services—for this great group of Americans.

Thank you, Congresswoman FUDGE.

Ms. FUDGE. Thank you so much, Madam Chair. It's always a pleasure to have you join me. Even though we generally do this on Monday nights, this is a special Wednesday night for us, so I appreciate your taking the time to stop by. Thank you very much.

Mr. Speaker, as I mentioned, I believe this Congress is willing to take a stand for seniors. I am proud to be a cosponsor of several pieces of legislation and to be a signatory on a number of letters to congressional leadership and Federal agencies which were authored to help seniors who are facing mounting financial and medical concerns.

One important bill, the Social Security COLA Fix for 2010 Act, ensures that seniors receive their COLAs for 2010. This legislation will help offset rising costs by providing seniors with a one-time $150 payment in lieu of the Social Security COLA. The offset is fully paid for, and the legislation would not affect other Federal programs. For example, the one-time $150 payment would not count as income, and as a result, it would not push seniors who are too young to qualify for Medicare out of the eligibility for Medicaid.

I want to talk just a bit about end-stage renal disease, Mr. Speaker, which is a disease that affects many seniors in my district and around the country. They are those who experience kidney failure. Last year, Congress passed legislation to provide up to six sessions of pre-end-stage renal disease education to Medicare beneficiaries experiencing kidney failure.

I joined a number of other Members of Congress and sent a letter to the directors of the Centers for Medicare and Medicaid Services, urging them to reconsider the proposed physician fee schedule, which would reimburse a 60-minute kidney education service, provided by a licensed physician, at the same rate as a 15-minute session provided by a nutritionist. The letter also requests that CMS reconsider the restriction on who can administer pre-end-stage renal disease education. Currently, only physicians can provide this service, although, licensed practitioners, such as nurses and nutritionists, are available and are trained to provide this education as well.

Adjusting the reimbursement rate and allowing multiple types of licensed practitioners to educate seniors with kidney failure will ensure that seniors facing end-stage renal disease will get the care and education they need.

For many seniors, their major concern about aging is the fear of losing their mental capabilities. That is why I am a cosponsor of the Alzheimer's Breakthrough Act of 2009, which is a bipartisan piece of legislation that includes an authorization of $2 billion for Alzheimer's funding at the National Institutes of Health, for support for caregiver programs and for a national summit on Alzheimer's.

Another piece of legislation which is essential to the welfare of America's seniors is the America's Affordable Health Choices Act of 2009. While some seniors have received misinformation and have voiced suspicions that health care reform would cut Medicare benefits, many know the truth about this bill. Medicare will be absolutely strengthened under the proposal.

As we all know, the health care reform bill is not yet complete, and many more changes will be made before it becomes law. While I cannot predict how the bill will be structured once it is finalized, I can tell you that I am fighting to ensure health care for seniors will not be diminished in any way.

Under the House proposal, seniors should notice a number of improvements in services. To be more specific, the House proposal will protect Medicare by shoring up funding for the program across the board so that all Americans will have this benefit as they grow older.

The bill will lower drug costs by eliminating the Medicare part D doughnut hole for prescription-drug coverage. The doughnut hole refers to a costly gap in the Medicare part D prescription drug plan. The plan currently covers up to $2,700 per year in prescription-drug benefits. Then it stops. Coverage does not begin again until a recipient's drug cost exceeds $6,100 annually, thus, leaving the recipient responsible for paying all drug costs between $2,700 and $6,100.

Under the proposed legislation, seniors could receive a 50 percent discount on brand name drugs in the doughnut hole immediately after the bill passes. This is a measure that would provide immediate relief for seniors who must choose to either purchase medication or food—a choice no American should be forced to make.

The legislation provides free preventative care. Seniors would pay nothing on preventative screenings and services designed to keep them healthier longer.

The bill improves primary care by ensuring that seniors are able to spend more time with their primary care doctors.

There are provisions to enhance safety by developing national standards that measure medical care quality by investing in patient safety and by rewarding doctors and nurses who administer high-quality care.

The legislation increases oversight by cracking down on waste, fraud, abuse and medical overpayments.

There are provisions that encourage hospitals with high readmission rates to provide transitional and coordinated care services.

Finally, Mr. Speaker, the bill has new initiatives to improve nursing home quality and transparency.

Seniors should not be fearful. Change, we know, is difficult, but as Henry Ford said: Don't find fault; find a remedy.

Experts who have studied the House health care reform legislation found that the proposed changes actually strengthen Medicare and improve beneficiaries' care and access to physicians. Passing legislation that improves the lives of seniors is the number one priority in this Congress. Seniors should not have to fear or wait any longer. I say to all of the seniors: We are fighting for you. Every day, we are fighting for you, and we will not let you down.

HEALTH CARE REFORM

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

Mr. BURGESS. I thank the Speaker for the recognition.

Mr. Speaker, I come to the House floor tonight to talk a little bit more about health care. It is, it seems, the number one topic of the day here in Washington, D.C. It's interesting because probably 50 percent of Americans care more about what we are doing as far as job creation, and 14 percent are concerned about health care. You would think that we would adopt the Bill Clinton phrase of ''focusing like a laser beam'' on the economy and ''focusing like a laser beam'' on job creation. But health care is important, and it is appropriate that we spend some time discussing it because, likely as not, before the end of this month, certainly before the end of this year, it is possible that some type of bill will pass this House, although it may not be to the liking of a great number of Americans.

Mr. Speaker, I know that my comments must be directed to you and not to others, but I would say, Mr. Speaker, that if I were able to talk to people about what they could do, a plan for action, I will be discussing that toward the end of this hour.

□ 1830

So I do encourage people to stay tuned to this debate—not necessarily to this discussion this hour—but stay tuned to this debate because it is important. It is going to affect the lives and livelihoods of Americans from this day forward for a long, long time. It is extremely appropriate that we take our time, that we get this right, that we do not hurry through the process, that we do not cut corners.

Now, Mr. Speaker, you look at where we are 10 months into this year. Do we have the trust of the American people in this body? The answer to that question is, it doesn't seem so. What people have seen this year—and even going back into last year in the term of the previous President, President Bush, they saw a couple of bailouts last year, they've seen more of the same this year, they've seen stimulus, they've seen automobile takeovers, financial sector takeovers, cap-and-trade that passed the floor of this House that

many Americans felt was inadvisable in a time of economic downturn; and Washington yet still has the nerve to say, Trust us because we can take care of you and we will make your lives better. But the current polling numbers don't really suggest that that is something that's believed by the American people.

Now true enough, the President started this year with extremely high approval ratings, somewhere likely in excess of 80 percent approval ratings at the time of the inauguration—an extremely popular individual—and has retained a great deal of that popularity, depending upon the poll that you select. Now it is down to about 50 percent, 49 percent this morning in Rasmussen, 52 percent in the RealClearPolitics daily average poll. But, still, one out of every two Americans still has a favorable impression of the President.

What about the United States Congress? Is it one out of two? Is it one out of three? It's one out of every five people holds the United States Congress in high regard.

So with our current approval ratings hovering around 20 percent, why do we think the American people would believe that we, in fact, do know best and that they should trust us on an undertaking of this mammoth scale? And you can see how big the undertaking is.

