For the purposes of the Congressional Budget Act of 1974, as amended, this revised allocation is to be considered as an allocation included in the budget resolution, pursuant to section 427(b) of S. Con. Res. 13.

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal year 2009	Fiscal year 2010	Fiscal years 2010–2014
Current Aggregates: [1]			
Budget Authority	3,668,601	2,882,149	n.a.
Outlays	3,357,164	3,002,606	n.a.
Revenues	1,532,579	1,653,728	10,500,149
Change for Medicare Physician Payment Reform Act (H.R. 3961):			
Budget Authority	0	1,177	n.a.
Outlays	0	1,177	n.a.
Revenues	0	0	0

BUDGET AGGREGATES—Continued

[On-budget amounts, in millions of dollars]

	Fiscal year 2009	Fiscal year 2010	Fiscal years 2010–2014
Revised Aggregates:			
Budget Authority	3,668,601	2,883,326	n.a.
Outlays	3,357,164	3,003,783	n.a.
Revenues	1,532,579	1,653,728	10,500,149

n.a. = Not applicable because annual appropriations Acts for fiscal years 2011 through 2014 will not be considered until future sessions of Congress.

[1] Current aggregates do not include the disaster allowance assumed in the budget resolution, which if needed will be excluded from current level with an emergency designation (section 423(b)).

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(A) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal years, in millions of dollars]

House Committee	2009		2010		2010–2014 total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Ways and Means	0	0	6,840	6,840	37,000	37,000
Change for Medicare Physician Payment Reform Act (H.R. 3961):						
Ways and Means	0	0	1,177	1,177	37,546	37,546
Revised allocation:						
Ways and Means	0	0	8,017	8,017	74,546	74,546

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. Mr. Speaker, I thank you for the recognition, and I thank on the minority side, my side, the Republican side for allowing me to take this hour this evening to talk about health care reform and talk about what happened on the floor of the House today in regard to what's known as the doc fix bill. I think it's very important, Mr. Speaker, that we take this time so that all of our colleagues will have a full understanding of what's been going on. Certainly we've all been here, but we each have not had equal access to the deliberations and the writing of bills and the writing of amendments and of course motions to recommit and this sort of thing. So this, hopefully, Mr. Speaker, will be an information hour for all of our colleagues as we move forward.

When the bill was first marked up—the bill, the Pelosi health care reform act of 2009, Mr. Speaker, when it was first marked up back in July of this year in the three committees of this House, the Energy and Commerce Committee, the Ways and Means Committee, and the Education and Labor Committee, there were certain issues that gave me great pause. I do happen to sit on one of those three committees, Energy and Commerce.

When we began to mark up that bill at the time, Mr. Speaker, as you recall, it was H.R. 3200. Now the bill that we voted on and passed last Saturday night is H.R. 3962. But in their original bill, and in the bill that has passed the House, I had great concern, as did many of my colleagues, especially on this side of the aisle, Mr. Speaker, with a section in there called Comparative Effectiveness Research Council. We had trouble with another section in there that created something known as the health services coordinator. But let me get back to that Comparative Effectiveness Research Council, Mr. Speaker, for just a second because basically, as you read through that portion of the bill, it was obvious that these bureaucrats would decide based on hopefully accurate research, scientific research, what was the best treatment for each and every disease known unto man, but that hopefully it would be a recommendation that this research council could give to our practicing physicians.

We know, Mr. Speaker, that medicine is not an exact science like physics and chemistry. It's a science, yes, but not an exact science. There is a lot of art to the practice of medicine. Doctors have a sixth sense, if you will, many times where a diagnosis is made based on just an observation or a feeling or, indeed, a sixth sense and not necessarily a scientific test or a specific lab result. So that was why, Mr. Speaker, I felt very concerned with this Comparative Effectiveness Research Council, if this bill is enacted in its current form.

Of course it looks like the Senate is going to be taking up the bill sometime soon. And if this is in there, indeed, these people, these bureaucrats, these nonmedical government folks will have the opportunity to say, Doctor, you can or cannot do that procedure. You can or cannot order that test. You can or cannot prescribe that medication based on, hopefully, what is best based on research. But could they do it, Mr. Speaker, simply based on cost? And the answer, regrettably, is, yes, they could. Yes, they could. That's why I proffered, submitted an amendment when we were marking up the bill that said that no bureaucratic decision or recommendation from this Comparative Effectiveness Research Council could force a physician, especially based on cost, that could lead to denial and eventually to rationing.

Now that seemed like such a good amendment, Mr. Speaker, that I was very optimistic, indeed, that my colleagues on both sides of the aisle—there are about 56 of us on the Energy and Commerce Committee. I think there are 35 Democrats and 21 Republicans. But I was optimistic. And yes, indeed, that amendment passed on a voice vote, and people on the committee I think realized that that was a concern, and they didn't want this to happen either. Now unfortunately, Mr. Speaker, when the Speaker—you are sitting in for her—but when the Speaker of the House of Representatives, NANCY PELOSI, got the three bills from the three committees and sort of combined and came up with H.R. 3962 that, indeed, we voted on last Saturday night, that amendment disappeared miraculously, as did 15 other Republican amendments that were passed in committee. And in the dark of night, poof, they're gone.

