

I look forward to your response, as well as your responses to my letters to you dated March 13, April 23, May 13, June 8, July 7, July 10, July 17, July 22, and July 31. Please do not hesitate to contact me or my staff member, Thomas Culligan.

This is very important for the safety of our country.

Sincerely,

FRANK R. WOLF,
Member of Congress.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her 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 California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF 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 Virginia (Mr. FORBES) is recognized for 5 minutes.

(Mr. FORBES 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. PENCE) is recognized for 5 minutes.

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

H.R. 3611, THE LIMITS ACT

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

Mr. BROUN of Georgia. Counterterrorism officials have warned mass transit systems around the country to increase patrols after they discovered that a group of individuals within the United States were allegedly planning to detonate backpack bombs aboard New York City trains.

In the past month, we have once again been reminded that terrorists are still targeting U.S. mass transit systems and other major landmarks. We have to continue to be proactive against those seeking to do us harm and minimize our vulnerabilities, especially vulnerabilities on U.S. soil.

I'd like to discuss one continuing threat that needs to be addressed. In

2002, 2003, and 2004, personnel from Iran, a designated state sponsor of terrorism, were caught photographing and videotaping the New York City subway and other popular landmarks.

I ask my colleagues and the American people to think about why Iranian personnel would photograph and videotape the New York subway system and other popular sites. I'm referring to individuals from state sponsors of terrorism that are here with diplomatic immunity, supposedly in the United States for official business at the United Nations.

Let me be clear. Personnel from a state sponsor of terrorism have been caught on numerous occasions spying. What do you think they intended to do with that information, the videotapes and the photos? These are not our friends. A few, but not all, of these individuals were expelled by the U.S. Department of State. Between 2004 and 2009, the State Department issued over 8,600 visas to delegates and representatives from countries designated as state sponsors of terrorism.

Through the 1947 United Nations Headquarters Act, the United States is required to allow diplomats and personnel into the United States for official business at the United Nations headquarters complex in New York City, including personnel from countries who otherwise would be ineligible for U.S. visas.

We can't afford to take these threats lightly. The presence of hundreds of individuals with diplomatic immunity from countries designated as state sponsors of terrorism is an overwhelming and expensive task for U.S. counterterrorism and counterintelligence resources.

Michelle Van Cleave, the U.S. National Counterintelligence Executive from 2003 to 2006, put it well when she said, "While the FBI—by far, America's premier counterintelligence agency—is assigned responsibility for countering all foreign intelligence operations in the United States, it lacks the manpower, the resources, the training, and probably the public support to venture into the complex grounds of analyzing the vast foreign presence in the country to identify the intelligence operations embedded therein." . . . "The counterintelligence problem is not one of sheer numbers, though by any measure there are far more intelligence operatives in the United States than we have personnel to address them. The larger and more compelling issue is the scope of their activities. Historically, embassies and other diplomatic establishments within the United States have served as a hub for foreign intelligence activities because of the operational security that they afford."

Why are we helping state sponsors of terrorism gather intelligence information within the United States? When and where will we draw the line?

If we can't stop these people from coming to the United States, the least we can do is limit their access to our

country by dramatically limiting the radius that personnel from state sponsors of terrorism are permitted to travel.

Congressman DAN BOREN and I have introduced H.R. 3611, the LIMITS Act, Limiting the Intrusive Miles of International Terrorist Sponsors, which would limit personnel from state sponsors of terrorism to a half-mile radius of the U.N. complex. A half mile is more than enough space for personnel from state sponsors of terrorism to obtain lodging, food, and other necessities, and will be an easier and more cost-effective use of U.S. counterterrorism and counterintelligence resources, as well as the New York Police Department.

The FBI's top two priorities are to: number one, protect the United States from a terrorist attack; and, number two, protect the United States against foreign intelligence operations and espionage.

□ 1530

When it comes to state sponsors of terrorism with diplomatic immunity in our country, it is past time to make the FBI's job a little easier. I urge my colleagues to cosponsor the LIMITS Act and restrict access of State sponsors of terrorism on U.S. soil.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank my leadership for allowing me to take this Special Order hour to discuss what has certainly become the most important issue that has been going on in this Congress over these last couple of months, and that is the issue of health care reform or, as the Democratic leadership and the President himself have rephrased that now, reform of our health insurance industry, rather than reform of our health care system. But we're going to spend a little time, Mr. Speaker, talking about where we are with regard to this and what are some of the alternatives. Particularly from our side of the aisle, we are often criticized, I think unjustly, about being the party of opposition without having any sufficient alternative ideas to present. In other words, the accusation of being "the party of no."

