to take care of. This is nuts. This is European socialism at its best.

Americans have hearts of gold. One of the things that the American people liked that Ronald Reagan said about them was he reminded them that deep down inside every American there burned that flame of liberty and freedom that made them good people who were all heroes because they got up in the morning and they went to work and they took care of their families. And yet it seems that whoever put together this budget doesn't view America that way. They view it differently.

Finally, something that I have been appalled with forever is taxing death. A guy works all of his life. He pays his taxes. He takes care of his bills. He works double shifts and works hard. He acquires some property, and that property gains value, whatever the property may be. And he's happy because he's been an honest taxpaying citizen. And then he dies, and lo and behold the United States Government wants to come in and tax him on his death.

Now, I have a good friend, and I'm not going to use his name because I don't have his permission to use it, but he is from Clayton, New Mexico, and he'll know who he is, who had a beautiful ranching operation in Clayton, New Mexico, when I knew him at Texas Tech University and he was a buddy of mine. And he had two really nice ranches in that area, the home place and another ranch. I ran into him in Rocksprings, Texas, a while back, and I asked him how he was doing, and he said, ''Well, I'm living in Texas now. I'm ranching in Texas.''

I said, ''What happened to Clayton, New Mexico?''

He said, ''The taxman took it.'' He said, ''When my dad died, I had to sell land, and the only land I could sell was the home place, which was the best place; so that only left me with our worst little ranch. I traded that for a small place down here in Texas, and I'm down here scratching out a living on about a third of what my daddy worked and fought for and my great-grandaddy and my grandaddy died for in fighting to tame that part of New Mexico.''

I don't know. I find that's pretty offensive to me. Why does the United States Government deserve to put the fourth generation of that family out of the ranching business so they can tax a guy that has already paid his taxes? But that's headed our way in this new $3.6 trillion budget.

I'm not going to tonight go into the rest of the examples that I have here. We'll go into those another time. But I hope I've made it clear that my purpose to get up and talk about these ethical problems is not to make the kind of accusations that were made two Congresses ago against the Republican Party about ''culture of corruption'' because I don't think that's appropriate. I am only pointing out there are issues that have been raised by the watchdogs of this Congress, the press, that should be resolved.

Mr. Speaker, I appreciate your patience and thank you for this evening.

HEALTH CARE REFORM

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

Mr. PALLONE. Mr. Speaker, I came to the floor this evening to talk about a topic that's very much on the minds of my constituents and many Americans, and that's health care reform. I think that many of us know that President Obama has paid a lot of attention to this. It was a major focus during the campaign. And since he's become President, he's already addressed health care reform in some significant ways, both in the SCHIP, or Children's Health Care expansion legislation, that was passed in the House and the Senate and signed by the President about a month ago, as well as in the economic recovery package, which has several initiatives related to health care reform. I would like to talk a little bit about those tonight, but I'd also like to talk about where we go from here.

The President had a health care summit about 2 weeks ago where he talked about health care reform and outlined what might be done in this Congress. He said he wanted to get the health care reform bill passed and on his desk this year if at all possible. And he's also in his budget outlined some ways of paying for it through cost efficiencies and other means. So this is an issue that's very much on the mind of the President and certainly on the mind of this Congress, and, also, we have begun to move in the committees of jurisdiction. I happen to chair the Health Subcommittee of the Committee on Energy and Commerce. We have already had 2 weeks of hearings on health care reform, and we are going to continue doing this for the next few weeks and then begin the process of drafting legislation.

Now, I wanted to stress that this is an economic issue because some, not many, but some have said, well, the economy is in bad shape, Congress is so focused on trying to revive the economy, whether it involves the banks or it involves unemployment or involves the economic recovery package in an effort to try to stimulate the economy. Why are we talking about health care reform right now? Can't we delay? And the President and those who attended the health summit that President Obama held a couple of weeks ago, both Democrats and Republicans alike, as well as the business community and the health care providers, the doctors, the hospitals, but, interestingly enough, even some of the people who have opposed significant health care reform in the past were all united in saying that this is the time to do it, that we shouldn't wait. And the reason they say that it's important to do it now even with the recession is because increasingly the health care system gobbles up, if you will, a larger and larger part of our gross national product. It goes up maybe 1 or 2 percent every so many years in terms of the amount of our gross national product that is dedicated to health care. And as those costs escalate, and they escalate exponentially sometimes, the health care inflation, if you will, increasingly makes the system unsustainable and, as a result, has a direct impact on our economy and drags down the economy in many ways. So health care reform is an economic issue. It needs to be done now. And a big factor in the reform is how can we slow the growth, keep down the inflation, take some of the savings that would be generated from cost efficiencies and use it to provide health insurance for everyone? Because the goal, obviously, is to provide health insurance for every American.

Now, in the context of this, the other important aspect that I think came out of the President's health care summit and that he continues to stress is the fact that we want to make these changes in the context of the existing system. We're not looking for radical changes in the way that we deliver health care or the way that people are covered by health insurance. We're not looking towards, for example, the Canadian model or the Western European models where they have a single payer system or perhaps where the government even runs a significant part of the system. What we want to do is build on what we have, and that really encompasses three areas, three general areas.