You know, this is a pretty serious retraction, subtraction from the bill, and my fear, my concerns, Mr. Speaker, just this week have really come home to roost. Now I don't know how many of my colleagues have had the opportunity to read about, see about on television the United States Preventive Services Task Force, an entity embedded within the Department of Health and Human Services. Oh, by the way, Medicare and Medicaid is also embedded within the Department of Health and Human Services. Well, this little-known-to-some but well-known-to-many United States Preventive Services Task Force has come out, Mr. Speaker, with a recommendation that says that women should no longer practice breast self-examination in trying to detect early, at the earliest opportunity, if they have a suspicious lump.

They went even further and said that women should not routinely have a mammogram done every 2 years starting at age 40; they should put that off until age 50.

Now when an entity like this makes a recommendation, Mr. Speaker, it eventually becomes not a suggestion, but it essentially becomes, for all intents and purposes, a mandate.

□ 1745

Now, Ms. Sebelius, the Secretary of Health and Human Services, immediately said, no, no, doctors can still do whatever they want to. We are not telling the doctor what to do.

But, Mr. Speaker, as most of my colleagues know, I am a physician, and I just happen to be an OB/GYN specialist and practiced for 26 years before I had the privilege to be elected to Congress back in 2002. I am also a very proud member of the American College—a fellow we call it—of the American College of Obstetrics and Gynecology, and I am a board certified fellow. The recommendation from our college, our subspecialty, has been to commence routine screening mammograms for women at age 40 and to do that every 2 years, and of course not only allow, but to encourage and even to teach them how to do breast self-examination, probably commencing that in their early thirties if not their late twenties. It is something that I am just shocked that any so-called credible organization other than my own subspecialty of OB/GYN or, indeed, the American Cancer Society would make that kind of recommendation, and they haven't. I think they are appalled at this recommendation.

And like I say, when the Secretary of Health and Human Services says not to worry, doctor, patient, you can continue to do whatever you want to, but the patients are already very confused and frightened. And even if the doctor recommends to, let's say, a woman in her early forties, Hey, it is time to get that mammogram done. I don't feel anything on the exam, and I am glad you are checking yourself on a regular basis. Everything looks good, but it is time to go ahead and get that screening mammogram because we would certainly hope, if you are unfortunate enough to develop breast cancer, that we can detect it with the mammography, which is an x-ray, before a lump has developed, certainly before the patient can feel it, and certainly before the doctor can detect.

You write out that prescription and that order and you send the patient to the hospital and she gets over there and she is told, Well, we can do it, but you are going to have to write us a check or you are going to have to pay cash for it because your insurance company doesn't pay for this anymore, and they don't pay for it anymore because the U.S. Preventive Services Task Force of the U.S. Department of Health and Human Services says it is not necessary. We will be glad to do it. You have to write us a check, cash on the barrelhead, and we will do it; otherwise, we will see you in 10 years, at age 50. And at that point, that patient might happen to have, since she has been discouraged from doing breast self-examination, cancer the size of a golf ball, and that being cancer that has already spread to the point where her chances of survival over a 5-year period of time is down around 10 percent instead of 95 percent.

Mr. Speaker, this is serious stuff. This is life and death that we are talking about. That is why so many of us are so concerned about this massive takeover of our health care system by the Federal Government, by bureaucrats. We have got 13 practicing physicians on our side of the aisle that probably, in the aggregate, have 400 years of clinical experience. All kinds of specialists. In fact, I have a family practitioner with me tonight.

Mr. Speaker, maybe you wish that we had been consulted, and there are four or five doctors on the Democratic majority side. I don't think that they were consulted. It is a waste of talent and the waste of an opportunity for bipartisanship. This is the result of it, though. This is what happens when things are done behind closed doors. Folks overlook, forget. I am not saying that it is deliberate, but the unintended consequences have life and death consequences.

And with that, I yield to my good friend, the gentleman from Athens, Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Dr. GINGREY, thank you so much for yielding tonight, and I appreciate the opportunity to come here to try to help our colleagues and hopefully the American public to understand what we are dealing with with this PelosiCare bill. And what is apparent thus far, since it has just been out, I can't say for certain, but it is apparent within the Senate bill, the ReidCare bill, of where we are going as a Nation.

The American people need to understand something very clearly, and that is there is going to be rationing of care, as Dr. GINGREY was just talking about, and we are already seeing the beginning of this.

Mr. Speaker, over the August break, I went up to Canada and I talked to Canadian patients. I actually lived in Canada many, many years ago for a short period of time. I didn't talk to doctors, but I talked to Canadian patients, since we hear our Democratic colleagues holding that up as the kind of model we need to go to.