My colleague from Georgia, Mr. Speaker, is here with me on the floor today, this afternoon, and he and I laugh about that a little bit. We both agree, yeah, we are the party of "know"—it's spelled K-N-O-W. So I would like to take this opportunity to share with our colleagues on both sides of the aisle just what it is we do know and what are some of those suggestions with regard to health care reform or, indeed, health insurance reform, that

the minority, loyal minority wants to present.

We want to make sure that our President, who said his door is wide open as he spoke to the Nation from right here, from your seat, Mr. Speaker, a couple of weeks ago, saying, Look, if anybody—whether it's the Republican Party or doctors out across the Nation or some of the many men and women who have attended these town hall meetings throughout the month of August—If you've got ideas, bring them to me. My door is always open.

Certainly we have tried to do that, Mr. Speaker, in the way of writing letters, making calls to his staff and to say to the President, We do have some good ideas, Mr. President. In fact, just today within the last hour and a half, a group of physicians from across this country—they call themselves the Million Med March group, were here out on the Mall, talking about this be very issue and bringing ideas. Yes, there were some physician Members of the House with them to speak to the group that had a symbol. It is a grassroots effort, and there are lots of ideas, Mr. Speaker, Mr. President, Mr. Majority Leader. I say to Ms. PELOSI, the Speaker of the House, and to Senator REID, Senate majority leader, we have lots of good ideas, and we want an opportunity to be heard.

So we are going to take this next 45 minutes or so to talk about some of these ideas. My friend from Georgia is not only a colleague here and a fellow Georgian but also a fellow physician. And while I specialize, Mr. Speaker, in OB/GYN, Dr. PAUL BROWN from Athens, Georgia, his specialty is family medicine, primary care. You talk about somebody whose voice needs to be heard, and I hope the President will also acknowledge the fact that Dr. BROWN has some great ideas. I will yield to him right now and hear some of those ideas as we colloquy and so forth.

Dr. BROWN, thank you for being here, and I would like to yield to you.

Mr. BROWN of Georgia. Dr. GINGREY, thank you so much for yielding to me. I, indeed, went down to the park where all these physicians were. I know Dr. GINGREY and our colleague Dr. TOM PRICE, also from Georgia, was at that same meeting with the physicians. This was a group of physicians from all over the country that are very concerned about ObamaCare, about the direction that they perceive that the Congress is going. They see H.R. 3200, the ObamaCare bill here in the U.S. House, as well as the bill that MAX BAUCUS has over in the U.S. Senate, as being a tremendous attack on their ability to practice medicine, to be able to make the decisions along with their patients of how health care is delivered within their offices and how they can deliver surgery, prescriptions, and the tests and procedures that they need.

I think they're exactly right. Dr. GINGREY, I know you spoke with them before I did. But Mr. Speaker, when I

was down there, I spoke to these physicians, and I told them that they and their patients around this country are what's going to stop this steamroller of socialized medicine that's going on here in the House of Representatives. I reminded them that if we can generate enough grassroots support all over this country to ask particularly the leadership here in the House and the Senate as well as the President to open up this process, to listen to all of the second opinions that Dr. GINGREY and others are putting forward.

I know you are going to talk a little while tonight about your health care bill of rights and the 10 Prescriptions for a Healthy America. I applaud you, Dr. GINGREY, for bringing this forward, but the only thing that's going to slow down this process of the Federal Government taking over the health care system is the "We the People." The Constitution of the United States starts off with three very powerful words, "We the People." Up here we're supposed to be representatives, not rulers, and we, the people, need to stand up and say, Whoa, this is an issue that is too important to rush through. We should not have any deadlines. The Speaker and the President have talked about trying to get a bill on his desk before Thanksgiving. This is too complex of an issue to rush it.

What we, as physicians here in Congress, are trying to do is to offer a second opinion. Actually, we've got many opinions that Republicans have introduced. Dr. GINGREY, you have been very instrumental in fostering the idea of health information technology, digitizing electronic medical records and that sort of thing, which would help save money. We have to find a way to lower the cost. In my private practice of general medicine, I couldn't afford to buy health information technology for my patients. We've got to lower the cost of that, but we have got to lower the cost of everything in health care.

The Republicans have many ideas. I, as well as you and the other people on our side, want to see us open the process so that all the ideas are put on the table, and unfortunately, neither the President nor Speaker PELOSI are allowing that to happen. The American people just need to stand up and say "no" to ObamaCare. Let's put these ideas all on the table. Let's discuss them, find ways to lower the cost of health care without creating a big Federal debt, which ObamaCare, H.R. 3200, will do. The President said it wouldn't, but that was not true. He also said that it would not give free health care to illegal aliens, and that is not true. A lot of things that he said that night were not true. In fact, the only person who said the truth that night in that speech was JOE WILSON, our dear colleague from South Carolina.