One is the existing public health programs like Medicare, Medicaid, SCHIP for children, and there are many others like the Indian health care system or the system for the military. We want to make those betterment. We want to make those more efficient. We want to make sure that they have adequate coverage and that they don't result in too much money having been spent out of pocket by the average American. So that's the first part of this reform. What can be done to improve those existing government programs like Medicare?

The second aspect of this is what can we do to improve employer-sponsored health insurance? Most Americans still get their health insurance through their employer. The number has actually decreased significantly in the last 10 or 20 years as a percentage of Americans who get their health insurance through their employer, but it's still pretty big. It's still certainly a majority of the people who do receive health insurance through their employer. Well, the second part of our health care reform is to make sure that that system is shored up, in other words, so that employers continue to provide coverage for their employees, perhaps even get more employers to do that by giving them some kind of a tax break or a subsidy or looking at other ways of encouraging them to cover their employees.

And then the third aspect of this reform, if you lack at it in sort of a general overview, is to deal with those people that can't get insurance either through an existing government program like Medicare because they're not old enough or they're not kids or they are not poor enough for Medicaid; they can't get insurance through their employer because the employer doesn't provide it at all or because it's too prohibitive in terms of how much they have to contribute; so they try to get health insurance through the individual market, just going out on their own and finding an insurance plan individually through an insurance policy that might cover them, but when they do that, the cost is so overwhelming, they simply can't afford it. So for those individuals, what we have talked about, and, again, this is in discussion and we'd like to get bipartisan support; so I'm just talking about it in general terms, is that we have the government basically work with private health insurance companies to either negotiate a group policy in terms of lower premiums and having a standard policy that provides good coverage and then the government gives those options to individuals who haven't been able to get health insurance through the individual market.

□ 2115

So they now become part of a larger group plan that has some government regulation to bring costs down and significantly brings cost down, because now you are part of a group policy rather than going out in the individual marketplace.

We do that now with Federal employees. Some States, like Massachusetts, have actually implemented this type of system, they call it a health marketplace because you can basically go to the State and buy your insurance through the State government through these private insurance companies.

That's the broad outline of the kind of reform that we are looking at, but there are so many other aspects of it, many of which I would like to discuss further tonight, but I see that I am joined by the gentleman from Arkansas (Mr. SNYDER) who also happens to be a physician.

And if I could say, I didn't tell him I was going to say this, but I will say it that an important part of this health care reform is how to address the concerns of providers, health care professionals. Whether they are physicians, whether they are nurses, whether they are home health care aids, one of the biggest concerns we have right now is that we face a crisis with health care professionals.

For example, with doctors, we are having a hard time getting doctors to go into primary care. A lot of times my constituents will complain that even if they have good health insurance they can't find a primary care doctor, they even go to an emergency room sometimes because they can't find one. We know we have a nursing shortage.

So an important part of this, as the gentleman knows, is health care professionals. I don't know if that's what you want to discuss, but I couldn't help it, because I know that you are a physician.

I yield to the gentleman from Arkansas.

Mr. SNYDER. Thank you, Mr. PALLONE. Here we are in Washington DC, the Nation's Capital and there is a good number of people tonight celebrating St. Patrick's Day. And for us, for you and I, it has come down to wearing green ties on the floor of the House tonight talking about health care.

But I was in my office, and I heard you talking, and I appreciate all the work you have done through so many years now talking about this issue.

I just want to share two or three stories, if I might, and they are somewhat personal stories. As you know, 3 months ago my wife had three babies, three baby boys, Wyatt, Sullivan and Aubrey, in addition to our 2-year-old boy, Penn Snyder.

Then shortly after the delivery, about a week later, my wife ended up in the coronary care unit and had an extended hospitalization of about 11 days. So I remember going back home one day, running back from the hospital and talking to one of my neighbors. She said, ''How is everything going?'' And I said, ''Well, two-thirds of our family of six is in the intensive care unit,'' because I had three babies in the neonatal care unit and my wife in the coronary care unit. I thought, okay, that's quite a burden for a family.

But my wife has insurance, she is a Methodist minister, she has good insurance through where she has worked. You and I are Federal employees, and we have insurance. We pay for our insurance like all Federal employees do. We have good insurance.

And one of the things I did not worry about during that period was who was going to pay the horrendous cost of the incredibly good care that we can get in this country. So all evening my wife has been sending me pictures of our four boys out on the lawn wearing green outfits with shamrocks on them, I guess just to brag about how nice the weather is in Arkansas this evening. But it brought home, here we are 3 months out and everybody is doing great and she is doing well.

Last week, I met with a young women that I think if anyone in Congress would meet with, we would say she is just a gifted young woman, a medical student in her mid-20s, in her final year of medical school making decisions about where she is going to do her residency. We got to talking about some of the issues of medical students like they have got too much debt.

We are expecting them to pay for all this in medical school on their own. They are ending up with tremendous six-figure debt coming out of medical school. They don't get paid a lot as residents.

But in the course of the discussion it came out that while she was a medical student she was diagnosed with insulin-dependent diabetes and, of course, she is in a medical school. She knows where good resources are. She is at the best resource in Arkansas, except the health insurance that she has, by being a student, doesn't cover the cost of an insulin pump.

So she doesn't have it, and five shots a day doesn't give her the kind of control that we know helps prevent long-term problems. So here is this wonderful young woman, gifted young woman. She is our future, she is going to be taking care of you and I. And yet we, as a country, are not taking good care of her, even though she is in one of the medical centers of the world.

