

country, for districts like yours and mine that once had strong factories and manufacturing bases, we must have the courage to think again about not just the financial sector policy, but an industrial policy, an agricultural policy, a jobs policy for this country.

But the first piece of that has to be putting in place the rules that will allow lending to begin flowing again, not just on the macro-level, but to the small and medium-sized businesses that create two-thirds of the job growth in our areas in Ohio and Virginia. But the key to that is predictability. Predictability means that we have a system of rules that people can work within. Entrepreneurship works within a system of predictability.

We need to have that system of accountability so that those who act according to those rules are rewarded for their innovation and success. That is a quintessentially American idea.

Here we are challenged today because both parties in the Congresses before us have failed to live up to that standard. Many on Wall Street have failed to live up to that standard. But as Congressman DRIEHAUS mentioned, the line we will draw is not between the right and the left, but between right and wrong, not between one side of the aisle or the other, but whether we will solve the problem.

What we will hope people will judge us by is did we step up to the challenge of the time and try to solve that problem. I believe the people on this floor tonight are dedicated sincerely to the idea of problem-solving, not to ideology or to the next election cycle.

Mr. DRIEHAUS. Congressman, I very much appreciate your efforts in those regards. Congressman HIMES, if you want to wrap us up, I yield the floor to you.

Mr. HIMES. Thank you, my good friend from Ohio, my two good friends from Ohio and Virginia. It's a pleasure to be out here tonight with you.

We have talked about a lot of important issues, and one of the reasons I feel proud to be in this Chamber with you and with our colleagues is because we are in a moment of crisis, no doubt about it. We were called in a moment of crisis to lead.

When you lead in a moment of crisis, you lead constructively. You take some risks. You acknowledge, as I know that each and every one of us does, that we won't get this perfect. Very little of what has been produced in history in this room has been perfect; but it has been done constructively, it has been done with the spirit that we will get it right over time, and it has been done by people taking some risks.

In a moment of crisis, it is not leadership to say no. It is not leadership to simply snipe at those who are trying to solve the problems, the problems that affect every American family, the problems that mean that families don't have jobs. They worry about whether their kids will be educated. These are

the things that we are trying to address, and it is just a fine moment that we have been called upon now to push these things to try to restore the opportunity that is so important to American families and to the sense of the American Dream.

Mr. DRIEHAUS. Gentlemen, I appreciate you coming down to the floor this evening. This is about solutions. This is about stepping up to responsibilities. This is why we were elected.

We hear so often on the other side the naysayers come down and talk about what won't work. They don't talk about the responsibility, the common responsibility we have. They run away from the years that they were in charge.

But this is about stepping up to responsibilities and making a difference. While it's not always perfect, we are doing what's right by the American people and doing what's right by the families that elected us to represent them.

Mr. Speaker, I yield back.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the 5-minute Special Order of the gentleman from Georgia (Mr. GINGREY) is vacated.

There was no objection.

DOCTORS CAUCUS

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.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you very much, and I am proud to spend the next hour as the party of naysayers, as our young colleague from the other side of the aisle just described us. We have, Mr. Speaker, on occasion been accused of being the Party of No.

I have a number of colleagues with me this hour, one of them being my good friend and fellow Georgian, fellow physician, Dr. PAUL BROWN. He and I on a number of occasions just this past Monday, yesterday, I guess, did a number of events together in our great State of Georgia.

We said to editorial boards and television stations, we are the Party of No, guilty as charged; but we don't spell it n-o, we spell it k-n-o-w.

Maybe we do on occasion spell it "no" when we say, Mr. Speaker, we say to the Speaker, NANCY PELOSI, that, heck, no, we don't want this form of health care change to one-sixth of our economy with the Federal Government literally going into the exam room with a bunch of bureaucrats and coming in between a doctor and a patient.

Dr. BROWN and I, Mr. Speaker, and many of our colleagues on this side of the aisle who are part of the GOP Doctors Caucus, there are about 15 of us, 12 M.D.s, some dentists, optometrist, a

clinical psychologist and author, we are very proud of our almost 400 years of clinical experience, Mr. Speaker.

We are very disappointed, of course, that we were not able to offer some of the knowledge, the k-n-o-w part of knowledge, to this debate.

We sent letters, of course, along with many of our colleagues on the Republican side of the aisle to President Obama, especially after hearing from him in the so-called State of the Union when he really took the opportunity to use this Chamber and to call together a joint session to speak to the Nation on health care and made some very distinct promises in regard to the need for medical liability reform, as an example, which we don't see one word of, essentially, in H.R. 3962.

What little bit, what little tiny piece of medical liability reform, adds an insult, Mr. Speaker, to those States that have already enacted, successfully, I might add, medical liability reform like our State of Georgia, like the great State of Texas and the great State of Florida, when it goes on to say these grants, this little minuscule amount of money in the millions, not billions or trillions, which is more applicable to H.R. 3962, when they say none of these grants are eligible for States that have already enacted any meaningful medical liability reform that limits contingency fees for trial lawyers, or has any caps on non-economic judgments, awards.

That's the only medical liability reform, Mr. Speaker, that has ever been proven to be effective in the great State of California that, of course, enacted that legislation called MICRA back in 1978. It's pretty frustrating; it really is.

We are here tonight, Mr. Speaker, to speak to our colleagues on both sides of the aisle. We want to do that in a very respectful way and, again, as I say, to try to impart knowledge to the issue. We have a lot of ideas in regard to what could be done to help improve the greatest health care system in the world that's not perfect. We recognize that, and I think all Members, Mr. Speaker, recognize that in both Chambers. We are willing to work in a bipartisan way given the opportunity. Unfortunately, we have not been given that opportunity.