But the thing is, the American people are in charge. That's what I told the doctors, Mr. Speaker, when I was down there is that the physicians in this

country and everybody who is concerned about where we're going in health care—and particularly the elderly—need to say no to this H.R. 3200, which is going to be disastrous for everybody. And let's open up the process, and in a bipartisan way, in a bicameral way use the House and the Senate together, let's find some commonsense market-based solutions that lower the costs for health care.

And in doing so, let the doctor-patient relationship dictate how health care decisions are made, not through some government bureaucrat, as in the House bill right now. The ObamaCare bill here in the House will put a government bureaucrat between a doctor and a patient. Let's find ways of lowering the cost of medicine in the drugstore. Let's find ways of doing the things that make sense economically without stealing our grandchildren's future. We can do that, and we can do that in a bipartisan way if the leader of this House and the leader of the Senate would just open it up and let us do so.

Dr. GINGREY, I applaud your effort, because you've been a leader, right on the forefront in this process of trying to offer second opinions. You've been here week after week, as well as many others. A lot of physicians in the House have been here on the floor week after week offering second opinions. Republicans are the party of K-N-O-W. We know how to solve the health care financing crisis here in America. We know how to solve the energy problems in America and make America energy independent without having this huge energy tax that the cap-and-trade—I call it the tax-and-cap bill—will put on the poor and elderly, those on limited incomes who will really be hurt by that energy bill. We know how to stimulate the economy without creating a bigger government and without bailing out Wall Street. We need to bail out Main Street.

So we are the party of know. We have got about 10 physicians and medical personnel who are a part of the Republican Doctors Caucus, and we are offering many second opinions, really. So Dr. GINGREY, I applaud your effort. I applaud everything that you're doing. You're the chairman of the House Doctors Caucus on the Republican side, and I am honored to be one of your two cochairmen on that group. The American people should know, need to know, that there are alternatives beside the ObamaCare bill, and the American people need to stand up and say, Let's do this in a bipartisan way. Let's stop all the partisanship, the bickering, the discord and all the things that are going on in this country, and let's do it so that people can manage their own health care along with their doctors.

Dr. GINGREY, I will yield back, and I thank you for what you're doing.

Mr. GINGREY of Georgia. I thank the gentleman from Georgia.

Mr. Speaker, Dr. BROWN brings up a couple of points that I think we need to elaborate on. He mentioned two things.

He mentioned the need for electronic medical records, and he also mentioned the need for medical liability reform. Mr. Speaker, these are two things that the President has said. In fact, in his speech to the Nation a couple of weeks ago from this Chamber, he mentioned both things. Of course there is money set aside in the stimulus package, the American Recovery Act 2009, toward electronic medical records. But what physicians know which maybe a lot of Members of Congress don't know, don't have any real way of knowing, is what are the impediments to practicing medicine and to getting fully integrated in an electronic medical records system.

Even though doctors realize that it would save time, it would save money—most importantly though, it would save lives with regard to electronic medical records—it's something that's very expensive. It's like trying to—you know, your old jalopy car is falling apart, and you need a new car. Let's make that analogous to this old medical records, keeping paper records, charts where records are falling out all over the place, and you can't find things in a timely manner when the patient maybe comes in with an emergency condition.

That's the old car. The new car, of course, would be a laptop or a notebook computer that you go into the exam room or go over to the emergency room, and you've got it, and all of a sudden you just with a punch of a key, you have that entire record of the patient. Maybe the patient happens to be a patient of an associate or a partner that you're covering for. But that information is there, and it's accurate. Well, that's the new car. Unfortunately the cost of the new car, the sticker shock, a lot of times is going to keep people driving the old jalopy that's polluting the Nation and putting people at risk—in this case, patients at risk.

I have introduced a bill for 2 or 3 years in a row that would incentivize even a small country doctor. Maybe he's got a partner or she's got a partner or two. But it's a small group, and they're seeing 75, 80 patients a day each. They can't afford to come up with \$30,000, \$40,000 per doctor to purchase an electronic medical records system, a computer, the hardware, the software, the maintenance program. They know—they're convinced that over a period of time that it's the thing to do and that eventually it would pay for itself. But by golly, they just can't afford that front-end sticker shock.

□ 1545

So we are, Mr. Speaker, continuing to introduce H.R. 1087 that would give them a break under the Tax Code. No free grant necessarily, but let them write off the expense in the first year to help them be able to do what Mr. President and what the majority party and minority party and all the doctors in the House and two in the Senate fully agree that we need to do: fully in-

tegrate electronic medical records by the year 2014. Indeed, former President Bush said the same thing. So that's an area in which we have full agreement.

