even as high as 90,000, deaths per year, so says the Center For Disease Control, and these, in many cases are preventible. Now, in some cases they are not, if someone comes in with an open wound or someone is taking immunosuppressant drugs.

But what we need to do here is actually help patients get better care. We can save massive amounts if we use Medicare and Medicaid to provide incentives and pay for performance for hospitals that reduce these.

But this is where, again, using electronic medical records helps, by having this information available that hospitals can review and pull up information and saying what is happening? Are we seeing trends within the hospital? Should we take action? Information that can come up as an immediate alert to the hospital medical staff, to medical directors and hospital personnel, hospital administrators, to say infections are now detected within the hospital, we need to take affirmative, aggressive, and thorough action to isolate and deal with this. That being the case, we can save tens of thousands of lives a year and tens of billions of dollars.

Now, we point these out because it is so critically important. I hear time and time again people misleading the American public that somehow we are trying to cut Medicare and Medicaid. That is not true.

□ 2030

What we are trying to do is improve the system. And any American family knows that whether it is your car or your house, that when you deal with using inefficient and cheap ineffective ways, you can end up paying much more because the tools you use may break or the system you are trying to use to fix the problem may actually be ineffective, and it is going to cost you more in the long run.

Doing poor health care, making wrong decisions in health care, is what is expensive. Making the right decisions in health care and making sure we have the highest quality is what lowers costs. And once and for all, we have to put these tools back into the hands of health care providers across the Nation, give them the information that is needed on every patient, every time, making sure those records are secure and so that physicians are competent and hospital personnel are competent.

Dr. David Brailer, the President's appointee to take many of these actions in the area of health information technology, and Secretary Leavitt, the Secretary of Health and Human Services, are leading the charge in some of these advances along with us in Congress.

This is something that we want the American people to know, Mr. Speaker; that in so doing, we will actually be saving tens of thousands of lives and tens of billions of dollars. These are efforts we will not yield on, because we recognize that the number of deaths that occur per year from us having our eyes blindfolded and our hands and not being able to do the best in health care is actually more that occur in a single year than died in all of the Vietnam War.

We have the tools to do this, and we as a Republican Conference will continue to lead this Nation in moving forward to save lives and save money.

With that, I yield back to the gentleman from Georgia, Dr. Gingrey, to control the balance of my time.

THE STATE OF HEALTH CARE: REPUBLICAN EFFORTS FOR HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. DENT). Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) will control the remainder of the hour.

Mr. GINGREY. Dr. Murphy, thank you so much for bringing that expertise in regard to health IT and health care quality. In fact, I wanted to point out, Mr. Speaker, and my colleagues one of the posters in regard to this.

The Rand study that Dr. Murphy mentioned, a potential savings of $162 billion annually by going to that system, and also at least 90,000 lives, and possibly more. I wanted to close out that portion before I call on some of my other colleagues to discuss other pertinent issues.

We do have legislation introduced from the Republican Conference to incentivize physicians, particularly small group physicians through our Tax Code, in the 179 section of the Code, to let them rapidly depreciate indeed up to $250,000. We do this for businessmen and women currently up to $100,000, but it is so critically important, this cost savings that I point out, that we want to make sure these physicians can afford to do this, because we need every one of them to participate in health IT.

At this point, the next issue that we wanted to talk about, and the gentlewoman from Florida, my colleague, and classmate, Ms. GINNY BROWN-WAITE, a member of Financial Services, Homeland Security, Veterans' Affairs, a Member of the Health Care Public Affairs Team, as most of us are; in addition to that she leads the Women's Issue Team of the Republican Caucus. She wears many hats.

But tonight the gentlewoman is going to talk about long-term care. And I hope she will include a little bit about the issue of health savings accounts and how they can be rolled into that. I think the President may have mentioned that a little bit.