That's why we keep taking advantage of what little opportunities we have like these Special Orders late at night, or maybe 1-minute. I think on our side of the aisle we have 178 Republicans in this House of Representatives, and I think 120 gave 1-minute speeches today talking about the Republican alternatives, a way to do this, to help make sure that we bring down the cost of health insurance, for those who, if it's 10 million, I don't know the total number, of 300 million people in this country who cannot afford health insurance. We want to bring down the price of the cost of health insurance so they can have access, but also to bring down the cost of health insurance for

the 85, 88, 90 percent of people that do have it, but it's just a little bit too expensive.

We can do that and that's what we are going to be talking about tonight, Mr. Speaker, about ideas, bills, individual bills. I think there are something like 53. I have introduced legislation over and over. This is my seventh year, my fourth term as my great constituents from the 11th of Georgia know, that would save, as a Congressional Budget Office, not me doing the number crunching, but the non-partisan, Director of the Congressional Budget Office, Doug Elmendorf, hired by Speaker PELOSI, said that, you know, medical liability reform could save \$54 billion over 10 years. I mean, that is a significant chunk of money.

We all know that a real concerted effort on reducing waste, fraud and abuse could save another \$20 billion. From our perspective, from the Republican alternatives that we are offering, we wouldn't spend more than that amount of money. But we would make those two integral parts of the reform that we would offer, and that we have offered, we will continue to talk about.

We don't spend \$1.1 trillion of taxpayers' money when this country is already \$11.2 trillion in debt and that we just got through with the fiscal year, I guess, 2009 fiscal year with a \$1.4 trillion deficit, Mr. Speaker, four times the largest previous deficit in the history of this country.

To say that, oh, well, look, we have got the numbers here and the Congressional Budget Office says this plan of ours is going to save, over a 10-year period of time, it's going to save \$100 billion; but to save 100 billion, we are going to spend 1.1 trillion.

You know, when you do the subtraction, I think that makes you, what, 900-and-some-change billion dollars in the hole.

My Georgia Tech math, six quarters of calculus, I believe my high school arithmetic would tell me that that's not a real good deal for the American taxpayer. We are here tonight to talk about this, Mr. Speaker.

I am proud to have some of my colleagues from the GOP Doctors Caucus, and I want to yield to them. We will engage in a colloquy, and we will have a meaningful hour this evening so that Members on both sides of the aisle, and if there are any folks out there in the good old USA watching, I know there are some elections going on today, Mr. Speaker, that a lot of folks are very interested in, and maybe they will be tuned into that. But in any regard, we appreciate the opportunity.

I yield to my good friend and physician colleague from the great State of Georgia who represents Athens and my hometown of Augusta, Georgia, and a fellow classmate at the Medical College of Georgia, family practitioner, my good friend, Dr. PAUL BROUN.

□ 2130

Mr. BROUN of Georgia. Dr. GINGREY, I appreciate greatly your doing this

Special Order tonight, and I appreciate your yielding me some time.

When I spoke on the floor this morning in 1-minutes, I started off my speech by saying when I graduated from the Medical College of Georgia in Augusta, Georgia, and got my MD degree, we in the medical college all swore to the Hippocratic Oath. One of the clauses in the Hippocratic Oath was "I will do no harm."

The Nancy Pelosi health care insurance bill, it is not about health care. It is about insurance, and, actually, it is about power. It is not even about health care. But the Nancy Pelosi health care insurance bill will actually do a tremendous amount of harm for me and all of our medical colleagues who continue to practice medicine, so it is going to destroy the quality of care.

It is also going to destroy the Federal budget. Dr. GINGREY, as you were talking about, it is going to spend over \$1 trillion in what I am describing as voodoo economics or zombie economics that CBO utilized in scoring this bill, because they made some assumptions that are just totally untenable. They are just not going to happen. Since they are projecting the growth of Medicare is going to be half of what it has been historically, that is not going to happen. They haven't counted into the scoring a lot of issues that are going to balloon the costs to the American people.

So the Pelosi health care insurance bill is going to destroy our economy, and it is going to create a tremendous debt. It is going to destroy people's private health care plans that they have today. If you continue to buy private health insurance, the American public's premiums are going to double and triple. So it is going to destroy the budgets of families all across America.

It is going to destroy the State budgets, because it is going to have a tremendous unfunded mandate on the States because of the large expansion of Medicaid; thus, the States are going to have to go get that money from somebody, and they are going to increase taxes. They are going to have to. They have no other choice but to increase taxes.

Mr. GINGREY of Georgia. If the gentleman will yield for just a second, Dr. BROUN, in that regard, Mr. Speaker, I ask the gentleman from Georgia, this Medicaid increase in NANCY PELOSI's health reform bill, H.R. 3962, what kind of dollars are we talking about here? What kind of burden are we talking about, unfunded mandate that that would put on the State, and how does that come about?

Mr. BROUN of Georgia. Well, in increasing the Medicaid rolls that the State government has to fund, the Federal Government is going to help by giving money to the States, but the States are going to have to come up with the matching.

Just in our State of Georgia, it is estimated the State of Georgia is going

to have an extra \$1 billion that Georgians are going to have to come up with in increased taxes just for this Federal mandate on our State alone. It is billions and billions of dollars on every State in this country, so it is a huge burden on the States.

So it is an unfair taxation that is pushed off on the States, and every person, even the middle class, who our President said he was going to protect, the middle class is going to be burdened with a tremendous tax burden because of the mandates.

Some of them aren't direct taxes. As I have already mentioned, their health insurance premiums are going to really double or triple. That is really a tax, because it is a cost shifting from the private insurance.

