FISCAL YEAR 2010 HOUSE CURRENT LEVEL REPORT THROUGH AUGUST 15, 2009—Continued

[In millions of dollars]

	Budget authority	Outlays	Revenues
Current Level Over Budget Resolution	n.a.	n.a.	19,161
Current Level Under Budget Resolution	1,205,919	719,309	n.a.
Memorandum:			
Revenues, 2010–2014:			
House Current Level	n.a.	n.a.	11,264,480
House Budget Resolution	n.a.	n.a.	10,500,149
Current Level Over Budget Resolution	n.a.	n.a.	764,331
Current Level Under Budget Resolution	n.a.	n.a.	n.a.

[1] Includes the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111–3), the American Recovery and Reinvestment Act (ARRA) (P.L. 111–5), and the Omnibus Appropriations Act, 2009 (P.L. 111–8), that were enacted by the Congress during this session, before the adoption of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010. Although the ARRA was designated as an emergency requirement, it is now included as part of the current level amounts.

[2] Pursuant to section 423(b) of S. Con. Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. The amounts so designated for fiscal year 2010, which are not included in the current level totals, are as follows:

	Budget authority	Outlays	Revenues
Supplemental Appropriations Act, 2009 (P.L. 111–32)	17	7,064	n.a.
Making supplemental appropriations for fiscal year 2009 for the Consumer Assistance to Recycle and Save Program (P.L. 111–47)	0	2,000	n.a.
Total, enacted emergency requirements	17	9,064	0

[3] The scoring for P.L. 11–46, an act to restore the Highway Trust Fund, and for other purposes, does not change current level totals. P.L. 11–46 appropriates $7 billion to the Highway Trust Fund. The enactment of this legislation followed an announcement by the Secretary of Transportation on June 24, 2009, of an interim policy to slow down payments to states from the Highway Trust Fund. The Congressional Budget Office estimates that P.L. 111–46 will reverse this policy and restore payments to states at levels already assumed in current level. Thus, no change is required.

[4] For purposes of enforcing section 311 of the Congressional Budget Act in the House, the budget resolution does not include budget authority, outlays, or revenues for off-budget amounts. As a result, current level excludes these items.

[5] Periodically, the House Committee on the Budget revises the totals in S. Con Res. 13, pursuant to various provisions of the resolution:

	Budget authority	Outlays	Revenues
Original Budget Resolution	2,888,691	3,001,311	1,653,682
Revisions:			
For the Congressional Budget Office's reestimate of the President's request for discretionary appropriations (section 422(c)(1))	3,766	2,355	0
For the Supplemental Appropriations Act, 2009 (section 423(a)(1))	0	818	
For an act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products . . . and for other purposes (section 324)	10	13	46
For further revisions for appropriations bills (sections 423(a)(l) and 422(a))	0	3,521	0
For an act to make technical corrections to the Higher Education Act of 1965, and for other purposes (section 322)	32	36	0
Revised Budget Resolution	2,892,499	3,008,054	1,653,728

[6] S. Con. Res. 13 includes $10,350 million in budget authority and $5,448 million in outlays as a disaster allowance to recognize the potential cost of disasters; these funds will never be allocated to a committee. At the direction of the House Committee on the Budget, the budget resolution totals have been revised to exclude these amounts for purposes of enforcing current level.

SOURCE: Congressional Budget Office.
Note: n.a. = not applicable; P.L. = Public Law.

□ 1330

CONGRESSIONAL PROGRESSIVE CAUCUS

The SPEAKER pro tempore (Ms. MARKEY of Colorado). Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Here we are again, another Special Order with the Progressive Caucus.

It's an honor to be here again here before the people to talk about the issues that concern us. No issue is more prominent today than the issue of health care, and I'm pleased to be able to discuss this critical issue with our co-Chair of the Progressive Caucus, Chairwoman LYNN WOOLSEY.

And I yield to the gentlelady.

Ms. WOOLSEY. Thank you very much.