At this point I gladly yield to my colleague from Florida (Ms. GINNY BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I appreciate the fact that Mr. GINGREY is holding these to help inform people of exactly what Congress is doing on the issue of health care. I am sure when every Member here goes back into their district, people ask them about health care.

In my district, of course, the issue is always not only just health care for seniors, but also veterans. And Dr. Murphy was absolutely correct that the VA was the first entity to begin computerizing their records, which is the reason why a veteran can go from New York at a VA facility down to one in Florida, and virtually with a few key strokes, they pull up his or her record. That is a good way to make sure that we have continuity of care.

In Florida, of course, we have many, many nursing homes. People move to Florida, and as they age in Florida, the nursing home industry is a very, very vital part of our economy. When I was a State senator, I worked long and hard on nursing home issues. We did nursing home reform.

And one of the reasons that we did nursing home reform was because we wanted to increase the staffing and make sure that nursing homes provided the kind of quality care that we all want for our seniors who are in nursing homes. But, you know, one of the issues clearly is the cost not just for those living in a nursing home, but also for younger families who have got to care for older parents or loved ones, very often termed the sandwich generation.

You know, long-term care costs can be very, very stifling. And I agree about having them be able to roll into a medical savings account. It is certainly a very important component of what we are trying to do long term.

You know, you do not fix health care forever. The need for health care reform continues as technology improves, as we all age, and also as we take into consideration all of the new pharmaceutical products that are out there that prevent people from going into hospitals, and, many times, nursing homes.

You know, that sandwich generation I was just speaking about, they are the ones who are very often helping to care for their parents. You know, nursing home costs can be upwards of $60,000 if a person does not have insurance. And home health care costs can sometimes reach $20,000 a year.

When we look at the demographics, those who are 85 years of age or older are the most likely candidates for long-term care service. But age is not the only indicator. Actually people of any age with limited self-care or mobility issues are candidates as well.

For the average person over age 50, home health care can cost over $5,800 a year. Even families who have long-term care insurance are facing hefty costs. Kind of base plan premiums run between $564 a year for a 50-year-old, for example, to $5,300 a year for someone who is 79.

When families can no longer cover these costs, Medicaid has to pick up the tab for those who do not have long-term care insurance. And when we look at the spending in Medicaid, one-third

nationwide of all Medicaid spending goes toward long-term care.

Moreover, two-thirds of these funds are used for institutional care, even though consumers prefer to remain in their own homes and communities. I am sure, Dr. GINGREY, that in your State as well as in my State, that they have applied for waivers, kind of all efforts possible to keep people in their own homes.

People prefer to be in their own homes, but there are times when they do need to be in long-term care. One of the bills that I recently introduced that I know many of my colleagues are on, is the Qualified Long-Term Care Fairness Act. We want to encourage people to participate in long-term care insurance.

This bill provides the same tax deduction available to those who itemize as those who do not. Currently only people who itemize on their income tax can take off the cost of long-term care insurance. This was obviously overlooked when they passed the bill, in that they only allow people who itemize.

We want to make sure that this tax deduction may be used for long-term care insurance premiums, activities of daily living, diagnostic, preventative or rehabilitation services, and certainly other services prescribed by a licensed health care practitioner.

My bill also, by the way, covers home health care expenses. By taking out a policy, it really and truly helps the family so very much. We want to make sure that this additional tax deduction can be claimed by people who take that extra care to be sure that if they need nursing home care that they have the insurance to cover it.

You know, Mr. Speaker, in 2001, spending for long-term care services for persons of all ages represented 12.2 percent of all personal health care spending. This was almost $152 billion of $1.24 trillion spent for health care.

Congress should encourage all Americans to purchase long-term care insurance. And certainly this is but one way that we can encourage our constituents to spend that money for a long-term care policy.

If I may take a moment just of personal privilege to tell a story about a very dear gentleman that everyone thought he was my dad; he was not. He had three daughters and he cared about those daughters.

Because he lived in the same community that I did, and because we were very close, people just thought that Arne was my father. Well, let me tell you, Arne was a very, very thoughtful father, because he took out long-term care insurance.