So I contrasted what happened with my family and me, and we do have health insurance, with what happens with a person who has health insurance, but it's just not the kind of coverage that they need. So I applaud you tonight for talking about this topic. I hope that we will make the kind of progress that you have been yearning for probably a couple of decades.

In the olden days, I was a family doctor before coming to this job here, and I always remind myself, people always come to me and say, oh, you are a doctor, you understand all this about health policy. I said, no, I used to do sprained ankles, nosebleeds and urinary tract infections. Health policy is that kind of mysterious nebulous world that many, many people don't understand. We are health care providers, we are patients, we are family, we are business people who try to go provide for our employees.

But we have this opportunity right now for all of us, whether we are providers or patients or business people or legislators or business people, to get up to speed on these topics. Because I think there is a real opportunity, with the mood of the country, with the international challenges we face from our economic competitors, that don't have the same kind of health care plan that we do and with the commitment of President Obama and his administration to do something.

I also think this really needs to be worked through with all components of our country. We talk about being across the aisle. Across the aisle is fine, but we need the business community and the providers and the hospitals and the insurance companies and patients and providers and all the advocacy groups and the research advocates to come together as best we can.

This is not going to be a 435–0 vote on whatever we do, but as best we can to listen to each other and move ahead. I think you gave an excellent outline on the kinds of issues that we need to be talking about.

But I believe that it is a very doable challenge that we have. I commend you for talking about this this evening.

Mr. PALLONE. I appreciate you coming down and talking about this, but

you made very good points that I just wanted to follow up on briefly.

First of all, I always stress that this is an economic issue, and that's why it's important to do it now. And it does relate to our recovery, if you will, from the recession, and coming back with a strengthened economy.

You mentioned that, because you said that, you know, it has to do with our ability to compete with other countries. You know, you remember at one time, I don't know if it was a year or two ago when some of auto companies—they were in better shape then than they are now—but all three, Ford, GM and Chrysler came down here a couple of years ago and said that we need health care reform, because the bottom line is it's hard for us to compete with foreign car manufacturers when we have most of the burden, or all of the burden, of health care costs on us, whereas that's not true if a car is made in Canada or if it's made in France or Italy or some other country where the government, you know, takes on the full responsibility—not that we are suggesting that here—but takes on the full responsibilities of those costs. I remember something like $2,000 of every car that was produced in the country was reflected somehow in paying health care costs. So it is an economic issue.

The other thing that you pointed out is that even if you have health insurance, even if you have good health insurance, you are a big part of this debate. As the cost of health insurance continues to escalate, and health care costs in general continue to escalate way above inflation for everything else, it just becomes unaffordable ultimately for almost everyone. What they end up having is if they have a policy, there is a cutback in what's covered, or they have a higher copay, or the premium goes up, so that overall they are impacted.

I could just use a couple of stories, if I could, because I tend to be a little wonky sometimes and not tell the stories, but I will give you two stories. One is one of my employees who works for me back in New Jersey in my congressional office. He is part of the Federal employee program just like you and I.

He, on two occasions, could not find a primary doctor, a primary care physician, and ended up going to the emergency room for matters that were not of emergency room nature like a strep throat or something like that, which could have been handled by a visit to just a general practitioner.

Well, if someone who essentially has, you know, Blue Cross Blue Shield, Cadillac plan in this case, can't see a general practitioner, who can? I mean, you wonder.

Then the other example, I remember going a couple of years ago to a union organizing effort—well, actually, it wasn't a union organizing effort, the employees were members of the union, the service employees, I think, at a nursing home in my district. But they didn't have any health care coverage. In other words, the employer didn't provide that option, or, if he did, it was so prohibitive they couldn't afford it on their salary. So that was the irony here of people who spend their day and their job taking care of the health care needs of other people, but don't get health insurance themselves.

Now, I wasn't there, you know, to condemn the employer. I mean, I do think that he should have provided coverage. But, you know, the problem is for a lot of the employers now, it's just becoming so prohibitive. So there are so many stories like this, and I appreciate you bringing them up.

Mr. SNYDER. I have seen that myself as a family practice doctor. I never owned a clinic, I worked at other people's clinics and met some wonderful people. But health care providers are business people too. They have got to pay their employees. Some health care programs don't reimburse as well as they would like.

Some clinics are in places that they may end up giving free care or have a group of patients that are not able to pay so well, and so it's like any business. It can be a strain to find the money for health care. It's one of the challenges we have to have.

You mentioned the economic issue, the one of our ability to compete internationally. I think that's an important one.

I want to also mention the national security issue, and I don't think this one has gotten as much attention as it probably deserves. We have had a lot of discussions about, you know, mental health coverage for our young men and women that come back that we think needed their families. The reality is we are expecting the military health care plan, or military health care programs and the VA health care programs to solve a national problem, which is we do not have a good network of mental health care in any of our States, particularly rural areas. But it's just difficult to find the kinds of providers you want for that kind of care.

I want to go before they go over. We had an issue, when we first started mobilizing our troops to go to Iraq and Afghanistan. When we were mobilizing our reserve component forces, about one-third of our troops were on some kind of a medical hold.