I want to thank the gentleman from Minnesota, Congressman ELLISON, for every week having a 1-hour Special Order on the very subject of health care. We've done a lot over these last few weeks, and the Progressive Caucus is very proud of the role that we have played in bringing health care to where it is. I think KEITH said earlier this morning that we probably have just finished the first few innings of a ball game, and we're the ball now after last night's great speech by our President, and his clarity and his ability to explain to the country what it is he wants in a health care bill and his willingness to actually debunk some of the myths that have been out there and some of the lies that have been told about this health care debate and, at the same time, talk about what his priorities are.

And one of those priorities, from what he has given us, which is a laminated card that lists what he wants in a health care bill, and it says under—if you don't have insurance, there are one, two, three, four points, and the third point says—and this is what—I'm going there right away because this is what Progressives were looking for. If you don't have insurance, quality, affordable choices for all Americans, this bill would offer a public health insurance option to provide the uninsured who can't find affordable coverage with a real choice.

Now, that says to us that the public option—and we want a robust public option—remains on the table, that the ball is in our court. Now, I guess this is the third or fourth inning of getting this thing together so that we can bring a health care bill to the floor of the House that is worthy of all Americans, and now that the ball is in our court. We, as the Progressive Caucus, have pledged to define what we consider a robust public health option to be, to work with our leadership and with the administration and to see that our definition of ''robust public option'' is included in health care reform.

Mr. ELLISON, you have been absolutely magnificent in making that happen.

Mr. ELLISON. Let me commend you for your leadership.

We have sent letter after letter to make sure that the White House knew exactly where we stood. The last letter we sent, I think we had 60 signatures, but that was not the only letter we sent. We have been letting the White House know, letting Democratic leadership know that a public option was essential to reform.

And so last night I was very gratified to hear the President not back away from a public option but to embrace the idea. And I will take credit on behalf of the Progressive movement in saying that I think that we helped inform and shape the position that the President ultimately took.

The President made a great line, I think you might agree, Congresswoman WOOLSEY, when he said we don't fear the future; we're here to shape it. That is absolutely true for the Progressive Caucus under your leadership and that of Congressman GRIJALVA.

The Congressional Progressive Caucus has been coming here week after week, but not just coming to the House floor but in the debate. We've been in meetings. We've been writing letters. We've been having communication. Through your advocacy, Congresswoman WOOLSEY, and that of Congressman GRIJALVA, we have been very clear

that we grasp the magnitude of the moment that we're in. We're not going to make any mistake about the historic nature of this time and that we are grasping that moment and making sure that we set our country on a path to true health care reform, and that starts with a public option, I believe.

And I believe yesterday—we can't celebrate because we haven't gotten the ball over the fence yet, but I'm happy with the fact that we have kept the President on course, and I am very encouraged by what happened yesterday.

And before I yield back to you, Congresswoman, I want to just share with you something, if I may, and that is this big red box. Do you see this box right here? This box represents 63,692 people who signed a petition saying that they wanted a public option. This is no joke. This is, like, a lot of work, and this is an enormous document right here. All of these people said, Hey, look, you know, if we're going to mandate care for 49 million new people, then how can we mandate care for them if we're going to mandate that they go do business within a monopoly or a duopoly without any way to have competition introduced so that prices can be pushed down.

So this huge document, which has signatures from every State in the Union—Congresswoman WOOLSEY, the first ones up here are Alaska, and if I dip in through a little further, then there's California. And they're even by congressional district. Then we can go further and we're still in here, California, because you guys have got a big State over there. The Congressional District 22.

What congressional district is yours?

Ms. WOOLSEY. Sixth.

Mr. ELLISON. Let me tell you, we've got a bunch of sixes in here.

Ms. WOOLSEY. Oh, I'm sure you do.

Mr. ELLISON. We've got sixes for days here. They signed this petition, too. Their names are right here.

Then we could even jump back here to my State of Minnesota, which is in here as well, but also Massachusetts and Missouri and New Jersey, Nevada, New York, Oregon, Tennessee. This is the voice of many, many Americans who understand the time for reform is now.

