

America and puts Americans back to work.

You know, if you are refitting homes with insulation, with special roofing to capture rainwater, those are sheet metal workers. Those are carpenters. Those are building tradespeople that you and I live and work with every single day. Put them back to work. This is great.

I don't see it, other than being against it.

Mr. BOCCIERI. Well, they weren't against it last year. In fact, I point to my friend Mike Huckabee who suggested that a Nation that can't feed itself, a Nation that can't fuel itself, or a Nation that can't produce the weapons to fight for itself is a Nation forever enslaved. He also said that it's critical that for our own interests economically, and from a point on national security, that we commit to become energy independent and we commit to doing it within a decade.

We sent a man to the Moon in a decade. I think in 20 years we could become energy independent. I believe we can. We have to take responsibility in our own House before we can expect others to do the same in theirs. It goes back to his basic concept of leadership, that leaders don't ask others to do what they are unwilling to do themselves. That's why leaders who ran for the office of the Presidency last year believe that a strong national energy policy is about making America stronger, relying on the innovation in the Midwest rather than relying on Middle East oil. That makes America stronger.

In 1950, over half of the jobs in this country were in manufacturing. We are at 10 percent now because we exported our ability to produce and build things here. We are becoming the movers of wealth instead of the producers of wealth.

Let's invest in something that we have to use every day, and that's energy. Let's invest in our own future, produce things here. Let's build windmills here. Let's let Timken in Canton, Ohio, make the roller bearings for these huge wind turbines. Let's let SARE Plastics in Alliance build the moldings and cast moldings for these wind turbines. Let's let fuel cells be developed at Rolls Royce so that we can put them in our cars and have them recharge batteries and use the solar panels that are developed in our part of Ohio recharge the batteries that are being developed in Medina County in my congressional district.

Let's use that compressed natural gas now that we are using and researching at the Ohio State Agricultural Research Center in Wooster, Ohio. Let's use that compressed natural gas to turn our generators to heat and to produce electricity for our homes.

That's the type of innovation and diversity of energy that will make America stronger in the long run and focus, focus on our economic interests as a country.

As John Kennedy said, we do these things not because they are easy but because they are hard. Because they are hard. But we know that if we don't make this transition right now, decades later we will make America very, very vulnerable.

When I go back and answer to my constituents, when I go back and answer to the people, I want to tell them I stood with them, and I stood with making America strong.

INCREASE SOURCES OF ENERGY

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

Mr. PRICE of Georgia. Mr. Speaker, what a glorious evening it is to come to the floor to remind my colleagues about a little fact and about a little truth. I have heard so many things over the last 15 or 30 minutes, Mr. Speaker, I am not quite certain where to begin.

But I guess I would begin by imploring my colleagues on the other side of the aisle to talk to the Speaker. Goodness gracious, talk to the Speaker. When they talk about expand drilling, oh, they could talk to the President as well, expand drilling. You betcha, Mr. Speaker, you betcha that that's what we want to do is expand drilling.

When they talk about clean coal technology and advancing clean coal technology, you betcha, Mr. Speaker. The problem is, the Speaker of the House and the President of the United States don't support it. That's the problem.

I would encourage them to talk to their own leadership because the principles and the policies that they have just espoused over the last 15 to 30 minutes are as strong as we have on our side of the aisle, the Republican side of the aisle, espoused over the last number of years. I would encourage them to talk to their leadership. I would point out, Mr. Speaker, that one of the things that was said is absolutely correct, and these aren't Democrat problems and these aren't Republican problems. They are American problems.

To that end, I want to talk about what America has been concerned about. Mr. Speaker, if you think about what happened in August in this Nation, all across this Nation, it was a remarkable outpouring, a remarkable outpouring of concern, yes, and of fear, yes, and of anger about the direction in which the American people see their Nation headed.

What they said, I believe, in town hall after town hall and meeting after meeting after meeting was, Washington, you are not listening. You are just not listening. We thought that we were electing change in November of 2008, and, in fact, we have elected change as a Nation.

□ 2220

The problem is the change that's being instituted by my friends on the

other side of the aisle and the Speaker and the President are not the change that the American people wanted. That's the problem.

So they come out to these meetings and they come out to talk to their Representatives, if even they will meet with them. So many of my friends on the other side of the aisle refused to hold town hall meetings. But they come out to these meetings and they say, Please, please listen to us. Listen to what we're telling you. Your policies are killing us. They're killing us from an economic standpoint, too many taxes. You're spending our children and our grandchildren's money. You just can't do that. We can't do that at home. You can't do that at the Federal level.