Mr. Speaker, the American people need to understand very clearly that the Canadians have marked rationing of care. I talked to women in their forties and fifties who never, ever have been told that they needed a pap smear and never have had one. What Dr. GINGREY was just saying, Mr. Speaker, about this recommendation that women not have mammograms until they are after 50 years of age, I have seen patients in my own medical practice in their thirties who have been diagnosed and treated for breast cancer. In fact, I had one lady 29 years of age in my own practice who found a lump in her breast. She came to me, she got a mammogram and went to surgery and was found to have breast cancer at 29 years of age.

Mr. Speaker, this is the beginning of the process of rationing of care that we already see the Federal Government doing just in anticipation, in my belief, of what the PelosiCare, the ReidCare, the ObamaCare bill is going to do. You see, the Democratic Party's health care reform plans which have been introduced in the House and the Senate will allow you to have anything that you want as long as the boss would allow you to do it. Boss Hogg is going to determine whether a patient can have a mammogram, as we already see in the Federal Government saying we need to stop these mammograms for patients that desperately need them from a medical perspective.

Mr. GINGREY of Georgia. If I understand the gentleman correctly, Mr. Speaker, the gentleman is holding a poster. That poster is a representation of this health choices administrator in this new bill, this H.R. 3962 which has already passed this House, and it also could be representative of the U.S. Services Task Force. And I want to yield back to the gentleman from Athens, Georgia, and I want us all to focus in just for a minute on Boss Hogg, because I think it is a great characterization of what we are trying to point out here.

Mr. BROUN of Georgia. This comparative effectiveness panel that is going to be set up in Washington, D.C., they are going to look at how to spend dollars. They are going to use age and dollars on how to make health care decisions, which means that senior citizens are going to be denied care because they are going to determine that it is not effective to spend dollars on seniors' care as opposed to spending it for young people's care. So this mammogram recommendation is just the harbinger of where we are going.

One other thing, Mr. Speaker, that the American people need to understand is that not only Boss Hogg is going to tell them whether they can have surgery, whether they can have a mammogram, whether they can have a pap smear, whether they can have lab tests, MRIs, CAT scans, but Boss Hogg and another group is going to tell the American people what their health insurance looks like.

So we have heard the President over and over say that if you like your current health insurance policy, you can keep it. That is a bald-faced lie. It is not true, because the health care czar panel is going to dictate every single health care policy in this country. Not only in the public exchange, but also everybody's private insurance in this country is going to be dictated by Boss Hogg, the health care czar panel in Washington, D.C.

They are going to say whether that insurance will pay for insurance coverage for those mammograms, and they are going to use this recommendation that just came out this week to deny women under the age of 50 of being able to get those mammograms that their doctor thinks that they need and that they think that they need. There are medical indications for those mammograms, but Boss Hogg is going to say

''no'' because it does not fit within the parameters of the insurance that the Boss Hogg health care czar panel is going to put into place.

Mr. GINGREY of Georgia. I thank Dr. BROUN for that point.

As we continue this colloquy, Mr. Speaker, Boss Hogg could also restrict other screening procedures. It is probably never going to be proven that screening, mass screening for many different diseases is going to be cost effective, but it is going to save lives. You ask yourself, if we are going to get to the point where Boss Hogg or the health choices administrator or the U.S. Preventive Services Task Force or the Comparative Effectiveness Research Council decides that something is not going to be cost effective, as Dr. BROUN points out occurs in Canada. And he has some experience. He lived there. We know it occurs in the U.K. They have a group, an oversight entity that goes by the nice acronym of NICE, N-I-C-E, the National Institute for Clinical Excellence, but it is a rationing body that decides what can and cannot be done.

Indeed, talking about breast cancer, Dr. BROUN, the survival rate, the 5-year survival rate for breast cancer in the U.K. is something like 15 points lower than it is in the United States, and it is simply because they are denied these routine screening procedures.

The point I also wanted to make in regard to other things, how many children, how many young children have to be screened with a blood test for sickle cell anemia before you find one? How many young children in preschool have to have a hearing examination before you find one that is hearing impaired, or vision screening before you find one that is visually impaired? How do you put a dollar value on these kinds of things, Mr. Speaker? You cannot do it. And if you start trying to do it, then you ration everything and it becomes a matter of what is a person's life worth, whether it is at the beginning or the end.

I yield to my colleague.

Mr. BROUN of Georgia. I thank you, Dr. GINGREY, for yielding.

Carrying down that same road that you were talking about, I have practiced almost four decades as a family doctor. I have done colonoscopies and sigmoidoscopies. We do routine digital rectal examinations on patients for prostate cancer. We do PSAs routinely in screening. We do cholesterol screening and blood sugars and hemoglobins and all of these different tests that the American people wouldn't understand unless they have those diseases or have studied those things.

□ 1800

But you're exactly right, Dr. GINGREY. The screening for, for instance, colon cancer, we do a lot of checking stools for blood, doing flexible sigmoidoscopies even colonoscopies for colon cancers. Frequently even at colonoscopies we take out polyps that could turn out to be cancer if they're not removed.

