

Now we have gone to focus on the teachers. If only the teachers were better prepared, if only more teachers were certified, if only more teachers understood what they are doing, then we could reform the school system.

Not for one moment will I disagree that we need quality teachers. We need systems that provide certified teachers, qualified teachers, right across the board.

In my district, one-third of the schools in my district, where the poorest children live, half the teachers are not certified. Each school has at least 50 percent not certified teachers, 50 percent unqualified teachers, because they have been given a chance, in some cases, 9 or 10 years, to get certified, and some have not wanted to care.

Recently the United Federation of Teachers, the teachers union, said to the uncertified teachers, if you want to go back to school, we will pay your tuition. We will make it possible for you to get certified.

They were shocked to find that the majority of the people they were addressing turned it down. When they turned it down, they said to the union people, "This school system needs our bodies. We cannot be replaced. We are not worried about losing our jobs. You need our bodies."

Mr. Speaker, I want to end by saying that at the heart of education reform, education investment, which should be the heart of this year's budget, should be \$110 billion over a 10-year period for construction, because that is the way we show our commitment for education as we go into the 21st century as the leaders of the world and as the leaders on this whole globe. We ought to take this budget seriously. We ought to make the decisions that will carry our Nation forward, and not make the error that the Romans, Greeks, and Egyptians made when they were at the pinnacle of power and had the world in their hands.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6, MARRIAGE TAX PENALTY RELIEF ACT OF 2000

Mr. DREIER (during the special order of Mr. OWENS), from the Committee on Rules, submitted a privileged report (Rept. No. 106-495) on the resolution (H. Res. 419) providing for consideration of the bill (H.R. 6) to amend the Internal Revenue Code of 1986 to eliminate the marriage penalty by providing that the income tax rate bracket amounts, and the amount of the standard deduction, for joint returns shall be twice the amounts applicable to unmarried individuals, which was referred to the House Calendar and ordered to be printed.

DEALING WITH THE BUDGET SURPLUS AND THE NATIONAL DEBT

The SPEAKER pro tempore (Mr. GANSKE). Under a previous order of the

House, the gentleman from Wisconsin (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Wisconsin. Mr. Speaker, I would like to bring to your attention a very important issue facing the American public, something that we dealt with today in the Committee on the Budget and something I talked about with the constituents I represent in the First Congressional District of Wisconsin throughout the past 2 months during the Christmas recess, and that is this: What are we going to do about our Social Security surplus, what are we going to do about our non-Social Security surplus, and what are we going to do about our national debt? These are the issues that are driving our Federal budget process now. In doing so, the President, as he is required by the Constitution, sent the budget that he is proposing to pass into law to Congress yesterday.

This morning we had a hearing in the Committee on the Budget where the President's budget director outlined the budget. I would like to share a few of those details with the viewing public tonight and my colleagues.

First, we finally have agreement, we have progress on the fact that all Social Security money should go to Social Security in paying off the debt we owe to the program.

If you recall, Mr. Speaker, last year in this well, before the Nation and before Congress, the President in his State of the Union address said he wanted to dedicate 62 percent of the Social Security trust fund to Social Security, thereby spending 38 percent on other government programs.

Last year this Congress said no, that is not enough. I actually authored the Social Security lockbox bill with the gentleman from Ohio (Mr. KASICH) which requires that from now on, if you are going to pay Social Security taxes, it goes to Social Security; that 100 percent of the Social Security taxes we pay, 100 percent of the Social Security surpluses actually go to the program, go to the trust fund and go to pay off our national debt so we can create more solvency in the Social Security trust fund.

So there was a difference last year. Congress was for protecting 100 percent of the Social Security trust fund last year; the President was for protecting 62 percent of the Social Security trust fund.

Now we have good news. The President has finally come around and agreed that, finally, for the first time in 30 years, we should pass legislation to protect 100 percent of the Social Security trust fund. I am very encouraged by this news.

However, I am a little concerned at what Jack Lew, the OMB Director, the President's chief budget writer, said this morning, and that was this: They support the idea of putting 100 percent of the Social Security surpluses back into Social Security and paying off our debt, but they are not in support of leg-

islation to ensure that this happens. That is a little odd, I think. So I would like to see this administration walk the walk and not just talk the talk.