We heard previous speakers in the last hour talk about how difficult it is. We have had three health care bills that passed the various committees in the House last summer. You had one health care bill that passed the Senate Health, Education, Labor and Pensions Committee in June of this year; and then most recently you had the talking points memo that passed out of the Senate Finance Committee yesterday with a single Republican vote on that. I do not believe there were any Republican votes on any of the House products in the three committees that considered this bill under their various jurisdictions.

The Congress doesn't have a lot of credibility right now on this or, quite frankly, many other issues. It would be a great thing, in my opinion, if Congress spent some time in trying to rebuild that credibility; but unfortunately, it's the old adage: Don't check the weather; we're going to fly anyway.

And off we go with a big cap-and-trade bill in June that upset a lot of people; we did the three health care bills on the House side in the various committees in July. We ran into the town hall meetings during the month of August when people told us what they thought of our efforts, and now we're back here in the fall taking up the big bill on health care reform.

As we've watched this debate, you think back to a year ago, we were in the middle of a presidential campaign. Both presidential candidates had ideas about what should happen as far as health care and the possibilities for health care reform. Remember now-President Obama's position last fall was significantly tilted towards getting coverage for the uninsured. It was a moral imperative. It was something that we had to do. Then we worked through some of the more difficult parts of the economic downturn, a lot of job losses were incurred during that time; and at the beginning of the year, many more people were concerned about the cost of health care and would they be able to continue to afford their insurance, would they be able to continue to afford health care. So affordability became perhaps a higher priority for Members of Congress who were considering these reforms during the spring.

In June when the first congressional committee in the Senate, the Health, Education, Labor, and Pensions Committee passed their bill out of the Senate committee, the focus was all on cost and coverage. The cost numbers turned out to be significantly higher than anyone thought they would be; somewhere in the neighborhood of $1.5 trillion over 10 years' time. The coverage numbers were disappointing at only a third of the uninsured actually being picked up. And there's no question that that delayed the second Senate committee, the Senate Finance Committee, in introducing a bill and marking up a bill which they just completed this week because they were trying to fine-tune those numbers.

Now on the House side, we did, in fact, get a Congressional Budget Office score that came in around a trillion dollars for a 10-year bill. A little disingenuous because the Congressional Budget Office—in the hearings we had on Energy and Commerce from the Congressional Budget Office, the score was administered not on legislative language but on conversations, telephone calls, that the members of the Congressional Budget Office had with members of the Democratic majority who were writing the bill. So, yes, it was a cost number but there was some question as to the accuracy of that.

And then here was a really big problem and one that really hasn't been addressed yet. These are enormous programs to undertake. They are not going to start overnight. So even if we pass a bill before the end of the year, it is going to be some time before these programs—whether it be a public option, whether it be exchanges within the States—it is going to be some time before the Centers for Medicare and Medicaid Services in the Department of Health and Human Services—which is likely to be charged with writing the rules and regulations under which these new products are formed—it's going to be some time before those things happen.

The benefits are actually not scheduled to begin to kick in until the year 2012, 2014. It will be some time before those benefits occur. The taxes, of course, will begin the minute the ink is dry on the President's signature on the bill. So if we have a tax on high-end insurance plans, if we have a tax on medical devices, if we have a tax on any number of things, these taxes will begin to accrue January 1 of that year, but the benefits don't actually begin to kick in for some time.

And once again, the United States Congress, when it's questioned by the American people, the United States Congress says, Don't worry. Trust us. We know best how to plan for you. We know best how to take care of you. We know that you don't know how to do this for yourself. And Congress, with its 20 percent approval rating, is just the man for the job to get this done for you.

During the presidential campaign last year, President Obama promised to bring all parties together and not negotiate behind closed doors and to be broadcasting those negotiations on C–SPAN. Now we had kind of an unusual situation occur in May and June of this year when stakeholders in the health care community met at the White House and offered up things that they could do, things that they could do to hold down the cost of health care—you had to wonder where were these individuals for the 15 years before—but you had groups. The American Medical Association, of which I am a member, was in those meetings; the American Hospital Association was in those meetings and offered up a number of things that they could do for substantial cost savings.

A little bit of controversy then last week as the Senate was working through its product, will those things that the American Hospital Association offered, are those going to be taxed or not? And there was some back-and-forth with the Congressional Budget Office as to what those numbers actually meant.

Medical devices. Again, similar situation. PhRMA came to the table with—I forget the number now, but it seems like it was about $80 billion in cuts that they were going to be offering.

Well, none of these things that were agreed to behind closed doors last May, none of these deals are available to us as Members of Congress so that we can know what did America's health insurance plan group, when they came to the table and said, We can save you billions of dollars, Mr. President, and he said, What took you so long? But as members of the committee that were charged with working through this bill last July, why did we not have that information available to us? Why was it a surprise at the Senate Finance Committee when, hey, we thought these breaks we were giving the hospitals were going to still be subject to a corporate income tax, not an off-tax item? Why was there even that discrepancy or that discussion? Why not share with us those deals that were struck down at the White House?

And indeed, last month I sent a letter to the White House and asked for the

release of those discussions, the transcripts of those discussions, the minutes or notes of those discussions, pertinent e-mails that may have occurred during those discussions.

Just quoting from my letter to the White House: It has been now over 4 months since the White House announced numerous deals with major stakeholders in the health care debate to save upwards of $2 trillion in the health care system. Little to no details regarding the negotiations have been released. And recent actions and press reports have reminded me of the importance of openness and transparency throughout the legislative process—the very openness and transparency that we were promised by this President during the campaign.

So the letter has gone to the White House. I eagerly await a response to that. I am in fact somewhat surprised, my committee, the Committee on Energy and Commerce that has a fairly robust oversight and investigation subcommittee, I am somewhat surprised that they have not been curious about the deals that were made down at the White House early in the spring; why they have not been curious about some of the e-mails that may have occurred during the back-and-forth working through these negotiations. Again, the letter went to the White House on September 30, and I await a reply.

I will ask later to include this letter as part of the CONGRESSIONAL RECORD this evening so that people will have the opportunity to read through that letter themselves.

But again, the American people just simply do not trust the American Congress, the United States Congress, to make these kinds of decisions for them.

When you look at some recent polling data when the question was asked if Congress works through this process and comes up with a major health care reform piece of legislation, is health care going to get better or is it going to get worse? Well, a quarter of folks think it's going to get better. About 26 percent say, Yeah, we think Congress will make the kinds of improvements that are necessary and health care will, in fact, improve. Fifty percent say it will get worse. Not great numbers with which we're working.

You know, it was startling for many of us, the interest that was out there over the summer during the August recess on the health care bill, on cap-and-trade. Town hall activity was widely reported in news media outlets across this country. My district back in Texas was no exception. Town halls where I might typically have 30, 40, 50 people show up on a Saturday morning, 1 or 2,000 people would show up. In fact, one venue we had to change from inside to outside and just held the bulk of the meeting out in the parking lot because of the number of people that showed up.

I have to tell you, Mr. Speaker, August in Texas in the parking lot is—you're asking a lot of people to stay with you through an hour or so discussion of a health care bill. But they did, and they asked questions, and they were respectful.