Mr. Speaker, I really study this. I follow this. I go to the HIMSS meetings on an annual basis and usually speak to that group, the Healthcare Information Management Systems Society. It's an organization of people that are in this industry, in this business. And I know from talking with them that we're talking about maybe \$150 billion-a-year savings because you cut down on medical errors, you cut down on duplication of not ordering very, very expensive things like CAT scans and MRIs; and, even more importantly, of course, not making the mistake of prescribing a medication that would be contrary to the patient's health based on other medications that they're having or conditions that they're suffering from. So this is something where we could save a lot of money. You're talking about \$120 billion a year, Mr. Speaker.

Maybe if we did that, then we wouldn't have to try to pay for this health care reform, or is it health insurance reform, by taking \$500 billion out of the Medicare system and literally gutting Medicare Advantage, a choice of fully 20 percent of our seniors.

Some 10 million of the 45 million Medicare recipients choose Medicare Advantage because for them it's better. They're able to go in and have an annual physical. They're able to have a lot of screening procedures done that are covered under Medicare Advantage and that are not covered under your typical Medicare fee-for-service.

There is a follow-up program usually provided by the insurance companies that offer Medicare Advantage where within a few days of your appointment, a nurse, a nurse practitioner, or maybe even a doctor herself, Mr. Speaker, will call the patient and make sure that they got that prescription filled, that they're not having any side effects.

We keep saying we need to go to a whole new paradigm. That word has become kind of trite, but a whole new paradigm where we incentivize our health care teams to provide wellness rather than just treat illness. It is a more compassionate way to deliver health care, but it also is going to save lives and save money.

So for me to look at these bills that are out there, whether it's this 1,200-page bill that I have behind me, H.R. 3200, that has been passed by three committees in the House, mainly by the committee that I sit on, Energy and Commerce, where we're going to reform the health care system by gutting Medicare of \$500 billion over 10 years.

Mr. Speaker, I heard someone, and I believe it was an official of the AARP, suggest that, well, you know, this is just a little cut in Medicare; \$500 billion, with a "b," is a lot of money even for Washington, D.C.

But when you look at what we spend every year on Medicare, I think in 2008 the total expenditure for Medicare was about \$480 billion. Well, if you cut that \$500 billion over 10 years, do the math, Mr. Speaker. It's fairly simple, my colleagues. We're not all math majors, but this is arithmetic; this is not calculus. That's something like a 13 or 14 percent cut every year. Actually, it's closer to a 10 percent cut. But it cuts Medicare Advantage about 17 percent a year.

And 10 percent is a lot. If you don't believe it, ask those who are among that group of unemployed in this country right now, those 10 percent that are without a job. For them it's 100 percent. It's not a recession; it's a depression. It's a depression mentally and physically and actually.

So we can do these things like electronic medical records, and we could save a lot of money. We don't have to gut Medicare, and we don't have to raise taxes \$800 billion, \$900 billion and, further, cause small businessmen and women to lay people off or not hire new employees because they just can't afford to.

And, golly, how many jobs has it been, Mr. Speaker, since we passed the economic stimulus package that was going to save the country back in February? I think we've lost 2 million jobs since then. And when we passed that bill, the unemployment rate was 7 percent, 7.5 percent; and now it's 10 percent. We have got real problems here in River City, and it's not just the need to reform our health care system. We need to put people back to work.

I heard the President of the United States say we are in a crisis; we're losing 14,000 people every day; 14,000 people are losing their health insurance. Well, Mr. Speaker, the reason for that is because they're losing their jobs. And I think, yes, they have a concern about health insurance, but they also have a great concern about feeding their children and clothing them and providing shelter for their family. And then, of course, let's make sure that they get affordable health insurance.

Again, it's all about priorities. I think that we can do this, and I think we can do it without spending \$1.5 trillion over the next 10 years or \$2.5 trillion over the next 15 and running up an additional at least \$250 billion worth of red ink and long-term debt. We can do it by adopting electronic medical records.

We also can save, Mr. Speaker, a tremendous amount of money by medical malpractice reform, medical liability reform. The President has acknowledged it. He said it to the AMA at their annual meeting in his hometown of Chicago back in June. He said it again right from this dais 2 weeks ago when he spoke to the Nation. He has acknowledged the need. He has said, If you've got an idea on either one of these things, medical records, medical liability reform, my door is open, I want you to call me. I want you to come see me.

Well, we are trying, Mr. Speaker and my colleagues, and we will continue to try because I believe the President. I take him at his word. I'm going to be patient on this. Hope springs eternal because we do. It's not just me, but Members on both sides of the aisle, not just physician Members but all Members have ideas, and they need to be listened to just as in the amendment process that we went through when we marked up H.R. 3200.

Why was every Republican amendment rejected, and why was it done almost completely along party lines? That's something the American people, Mr. Speaker, want us to get away from. They want us to cooperate. It's fine for the President to say that if you don't agree with him that you're just bickering and complaining and griping and being untruthful. There's no corner on truth by the President of the United States or the majority party. Let's all be truthful. And if we disagree, that doesn't mean one side is being, shall we say, a serial disingenuous person, rather than using more inflammatory language. No, it's a fair and honest difference of opinion. And if we come together and share those differences of opinion and pick the best of both, then we come up with, I think, a bill that the American people can accept.