So I thought I would mention that in terms of making sure that the public option remains a critical part of the discussion, maintains its status as a central part of reform.

I give credit to the President last night. I give credit to you and Congressman GRIJALVA for your leadership, but I also give credit to the Progressive movement, because we're all in this same thing together.

I yield back to the gentlelady.

Ms. WOOLSEY. It was a Sunday in the city of Sonoma. I was presented with—that's the list of names that is very impressive. But I was presented with a stack of petitions like that, and I was so proud. I barely could hold them because they were so heavy.

So let's talk about why it's important to have a public option. I think it's time that we start repeating the value and the need for a public option because we get criticized, A public option will cost, blah, blah. The public option absolutely saves money. And the reason it does, there is the same level of overhead, like Medicare or Medicaid, because there's no marketing fees. There are no high-paid executives in the six and seven figures, and there's no shareholders that have to be paid on their stock. So it saves money.

The other thing it does, it provides competition to the private health care industry, health insurance industry. And why is that important? Well, without competition, the rates soar, and they have been over the years to a point where if it continues—right now $1 out of every $6 goes to health care in this country, and that number is going to grow so quickly, and we will be so embarrassed and in so much trouble that we'll know that we made a huge mistake. We don't want to make that mistake.

The other thing—you know about competition. Let's talk about competition for just a minute. The President last night said only about 5 percent of Americans would opt into the public option. Well, I truly believe it would be more than that. But at first it might be—and it needs to prove itself and become just a very viable health care provider, which it will be if it's robust like we want.

But if it's only 5 percent of the overall, why are the private insurance companies so worried? They do not want a public option. And they don't want any competition, and they know that this is the competition they really don't want because it will prove itself over time, and more and more people will indeed select the public option when they have that choice.

Now, the other thing that the public option provides—and I know you're going to be able to add more, but security, security for people who are covered on plans by their employers today. One of the big arguments out there is 85, 75 to 85 percent of all Americans already are covered by their employer and they like the coverage. Well, you know, they might, they might not, but they're covered. But they are not certain that that coverage will last.

And there's a poll, the Belden Russonello poll that shows that 60, 70 percent—I can't remember exactly; I think it's 68 percent, something like that—of the people who have insurance feel insecure on whether that insurance will be available to them for as long as they will need it. And certainly they can't feel secure if they lose their job or if they want to take a new job or if their employer decides, I can't afford to cover my employees anymore. And we want the public option to be one of the choices they have in a soft landing if any of that happens. And they don't feel that secure, and we know it.

Mr. ELLISON. If the gentlelady yields back, let me say we're defining the public option. What is it? What is this thing they're talking about, this public option? And the gentlelady has made a good number of points to show what it is. Let's sharpen the points a little bit.

Ms. WOOLSEY. What does it look like?

Mr. ELLISON. Think not only of the public option but the whole overall package of reform.

First of all, if you have health insurance through your job, you will keep that. If you have health insurance through Medicare or Medicaid or the VA, you will keep that. There will be more people added to the program because there are a lot of people who don't have any health care who are indigent who could apply, but there will be money to make sure that those folks get in. Those programs will stay in place as they exist now.

But then the new thing will be an exchange, and what is an exchange? It's kind of like a grocery store, but it will be online. You can shop for health care insurance products online, and this will be the exchange.

Ms. WOOLSEY. If the gentleman will yield.

It will look like a catalogue. It will be a print catalogue of health care plans available by region.

Mr. ELLISON. If you've ever bought furniture or anything else in a catalogue or if you have ever gone on eBay or anything or shopped or shopped this way, it's going to be like that. But the question is that on this grocery store that we're talking about, this exchange, it's just a market, will you be able to go into a certain aisle and stop and pick up the public option in addition to all of the other private options. That's all it is.