This cost-effectiveness panel, Boss Hogg, very probably is going to cut off all that screening. And you're going to have more people get prostrate cancer, more people get colon cancer, more people get breast cancer, more ladies get cervical cancer because those screening tests that Dr. GINGREY is talking about, Mr. Speaker, very probably are going to be cut off and denied to patients because they have to stop paying for all these tests because of the comparative effectiveness. Particularly when you look at it, young people from old people compared to how you spend your dollars, we're going to have tremendous rationing of care.

So everybody in this country is going to have their insurance dictated by Boss Hogg, the Federal Government. Everybody is going to have their care dictated by Boss Hogg, the Federal Government. Everybody in this country is going to have a Federal bureaucrat standing between them and their doctor. It's not right and the American people need to stand up and say ''no'' to the ReidCare bill. They need to say ''no'' to the PelosiCare bill, no to ObamaCare. And let's lower the prices for everybody.

Republicans have many, many bills that we've introduced. I have introduced one myself, H.R. 3389, which is a comprehensive bill. It does not add one nickel of increased spending to the Federal Government, and it puts the patient and doctor in charge of those health care decisions.

Dr. GINGREY, I appreciate your doing this Special Order, and I appreciate your bringing these very pertinent things to the attention of the American public by doing this Special Order. And I just applaud what you're doing here because in Hosea 4:6 God says, ''My people are destroyed for lack of knowledge.'' And the American people are going to be destroyed for a lack of knowledge about what this PelosiCare bill is going to do or the ReidCare bill is going to do that Barack Obama is pushing down the road. We've got a steamroller of socialism that's going to cost jobs and destroy the quality of health care, and the American people need to stand up and say ''no.''

Thank you, Dr. GINGREY. I appreciate it.

Mr. GINGREY of Georgia. Representative BROUN, Dr. BROUN, I thank you very much.

Before we move on, Mr. Speaker, to another subject that's hugely important, indeed, what we took up here today on the floor of our great House of Representatives, I just want to make one closing comment in regard to this issue of rationing of care and in particular in regard to this new recommendation to dumb down the care, indeed, the screening, for breast cancer. I don't know how to put it any other way than to say that it dumbs down that care and that opportunity for early detection and lives saved.

Mr. Speaker, there are female Members of this body, great, great Members on both sides of the aisle, women that represent their districts all across this country that serve in this 435–Member House of Representatives. And, unfortunately, a number of them, a number of them have been stricken with breast cancer. In fact, Mr. Speaker, it may have even been before you were here that a Member on our side, a wonderful, wonderful Member from Virginia, struggled with her breast cancer for several years with great, great courage and fortitude and hopefulness and faithfulness, and God called her home. She died from the spread of that breast cancer. And it was such a sad day.

And then I think of Members, Mr. Speaker, on your side of the aisle that at a young age, in their early 40s, have been stricken with breast cancer, women with beautiful young toddler children. I've seen them walking down the Hall of the Cannon Building, you know, a great Member, a great friend, but I'm very thankful for her that early detection occurred because of, I don't know, probably a combination of breast self-exam but maybe it was mammography, and we hope and pray and really feel very confident that our colleague has a complete cure.

So when we bring up a subject like this, it's not to be morbid and not to scare people, Mr. Speaker, but just to inform in the reality and the unintended consequences sometimes of the things that we do. Particularly when we draft 2,000-page bills that you don't bring everybody together on both sides of the aisle in a bipartisan way and utilize the doctors, the doctors, not just the leadership and people that have been on these committees of jurisdiction for 30 years who write these bills in the dark of night and then just throw them out there in front of us and say you've got 24 hours to read it and vote up or down and, oh, by the way, you can't amend, it's a closed rule. It's wrong. It's wrong but it also is dangerous.

Mr. Speaker, in the time that I have remaining, I want to shift gears a little bit because today on the floor of the House the main thing that we dealt with was a bill called H.R. 3961. Now, the number is insignificant really except to look it up on the Internet, but let's call it what most people would recognize it as, certainly most physicians, all physicians across the country would understand, the ''doc fix'' bill. The ''doc fix'' bill.

Our physicians for the last 15-or-so years, maybe more, maybe closer to 20 years, but there is a flawed formula for calculating how much they are reimbursed for the procedures that are done under the Medicare program. And for the last at least 6 or 7 years when you calculate that formula—we'll call it for abbreviation purposes the SGR formula, sustainable growth rate—and every year for the last 6 or 7, the calculation says you doctors who are just barely breaking even, maybe not even

breaking even, maybe losing money, seeing Medicare patients out of the goodness and compassion of your heart, for which we commend you, are going to have to take next year a 5 percent cut, and then we calculate it and then the next year a 4½ percent cut, and on and on and on.