And so what they want are solutions. And my friend on the other side of the aisle earlier talked about solutions. And I'm going to talk a lot—a lot—about solutions this evening, because even this evening my two grand colleagues from Ohio reiterated this fabrication, this falsehood. Oh, yes, Mr. Speaker, something that isn't absolutely the truth when they say that Republicans have no solutions; they don't bring any solutions to the table.

Well, we're going to talk about tonight a couple of solutions just in the area of energy and health policy. And if you, Mr. Speaker, would like to go look at our solutions, they're on our Web site. I'm privileged to chair the Republican Study Committee, the largest caucus in the House of Representatives, that puts solutions on the table for every single American challenge that we face, solutions that embrace fundamental American principles that are optimistic and forward thinking and upbeat and realize that the reason we're the greatest Nation in the history of the world is because we have followed fundamental American principles.

So you can Google Republican Study Committee or go to RSC.price.house.gov—and look at our solutions. Look at our solutions for an economy that we've seen a nonstimulus bill that is driving more individuals into unemployment, that is losing 4 million jobs just in this year alone.

Look at our solutions, which is the contrast to a budget that was passed by this House of Representatives that spends money that we don't have, borrowed from the Chinese Government; money that makes us \$1 trillion in debt year after year after year after year. And the American people are fed up with it, Mr. Speaker.

Look at our solutions that say that the way to be able to utilize American resources responsibly so that we solve the energy challenges that we have, there's a way to do that that makes it so that the government isn't put in charge and also so that we aren't taxing the American people to death.

Mr. Speaker, look at the solutions at RSC.price.house.gov for the health care

challenges that we face that we will be talking about a little more this evening.

I want to start with the health care issues because one of the things that drove me into public service after 20 years of practicing medicine—Mr. Speaker, I took care of folks who had broken bones and battered bodies as an orthopedic surgeon for over 20 years. I took care of them the best way I knew how and the best training that I was able to avail myself of, and I took care of them in a way that oftentimes led me to believe that the State government and the Federal Government were impacting the ability of myself and my staff in an adverse way—in an adverse way, not a positive way—in an adverse way to be able to care for those patients.

So my friends on the other side of the aisle, the presentation that we just saw, Mr. Speaker, the gentleman had six Ps. I only caught five of them. But they were: People, portability, pre-existing conditions, physicians, and prevention.

Mr. Speaker, I would suggest that none of those—none of those challenges that the gentleman from Ohio described—none of them are improved by the intervention of the Federal Government. Not one. Not one.

So when I talk about principles in the area of health care, which is what I think we need to be talking about here in the United States House of Representatives and the Congress of the United States and by the President, we ought to be talking about principles of health care so that we create a system that is responsive to patients. That's the goal. Correct, Mr. Speaker? Responsive to patients.

When we talk about principles, most of us have the top three. Most Americans have the top three principles. They're affordability. You ought to be able to afford the system that we create. Accessibility. You ought to be able to get into the system if you're a patient. And quality. You want the highest quality of care in the world, which is in fact what we have right now.

I add three more principles to those: affordability, accessibility and quality. I add three. One is responsiveness. You have got to be able to have a system that's responding to people, which is so often not the case in other nations where they have systems that are taken over by the government.

The second is innovation. We are a Nation that has allowed for the greatest amount of innovation in the world—in the world—in the area of health care. That has resulted in the highest quality of care for all of our citizens, for every single American. So we want a system that creates and incentivizes innovation.

Third and finally, choices. The American people want choices when it comes to health care. They want to be able to choose their doctor; they want to be able to choose where they're treated. They want to be able to choose when

they're treated and how they're treated. And that ought to be their right. That ought to be their right.

So principles of health care—affordability, accessibility, quality, responsiveness, innovation, choices. Those six principles, Mr. Speaker. And you may have some others, the people listening may have some others.

I would suggest to you, Mr. Speaker, that those six principles, and the ones that were outlined by my friend from Ohio just a little bit earlier this evening, that none of those principles are improved by the intervention of the Federal Government. Think about it. Accessibility to the system. The Federal Government runs basically four specific medical programs: Medicare, Medicaid, the VA Health Service, and the Indian Health Service.