Mr. Speaker, these town hall meetings, people all across this country, whether they be of the Democratic or Republican persuasion or independent voters, whether they are young or old or African American, Asian, it doesn't matter. They're United States folks. They are hard working and they want and deserve us, their Representatives, to do it in a way that helps them, that we are not constantly in gridlock up here.

So, Mr. Speaker, my opportunity today to talk about some of these things is heartfelt and it's a commitment, and I know my colleagues on both sides of the aisle feel the same way, and we are going to work toward this solution.

Now, I particularly wanted to talk about a second opinion that I have. We talk about that in a lot in medicine about getting a second opinion and how important it is. Maybe the first opinion is not the best opinion. Maybe it is, but oftentimes a second or third opinion, you need that. You need that. So the second opinion that I want to talk to my colleagues about today, Mr. Speaker, is what I call a Health Care Bill of Rights, or, to put it another way, 10 Prescriptions for a Healthy America. And this is a bill that I introduced just today, and it's H.R. 3700.

Now, H.R. 3200, here it is. It's about 1,200 pages. The chairman of the House Judiciary Committee has been a Member of this body for a long time. He still looks young and healthy to me, thank God, but he's been here a long time. And he's an attorney. That's his profession. He's not a doctor; he's a lawyer. Somebody questioned him about whether or not he'd read the

whole bill, and he said, I don't know. I mean, I need two lawyers to help me read it. And he is a Member of the majority party and an attorney himself and I think has been a Member of this body for at least 35 years. That's the problem with bills like this.

Now, my colleagues, I want to hold up for you H.R. 3400. H.R. 3400 is a bill that Dr. TOM PRICE is the original author of, Dr. PRICE on our side of the aisle, an orthopedic surgeon, chairman of the Republican Study Committee. And many of us, including myself, co-sponsored H.R. 3400. It's a little bill. It looks like maybe about 260 pages instead of 1,200 pages. And it does many things in a way that is economically sound, that brings down the cost of health care, that makes health care affordable and accessible so that individuals can own their policy and the marketplace works, and we don't have any government takeover in this bill.

I want to commend my colleagues to go online, get a copy of this bill, read the summary, read the Cliff Notes, whatever, and understand that this is just one of, I would say, three or four Republican bills, alternatives to H.R. 3200 or the health bill that's come out of the Senate, the Health, Education, Labor, and Pensions Committee that was chaired by Senator DODD, CHRIS DODD, in the absence of Senator Kennedy while he was struggling with his illness. But this is a good bill, and I think the President needs to look at it and needs to consider it and keep that door wide open.

But what I am going to talk about in regard to H.R. 3700 is it's really a statement of principles. But it's a bill, and as I say, we just introduced it today. Mr. Speaker, I have it on a little card almost like a contract. Well, we call it 10 Prescriptions for a Healthy America or the Health Care Bill of Rights, similar to the Contract with America of maybe 15 years ago, that people can put in their front pocket and they can pull it out and they can look at it. But I'm going to take a little time to go through some of the principles in this bill because I think this is important. I think this is a guideline for whatever we ultimately adopt. And let's go through some of these posters, Mr. Speaker.

The number one principle of this health care bill of rights is to say this, and it does in the bill:

□ 1600

There will be no government-run health care plan.

That is what the American people are saying. They do not want a Canadian-style system or a U.K. system, or any system where the Federal Government interferes and makes decisions and tells the doctor and the patient that you are going to have to do it this way, my way or the highway. We don't want that. The American people don't want that, and they said that loud and clear during the August recess.

So number one in this Health Care Bill of Rights is no government-run health care system.

The second item in the Bill of Rights is no cuts to Medicare. Mr. Speaker, I have already talked about that in the \$500 billion, those Medicare cuts. It is something like a \$10 billion cut to the hospice program. I think we all know what the hospice program is. In the last weeks, days, months of people's lives, we are going to cut that program to provide access to health care for 5 percent of the population, many of whom prefer not to have health insurance and we are going to end up forcing them to? No cuts to Medicare. Medicare needs to be shored up. It needs to be improved.

Today, unless you are in a Medicare Advantage program, you cannot go and get an annual physical examination. You can when you first turn 65 and get on Medicare, that is called an entry-level physical exam. But how about when you are 68 or 72? You absolutely on an annual basis need a physical examination as you age to make sure that nothing has happened. And yet a lot of seniors don't go and get a physical because it is not paid for, and they are on a fixed income. For goodness sake, this year there is no increase in COLA for Social Security. How are they going to pay for these things? Yet, instead of solving that problem and putting more into Medicare, we are going to take \$500 billion out of it. It makes no sense.