Now, a lot of it was for dental, a lot of it could be taken care of reasonably quickly. But the reality was, we had a situation. These are men and women who have been going on their weekends once a month for their training.

They go every 2 weeks in the summer and yet they are showing up on mobilization orders. We are finding out that they were not, under military standards, medically fit to be mobilized. I think for a lot of us that were on the Armed Services Committee, that was a bit of a wake-up call too.

Because one of the issues for dental, although I was in medical and not dental school, I actually think my teeth are part of the body and should not be divorced from the whole system, because we know it has tremendous ramifications on the overall health. Dental health is part of this overall picture.

And here we have a situation where you make a pretty good argument, our national security efforts were slowed down and more inefficient because of the kind of health care plans that we have.

Now, having good health insurance doesn't necessarily get everybody to the dentist, but I guarantee you, if you don't have good health insurance or dental insurance you are much more likely not to get preventive care. So that's an issue too.

Mr. PALLONE. Well, you raised, again, two very good issues that I would like to briefly comment on.

When I was talking before about the first part of this, which is to upgrade or make more efficient existing government programs like Medicare, SCHIP, Medicaid, you made me think of two aspects of that. One of them was with SCHIP, when we passed that bill that the President signed just a few weeks ago.

Not only did it upgrade, if you will, the children's health initiative by expanding the coverage to maybe another 4 or 5 million kids that were eligible under the SCHIP program, but we just didn't have the money with the States to pay for them.

But it also provided guaranteed dental coverage for the first time. In other words, before that bill was passed under the old SCHIP program, States had the option of covering dental care, but it wasn't required. Now it is.

And that is very important, because I remember going around to a lot of community health centers that just did not have dental coverage. And they would tell me that the biggest problem they had was providing dental coverage and getting dentists and how it affected kids.

We had the one instance with a young person in Maryland that actually died because his teeth weren't properly treated.

□ 2130

Mr. SNYDER. I took my little boy to the State Fair in Arkansas this year. Me and my littles boys. Anyway, we're walking down the Midway and a couple were coming the other way in the crowd there, and he was a paraplegic in a wheelchair. And he stopped me. A very polite young man. And he obviously had had some significant health issues that he was dealing with—had been dealing with.

But he said, Man, is there anything you can do to help me with this. And he had an obvious need for dental work. But here's a man you would think would be in the system somehow—our system. But it just pointed out once again the inadequacy of the coverage in the country that can do the best job of solving his problem if we get him to the right person.

I want to bring up another issue, and I think it's one that you have had an interest in, too, and it's the issue of medical education. I think it's one that we will need to pay attention to as we go through the very important democratic process of looking at changing our health care system.

We need to be sure that we recognize at our hospitals that are involved in medical education that it is more inefficient and more expensive to teach while you're doing something. It is much quicker for a doctor, an experienced doctor, to come in and see the patient and get on to the next patient.

We have to recognize that there are additional costs for our teaching institutions. We make allowances for that through some of our government health care programs, probably not as well as we could or should, but it's certainly something that we need to watch to be sure that our teaching institutions, whether it's for nursing or doctors, that we recognize that there is an extra expense and inefficiency for them to provide the kind of quality teaching that takes additional time to sit down, not with the patient, but with the student.

Mr. PALLONE. You're absolutely right. I'm not suggesting that under the rubric of this reform this year that we are going to be able to address all these problems. But it always drives me crazy that more and more, and I don't know what the percentage is, but more and more of our health care professionals are trained overseas, either Americans that go overseas to medical school, or people that we bring here as immigrants, either nurses or doctors, because we are not graduating enough doctors or nurses here in the United States. I don't think that that trend can continue forever.

I give you an example. In my State of New Jersey, we have a University of Medicine in Dentistry that basically has three divisions: Newark, New Brunswick, and down in south Jersey in Stratford. I think total they graduate—I may be off a little—maybe 700, 800 physicians every year in the State of New Jersey. We have what, 8 million people, and we are graduating in our university system only 700 or 800 physicians per year?

Now, sure, a lot of New Jersey physicians go elsewhere for their education. But how can you justify that with a population of 8 million people? I just find more and more that we are relying on doctors and nurses that are trained overseas, and maybe it's a way for us to cut costs because we don't have to pay for their education or training, and the other countries do it.

Somehow it seems to me that that has got to be reversed. And maybe it's going to cost more money, but it just doesn't make sense to me.

Mr. SNYDER. It's particularly a poignant issue for you and me, Mr. PALLONE, as we get older, because a lot of our doctors are going to be retiring and we are expecting these generations coming to take care of this big swell of the aging population as the Baby Boomers retire. So it's really important.

We are not going to get to where we want to go though in this process of doing health care reform and trying to find ways to save money, which we all want to do, if we don't recognize the cost of medical education.

Mr. PALLONE. The other thing that I really want to stress, and I haven't tonight, and you did touch upon it also, is new ways of doing things. I mean one of the things that President Obama did in this economic recovery package is that he actually put in pots of money that would be used to try to change the way we do things with health care.

So there's a pot of money for prevention programs, there's a pot of money for wellness programs. There are going to be pilot programs through grants for what we call comparative effectiveness, where you would actually look at certain operations or certain procedures or the use of certain drugs to determine whether they are even effective from an economic point of view. It may cost you more, but are you really getting anything for your money.