I've been somewhat surprised by people who claim to be free marketeers who don't want any competition. It always surprises me when I hear people say competition and choice, and I say, Wait a minute, the public option is just one more choice. What could be wrong with it? It's just one more thing you can get among an array of different choices. Why would you not like it?

□ 1345

Another good thing about the public option is that the Congressional Budget Office estimates it will save about $150 billion. One time I said ''million'' by accident. I was quickly corrected. It's ''billion.'' And the President made it clear last night that, hey, it's got to survive based on the premiums it collects. And the public option I don't think is worried about that because, as the gentlelady points out, you don't have to pay a bunch of lobbyists $1.4 million a day. You don't have to buy a bunch of, pay out a bunch of company donations to politicians. You don't have to advertise and try to create demand where there really isn't any.

The head of the public option will be the Secretary of Health and Human

Services who I think makes about $174,000 a year, quite a bit less than CEOs at some of the insurance companies. The chief executive of Aetna makes, what, $24 million a year. The United Health Group person makes about 3-point-something million. This is just base salary. This isn't even other incentives in their packages. So the public option will be able to offer a good product which people can rely on.

You ask people how do they feel about other public options, because, by the way, this will not be the first public option. This is not the only public option in American society. It is not the first public option. Look, Medicare is a public option. Social Security is a public option for income for seniors. The VA is a public option. You don't have to take these services. You can not accept them. They are an option available for you if you want to take it. So people don't even have to take the public option.

I've heard some people say that this is going to be a government takeover of health care. Wait a minute, if you don't like the public option, don't get it. Get one of the other products that will be listed on the exchange, and you will be perfectly free to do that. So these are just a few things about the public option that need to be understood.

We have just been joined by one of our personal heroes, JOHN CONYERS, who never stops fighting. We are talking about the Progressive message tonight. We are talking about health care, the public option. And you, Congressman CONYERS, are the original author of H.R. 676, the single-payer bill, which I'm a coauthor on, and Congresswoman WOOLSEY is as well. We will yield to you. Thank you for coming.

Mr. CONYERS. If you yield to me just very, very briefly, I want to tell you and Chairwoman WOOLSEY and the good doctor who is on the floor with us that I have listened to everything you said. And I want to commend you. I'm so proud that this discussion goes on immediately the night after the inspirational remarks of the President, especially, at the end.

There was one part that I wanted to remind all the Members of the caucus about. It was the part where he compared the Progressive Caucus and the single-payer concept on the other hand with those of a totally different viewpoint that feel that there should be no employer connection at all. That was a tremendously effective rhetorical flourish. But the fact remains that I guess there is somebody—oh, come to think of it, I am one of the people that would like to separate the employer connection from health care. I hope that doesn't make me a conservative or whatever group that has been promoting that, because I think now that I reflected on it, I think that is not a bad idea.

The question is, after we separate it, we separate all people that work for a living with the employer connection to their health care, which has been very hurtful for most people, take for example the automobile workers in the Detroit area with three major automobile plants. Their connection to, the relationship worked out between their collective bargaining agent and the corporations has been disastrous because when they close down or move out or relocate, guess what? The employer loses not only his job, but he also loses his health care, and he also loses his pension in many cases.

So I think that this should be carefully considered and reconsidered by everyone that heard the brilliant speech last night. That is to say that to reject both of these ideas out of hand, the single-payer concept and an end to employer connection, I don't know who is advocating that, but to say that everybody goes out and get his own insurance, well, maybe there are 432 other Members besides ourselves, so maybe somebody is, but I don't take it as a serious consideration in this very complex subject matter that brings progressives to the floor today.

Now, on the other hand, the universal single-payer health care bill is not just a few people that have come up with something to involve themselves in the discussion with health care reform. As a matter of fact, the single-payer concept is one of the oldest serious major notions that has been around. That is to say, for those of us who were here when the President was Bill Clinton and he assigned his wife the task of taking on the reform of health care, we were summoned, we who were supporting single-payer, were summoned to the White House collectively.

