

under safeguards, it shows India's commitment to its role in the global community.

Mr. Speaker, the United States-India civil nuclear agreement strengthens energy security for both the United States and India and promotes the development of stable and efficient energy markets in India to ensure adequate and affordable supplies. Development and expansion of U.S.-India civil nuclear cooperation should, over time, lessen India's dependence on imported hydrocarbons, including those from Iran.

Mr. Speaker, India is taking necessary steps to build its relationship with the international community. Although India has never been a signatory of the Nuclear Nonproliferation Treaty, it should not be considered as a problem state with regard to nonproliferation issues. It has no record of proliferating dual-use nuclear technology to other countries. India understands the danger of the proliferation of weapons of mass destruction and has agreed to key international nonproliferation requirements.

Finally, Mr. Speaker, once the Bush administration outlines the details of the civil nuclear energy cooperation agreement, then Congress must begin steps to enact the changes necessary for implementation, and I would urge all my colleagues on a bipartisan basis to move in that direction and support it. The United States has established a remarkable strategic partnership with India, and a civil nuclear cooperation would be a great accomplishment. Its implementation is important for national security and for U.S.-India relations. Our two nations have made extraordinary progress over the last several years, and the path that lies ahead is critical to our improving relationship.

HEALTH CARE TRANSPARENCY

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

Mr. BURGESS. Mr. Speaker, Americans, American patients, are fortunate. They have access to the greatest health care system in the world. But for many, the cost to access that care is prohibitively high. So it is ironic, Mr. Speaker, that the world's largest free market economy, government control and lack of true market forces have led to diminished sophistication among medical consumers and increased health care costs.

Dr. Uwe Reinhardt, a professor of political economy at Princeton University, frames the problem by stating: "To move from the present chaotic pricing system toward a more streamlined system that could support genuinely consumer-directed health care will be an awesome challenge. Yet without major changes in the present chaos, forcing sick and anxious people to shop around blindfolded for cost-effec-

tive care mocks the very idea of consumer-directed care."

A lack of transparency has created a system where customers don't have the ability to hold providers accountable. We have reached a point where even doctors and nurses and other providers have difficulty in being cost conscious, because nobody really knows what anything costs any more. In a system like this, cost increases are a given.

Mr. Speaker, there is no bigger proponent of medical health savings accounts than myself. A little less than 10 years ago when the Archer Medical Savings Accounts were first made available, I went out and got one. I think it is a good method of providing health insurance, particularly for those young Americans who want to be entrepreneurs that Chairman DREIER was just talking about. But right now there is a problem, because there is a lack of transparency in the system; and that opacity in the system prevents them from being good consumers.

A more transparent pricing system would help give providers and patients more control over their health care dollar, but there are great incentives for providers to keep consumers blindfolded. For instance, every year hospitals normally raise their price list for services. Because hospitals can increase their net revenue by raising their list prices, this provides them the incentive to increase their list prices.

But hospitals also negotiate a discount in payments for patients covered by certain health plans, and these discounted amounts are not always available to individuals who may be interested in self-pay, such as the holder of a health savings account.

Additional breakdowns of hospital operating costs and how that impacts billings would be essential information to a consumer trying to select the lowest-cost provider. Since this information is obscured, the consumer can exert no pressure on a hospital to implement rational pricing structure.

What happens when pricing information becomes available to consumers? The results can be dramatic. When the Medicare prescription drug discount card was introduced in 2004, seniors could log on to Medicare.gov and see cost comparisons of what drugs cost at area pharmacies. I would submit that Lasik surgery and plastic surgery are the other such examples when transparency is brought to the marketplace.

□ 1915

Some health plans are getting into the transparency game. Aetna health plan has initiated a pilot project in Cincinnati, Ohio, that gives enrollees information on what doctors charge and gives enrollees the ability to take action before services are performed. This type of information is vital to hold providers and plans accountable for what they charge and what the patient pays.