In addition to that, there's a major initiative—I think it's $20 billion—for health information technology to upgrade doctors' and hospital offices so that records and other things are done electronically.

It's not just a question of covering everyone or reducing costs, but it's a question of doing things differently, because if a person can go to a general practitioner on a regular basis and get a checkup, then it's a preventive measure that prevents them being hospitalized and costing more money to the government or to the system later.

I mean these really haven't been played out much in this economic recovery package. Most of the talk has been about infrastructure and transportation and all that. There are major changes envisioned in the way we look at health care that the President has taken the leadership on, and the Congress, too, since we passed this bill.

Mr. SNYDER. I think this issue of the health information technology is really important. I notice that since the bill passed and the bill has been increasingly studied by people in the press and policymakers, that the health IT part, the health information technology piece of that bill, is starting to get a lot more attention.

There's been articles in the papers in the last couple of days. Wal-Mart is starting to look at doing some things.

The challenge—I mean, I'm somebody who most of my career was working for doctors who had small practices. And so there have been hospitals that have moved in this direction, large practices have moved in the direction of having a modern electronic medical record.

The problem has been that most doctors are in small offices of maybe one to five or six people. When the studies have been done about what does it take for that kind of an office to move to an electronic medical record, the kind that most patients will want, it takes several months from the time they start until it's where they want to be.

It takes several months to get back to that same level of efficiency as seeing patients; the installation, learning the new ways of doing things, just figuring out how to do things.

Now everyone recognizes, even the ones who don't have it, that ultimately it makes it more efficient, it's safer for their patient, safer for them because no doctors want to make mistakes, nurses don't want to make mistakes. There's nothing worse than having to have a clerk sit there and Xeroxing medical records off because you have got a patient that you have had for 40 years that's moving across the country. You can do it electronically and it just moves things.

I think the money that is in this bill is really going to motivate both physicians, physicians' offices, the folks that manage their practices, but also those kinds of business people out there who say, Wait a minute. Here's a chance to move America forward, to invest in our health care infrastructure and, by the way, create some new jobs, make some money for my business, and do some good things for the American people in anticipation of these changes that I hope will come in our health care system as part of President Obama's proposals. So I think that is very exciting.

I was talking to one of my Republican doctor friends who voted against the bill. I certainly understand his reasons for voting against the economic recovery bill. But I said, I want to know, what do you think about the health information technology piece? He said, Oh, I like that. He might quibble with little details of it.

But we have liked the bill before, as doctors. The problem has been for the last several years is finding the money to pay for it, and the opportunity came along through the stimulus package. And I think this is a real opportunity to be a good investment in the change that our health care system needs. So I find that very exciting.

I want to say a point about prevention. And I recognize that I am probably in the minority on this view. My own view is that we ought to not sell preventive measures, which I think are so important, but I think we ought to not sell them or oversell them as ways to save dramatic amounts of money.

My own view is that prevention is a quality of life issue. If I can work with a patient when they're 25 years old to get them to stop smoking, I know, I know their quality of life is going to be better. I know there are diseases they are not going to get when they quit smoking or if they never start smoking because of good health education programs when they're 16, 17, and 18.

Now, where I have a problem with this prevention-saves-money argument is if somebody lives to be 90, I know at

some point they are going to need health care. But, God bless them, that is a good problem to have. I would so much rather deal with the infirmities of a 90-year old than the emphysema and COPD and heart disease of a 45-year old who smoked for 25 years, since they were 20.

So I have a little different view on that. I think you can find arguments on both sides. But I don't think that we should ever be defensive about saying, You know, some preventive things cost money. But the quality of life, if you can keep a family from losing a family member from cancer, if you can cut down the number of kids that go to emergency rooms because their parents smoke, or whatever it is, it's a quality of life issue, and that can really turn into additional years of life and the pursuit of happiness for that family in this great country.

So I'm pleased that prevention is part of this.

Mr. PALLONE. I appreciate what you're saying. I think that in fact when we had the health care summit, in maybe a little different context President Obama actually said, Look, we do need additional money if we're going to have health care reform and provide people quality health care and cover everyone, because a lot of that is going to have to be upfront.

In other words, if you talk about new ways of doing things, whether it's health information technology or preventive care, whatever, a lot of times you do need money upfront to pay for some of it. But then in the long run you do actually save money.

So I agree with you that the better quality care is ultimately more important. But it can over the long-term save money.

I use the example with one of my community health centers where I went. An incredible part of the building was devoted to keeping the medical records. I can't say exactly whether it was a third of the building or 25 percent of the building.

But I looked at where they stored all these handwritten or typed records because they didn't have them on a computer, and I said, Gee, if we could just get—I don't know how much it will cost so I'll pick a number—$100,000 dollars to put all these records into the computer, you'd now have all this space available that you're not really utilizing right now.

So maybe upfront it's going to cost you $100,000, but in the long run you're saving money.

I think you can use the primary care doctors. I use the example of my staff person who goes to the emergency room because he can't get a primary care physician. Primary care physicians say we don't have enough of a reimbursement rate. If you gave us a higher reimbursement rate under Medicare, there would be more primary care physicians.

I don't know if that is necessarily true, but assuming it's true, it is going to cost you more money upfront. But, in the long run, if the person goes to the doctor when they have strep throat rather than going to the emergency room, do you save money. But it's oftentimes hard to actually put a dollar figure on how prevention saves you money.