I remember very well that JERRY NADLER of New York was there, a distinguished member of the Judiciary Committee. And what happened was that we were urged to step back from our initiative which had been going on for years before the Clintons assumed their responsibilities on 1600 Pennsylvania Avenue, and after some brief discussion, we agreed that that was the appropriate thing to do. We did it. We did step back.

That concept is now undergoing a very short shrift in this whole discussion, namely because this whole discussion was initiated on the premise that universal single-payer health care was too new, too startling and too complex. It would take too long to institute. And so we are going to start off by not including it in the mix. I'm proud to say that some of the committees did include it in the mix. Predominantly, GEORGE MILLER of the Education and Labor Committee had Members testify before his committee. CHARLES RANGEL of the Ways and Means Committee had testimony on universal single-payer health care. And there may have been testimony in the Energy and Commerce Committee under the distinguished leadership of HENRY WAXMAN, but I cannot really attest to that at this moment.

What I am saying is that those Members who support universal single-payer health care have already made a major concession in the discussion, major concession. And it just seems to me that this could have been addressed in a different way, and it wasn't. That's water over the dam. But still, 86 Members, and there are more who are not cosponsors of the bill, were never cut into the major premises of how we go about it.

So for the President to compare that with those people who want everybody to go buy their own insurance any way they can, I think, was a mistaken metaphor. I just wanted to inject that into the discussion because this was a speech that was a call to arms to the American people and the Congress that there is going to be health care reform.

Now, the consideration is, however, that where we are right now, as you have said so articulately, you and the chairwoman, is that we have to not have a public option. We have to have a robust, strong public option. And my job, as I see it, is to pursue this, not that we have one that we discussed or that we may stick one in or that is a sliver of the whole subject matter. For the reasons you have already articulated in this Special Order, it's critical. It's not I hope we can get it. We've got to get it. This bill's name of health care reform will only be justified if we do get it.

I want to pledge to the many people in the many places that I have been around the country who are not happy that H.R. 676 was not more thoroughly considered, single-payer, that we definitely must have an alternative to the dozens and dozens of private insurance companies if we are to have any savings and have any real meaningful reform worthy of the name.

I thank the gentleman for yielding.

Mr. ELLISON. Let me thank the chairman of the Judiciary Committee, JOHN CONYERS. And let me yield now to Congresswoman WOOLSEY.

Congresswoman, how do you react to some of the things that Congressman CONYERS shared with us just now? Do you have any thoughts inspired by that?

Ms. WOOLSEY. Congressman CONYERS knows that the Progressive Caucus, almost to a person, and there's 85 of us, would have voted right this minute for a single-payer. That's what we wanted. And we knew that it was a nonstarter. But we also felt that to get to single-payer—we are not supposed to say that. We are not supposed to tell people that the public option could be a step towards single-payer. But if it does and proves itself like I know it will, more and more people will select the public plan. And so we compromise. It was a huge compromise for us.

□ 1400

I represent the Sixth District in California just across the bridge from San Francisco, the Golden Gate Bridge, one of the best educated and one of the most affluent, by the way, districts in the country. And I say that because

they're also one of the most progressive districts in the entire United States of America. After President Obama was sworn in and we started talking health care and I would be at meetings and they would talk single payer and I knew that wasn't where we were going and I told them, they actually got tears in their eyes. I felt like I had so let them down, John, I really did. But now they're with us, they're with us 100 percent for a public option. But not just a public option with triggers or co-ops or mishy-mash that's just going to put it off and put it off and make it absolutely never happen.

They're with us for something that would be modeled after Medicare, the Medicare provider system so that the public plan doesn't have to go out and put together their own provider system, and possibly the rate structure based on Medicare. That's how I would do it. And of course it would have all the base benefits that we're insisting on for every health care plan. And because there won't be the 30 percent overhead, actually, it can be less expensive and have better benefits.

Mr. ELLISON. If the gentlelady yields back, there's other another thing about the public option that we do need to point out, and that is, it is a vehicle to introduce evidence-based practices that improve the quality of care.