So under this Health Care Bill of Rights, my bill, H.R. 3700, no cuts to Medicare. And no new deficit spending.

You know, the President said, Mr. Speaker, and he said it very clearly, I will not sign any bill that adds one dime to the deficit. I think I am quoting him word for word. Well, Mr. President, you will like my bill because it says no new deficit spending. We can do this without any additional deficit spending. My colleagues, look at H.R. 3400 and you will see, it can be done without adding to the debt and spending into red ink.

Colleagues, number four is a good one and it is important to people across this country. Number four on the Health Care Bill of Rights, no new taxes. No new taxes. These bills, whether we are talking about H.R. 3200, the House bill, or the bill that is coming through the Senate, there are new taxes all over the place. The Joint Commission on Taxation has attested to that. That is a bipartisan group. The Congressional Budget Office has attested to that. Again, a creation of the Congress, they work for us, and their director is chosen by the majority party, indeed, by the Speaker of the House.

And you ask the question: Are there new taxes in here? Absolutely. There is going to be a tax on every insurance policy. The Senate bill is coming along that is being marked up this week and maybe next week as well, taxes some health insurance policies 40 percent. You put a 40 percent excise tax, Mr. Speaker, on these insurance policies, who pays that? I guarantee you the

premiums go up, and John Q. Citizen, who is not making \$250,000 a year—the President promised when he was campaigning when he became President, if he became President, and of course he did, that nobody making less than \$250,000 a year would see any increase in their taxes, not one dime, just like he said there would be not one dime of deficit spending for this health care, oh, excuse me, health insurance reform. So no new taxes. H.R. 3400, no new taxes.

The fifth thing on the group of ten, no rationing of health care. This may be one of the biggest concerns that our citizens have. As a former physician, OB/GYN doctor for 26 years, I can assure you that people worry about this. If we had this public plan, this public option, the government competing with the private marketplace, as H.R. 3200 calls for—and the Speaker and all three of the chairmen of the committees of jurisdiction, Mr. RANGEL, Mr. WAXMAN, Mr. MILLER, they all want a strongly government hand to really ultimately squeeze out the private marketplace. What happens is, and this is not just PHIL GINGREY predicting this, Mr. Speaker, this is the Lewin Group, a well-respected group which says that within 3 to 4 years, probably 100 million people who today get their health insurance through their employer and they are happy with it, they will end up losing that because the employer will be in a position that it will be cheaper for them to just pay a fine and let them go into the government plan.

Well, so much for the President's promise that if you like what you have, you can keep it. Until you can't. You know, this is something that I think we need to hold the President's feet to the fire and say, look, let's promise the American people that they truly can keep what they have if they like it.

So you get the situation where everybody is on the government plan, well, that's when you get to the business of rationing when maybe the party in power has made a pledge of no new taxes, they are not going to raise taxes, and yet you have all these additional people, millions, maybe 100 million that have morphed off of their employer plan into the government plan, and we can't pay for all of them. So what are you going to do? You are going to have to raise taxes and cut reimbursement to the providers, to our rural hospitals who have a disproportionate share of the poor that they are trying to treat and people who can't pay, so you are going to lower reimbursement to them.

And finally, you are going to say to the patient, you know what, we would love to be able to fix your hip, but you are 85 years old and we just can't afford it. You are just going to have to take a little Advil or aspirin. And by the way, we will pay for a walker and an alarm that you can wear on your belt if you happen to fall. But we will not fix your hip or replace your knee. That happens in other countries that have

single payer, government-run systems. That will happen here unless my bill passes which says no rationing of health care.

Number six on the Health Care Bill of Rights, no employer or individual mandate to provide or have health insurance.

Now look, colleagues, Mr. Speaker, of course I want employers to continue to provide that health insurance benefit for their employees. I think that is something that people have come over the last 75 years in this country to expect. A decent job includes health care coverage for you and hopefully your family, and that your employer pays the bigger percentage of that, and the amount you have to pay is a smaller amount. And I want employers to continue to do that and provide that benefit and not whittle away at how much they pay versus how much the employee has to pay.

I would encourage every person in this country, every adult who is working, whether they are 21 years old or 72 years old, to have health insurance. I think it is important especially to have catastrophic coverage, even if you think you are 10 feet tall and bullet-proof and you are 26 years old and you don't smoke or drink alcohol and exercise on a regular basis, nobody in your family has ever suffered from cancer or heart disease, and your grandparents and great-grandparents lived to be 100 years old, and you think, I don't need this. I can't afford it, for one thing. I am paying for a car and rent on an apartment. I have \$125,000 in student loans with interest that I am trying to pay off. I can't afford this.