Mr. GINGREY of Georgia. If the gentleman would yield back to me just for a second, Mr. Speaker, I wanted to ask the gentleman, why is that a problem for the States? Mr. Speaker, you and I both know that here in the great Congress, these Halls of Congress, if we want to spend money, if we want to overspend, we just print more money out. I think we have red ink of about \$275 billion, and that is why today in the Federal Government we have this debt of \$11.2 trillion. Can't the States do the same thing?

Mr. BROUN of Georgia. No, sir. Well, thank you, Dr. GINGREY. The States are prohibited from printing money under the Constitution. Actually, we should be preventing the Federal Reserve from printing money like they are doing, and the Congress has the authority to do that, if we just take that power back from the Federal Reserve, and I, as an original intent constitutionalist, think we should do that.

It is our prerogative as Members of Congress to manage the money instead of the Federal Reserve, and it shouldn't be the Federal Reserve doing it. We should be doing that here in Congress.

But the States can't do that, so they are going to have this tremendous economic burden. Our Governor, Sonny Perdue, is struggling trying to make the budget come out in black ink in our State. Because we have a balanced budget amendment to our State constitution, the State of Georgia cannot spend more money than it brings in, technically, under our constitution.

So if we as a Federal Government put a tremendous burden of \$1 billion on the State of Georgia, which is already struggling, already furloughing workers, they are not replacing workers, State services are being cut, teachers' salaries and furloughs and cuts are being put in place, and we add \$1 billion to the State of Georgia, an economic burden, that money has got to come from somewhere.

The Federal Government is not going to give it to Georgia. It is not going to give it to Louisiana. It is not going to give it to Texas, New York, Vermont, or Minnesota. The States are going to have to come up with those dollars, and the only way they can do that is

through higher taxes, as well as cutting more services than what they are doing now.

You take States like Michigan, where the unemployment is so high, raising taxes is going to further wreck their economy. So this is going to destroy the American economy as well as the States' economies.

We are going to be destroying lives with this bill, because this bill, the way it is written today, is going to allow taxpayers' dollars to pay for abortions. Now, the Democrats have put some mumbo-jumbo language in there, and it is really a ruse. What they have done is they say private funds can be utilized to pay for abortions through the public insurance system. They call it the public option. But it is not an option; it is a mandate.

It is actually something that the leadership of the Democratic Party, from the President to many of the leadership in their own party, have said that this is just a step to a single party payer health insurance program. So it is going to destroy private insurance here in America too.

So what this Nancy Pelosi health insurance bill is going to do is destroy everything that is good, and good with our health care system. And what is most important, it is going to destroy the quality of care our seniors are getting, because they are going to get the short shrift of all of this.

They are going to draw the short straw, because the Democrats put something in the bill, something that is called comparative effectiveness research in the stimulus bill, and now they have set up a panel that is going to use that comparative effectiveness to determine how best to spend the dollars. And when you have limited dollars, they are going to decide is it better to spend the money on a well person who is 25 versus a sick person who is 70.

So the seniors' health care provision is going to be destroyed. We are going to have more people pushed, because Medicare Advantage is going to be destroyed, we are going to have more people pushed off on the Medicare system, which is going to further increase the burden on the current Medicare system. So we are going to have further rationing of care, particularly for the seniors. So they are going to be told they can't get tests, they can't get surgeries, they can't get medications that they need, and it is going to be absolutely disastrous for seniors.

Mr. GINGREY of Georgia. If the gentleman would yield, Mr. Speaker, I wanted to have the opportunity to ask the gentleman to share with us a little bit. He is mentioning about this comparative effectiveness research council and how, based on, hopefully, Mr. Speaker, qualified, good, solid research, and to not only recommend to our doctors across the country, the 850,000 of them, many of whom are primary care doctors, and we will hear from another primary care doctor,

JOHN FLEMING, with us tonight from Shreveport, Louisiana, in just a few minutes.

To suggest is one thing, Mr. Speaker, but to mandate based on comparative effectiveness research, which our hard-working men and women, taxpayers of this country, are paying for that, and many, many, if not most of them are making less than \$250,000, by the way, Mr. Speaker.

But what I wanted to ask Representative BROWN to share with us is not only the fact that our seniors, as he suggests, Mr. Speaker, and I agree with him, could get thrown under the bus by this rationing that comes from this comparative effectiveness research study that says, oh, that won't work. Let's do something cheaper, and, you are too old and it is not going to be cost-effective so you don't get it.

But I would like for Representative BROWN, if he would, Mr. Speaker, to share with us about these pay-fors. Ms. PELOSI and President Obama says it has got to be paid for. He won't add one dime to the deficit. It has to be paid for. I would like for Dr. BROWN to talk to us a little bit about where some of this money is coming from, this \$1 trillion so this health care reform is paid for.

I yield back to the gentleman.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY. The pay-fors are through higher taxes, particularly on small business, as well as individuals who are considered rich. We are supposed to be treated equal under the law, but a lot of our colleagues on the other side don't think that is factual any more, that we need to be treated unequally under the law, which is totally unconstitutional and is against the 14th Amendment to the Constitution, basically.

But what it does is this is going to destroy jobs because of the mandates upon small business. There are a lot of taxes and a lot of fees, and there are even fees and taxes on individuals who don't take their employer-offered health insurance. So it is going to force everybody in this country basically to take whatever insurance is dictated by the health care czar panel here in Washington.

So taxes, the only way they get to any semblance of controlling the amount of money that this bill calls for, which is way over \$1 trillion—and, in fact, I think that is going to be very low. When we saw Medicare presented, the Congressional Budget Office miscalculated. Their calculation was almost one-tenth of what the true cost was over the decade following passage of Medicare, and I think that is what we are going to see with the Pelosi health insurance bill, too.

