. But this, this idea of medical liability reform, I have sent him a letter based on what he said in that speech. He also, Mr. Speaker, said the same thing to the American Medical Association annual meeting in his hometown of Chicago this past June.

Mr. Speaker, I know you know this, but some of my colleagues may not know that in my prior life, before I came to this body 7 years ago—I am now serving in my fourth term—I spent 31 years practicing medicine, 26 as an OB/GYN specialist in my 11th District of Georgia, where I still live and will spend my entire life. It's a wonderful, wonderful community in northwest Georgia.

This issue of health care—I am as compassionate about it as anybody, just as compassionate as my friends on the Democratic side that had the previous hour. This idea of doing something about medical liability reform—I am so glad that the President said to the American Medical Association at that annual meeting, Yes, in response to a question from one of the doctors, We do need to do something, and I will take that into consideration.

Now, he wasn't specific, just like the other night he wasn't specific in regard to what he would be amenable to in regard to liability reform.

Mr. Speaker, tonight, I am going to spend some time talking about a bill that I have introduced every year since 2003, that was the 108th Congress. I have been a Member of the 108th, 109th, 110th and 111th and hope to be a Member, Mr. Speaker, of many more Congresses to come. I love this place. I love this body, I love my colleagues on both sides of the aisle.

But each year I have introduced the bill called the HEALTH Act, and it is about medical liability reform. The bill number, for those of you who would like to look it up—and I hope you will, because I have got about 60 cosponsors right now, Mr. Speaker. I want cosponsors on both sides of the aisle, because I want this to be a bipartisan effort. I think that's the only way we can really accomplish things that the people will be happy with.

But H.R. 1086 is called the HEALTH Act, and it's modeled after a bill that was passed in California. California, with its 35 million people, passed a bill back in 1978. The acronym for the bill is MICRA. The most important aspect of that bill, Mr. Speaker, was to put a cap on awards from a jury to a plaintiff for pain and suffering.

Now, when a medical case is brought before a jury, and there is alleged malpractice, and the patient has been harmed or injured in some way, there is all kinds of evidence given to the jury in regard to what the patient has

lost, how much they are disabled and whether or not they can continue to work, and if they can't continue to work over a lifetime, you know, maybe 25 more years, that they expected to work. How much is that worth? That's called compensatory damages, and those awards can be in the millions of dollars and sometimes are.

In most of those cases, I would say, bravo, Mr. Speaker, that the patient was injured by some physician or some hospital practicing below the standard of care, and they have got just compensation. We call it a redress of their grievances. Maybe it doesn't make them whole, but it helps.

Well, this bill, though, doesn't say anything about that, doesn't take away one scintilla of their right to redress of those grievances. It simply says that if it's a minor situation, a minimal injury or even, in some cases, where the jury says we know, based on 2 weeks of the attorneys, the plaintiff's attorneys and the attorney defending the physician, that the doctor didn't do anything wrong, that this was really just an unfortunate outcome; the doctor followed all of the standard practices, best practices in the community. But, golly, you know, we just feel sorry for the patient and, after all, the doctor is not really going to pay this. He or she pays a high malpractice premium to be insured, but it's that old insurance company, and we are just going to go ahead and award \$4 million for pain and suffering.

Well, that's what drives up the cost of health insurance, Mr. Speaker, for everybody else. And it is estimated that if we limit that kind of opportunity, just out of compassion, not based on any factual evidence, that these sort of runaway jury awards are given, if we limit that, then we could save, in this health care system of ours, Mr. Speaker, up to \$120 billion a year, \$120 billion a year, that estimate by the RAND Corporation.

It just seems to me, Mr. Speaker, that if we go in this direction, that we wouldn't have to say to the American people, we are going to pay for health care reform by taxing the so-called wealthy an additional \$800 billion a year. My friends, we are talking about, well, it's okay if you had a lot of money, why not give to the poor and the downtrodden and follow the Good Book. That's fine. I mean, I understand.

But there is another perspective on that. You teach a man to fish, you feed him for life. You give a man a fish, you just give him one meal. And many of these people, these so-called rich that are going to be taxed in the House bill that they were praising so much, I think the number is H.R. 3200, there's a surtax on people with a combined income, I forget, something like \$250,000.

