

seeks to assist qualified physicians in treating their addicted patients, to speed up approval of narcotic drugs for addiction treatment purposes, and offers treatment options for those Americans for whom other treatment programs are financially out of reach.

This legislation waives the current regulation that physicians obtain the prior approval of the Drug Enforcement Administration, to receive the endorsement of State and regulatory authorities, and dispense only drugs that have been pre-approved by the Food and Drug Administration. This waiver process only applies to those registered physicians who are qualified to dispense controlled substances to treat opiate-dependent patients.

The bill contains a number of safeguards that are designed to prevent abuses of the waiver procedure. The Secretary of Health and Human Services may deny access to the waiver process for any drug the Secretary determines may require more stringent physician qualification standards or more narrowly defined restrictions on the quantities of drugs that may be dispensed for unsupervised use. Physicians also face losing their registration status or even criminal prosecution for violations of the waiver process. Finally, after 3 years, the Attorney General and the Secretary may end availability of the waiver if they determine the process has had adverse public health consequences or to the extent it has led to violations of the Controlled Substances Act.

Mr. Speaker, drug treatment programs form an important component of our national war on drugs. In order for this war to be effective, both demand and supply must be reduced simultaneously. Treatment programs can be an effective method of reducing demand, but require enormous commitment on the part of both doctor and patient. This is especially true for those addicted to opiate narcotics.

This legislation will make it easier for doctors to treat those difficult addiction cases, without permitting gross abuses of the waiver system. The end goal is more successful treatment programs, with shorter durations and lower recidivism rates.

It is important that we utilize all available tools in the war against drugs. For this reason, I urge my colleagues to lend their support to H.R. 2634.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 2634, the Drug Addiction Treatment Act. I want to acknowledge the leadership and effort on this issue that has been put forth by my good friend and colleague from the other body, Senator CARL LEVIN. His longstanding interest and acknowledged expertise in the development of effective treatments for drug addiction have been important influences in my deliberations on this matter. I thank him.

Indeed, the language before us contains a number of changes to the bill reported out of the Commerce Committee. These changes reflect provisions adopted and passed by the Senate and represent improvements in the bill.

Mr. Speaker, none of us should leave here thinking that we have done as much as we should to tackle the scourge of drug addiction in this country. Statistics on heroin addiction alone show that interdiction is not completely effective. The advent of narcotic treatments such as buprenorphine are important tools in the panoply of strategies to meet and defeat the drug addiction problem. The bill before us is a modest measure and I challenge us to do

more, much more, before we adjourn this session.

Mr. Speaker, my colleague and good friend, Representative CAPPS has introduced legislation to reauthorize programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). I urge swift action on this bill. SAMHSA provides the crucial safety net of programs for those who lack the means to obtain treatment elsewhere. Importantly, SAMHSA's programs address virtually all addiction issues and are not limited to the heroin alone. SAMHSA also provides important prevention programs, unlike the bill before us today. SAMHSA's programs also address co-occurring substance abuse and mental health disorders.

Finally, SAMHSA provides the resources necessary for many of those who are in the "treatment gap" to obtain needed services. Today we will hear about stigmas and red tape. In my view, the most significant factor in the treatment gap is lack of adequate resources for those who need treatment. The promise of buprenorphine will be lost on low income persons unless we provide access to treatment for them. The bill before us does not address this important issue, however, Representative CAPPS' bill does, so I hope we will move as expeditiously on that legislation as we are on this legislation. Chairman BLILEY and Chairman BILIRAKIS both promised action on SAMHSA during the hearing and markup of H.R. 2436. Today I remind them of that promise and express my hope that they will take up Representative CAPPS' bill as soon as possible.

Mrs. CHRISTENSEN. Mr. Speaker, I rise in support of H.R. 2634, and I commend Chairman BLILEY for introducing it and shepherding it to the floor of the House today.

As a family physician, living and working in a district that is medically underserved, I often had to provide coverage to the Methadone Program in our Department of Health. I saw first hand how the use of such drugs could provide an option for treatment which would allow persons suffering from heroin addiction to reconcile with their families, return to work and live productive lives once again.