But there are tremendous taxes on everybody in this country. And it is going to be a tax on the middle class, because they have got to tax durable medical equipment. That is going to go up. They are going to tax the Cadillac insurance plans. So that means people

who have good insurance, privately provided today, that is going to go up. There are going to be taxes on small businesses.

Right now, the bill says if an individual makes over \$500,000 or a couple over \$1 million a year, that is adjusted gross income, that they are going to have a big tax on them. Well, a lot of those people are actually small business men and women, and that is their adjusted gross.

They are filing their personal income tax return as a Sub S corporation or as a limited liability partnership, like a lot of physicians, accountants, and lawyers have. Small businesses, they are going to be taxed, taxed, taxed, and that is the reason that the experts say 5.5 million jobs are going to be destroyed. People are going to lose their job because of this Nancy Pelosi health insurance plan.

Mr. GINGREY of Georgia. If the gentleman will yield back to me, Mr. Speaker, I thank him so much for bringing that factual knowledge to us.

Absolutely, this figure that he just quoted, Mr. Speaker, of 5.7 million, I think, additional jobs would be lost because of this bill, it is not something that Representative BROWN just pulled out of the air. In fact, Mr. Speaker, the Chief of the Council of Economic Advisers to the President, Christina Roma, is the one that said that. That is where my good friend and colleague from Georgia, Representative PAUL BROWN, got those figures from.

He mentioned one other thing, before I go on to our colleague from Louisiana, and I am sure that we will talk about this as we go on this evening, the health choices commissioner, a very powerful new czar under this program, would say to the employers across this country, you can have anything you want. You can offer any health insurance policy plan you want, Mr. Speaker, as long as what Henry Ford said many years ago, you can get any color of T Model Ford that you want, as long as it is black.

□ 2145

I draw my colleagues' attention to this poster I have regarding that assembly line way back in the early part of the 20th century.

I thank the gentleman from Athens.

At this point I want to yield to a fellow member of the GOP Doctors Caucus from Shreveport, Louisiana, and that is my good friend Dr. JOHN FLEMING.

Mr. FLEMING. I thank the gentleman, Congressman GINGREY, again, a physician colleague as well as a congressional colleague; of course Dr. BROWN as well and others. We have done this a number of times. It's always enjoyable and important for the American people to see the physician perspective.

What I would actually like to do is to go over the fact that it's been said many times by Democrats here and everywhere that we are the party of

“no.” We offer no solutions. And I have to remind people constantly that I ran on a pro-reform campaign to be elected to Congress last year. So it’s very important to me as a physician to see true reform, not a government takeover of health care, but reform of what is really an excellent system. And we have had several plans that we are ready to offer, but now that we are getting to a point where there is actually going to be a Democrat plan on the floor perhaps this week or the next week that will be voted on, we’re now ready to offer our substitute. And I wanted to contrast and compare for a moment how these two plans differ, and I will just hit the high points.

Number one, the Pelosi plan cuts Medicare by \$500 billion. That’s a half trillion dollars. It cuts it out. No explanation. No plan. No strategy. We have had Medicare for 45 years. No one knows how to reduce fraud, waste, and abuse any more than it has. In fact, we know that the larger the entity, the higher the fraud, waste, and abuse is. Our plan does not cut a dime out of Medicare.

The CBO estimates in PelosiCare that it will cut over \$150 billion to Medicare Advantage, the private option of Medicare, which 25 percent of Americans, seniors, if you will, have chosen. It will take that program out completely. That will knock about 6 to 11 million seniors off of Medicare Advantage. And not only will they lose preventative health, the eyewear, and all the other benefits that go with it and the efficiencies and the preventative health, as I say, but they will be required to go out in the market and buy Medigap coverage; that’s additional coverage. Our plan does not touch Medicare Advantage. It keeps it fully intact.

Here’s a very interesting one: the CBO says that under PelosiCare that part B premiums will increase by \$25 billion, and part D, the medication part, will increase by 20 percent. Again, ours does not increase those costs one iota.

Mr. GINGREY of Georgia. Reclaiming my time for clarification, in regard to the Medicare Advantage program that the gentleman from Louisiana was just talking about, I wanted to ask him, Mr. Speaker, if under those Medicare Advantage plans, which, by the way, some 20 percent, 11 million seniors, 20 percent of seniors under Medicare—for some strange reason, Mr. Speaker and my colleagues, they pick that as their delivery system of choice because of some of the reasons the gentleman from Louisiana outlined. And I wanted to ask the gentleman, Mr. Speaker, if that in many cases does not also include prescription drug coverage, which would obviate their need for paying a monthly premium under part B.

And I yield to the gentleman.

Mr. FLEMING. Thank you. Yes, you’re quite correct, many things that go beyond the standard Medicare. And

Americans have learned that that is a good bill. It’s private insurance using Medicare dollars. In fact, many of us would like to see us, instead of having more government running of health care, to actually have current government programs run in the private sector, where things can be done far more efficiently.

Also, there is a mandate, all employers, essentially all employers, will be imposed an 8 percent payroll tax under PelosiCare, absolutely. Under our plan, no mandate, no individual mandate, no employer mandate.

As pointed out, as many as 5.5 million jobs will be lost as a result of increased taxes, which will add to, of course, the overhead for average businesses.

Now, get this: currently businesses are at a marginal rate of 35 percent taxation. When the Bush tax cuts expire in the next year, that will jump to 39 percent. But added to it with the Pelosi health bill, there will be another surtax added of 5.4 percent, which will then take it up to 45 percent. So we’re looking at a 10 percent increase in marginal tax rates. Now, tell me that that will not cause joblessness. There’s no way around that.