□ 1600

Well, many of those people, Mr. Speaker, are small business men and women who pay their taxes just like an

individual, like a small business, sole proprietor. And when you add that surtax on top of their marginal rate and on top of their State and local taxes and FICA, they are paying 52 percent, more than half of their income, in taxes.

So many of them will just simply say, you know, this little company that we started years ago, this little roofing company, this sheet metal company, this real estate shop, and we created these 10, 15, 20, 25 jobs, and we have been good to our employees and provided them health insurance, we are now in our fifties and we have been prudent and frugal and saved back and we planned on working another 10-15 years and keeping this company going and maybe turning it over to our children or grandchildren, but this is crazy. We are not working for ourselves or employees, we are working for the Federal Government so they can totally reform health care and turn it into a socialized medicine system. Well, we are just not going to do it and we are going to close the doors, and we are going to have that many more people on the unemployment rolls and that many more people without health insurance.

I have been hearing my colleagues talk about, and I think President Obama, Mr. Speaker, said it just last week in his speech, this is a crisis; 14,000 people every day, 14,000 people every day are losing their health insurance, and we have to do something about it.

Mr. Speaker, 14,000 people are losing their health insurance every day not because of the cost of health insurance. They are losing it because they lost their job, 6 million of them in the last couple of years, 2 million since February when we passed the so-called economic stimulus bill. So we have to put all of these things in proper perspective.

So this bill that my colleagues were praising, H.R. 3200, I am on the committee, I have read the bill, the 1,100 pages. The pay-for of \$1.5 trillion over 10 years, and that is a very conservative estimate as told to us by, as they said, the nonpartisan Congressional Budget Office, \$1.5 trillion, \$8 billion coming from taxation on those small business men and women, that job-killing taxation and another \$500 billion, Mr. Speaker, taken out of what, the Medicare program.

Do you think, my colleagues, that we can afford to cut Medicare by \$500 billion when we have already been told by the trustees that by 2017 there will be less money coming in from Medicare FICA than is going out in benefits to our 45 million, I think there are, Medicare beneficiaries? And that the long-term unfunded liability of Medicare out to the year 2075 is \$35 trillion, and that is with a "T," \$35 trillion.

So we say, oh, well, we need the money because the President said we are not going to do this bill, either the Senate bill or the House bill, whatever

is the one that is ultimately chosen, we are not going to spend one dime, no, I think he even said one penny, I think he said one penny. We are not going to spend one penny of Federal money; it is all going to be paid for. So that's the pay-for, the \$800 billion worth of taxes and the \$500 billion cut to Medicare.

Mr. Speaker, \$500 billion over 10 years. I heard someone from AARP say that is a small cut. Well, in 2008 we spent \$480 billion on the Medicare program. So if we cut it \$500 billion over 10 years, that, my colleagues, is \$50 billion a year. Divide 500 by 10, \$50 billion a year. Well, \$50 billion as a numerator, I believe that is more than 10 percent a year. Mr. Speaker, cutting Medicare when it is about to go broke by the year 2017, over 10 percent a year for the next 10 years, you tell me that makes sense, so we can guarantee insurance for another 5 percent of our population, many of whom don't want it but yet we are going to force them to take it, to buy it. Certainly it is not going to be free.

But what happens to our Medicare recipients, our moms and dads and grandparents who are let's say on Medicare Advantage. Medicare Advantage is that option that you have under Medicare, you have to pay a little bit more, but it covers prevention and wellness and you get to go to the doctor and have an annual physical and Medicare pays for it. And you have screening for a lot of dreaded diseases, and Medicare pays for it. And a nurse calls you back, maybe a week after your appointment, to make sure that you got your prescriptions filled or that your fever went down or that you checked your blood pressure and it is okay.

All of that is provided under Medicare Advantage that is not available to the 80 percent who get Medicare as traditional fee-for-service. It doesn't pay for a physical except the entry physical to Medicare when you first turn 65, but you need one when you are 68. You need one when you are 72, and then you might need one every year thereafter.

So Medicare Advantage, my colleagues, we may be paying too much and we may need to sharpen our pencil. I'm not saying that we don't look at everything very, very closely. We should do that on everything, every dime. As the President said, Mr. Speaker, every penny of taxpayer dollars that we spend should be well spent, and we should be sure that we are not overpaying the insurance companies that provide the Medicare Advantage option.