Giving new consumer-based coverage options like health savings accounts

the opportunity to plug into a fully transparent system, it gives consumers information on cost, price and quality and would transform the American health care system in a radical manner, providing care for more Americans both rich and poor. Patients with portable health care dollars that can be paid at the point of service are extremely attractive to most health care providers who otherwise normally have to wait for an insurance company to process a claim and remit the payment sometimes months or even years after a service has been rendered. To attract the business of these patients who are willing to pay cash at the time of delivery, providers could list their charges, competing for business on price and quality.

With nearly 3 million now enrolled in health savings accounts to date and the number growing daily, health care providers and hospitals would be wise to allow transparency to pervade the system and ride the coming consumer wave.

Now, Congress can play a role in leveling the playing field in favor of the health care consumer. HSAs should be supported or made more attractive to consumers by increasing their portability and maximizing the tax benefits of these accounts. Congress has already established several quality reporting programs that are available to the public. The same should go for medical costs. There is no reason to continue the system of opacity in medical pricing.

Congress should take the lead in developing a collaborative approach with all provider stakeholders to make the costs more transparent to consumers.

The Greek dramatist Sophocles said that, "wisdom outweighs any wealth." The American health care system needs a healthy dose of wisdom; and consumers can deliver, given the chance.

MISSED OPPORTUNITIES

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

Mr. GENE GREEN of Texas. Mr. Speaker, the President gave the annual State of the Union speech and also released his budget recently. The speech and the budget were short on many important issues that face our families and neighbors every day.

I was glad he talked about supporting our troops; and I agree. However, I did not hear a call for creation of additional divisions to give our regular military and reserves more time at home between deployments. He announced no plans to stop extending the enlistments for the young men and women serving our country, some of whom are serving their third tours in the Middle East.

We also need better equipment and training for the people who volunteer

to serve our country. Instead, this budget request maintains and grows weapons systems that are no use to our troops on the ground, rather than adding the manpower we need for Iraq and Afghanistan, and reduces the authorized size of the National Guard by 17,000 soldiers.

I did not hear a renewed commitment to fully fund our veterans health care either. When someone serves and is injured we owe them a debt to make sure they receive health care second to none. President Bush's VA budget request for 2007 does add nearly \$3 billion in real appropriations to veterans health care compared to the 2006 budget. However, it does so by charging a new annual enrollment fee for VA care, nearly doubling drug copayments and driving 1.2 million veterans out of the system created specifically for them.

A chart in the President's budget request anticipates approximately 1.2 million fewer veterans in Priority Groups 7 and 8 in 2007. These groups are forced in this budget request to pay new \$250 enrollment fees and nearly double in pharmaceutical co-payments. This is not looking out for those who have served our country.

The President touched briefly on health care problems in our country. Health care is the number one domestic concern of the American people, 46 million of whom lack health insurance.

The administration's solution is expanding health savings accounts, HSAs, eliminating State mandates on health insurance policies, and the annual call to federalize medical malpractice lawsuits. HSAs have not been successful with consumers. An October, 2005, report determined that 1 percent of U.S. adults chose HSAs and only one-third of that 1 percent recommend HSAs to someone else. Another one-third of that percent would like to change plans. HSAs only fit a small portion of our society and have not helped to ensure our 46 million uninsured Americans.

Even worse, HSAs will draw healthier, higher income employees out of health insurance pools, leaving the sicker and lower income folks to share the higher risk. The unfortunate result would be increased out-of-pocket costs for those most in need of affordable health care and a weakened employer-based health insurance system.

To solve our health problems, we need bolder leadership, not plans that do not work. Let us expand the State Children's Health Insurance Program, the CHIP program, to working parents, allow early retirees over 55 to buy into Medicare, and help States with Medicaid costs so that they can expand programs for the uninsured.

Decades ago our country made a decision to use employer-based insurance unlike other industrial democracies. We have tried to bridge the gap of what employers can provide, but we still have 46 million people uninsured. Congress and the administration have a duty to bridge that gap for Americans.