He developed Alzheimer's, and needed to be in a long-term care facility. His wife had passed on and the progression was very, very fast. Arne passed away last year, but I can just tell the Members in the Chamber tonight and those who may be watching in the audience, that Arne's children truly appreciated the fact that he took out that long-term care insurance. Because that way, the insurance paid for all of the time that he had to spend in the nursing home. And he was able to preserve his life's savings to leave to his children, which is really what he wanted. And he also wanted to make sure that he was not a burden on the taxpayers.

I would ask as many people as possible to consider that kind of insurance to make sure that they are cared for and that their children or whoever they want to leave the rest of their savings to, that they are also provided for. I think it is an excellent way to do it.

Mr. GINGREY. If the gentlewoman would yield for a second. This is such an important item, long-term care, and the anecdotal case that you just presented to us is touching and very personal, but very real and very practical, as you point out.

And we are going to talk a little bit later about, and I point out on this chart, health savings accounts; but I think the gentlewoman would agree that the opportunity to utilize money out of a health savings account to purchase at some point, maybe not when you are 35 years old and you just had the plan and you are building it up for a couple of years, but as you mentioned, I think you said in your fifties, it probably is certainly time to start saying not only do I pay for an annual physical, and maybe a mammogram or colonoscopy out of my health savings account, but maybe I need to look very closely at purchasing long-term care insurance to protect my assets, Mr. Speaker, so that they are not all used up, as I or anybody else who suffers from some debilitating illness that lasts for a long time, in a nursing home, they have no insurance, they have exhausted all of their assets.

Mr. Speaker, I commend the gentlewoman from Florida, too, in thinking outside of the box. I think that is part of why we as Members of the Republican Conference as a health care team, want to bring to our colleagues on a regular basis that we are thinking of ways to get the job done.

We are not just sitting back and accepting the same old, same old. And your bill, and I was not aware of the specifics of it, but that allowance for someone who does not itemize to actually get a deduction for the purchase of long-term care insurance I think is a great idea.

I commend the gentlewoman for that.

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I commend the gentleman. And certainly the use of any funds from a health savings account for this purpose accomplishes the same thing. It gives people a tax incentive to save, to also save and preserve their assets for the future.

And, you know, I recently, this past weekend, ran into a young man who was all of 55 years old. He was injured, and spent some time in a rehab center. And, you know, he said to himself, you know, he did not have insurance. When he told me the cost of that rehabilitation, it was astronomical.

So, you know, we all want to believe that we are going to be as healthy tomorrow as we are today. But, that is not always the case. And I remember when I reviewed the policy with Arne, because I was a little skeptical, he was 75 when he first started looking at it, and I was amazed what it did cover and how reasonable the cost was. And, you know, I looked on every line, looking for a loophole. And it ended up being something that I did recommend to him, never realizing that a few years later he would need to have this.

So I commend the gentleman for promoting the health savings accounts and any other way that we can help seniors to better prepare for their future.

□ 2045

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman for bringing us this information on long-term care.

At this time, we have an opportunity to hear another issue discussed by my colleague on the Rules Committee, the gentlewoman from West Virginia, Representative SHELLY MOORE CAPITO. And Representative CAPITO is going to talk tonight about something that, and she knows the numbers, she has been here a little longer than I have in regard to how many times we have addressed this issue of tort reform, of trying to level the playing field. Not take away anybody's rights to a redress of grievances if somebody has injured them by practicing medicine below the standard of care. That could be the provider of the care, it could be the physician, or the hospital.

In any regard, at this point I would like to turn the program over to Representative CAPITO and have her talk to us about the issue of medical liability reform.

Mrs. CAPITO. I thank my colleague from the Rules Committee, not only for talking about issues that are important to us but his service on the Rules Committee as well. And also the fact that we are taking this time to talk about an issue that is probably the most-talked about issue in my district and that is health care in a general sense, but in a broader sense health care for our future.

