

choices, choices like the current Medicare Advantage program.

In page after page of this massive bill, Federal health programs are expanded while private health care is restricted. In section after section, personal health care choices dwindle, and Federal control over decisions that should be made by you and your doctor increase.

One of the most striking examples, Madam Speaker, begins on page 481. The Democrat bill arbitrarily bars doctors from opening new doctor-owned hospitals, including the 124 hospitals that are currently under construction, and it severely restricts the existing 235 doctor-owned hospitals like the Wenatchee Valley Medical Center in my district from expanding their services.

The Wenatchee Valley Medical Center is a top-rated hospital that serves a rural underserved area. It was founded in 1940 by three doctors and today is owned by 150 doctors, each with an equal share. The medical center employs 1,500 people; serves a population of a quarter of a million people in an area the size of the State of Maryland; and treats 150,000 patients a year, half of whom are Medicare and Medicaid recipients.

Democrats, though, have decided that doctors cannot own hospitals regardless of the quality of care or degree of need. Under the Democrat bill, doctor-owned hospitals would face unprecedented reporting requirements, punishing new restrictions and strict limitations on their ability to expand. In fact, with the exception of a small handful of facilities selected by Democrat leaders, hospitals that are owned by doctors are barred from growing, barred from adding even a single hospital bed ever.

Madam Speaker, something is very, very wrong when this Congress is blocking access to health care, banning new hospitals and blocking the growth of top-quality facilities because they are simply doctor owned. But now the position of Democrats in charge of writing health policy in this House is very, very clear: They want to outlaw all doctor-owned hospitals, period.

Madam Speaker, we are headed down a very dangerous road when the Federal Government is getting in the business of deciding who can and who cannot own a hospital. But I am convinced that this is only the start. A Democrat Ways and Means subcommittee chairman was quoted this week as saying, "Get your toe in, get your knee in, get your shoulder in, and pretty soon you're in the room." This is a blunt admission that if Democrats succeed with this government takeover, those in Washington, D.C. will already have bigger plans to seize even more control of every American's health care.

Madam Speaker, I don't think that's where America wants to go. There is a better solution, and it doesn't involve penalizing hospitals, raising taxes or cutting Medicare. The plan I support

focuses on lowering costs by expanding health care choices and tools to help families save, making it easier for small businesses to afford and offer health care; ending lawsuit abuse; and, Madam Speaker, more importantly, protecting the doctor-patient relationship from government intrusion.

HEALTH CARE

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

Mr. MCDERMOTT. Madam Speaker, we have been waiting for 10 months for the Republican health care plan. All we hear is the Party of No—no, no, no; go slow; don't do anything. That's all we've heard. But, finally, they came out with a plan, and I thought we ought to take it seriously and read it, so I did.

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Sadly, the proposal from my Republican colleagues was not worth the wait, and CBO agrees.

The Congressional Budget Office indicated that the Republican bill will not—will not—significantly decrease the ranks of the uninsured. Instead, under the Republican proposal, the ranks of the uninsured will decrease by only 3 million people, leaving 52 million people without coverage.

Contrast that with the Democratic proposal, which covers 96 percent of all Americans.

The Republican proposal would not address the ability of insurance companies to exclude individuals based upon preexisting conditions. According to the Republican leadership, they purposely failed to address this issue because it supposedly cost too much.

The Democratic proposal would prohibit insurers from excluding individuals from purchasing health insurance based on preexisting conditions by 2013.

The Republican proposal would allow insurance companies to sell insurance across State lines. Sounds like a good idea. But most experts agree that that would create a "race to the bottom," where insurers will set up shops in States with the fewest consumer protections.

Contrast that with the Democratic proposal, which will allow insurance companies to sell insurance across State lines so long as the States involved have set up interstate compacts. Under these interstate compacts, participating States would ensure consumer protections would be followed and monitored at all times.

Now, the Republicans got this one pretty close to right. They will allow dependents to remain on their parents' insurance until they are age 26.

Contrast that with the Democratic proposal, which keeps them on until age 27. So they copied us at least on that point.