Well, each year over the last several years, we have come in and passed a law that would say we're going to mitigate that cut for this year, and we're going to let you get reimbursed on the basis of what you got last year and we're going to bump it up 1 percent or .5 percent or whatever, and we're going to do that for a couple of years.

We literally are going to kick the can, kick the can down the road, Mr. Speaker. You know that expression. Because that's what we're doing. Maybe we kick it soccer style. But the problem doesn't really go away. So the next time in the aggregate, instead of a 5 percent cut, you've got a 10 percent cut or a 15 percent cut. Indeed, January 1, 2010, in the aggregate that cut will be 21 percent if we don't do something about it.

Well, Mr. Speaker, what the Democratic majority and what President Obama said to the American Medical Association way back in June is in this bill, this health reform act that we're going to pass that we're going to totally reform one-fifth of our economy, we're going to have in there a permanent fix for the doctors. We're going to solve the problem.

And, doctors, also we know you have another concern. Mr. Speaker, you're aware of this. My colleagues, I know are aware of it. You doctors have this concern over medical malpractice and this need to defend yourself against these frivolous lawsuits by ordering all these tests on patients that are not only unnecessary but indeed could be downright dangerous to the patient, but yet you keep doing them because you don't want to be dragged into a court of law and have some slick attorney or some expert witness hired by some very capable, smart attorney saying, Oh, yes, this doctor practiced below the standard of care because he didn't order a fizzle phosphate level, whatever the heck that is.

So I was so thrilled when Mr. President said to the AMA, Mr. Speaker, that there would be medical liability reform. We would solve the low payment based on that flawed formula, SGR, and we would at last have medical liability reform.

This bill, 3962, that we passed last Saturday night had none of that in there, and the Democratic majority just took out the ''doc fix'' because, guess what. To do it costs about $290 billion, Mr. Speaker, and would push the cost of this massive monstrosity of a bill over the $900 billion, which the President had put a cap on, a ceiling, and said he wouldn't sign anything that cost more than $900 billion. I say even if you pay for something that costs $900 billion, if the final result is an Edsel, you have not accomplished very much.

But, indeed, the bill was pulled out and the President and Ms. PELOSI said, basically, not to worry, not to worry. We're going to come and we're going to introduce this bill as a stand-alone, and indeed that's what we did today, 3961, and we're going to pass it. But you know what? It ain't paid for. And whether it costs $210 billion, $230 billion, $275 billion, I'm not sure of the exact figure, but it's north of $200 billion, and my Georgia Tech math tells me that that's about a quarter of a trillion dollars. It's going to cost that much money and we're not going to pay for it.

The debt now is something like $12 trillion. So we're going to add another quarter-trillion dollars to the debt. In fact, we're going to even have to add to the debt ceiling because we're going beyond what the law allows us to do.

So, Mr. Speaker, my side of the aisle looked at this very carefully, particularly the physician Members, the 13 of us that form the GOP Doctors House Caucus. And we said, you know, we want to do right by our doctors and we want to do right by our patients and we want to do right by the country, and we can fix this and we can pay for it. So we had one opportunity today to offer a motion to recommit with our design of how we pay the doctors a 2 percent increase every year for the next 4 years under Medicare and we pay for it.

And the way we pay for it, Mr. Speaker, in that motion to recommit, is to have that medical liability reform in the bill among a couple of other things to generate revenue, and it's revenue that the CBO says is at least $54 billion. So our motion to recommit, our bill, on ''doc fix'' is paid for. It's a real ''doc fix.''

But you know what, Mr. Speaker? You were here. All my colleagues were here. We got ruled out of order. The Chair said our motion to recommit was nongermane because H.R. 3961, the Democrats' ''doc fix'' bill, the $290 billion not-paid-for bill, well, we weren't consistent with that because we paid for our bill; therefore, it was nongermane. Now, what can kind of idiocy, what kind of idiocy is that, Mr. Speaker and my colleagues?

This is something the American people need to understand, and certainly I think the doctors understand. We had an opportunity to do this and do it right, and we were denied even to vote on that motion to recommit. It was tremendously disappointing to me because, Mr. Speaker, I had the opportunity, the privilege, the distinction of offering that motion to recommit, and I wanted to explain to my colleagues exactly what our bill does. And the chairman of the Energy and Commerce Committee denied me the opportunity even to speak, getting the Chair to rule that our motion to recommit was nongermane.

□ 1815

So every time I tried to speak, I was gaveled down. Mr. Speaker, that's not what the American people want. If we were in the leadership, they would be appalled. I think they're appalled tonight with your party in the leadership. The American people don't want that. They want Members to have an opportunity to represent their districts, to represent their principles, and to represent and fight for this country and not be silenced.

And that's what happened on this floor today. And it's got to stop, Mr. Speaker. It's got to stop. And we will continue to fight. This bill that was passed here today, there was not—I think there may have been one Republican that voted for it, and there were 9 Democrats that voted against it. So there was bipartisan opposition. But your party, Mr. Speaker, had the votes, and you passed it.