I come from the State of West Virginia, and I think this is a great topic for somebody from West Virginia to speak on. We have passed out of the House medical liability reform I think in excess of seven times and I have lost count. I do not know exactly. But I would like to talk a little bit about what happened in the State of West Virginia and how that legislature there and the Governor there joined together to answer a desperate cry from a lot of West Virginians.

In the summer of, I think it was, 2002, the only trauma center in the largest metropolitan area of our State, CAMC

Trauma Center, closed because they were unable to staff the trauma center because people of the specialty and the hospital were having difficulty meeting the high cost of medical liability insurance. They could not get it. That traumatized our area. We live in a rural State; but this area, Charleston, was the magnet for all of southern West Virginia and eastern and western sides to come in case of a high-level trauma.

During this time, a young boy of 4 or 5 years old got a penny stuck in his throat, and he lived about 10 minutes away from the trauma center, but the trauma center was not there. It was not open. So his parents, along with their physician, had to take him to Cincinnati, Ohio, to have this extracted from his windpipe. It had a happy ending. He was fine, but if they had not had to take that amount of time to go to Cincinnati to have the work performed, I do not know what would have happened to this young boy.

Throughout 2002, I met more constituents who were telling me that their doctors, even though they were not old retirement-age doctors, middle age, in their fifties, in the peak of their profession, were moving. They were moving to other States. They were retiring out of the practice of medicine and into administration because they absolutely could not afford to continue practice. We were losing our specialty physicians. I know there is a problem nationwide with neurosurgeons, certainly orthopedists, OB-GYNs are one of the highest problem areas, and it was just cascading across our State.

We are known in our State as being one of the best places for trial lawyers to set up shop. We are very, what do I want to say, generous and we have a very good litigious society.

Mr. GINGREY. We like to use the expression in those situations: ''it is easier to sue your doctor than it is to see your doctor.''

Mrs. CAPITO. Right and we were reaching that point in West Virginia. We had our doctors leaving.

Another thing, I spent Sunday night with a group of physicians here in Washington, D.C., and one of the things they told me repeatedly, no matter what State they were practicing in, is that more and more they have got to practice defensive medicine. Are you going to do the MRI, Doctor?

And even though they do not think it is called for, it is not medically necessary, they go ahead and do it because if they do not do it, there is that small fraction of a chance that something might have shown up or that they could come back and be sued because they did not proceed with a procedure that they did not feel was medically necessary.

And what happens when you practice defensive medicine? The cost goes up and up and up. And this was happening in West Virginia. Again, our large medical centers, we could not recruit our doctors. We would have residencies throughout our State and as soon as the physicians were trained, educated, and ready to practice, they would leave the State. And this was really very difficult because the word was out across the Nation: West Virginia, if you want to practice medicine, do not go to West Virginia.

So we had all of this coupled with just the out-of-control lawyer compensation that this breeds, this medical liability breeds.

So we had this kind of situation in West Virginia and what happened? It was not the doctors. It was not the hospitals. It was not the health professionals. It was the everyday citizen in West Virginia coming to policy-makers, coming to their State legislators, coming to their Governor, coming to their Congresspeople and saying, you have got to do something. You have got to pass something. And by golly, in the State of West Virginia they have passed one of the leading, cutting-edge medical liability bills that exists now in any States in the Union.

And what has happened? Confidence is back in the health professions, more specialties are being recruited into our State. And just today I had a young man in my office who was just finishing his residency at Lexington, Kentucky. He said, I am coming home to West Virginia because that is where I want to raise my family and practice medicine.

So medical liability does work. It does go to providing higher-quality care, refreshing your physician and health profession supply. It does go to bringing about an era of confidence that good-quality health care is going to be there for you. And so I would say in terms of, I know Dr. Gingrey has introduced the HEALTH Act again, and we are hoping that we will pass it out of the House of Representatives again, we will do that because we know it is important. But more and more what is happening in West Virginia is happening in other States across the Nation. And they are hearing from their everyday citizens, their folks who want to see their doctor when they want to see them, the doctor they have seen their whole life. And this is an extremely important issue to have before the American public.