Also employers will be required to pay at least 72.5 percent of the premiums. There will not be the flexibility that they have today to pay less if they can’t afford more.

Will PelosiCare have medical malpractice reform? Not only will it not have it, but the so-called pilot studies that will be offered out there, a measly few million dollars to do that, the only States that can do that are States that do not have laws that restrict lawyer fees or awards or rewards—should I use the word “rewards”—awards for damages. So that means that we can, of course, reform medical malpractice as long as we don’t do anything to lawyers, which, of course, is the biggest interest group, I think, in this bill to begin with.

There are many things, Mr. Speaker, that are going to just blow the budget out. And I would say in summary that everyone, middle class and above, is going to be affected by this in a negative way.

And here’s how they are going to be affected: they’re either going to be paying higher insurance premiums, or they’re going to be paying higher taxes or both. And the government will be deeply involved in every decision in life. Their lives will be managed by the Federal Government, micro-managed, if you will. And if you’re a senior, you’re going to have increasing difficulty in finding a provider, a hospital or a doctor. It’s already true with Medicaid, the other government-run program, which, by the way, is going to increase to 25 percent of human beings in this country from where it is today.

And most people who are on Medicaid cannot find doctors as it is. Where are these doctors going to come from? Because you see, Mr. Speaker, the prob-

lem is, and again look at Cuba, look at North Korea, look at Canada, look at the United Kingdom, they all have universal coverage, but universal coverage doesn’t mean you’re going to get treated. Only one out of six people in Canada has a family physician. So the answer is always in these countries that are government-run systems, yes, you’re not going to have to pay that; yes, it’s fully covered; but you’re just going to have to wait a couple of years to get it.

And some things that are common in the vernacular in Canada and the U.K. is, yes, you have cancer, but, no, we’re not going to treat it, we’re going to watch it. You will never hear a doctor say that in the U.S.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. GINGREY of Georgia. Reclaiming my time, before we go to the other doctor from Louisiana, I think the gentleman from Georgia wanted to engage maybe in a colloquy and ask a question, Mr. Speaker.

Mr. BROUN of Georgia. Thank you for yielding, Dr. GINGREY.

What I wanted to bring up, Dr. FLEMING, is that during the August break I went up to Canada and talked to folks about their universal health care system. And the American public need to understand what their situation is up there. I found women in their 40s and 50s who’ve never been told that they needed a pap smear, never been told they needed one. Never had one. Why? Because the doctors won’t take the time to counsel with them and won’t take time to do the pap smear because doctors have to rush people through the office so quickly just to see the capitated amount just to make a decent living.

The average time spent, I was told by many, many patients up there, was 5 minutes with a doctor, 5 minutes. I was told that if you have high blood pressure, diabetes, and high cholesterol, you have to make three appointments to see the doctor and they’ll just give you medicines for those three things one at a time. You can’t go counsel with your doctor for any period of time.

But most importantly, and back to the reason I asked you to yield a moment or two, is that in Canada they pay a tremendous amount of taxes. Even the lowest income people pay a tremendous amount of taxes to pay for their health care system. They have a provincial and national sales tax just to pay for their health care of 7 percent in British Columbia, where I was, a 7 percent sales tax just to pay for national health insurance. Plus on top of that, they have an income tax. I was told by a guy making under \$50,000 a year, he said he paid 60 percent of his income, 60 percent of his income was paid in taxes to help pay for their national health insurance program.

Mr. GINGREY of Georgia. Reclaiming my time, Mr. Speaker, I certainly know of what the gentleman from Georgia speaks.

I had an opportunity last year to visit in Taiwan, the country of Taiwan, our great friends. And they also, like the U.K. and Canada and some other countries, have this government-run single-payer, sometimes referred to as national health insurance. They have a very similar program, Mr. Speaker, to what Dr. BROUN was just referring to. And when I was visiting in Taiwan, I made sure that I had an opportunity to visit with the Minister of Health; and I asked them to describe the system to me, and Dr. BROUN has just done a great job of sort of a mirror image of what goes on in Canada. And I also had an opportunity to ask some of the Taiwanese citizens about the national health program and what they thought about it.

And, Mr. Speaker, here is just a little bit of what they said, their response. And I think my colleagues need to understand this so they can share this information, and I hope they will on both sides of the aisle, with their constituents:

They said we really like this system, this national health insurance system, here in Taiwan, which has been in place since 1997.

And I said, What's so good about it?

And, Mr. Speaker, their response was, well, kind of like what Dr. BROUN said, We only have to wait about 5 minutes. The queue is very short. They really get you in quickly, and you get to be seen by a doctor, and in general on average that visit takes about 5 minutes. And, Mr. Speaker, also they said almost every time you leave the office, you have a handful of several prescriptions, which is really good, according to them.

Mr. Speaker, of course I'm a physician and I know that in my practice, and my colleagues, I'm sure, experienced the same thing, people want to ask you questions. And a lot of time that's spent you can't charge them for and you don't want to charge them for it, but you want to be able to give them time to ask questions. I said, well, how about if you want to ask the doctor a question?

And, Mr. Speaker, the response was, Well, they don't really encourage that because they have a quota of seeing a certain number of patients a day, and if they sort of drag behind and take more than 5 minutes, then their evaluation at the end of the year, Mr. Speaker, is not so good.

So it's a mess is what it is. It's an absolute mess. And the reason, Mr. Speaker, my colleagues even bring it up is because this idea, in our opinion, in our humble opinion, of having a public option competing with the private market is so that the big arm—I should say the big foot—of Federal Government can get right there one step away from taking over the entire health care system in this country; and we then, within a very short period of time, 3 to 5 years, have a system very similar to the U.K. and Canada and Taiwan.