But it must be pretty popular, Mr. Speaker, because 11 percent of those seniors pick Medicare Advantage. Well, to pay for that \$500 billion out of Medicare, guess where the biggest chunk comes from? It comes from Medicare Advantage to the tune of about \$170 billion. It literally guts Medicare Advantage. It literally guts Medicare Advantage.

So when the President says, Mr. Speaker, you and I and all of our colleagues have heard him say it many times, if you like what you've got in regard to your health care, nothing will change. If you like what you have, you can keep it.

Well, try to convince those 10–11 million people, senior citizens, precious senior citizens who are on Medicare Advantage. They may want to keep it, but if the providers of the Medicare Advantage are losing money on the programs—and they will if you cut 17 percent of their reimbursement—they will simply say, look, I have other business lines. I sell property and casualty. I sell automobile, homeowners, catastrophic, I sell life insurance; but I'm out of this. There is no way.

So that is 11 million people, potentially, not all of them, but a large number of them who will lose their health insurance, what they like; they wanted to keep it, but they didn't get to. So it is an indirect taking it away from them.

When you talk about, well, this is a way we are going to pay for it and not spend one extra dime, it is very important. It is just very important that people understand what the pay-for is. That is why I say in regard to medical liability reform, the current system of the runaway awards given to patients for pain and suffering, there are a couple of other provisions in my bill, the provision of course that we cap the award for pain and suffering at \$250,000. Several States have done that. Several States have actually done that and expanded that number to \$350,000. And it has worked fine.

My mind is open in regard to some changes because the bill, H.R. 1086 that I am talking about, is based on a California law that was passed 30 years ago. So, you know, to say today, well, \$350,000, I think is a reasonable thing. And I would be willing in a heartbeat to talk to the President about that, to talk to the leadership of the Democratic majority party about that.

Mr. Speaker, there are a couple of other things about medical liability tort law that I think our colleagues need to understand. There is something called joint and several liability. So here's the scenario. A patient suffers an injury and the plaintiff's lawyer names everybody that had anything to do with that patient during a hospital stay. Let's say it is a patient that is scheduled for surgery on Monday, a routine operation. And the doctor who is going to perform the surgery says to her partner, I'm going to be at church Sunday morning with my family. Do you mind when you are making rounds seeing your patients, would you stop in and see Mr. Smith and just make sure that everything is okay and tell him that I will come by this afternoon and check on him and see if he has any last minute questions before the surgery?

So the doctor's partner does that. He kind of sticks his head in the door and says hello, and your doctor will be by this afternoon.

Well, that doctor could, under current law, be just as liable of any adverse outcome of that next day surgery as the operating surgeon. The way the current law says, if that doctor who all he did was say hello, I'm your doctor's partner and I just wanted to stop in and tell you that she will be by this afternoon, if he has the most coverage, maybe he bought a more expensive malpractice policy, Mr. Speaker, and he has—well, you have heard the expression, he has the deepest pockets, then in a lawsuit, he could be liable for everything, although he never even laid a hand on the patient. Well, that's wrong and that ought to be corrected.

That's why we need to eliminate this policy. It is called joint and several liability. In other words, everybody who is named is equally liable. Clearly, as that analogy I just presented shows, that's not the case. It ought to be very specific, and it ought to be proportioned.

I would think, Mr. Speaker, that would be plain as the nose on your face. There is another provision of H.R. 1086, the Health Act. It is called collateral source disclosure. I mentioned earlier, Mr. Speaker, about the evidence that is presented to a jury so they can figure out what award, if any, is appropriate for a patient who is injured by a physician or a hospital, medical facility, that has practiced below the standard of care, and it is a very scientific approach.

If the patient had to come back in the hospital and stay for another 2 weeks or month, if the patient had to have another surgical procedure done, if the patient had to be put to sleep and had to have the services of an anesthesiologist, if the patient went home and had to have a specialized wheelchair, if the patient had to have an assistant to help them with daily living, all of that stuff is—and I'm sorry, Mr. Speaker, I use the word "stuff." That is improper. But all of those things, items of cost, are used to calculate what the total amount of a judgment should be if in fact it is determined that what the doctor did led to this terrible, unfortunate outcome.

□ 1615

Well, if the patient has disability income insurance, and when the injury occurred they were 30 years old, that disability income compensates them for 80 percent of their salary for the rest of their life. If the patient has health insurance that covers anything else that had to be done, that information should be known to the jury because, if not, we're looking at a situation we sometimes call double dipping. All of these things, Mr. Speaker, drive up the cost of health care and health insurance for everybody else. For everybody else.