But it's a sham of a bill, and you know it, because the Senate, 3 weeks ago, totally rejected the bill with 14 Democratic Senators voting no. They couldn't even get a cloture vote. That bill is dead on arrival when it gets to the Senate. Our bill had an opportunity to pass and get to the President's desk and give the doctors relief for the next 4 years, at least. But, no. We had to do it the same old same old way of forcing things on the American people. It's not right, Mr. Speaker, and it's not going to stand.

I appreciate the opportunity, as I said at the outset, to come and to talk about this with my colleagues, because I only had 5 minutes to speak about our motion to recommit this afternoon. Five minutes to explain, not hyperbole, not harsh rhetoric, just to explain what our bill did in contrast to 3961, the majority bill, which, as I say, is not going anywhere and the Democratic leadership knows it's not going anywhere. So it is a sham. It's not a ''Doc Fix,'' it's a ''Doc Trick.''

And I want to be, as I move to wrap up, I want my colleagues to just look at this one chart, one poster that I have to show. And this is my depiction of a Trojan horse. And you might not can read this writing, but on the Trojan horse is a saddle, and it says, the Democratic ''Doc Fix'' Bill, H.R. 3961. But on the back of the horse you see the overall health care reform act, the Pelosi Health reform act of 2009, yes, with the $500 billion cuts to our precious seniors under the Medicare program, kind of slipping right on in there. That Trojan horse is this democratic ''Doc Fix.''

But when they, and if they, and I hope and pray to God, Mr. Speaker, that it doesn't pass, but if it does, this is what's going to happen to the American people, not only to our doctors, but to our patients and especially to our seniors.

With that, Mr. Speaker, I want to yield a little time to my great friend from Texas, Judge LOUIE GOHMERT.

Mr. GOHMERT. And I appreciate my friend for yielding, and the great points

that he's been making as a physician, someone who is used to healing people and taking care of people, and it's great to have your insights as a physician. But the points you've made are so right on target. As our friend knows, they added on what they call the PAYGO provision to the end of this bill, saying, all right, from now on we're going to start paying for things and having offsets so we don't add to the American deficit.

Mr. GINGREY of Georgia. After we don't pay.

Mr. GOHMERT. After we don't pay. And that's the thing. They put the PAYGO provision in the rules when they took the majority and have repeatedly ignored it over and over. Well, this past summer there was a bill that they called the PAYGO bill, and it was, they said, now, we realize we put this in the rules, that we would have to provide, if we're going to add money to the deficit, well, we're going to have to come up with some way to pay for it so that doesn't add to the deficit.

And so this past summer, there were 24 Republicans who were persuaded—you know, even though they haven't meant it for the last 2½ years, they've repeatedly violated their PAYGO provision, this time they really, really, really mean they're serious about PAYGO. And I knew they hadn't, when they were really serious, and when they were really, really serious they were going to abide by the PAYGO rules. But this time I thought, you know, they're going to put this in a stand-alone bill, so certainly they would not want the flak of coming back. And I voted with my friends across the aisle, the Democrats, that they couldn't just bring up a bill unless there was money provided in the bill that would make it deficit-neutral. And so I voted for that.

Well, they fooled me. Here they come right back with a bill costing hundreds of billions of dollars, and they said, you know, what, that PAYGO stuff we passed in July? We still mean it, and we really, really, really, really mean it this time, but we're going to add it on and start applying it after this bill.

Well, that is just so incredible. I mean, the American people, as we're seeing, are not stupid. They realize what's being done.

Mr. GINGREY of Georgia. Reclaiming just for a second on this point. The gentleman from Texas, Mr. Speaker, is so right. And to do this, of course, now they're going to have—they're going to go over the current debt ceiling by law. They're within, I think, $70 billion of the current debt ceiling, so they're going to have to, in the next couple of weeks, before Christmas, they're going to have to increase the debt ceiling once again.

And you know what? That's not going to be a stand-alone bill, because they don't want that, the light of day to shine on that. That's going to be embedded in something else, is it not, my friend?

Mr. GOHMERT. It certainly will be. You figure that's what they'll do so that maybe people may not notice that they've yet again increased the deficit. And that was one of the things they ran on and took the majority for in 2006. There was too much spending. And now, they have just come in and taken that, as somebody said earlier today, I mean, it's deficit spending on steroids.

But even more than that, coming back to health care, I don't want the government between me and my doctor. I don't want insurance companies between me and my doctor. And for a long time now, we have had not health insurance, but health insurance companies managing health care. And I appreciate insurance. I think it is extremely important to help us ensure against unforeseeable events. But some of us have talked about and have pushed, on our side of the aisle, the health savings account. Everything that—all of the bills that have been proposed from the other side make detrimental cuts and damage to the health savings account. That is the one area where people in their twenties and thirties now are given incentives, and their employers, and they start paying into health savings accounts now.