I don't think that this August was an anomaly. I don't think that the American people had some sort of fugue state during August where they reacted to the health care legislation and the cap-and-trade legislation and reacted in no uncertain terms as to how angry, how anxious they were about these bills that we were passing.

But when we get back to Congress in September, it's like August never happened. It was unimportant. ''Don't pay any attention to those people back home because we're Congress. Trust us. We know best. We know best how to take care of you. We know best how to give you what we think you need.''

We got back in September and I think I thought after seeing the August town halls, I thought this Congress would hit the pause button, hit the reset button, hopefully the rewind button on this health care legislation, but no such luck.

We went at it full force. We, in fact, even had a little bit of an extended markup in the Energy and Commerce Committee where it was suggested to the chairman of my committee, you know, that August was a rough month for a lot of people, a lot of people on both sides of the dais—Republicans and Democrats both, even Republicans who voted against the bill—people were angry that the bill was even being considered and would likely pass.

□ 1845

On the Democratic side, there were a number of town halls that were quite contentious. We thought, I thought Members would welcome the opportunity to, well, let's sit down and revisit this. Let's reorganize. Maybe there were some good ideas on the other side of the dais. Maybe Republican members should have been brought into this process and take some ownership of this bill, if nothing else. Don't leave us being the only ones out there to defend it; but, no, that wasn't the case.

The chairman of the committee said August, in so many words, August didn't matter. The people that spoke up were few and far between, and these large crowds that showed up at the town halls were somehow manufactured and didn't count. Not only did they not count, we were not reconsidering any part of the bill. We had some additional amendments that Members on the Democratic side wanted to offer. I offered a couple on our side as did other Members on the Republican side. But for the most part those amendments were struck down on a party-line vote.

Both sides of the aisle genuinely see a problem and genuinely want to work toward improvement of the process. You have heard me say it before. You have heard other Members of Congress say it before. Some people dispute it as a fact, but I will say it: America has the best health care system in the world. There are distributional problems, and there are inequities in the insurance system that need to be fixed, and they are within our purview. They are within our capability of fixing, but we do not need to turn the entire system on its head to effect those ends.

How could we best go about improving what we call health care in America? Well, we can ensure that patients continue to have, continue to get, care, have access to care, and continue to get the best care. That would be a good thing for us to work on together.

Instead of being an obstacle, instead of threatening cuts every time you turn around, we could help doctors, nurses and hospitals continue to provide that excellent care. We, as Members of Congress, and sometimes it's do as I say, not as I do, but perhaps we could set a better example about living healthy lifestyles, staying within our—staying within our ideal weight. Maybe that's something we should look at.

Again, an amendment to that effect was turned back in my committee on Energy and Commerce. You know, really, one of the keys is going to be, if we are going to hold down medical costs, we really do have to involve the patient in the process. We have to have patient involvement in the doctor's office. We have to have patient involvement in making those healthy lifestyle choices. If we do not have the patient involvement and increase the patient knowledge base, the health literacy, if you will, about things like preventive care, about things like the importance of eating right and staying fit and the importance of regular health checkups and medical screenings, if we don't do that, the cost for health care is going to continue to increase and increase at a rate at which it's go going to be very, very difficult, regardless of the number of new taxes, regardless of the cuts to doctors and hospitals and nurses. Regardless of all of those things it's going to be very, very difficult for Congress to keep up.

We do put the system at risk when we do that. There could be a day when the generation or two coming behind us will say we can no longer afford the type of tax rate that you have left for us. We will have to do something drastically different, and we don't want to do that. We don't need to do that.

Now, you have heard a lot of discussion about how Republicans have been obstructing the process. Let me clarify that just for a moment. There are 177 or 178 Republicans in this body, 256 Democrats in this body. It takes 218 votes to pass a bill, to send it on to the Senate. The Democrats in this body could pass whatever bill they wanted. They do not need Republican support. They have, in fact, told us that on more than one occasion. The famous phrase that came out in January or February, well, after all, we won. There hasn't been a lot of reaching across the aisle, because it was just simply not necessary.

Now, you think back to February. Again, the President had an approval rating of, I don't know, 70, 75, 80 percent. The President could have passed whatever health care bill he wanted in February of this year. There would have been nothing anyone could have done to stop it. In fact, there likely would have been very few people with the courage to try to stop it because the President was seen as so popular and so powerful, evidenced by the fact that the President did get a $787 billion stimulus bill passed through this House, a bill that many thought was ill advised, a bill that many thought was duplicative, unnecessary and wasteful.

But they got it passed, no Republican input into that bill as it was being written and no Republican support on the floor; but they didn't need it. It passed overwhelmingly with only Democratic votes, went down to the Senate for a similar fate, went down to the White House and was promptly signed into law by the President.

It was followed a week later by an omnibus bill that spent a lot of the same dollars on the same things. Again, not much in the way of Republican support was solicited or required for that. It passed because, after all, 218 votes are all that are required to pass a bill on the floor of this House. The Democrats with their 256 majority have more than enough votes to pass almost anything they want.

Now, the Republicans even tried—and I don't know the answer to that for everyone, but I will tell you that I did. I met with the transition team in November of last year.

I met with the chairman of my committee in January of this year and said, look, I didn't give up a 25-year medical career to come here to sit on the sidelines. I want to be involved in this debate. I may not be able to be with you on some issues. There are some things that I think are just the wrong approach to reforming health care, but let's sit down and have the discussion and see what can be worked out.

I was thanked for my interest and never received a call back. Oh, I did get called down to the White House in March for a photo op, but that was about it. There wasn't much more to it than that.

Then as the bill was being written behind closed doors for the various committees where we worked on the bill on the House side, certainly at no point was I ever offered any input.

Now, I did, as did many members in my committee, offer a number of amendments, and we did amend the bill in committee. It would be interesting to see now whether or not those amendments stay in the bill.

But I don't think anyone is fooling themselves. There was not—there was no way to amend that bill, H.R. 3200. There was literally no amendment you could offer except striking the language in the bill and offering the new bill. There really was not. It was not salvageable, in my opinion.

Now it's interesting because all three committees have passed the bill. They all amended it and some of those amendments will be completely—the incentives will be aligned. Some of them actually will be at a 90-degree intersection.

Someone is going to have to redo that bill. That is happening now, and you can expect that there is probably a heavy hand from the White House in aligning all three of those House bills into one product. We will likely get to see it a few hours before we vote on it. It may come as early as the end of this month, and we are promised that it will, in any case, be something that we see before Thanksgiving. I expect that that is true.

I don't know whether any Members on my side will vote for it. There don't seem to be a large number of Republicans who are supporting H.R. 3200. I don't know if any Democrats will vote against it. We certainly saw that in all three committees that there were some Democrats who simply could not support the things in the bill and did vote against it.

The public option continues to be a political football kicked from one side of the rotunda to the other. The House wants a robust public option, the Senate not so much. How will it pass on the Senate side if they have a public option, or will a public option be ignored by the Senate but added back in the middle of the night when the two bills come together in the House Senate conference before we vote on the final product?