And then you convince them, yes, but what if you get hit by a truck? What if you are the person who comes down with insulin-dependent diabetes or high blood pressure or heart disease and you are not covered? So at least purchase a health care insurance policy that gives you catastrophic coverage in the event of a catastrophe.

In the halls of the hospitals I worked in, we used to refer to those as "horrendoplasties," when something horrible happens to a person, and it could, any motor vehicle accident. Have that catastrophic coverage. Get an insurance policy where you have a high deductible and maybe you have to pay \$3,000 or \$4,000 out of your own pocket before insurance kicks in, but we want to encourage people to at least do that.

But this bill, the big fat one, H.R. 3200, actually allows the government to say, no, that is not good enough. You have a mandate. You have to have health insurance, but this high deductible, low premium that you can afford, that gives you that catastrophic coverage, that doesn't count. We are not going to count that as health insurance. And so we are going to mandate that you have coverage and we are going to mandate that you have high first dollar and very high premium that you can't afford, and you are prob-

ably not eligible for Medicaid or some safety net program or a government subsidy. And yet we are going to hold a gun to these people's head, Mr. Speaker, and say you have to have health insurance, and if you don't, the IRS is going to fine you \$25,000 and you could be charged with a misdemeanor and spend a year in jail.

My colleagues, is that America? I mean, you know, I try to always keep a copy of the Constitution in my pocket, and sure enough, here it is, the Constitution of the United States. If you go to the glossary, you are not going to find anything in here about mandatory health care. No. You talk about the Bill of Rights and freedom of speech and press and religion, but there is nothing in here about forcing people in this country against their will, even though it is good public policy for them to have health insurance, and we would encourage and try to provide, as we do in H.R. 3400, the 250-page bill, to help them be able to get an affordable policy, but to force them to buy something they can't afford, no.

So number 6 in the Health Care Bill of Rights, no individual or employer mandate. Just encourage them and help them to be able to do that.

Number 7, and this is what created all of the controversy, Mr. Speaker, when the President was right here at the dais giving yet again a fantastic speech, as he always does, and talked about, made the comment that in his health care reform plan, that no illegal immigrant would be eligible for any government subsidy, and then the comment was made, and you know the rest of the story.

But truth in fact is, and that's the reason for number 7, no taxpayer funded coverage for illegal immigrants in my bill, H.R. 3700. No taxpayer funded coverage for illegal immigrants.

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I think the President realized though, after he made that speech here a couple of weeks ago, and maybe his crackerjack staff told him, said, Mr. President, you know, there is this problem in the bill where it doesn't make people verify who they are. You know, they don't have to show a photo ID or a secure Social Security number to attest that truly they are here in this country legally. And if you don't require that, as we do, by the way, Mr. Speaker, in other safety-net programs like Medicaid and like the SCHIP program, the Children's Health Insurance Program, if we don't require that in this new reform bill, you are going to have—let me tell you, that's just—you might as well point a strong electromagnet to the southern border and say, you know, Come on, hey, have we get a deal for you. We've got a great education system. We've got a great health care system, the best in the world and, you know, you too can enjoy that.

No, the American people don't want it. I don't want it, nobody in this

Chamber should want it. So no taxpayer-funded coverage for illegal immigrants. Number 7. Now, the last three items in this Health Care Bill of Rights, we've spent a little time here, Mr. Speaker, talking about what my bill would prohibit in any health care or health insurance reform. Now, I want to talk about the next three items, 8, 9 and 10, which would assure what we have in any health care reform bill or health insurance reform.

And Number 8, and the President has been very firm on this, and I agree with him completely. The Democratic majority has been very firm on this, and I agree with them completely. Pre-existing condition coverage. Insurance companies would not be allowed to deny coverage to people because of pre-existing conditions. And that denial can take two shapes, Mr. Speaker. It can be an outright denial of saying, No, I'm sorry, you know, you've got high blood pressure or you've got diabetes or you've had a coronary bypass and we're not going to offer you insurance. You're just not insurable. You're too big a risk for us.

Or they could do it another way and say, oh, yeah, heck yeah, we'll cover you. We're a great, good company and want to get some good PR out of this. But oh, by the way, your premium's going to be four times standard rates.

Well, that's pretty much a denial too. People can't afford that, so Number 8 is very important. Preexisting condition coverage. You know, you think about somebody that—I talked about young people and wanting to encourage them to have health insurance. Let's say you are 19 years old, straight out of high school and have your first job, or 25 years old, right out of college or graduate school, have your first job, and you're one of those people I described that's in good health and you think, gee, you know, I'd rather just kind of go bare and pay my own way. And I'll put money aside each month in an escrow account. I'll have a special savings account, and I'll save this money, and when I need it—hopefully I won't. Maybe I'll have an annual physical and spend \$175. But I'm not going to get sick because I'm taking care of myself. I'm not like a lot of people who show no personal responsibility in regard to their own health.