I also saw how under some circumstances, the need to travel distances on a daily basis to be medicated was in direct conflict with requirements in the workplace, and how it hampered the full reentry of some patients into society.

Drug addiction plagues many in our communities. It destroys individuals, families and undermines those communities. IV drug use, often associated with heroin use, also transmits the HIV virus and thus contributes to the scourge of AIDS.

Today, addicted persons seeking treatment are often turned away. This bill will enable more people to receive treatment, and it will save lives, heal families and support whole-some communities.

I am pleased to support H.R. 2634, and I ask my colleagues to support its passage.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

Mr. BLILEY. Mr. Speaker, I have no further requests for time, and I urge adoption of the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ISAKSON). The question is on the motion offered by the gentleman from

Virginia (Mr. BLILEY) that the House suspend the rules and pass the bill, H.R. 2634, as amended.

The question was taken.

Mr. BLILEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

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## INTERNATIONAL PATIENT ACT OF 2000

Mr. SMITH of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2961) to amend the Immigration and Nationality Act to authorize a 3-year pilot program under which the Attorney General may extend the period for voluntary departure in the case of certain nonimmigrant aliens who require medical treatment in the United States and were admitted under the visa waiver pilot program, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2961

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "International Patient Act of 2000".

### SEC. 2. THREE-YEAR PILOT PROGRAM TO EXTEND VOLUNTARY DEPARTURE PERIOD FOR CERTAIN NONIMMIGRANT ALIENS REQUIRING MEDICAL TREATMENT WHO WERE ADMITTED UNDER VISA WAIVER PILOT PROGRAM.

Section 240B(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1229c(a)(2)) is amended to read as follows:

"(2) PERIOD.—

"(A) IN GENERAL.—Subject to subparagraph (B), permission to depart voluntarily under this subsection shall not be valid for a period exceeding 120 days.

"(B) 3-YEAR PILOT PROGRAM WAIVER.—During the period October 1, 2000, through September 30, 2003, and subject to subparagraphs (C) and (D)(ii), the Attorney General may, in the discretion of the Attorney General for humanitarian purposes, waive application of subparagraph (A) in the case of an alien—

"(i) who was admitted to the United States as a nonimmigrant visitor (described in section 101(a)(15)(B)) under the provisions of the visa waiver pilot program established pursuant to section 217, seeks the waiver for the purpose of continuing to receive medical treatment in the United States from a physician associated with a health care facility, and submits to the Attorney General—

"(I) a detailed diagnosis statement from the physician, which includes the treatment being sought and the expected time period the alien will be required to remain in the United States;

"(II) a statement from the health care facility containing an assurance that the alien's treatment is not being paid through any Federal or State public health assistance, that the alien's account has no outstanding balance, and that such facility will notify the Service when the alien is released or treatment is terminated; and

"(III) evidence of financial ability to support the alien's day-to-day expenses while in the United States (including the expenses of any family member described in clause (ii))

and evidence that any such alien or family member is not receiving any form of public assistance; or

“(i) who—

“(I) is a spouse, parent, brother, sister, son, daughter, or other family member of a principal alien described in clause (i); and

“(II) entered the United States accompanying, and with the same status as, such principal alien.

“(C) WAIVER LIMITATIONS.—

“(i) Waivers under subparagraph (B) may be granted only upon a request submitted by a Service district office to Service headquarters.

“(ii) Not more than 300 waivers may be granted for any fiscal year for a principal alien under subparagraph (B)(i).

“(iii)(I) Except as provided in subclause (II), in the case of each principal alien described in subparagraph (B)(i) not more than 1 adult may be granted a waiver under subparagraph (B)(ii).

“(II) Not more than 2 adults may be granted a waiver under subparagraph (B)(ii) in a case in which—

“(aa) the principal alien described in subparagraph (B)(i) is a dependent under the age of 18; or

“(bb) 1 such adult is age 55 or older or is physically handicapped.

“(D) REPORT TO CONGRESS; SUSPENSION OF WAIVER AUTHORITY.—

“(i) Not later than March 30 of each year, the Commissioner shall submit to the Congress an annual report regarding all waivers granted under subparagraph (B) during the preceding fiscal year.

