

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

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

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#### GOP AGENDA ON UNINSURED OF AMERICA

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

Mr. BURGESS. Mr. Speaker, just last week in his State of the Union Address, the President brought before the House a three-point plan for helping reduce the number of uninsured Americans.

Mr. Speaker, I was very grateful to hear the President's discussion of this plan. Of course, here in this House in November this year past, as part of the Medicare Modernization Act that we passed November 22, we also included a provision for health savings accounts.

Health savings accounts, Mr. Speaker, are a program that has been near and dear to my heart for many years. My last 5 years of medical practice, I had a medical savings account, and I saw firsthand the value of being able to build that account, to build those dollars in a tax-free, tax-deferred account completely dedicated to health care needs.

The new health savings accounts will give Americans more choice in their health care. Of course, they can choose their own physician and consult with their doctor about services they need and services they can afford, but it puts the consumer, it puts the patient, back in the driver's seat and actually gives them a stake, not just in their health outcome, but how their health dollars are spent.

Mr. Speaker, I believe this is an extremely important point. I believe that putting consumers back in charge of how health care expenditures are made will be one way of reducing the cost of delivering care.

Health savings accounts will give Americans health care that is much more portable than the current employer-derived accounts. As over half of all Americans receive their health care coverage through their employer, health savings accounts become even more important because if someone loses their job, of course they lose health care coverage; but with the health savings account, that money obviously would be rolled over and would continue to be there to cover the worker or their families.

Health savings accounts promote savings and wealth generation. Currently, unfortunately, Mr. Speaker, Americans save only 2 percent of their annual income. The average in Western industrialized nations is around 10 percent. But with health savings accounts,

we will promote savings and will promote wealth generation.

Mr. Speaker, I need to point out, this is wealth that can be passed on from generation to generation. It is actually owned by that individual. It is not some program that when a person dies, that program goes away.

Many health savings accounts generate a 4 percent return on investment, and with the miracle of compound interest, Mr. Speaker, that money can grow significantly over time. Of course, as the market continues to improve, some health savings accounts could generate a much higher return.

Another program that the President mentioned and actually is no stranger to this House because we passed H.R. 660 last June, but Association Health Plans, Mr. Speaker, I believe, are a powerful tool in allowing small businesses to continue to provide employer-derived insurance for their employees.

Right now, Mr. Speaker, small businesses are handicapped by high insurance prices and State mandates when shopping for health insurance. But Association Health Plans would allow bona fide business and trade associations to negotiate health care coverage rates with employers utilizing a much larger pool of employees, not just the individual small business employee pool. Removal of some State mandates, which a large majority of businesses avoid under ERISA, would assist small businesses by giving them the ability to shop for health coverage that meets the needs of their employees without the inclusion of extraneous and expensive State-mandated benefits.

Mr. Speaker, the final program that was mentioned by the President in his State of the Union address, that is actually a bill that has been introduced by our neighbor, Kay Granger, in Fort Worth, involves tax credits for the uninsured.

Tax credits are perhaps the best way and the most immediate way to help the 43 million Americans who have not been able to purchase health insurance. Fully refundable, prepaid tax credits would give low-income individuals and families immediate purchasing power in the health insurance market. Some studies estimate that there could be a 50 to 80 percent reduction in the number of uninsured Americans if the Federal Government made available a fully refundable health insurance tax credit.

Mr. Speaker, the other thing that we can do, and we have done in this House, but the other thing we can do at the Federal level to help with the problem of the uninsured is to reduce the enormous cost of the liability system, that burden that is placed on the health care delivery system in this country. I know this House has acted on that this past year, but our work is not through, and we need to encourage those Members of the other body who may be so inclined to move that legislation through their body.

