

as the Mayor plans to replace the city's fleet with hybrid cars by 2012.

The Joint Economic Committee recently released a report entitled, "Money in the Bank, Not in the Tank", which argues that we have to take the issue of improving fuel efficiency seriously.

America's cars were more efficient two decades ago when our fleet-wide average was 26.2 miles per gallon. Now, our fleet-wide average for cars and trucks has slipped to 25.4 miles per gallon. Clearly, we're going in the wrong direction.

And it's hurting our competitiveness—our nation ranks at the bottom of the list of industrialized nations when it comes to fuel efficiency.

In Europe, fuel efficiency averages around 40 miles per gallon and they're looking to raise it to 51 miles per gallon by 2012. Japan is trying to get to 50 miles per gallon by 2010 across their fleet.

If we raised CAFE standards to 35 miles a gallon from 27.5 miles per gallon, the average American family would reduce their spending on gas by nearly one-quarter.

With families on course to spend more than \$3,600 on average filling up their cars this year, this would be a savings of \$900 a year.

Despite major technology gains, especially hybrid technologies, and record-breaking gas prices, we are decades behind when it comes to making our cars more efficient.

More efficient cars mean American families spend less at the pump, we're less dependent on foreign oil, and our environment benefits from lower emissions.

The President's priority has been to give tax breaks to oil and gas companies even as their profits have soared to new heights. The big five oil companies enjoyed eye-popping profits of \$120 billion last year.

Instead of using those profits to expand refining capacity or make serious investments in renewable energy, the big oil companies are buying back their own stock to enhance prices for their shareholders.

Moreover, oil companies seem to be working hard to prevent gasoline alternatives, such as ethanol-based products, from being pumped at their branded gas stations.

In our first 100 hours of work in the majority, the House voted to roll back \$14 billion in taxpayer subsidies for Big Oil companies and reinvest that money here at home in clean alternative fuels, renewable energy and energy efficiency.

We have also passed a bill that encourages research and development of markets for biofuels.

Speaker PELOSI has created a Select Committee on Energy Independence and Global Warming to develop policy initiatives and assure that progress is made toward reducing our dependence on foreign oil.

Democrats in Congress are working on legislation to protect consumers and increase our energy independence by investing in renewable energy sources and reducing global warming emissions.

We need this new direction for energy policy that brings relief to American families and strengthens our economy.

#### HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 18, 2007, the Chair recognizes the gentleman from Texas (Mr. BURGESS) for 11 minutes?

Mr. BURGESS. Mr. Speaker, I come to the floor tonight for what time is left to us to talk a little bit about health care. I do try to do that every week because this is such an important issue that faces our country, and over the next 18 to 24 months we are going to see perhaps some significant changes proposed and some, in fact, enacted in the Nation's health care system.

Mr. Speaker, I wanted to draw your attention, today there was an excellent piece written in today's Wall Street Journal. This piece was on the editorial page, it was written by Dr. Robert A. Swerlick. It is entitled, "Our Soviet Health System."

Mr. Speaker, Dr. Swerlick does such a good job of encapsulating a lot of the issues that I have been talking about here over the past several weeks and I just wanted to share a couple of quotes with you from his article as we get started. He is talking about the imbalance between supply and demand. He became aware of it when he found no trouble finding a veterinarian for his pet, but found difficulty finding a pediatric endocrinologist for a diabetic child. And the reason for the imbalance, Mr. Speaker, according to Dr. Swerlick, is because of some of the distortions of the marketplace and the inaccurate signals delivered to the marketplace because of our manipulation of those signals and of those market forces with the pricing structure we have in our Medicare system.

I am quoting from the article from today, and it says, "The roots of the problem lie in the use of the administrative pricing structures in medicine. The way prices are set in health care already distorts the appropriate allocation of efforts and resources in health care. Unfortunately, many of the suggested reforms of our health care system, including the various plans for universal care or universal insurance or a single payer's system that various policy makers espouse, rest on the same unsound foundations and will produce more of the same." Going on and continuing to quote, "The essential problem is this; the pricing of medical care in this country is either directly or indirectly dictated by Medicare. And Medicare uses an administrative formula which calculates appropriate prices based upon imperfect estimates and fudge factors rather than independently calculate prices, private insurers", and Mr. Speaker, this is key, and many House Members don't realize this, let me slow down and say this again. "Rather than independently calculate prices, private insurers in this country almost universally use Medicare prices as a framework to negotiate payments, generally setting payments for services as a percentage of the Medicare fee structure."

Then further on into the article, again quoting, "Unlike prices set on

the market, errors in this system are not self-correcting." That is, we make a mistake in our policy meetings, in our committee hearings, we make a mistake in setting the actual value to a medical service, and that mistake never gets corrected by market forces. It is insulated, it is anesthetized from market forces, and the consequence is it gets worse over time. And then we compound the error when we try to fix things at the committee level or at the level of the Federal agency.

One last thing that I would like to point out that the article does state so succinctly. Markets may not get all the prices exactly correct all of the time, but they are capable of self-correction, a capacity that has yet to be demonstrated by administrative pricing.

Again, a very worthwhile article. And I commend it, Mr. Speaker, to you. And perhaps some of our colleagues will also be interested in that article as well because I think it very succinctly sums up a lot of the things that I have been pointing out over the past several weeks here.

Mr. Speaker, in the few remaining minutes that I have left, I wanted to talk just a little bit about the physician workforce of the future, because that is something we have to focus on as we have this health care debate. A lot of times I worry we are getting the cart before the horse. Here is a cover of the Texas Medical Association's professional magazine back in my home State of Texas. Texas Medicine last March devoted a lot of the issue to the concept of running out of doctors. As a consequence, I am introducing three physician workforce bills tomorrow that will deal with the person perhaps thinking about a career in medicine, the young physician just starting out in either medical school or residency, and then finally, a third bill to deal with the iniquities in the Medicare pricing system that I just referenced in the article of today's Wall Street Journal.

The physician workforce crisis has to be approached on several fronts. The issue of medical liability is one that we need to take on, and we need to be quite serious about that. But when we look at perhaps the largest group of doctors that we may not have in the very near future because of the things we are doing in our Medicare pricing schedule, these are the areas where we really need to concentrate. Baby boomers are going to retire, they are going to get older. Demand for services are going to go nowhere but up. If the physician workforce continues its downward trend, as it is doing year over year, we may not be talking any longer about funding a Medicare program, we may be talking about why there is no one there to take care of seniors.

Year after year reduction in reimbursement plans from the Center of Medicaid and Medicare Services to physicians for services they provide for