Accessibility. All of those systems have some kind of rationing of care. You don't have to take my word for it. Talk to anybody who works in those systems. When I worked in the VA Medical Center in Atlanta, we would get to a point every single quarter when they would say, I'm sorry, you can't perform any more total joint surgeries this quarter. And it wasn't because we'd run out of total joints; it wasn't because we'd run out of prostheses. It wasn't because we'd run out of patients for whom the indication was to provide them with a total joint.

No, Mr. Speaker, it was because we had run out of money. And that's because when you get a government-run system, what happens is that the decisions are controlled by money; they're not controlled by patients and by quality. Accessibility is limited in every one of those.

For example, the Mayo Clinic, one of the finest health care providers in the Nation, in Jacksonville, Florida, is limiting the number of Medicare patients that it sees. Limiting the number of Medicare patients that it sees. Why? Not because they forgot how to take care of seniors. No, it's because the system is broken and flawed.

That's what happens with a government system, is that it limits accessibility. When veterans in our veterans health care system call up for an appointment, are they given the appointment in the way that happens in a personal or a private setting? No, because accessibility is limited in a government health care system, not just in the United States, but in every other system in the world that is run by the government. It's limited. Accessibility is limited.

So affordability is compromised; accessibility is compromised. Quality is compromised because of those first two. Responsiveness and innovation, certainly not consistent with anything that the Federal Government does with responsiveness and innovation. No, we know that responsiveness is in the private personal sector. We know that innovation is in the private personal sector, not in the governmental sector. Certainly, the government tries to

catch up. And sometimes it does with relative efficiency. But it doesn't do so initially because there's nothing, nothing in the Federal Government that demands that you have responsiveness and innovation.

And then the final principle of choices. The Federal Government and choices are inconsistent with each other because the Federal Government defines what individuals ought to do, defines what individuals must do, and determines basically what is available to people. And if it's available in something that doesn't mean anything to folks by and large, it doesn't really make a whole lot of difference.

But in the area of health care, in the area of medicine, in the area of personal decisions that make it so that you are able to care for you and your family in the most personal and effective way, the government has no place in those decisions.

□ 2230

The government has no place in those decisions, Mr. Speaker, none. And they ought not. So our friends on the other side of the aisle say, Oh, no, the government is the only entity that can provide the balance to this equation. Mr. Speaker, you know that the balance in this equation in the area of health care means that individuals will not receive the kind of care that they desire, not receive the kind of care that they and their families choose for themselves. They'll receive the kind of care that the government chooses for them, but they won't receive the kind of care that they and their families desire.

In the fall of 2009, nothing could be more important here in Washington and here in the United States Congress as we try to talk productively about this issue that is of such incredible importance to the American people. One of the greatest concerns that I have is that at least half, and maybe more—at least half of the Members of Congress have been shut out of this debate. I mentioned that I'm privileged to Chair the Republican Study Committee, the largest caucus in the House of Representatives. We have attempted to solicit and take the President at his word when he said, If you have an idea, if you'd like to discuss the issues that we have before us in the area of health care, come on down to the White House. My door's open. Right, Mr. Speaker? That's what he said. My door's open. Come on down, and we'll go over the bill line by line.

Well, Mr. Speaker, this may come as a surprise to some folks, but we, the Republican Study Committee, have been asking for a meeting with the President of the United States since the week he was sworn into office. And the response every single week has been, Well, thank you very much. This is an incredibly important issue. There are nine Members of our conference who are physicians, like I am, who have significant passion about the

issue of health care and the reason that we ought not put the government in charge. Our friends on the other side of the aisle say cavalierly, Well, you just ought to let the government compete for this.

The fact of the matter is, Mr. Speaker, if the government competes for it, it drives over 100 million individuals, over 100 million Americans from personal, private health insurance that they choose, that they select for themselves and their families. It drives them, it shoves them, it forces them into the government program. Mr. Speaker, that's not what you want, or at least that's not what you say you want. That's not what my colleagues on the other side of the aisle say they want, by and large. But that's the system that we're going to have if, in fact, the Speaker of the House and the President have their way.