The fact is that the private market could only be trusted to do whatever makes it the most money. I mean, there's nothing wrong with that; I mean, that's the country we live in, that's fine. But a public option can take on a public interest and a public spirit, which can then say, You know what? There are certain medical practices that enhance health, that make people more well, that are safer, that are less expensive—just because something costs more money doesn't mean it's better medicine.

So it's a way to introduce evidence-based practices like cooperative and coordinated care, medical home, medical bundling, things like that, so that if you're a patient, you're getting a number of people, a number of providers helping to keep you healthy so that you don't end up in a very difficult situation. That's another important aspect of this, because the more we keep people well, the less we have to spend on hospitalizations and other expensive aspects of the system, another key as to why a public option is important.

But I just want to ask you all this question: You know, I've been asked—and I'm sure you have, too—Well, are you going to stand in the way of a bill if you don't get your public option? And they ask this question in such a challenging way like, Oh, boy, I don't want to be the one who messes everything up, right? And you kind of feel like on the spot a little bit. Well, my question is, I'd like those people who are against the public option to justify handing over nearly 50 million newcomers into an industry that you're going to mandate that they get health care coverage, but absolutely provide no vehicle to diminish costs, no competition, no choice.

Many markets around the country—and the President pointed this out very well—have one provider. Alabama has one provider. Many have two providers or three—no, I'm misusing the word ''provider''—insurance company, because a provider and an insurance company aren't the same thing. These people have market power. And there has been this proposal, Well, let people buy health insurance across State lines. Well, if my State has one insurance company and your State has two, how much choice is that? So the fact is even that is kind of a red herring. I'm not saying it's a bad idea in essence, but it's nowhere near enough.

So my question is, if somebody were to tell you, I want you to buy this stool, but it only has two legs. And then they say, by insisting on that third leg on that stool, are you going to allow yourself to not have a stool? Why do you have to have the third leg on that stool? Or better yet, oh, we're going to buy a car, but you insist—and they want to suggest unreasonably so—you demand that there be an engine in the car, right? Like you're being this unreasonable person because you insist that there be an engine in the car or an extra leg on that stool.

I mean, a public option does not make the bill perfect; it makes the bill function. And so it's important to really drive this point home because people use terms like, Oh, well, don't make the perfect be the enemy of the good. Well, look, you know, we're not talking about perfect. Perfect would be, in my mind, a single-payer bill. The Conyers bill would be the perfect bill. But the fact is we've compromised already. So this public option does not perfect the health care bill; it makes it work, it makes it function. It is essential to the functioning of the whole package.

Ms. WOOLSEY. So do you want to know what I say?

Mr. ELLISON. I will yield to the gentlelady.

Ms. WOOLSEY. And Keith you were perfect.

My answer is that we don't have health care reform unless we have a public option. And this is health care reform. Now, if we had legislation to tweak around the edges of health insurance, we can do a lot that will be good in this bill, but it would be a health insurance total tweaking bill. And so then name it what it is, but don't call it health care reform. Because we're not coming back here and revisiting this in my lifetime, and I know it. I want us to do this right, and I believe we will.

So I'm not going to go there, you know—''Would I or wouldn't I?'' I mean, I've drawn the line, and many lines before, but I'm not going to vote for something and call it health care reform that isn't.

Mr. ELLISON. If the gentlelady will yield, not only have you drawn the line, you've held the line, and we're all grateful for that.

Let me yield to the gentleman from Michigan, Congressman CONYERS.

Mr. CONYERS. To my dear colleague from Minnesota, KEITH ELLISON, there are only several things that can happen in this great historic debate that is now proceeding after the President has summoned us all together to suggest the direction that we might want to take: One, we get a strong public option; two, we get a weak public option; three, we get no public option.

My prediction is, with all due respect to all the bean counters—of which there is a profusion in the Capitol Hill area—is that this bill will more than likely succeed if there is a strong public option. I think that that is the way that health care reform will attract the largest number of votes. And conversely, I fear for the health of the health care bill if we don't have a strong public option. Now, that's my view. I've been in enough of these debates long enough to make this assessment based on the fact that I've been working on health care for more than half of my political career.