The American people don't want that, I submit to my colleagues; and

that's why we're fighting this tooth and nail and will continue to until we defeat it.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. GINGREY of Georgia. I will yield to the gentleman, and then I will yield to Mr. FLEMING so he can finish up and then Dr. CASSIDY as well.

Mr. BROUN of Georgia. I just wanted to come back to the point that I just was making so that the Speaker himself can understand and the American people who are listening here can understand that the lowest income workers who are trying to make a living, struggling today to make a living and make ends meet, maybe they do or don't have insurance today, they're going to pay a heavy, dear price in increased taxes by this bill, the Pelosi health care bill.

□ 2200

It is going to destroy their own personal budgets because of this bill if it ever gets passed into law.

I want to remind, Mr. Speaker, if I can speak out to the American public, I would tell them that the Republicans are the Party of Know, K-N-O-W, because we know how to lower the cost of health care. We have 53 bills that have been introduced. Some of them are comprehensive, such as my bill, H.R. 3889, which is totally private, doesn't increase taxes for anybody. It doesn't put mandates on anybody or anywhere and totally looks to the private sector and will lower the cost of health care. We have many Republican bills that will help lower the cost for everybody if our bills could just be heard on the floor.

But the American people need to demand that the Pelosi bill be defeated, destroyed, so we can go back to the drawing board, we can go back to the table and work in a bipartisan way and have Democratic and Republican ideas, and we can find something that is right for America that will lower the cost of health care.

The Pelosi health care bill will skyrocket the health care costs for everybody, skyrocket taxes, and we have to stop it.

Mr. GINGREY of Georgia. I yield to Dr. FLEMING for any concluding remarks. I would welcome my colleagues to remain on the floor and let's continue this discussion. We have, I think, another 20 minutes.

Mr. FLEMING. I thank the gentleman. To conclude my comments, I was comparing and contrasting the Pelosi bill with the Republican bill. The bottom line, Mr. Speaker, is there are only two ways you can control costs. There is the Nancy Pelosi way where you have an extremely large governmental system that disconnects the patient and the doctor from the cost and it leaves it to the government, it leaves it to a very, very distant decisionmaker in the Federal Government to make decisions about our personal lives and put in force things that affect

us that we have no control over. That is one way to do it, and that is ultimately leading to rationing and long lines, like Canada and the U.K. do it.

The other way is a patient-centered perspective, which is the way the Republicans address it, and that is to leave the decisions between the doctor and the patient.

If you stop there, you are not going to control costs. The way you control costs is to engage both the doctor and the patient into the cost. That is not to say that the patient pays all of the costs or even most of the cost. It is just to say through a health savings account and perhaps other methods, the patient is aware what is being spent and there is a certain reward for making good decisions as a consumer. And in order to do that, you have to connect the patient with the cost in some way, and that is where health savings come in, and you have to have transparency and clarity, which we do not have today. And if we do that, then we make very savvy consumers out of patients, and we have the doctors and patients do buy into it. All of the right decisions can be made in the exam room, and you don't need this giant bureaucracy to do that and create long lines. To sum it up, care delayed is care denied.

With that, I thank you.

Mr. GINGREY of Georgia. Mr. Speaker, at this time I want to yield to our other colleague, a member of the GOP Doctors Caucus from Louisiana, the Baton Rouge area, a gastroenterologist, our good friend, Dr. BILL CASSIDY.

Mr. CASSIDY. Mr. Speaker, what strikes me about this process is there actually is common ground here. We can agree on the goals we want. We want to lower cost and increase access and have quality care; but I think the problem we are addressing is there is a philosophical divide as to how we approach that.

I liked what Dr. FLEMING said when he spoke about if we can empower patients, we can lower cost. One example of empowering patients and lowering cost is health savings accounts, which the Republican alternatives all strengthen and the Democratic alternative weakens.

A health savings account, imagine what is currently the case where a family of four puts up \$12,000 a year. At the end of the year, if they haven't used any resources, they put up another \$12,000, and the year after they put up another \$12,000, but in a sense it is starting over every year. In a health savings account, you sluice off some of that money and put it into a banking account and the family controls that account. The patient is empowered to make wise financial decisions. If at the end of the year they have money left over in that account, it rolls over to the next year. They actually can hang onto it.

Two examples of how this works, a friend of mine back home, a woman

with some wealth, has a policy that pays for everything. As it turns out, she doesn't care what it costs because her insurance policy pays for everything. She said she doesn't look to see if her doctor gives her a generic or a name brand drug or what the bill is. She knows insurance will pay for it. She doesn't go through her itemized list to see if all expenses are appropriate.

Contrast that with another fellow. I mentioned to him about the power of health savings account. He says, I have a health savings account. My doctor writes me a prescription and I know from experience, I tell him that it costs me \$159. Notice he didn't say \$160; he said \$159. Because it is his own money, he is looking at the itemized deductions. He said, I have a health savings account. Do you mind writing me something less expensive?

The doctor says, I'm sorry, tears it up, and writes him a generic that costs \$20. The system just saved \$139, not because a bureaucrat in Washington, DC said thou shalt, but rather because someone looking after his own financial interest made the best decision for his health care.

We know this works on a systemic basis. The Kaiser Family Foundation did a study. They compared a family of four, their expenses with a health savings account and a wraparound catastrophic policy, with a family of four which had a traditional insurance policy. The family of four with the HSA catastrophic, they paid 30 percent less for their coverage than the family of four with the traditional insurance policy, and both families, if you will, were equally likely to access preventive services.

So we see by controlling costs, we increased access to quality care, and we did it by bending the cost curve.