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

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

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

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

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

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

#### MEDICAL MALPRACTICE CRISIS

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

Mr. SHUSTER. Mr. Speaker, I rise tonight to report back on the last 3 weeks I spent in my district, traveling the district, visiting with the 13 hospital and medical centers that are in my district, to talk to them about the Prescription Drug and Medicare Modernization Act that we passed here in November and the President signed into law.

I would like to report they have been very pleased with what we did here in Congress. The doctors are pleased with the reimbursement increase they are going to receive, and our hospitals are pleased with what we have done. I have a rural district, and the rural package that we put forth for these hospitals is very important to their financial well-being.

But as we talked about what we did in the bill, the discussion quickly turned to what we have not done here in Congress. In the House, we have attempted to do it three times, passed legislation to reform medical malpractice, but it has not passed in the other body, and as I talked to these CEOs, doctors and nurses, we talked about the stories in various areas of the district.

In Indiana County, for instance, the home of Jimmy Stewart, a very well-respected and beloved orthopedic surgeon, Dr. Paul Burton, left Pennsylvania for California 6 months ago due to the medical malpractice crisis in the State of Pennsylvania.

In Blair County, Pennsylvania, the largest hospital in my district, the Altoona Hospital, in 1999 they paid approximately \$1 million in malpractice insurance; last year, that number jumped up to almost \$3 million, and not a penny of it was used to help patients.

Pennsylvania physicians paid over \$350 million in malpractice insurance premiums, which ranks them second in the Nation, nearly 10 percent of the Nation's total, despite having less than 5 percent of the Nation's physicians.

There are countless stories like these, not only in my district, but across this country. In 2002, an American Medical Association analysis found that 12 States were in crisis. That number has now reached 19, and they include Pennsylvania, New York, New Jersey, Connecticut, West Virginia, Ohio, Kentucky, North Carolina, Georgia, Florida, Mississippi, Arkansas, Missouri, Illinois, Texas, Wyoming, Nevada, Oregon and Washington. Together, these States represent almost half the population of the entire country.

America's medical liability system is broken. Jury awards are a big part of that problem. In 2002, 52 percent of all awards were for \$1 million or more. Today that average is over \$3.5 million. In the city of Philadelphia, juries awarded more than the entire State of California, which is outrageous. If left unrestrained, these jury awards will continue to spiral out of control.

One of the most serious consequences of the medical malpractice crisis is patients' access to care. Physicians are being forced to limit services, retire early or move to other States where medical malpractice reform has taken place.

During my tour, I met an ear, nose and throat physician who is trying to recruit another doctor for his practice. He told me that when he goes to these conferences and speaks to the residents or other physicians, as soon as they hear he is from Pennsylvania, they say, "No way." In fact, last year not a single orthopedic resident that was trained in Pennsylvania stayed in Pennsylvania to practice medicine due to the medical malpractice situation in our State.

Not just doctors and hospitals pay for this medical malpractice insurance, but all patients pay the escalating costs of this crisis. Health and Human Services estimates that medical liability costs add \$60 billion to \$108 billion to the total cost of health care each year, \$47 billion annually to what the Federal Government pays for Medicare, Medicaid, VA and health care for Federal employees.

Costs are further increased by additional unnecessary tests and treatments that are performed by physicians practicing defensive medicine, trying to avoid being sued.

The solution to all of this is reform. The House passed, as I said, three times, medical liability reform, proposing a cap of \$250,000 on noneconomic damages. The HEALTH Act, H.R. 5, of which I am a cosponsor, which we passed in the spring, would still allow for unlimited economic damages, while also establishing a reasonable limit on the pain and suffering awards.

I salute the President for bringing this to the forefront in his State of the

Union message and as he traveled the country the past couple of days talking about the need for medical malpractice reform in this country. I would also urge the other body to move this important legislation, so that we can give the relief needed, the much-needed relief, to our health care system.

#### JUSTICE AND EQUITY FOR MEMBERS OF THE UNITED STATES MERCHANT MARINE

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

Mr. FILNER. Mr. Speaker, I rise today to ask the Congress to correct an injustice that has been inflicted upon a group of World War II veterans, the World War II United States Merchant Mariners.