Mr. SNYDER. This will be a true confession here tonight about a mistake that I made practicing medicine one time. It was about 15 years ago, I had a young boy, I think he was about 7 or 8, kind of a quiet boy, brought in by his grandmother. And he was there for a cold or something. I dealt with his cold or ear infection.

Then his grandmother started talking about some behavioral stuff he was having. We talked about it for a few minutes, and I didn't have much to offer.

It was like about 2 months later I was reading an article about Tourette's syndrome. And I thought, That's what that little boy had.

Well, the clinic I worked at had a wall about as big as the wall behind the Speaker here tonight that was all handwritten medical records. One of my nurses aids and I—we did it on Saturday because we were slow enough when we worked on Saturday, we could do this—we began systematically going through every one of those handwritten charts to see if we could find that little boy because I was going to call his family and say, Hey, I think I figured what you were talking about with this little boy. The reality is in Tourette's syndrome a lot of time they are underdiagnosed and, unfortunately for the family, it takes a while to sort it out sometimes.

We never did find that chart even though we systematically went through every handwritten chart. Well, if we had had a computer system we would have been able to pull up the names of appointments seen in the last period of time or probably could have pulled it up by approximate birth date.

There's so many tools that a good health information technology system gives you for the benefit of patients.

□ 2145

Efficiency of doctors, more prompt payment of doctors, less mistakes, but ultimately it is for the benefit of patients; and I think that is what you were talking about, looking ahead to doing things differently, doing things better. It is not just figuring out how to pay for the kind of care we are getting now, but it is better care in the future as part of this. And I think that is important.

Mr. PALLONE. I appreciate your input on all this. I know you said you haven't practiced for a while, but there is no question that having a physician who has had experience in a lot of this makes a difference in terms of relating what we have to do.

Mr. SNYDER. It is interesting, we have a good number of physicians in the House now.

Mr. PALLONE. It wasn't true when we first started, but it is now.

Mr. SNYDER. Physicians have figured out more and more, number one, that this Nation wants us to do something about health care. And I always tell my doctor friends, we can either do it with you, or we can do it to you. And most doctors have figured out they would like to have it done with them.

The other thing, though, is, and I have clearly seen this change in the time I have been in medicine, doctors have figured out that the programs that help people are the programs that help doctors. So they are here to help make those programs better. Now, we may have philosophical differences about how to get there and how to pay for it, but we recognize that there is a role for government in trying to make sure that whatever that number is, 47 million, 48 million people who don't have health insurance over a year's time actually are able to participate in this system that we call American health care.

I want to ask about another topic, Mr. PALLONE, medical research. We had a pretty good run there for a time under the leadership of Speaker Gingrich and President Clinton in terms of increasing the research dollars available for NIH. My own view of the last administration over the last 8 years has been very poor with regard to research, all kinds of research. There are, and I am talking now specifically about medical research, medical research funds in a variety of different budgets, from the military budget, veterans budget, NIH, agriculture budget, Department of Agriculture, they have research. Well, this is another place that is part of the kind of quality care we want for all of us. We need to be investing in that kind of research, because the reality is medical jobs are good jobs.

In fact, when you look at the numbers, as people have been losing jobs, the thing that stands out the most in terms of who is gaining right now is health care. It is kind of counter-cyclical. There are medical jobs out there that don't get filled that people will look at. Now, we need to do I think a better job of helping nursing home aides get paid and all. But there is a tremendous opportunity to create the kind of technology and new jobs and new treatments that this country can be selling all over the world, and we need to be the leaders in a lot of these things.

I think the whole issue of stem cells has gotten a lot of attention. Regardless of where you come down philosophically on the issue of stem-cell research, there is a ton of things out there that would benefit from more research dollars, and it has to be part of this picture, too. You mentioned the comparative effectiveness. That is probably too fancy a name. It kind of got bad-mouthed in some of the media when that bill came out. The reality is, why wouldn't we want to see what

works the best for the least amount of cost? We would do that as a family.

If I go in to my doctor and he said, here is my prescription, it is $180. And I say, well, is there anything better? Oh, yeah, there is a generic. It is like $14. Why don't I take the generic for $14? I mean, why not go for something that would work as well, perhaps even better, but be dramatically less expensive? I mean, we all are responsible as a country for these health care plans and making sure we pay for things. And somehow the idea that we would actually want to pay attention to what things cost and what works and what doesn't work, and are we prescribing things that we don't really need? I mean, that is just common sense, and I think families want that. They don't want us to prescribe things that are not effective or there could be something cheaper that would work just as well. So I think that is part of this picture.

Maybe I am making the universe bigger than it needs to as we are talking about health care and health care coverage, but it is all part of this investment in our future. And medical researchers will do better with a health information technology system. Those people who are responsible for paying the bills, who are processing claims will do better if that health IT system is more efficient. All this stuff builds on each other. Ultimately, we want to lead to better coverage for the best price that we can give.

Mr. PALLONE. You make such a good opinion. And, again, we are always talking about the budget. So much of the discussion here is about the spending in the economic recovery package or the spending in the budget. The fact of the matter is that the economic recovery package had a significant amount of money for medical research at NIH and at other institutions, and the President's budget also significantly increases funding for medical research. And I remember that, actually—and I am not trying to be that partisan tonight. But some of the Republicans did actually criticize the economic recovery package because it had that medical research money in it, because they said, well, how is that a stimulus?