“(ii) Notwithstanding any other provision of law, the authority of the Attorney General under subparagraph (B) shall be suspended during any period in which an annual report under clause (i) is past due and has not been submitted.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SMITH) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. SMITH).

GENERAL LEAVE

Mr. SMITH of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 2961.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to bring to the floor H.R. 2961, the International Patient Act of 2000, a bill introduced by our colleague, the gentleman from Texas (Mr. BENTSEN).

Aliens who seek to visit the United States temporarily for business or pleasure are admitted to the United States under “B” visas. B-1 business visas are initially valid for up to 1 year and can be extended in increments of not more than 6 months each. B-2 visas are initially valid for up to 1 year and can also be extended in increments of not more than 6 months.

The visa waiver program allows aliens traveling from certain countries

to come to the United States as temporary visitors for business or pleasure without having to obtain “B” visas. However, a visit cannot exceed 90 days and no extensions are available.

The Attorney General can authorize an alien admitted under the visa waiver program who faces an emergency situation to remain in the United States for 120 days beyond the initial 90-day admission under voluntary departure. While the 210-day period provided by the initial 90-day admission and the 120 days under voluntary departure is adequate to deal with most emergency situations, it does not meet the need of a relatively few aliens who are admitted to the United States under the visa waiver program and are receiving long-term medical treatment.

H.R. 2961 would address this problem by establishing a 3-year pilot program authorizing the Attorney General to waive the 120-day cap on voluntary departure for a limited number of patients and attending family members who enter the U.S. under the visa waiver program.

The legislation contains safeguards to ensure only those truly in need of long-term medical care can obtain such a waiver.

An alien seeking a waiver would be required to provide a comprehensive statement from their physician detailing the treatment sought and the alien's anticipated length of stay in the United States.

In addition, the alien and attending family members would be required to provide proof of their ability to pay for the treatment and their living expenses.

The bill caps the total number of waivers at 300 annually and limits the number of family members who can enjoy the benefits of a waiver.

The bill also requires the INS to provide Congress with an annual report detailing the number of waivers granted each fiscal year and provides for the suspension of the Attorney General's authority if an annual report is past due.

The only change made to the bill from the version reported by the Committee on the Judiciary is that the starting date of the 3-year pilot program is advanced to October 1, 2000.

H.R. 2961 is drafted to meet the compelling needs of international medical patients without creating any undue risk or abuse.

I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank the chairman for moving this legislative initiative along and, as well, the chief sponsor of this legislation, my colleague, the gentleman from Texas (Mr. BENTSEN), for his insightful leadership on this very, very important issue.

This bill is an excellent compromise for a very harsh provision that the INS had in place that really did damage to those individuals who needed important and urgent medical help. And so this particular legislation allows for the discretion of the Attorney General to extend the stay of many who are securing important medical health or other urgent matters. It allows this country to be a nation of laws as well as a nation with humanity.

So again, Mr. Speaker, I thank you and I thank my colleague because this particular legislation would create a 3-year pilot program under which the Attorney General would have the discretionary authority to waive the 120-day limit on grant of voluntary departure. I think that this, as I said earlier, is a good idea. Aliens entering the United States temporarily for prearranged, personally financed medical treatment generally are admitted as non-immigrant visas.

If eligible, they may do this under the visa waiver pilot program. This program allows aliens traveling from certain designated countries to come to the United States as temporary visitors without having the immigration documentation normally required to enter the United States.

In many instances, these particular visitors are coming on emergency, needing a heart transplant or needing an organ transplant or having a devastating disease.

Visitors entering under the visa waiver program are admitted for 90 days, after which they become deportable. What a crisis if they happen to be in the midst of their recuperation or their physician has indicated that they cannot travel or they need to be under the medical facility.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 created the 120-day limit on voluntary departure grants. It is harsh and unreasonable to have a limit on this privilege that operates without regard to the circumstances of the alien's situation.

This bill would correct this problem with respect to aliens who are in the United States under the visa waiver program and need additional voluntary departure time for medical treatment.