So, Mr. Speaker, that's why I was so pleased to hear the President say that he acknowledges that and something ought to be done about it. His mind is open. And I will say to him and to my

colleagues in this body and in the Senate that my mind is open as well. And we should sit down, if necessary, Mr. Speaker, with a blank sheet of paper and just say, Look, certain things in Representative GINGREY's bill, H.R. 1086, we don't agree with, but here are some other sections that we think are very good. And, by the way, we have some ideas here—the majority certainly, because it would be their bill—and would say, Look, let's put this in and that in, and let's get to a point where we can all agree.

If we take this attitude, Mr. Speaker, on every aspect of health care reform and health insurance reform, I can name, and, in fact, I would like to name, several things that I just know that there would be bipartisan agreement on in regard to how the insurance companies treat their clients.

We, on my side of the aisle, we Republicans absolutely would prohibit insurance companies from canceling or rescinding a person's health insurance coverage after the fact by saying, Oh, you know, 5 years ago when you took out the policy, you didn't answer every question just right. You had a lab test that you didn't tell us about or you had hepatitis when you were 16 years old in playing high school football and you completely recovered, but still, you didn't tell us about it and so now you're 45 and you have to have your gall bladder taken out and, lo and behold, that \$20,000 bill, estimate of benefits that you got, we're not paying a dime of it. You're paying all of it. That's got to stop. That absolutely has to stop.

We are in total agreement that insurance companies should not be allowed to deny coverage for preexisting conditions. We are in agreement that setting up exchanges, insurance exchanges in every State where a person who doesn't have insurance or works for a small company that doesn't offer it can shop. And you've got multiple insurance companies. There are 1,300 of them, I think, across the country, that offer health insurance products that they can compete and that a person could go online and know exactly what is covered, what the deductible is, what the copay is, who the doctors are in the provider network. Even go online and check and find out if the doctors have a good record, if they're cost-effective, and make a decision. If their income is lower than 300 percent of the Federal poverty level—for a family of four, that's about \$65,000 a year—then to supplement them so that they can afford to buy those policies.

We're in agreement with that, Mr. Speaker. My colleagues, we don't disagree. We have compassion, too. The two Democrats who were here earlier may be two of the most compassionate Members of this body, but we have a heart as well, and we want to help people. We want to help the downtrodden. But we don't want to, as I said at the outset, to just simply say we can't solve this problem.

Golly, we put a man on the Moon in 1969. It took us about 8 years to do it. We caught Russia and passed them because we had the determination, the will to do that. And you tell me now, 50 years later, that we can't solve this problem without just saying, Look, we throw up our hands. We can't do it. The Federal Government, you take it over and run our health care system and let's have everybody on Medicare or Medicaid.

No. We have a lot of things that we can work together on, and we need to do that.

This idea of medical liability reform and the savings that it brings, certainly it should be on the table, and heretofore it has not been. There's not one section in any of the three bills that came through the House or the two bills that came through the Senate. We need that, just as we need, Mr. Speaker, a comprehensive electronic medical records system. That's another cost saver of maybe \$150 billion a year.

Yes, there's some upfront costs. Indeed, I think the President put \$19 billion into the economic stimulus package to make sure the government continues its efforts to set the standards so that all these computer systems, hardware, software, for every specialty and every subspecialty, can talk to the Medicare system, can talk to the Medicaid system, can talk to the VA, can talk to the military, can talk to every private insurance company across this country.

So if you go on vacation and if you have a little card about the size of a VISA card or American Express card that's got your identification in there, very secure and encrypted, and you're at the South Pole, for goodness sakes, and you fall and hit your head on the ice and you're in a coma and they take you to the emergency room, somebody can reach in your back pocket, get your wallet out, swipe that card and know exactly what your medical history is, what medications you're on; if you're taking Plavix, not inadvertently give you Coumadin and kill you. So electronic medical records is something that we can, should, and I think do agree on.

Mr. Speaker, I think that if we put the bickering, as the President said, try to put the bickering aside and listen, and the majority party allows the minority party in the room, we can do this. We can do this. And I think the American people would be proud of it.