It's anybody's guess and, Mr. Speaker, again, you know, just speaking to you, I would say if I were able to speak to the American people, I would say stay tuned to this because it is going to be a very important process. You will have a House unified bill coming up the next couple of weeks. How long we have to evaluate that before we vote, I think, is going to be very telling. If it's a very short period of time, there is probably some bad stuff in the bill that they don't want you to know about before we actually vote.

Now, we are arguing for 72 hours. I will just tell you, for what's likely to be at least a 1,000-page bill, more likely a 1,500-page bill, 72 hours is a very short interval of time to work on a bill of that magnitude. Bill language is inherently very difficult to read. There is a lot of referral back to the Social Security Act. There is a lot of referral back to the Medicare or the Medicaid provisions in the United States Code.

It takes some doing to get through that bill language and really understand what the implications of what you are reading. But it doesn't mean we shouldn't do it. It just means that we need have the time to do it. I certainly encourage the Democratic leadership to give us the time necessary and make the facilities available to us so that we can have the opportunity to read through that bill and read through it with experts and come to understand what's being contained within the bill.

You know, the President has said repeatedly that if you have good ideas, I will listen. In fact, here in the House, in the joint session that was held on September 9, the President said, right from the podium behind me, and I am quoting now, ''I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I'll be there to listen to you.''

Well, that's kind of interesting, too. During the campaign, the President said that he would sit down with people who might be regarded as folks that don't like us very much, folks like Ahmadinejad and Hugo Chavez. The President said, I will sit down with leaders of other countries and meet with them without preconditions.

Well, when it comes to congressional Republicans, he does set some preconditions. We have to come with a serious set of proposals. We can't just show up with ideas. I prepared a serious set of proposals and sent it to the White House on September 16 of this year, about a week after we had the joint session of Congress. I prepared a number of things within the letter.

Attached to it were a number of bills that I had introduced that I thought should be parts of whatever type of health care reform is passed. I am still waiting for a response to that. Things like addressing the problems of the physician workforce, things like addressing the liability, the problems that doctors face with the liability insurance, fixing the sustainable growth rate formula, some price transparency, a lot of good ideas contained within here.

Again, I will, at the end of this, I will submit this for the RECORD. But, again, no response from the White House.

The list talked in some detail about those things that the Republicans agree should be a part of the meaningful reform. You know, we hear it said all the time that there is agreement on, like, 80 percent of the things contained within health care reform. I think that number is a little bit high. But, nevertheless, we hear it said all the time.

But what is the primary thing? What is the number one thing I heard about over and over and over again in the town halls in August?

The thing that is really grating on the American people is those individuals who want insurance but can't get it. They can't get it because they have had a tough medical diagnosis. They have a preexisting condition. They had insurance on their job and they lost their job and they couldn't keep up with the COBRA payments, so they lost their insurance. Now they are stuck without insurance, but have a preexisting condition. It wasn't that they wanted to drop their insurance; but the conditions were such, the rules were set, that they didn't have any choice but to let that insurance coverage go, even though they knew it

might be difficult to get back into a state of coverage in the future.

Another thing that just really bothers people is the fact that Americans can do the right thing and have health insurance and pay that premium religiously, get a tough medical diagnosis, and the insurance company looks back and says, you know what, we really never meant to offer that policy to you in the first place, or we think there was something you obscured in your history. Now, by a process of what are called ''insurance company rescissions,'' they are going to take that insurance policy away.

The President even referenced that in his speech on September 29, and that's wrong. People acknowledged that it's wrong, both sides of the aisle.

Now, in cases of fraud, correct. The insurance company has to have a right of action. They have to have a way to protect other people that have insurance. You don't want people coming and buying insurance under fraudulent terms.

But for people who have an omission from a medical history that makes no difference as to their subsequent care and diagnosis, these are things that are generally recognized by the American people as being egregious overstepping by the insurance companies, and that needs to be fixed. Here is the sad part, Mr. Speaker, that could have been fixed. That could have been fixed before we went home for the August recess. We just simply chose not to do it.

So, if we provide a way for someone who has a preexisting condition, perhaps through a reinsurance, perhaps through high-risk pools, perhaps through high-risk pools with additional State and Federal subsidies, there can be ways to bring individuals who have a preexisting condition into a state of coverage.

□ 1900

It's a shame. It's a shame we never had a hearing on that in our health subcommittee. We had hearings on almost every other issue under the sun, but we never had a hearing on, is there a way, short of an unconstitutional individual mandate, is there a way to get people insurance coverage who have had a bad medical diagnosis and lost their insurance? We never had a hearing on that. We could. I think we should. I think bright minds on both sides of the aisle could get together and work out ways that this problem could be solved.

Rescissions. Again, with a history that's now newly disclosed, has nothing to do with the medical diagnosis, and it was in no way fraudulently withheld from the insurer, rescissions need to stop. States that have high-risk pools, there are 34 of them. States that have the opportunity for reinsurance. These are States that are working, trying to offer their citizens a method of dealing with this problem. We could encourage more States to pick up high-risk pools. We've got some States where they're working well, some States where they're working less well. I always felt that in my home State of Texas, it wasn't working so well. It turns out it's really not a bad program, it's just not funded to the level that it need be.

Well, if we could encourage a contribution from the Federal Government, the State government and perhaps even the private sector, the insurance companies themselves, perhaps we could get that figure down to a point where people can actually utilize the program. Because people that then are subsequently covered by those high-risk pools in Texas love the program. I had someone come up to me after a town hall in the district in August that said, Please, whatever you do, don't do anything that's going to mess up my high-risk pool because that's the best insurance I've ever had. The problem is it's limited to the number of people who can access that.

We have people losing their jobs. It's an unfortunate, disastrous occurrence that happens in a recession. Some people are laid off. And if you have employer-sponsored insurance, there's trouble brewing. Yes, because of rules and laws that Congress passed many, many years ago, COBRA coverage that is extended for 18 months is available to an individual who loses his job, but that insurance has to be the same insurance that that person had while they were employed.

So the individual can pick up the premium for that employer-sponsored insurance, but most of the time the employer is not continuing to pay their part so the individual has to pay the entire freight; in fact, it's actually 102 percent because there's an administrative cost tacked onto that. Well, that is an expensive issue for someone who's just lost their job.

Could we offer people another choice? If someone loses their job, they've got good employer-sponsored health insurance, they are protected. As long as they keep their insurance, they're protected against falling into that preexisting condition trap. But right now it's either pay that large premium—and again you just lost your job so it may be hard to do that—or become uninsured.

We offer people two choices right now. What if we made something else available to people? What if we allowed people to transition into the individual market and not have to go through the COBRA system to do that, but still protect their ability to have the coverage for a preexisting condition should one have developed or develop during the time that that individual is transitioning to insurance on the individual market. Why does it always have to trigger the COBRA insurance? Why is there not an intermediary step that is less expensive, but still provides the protection?

Other things we could do. What if someone has COBRA, has that coverage, but they move to another State and they may not be allowed to take that coverage with them? Why not allow that transition from State to State without rerating that individual, without causing that individual to be rerated by a new insurance company where now their preexisting condition that they've acquired along the way prevents them from getting or obtaining that insurance in the individual market in a new State?