And so that's why I think this discussion is so important, and I want to keep it alive by offering to take out a Special Order next week—maybe even tomorrow if it's feasible—because there are so many parts, it's important that we understand this.

What would it do to this bill if we tack on some of these suggestions? And I realize the President has to bring us all together, but what would tort reform do to this bill? What would all these exchanges and other contraptions do to a bill like this?

I want to examine everything, and we want to work with it. I saw Members, to their credit, I'm presuming that those that were holding up papers last night, I presume those were health care bills with a number on it. If they weren't, if they were just holding up papers, then somebody has to explain to me what was the purpose. But I remember a discussion that we had in the Detroit area. It was a bipartisan television discussion, but Members were talking about provisions and notions that there were no bills for. Well, how do you know that? Well, I asked for the number of the bill and there weren't any. So I know there are a lot of theories and a lot of ideas and a lot of possibilities, we're loaded with them, but until a possibility has actualized enough to be dropped into that hopper and be assigned a number—and I'm for talking—hey, let's discuss all we want.

Mr. ELLISON. Will the gentleman from Michigan yield?

Mr. CONYERS. Yes

Mr. ELLISON. Thank you, sir. Forgive me if you would, but you inspired me, Mr. Chairman, because you mentioned tort reform. And I really think the whole tort reform thing is completely bogus. I mean, if you talk to

health care professionals, they say that 1 percent of health care expenditures are associated with lawsuits. In my own State of Minnesota, you have to have a doctor who is an expert in the field swear on an affidavit that is detailed and lengthy before you can even file the complaint for the medical malpractice lawsuit. And insurance rates and medical malpractice insurance rates are not plummeting. The reality is insurance companies charge doctors a lot of money and then blame lawyers for it. That's the scam going on, and that's the way that it is.

Tort reform—there is no need for tort reform. But if the President wants to discuss tort reform, fine, I'm not going to die on that hill. I'm going to die on the public option hill. I've got my battle lines squared off. Fine, if you want to waste time to satisfy some people talking about tort reform, that's okay, but the reality is that doesn't save any money; it's not the problem.

You know, do doctors run a lot of tests sometimes because of defensive medicine, as they sometimes say? Or do they run a lot of tests because we compensate doctors based on tests and hospitalizations?

I yield to the gentleman.

Mr. CONYERS. Fee for services. Well, doctors sometimes run more tests than might be actually required because they're compensated on the basis of fee for services. And there are instances where tests have been run by one hospital and another doctor and yet another doctor, and they're all the same tests but everybody ran their own tests because you could bill it. And these are the kinds of efficiencies that we can squeeze out savings. And so it's very important that we understand where the costs are and how they might be contained.

Ms. WOOLSEY. And the gentleman from Minnesota has a clinic in his State called the Mayo Clinic that is an example of excellence in that regard.

Mr. ELLISON. Yes. And the doctors at the Mayo Clinic are paid by salary; they're not paid by how many tests they run.

I want to thank the gentleman from Michigan, Congressman CONYERS, for spending the time with us. And have a wonderful weekend, Congressman.

Well, Congresswoman WOOLSEY, we've been having a great dialogue here. We've got about 10 more minutes left in our hour. And we can take that time by continuing to help define this idea of the public option. Do you think that's a good use of our time?

Ms. WOOLSEY. I have a few things I would add to what I think is a robust public option.

Mr. ELLISON. I yield to the gentlelady.

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Ms. WOOLSEY. Well, I would believe that to be robust, the public option must be available nationally, across all State lines. It should be available from day one, with no trigger. And next week let's talk about triggers and co-ops.