An infinite number of unexpected problems can occur, particularly during a visit to a foreign country. For instance, the alien may have to stay beyond the additional 120-day period while waiting for assistance from his consulate office on a legal matter, such as dealing with a car accident and determining the time that they should leave or that all legal matters have been handled.

This bill is needed to prevent people from being departed who have serious medical conditions.

Coming from a community that has in it one of the most outstanding medical centers in the Nation housed in the 25th Congressional District, that of my colleague and sponsor of this bill, the

gentleman from Texas (Mr. BENTSEN), we are aware of the international responsibilities that our medical center has taken on in providing care for so many of those who have come to seek help to extend their lives and to then live quality healthy lives.

It is aptly named the International Patient Act because it allows visitors from around the world to temporarily remain in the United States to seek medical treatment. It really puts the United States in the context of which we want to be known, that of a world leader, that of a country of laws, as I indicated, but a country that is a great humanitarian or views humanity in the sense of being sensitive to their need.

Therefore, Mr. Speaker, I do support this legislation and would hope that we would be able to have our colleagues pass this legislation to ensure that others may be protected.

Mr. Speaker, the bill proposed by my colleague from Texas, Congressman BENTSEN, would create a three-year pilot program under which the Attorney General would have discretionary authority to waive the 120-day limit on grants of voluntary departure. I think this is a good idea.

Aliens entering the United States temporarily for prearranged, personally financed medical treatment generally are admitted as nonimmigrant visitors. If eligible, they may do this under the Visa Waiver Pilot Program. This program allows aliens traveling from certain designated countries to come to the United States as temporary visitors without having the immigration documents normally required to enter the United States. Visitors entering under the visa waiver program are admitted for 90 days, after which they become deportable.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 ("IIRIRA") created the 120-day limit on voluntary departure grants. It is harsh and unreasonable to have a limit on this privilege that operates without regard to the circumstances of the alien's situation.

The bill would correct this problem with respect to aliens who are in the United States under the visa waiver program and need additional voluntary departure time for medical treatment.

An infinite number of unexpected problems can occur, particularly during a visit to a foreign country. For instance, the alien might have to stay beyond the additional 120-day period while waiting for assistance from his consulate office on a legal matter such as dealing with a car accident.

This bill is needed to prevent people from being deported who have serious medical conditions. It is aptly named the International Patient Act because it allows visitors from around the world to temporarily remain in the United States to seek medical treatment. I support this legislation.

Mr. Speaker, I reserve the balance of my time.

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Mr. SMITH of Texas. Mr. Speaker, I reserve the balance of my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. BENTSEN).

(Mr. BENTSEN asked and was given permission to revise and extend his remarks.)

Mr. BENTSEN. I thank the gentleman for yielding me this time.

Mr. Speaker, today the House considers H.R. 2961, the International Patient Act, bipartisan legislation which I introduced at the request of several of the institutions of the Texas Medical Center in my congressional district to address the time limitation placed on international patients and attending family members who remain in the United States while receiving medical treatment. I am grateful to the Texas Medical Center in Houston for bringing this important issue to my attention. I am also grateful to the gentleman from Texas (Mr. SMITH) and the gentleman from Texas (Ms. JACKSON-LEE) for their assistance in putting this legislation together and bringing it to the House floor.

Many international patients who obtain prearranged care in the United States require long-term medical treatment and lengthy hospital stays. However, a provision in the 1996 Illegal Immigration Reform and Immigrant Responsibility Act instituted a time limit on voluntary departure status that has restricted health care facilities from providing sufficient care to some patients.

Each year, hospitals and health facilities across the United States provide prearranged treatment and health care assistance to more than 250,000 international patients who come from many nations around the world. At the Texas Medical Center in Houston, Texas, more than 25,000 international patients are seen each year. These patients come to the United States because of the high quality health care that is the best in the world.