I liken that to the National Football League, and you have a player in the National Football League who gets traded from one city to another, their insurance goes with them. No problem. If they had a knee injury in one city, it's going to be taken care of in the new city. But if their fan who wants to follow their favorite football player moves from city A to city B, they've got to start all over again, if they're in the individual market, and during the time that they do that, they may find that they are rerated by their insurance company, reunderwritten by their insurance company, and if they had even a modest diagnosis like high blood pressure, depression or adult onset diabetes, it can be a very expensive adventure for them buying insurance in that new State.

So why don't we allow that type of transition so that someone doesn't have to be rerated? We talk a lot about being able to buy insurance across State lines. I think that's important, too. That's a little bit heavier lift. It's a little bit more difficult for Congress to come to that understanding, but this ability to allow someone to buy in the individual market without being rerated when they change States, that's easy and we should be able to do that. Again, I frankly don't understand why we don't take that up.

Again, remember if we pass this big, comprehensive, robust public option health care bill, when do you get the benefit? Four years. We're going to have people losing jobs next year. We're going to have people losing jobs the year after that. What are we going to do for those individuals in the short term?

And, again, I'll reference back to the President's own speech that he gave here on September 9. When he was at the podium giving the speech, JOHN MCCAIN was in the audience. He acknowledged that JOHN MCCAIN had a good idea for covering people with high-risk pools and that perhaps that would be a way to provide some immediate relief for people who couldn't wait for the 4 years before the Federal Government starts this new robust public option plan.

You hear me talk about medical liability. Medical liability is a big deal. The fact that it's been left out of the House and Senate bills, I think, is a big deal. Look, we're asking our doctors to be our partners. Whatever the brave new world of health care reform looks like, whatever we go to, we're going to ask our doctors to be there and be at our sides and help us, or be the ones to

take care of the patients and answer those emergency calls in the wee hours of the morning.

We're asking our doctors to stand with us on this. And yet we won't do the one thing that would simplify the lives of doctors across the country, keep doctors from dropping out of the practice of medicine, and, that is, bring some sense, some stability, to the medical justice system that we have in this country.

Now, Texas has done what I consider to be a very good thing, with putting caps on noneconomic damages. They did that in 2003. They had to do it with a constitutional amendment so that it would become immediately effective and didn't have to go through all sorts of court challenges; and, boy, it was like turning a switch and things have improved in Texas since that bill was passed. But you will also hear people say, Oh, medical liability, it doesn't save that much money. You can do whatever you want, but it's like a 1 percent savings.

But that's based on a very old study that really only looked at the cost of the premiums themselves, from back in the early 1990s, the American Medical Association, a very famous study called the Tonn study, frequently still quoted here 15, 20 years later. The Tonn study did say that you weren't going to save much money with medical liability. But, of course, the Tonn study discounted what would happen as far as the practice of defensive medicine.

Let me ask you this: medical liability premiums have gone up year over year over year. Medical liability has continued to be a problem year over year over year these last 20 years. Do you think the practice of defensive medicine is more widespread now than it was 20 years ago? Well, you bet it is. You bet it is. Twenty years ago we didn't have PET scans. We barely had MRIs. The more new things, new technology that becomes available, doctors are continually trying to see what is the maximum I can do so that I won't look bad if things go wrong and I'm called into court and have to defend my medical judgments. So it's no small wonder that the cost of defensive medicine has gone up and up and up.

Now the Congressional Budget Office has put out a new report. In a letter to Senator HATCH, they talk about their new estimate for what medical liability reform would save the Federal Government. This is just in the Medicare and Medicaid system, and it's estimated to be $54 billion over 10 years. That's getting to be a significant amount of money.

But wait a minute. Remember that the Federal Government is now responsible for about 50 cents out of every health care dollar that's spent in this country. Fifty cents out of every health care dollar that's spent in this country actually originates right here on the floor of this House. So that $54 billion over 10 years only represents about half of the medical expenditures in this country. It doesn't count those that are paid for by private insurance, those that are paid for out of just individuals paying their bills or that is gifted to people through charity.

So double that number. It's over $100 billion over the 10-year life of the health care bill that is a potential savings with modest medical liability reform. Again, that's not going to pay for the whole health care bill, but it would pay for 10 percent of it. Don't you think if we could pay for 10 percent of what's being proposed that we ought to at least consider it in our committees, that we should at least consider it in the legislative language that's being proposed?

I will just tell you what's happened in Texas since 2003 when we did pass a cap on noneconomic damages. Since 2003, Texas has licensed 15,000 new physicians. Over a similar time span preceding that, that number was about a third. We've gained 192 new obstetricians; 26 rural counties have added an obstetrician, including 10 where previously there was no OB doctor.

Texas is a big State. We've got 242 counties, so there's a lot of counties in Texas. But, still, 10 counties without an obstetrician before that now have one. That's prenatal care that's available to patients that wasn't available before unless you drove multiple miles to a medical center. That's doctors who are there when patients need them, frequently when time is of the essence, in the process of having a baby. So that is a good thing.

Thirty-three rural counties have gained ER doctors, including 26 counties that previously did not have an emergency room doctor now have one since the passage of commonsense medical liability reform in 2003. Doctors have contributed $594 million in charity care since the bill was passed.

I introduced similar language at the Federal level, H.R. 1468 for those keeping score at home; and I had offered that as an amendment to our committee bill last July. I was at first struck down on a technicality. Then I was struck down on a party-line vote. It doesn't seem that the Democratic majority has really had any interest in trying to reform the medical justice system in this country.

Yet now the Congressional Budget Office in a letter to Senator HATCH, where he requested a new analysis of the cost of defensive medicine, has said that it would be a savings of $54 billion over 10 years, and they do cite several studies in there where they've gained that information.

Again, at the end of this hour I will ask to make the Congressional Budget Office report, the letter to Senator HATCH, a part of the RECORD.

Portability, being able to take your insurance with you. There was a time when I was a youngster when you went to high school, perhaps went to college, but whether you graduated from college or just started after high school, you took a job and you probably continued that job until you got your gold watch in retirement.

It doesn't work that way anymore. I don't know exactly what the figure is, but the estimate from the Census Bureau is that people will have perhaps 10 or 11 jobs during the course of their productive years. So it only makes sense that if we continue, and we likely will continue, to have employer-sponsored health insurance, that we allow more portability than is within the system now. Some people have talked about things like defined contributions from employers, rather than just the employer providing the insurance, providing a designated sum of money for the purchase of that insurance.

There is a lot of discrepancy for what insurance costs. In the State of New Jersey, the average health insurance premium for a family of four recently quoted at $10,000. You go across the State line to Pennsylvania and it drops $4,000, to $6,000. Well, there's not a lot of difference right there on the State line between one segment of the population and those that are north of the line in New Jersey. Why not? Why not allow people to perhaps look into the purchase of insurance in other markets that may fit their needs and may be more affordable?

And then, of course, again we get into the issue of someone who moves across the State line, why not allow that portability? Just in the interest of completeness, the State of Texas, a family of four, the average insurance premium is $5,000 a year. The State lines concept is one, and we heard the President talk about it in his speech of September 9. He talked about a part of rural Alabama where if someone was going to the individual market, they only had one insurance company from which to choose.