The problem has been we have passed it here, and we have not heard anything more about it. It had faded out there across the Hall. I think the stronger the voices are at the local level, just like they were in West Virginia where we did not think it could ever be done, the stronger those voices are, the more optimism we can have, we can meet the demands of a good and solid medical liability reform bill.

I want to join with my colleagues here on the Health Affairs Team who think it is something we need to talk about quite a bit.

If I could take just 2 more minutes here to talk about another health issue that is extremely important to me, and that is the prescription drug bill for seniors. It is something I worked on, and it is probably the number one issue as I have moved across the State over the last 5 years.

I was sitting in a dinner the other night after reading all the political rhetoric about the prescription drug bill and how it does not serve people, and actually one of my colleagues from the other side of the aisle in my own State called it a national disaster. I sat down next to a gentleman. He said, I want to talk to you about the prescription drug bill. I almost thought I had to put a helmet on to hear what he had to say. I said, What is that? He said, I am going to save $4,000 this year. Thank you, Congresswoman, for passing that. Thank you for providing that first-time availability of a prescription drug bill through Medicare.

I want those who are watching to know this is an extremely revolutionary bill and an availability of a prescription drug bill for our seniors.

Doctor, I would like to yield back my time to you. I appreciate your efforts in this area, and I join with you in seeing that we get that medical liability reform bill passed once again.

Mr. GINGREY. Thank you. As you point out, it could be seven times. We had passed it just last year, and I guess we will have to do it again this year maybe for the eighth time.

I just have got a little poster here, Mr. Speaker, that I want to call my colleagues' attention to here. The gentlewoman from West Virginia talked about it a little bit in regard to these issues of the need for tort reform, the cost factor, Federal outlays for health care on the rise. Yes, indeed. Nearly one-third of all Federal spending goes towards health care. And that is what she is talking about.

A lot of this spending is defensive medicine. It is unnecessary. She is talking about the trauma center in West Virginia that had to close because they could not get coverage. They could not get the neurosurgeon to take the liability or a thoracic surgeon to see that youngster with the penny lodged in his windpipe.

These are the issues; and, yes, everybody that comes into the emergency room anywhere in the country with a headache, doctors know physical diagnosis and ability to examine by looking in the eyes and checking the blood pressure. But they are not sending that patient home with a couple of aspirins and careful instructions to call the next day. They get a CAT scan and the most expensive one that is coming along for that particular year.

She did such a great job. Finally, in her last two minutes and I am so glad that she did that in regard to the Medicare Prescription Drug Act, part D. We have heard all of these naysayers. I am sure they were out there in 1965 when we had the optional Medicare part B which 98 percent of seniors are paying upwards of $90 a month to be part of because it is a good program. This is a good program.

I thank Representative SHELLY MOORE CAPITO for giving us some information, personal anecdotal statistics from West Virginia. It is absolutely true.

At this point it is a pleasure to have as part of our team tonight, and actually my co-chair of the Policy Committee, the Republican Policy Committee on HealthCare Reform, another physician, a freshman who does not seem like a freshman because of his knowledge and skill and ability. I am talking about the gentleman, Dr. CHARLES BOUSTANY, cardio-thoracic surgeon from Lake Charles, Louisiana.

Before I yield him most of the remaining time in this special hour, I want to thank him for the work that he did on the gulf coast during not only Hurricane Katrina but Rita that hit his area, his district, and devastated over 125 miles of that great part of our country and what he has tried to do in regard to going forward to work on issues, like making sure in a catastrophe like that in the future that we would have a data bank of physicians by specialty so that we would be much more organized and could respond like he did, personally, in an efficient fashion.