But then what happens when we look at the non-Social Security surpluses? Today in America people are overpaying their taxes. They are overpaying their taxes in two very fundamental ways: They are overpaying their taxes with Social Security taxes. That spending of the surplus has occurred for years. We have actually raided that fund for 30 years, this government has, to spend on other government programs.

For the first time in 30 years, last year this Congress stopped the raid on the Social Security trust fund. I am seeking to pass our lockbox legislation which will make sure we never go back to the days of raiding the Social Security trust fund.

But on the other side of the Federal Government ledger book, the non-Social Security part, millions of American taxpayers, hard-working families, are overpaying their income taxes. So we now have a non-Social Security surplus approaching \$2 trillion over the next 10 years. That is astounding.

We were looking at deficits as far as the eye could see just a few years ago. Now we have the opportunity, now we have the good fortune, based on good discipline in spending and based on a great economy, to have a \$4 trillion surplus; \$2 trillion for Social Security, \$2 trillion from an overpayment of income taxes.

Here is what the President is proposing to do. He is finally agreeing with Congress that we take the \$2 trillion from the Social Security surplus and apply that back to Social Security, towards shoring up the program and paying off our National debt, which consequently is some money we owe back to Social Security.

But on this non-Social Security part, the income tax overpayment, the President in this budget is proposing to spend \$1.3 trillion of that surplus. He is proposing to spend 70 percent of the non-Social Security surplus on new government programs in Washington.

Specifically, as we analyzed this budget in the Committee on the Budget as we did so this morning, the President is calling forth creation of 84 new Federal spending programs to be launched this year by the Federal Government, to be paid for by the income tax overpayments of the American taxpayer.

Now, Mr. Speaker, I held over 60 town hall meetings in the district I serve in southern Wisconsin, the First Congressional District, where I posed a lot of questions to my constituents to ask them about this. They said that if they are given a choice between tax reduction and debt reduction with this money, they were evenly split. But if they were given a choice between spending their income tax overpayments on new spending in Washington or reducing our national debt further

and reducing our tax burden on families, they would clearly side with reducing taxes and reducing the national debt.

Mr. Speaker, this budget will probably fall to a similar fate as last year's budget, which was a vote of 422 opposed and 2 in favor of the President's budget.

Mr. Speaker, I urge this administration to come back to the table, save these surpluses for paying down our national debt, shoring up Social Security and giving people their money back if they still overpay their taxes, instead of using it to spend \$1.3 trillion on the creation of 84 new Federal Government programs.

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HEALTH CARE REFORM STILL MAJOR ISSUE FOR AMERICANS

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, I am going to probably not take all of my allotted hour tonight, probably about half an hour or so. Any colleagues that may be following should have notice of that.

This weekend in Parade Magazine, February 6, 2000, on page 15, there is a cartoon. I do not have it blown up like I have made charts of many cartoons in the past as I have spoken here on patient protection legislation, so let me describe what this cartoon shows. It shows a doctor sitting at his desk holding a sheet of paper. There is a patient, a man, sitting in the chair in front of the desk. The doctor is saying, "Your HMO won't cover any illness contracted in the 20th century."

Well, Mr. Speaker, it is a truism that in order for something to be funny, in order for there to be a joke to be effective or a cartoon to be effective, the public has to understand what the punch line is and what the issue is. And the issue, of course, is that HMOs have not treated many people around this country fairly. They have come up with rules and regulations in byzantine and bizarre ways to deny necessary, medically necessary care for their patients. So of course when we see a cartoon like this where a physician is telling a patient sitting in front of him, "Your HMO won't cover any illness contracted in the 20th century," it fits right in with what we think of as an unfairness of treatment by HMOs, along with the turn of the century, the new millennium.

I think that this cartoon and the jokes that we will frequently hear about HMOs indicate where the public is in their opinion on health maintenance organizations and whether they get treated fairly and whether, in fact, they think Congress ought to finally get something done to pass patient protection legislation.