□ 1915

And that's not terribly surprising. Insurance companies tend to be natural monopolies. They tend to want to form monopolies and capture market share. But the President's quite correct; you don't get much competition if you've only got one insurance company. So the President's solution to this problem is, well, let's create a public option and we'll have two insurance companies for that family in Alabama to choose from. But there's over 1,300 insurance companies in the United States of America. Why not open the market up so that more of those 1,300 insurance companies that already exist in the country—we don't have to create a new one, we don't have to pay all that start-up capital for creating a new program—why not just allow them to compete across state lines?

And you know, interestingly enough, Democrats that reflexively opposed this idea year in and year out now seem to be warming to the concept. At the very least, if you have a public option that is available in Alabama, it's going to be the same public option that's available in Tennessee, and the

same public option that's available in Texas. Guess what? That public option is going to be sold across state lines because it is a Federal program. So why don't we, before we go to all the trouble and expense and anxiety of creating an entirely new Federal entitlement and type of insurance, why not just simply allow some open competition across state lines?

Now, cooperatives are something that we hear, that word gets a lot of traction, co-ops. You know a purchasing co-op that could go across state lines, I could be okay with that. A co-op that was just a dressed-up public option, I'm not so much in favor of that. But certainly, allowing people to band together, people that may belong to the same alumni association, the same church, you name whatever association, realtors, dentists, physicians offices, that want to get the purchasing power of a much larger group in that individual market, we should allow them the freedom, the freedom to be able to make those associations and to purchase.

You know, tax credits—and I will admit there are people on my side that get nervous when you talk about tax credits. But tax credits to help with the purchase of insurance I think is certainly something that was talked about during the last presidential campaign. I think it is a way to provide immediate help, not help 4 years from now, but immediate help to people who don't have employer-sponsored insurance, where otherwise the cost of insurance is an obstruction to them getting that coverage. Maybe if we take away some of the issues with preexisting condition rescissions, we take away some of the issues with portability, still it may be an affordability issue, and if we could help that with the tax credit or even a pre-fundable tax credit, I think that is something that is, it's at least worth having the discussion.

And again, through all the hearings that we've had on this, we never once visited that issue. We never once invited the Congressional Budget Office in to kind of give us some views and estimates on what this might cost or what this might look like. Instead, we just simply said, we're Congress, we know best, we're going to build an entirely new insurance company that's administered by the Federal Government and that will be your competition. Take it and like it because we, after all, know best.

Again, the ability for people to associate, whether it be a church group, an alumni association, maybe it's time that we gave people the option of not having insurance that's tied to a single employer, because, again, many people will change jobs over time. Allow the cross-state purchasing.

We've talked about things like association health plans. Various bills have been introduced that would deal with this. H.R. 3218 introduced by Representative SHADEGG from Arizona is one such plan. And certainly, that is one that should be included in any compendium of plans that are offered as conservative or Republican alternatives to what is being proposed in health care.

Medicare payment reform. We're going to pay for half of this trillion-dollar bill with cuts in Medicare. Well, I've got to tell you, I get more letters, more mail from individuals who are doctors who are concerned about what we, what Congress is doing to them in physician reimbursement. It's easy to say, oh, man, doctors they make so much money, so you cut them a little bit—who cares? December 31st of this year, under the current formula, sustainable growth rate formula, physicians will undergo a 20 percent reduction in reimbursement.

Now, true enough, Senator BAUCUS' bill does delay that by 1 year. That's our typical response. We'll do something to kick the can down the road. If we do that, then next year they face a 25 percent reduction in reimbursement. In some specialties, cardiologists, in particular, where there's been some rebasing of what are called relative value units for the work that they do, are facing cuts in excess of 30 percent at the end of the year. Well, I'm here to tell you that you don't have that much excess capacity in the average doctor's office where you can squeeze 30 cents out of every dollar in savings and expect those offices to stay open.

Well, wait a minute. We've got an unemployment rate that's approaching 10 percent. Cardiology offices are small business across the country, and they are facing a 30 percent reduction in Medicare reimbursement, when oftentimes Medicare is 50, 60 or 70 percent of the business that they do. How do we expect them to keep their doors open after January 1st? How do we expect them to make employment decisions for their employees in their offices over these next couple of months while they're living with this kind of limbo?

I mean, they're sitting here watching Congress and wondering if we're just going to run out the clock on December 31st. When these huge cuts go into effect, what are they going to tell their employees? If they wanted to hire someone new earlier this year they're certainly not thinking about doing that now. And we've got a 9.6 percent unemployment rate.

Cardiology offices are small businesses. Echo techs, phlebotomists that draw blood in the lab, people that put the patient back in the room. All of these jobs are now at risk because of what Congress is doing, or not doing, with fixing the sustainable growth rate formula and the cuts in Medicare. If we pass a bill like the Baucus bill, the cuts only become deeper and more Draconian. Again, you don't save $500 billion out of the Medicare program over 10 years by not making some pretty harsh decisions.

And you know, if you think it's bad now with the sustainable growth rate formula, what's it going to look like if we enact some of these things that have been discussed over on the Senate side and indeed on the House side? What if we create this body that's going to come to us every year and say, in order for the books to balance, Mr. or Mrs. Congressman, we are going to have to cut fees that are paid to hospitals, doctors, nurses, nursing homes by whatever percentage amount they say.

Congress, if we pass this law, simply votes that up or down. They don't take any responsibility for it. There's no accountability. We just simply pass those cuts on. That's a terrible way to do business. Wouldn't it be better if we found a way to deliver care more economically so we didn't have to come to our provider community, to our doctors, to our hospitals, to our nurses and nursing homes, and say, We're going to have to keep a little bit more of your money this year in order to make our books balance?

Now, ensuring the future physician work force, I think, is extremely important. H.R. 914, the Physician Workforce Investment Act that I introduced last Congress and this Congress as well, I've provided that to the White House. You know, here's the deal. We can sit here and talk all night long about health insurance, and that may be an important discussion to have, but I've got to tell you, if you don't have any doctors there at the end of the day, all the insurance in the world isn't going to do you a bit of good. In fact, I'd far rather have a doctor and no insurance than I would have insurance and no doctor, because if I'm in trouble, if I'm needing someone to take care of me, the insurance company typically hasn't been all that great at that endeavor. But physicians always respond.

Preventive care and wellness programs. Clearly, these are going to be necessary in the world going forward. The model that was brought to us by Safeway Stores, the model that we were not allowed to consider in our markup in committee, but realistically, we have to do that. H.R. 3148, which is the Burgess-Christian CBO scoring bill, would allow for the Congressional Budget Office to score those savings that could be achieved with healthy lifestyles.

Price transparency. We did include some language in the bill that was passed. H.R. 2249 was the Health Care Transparency bill that I introduced two Congresses ago and have continued to introduce every Congress. A lot of that language was inserted into H.R. 3200, for which I was grateful. But at the same time, transparency has got to be there. So if we're going to ask people to make more and more decisions for themselves, we have to give them the information with which to do that. Mandates have no place in a free society.