So at this point it is indeed a pleasure to call on the gentleman from Louisiana, Representative BOUSTANY. He will talk a little bit about competition in health care and some of the hallmarks for reform.

Mr. BOUSTANY. I thank my friend and colleague from Georgia for yielding time to me. Also, I thank him for putting on this program this evening. It is very important that we inform the American public about these issues in health care.

It is undeniable that the United States has the finest health care system in the world, and I have seen it firsthand as a cardio-thoracic surgeon. I have had the great privilege of saving many lives in the practice of cardiothoracic surgery. At the same time, I also learned firsthand about the difficulties that families go through and the high cost of health care incurred by families and small businesses.

Particularly, when my son was involved in a terrible car accident that required months of hospital care and the stress it put on my family and the financial pressure really awakened me to many of the problems that we have in our health care system. So I come here with strong determination to try to do something to help American families with the ever-rising cost and burden of providing health care.

Health care costs have doubled between 1993 and 2004, growing to nearly $1.9 trillion and representing 16 percent of the United States gross domestic product. When you look at health care, we have to make sure that it is affordable, it is available and accessible because I commonly say, I often say back at home, All health care is local. What good is health care if you cannot access it and get it where it is affordable where you live? That is where you need it. It does not do you any good if it is available in New York or Boston if you cannot get it at home in Lafayette, Louisiana.

So with this unsustainable rise in cost, we have got to do something to bring the cost down and make it more affordable and available. Competition is the key.

I think there are three words that really describe the principles for health care reform: information, choice, and control.

□ 2100

First of all, with regard to information, we need a free flow of information about prices, about cost to families, about cost of hospital care, cost when you go to see the doctor, the cost you incur when you go.

We also need a free flow of information about quality and outcomes, because if we have this flow of information, and information technology was mentioned earlier this evening, information technology is a critical part in providing this kind of information to the consumer and to ultimately the patient, to the family.

I often say what good is it if you do not have this information. If I go to the store to buy soft drinks or sodas for my family, I can go down the aisle, and there is a wide range of products, different quality, different flavors, different prices, and I make an informed decision. But in health care, we cannot do that. So we need information.

Choices, that is the other one. If we had a wide range of choices in health care, wide range of insurance products, then we could create this competition that will bring the cost down. It is one of the things we hope to see in the Medicare prescription Part D program, where we create competition to drive the cost of pharmaceuticals down for our seniors in these plans.

Another way of providing choice is certainly the health savings accounts that were mentioned earlier, associated health plans which is something we passed in the House. And there is also a bill that I am a proud cosponsor of; this is a bill by Representative SHADEGG, H.R. 2355, the Health Care Choice Act of 2005, which will allow people to shop for insurance products, health care insurance, across State lines, again creating more competition and hopefully bringing the cost down.

The final piece of this is control. We do not have portability and control. I want to put health care destiny back in the control of families and individuals because I believe by doing so we create true portability in health care, and if we do this, then we will solve a lot of the problems. We will free up our businesses, let them do what they do best, by providing work and wages and so forth, but let us let families have that portability in health care.

Those are the keys to health care reform. It is important to recognize, if you look at our health care system, 45 percent of all health care spending is in the form of Medicare and Medicaid and other Federal programs. Fifty-five percent of it is in the so-called private sector, and yet what we have is a price control system where everything is set by basically paying at the Medicare rates, which creates some degree of rationing in health care. Yet, on the other side of the coin, when you look at what is happening to providers, providers are having to deal with the free ranging, inflated cost of supplies, pharmaceuticals, surgical equipment, and this has created major distortions in our health care system. This also needs to be addressed.

So, again, if we can create competition by using those three principles I mentioned, then I believe we can truly start to bring the costs down in health care and make it more affordable, available and accessible for American families.

I thank my colleague from Georgia for yielding to me, and I appreciate this opportunity to comment on health care.