The Republican proposal will cut the deficit by \$68 billion over the next 10 years. Sounds great, right?

Contrast this with the Democratic proposal, which will cut the deficit by \$104 billion over the next 10 years. For the Republicans who sound off about fiscal responsibility all the time, the Democratic proposal is clearly the more responsible for deficit reduction.

The Republican plan purports to end "junk lawsuits." However, the focus is solely on capping certain damages for pain and suffering. This is an old approach, and it will help insurance companies flaunt State consumer protection laws.

The Democratic proposal, on the other hand, would ensure providers are accountable for providing quality care by developing payment policies that have quality as a central tenet of reimbursement. The Democratic proposal seeks to recognize the autonomy of States.

The CBO found that the Republican plan would have virtually no effect on reducing premiums in the large group market in which most Americans are involved, where most people purchase their health insurance.

Contrast this with the Democratic proposal that seeks to increase transparency with regard to insurance premium increases and decrease the amount insurers can dedicate to profits.

The Democratic proposal ends the antitrust exemption for insurers, which has caused a significant lack of competition in the insurance marketplace whereby one or two insurers provide virtually all of the coverage for enrollees in some markets. This is focused insurance reform rather than business as usual, which the Republicans seek to promote.

The Republican plan was introduced to the world on November 4, 2009, after being slapped together because they realized that something was going to happen out here and they had no alternative to saying no. It has all the failures I have described relative to the Democratic proposal.

Contrast this with what has been a deliberative, thoughtful process that has created a bill that has been reported out of three committees and is at the precipice of enacting the most far-reaching, consequential health reform in a century.

The American people have been waiting for 100 years. They got the Republican proposal a day or so ago, and it is totally inadequate. Despite claims of my Republican colleagues to the contrary, in all aspects, the Democratic proposal is simply better. It will provide universal coverage, and I hope that the Republicans can see the wisdom of voting for it this Saturday.

It provides nearly universal coverage, deficit reduction, and reforms designed to effectuate cost control over the next decade.

My Republican colleagues have tunnel vision and are focused on what they believe to be the one positive about their bill: it costs less than the Democratic proposal. Well, it still costs \$8 billion, and insures virtually no one according to multiple media outlets as well as the CBO.

The Republican plan ensures that insurance companies maintain the status quo in the insurance market, and provides no consumer protections. Sometimes, you get what you pay for.

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

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

TRIBUTE TO DANNY ROY PRICE

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

Mr. ROE of Tennessee. Madam Speaker, I rise today to pay tribute to Danny Roy Price, who passed away in October at the age of 69. Danny was my most dedicated volunteer, a trusted staff member; but, most importantly, he was my friend. He dedicated his life to his Lord and to the service of others.

There are literally countless stories of Danny's sense of duty and commitment to service. He served our country in the U.S. Army; and because of that, he had a strong connection to every man and woman who served our country.

His wife, Carol, spoke of the day he helped a veteran and his wife receive benefits to which they were entitled but had never received. When Danny informed them their benefits had been approved, they began to tear up and weep. Carol said that when Danny returned home that evening, he told her the story and he too began to weep. I am incredibly proud to have had a person like him serving east Tennessee.

In 2007, Danny was named Tennessee's Statesman of the Year by the Tennessee House of Representatives. It was a fitting tribute to Danny, whose incredible attitude and passion I saw on display time and time again during my campaign during 2008 and as we traveled throughout the district this past year. Everywhere Danny went, he was a statesman, greeted and loved by everyone whose life he touched. He never wanted the credit. He only wanted a sense of satisfaction from knowing the job that he had done had been done right.

On the last day I shared with Danny, we had a full day of meetings in Bull's Gap, Gatlinburg, Morristown, Knoxville, and Greeneville, Tennessee, with a variety of doctors and local businessmen and businesswomen.

But it wasn't out of the ordinary for Danny and me. We finished up, and Danny told me, Phil, we had a great day. And it was a good day. To Danny, a good day wasn't getting the personal accolades. A good day was traveling up and down the district, getting to know the people, and learning about how he could help them.