The fact of the matter is, it is a tremendous stimulus; because when you give money to medical research, it is always matched either by the university or by private sources of funding, pharmaceuticals, whatever. And if you look at what it generates, it generates a lot more. For every one job that is generated through the public money, there are two or three or more that are generated through the private money, and it is actually a tremendous stimulus. So it makes sense to include it in an economic recovery package.

The fact of the matter is that in the beginning of President Bush's administration, he actually did increase funding significantly for NIH and medical research, but then gradually lessened and lessened it to the point where it was an actual cut. And I got particularly annoyed. I probably shouldn't even mention it, but I am going to, because I heard on one of the talk shows that they were picking out pieces of the research in the economic recovery package and criticizing it. Like, I think there was money for research on venereal disease and somebody was saying on one of the talk shows, why are we spending money on that? There is an epidemic in some of these venereal diseases and they have become resistant to a lot of the drugs and things that have been traditionally used. So why not spend money on research?

You can pick these things apart, but the bottom line is that if you have problems and you are trying to address the diseases, you have got to spend some money on research. And the few Federal dollars capture private and other money and actually do a lot towards not only finding a cure but creating jobs.

Mr. SNYDER. We also have learned in a very difficult way for a lot of American families the challenges of what happens to our men and women in uniform overseas with the traumatic brain injury and some of the kinds of injuries that have occurred. And what happens in every war is, sadly, we have opportunities to learn new things and get better at treating these. And there are some real opportunities of helping these families in terms of looking at traumatic brain injury and how we respond to them.

Looking over the long run, we are just a few years into this thing, what impact will this have on their lives 10 years and 20 years and 30 years and 40 years from now? And what opportunities will there be for them 10 and 20 and 30 and 40 years from now depending on what we do in terms of investing in research? And we have had these discussions before, both in the Armed Services Committee and the Veterans Services Committee. There are research projects out there that can be funded if we have adequate funding for them. And that is not part of civilian health care for them; that is part of our responsibility as a government to be sure that we adequately fund medical research. And a lot of it is going to be done in our civilian facilities, also, whether it is medical schools or veterans hospitals. The research needs to go on, and it needs to be well funded.

Mr. PALLONE. I wanted to mention one last thing, if I could, because I don't know how much time we have left.

But when you were talking about doctors, when we had the health care summit with the President a couple weeks ago, there were many things that struck me, but one thing that struck me was there were so many groups there represented demanding health care reform now that 15 years ago, whenever it was that President Clinton and Mrs. Clinton came up with their health care initiative, and of course it failed. But many of the groups that opposed the initiative then were present at the summit saying we have to do something. And I don't know that the doctors were in that category, but all the doctor groups were represented at the summit and they were all saying we have got to do this, we have got to do this now. The trade group from the health insurance companies, which opposed and actually ran the ads against the Clinton plan 15 years ago were there saying, we are here because we want to participate and we need health care reform. The small business representatives, the National Federation of Independent Businesses were there and said the same thing: We were against the Clinton reform 15 years ago. We are for what you are saying now, because we know that something has to be done.

Mr. SNYDER. If I might intervene for a minute. I think it is perfectly consistent for somebody to have been opposed to the plan in 1993 and be for something now. There is a broad spectrum of ideas out there. I am hoping that, and I think President Clinton would acknowledge, that we have learned from that experience 15 years ago, 16 years ago.

So I think that is a very important point you make, because we don't know what the ultimate product is going to be; but, hopefully, it is going to be something that will be shaped so you won't have somebody out there doing a huge media bite trying to kill a plan when the country is trying to come together to make something work. And I am not sure if everybody will be happy, but I am hoping that almost everybody can live with the ultimate result, because we all come from different perspectives.

Mr. PALLONE. I think the other difference is that we are trying to make this bipartisan. We are trying to have it come from the House and the Senate. In other words, we are not actually getting something from the Obama administration and saying, this is what we want you to do, this is what we want you to pay us. We will give you some principles, but we want this thrashed out in the House, in the Senate, with Democrats and with Republicans, going through the committees and all that.

And I did want to mention, because I am not sure if I did, that we are really determined to do this this year. I mean, the timetable essentially would be that sometime between now and the August recess that we would actually pass bills that would come to the floor of the House and come to the floor of the Senate, and then in September, October, in the fall we would try to work out the differences between the House and the Senate and send something to the President by the end of the year. I know it sounds ambitious, but I am optimistic.

I really think, when I talk to Members, we had a hearing today and our ranking member, the Republican, Mr.

BARTON from Texas, said: I want you to know that I want this done, and I am going to participate in this and the Republicans are going to participate in this. So the atmosphere is very good in terms of trying to work out something that can pass.

Mr. SNYDER. May I close out my contribution here this evening. I want to tell you another story. And I appreciate your talking about this evening.

I began by talking about my four little boys who are age 3 months, three of them are 3 months and one is 2 years old, and how much we benefited not only from the quality of health care we had but also from the quality insurance plans that my wife and I had.