And when I hear the Senate talk, and I hear the House talk about we're going to have an individual mandate and an

employer mandate, wait a minute. I'm not even sure that's constitutional. Mandates just create laziness, create laziness on the part of the insurers, create laziness on the part of the insured, and certainly create laziness on the part of your Congressman. Wouldn't it be better if we required people to actually build programs that people wanted, rather than just force people to take what we think they ought to want? Mandates are an anathema to free society.

And there are ways to do this. Prescription-drug benefit in part D, for all its faults, Dr. McClellan, when he was constructing that program, had six protected classes of drugs and said there had to be at least two drugs offered within those six protected classes, and people flocked to those programs. It has been a success in the number of seniors that now have credible drug coverage and seniors that are satisfied or very satisfied with the drug coverage that they have.

Normally, if you have a mandate you're going to get about 85 or 95 percent compliance. We've got about 85 percent compliance with the voluntary system right now. You're not going to get that much more with the mandate. Even without mandates in the prescription-drug benefit, by creating programs that brought value to people's lives, 93 percent uptake on a credible drug program.

So, you know, I've got to tell you. I will never sit down here and advocate for private insurers. But I will tell you that most Americans do have coverage under a private insurance, and they like it. They don't want to lose it. That has been one of the big obstacles to getting sweeping health care reform. The President always says if you like what you have you can keep it. I think that's right. Sixty percent of the American people like what they have, and they don't want it to change, so that makes it difficult to do reform that is on this scale and this sweeping.

I'll tell you another little secret. The Federal Government, the public option that we already have, doesn't pay its full share of the freight of the cost of delivering the care. It's subsidized by the private sector. If you shrink the private sector and grow the public sector, how are you going to make that up? Where's that money actually going to come from? And that's something that I never hear discussed.

Yeah, insurance companies do bad things. And we'll hear stories, we're going to hear stories in my committee tomorrow about how bad insurance companies are. But if we didn't have that cross-subsidization of the private sector, we could not afford the public sector. Now, people will tell you that it's the cost of the uninsured that we're leaning on the private sector to provide for us. No, that's a small amount. That cross-subsidization that's coming to the public sector is the lion's share of that. That 9 percent figure, about 2 percent is people who have no insurance; 7 percent goes to paying the freight that Medicare and Medicaid are not carrying themselves.

We have a good system. Let's build on what we have. Let's not tear it down and then create something out of whole cloth to go in its place. You know, the government can referee some of these things, but the government doesn't need to be the man in charge of all of these things. Again, remember, the United States Congress, we've got about a 20 percent approval rating. I think reforms can and should go forward. I think there are good ideas on both sides of the aisle here. I'll take the President at his word. I'm anxiously awaiting their response to my letters.

I look forward to this debate we're going to have over the next several weeks, and I would encourage people that, every morning when they get up, remember, you've got one Member of Congress and two Senators. They need to hear from you on this issue. Whether you agree with me or not, I promise you they need to hear from you on this issue before we have this vote.

For more information on H.R. 914, the Physician Workforce Enhancement Act of 2009; H.R. 1468, the Medical Justice Act of 2009; and H.R. 2249, the Health Care Price Transparency Promotion Act of 2009, log on to http://thomas.loc.gov.

HOUSE OF REPRESENTATIVES,
Washington, DC, September 16, 2009.

President BARACK OBAMA,
The White House,
Washington, DC.

DEAR MR. PRESIDENT, I am once again compelled to write to you to accept your offer to meet with you at the White House to discuss the health care reform proposals currently before us.

I listened intently as you addressed the Joint Session of Congress on September 9, 2009, and you once again extended an olive branch to members of the minority. I want to reiterate that I am completely committed to working in a bipartisan fashion to deliver reforms that all Americans can be comfortable with, increase access to care, lower health care costs for America's families and businesses, and deliver changes to the health system that improve quality.

I thank you for your public commitment to accept innovative ideas from Republicans and hope that you will follow through with your public pledge by reviewing this letter thoroughly. As you stated last week: ''I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open.''

I accept your gracious offer and want you to know that it is not my intention to ''kill'' health reform. In fact, I stand proudly by my bipartisan work in the U.S. House of Representatives on health care issues. Several of my amendments in the Energy & Commerce Committee were accepted unanimously while others are currently under negotiation with Chairman Waxman for inclusion in a final House product.

That said, I have read the America's Affordable Health Choices Act (H.R. 3200) and I do concede I have many concerns with the approach the bill takes. Many of the items you outlined in your speech do have wide bipartisan support. While we may have disagreements on the policy approaches to address those problems we will never know if we can find common ground if we do not try.

To assist you in identifying measures that could gain wide bipartisan support I am enclosing four pieces of legislation that will make incremental but important reforms to our health system. I believe that, with your leadership, these measures could be passed and signed into law before Thanksgiving. These efforts would show that we can work together to make important reforms that improve access to care and protect the doctor/patient relationship.

Physician Workforce: H.R. 914, the Physician Workforce Enhancement Act, would establish an interest-free loan program for eligible hospitals to establish residency training programs in certain high-need specialties. Under the program, eligible hospitals could receive up to $1,000,000 that must be repaid within 3 and a half years. H.R. 914 will provide needed resources to smaller and emerging communities so they can attract and retain the medical professionals their communities will rely on in the future. If we do nothing to assist the training of physicians, waiting lines will grow longer, lapses in treatment will occur, and many of our small and rural communities will be at risk of not having physicians to meet their growing needs.

Medical Liability Reform: As you alluded to in your speech, too many doctors are forced to practice defensive medicine and face the constant threat of lawsuits and unsustainable medical liability insurance rates. This results in millions of dollars in unnecessary tests and procedures. Seasoned medical professionals are retiring early because staying in practice is no longer financially feasible, further contributing to our nation's doctor shortage. This is a growing crisis that is pushing affordable health care beyond the grasp of millions of Americans. H.R. 1468, the Medical Justice Act, is based on medical liability reform implemented in Texas. The reforms have created a magnet for doctors and provided the funding mechanism to improve access to care and enhance patient safety. To prove the success of Texas' reforms, I'd like to share a few of the statistics, from the Texas Medical Association:

Since the 2003 reforms, Texas has licensed 14,496 new physicians. This is a 36 percent increase from pre-reform.

Thirty-three rural counties have seen a net gain in ER doctors, including 26 counties that previously had none.

After years of decline, the ranks of medical specialists are growing in Texas. In my field of obstetrics, Texas saw a net loss of 14 obstetricians in the two years preceding reform. Since then the state has experienced a net gain of 192 obstetricians, and 26 rural counties have added an obstetrician, including ten counties that previously had none.

Charity care rendered by Texas hospitals has increased by 24 percent, resulting in $594 million in free care to Texas' patients.

Texas physicians have saved $574 million in liability insurance premiums, a significant savings that has allowed more doctors to stay in their practice.