World War II Merchant Mariners suffered the highest casualty rate of any of the branches of services while they delivered troops, tanks, food, airplanes, fuel and other needed supplies to every theater of the war. Compared to the large number of men and women serving in World War II, the numbers of Merchant Mariners were small, but their chance of dying during service was extremely high. Enemy forces sank over 800 ships between 1941 and 1944 alone.

Unfortunately, this group of brave men were denied their rights under the GI Bill of Rights which Congress enacted in 1945. All those who served in the Army, Navy, Marine Corps, Air Force or Coast Guard were recipients of benefits under the GI Bill. The United States Merchant Marine was not included.

Mr. Speaker, the Merchant Marine became the forgotten service. For four decades, no effort was made to recognize the contribution made by this branch of the Armed Forces. The fact that merchant seamen had borne arms during wartime in the defense of their country did not seem to matter.

No legislation to benefit merchant seamen was passed by Congress until 1988 when the Seaman Acts of 1988 finally granted them the status of veteran and a "watered down" GI Bill of Rights. Some portions of the GI Bill have never been made available to veterans of the Merchant Marine.

While it is impossible to make up for over 40 years of unpaid benefits, I propose a bill that will acknowledge the service of the veterans of the Merchant Marine and offer compensation for years and years of lost benefits. My bill, H.R. 3729, the Belated Thank You to the Merchant Mariners of World War II Act of 2004, would pay each eligible veteran a monthly benefit of \$1,000. That payment would also go to their surviving spouse.

The average age of Merchant Marine veterans is now 81. Many have outlived their savings. A monthly benefit to compensate for the loss of nearly a lifetime of ineligibility for the GI Bill

would be of comfort and would provide some measure of security for veterans of the Merchant Marine.

I owe a debt of gratitude to Ian Allison, Merchant Marine combat veteran, Co-Chairman of the Just Compensation Committee, for bringing to me the plight of the Merchant Mariners. To recognize Mr. Allison, his Co-Chairman, Henry Van Gemert, and the thousands of veterans of the United States Merchant Marine, I today introduce the Belated Thank You to the Merchant Mariners of World War II Act of 2004, today, January 27, 2004, the date of Mr. Allison's 84th birthday.

I urge my colleagues to join me in co-sponsoring this legislation. We can never make up for the years lost, but we can fix the injustice by passing H.R. 3729 as quickly as possible.

#### TRIBUTE TO MONTEREY CITY COUNCILWOMAN RUTH VREELAND

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

Mr. FARR. Mr. Speaker, I rise tonight in these hallowed halls of Congress to pay tribute to a colleague in public service, Monterey City Councilwoman Ruth Vreeland, killed in an automobile accident on Highway 101 in southern Monterey County just this last Sunday.

What a loss. This 68-year-old woman had the energy of 100 locomotives. Involved in everything, teacher, statewide education activist, 20-year city councilwoman, statewide League of Cities activist, Democratic Party activist, mother, member of various boards. She was always there, always prepared, and always wanting to do more.

Born in Chunking, China, she grew up in Szechwan Province where her parents worked as medical missionaries. Returning to Toronto, Canada, in 1940, and moving to San Francisco where her parents taught at the University of California, Berkeley, Ruth earned a bachelor's degree in arts and education from San Francisco State University. She also met her husband there, Dick Vreeland, and then continued on to the University of San Francisco to earn a master's degree in organizational development.

In 1956, she moved to Monterey Peninsula to teach school, and was elected to the Monterey City Council with the intention of protecting the quality of life in the city of Monterey.

"This town is more than buildings and streets; first it is people," she wrote in her campaign statement. She championed the tearing down of the waterfront buildings so that people could see the Bay where California began. She replaced the buildings with parks and recreational trails, the now highly successful Window on the Bay Project.