There's one other thing that I have been proposing and my colleagues on this side of aisle, this idea of why is it that people can only buy health insurance in their own State. Their own State may have passed all kinds of mandates on health insurance that require a test for this, a test for that, coverage for this, coverage for that. All of these things that sound nice when you propose them, but they are part of a basic policy, and so every policy that's sold in the State has to include all those things.

Well, these people can't afford health insurance in that particular State. Maybe it's my own State of Georgia, or Alabama, Louisiana, or Florida, Massachusetts. But yet, they are forced to buy insurance in their own State—and many of them don't because they can't afford it.

Well, let's let them go online and shop in a neighboring State or anywhere in the country that they want to look and see. Just like on Medicare part D, the prescription drug plan, you will see that the competition in the free market will keep those prices down and make them competitive and that an individual can pick a policy that's almost tailor-made for him or her, just as they do in the prescription drug plan.

In the prescription drug plan, part D of Medicare, my mom goes online and she makes a list of the six medications that she's on and she gives her Social Security number, she gives her zip code so that she would know which pharmacies are close to her and what plans are available, and she looks and sees how much the different plans charge for the medications that she's on. She doesn't care what they charge for something that she's not taking. That doesn't matter to her. It's the uniqueness of her that allows her to shop in that way and get the best price.

We can do that with these health plans through these exchanges. We can set up these high-risk pools so that people that have birth defects or they come down early in life with type 1 diabetes or they have osteoporosis or multiple diseases, they can become part of a high-risk pool in each State. And we can say to the insurance companies once again, You have to participate and you can't charge more than 1½ percent—1½ times what the standard rates are.

Again, I started out the hour specifically talking about medical liability reform and the significant savings. I think I even referred to it as a silver bullet worth of savings. And I think that that is something that certainly ought to be—if we pass health reform this year, that certainly should be a major provision; electronic medical records, of course, as well, and many of the things that I mentioned. But to just throw up your hands and say, We can't do it.

We have got 435 of the best and brightest people in this country serving this Congress. All walks of life, all educational levels, all previous professions, and we can't do this? We have to just literally toss up our hands and say, Let's let the Federal Government do it?

There yet is not one word in this Constitution that talks about health care and the requirement of the Federal Government providing health care, not one word, and I look at it often, my colleagues. I look at the glossary often.

I look at things like: Arms, the right to bear; assembly, the right of; counsel, the right to; grievances—we talked

about that earlier, didn't we—redress of; petition the government, the right to; the press, freedom of; religion, freedom of; speech, freedom of. But not one word about health care.

I want to just close by saying to my colleagues, we don't want to let the Federal Government take over our health care system. There's an art to medicine. It's not an exact science, and we don't need bureaucrats getting between our doctors and our patients.

The American people are telling us that. And I say woe be unto us if we turn our back on them and force a government-run health care system down the throats of the American people by some parliamentary trickery. I hope, Mr. Speaker, that my colleagues are smarter than that. I know they are. I know they are.

In the final analysis, we're going to do the right thing, and I hope and pray that we do it in a bipartisan way.

□ 1630

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore (Mr. CARSON of Indiana). Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes.

Mr. MEEK of Florida. Mr. Speaker, once again it's an honor to come before the House, and I look forward to always coming to the floor. As you know, the 30 Something Working Group, we've been working now not only through the 108th Congress but all the way up through the 111th Congress. We pride ourselves on coming to the floor, talking about issues that are not only facing Americans but the challenge that we have as policymakers here in Washington, D.C., to make sure that we provide the kind of leadership that the constituents in our various districts, the people in our States and, of course, the entire country deserve. To try to achieve that is definitely a hard thing to do at times but very easy to do when we work together.

As I start off every Special Order, Mr. Speaker and Members, I just want us to continue to stay focused on what's going on not only here domestically but also throughout the world, not only our men and women in uniform but those that work in the Diplomatic Corps and the State Department who are deployed throughout the world. We do know that we have individuals who have to clean sand out of their boots and stand up on behalf of our country in the theater of war in two areas.

As of today at 10 a.m., the death toll in Iraq is 4,347 troops and soldiers; those who were wounded in action and have returned to duty is 17,633; also wounded in action, not returning to duty is 3,861. The death toll in Afghanistan, Operation Enduring Freedom, is 830; wounded in action and have returned to duty is 1,506; wounded in action but not returning to duty is 2,390.