Most of them, the statisticians tell us, by the time they're ready to retire, they will have so much money in their health savings account they could continue to pay out of that to buy a catastrophic care policy. But they won't need the government between them and their doctor. They won't need an insurance company telling them, well, that medicine is not covered, that treatment's not covered. They've got their own money. And in the meantime, we could even have health savings accounts. It would be cheaper than what we're doing just to let seniors have health savings accounts and buy them catastrophic care, provide the health savings accounts and the insurance, and then, for the first time in the history since we've had Medicare, seniors would have nobody in the government standing between them and their doctor, them and their treatment.

That's the kind of thing I know, talking to friends on this side of the aisle, we want. We don't want an intermediary between patients and their doctors, not the government, not the insurance companies. And we've got plans, we've got bills, we've got suggestions, and everybody on our side of the aisle has been shut out. And this bill today, a ''Doc Fix,'' was a ''Doc Tricks.'' And I'm hoping and praying my doctor friends understand that this was not going to address their needs. It looked like a fix. This wasn't going to pass the Senate. This was an effort to drive a wedge between physicians and the people that believe politically in the Constitution the way they do.

Mr. GINGREY of Georgia. Mr. Speaker, reclaiming my time, the gentleman from Texas is dead on. He's absolutely right. This 3961, the so-called ''Doc Fix,'' and Representative GOHMERT and I agree, it's a ''Doc Trick.'' It mitigates the 21 percent cut that's coming due January 1st. And it gives a positive update, I think, of 1 percent for 1 year. But then after that, Mr. Speaker, here comes the trick that Judge GOHMERT was talking about. There's going to be a formula, a new formula, not the SGR, but this new formula, based on GDP. So if you're a primary doc and you're doing examinations, histories and physicals in your office, so-called ''evaluation and management,'' you get GDP plus 2 percent.

But if you're a specialist, like I was, an OB–GYN or, say, a urologist or general surgeon, it's going to be GDP plus 1 percent. Well, if the GDP is a negative number, then here again the doctors have no confidence that they're going to get paid a decent reimbursement for their services. So indeed, it is a trick. It is not a fix.

Mr. Speaker, I want to take an opportunity—we've been joined by our good friend from Missouri, who has been with us on a number of occasions on health care and other issues, and I want to yield to him some time. And I'll yield to the gentleman, Representative TODD AKIN from Missouri.

Mr. AKIN. Well, it's just a treat I have a chance to join on the floor a couple of my very good friends. We've got a guy who's a medical doctor and a Congressman. We have a friend of mine whose a lawyer, an attorney, of course, and also a judge, and here I am the engineer. I guess it's almost setting up the beginning of a joke or something. You're talking about the cost of this bill that was unfunded today. We're talking about, and the numbers have been different. I've heard different people quote things. The lowest number was $210 billion. The higher number was $279 billion, as I recall, somewhere in that neighborhood of a quarter of $1 trillion.

Now, just the amount of money that I have to pay bills, that amount of money is a little beyond my imagination, so I'd like to try and think of how much really are we talking about here. And I think maybe it helps to put it into perspective. Democrats and some Republicans were critical of George Bush for spending too much money. His worst year, in terms of creating a deficit, or creating a debt within a year, was 2008. That's when the Democrats ran the House here, and that was his biggest spending year, and he ran up a deficit of 250 something, no, excuse me, 450-some billion dollars, which was too much money, and various people thought we shouldn't have spent so much money—450.

Now, if you take a look at 2008, then you move to 2009 and you have President Obama spending, with a Democrat Congress, and that's $1.4 trillion. So we're talking about three times more money was spent beyond our budget in 2009 than in 2008. So putting those numbers, you've got 450 for Bush, 2008; $1.4 trillion, 2009. And now, on top of

that, you're talking about here 250, perhaps, billion dollars in addition, which is not small change when you're already way beyond with the budget.

And I recall my good friend from Texas, he has a down-home way of putting things that Missourians like me can understand. He says, this time I really, really, really am going to do it. It reminds me of trying to get through high school. You guys were really smart in school. But, you know, I always had trouble trying to study. And there would always be a test coming up. I'd say, God help me in this test because next time I really, really, really will study for this test.

Mr. GINGREY of Georgia. If the gentleman would yield. Is that similar to a triple-dog dare?

Mr. AKIN. That may be almost a triple-dog dare. I've also heard it, now that I'm starting to get older and have to push my hands away from the cookie platter, you know, that I'm going to start my diet to lose a little bit of weight, but it's going to start tomorrow, you know.

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Maybe just the day after tomorrow, but that is when I am going to start up. I really am going to do it, it's just not going to happen right now

Mr. GINGREY of Georgia. I thank my colleagues. And they're well on target, of course. We're just, Mr. Speaker, trying to make sure that all of our colleagues, all of our colleagues and their constituents understand that we on this side of the aisle, the Republican Party, we feel that we have the best health care system in the world. We think doing routine screening mammograms starting at age 40 and emphasizing and recommending breast self-examination, screening young African American children for sickle cell anemia, doing routine screening of hearing and vision in preschool for all of our children, we think all of these things are good.