I would have a robust public option that was built on the Medicare network structure, which means the providers, the doctors and the hospitals and the clinics that take Medicare, will automatically be assumed will take the public option. Now, I think if they don't want to, they don't have to. That is the way it is with Medicare also. But that they take it. This is brand new patients for them, paid for by the public plan. And it would be publicly accountable. This plan will work for the public and will be held accountable to the people of this country.

Mr. ELLISON. I think those are some essential factors. I think it is important to point out the Progressive Caucus has been crystal clear on what we mean by public option from the very beginning and has simply reiterated the position that we have taken.

Again, I simply believe that it is the dogged efforts of your leadership and that of co-Chair GRIJALVA, together with the Progressive Caucus as we support our leadership in the caucus, together with other members of the Democratic Caucus, together with the progressive community out there, people who signed the petitions that were in the huge stack when they gave them to you, people who amassed all of these documents, which are double-sided, by the way, all of these, 63,692 people sending them to 65 Members of Congress to encourage them to stick with the public option.

Ms. WOOLSEY. If the gentleman will yield, next time I am on this floor I am going to have mine sent here. It is really impressive. I will bet you every Progressive member has a stack like that. We need to all bring them.

I bet every Member, not just Progressive members. Shame on me.

Mr. ELLISON. It goes to show Americans are really ready for the kind of change we are talking about right now. It is essential that President Obama debunked myths last night. You know, in this body where we are standing now, which has maybe 20 or 30 people in it, of course, there are a lot of folks in the gallery, the fact is it was packed last night. But each one of the people who was here last night to hear the President's speech heard the President take on those myths head on, and I was very, very proud of the President when he did that.

He made it clear that health care reform is not just for the 49 million uninsured, though it is for them too. It is also for the people who have insurance, who have seen their rates double over the last 2 years, who have seen their copays go up, who have seen their deductibles getting higher and higher and higher, so if they do have an accident or need the medical care, that more and more of the money is going to come out of their pocket.

He talked about the importance of saying this is something we all need and this is good for everybody. He said, look, if you think you are invincible and are never going to get hurt and you don't have health insurance because you want to, like, save money by doing it, if you do get hurt, and we all know accidents happen every day, then we all are going to cover you because you are going to show up at the emergency room and that is going to come out of our taxes.

So he talked about how we are really all in this together, and it is a myth if you think you will be that rugged individual and just go it alone.

He didn't take on the myth of the death panels, but I wish that he did. I just want to reiterate that there are no death panels. This is a myth. It is not true. It is just really a simple lie. And the fact is is that what the legislation calls for is to compensate doctors if they have a conversation about end-of-life with their patients.

This is an extremely good idea. Why? Because anyone who has found themselves in that very difficult situation, having a loved one on a ventilator, you want to know what your loved one would want you to do. You want to know is there a DNR, is there some sort of will, is there something to help you, give you guidance as to what their wishes would be. So this is just dignity. This is just the way we should treat each other. I wish the President would have had time to really hit that point. But I know he understands that there is no such thing as death panels.

So I was happy by and large with the President's speech last night. As Congressman CONYERS pointed out, I wasn't happy about everything, but, of course, we understand we have to stay in the game long, not just short.

In the final minutes, I am going to hand it to the gentlewoman from California, Congresswoman WOOLSEY, our fearless leader in the Progressive Caucus, and you can take us out.

Ms. WOOLSEY. Thank you, and thank you for doing this every week. You are wonderful. I am going to read one more time what this card that is laminated says. The press is saying to me, how do you know he is going to do that? I say because this will never destruct. ''You said,'' we will say.

But, anyway, last night and on this card it says that the plan that the President supports offers a public health insurance option to provide the uninsured who can't find affordable coverage with a real choice. It does offer more than the uninsured, but not immediately. So that is very honest there.

Thank you, Mr. ELLISON. We will be back.

PERMISSION TO FILE REPORT ON H.R. 3246, ADVANCED VEHICLE TECHNOLOGY ACT OF 2009

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent that the Committee on Science and Technology may have until 11:59 p.m. on Friday, September 11, 2009, to file its report to accompany H.R. 3246.