I have been coming to the well of this House of Representatives for 5 years now. I started out with a bill that I had called the Patient Right to Know Act that would have banned gag clauses in HMO contracts that prevent physicians from telling patients all of their treatment options. I mean, the situation is such that some HMOs have tried to prevent physicians from telling a patient all of their treatment options because one of them might be an expensive one; and they have required physicians, for instance, to phone the HMO to get an authorization before they can even tell a patient what the treatment options are.

Before I came to Congress, I was a physician. It would be like me examining a lady with a lump in her breast knowing that there are three treatment options, and then because this HMO has this gag clause in a contract, having to excuse myself, go out into the hallway, get on the telephone and ask some bureaucrat at some HMO whether I can tell the patient about all three of her treatment options. I mean this issue has been here in Congress for too long, and the public feels that way.

I have here a survey done by Kaiser Family Foundation, the Harvard School of Public Health called National Survey on Health Care and the 2000 Elections, January 19, 2000. They were surveying a number of issues, but they said on patient rights, more consensus emerged on the issue of patient rights, even though, after nearly 2 years of debate, voters have decided that a Patients' Bill of Rights could increase the cost of their premiums. We will talk about that later, because the costs have been greatly overestimated by the managed care industry, and there are several studies that show that a cost increase in a person's premiums would be very modest, probably in the range of several dollars per month. That would then mean that one's insurance would actually mean something if one got sick.

Mr. Speaker, to go on of what the findings in the survey showed, about two-thirds of registered voters, of health care voters, because they divided this up into voters that were concerned about different issues, and education and health care, by the way, were way at the top of this survey, two-thirds of registered voters think health insurance premiums for people like them would go up if patient protections were enacted, but very few think their premiums would go up very much. And I say to my colleagues, they are right.

Now, 72 percent of registered voters favor patients' rights legislation versus only 17 percent that oppose it. In contrast to other health issues, there is more consensus between Democratic and Republican registered voters on patients' rights with 75 percent of Democratic registered voters and 68 percent, more than two-thirds, more than two out of three of Republican registered voters favoring patient protection legislation.

It goes on to say, one reason there may be greater consensus on patient rights is that many registered voters view patient protection legislation as a plus for them personally. Mr. Speaker, 45 percent say that it would make them better off, and only 7 percent say it would make them worse off. Mr. Speaker, 37 percent say they would not be much affected, but among health care voters, 52 percent say it would make them better off. As in past Kaiser-Harvard surveys, support for patients' rights does not fall when people believe health insurance premiums will go up.

Well, Mr. Speaker, maybe it is because the presidential candidates have looked at this issue; they are being asked about it constantly. Maybe it is because some of them have been told by all of the people that they are talking to around the country right now about what they feel about this. Maybe it is because they have looked at the polls. I do not know exactly why. But, Mr. Speaker, all of our major presidential candidates, whether we are talking about Democrats or Republicans, believe that we ought to pass patient protection legislation.

Let me just read to my colleagues a few of the statements from both Democrats and Republicans on this issue. One of these people will be our next President. Here is what Bill Bradley says: "Health care decisions should be made by doctors and their patients, not an insurance company bureaucrat. A patient who feels that an HMO has denied needed care should have the right to an independent appeals process and should have the right to sue if harmed by an HMO decision. I support the Patients' Bill of Rights and I would push for a consumer right to know which would ensure that HMOs reveal important details of a plan that affect the care you receive." Democrat running for President.

How about a Republican running for President. Here is what the Republican who won the New Hampshire primary, Senator JOHN MCCAIN, has said on HMO reform. When asked whether patients should have the right to sue, the most contentious issue, Senator MCCAIN says yes. "Once a patient has exhausted all options to obtain appropriate medical care that has been denied by an HMO, including going through a free and fair internal and external appeals process, that patient should have the right to seek redress in the courts. The right to sue should be limited to actual economic damages and capped noneconomic damages under terms that do not foster frivolous lawsuits."

What does AL GORE, Vice President GORE, say about this? He says, "I believe that we must pass a strong enforceable Patients' Bill of Rights to ensure that people insured by HMOs get the health care they need when they need it. For many people, the decisions HMOs make can be the difference between life and death, and no one should