At his eulogy, Danny's pastor of Hope Community Church in Rogersville,

Tennessee, Rip Noble, talked of Danny's service to his Lord, Jesus Christ. Danny wanted others to experience the relationship he had with his Lord, so he constantly invited those he met to come worship with him. And then he would make sure that those people were welcomed into the service, first by himself, and then by the pastor.

When regular members hadn't attended in a while, Danny would call them and make sure that everything was all right and invite them back. Indeed, in large part due to Danny's efforts, the church has over 500 members, after starting just 5 years ago.

Danny is survived by his wife, Carol; his children, Jennifer and Brent Price; his granddaughter, Neyla Price; his brothers, Admiral Price and Keith Price; and his sister, Judy.

I extend our deepest condolences to the family for their loss, and hope they can find comfort in the knowledge that Danny was an extraordinary individual.

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

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

PROS AND CONS OF HEALTH CARE REFORM PROPOSALS

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

Mr. GOODLATTE. Madam Speaker, I rise in opposition to the health care reform bill offered by Speaker PELOSI and the Democratic leadership, which we anticipate will be voted on possibly before the end of this week, and in support of the commonsense, practical alternative offered by Congressman JOHN BOEHNER, the Republican leader in the House.

Madam Speaker, this legislation offered by Speaker PELOSI is over 2,000 pages long and contains about 400,000 words. To give you an idea of the magnitude of this government takeover of the health care system in the United States, this legislation uses the word "shall" 3,425 times. When you see the word "shall" in legislation, you should read a mandate, a requirement, that the government is requiring somebody to do something to comply with what people here in Washington know best, not in terms of what people know is best for themselves. This legislation contains that word 3,425 times. It is truly a remarkable, complex government takeover.

In the original bill offered earlier this year, which was 1,000 pages long, there was the creation of 53 new Federal Government agencies and programs. In the new improved revised

version, there are now 111 Federal Government agencies and programs contained in this legislation, which will cost the American taxpayers and our senior citizens more than \$1.1 trillion. That is the official government estimate. There are many health care experts who say that the implementation of this legislation will cost far, far more.

As an example, many have pointed to the projected cost of Medicare when it was enacted in 1965. It was projected that it would cost \$10 billion to \$12 billion 25 years later; but by the end of the 1980s, Medicare was actually costing the American taxpayers more than \$100 billion. In fact, today it costs more than \$400 billion per year; and the Speaker's proposal says, well, let's take out of that \$400 billion per year. Let's take about \$40 billion a year, or 10 percent of that, and divert it to other new government programs.

Well, Madam Speaker, the problem with that is that the Medicare program today is faced with enormous challenges. The projected unfunded liability for Medicare over the lifetime of the average American today is more than \$17 trillion, here at a time when starting next year senior citizens will increase in their numbers dramatically because the baby boomers, those born in the years after World War II and up until the early 1960s, will be retiring, will be reaching eligibility age for Medicare, and year after year after year the number of Medicare-eligible senior citizens will increase dramatically.

At the same time that will be occurring, this Congress is suggesting that it will be okay to take \$400 billion out of the Medicare program to spend on an entirely new health care program that is projected to cost \$1.1 trillion over 10 years, and I suggest will cost far more than that. So Medicare is going to be jeopardized by this legislation, and senior citizens across this country are aware of that.

They certainly were aware of it in Virginia this year, my home State, when they turned out on Tuesday in very large numbers to send a message to Washington that this health care proposal and other dramatic government takeovers of sectors of our economy is unacceptable and it resulted in a sweep across the elections in Virginia. And in the only two States in the country where there were Governors races up this year, New Jersey and Virginia, Democratic Governors were replaced by Republican Governors. People are looking to Washington.

There is a story in today's New York Times entitled "Democrats to Use Election to Push Agenda in Congress." Well, good luck with that, because I can tell you that the people who turned out at the polls in Virginia were not asking for this agenda to be pushed forward as a result of what they have been seeing going on in Washington, D.C. Instead, they want commonsense, bipartisan reforms of health care.