Since the 1996 immigration reforms were enacted, many medical patient visitors have entered the U.S. under the visa waiver program, which allows a maximum 90-day stay. After 90 days these patients and their attending family members are eligible to apply for voluntary departure which allows an additional stay of 120 days. Upon completion of the 120 days, these individuals must request, quote, "deferred action status," which allows them to stay in the United States for an extended period but places them under illegal status. Consequently, these patients, whose lives are often dependent on return visits to the United States for further medical treatment, are barred from entering the United States from between 3 to 10 years.

After I brought this issue to the attention of the Immigration and Naturalization Service and the Department of State, each agency has worked to strengthen their staff knowledge of medical patients and to better screen prospective international patients at U.S. embassies and during inspections. However, due to the relaxed rules governing participation in the visa waiver program, many patients have contin-

ued to come to this country unaware of its strict length-of-stay restrictions.

Mr. Speaker, I was a strong proponent of the immigration reforms passed by the Congress and signed by the President in 1996. Overall, I believe these were tough but needed reforms that cracked down on illegal immigration. I have worked closely with law enforcement authorities in my district to clamp down on illegal immigration, and I have supported legislative efforts to provide the INS with the resources to safeguard the integrity of our borders while also holding the agency to high professional standards of law enforcement. In this case, though, I believe it is entirely appropriate to make a concession to the small number of international patients who travel to the United States for lifesaving treatment.

The bill I am offering today would authorize a 3-year pilot program allowing the U.S. Attorney General to waive the voluntary departure 120-day cap for a very limited number of international patients and attending family members who enter the U.S. under the visa waiver program. It would implement a tough, restrictive process to these patients to ensure that only those truly in need of long-term medical care could obtain such a waiver. This legislation would require these patients to provide comprehensive statements from attending physicians detailing the treatment sought and their anticipated length of stay in the United States.

In addition, the patients would be required to provide proof of ability to pay for their treatment and the daily expenses of attending family members. This legislation would strictly limit the number of allowable family members and limit the total number of waivers to 300 persons annually. To safeguard against fraud and abuse, this legislation would require the INS to provide Congress with an annual status report detailing the number of international patients waivers allowed each fiscal year. Should the INS fail to release this data, Congress would be authorized to discontinue these waivers.

In drafting this legislation, I consulted with the Texas Medical Center and a number of its member institutions to determine an accurate, workable number of waivers for the bill. After contacting a number of medical institutions throughout the United States, the Texas Medical Center estimated that approximately 1,000 annual waivers would be needed to meet the total number of international patients who fall out of legal immigration status due to long-term health care needs. Despite this estimate, I believe the 300 annual waivers provided for in this bill will provide an adequate starting point to address this situation and provide an appropriate safeguard against fraud and abuse, and additionally will give us the information necessary should this have to be reviewed in the future.

Mr. Speaker, I realize there are many Members who are hesitant to make

changes to the immigration law Congress adopted in 1996. I know that I am loath to do anything more than a surgical fix to the underlying statutory scheme. However, I am convinced that the reforms enacted in 1996 were not intended to target nonimmigrant visitors who enter the country to receive preapproved, lifesaving medical treatment. I believe we have an obligation to protect the status of legal international patients who owe their lives to the high-quality medical care they receive in the United States.

Working together in a bipartisan manner, we have taken great strides in strengthening our immigration laws. We should not allow our hard work to be diminished by the unintended consequences of otherwise highly effective immigration reforms.

I urge my colleagues to join me in supporting this important effort. Once again I want to thank the gentleman from Texas (Mr. SMITH) and the gentlewoman from Texas (Ms. JACKSON-LEE) for their assistance on this bill.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I would like to again congratulate my colleague from Texas. He has worked very hard on this legislation. I would only offer to say that we hope that the visa waiver program that is intimately connected to this legislation can be passed by the United States Senate so that we can move this legislation along. Additionally, I think it is very important that as we look at the provisions in this legislation that there are 300 allowances, that we have the opportunity to review it and maybe move the numbers up to cover the great need for people to receive medical care.

Ultimately, I think we will have to come to this floor and fix many elements of the 1996 immigration reform law to prevent mandatory detention and other problems that have been with that legislation. I hope this is the first step.