What concerns me about the bill advanced by Ms. PELOSI is, according to the Congressional Budget Office, the inflation rate for these bills is 8 percent per year. Now, President Obama says we have to have reform because costs will double in 10 years if we do not. As it turns out, with the reform we have been presented, costs more than double in 10 years. At a minimum, reform should not cost more than status quo, but actually it does. And if we don't control costs, we know that if we don't control costs, access is denied.

Now, we can always make that up by increasing taxes, but when you start off with a bill that increases taxes by \$730 billion, it doesn't leave a whole lot of room, Mr. Speaker, for increasing taxes any more. At some point your increased taxes drive up costs, which decreases access, which means you have to spend more and you increase taxes even yet more. It is not wise public policy.

So in closing, I will yield back after saying that I think our Republican alternatives concentrate the power with the patient. It is patient centered, empowering patients. Contrast that with

the bills that are before us which, frankly, concentrate power in Washington, D.C., by collecting taxes, 111 bureaucracies, boards and panels, which will again take power away from the woman with her doctor in the exam room in her hometown and transfers it to Washington, D.C., where someone will attempt to dictate how that interaction takes place.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for his comments and for yielding back to me. I wanted to comment on one point he made in regard to the health savings accounts and the catastrophic coverage, the low monthly premium that is affordable, especially for a lot of young people in the job market for the first time and they are paying off their student loans and God knows what other debt they have got. It is a great thing, and it encourages personal responsibility.

□ 2210

Mr. Speaker, I want to make sure my colleagues know that one of the key components of the Republican alternative is to say that companies like Safeway that have these programs where if an employee shows personal responsibility and works very hard at wellness, at keeping themselves healthy—like if they're smoking, to stop, if they're overweight, to lose weight, if they have high cholesterol, to change their diet—to do things that would keep them healthy—as an incentive to them, Mr. Speaker—and this is part of the Republican alternative—the employer, like Safeway and other companies, is able to reduce the out-of-pocket cost to the employee; and the out-of-pocket cost could be the monthly premium or a reduction of the deductible or the copay.

Unfortunately, Mr. Speaker, under current law—HIPAA I think is the law—you can't cut that out-of-pocket expense more than 20 percent. Well, why not? Why not? If you have employees that have skin in the game, so to speak—I guess that's certainly true in regard to the specialty of dermatology—but if they are taking personal responsibility, then we say that an employer ought to be able to increase that discount to those employees up to 40 or 50 percent. Why not? There is not one thing in H.R. 3962 in regard to personal responsibility.

Well, Mr. Speaker, I thank the gentleman from Louisiana. Also, I see my colleague from Athens is still here. I think he probably, Mr. Speaker, wants to talk about something in the bill called the health choices administrator, a very, very powerful—yes, another czar created by this bill, the health choices administrator. I want to yield to Dr. BROWN and let him speak to that because I think he's got a slide that he would like our colleagues to pay attention to.

I yield to Dr. BROWN.

Mr. BROWN of Georgia. Dr. GINGREY, thank you so much for yielding.

This is the health care czar. The President said, if you have insurance and you like it, you can keep it. Nothing could be further from the truth; it's a boldfaced lie. The reason it's a boldfaced lie is because this bill requires the health care czar and his panel—this dude is going to be confirmed by the Senate, but the panel is going to be appointed by the President with no confirmation—they're going to be making health care decisions for everybody. And everybody, even private health insurance plans, have to be approved by the boss. So if you have health care insurance today and you like it, forget it because it's going away unless the boss says it's okay.

So the Democratic health care plan, the health insurance bill that NANCY PELOSI has given us, you can have anything that you want if the boss approves it. And I thank Dr. GINGREY because this is his slide here.

Mr. GINGREY of Georgia. If the gentleman would yield back to me for just a second.

Mr. BROWN of Georgia. You bet.

Mr. GINGREY of Georgia. Mr. Speaker, I know the gentleman from Georgia knows of what he speaks because some of my colleagues may not be old enough to recognize that poster, that caricature of the health choices administrator; but, Mr. Speaker, I want to introduce you to Boss Hogg—H-o-g-g I believe it's spelled, from Hazard County, Georgia—or H-a-w-g, I'm not sure. But anyway, I appreciate the gentleman from Augusta and Athens, my good colleague, physician colleague and classmate from the Medical College of Georgia, sharing that poster with us. And I thank him for being with us tonight.

Mr. Speaker, I realize that our time is drawing to a close. We've probably got about 5 more minutes. I'm going to be spending the rest of the time concluding tonight.

I also want to ask our colleagues to direct their attention to a few posters that I have, a few slides. This first one, of course, is—at the very outset what I wanted to emphasize was that the Republican Party, the loyal minority, if you will, does have a second opinion, and that's what we've been talking about here tonight.

I think the most important part of our second opinion—and we listened very carefully, by the way, during the August recess, during those town hall meetings when so many seniors turned out, many of them fragile, so many veterans, many of them of the Vietnam era, World War II, with just multiple health problems and disabilities. They were so concerned about getting their Medicare cut or being thrown under the bus, so to speak, when the government takes over and starts rationing. And what they told us loud and clear is patients don't want government-run health care. They don't want it. They've seen government-run Indian health care, as an example. They've seen many things that the government

has run and made a thorough mess of. And this is life and death, this is life and death. And that's why they don't trust the government to run it.

Mr. Speaker, our President, it seems to me, is not listening to the American people. In this next slide I want to point out that what they're saying and what they continue to say—in fact, this coming Thursday you're going to see—I don't know how many are going to come to Washington for what my colleagues refer to as a "house call," a house call on Washington; but this is not the physicians making the house call. This is the American public, this is the patients, these are our constituents making a house call on Thursday at noon.