I also did not hear anything in the State of the Union Speech about the administration's efforts to secure pensions. Companies are eliminating traditional pensions or going into bankruptcy to get out of commitments to their employees. At a time when the baby boomer generation is reaching retirement age, we cannot depend on Social Security, especially with an administration who wants to privatize it.

The President also did not mention anything on the biggest issues facing Americans, increasing disparity in income. Since World War II, Americans had a history of creating a great middle income majority. We are losing that great middle class as we have more and more millionaires but more and more poor people.

In 2001, the median income in 2004 dollars was \$46,058. In January of 2006, it was \$44,389, almost \$2,000 less. Median income Americans are losing ground while median home prices have increased from \$139,700 in 2001 to 215,900 in 2004.

Health insurance costs have gone up from a monthly average in 2001 of \$135 to \$222. College tuition for our children has increased, while government assistance has remained flat. I could go on and on about lower income and high prices, including costs of gas for our cars and utilities to heat and cool our homes. We need a concerted effort by Congress and the administration to reverse this trend that the rich get richer and the poor get poorer.

Middle income Americans are getting poorer. We have real needs in this country, and it is all too clear that the President's State of the Union speech and the administration's budget have not addressed the concerns of America.

CONSUMER-DRIVEN HEALTH CARE

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

Mr. GINGREY. Mr. Speaker, it seems that tonight is health care night. We just heard from two of our colleagues from Texas, one of whom I agree with and one of whom on a lot of points I do not necessarily agree with. But, Mr. Speaker, I do rise tonight to express my deep concern over the high cost of health care and the toll it has taken on our families and our businesses and our economy.

I was very encouraged to hear President Bush discuss the important issue of health care reform during a speech in Ohio today. A recent NBC news poll showed 76 percent of Americans believe health care reform is a top priority for our Nation and we absolutely must act to create a more transparent accessible and affordable system, as the gentleman from Texas (Mr. BURGESS) just said.

Before coming to Congress, I practiced medicine as an OB-GYN for 26 years. I know that America has the best doctors, hospitals, research facili-

ties in the world, but all of that is for naught if people, Mr. Speaker, cannot afford the care that they need.

However, different Americans have different health care needs, and we cannot resort to a Hillary-care program, to a one-size-fits-all system of care. We rejected that in 1993, and we reject it here today in 2006. Instead, we need reform that allows Americans to be better health care consumers.

When we shop for a new car or home what do we do? We compare prices to get the best deal and the best product. Health care should be no different. Too many Americans are paying the high cost of health care out of their own pockets, and the family budget is suffering. This is exactly why we need real practical initiatives like health savings accounts and association health plans, despite what the gentleman from Texas (Mr. GENE GREEN) just said. We need this to make health care affordable, portable and secure.

The number of people that are buying high deductible health plans along with these health savings plans is not decreasing, as the gentleman suggested, but it is increasing. Three million today and by 2010 14 million. I am very supportive and proud that the President talked about this and is going to expand health savings plans for the future. These initiatives will help businesses across America afford health benefits for their employees, which in turn will reduce the number of uninsured in this country.

I am as concerned, Mr. Speaker, as all of my colleagues are of the fact that we have maybe 41 or 42 million people in this country without health care. But this is the way you get them the health care so they can get a policy with a very low premium that covers the catastrophic and they can stash away money each year in that health savings account. It can grow just like an IRA and they can use this money in many instances for medical care that is not covered under a traditional health care policy. I am talking about things like dental care, a hearing aid or visual care.

So along with flexibility in our health care system, this is another very important point, and Mr. BURGESS just spoke about that.

We must be technologically advanced. You heard, Mr. Speaker, Chairman DREIER talk a little bit about job statistics and how we do not need to be using twentieth century machinations to determine what our growth and our job rate is. We need to have a better system that more accurately reflects the job growth in this country. It is the same thing with the health care system. It must be technologically advanced.

Mr. Speaker, I recently went to Antarctica and, amazingly, I could get cash from an ATM machine with no glitch in Antarctica. But if I had fallen ill during my travels, the hospital