I congratulate the author of this legislation. I would ask my colleagues to support it.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ISAKSON). The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 2961, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

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#### RIGHT-TO-KNOW NATIONAL PAYROLL ACT

Mr. SAM JOHNSON of Texas. Mr. Speaker, I move to suspend the rules

and pass the bill (H.R. 1264) to amend the Internal Revenue Code of 1986 to require that each employer show on the W-2 form of each employee the employer's share of taxes for old age, survivors, and disability insurance and for hospital insurance for the employee as well as the total amount of such taxes for such employee.

The Clerk read as follows:

H.R. 1264

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Right-To-Know National Payroll Act".

#### SEC. 2. DISCLOSURE OF FICA AND MEDICARE TAX ON W-2 FORM.

(a) IN GENERAL.—Subsection (a) of section 6051 of the Internal Revenue Code of 1986 (relating to requirement of receipts for employees) is amended by striking "and" at the end of paragraph (10), by striking the period at the end of paragraph (11) and inserting a comma, and by inserting after paragraph (11) the following new paragraphs:

"(12) the total amount of tax with respect to the employee imposed on such person under—

"(A) section 3111(a),

"(B) section 3111(b),

"(C) so much of the tax imposed under section 3221(a) as relates to section 3111(a), and

"(D) so much of the tax imposed under section 3221(a) as relates to section 3111(b), and

"(13) the total amount of tax with respect to the employee for old-age, survivors, and disability insurance and for hospital insurance, which is the sum of—

"(A) each of the amounts shown under subparagraphs (A) through (D) of paragraph (12), plus

"(B) the amount shown under paragraph (6)."

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to remuneration paid after December 31, 2000.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SAM JOHNSON) and the gentleman from California (Mr. MATSUI) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. SAM JOHNSON).

#### GENERAL LEAVE

Mr. SAM JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1264.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think every Member would agree that our American workers pay too much in taxes, and with a \$2.2 trillion surplus it is time for Washington to give our workers relief from a crushing tax burden. Unlike most Democrats, I believe our workers have earned a tax refund. I also think they are entitled to know the whole truth about how Washington secretly takes more of their hard-earned money than they might realize.

Many workers simply do not realize the actual tax burden that Washington imposes on them. For instance, as every working American probably knows, each January we get a W-2 form. This W-2 form shows how much money we made and how much we paid in taxes during the previous year. But the W-2 simply does not show the whole picture. It fails to show how much tax your employer pays to Washington on your behalf.

□ 1115

Many people are not aware that half of all of their payroll taxes, which are separate from their income taxes, are paid by the employers. In fact, yesterday I met with communications workers in my district who complained that their payroll taxes were too high and yet they did not realize that Washington takes the same amount from their employer, too. That is because current W-2s do not show the employer's share of the payroll tax burden.

This is a typical Washington sleight of hand. The money they take from an employer is money that could have gone to the employee, either by increasing their take-home pay or providing better retirement or health benefits.

Why does one think they hide it? Because they know that once the truth is out, bureaucrats cannot keep spending everyone's money to increase the size of government. This bill will change that by showing America the whole truth.

In this legislation, the Right-to-Know National Payroll Act, employers will disclose their share of Social Security and Medicare taxes on each of our annual W-2s. This common sense legislation should have been law last year but the President vetoed it, along with much-needed other tax relief.

So I am pleased that we are able to address this issue once again. Working Americans have a right to know the total amount of their paycheck that goes to Washington and they have a right to know the true extent of their payroll tax burden. It is clear that Washington takes too much money from our workers and it is time to let the sunshine shine on Washington's book of tricks.

Mr. Speaker, I yield such time as he may consume to my friend, the gentleman from Michigan (Mr. HOEKSTRA), the sponsor of this bill.

Mr. HOEKSTRA. Mr. Speaker, I thank my colleague, the gentleman from Texas (Mr. SAM JOHNSON), for yielding me this time.

Mr. Speaker, for 7 out of 10 households, the FICA tax, also known as the payroll tax, is the greatest of all taxes that they pay. Yet half of the payroll tax is hidden from the employee's view.

Current law requires employers to annually issue all of their employees a W-2 form, a written statement that shows their total wages and the amount withheld in taxes for the previous year. However, the information