Mr. GINGREY. I thank Mr. BOUSTANY so much for being with us this evening and for pointing out the rising cost of health care and what we need to do about it. I particularly appreciate what you said about transparency.

In the final few minutes, I am going to talk a little bit about the health savings accounts that the President has promoted and increased the amount of money that can be put aside, very much like an IRA, but this would be an IRA for health care. Because you are absolutely right; we use the expression, and maybe it is really apropos for health care, skinning the game. They are going to be better consumers. People do a great job shopping for an automobile or an appliance or new flat-screen television set, and they may go to eight different stores, discount big box stores, trying to save an extra fifty bucks on a plasma TV. And people do that, and I do not blame them. We can do that in health care, too.

I think Mr. BOUSTANY is absolutely right. There will be a day when we do have electronic medical records throughout the system. Secretary Leavitt is totally committed to this, and Dr. Brailer, as our good friend Mr. MURPHY said at the outset of the hour, but will also need to be done as everybody is interconnected, every medical office, every clinic, whether it is the size of Mayo or Rochester or whatever, or maybe just a two-doctor shop, everybody's information about their patients is interconnected so that we know what their needs are and also the information that physicians, their pricing information, what does an OB/GYN typically charge for a routine hysterectomy or delivery or cesarean section; what does a vascular surgeon charge for the procedures that they do. We call those endarterectomies, put in a graft to go around a blocked vessel. What does a general surgeon charge to

take out a gallbladder through laparoscopic, or appendix or thyroid? There are more than one good doctor in each community. I do not know about cardiothoracic surgeons. They are in short supply, but there are lots of us OB/GYNs and general surgeons that do a good job.

People will one day in the near future, because of what we are doing, the efforts of this Republican majority and this President, who is totally committed to making sure that we continue to have the best health care system in the world, we will see the day that in a secure environment, people can look on a Web site and know exactly what the differences are and shop economically for not the cheapest health care but the best-priced health care and good health care.

We talked a little bit at the outset of the health savings account issue. I think that this is a wonderful opportunity. I wanted to show maybe one last poster in regard to that, because we hear a lot of criticism sometimes here on the floor of this Chamber, and sometimes out in the halls and maybe indeed sometimes back home in our districts, say, oh, you know, the health savings account, they are just, here again, something for the rich, and you Republicans only care about the people that have lots of money. Well, look, Mr. Speaker, at this health savings account, not just for the healthy and wealthy.

Seventy-three percent of those who have established, and there are about 3 million now and we predict within the next couple of years 10 million, and it is growing rapidly, 73 percent have families with children. Fifty-seven percent of these holding health savings accounts are over age 40; 35 percent are from households with four or more people; 40 percent are high school graduates or have technical school training as the highest level of education. Also, I might say parenthetically, some of these folks are the most successful because they are hardworking and work by the sweat of their brow; 40 percent did not indicate any prior coverage.

So this is something for everything, and for those who do not want that, the President has talked about refundable tax credits to purchase health insurance for an individual. When I say refundable tax credits, I mean somebody that, because they are a lower economic earner and they do not typically pay taxes, they do not get any advantage from a deduction. So we actually give them money. A refundable tax credit means you give them money for the sole purpose of purchasing health insurance. These are some of the things that we wanted to talk about.

The gentleman from Louisiana, I would be glad to yield to him for a comment.

Mr. BOUSTANY. Mr. Speaker, I thank the gentleman for yielding. I also point out another feature of health savings accounts and it is something very important to think about; and that is, as we get a large part of our generation to sign on to these health savings accounts, as our generation moves up into the Medicare years, that money will accrue and could be used for health care costs incurred at that time. It will help take some of the burden off the Medicare system in the future potentially. So it is a good, good feature as we look at these. Again, it helps the individual, it helps the family to control their own health care destiny.

So I just wanted to point that out, in addition to these very good facts that you pointed out as well.