I'm not sure whether we are going to have the opportunity to have them gather on the east steps where they can be seen by all, and all Members coming and going as we come to the floor and debate and vote on this, the most crucial issue that's been before us, I don't know, maybe in the history of this Congress, certainly in the 7 years that I've been here. But we're going to see a lot of people coming from all across this country. Whether they're constituents from Democratic districts or Republican districts, they're going to be here, they're going to be here. My colleague is going to talk about that, I think, in this next hour.

Mr. Speaker, I would say to all my colleagues, you ought to tell your constituents to come. Get on a bus, drive up here, bring a caravan and tell the Members of Congress and the President and this administration what it is you want and what you don't want. And I know they're going to be saying no government-run health care. They're going to be saying don't cut seniors' care to pay for health reform. We can't even get an annual physical under Medicare. We don't have any catastrophic coverage. We have to pay a \$900 deductible before we can even go in the hospital under Medicare. And they're going to say don't raise the deficit. I think they think that \$1.4 trillion is quite enough deficit for 1 year.

And they're going to say, Mr. Speaker, give us choices, but don't give us mandates. Don't force our young sons and daughters who are straight out of college to have to pay \$900 a month for health care they don't need. Allow them, health choices administrator, allow them to pick a high deductible, low monthly premium with catastrophic coverage during the years that they are taking care of themselves and taking personal responsibility.

And they're also going to say, Mr. Speaker, and I will say this in conclusion, they're going to say we want you Members of Congress, Democratic majority, Republican minority, we want bipartisan compromise. We think that you ought to go back to the table, take a clean sheet of paper, throw away these 1990 pages. We know you destroyed a lot of trees, but let's start over again with one sheet of paper and

do it in a bipartisan way and think first and foremost about the American people and not the next election.

With that, Mr. Speaker, I yield back the balance of my time.

□ 2220

A TIME FOR AMERICANS TO RECLAIM THEIR FREEDOM

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. Thank you, Mr. Speaker. I appreciate being recognized to address you here on the floor of the House.

This is a big night for a lot of Republicans across the country, and as we're watching things unfold, the American people have come out to the polls today across the eastern part of the United States, and their voices are being heard. As our voice has been heard sometimes in the echo chamber in the House of Representatives, now the real voices of the people have been heard through the ballot boxes in places like Virginia and in New Jersey, and we wait to see how it unfolds above and beyond that.

This is, Mr. Speaker, a time for choosing. This is a time for the American people to step up and to reclaim their freedom.

The American people understand what has happened in the last year, in a little more than the last year. They understand that there was a Secretary of the Treasury who came to this Capitol and who demanded a \$700 billion TARP fund. A lot of us said "no," and everybody here on the floor, I believe who I'm looking at, said "no." Then along came the nationalization of three large investment banks—AIG, Fannie Mae, and Freddie Mac—and then General Motors and Chrysler. Then behind that came a \$750 billion economic stimulus package that may have saved some government jobs but that hasn't created anything that has to do with the way you create wealth in a free enterprise society.

Right behind that came the very ill-thought-out, worst piece of economic burden that has ever passed the House of Representatives—cap-and-trade. The American people saw that go through them like a freight train—one car after another, after another, after another. At about the time they lifted their heads up to see what happened, another car hit them.

Then they looked around, and we had an August break, and this Congress went home to get away from the humidity and the heat in Washington, DC. When we went out, we had hundreds and hundreds of town hall meetings, and tens of thousands—in fact, hundreds of thousands—of Americans came out for their voices to be heard.

At the core of all of that—of all the squabble, of all the tension that we saw and heard and that a lot of us looked

right directly in the eye—was the American people who wanted to preserve and protect their freedom—our freedom, Mr. Speaker.

They continually said, What can I do? What can I do?

I said, Come to town hall meetings. Pick up the telephone. Write letters. Go see your Member of Congress. Look him in the eye. Tell him that you want to hang onto your freedom.

If there was anything that I said in a town hall meeting that resonated with the people in the Fifth District of Iowa was that I will oppose any bill that diminishes our freedom. Well, we have a bill that looks like it's coming to this Congress very soon that diminishes our freedom. It's 1,990 pages.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. KING of Iowa. I yield to the gentleman from Michigan (Mr. HOEKSTRA).

Mr. HOEKSTRA. I thank my colleague from Iowa for yielding.

I think you've laid out very well at a macro level what we've seen happen over the last 9½ to 10 months as we've had a new administration, a new Senate, and a new House come into session. That's at the macro level.

I think the other thing that's really connecting with people is what they see happening at a grassroots level after Chrysler and General Motors went bankrupt and then after Chrysler and General Motors used the protection of bankruptcy to take away private property rights—to go into a whole range of dealerships without any transparency to their customers or to even the dealers, themselves.

They all of a sudden said, In 3 weeks, 5 weeks, you're no longer going to be a dealer for Chrysler.

GM had a nicer word for it. They said, You're going to be in a wind-down.

Well, I was just in one of those wind-down dealers last week. It's not a wind-down. They're out of business. It was a loss of freedom. You know, many of these individuals had invested millions of dollars into the business, some of them within the last couple of years, believing that, when they were investing in the contracts that they had with these folks, the contracts protected their freedoms and that they protected their business relationships. All of a sudden, through bankruptcy, that freedom and that protection, under bankruptcy law and franchise laws, were gone.

That's exactly, I think, one of the reasons we're here tonight. We're talking now about the freedom, about the responsibility and about the opportunities that those car dealers lost when GM and Chrysler went through bankruptcy. It's the type of freedom that each and every one of us faces. We're going to lose that same kind of opportunity if we pass this massive health care bill because, when I look at it—you and I—we know what's wrong with health care. We've got to fix pre-existing conditions. We've got to have