Over the weekend, Senator BLANCHE LINCOLN had an event in Little Rock, and Vice President BIDEN was there and her family was there and there were a lot of people there. I was looking for her grandmother-in-law. Her grandmother-in-law, her husband's grandmother, is Mrs. Ruth Lincoln. Mrs. Ruth Lincoln is 111 years old. She is delightful. And I thought, well, surely she would be here. Well, she had fallen about a month ago and broke a bone I think in her pelvis. And I thought about that and felt badly about that, and then I thought later, well, of course I assumed she is going to bounce back from that, get healed up, and I am going to see her again. On her birthday she always does something special like cross the Arkansas River on a bridge. She always does a very special thing. And when you talk to her, she talks about how she loves growing old. She has loved growing old at age 111. And I think in a way that is what we aspire to through this health care reform. We want everyone to say, whether they are young with young children who benefit from our health care system, or people who go through the very frail years, that throughout they can say that I have loved growing old. Now, maybe we won't live to be 111, but if we all do this right, we will increase the chances of more people being able to have those kinds of long, long years.

I applaud you once again for spending this time this evening.

Mr. PALLONE. I think I am going to end with that, because I like that ending of our hour this evening.

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

HIDDEN TAXES

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

□ 2200

Mr. SCALISE. Mr. Speaker, I appreciate the opportunity to address the House and talk about the economic crisis that our country is facing and also to go through and walk through some of the things that got us here, because as you talk to Americans all around the country, they are frustrated. They realize the problems that we are facing in our economy. But then they start to see a lot of these proposals that are coming out of Washington, and they don't see how any of these relate to the problems that we are facing today and how they are going to get our economy and our country back on track.

I have got to say that there are a lot of us here that share that same frustration and share that same feeling that Washington still doesn't get the message of what is happening out there in the country and what it is going to take to get the economy back on track.

I think what really underscored it in the last few weeks was when the President released his budget, which really shows the first outline of which direction President Obama wants to take our country and how he plans on dealing with these problems that our country faces. I think what most people have now realized is that the President's budget spends too much money. It taxes too much, and it leaves too much debt behind for our children and grandchildren.

Really, if you look at that in a theme, it really underscores how it misses the point of what is happening out there in the country, the fact that people all across the Nation are tightening their belts. They realize that there are tough economic times out there, and they are dealing with it in each individual family. You hear a lot about the problems with the banking industry. And we will talk a little bit about the banking industry and really how that problem still has not been addressed by this President or by his budget director or by his Treasury Secretary and the fact that a lot of the problems facing our economy still go back to a tightened credit market and a failure in the banking system that we can address and there are ways to address it. And we will talk about that too.

But unfortunately, rather than focusing on those areas, those very narrow areas that can get our economy back on track and get small businesses creating jobs again—the ability is there for us to do that—unfortunately, the budget that the President submitted goes in the opposite direction. At that point, a lot of us who really care about this country and really feel that we have got to make sure we chart the right course have been standing up and saying that there is a better way to do this.

Some people might want to just criticize people who don't just go along and blindly vote ''yes.'' And we have seen so many bad policies coming from people who are just blindly voting for the next thing that is laid on this floor here in the House of Representatives. Yet, there is no accountability and there are no actual benchmarks to get us to where we need to be. There is a better way. And people know this is the greatest country, with all of our flaws, the greatest country in the history of the world. And we know we can get to a better place. Yet, as we stand here tonight, we wonder why we do this. Why do we fight to make this a better country? A lot of it is because we want to leave behind a better place than we have today.

Tonight is a special night because tonight is my daughter's second birthday. I'm here in Washington, and unfortunately, I cannot be with her, and I want to say ''happy birthday'' to Madison. But I want to be here to fight to make it a better country so that my daughter, and everybody else's daughter and son, has a better place, that they can still pursue that American Dream, that dream that makes people come here from all across the world, that they would give up everything to go beneath the Statute of Liberty and look up and see what that represents.

That vision of America is still out there. And it is still in the hearts of people all across this country. But I think for too many people, they don't see that same vision, that same spirit here in this Chamber dealing with these problems. We have been here for 3 days now as we have come back from the break, and all that has been brought up by the Speaker has been votes on post offices and ceremonial resolutions. People want us to be here dealing with these tough issues. People want us to be here tonight, late at night and going into the midnight hour dealing with these tough issues, because they know we can get through this. And they know there is a better way. And that is what we are going to be talking about tonight.

We have some other people that are going to talk with us. But first, I want to talk about some other parts of the President's budget that have caused so much concern for people across the country. I want to talk about how much money it spends. This budget gives a record deficit of $1.7 trillion in deficit spending this year. It is an amount that is unseen in past budgets, an amount that none of us think is a tolerable level. This is all money we don't have, money that will be left to our children and grandchildren to have to pay off. But if they also look—and this is what is sending shock waves throughout the rest of this country now—as people start to read the fine print, they are looking at these tax increases. These are tax increases that President Obama submitted in his own budget. And if you look here, he is projecting to raise $1.4 trillion in new taxes at a time when our economy is in such disarray. We are in a recession, possibly heading toward a depression, because of some of the decisions being made here. We have got the ability to stop that from happening. But you surely don't fix tough economic times by adding $1.4 trillion in new taxes on to the backs of hardworking people, small businesses.

Look at these tax increases, $636 billion would fall on to the backs of small businesses in our country, the people