We have a great health care system, and it's not perfect. We know that there are things that can and should be done. But in an incremental way, Mr. Speaker. Not spending $1.5 trillion, not spending $900 billion. I guess the Senate got a score of $785 billion, and they're just elated.

Mr. Speaker, when you spend $250 billion—when you spend $100,000, for that matter, on something that is bad for the American people, you have done them a grave disservice—and especially all of the spending at a time when our unemployment rate is 10.2 percent. Some of us have members of our own family who have children who have lost their jobs—16 million across this country.

And we have this situation in Afghanistan where a four-star general, Mr. Speaker, a commander who was put there by President Obama, says to his Commander in Chief, ''Mr. President, I need help. We can win. I need help.''

Well, how can that not be a higher priority than totally reforming our health care system, throwing the baby out with the bath water, spending a trillion dollars, or $2 trillion, or $2½ trillion? How can that be more important than putting people back to work?

The President, Mr. Speaker, was just over there on a 9-day trip. I wish he had been right here inside the Beltway in the Oval Office working on this issue and this economy. But I hope while he was over there that he got some advantage out of it, Mr. Speaker, and maybe asked Hu Jintao, the Chinese President, to write him a check for $210 billion so he can bring it back and pay for this Trojan horse that we just passed here on the floor of the House today in the name of H.R. 3961.

I want to yield to my good friend from Texas, Judge GOHMERT.

Mr. GOHMERT. Thank you.

I just had a quick question back to my physician friend, Dr. GINGREY from Georgia.

If my friend were in his doctor's office in Georgia and somebody from Washington came and said, ''Look. I want to get this message out to all of your doctor friends. Here's what we're going to do. We're going to cut $500 billion in reimbursements to you and your friends, but you need to be ecstatic because we've got a bill that's not going to pass, it won't ever get through the Senate, but it will get you back $250 billion of that $500 billion we're going to cut. Aren't you happy?''

Would you really trust that person from Washington that came with that kind of news?

Mr. GINGREY of Georgia. I have heard it said, ''I'm here from the government. Trust me. I'm here to help you.''

Mr. GOHMERT. That is the kind of trust that is being asked.

Mr. GINGREY of Georgia. I think Mr. Reagan said it right. ''Trust but verify.'' The verification is yet to come.

Mr. GOHMERT. And when you do verify, you see this is not a fix for the doctors, and it's going to have to be addressed next year. It's called a 10-year fix, but it's not really a fix that is going to fix anything for very long. It's just a game being played here in Washington, and we want something better.

When I think about our seniors, the relatives of mine that are seniors, and think about somebody cutting the care to their doctors; and then I hear from doctors who say, ''Look, I'm younger than I anticipated retiring, but with the games you guys are playing, I'm about ready to hang it up.'' I know if they do, because of the areas of service they provide to our seniors, to those who need care, there's not going to be anybody there to fill those needs, and they're going to be in lines if we keep doing this stuff to our doctors.

We can't be playing games like this with our doctors. It's unfair to the seniors. It's unfair to those who need health care. It's time to do a real fix of the health care system—not the games played with this ridiculous 2,000-page bill—but a real bill that will get people in the government and from insurance out from between patients and their doctors; give patients coverage, give them control, and let health care finally be healed of this government disease that has afflicted it for too long.

Mr. GINGREY of Georgia. I thank the gentleman from east Texas so much for being with me tonight.

Mr. Speaker, as I bring this to a conclusion, let me just say that we hear the term all the time in the military about collateral damage, and we worry about it. Every time we fire a rocket or use a predator drone to get the really bad guys, we worry about collateral damage.

Well, we should be just as worried about collateral damage in the social programs that we are enacting up here as the representatives of the people, especially when it's dealing with health care, because in both instances, both in the military and socially, the collateral damage can result in lost lives. We're talking serious business here. We will continue to fight for the right thing.

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

THE HISTORY OF THANKSGIVING

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

Mr. AKIN. Good evening.

I have a chance to get out here on the floor at various times, and some of our subjects that we cover are pretty serious in the sense that we are talking about overspending and some of the various government policies.

However, at this time I would really like to turn to a somewhat different topic, as we have already adjourned and are thinking about heading on our way home to celebrate Thanksgiving. As many, many people know, when you think of Thanksgiving in America, a uniquely American national holiday, your mind goes immediately to the story of the Pilgrims.

In fact, they were maybe not the first to declare a day of Thanksgiving. Supposedly, according to history, in 1619 there was a celebration of some Thanksgiving in Virginia. But the main one that we think of is the story of the Pilgrims, and the Pilgrims' story is probably the greatest adventure story that history has ever dealt to mankind. It's bigger than life. It's bigger than the biggest screen kind of thing you could imagine on television.

It's big because the fact that the Pilgrims had such a bold vision for where they were going and what they were trying to accomplish. It's big because of the tremendous amount of daring and their enterprise and the tremendously high price that they paid; the suffering, and the perseverance in