And so you know, they really don't want to spend \$400, \$500, \$600 a month paying a premium when they're not using it. But they do it anyway. They do it anyway. And they work for a company for 20 years, and for the first 15 they're paying that same premium that everybody else pays. They have to because of the Federal law, called HIPPA, and they're paying those premiums but yet the insurance company is not having to pay out any claims for them.

But during that time, you know, all of a sudden they get a little skin cancer that has to be removed. Or maybe they have a little chest pain and it turns out they've got some coronary

blockage or their blood pressure goes up. And you know, here they've been paying, and then all of a sudden we get an economy like we have today and they lose their job, and then they try to get insurance after COBRA runs out, if they're even eligible—they have to work for a company that has more than 20 employees to be eligible for COBRA. And let's say that runs out. And then they're out of luck. Mr. Speaker, they can't get coverage.

Well, that's not fair. That's absolutely unfair. And I would say, under Number 8, to the insurance companies, you need to cover that person for the rest of their life, or at least until they go on Medicare, and you need to cover them at standard rates because you have made a really good profit off of them and now, when they need you, you should not be allowed to abandon them. These are the kind of things that we can agree on. And I think we do. And quite honestly, Mr. Speaker, I think the insurance industry, the health insurance industry, they're ready to do that. They have already made commitments and they're ready to do that. And these are some of the things that we can do. And that's Number 8 in my Health Care Bill of Rights.

The ninth thing, we've already talked about a little bit, medical liability reform. You know, there are a lot of different ideas out there, not just mine, although I've introduced a bill every year since I've been here for the last 7 years, calling on certain specific things. I won't get into the details today, Mr. Speaker, but it's called the Health Act. And it's a fair bill that guarantees that patients that get injured by a health care provider or hospital where they're practicing below the standard of care for that community, they've just messed up, that patients do not lose their right to a redress of their grievances to be compensated for their lost wages and for any health care that they need for the rest of their lives, quite honestly. In some cases you're talking about a compensation or a judgment in the millions of dollars.

So we don't deny that in wanting liability reform. What we try to do is cut down on frivolous lawsuits so that doctors are not spending so much time worrying about this and running up the cost of health care for everybody else by ordering needless, cover-your-back tests that, in some cases, could be downright detrimental to the health of the patient. And of course, so many doctors in high-risk specialties, at a fairly young age, before they turn 50, they give it up. They stop delivering babies. They won't go to the emergency room. So surely the President means what he says when at least he promises pilot projects on medical liability reform.

Please, Mr. President, please, it could save \$120 billion a year. You would not have to tax people, the small business men and women \$800 billion and cause us to lose more jobs, and you would not

have to gut Medicare if you'll do these things. And Number 10. And this is the last in the list of the 10 prescriptions for a healthy America, called the Health Care Bill of Rights, H.R. 3700, the promise to reduce health care cost. Why should we do anything if it doesn't bring down the cost? And so far, Mr. Speaker, the Congressional Budget Office is just saying repeatedly, it doesn't.

What this bill, H.R. 3200, no matter how you slice it and dice it and combine it with the one out of the Ways and Means Committee and the one that came through the Education and Labor Committee and you shake it all around and let it come through the Rules Committee; it doesn't bring down the cost. In fact, it bends the curve in the wrong direction. So my bill would assure that we reduce health care cost. H.R. 3400 does that. Senator Dr. TOM COBURN's bill that he cosponsored with Representative PAUL RYAN from Wisconsin, our ranking member on the Budget Committee here in the House—that bill brings down the cost of health care.

So that's my pledge. That's the bill that I wanted to talk about today to my colleagues, Mr. Speaker, and I hope that they will look at it. You know, I've got a—I carry this around in my pocket. And colleagues, you can go to gingrey.house.gov and look for the Health Care Bill of Rights or 10 Prescriptions for a Healthy America. That's what we've talked about here over this last hour, almost an hour. And I commend it to my colleagues, and I welcome their ideas. My door's open, just as the President said his door's open and he welcomes our ideas. It's a sharing. It's a bipartisan thing. Yes, let's stop bickering and let's get the job done. I thank you for the time, Mr. Speaker, and I will now yield back.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege and honor of addressing you here on the floor of the House of Representatives. And I also appreciate the opportunity to listen to my good friend and colleague, Dr. GINGREY from Georgia. I think he's actually putting out a few more words per minute than he usually does. This is a passionate subject matter for him, and the bills that he's introduced and the foundation that he's laid, I think, is an excellent rebuttal to the statement that was made earlier in the 5 minutes by the gentlelady from California who said, Republicans, where is your plan on health care?

Well, we have many, many plans on health care. And we have many, many ideas on how to address this. And they are consistent. They are consistent with human freedom and the instincts of humanity. They're consistent with