Medicare Reform: Many new Medicare beneficiaries find it difficult to locate a doctor who will accept Medicare. This is because physicians around the country realize that Medicare is an unstable payer, subject to the whims of political will and influence, and are doing what they must to protect their small businesses. Physicians are scheduled to receive a significant reduction in Medicare payments on January 1, 2010. The Ensuring the Future Physician Workforce Act, a bill I plan on introducing shortly, will give doctors what they really need a stable and reasonable predictor of an inflationary reimbursement under Medicare. This will allow

seniors to maintain access to their doctor. The legislation also rewards quality reporting of data, further incentivizes the adoption of Health Information Technology, and brings increased transparency on utilization, billing, and funding to the Medicare program.

Health Care Price Transparency: A patient should be able to know what they are paying for and how much they will pay out-of-pocket. H.R. 2249, the Health Care Price Transparency Promotion Act, directs states to establish and maintain laws requiring disclosure of information on hospital charges. The legislation requires hospitals and health plans to make this information available to the public, and to provide individuals with information about estimated out-of-pocket costs for health care services. H.R. 2249 aims to make health care more affordable by promoting greater transparency about the cost of health care services for patients seeking care. The legislation sets a national floor for transparency. As someone who has committed his Administration to transparency, this is an important step in helping make health care, and specifically health care costs, more transparent, which empowers the consumer.

As a practicing physician for over 25 years, I believe I bring a unique perspective to the current health care reform debate. I am committed to finding areas of collaboration between the political parties that can deliver meaningful system reforms that will benefit all Americans. I would greatly appreciate the opportunity to review both the efforts outlined above and also my areas of concern with H.R. 3200 so that we may mutually work to bring quality, affordable health care to all Americans.

I look forward to the opportunity to meet with you at your earliest convenience. Should your staff have any questions about any of the attached proposals or would like to arrange a meeting, please contact me or my Legislative Director J.P. Paluskiewicz at my Washington, D.C. office.

Sincerely,

MICHAEL C. BURGESS, M.D.,
Member of Congress.

HOUSE OF REPRESENTATIVES,
Washington, DC September 30, 2009.

President BARACK OBAMA,
The White House,
Washington, DC.

DEAR MR. PRESIDENT, I write you once again on the topic of health care reform. As you know, Democrat leaders in the House of Representatives are currently working to merge the three committee bills. Meanwhile, the two Senate products are waiting to be merged pending completion of the Senate Finance Committee's mark-up.

I have closely followed the health care debate for months, making note of actions by all parties involved, including the House, Senate, White House, advocate groups, and the health care industry. These reforms have wide-reaching implications, and you have stressed the importance of conducting business in public so that the American people are aware and involved in the process.

In fact, during a Democratic Presidential primary debate on January 31, 2008, you said: ''That's what I will do in bringing all parties together, not negotiating behind closed doors, but bringing all parties together, and broadcasting those negotiations on C–SPAN so that the American people can see what the choices are, because part of what we have to do is enlist the American people in this process.''

It has now been over four months since the White House announced numerous deals with major stakeholders in the health care debate to save upwards of $2 trillion in the health care system. Little to no details regarding the negotiations have been released, and recent actions and press reports have reminded me of the importance of openness and transparency throughout the legislative process.

Roll Call reports today that negotiators working in the House to merge the three committee bills plan to trim the cost of the legislation by roughly $200 billion. I wonder what programs or services are being cut, who will be affected, and how these cuts are being decided.

In the Senate Finance Committee's mark-up, Senator Bill Nelson (D-Fl) introduced an amendment regarding drug prices in Medicare and Medicaid. During the debate on the amendment, Senator Torn Carper (D-Del), while arguing against the amendment, said ''Whether you like PhRMA or not, we have a deal,'' referring to the deal PhRMA cut with the White House earlier this year.

In addition, within the Senate Finance Committee plan is a commission to slow the growth of Medicare spending, most likely through changes to reimbursement policy. However, hospitals would be exempt from this commission because, according to CongressDaily, ''they already negotiated a cost cutting agreement'' with the White House.

Despite your promise to make all health care reform negotiations in public, we still have very few details on what exactly was agreed to during these highly publicized negotiations. In fact, even the stakeholders involved have, at times, seemed at odds with what was actually agreed to. But the one thing we all know is that, through press statements, many deals were made. Unfortunately, even where brief descriptions of policy goals are available, details on achieving these goals are absent, a point made by the Congressional Budget Office (CBO).

I am compelled to ask—how could Congress have done its' due diligence in creating the policy before us without crucial details surrounding these deals? Were the votes we have seen in the Senate Finance Committee as of late a direct result of these backroom negotiations? Will CBO be able to actually score any of these deals to apply those cost savings to legislation? Were these negotiations in the best interests of patients?

Having little to no information, I cannot judge. However, this begs even more questions. Is Congress enacting the best policy reforms for Americans, or are certain changes being made or not made because of the negotiations orchestrated by the White House? Will smaller stakeholders suffer more from our policy choices because of what larger groups may have negotiated behind closed doors?

Mr. President, I do not write this letter to chide you for engaging in what I consider the most pressing debate before Congress. I applaud you for your leadership in compelling Congress to act. In order to fully understand the policy choices before us, though, we need to know what took place earlier this year during these meetings at the White House. You have made it very clear that you value transparency and have sought to make your Administration stand out in this regard. As a member of the House Energy and Commerce Committee's subcommittee on Oversight and Investigations, so do I. The last thing I would want to see is a formal investigation of these meetings.

Thus, I formally request full disclosure by the White House in the following areas regarding all meetings with health care stakeholders occurring earlier this year on the topic of securing an agreement on health reform legislation, efforts to pay for any such legislation, and undertakings to bend the out year cost curve:

1. A list of all agreements entered into, in writing or in principle, between any and all individuals associated with the White House and any and all individuals, groups, associations, companies or entities who are stakeholders in health care reform, as well as the nature, sum and substance of the agreements; and,

2. The name of any and all individuals associated with the White House who participated in the decision-making process during these negotiations, and the names, dates and titles of meetings they participated in regarding negotiations with the aforementioned entities in question one; and,

3. The names of any and all individuals, groups, associations, companies or entities who requested a meeting with the White House regarding health care reform who were denied a meeting.

In our efforts to improve access to health care services, the American people expect us to act in their best interests, rather than protecting business interests of those who are interested in currying favor in Washington, DC. If these health related stakeholders have made concessions to Washington politicians without asking anything in exchange for the patients they serve, Congress and, more importantly, the American public deserve to know. Conversely, if they sought out protections for industry-specific policies, we need to know that as well.

We must learn what these negotiations mean for the millions of concerned Americans. How they will be better served, including having affordable health coverage and access to the providers they need? These negotiations may have produced consensus on policy changes that are proper and needed, but Congress will never know for sure that we are acting in our constituents' best interests until all the facts are known.

I look forward to the opportunity to speak with you at your earliest convenience on this matter. Should your staff have any questions about this request please contact me or my Legislative Director J.P. Paluskiewicz at my Washington, D.C. office at 202–225–7772.

Sincerely,

MICHAEL C. BURGESS, M.D.,
Member of Congress.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ABERCROMBIE (at the request of Mr. HOYER) for today and October 15 until 3:30 p.m.

Mr. CARNEY (at the request of Mr. HOYER) for today and October 15 on account of active military duty.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. DEFAZIO) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, October 21.