Mr. GINGREY. Mr. Speaker, I thank the gentleman, and just in the closing minutes, I would say that also it is important for people to know that while people maintain these health savings accounts and add to them each year, they enjoy the miracle of compound interest as these accounts grow. They can only be spent on health care, but typical insurance does not cover dental care or a lot of eye care. It certainly will not pay for a hearing aid, no cosmetic surgery. It does not help women who have infertility problems who need assisted reproductive technology so they can achieve the wonderful joy of childbirth and raising a child or children. All of those things can be paid for out of these health savings accounts.

We talked about purchasing long-term health care insurance, and when a person turns 65, they can actually use some of this money for other things.

Well, that wraps it up. I see my time is drawing to a conclusion. I think the Speaker has tapped that gavel a little bit, and I do not want to cut into my good friend's, the gentleman from Georgia on the Democratic side, and his special hour. So at that we will conclude.

BLUE DOG COALITION

The SPEAKER pro tempore (Mr. DENT). Under the Speaker's announced policy of January 4, 2005, the gentleman from Arkansas (Mr. ROSS) is recognized for 60 minutes as the designee of the minority leader.

Mr. ROSS. Mr. Speaker, I come to the floor of the United States House of Representatives this evening as a member of the fiscally conservative Democratic Blue Dog Coalition, a group of 37 fiscally conservative Democrats who are outraged, absolutely appalled by these record deficits, record debt and the lack of common sense and fiscal discipline that we are seeing in our Nation's government these days.

I come to the floor and raise these issues not out of partisan politics because, Mr. Speaker, I do not know about you, but I am sick and tired of all the partisan bickering that goes on at our Nation's Capitol. It does not matter to me if it is a Republican idea or Democrat idea. My people back home want a commonsense idea, the kind of ideas that make sense for them in their everyday lives.

So I raise these issues, Mr. Speaker, quite frankly because I am concerned about the future of our country.

As you walk the halls of Congress, it is easy to spot one of the Blue Dog Coalition Members' offices, because we all have this poster beside our front door. Today, the U.S. national debt, just as I got ready to come up here this evening, the U.S. national debt is $8,270,909,436,190. For every man, woman and child in America, including those being born as we speak, the amount of money that each person in America shares in the national debt is $27,000 and some change.

It is hard now, Mr. Speaker, to believe that from 1998 through 2001, our Nation for the first time in 40 years had a balanced budget; and yet, this administration, this Republican Congress, has given us the largest budget deficit ever in our Nation's history for what amounts to 6 years in a row.

This is the budget that the President of the United States has presented to Congress. It is always presented under a lot of fanfare; a lot of publicity surrounds this budget. This budget for fiscal year 2007 totals $2.8 trillion, but what is alarming about it is that the deficit totals $423 billion.

If that is not disturbing enough, Mr. Speaker, as a Nation, we spend about a half a billion a day simply paying interest on the debt we already have, and on top of that, our national debt is increasing to the tune of about $1 billion a day. Our Nation is spending about $1 billion more a day than it is taking in; $260 million a day going to Iraq, $33 million a day going to Afghanistan, and a whole lot more going not to fund programs that matter to people because there are record cuts in this budget.

Just yesterday in Booneville, Arkansas, I was at the Dale Bumpers Research Center, one of 26 agriculture research centers that are not being cut, but being eliminated, under the President's budget for fiscal year 2007. Only in America can the President give us a budget that cuts the programs that matter to people, Medicaid, Medicare, veterans benefits, agricultural programs, and also give us the largest deficit ever in our Nation's history at the same time.

□ 2115

So as an American, I rise this evening out of concern. As a small business owner, I rise this evening out of concern about these record debts and these record deficits. And at the end of this hour, Mr. Speaker, we will change this number to show how much the national debt has risen just in the hour we have been on the floor this evening trying to talk about accountability and fiscal responsibility.

The numbers I have presented to you are bad enough. Lord knows we don't need to make them any worse. They are already the largest budget deficits in our Nation's history that this Republican leadership has given us, but