So we've got some incredibly important issues to discuss here in the United States House of Representatives. I'm joined this evening by a great friend and colleague, the gentlelady from North Carolina (Ms. FOXX) who has been front and center on the health care issue and on the energy issue. I know that she has been frustrated by much of the information we have heard this evening, especially in the area of energy policy, because we have been fighting tooth-and-nail to make certain that we could put forward an all-of-the-above energy strategy. My friends on the other side of the aisle earlier this evening talked about the lack of solutions that we have. So I'm pleased to yield to my friend from North Carolina, VIRGINIA FOXX, for her comments on energy or whatever else she would like to chat about this evening.

Ms. FOXX. Well, I thank you, Dr. PRICE, for beginning this hour and bringing an extraordinarily comprehensive and cogent discussion to the health care issue. I did hear more of our colleagues who were here in the previous hour talking about energy than health care. But I did hear them say if we were to adopt the health care proposals—and I assume that they mean H.R. 3200—that that would bring long-term economic growth to this country. And I thought that I must be living in either Never-Never Land or Wonderland or someplace other than in the United States of America and serving in the United States Congress, because having the government take over health care in this country is a formula, in my opinion, for harming economic growth in this country, not creating economic growth. I think that the American people have caught on to that.

I want to say that the thing that kept running through my mind as I was listening to them—and let me say here that many folks wonder why we often are here speaking to an empty Chamber. But we're usually in our offices, listening to what's going on in the Chamber, along with about 800,000

other people in the country. So we do listen to each other, and sometimes it is very frustrating to hear what's being said, because I believe, in many cases, the American people are being misled by the comments that are being said. We don't expect to see long-term economic growth from health care. One of the best things, I think, that has happened this entire summer is that the American people have been paying closer attention to what's being proposed in the Congress.

H.R. 3200 has been looked at by the public, and they understand that what we have been saying about the bill is more accurate than what our colleagues have been saying about the bill. I have read the bill. I know you have read the bill, and I want to encourage more and more Americans to read it because I don't think that the time has passed for our considering that bill. I think that, or something similar to it, is going to be dealt with on the floor of the House.

But what I wish is that more Americans had paid closer attention to the bill that our colleagues call cap-and-trade, and which we call cap-and-tax, because I think if the American people had paid as much attention to that as they have to the health care bill, they would have been up in arms earlier this year. Most of them don't realize that, again, what our colleagues were saying is just the opposite of what they do in legislation.

Last summer we were here talking about the problems with energy. Gas prices were skyrocketing. And as you pointed out, we stood for an all-of-the-above energy policy in this country. We want to be able to use the resources that are available to us in this country. I believe the Good Lord gave us the resources in this country to take care of our energy needs. But our colleagues on the other side of the aisle—and let's say it—the Democrats are in control of this Congress. It's very important that people understand that our colleagues who were speaking a while ago were speaking of the folks in charge who are of their party. They make it seem like they're not in control, that they can't make the things happen that they're talking about. But they are in control. Every day they make us more and more dependent on that foreign oil that they say they don't want us to be dependent on.

We have seen here how they have shut down accessibility to shale and oil and the Outer Continental Shelf. Over and over and over again, they stymie every opportunity that we have to increase the sources of energy in this country.

Mr. PRICE of Georgia. Will the gentlelady yield?

Ms. FOXX. Absolutely.

Mr. PRICE of Georgia. I appreciate those comments because I was stunned as I was sitting here, listening to the gentleman from Ohio say—and I wrote it down just because I was so astounded—say that we ought to increase

our use of “coal, nuclear and oil shale.” He said that, and in fact, that is exactly the opposite thing that his party has done; isn't that the truth?

Ms. FOXX. It is absolutely the truth. In fact, in the cap-and-trade bill, that they call it—we call it cap-and-tax—what it will do is it will make us more dependent. It stops the use of coal in this country. We have much more coal resources available to us than Saudi Arabia has oil resources, and we know that. But they seem to hate coal and want to do everything that they possibly can to diminish the use of it.

There are no plans for creating nuclear energy, increased nuclear energy. Yet we know if we're going to maintain our standard of living in this country, we need to be building in the next 30 years 30 to 50 nuclear power plants. We also know that since World War II, France has gotten 85 percent of their electricity from nuclear power, and they have never had one tiny problem as a result of that. But the radical environmentalists in this country seem determined to create blackouts in this country. They don't want coal. They don't want us to drill for oil. They don't want nuclear. They're even protesting now putting in solar panels out in the Mojave Desert. They don't want wind farms.

Solar and wind are not the solutions to our energy needs, and we know that. President Obama said he would double the use of alternative energies, meaning wind and solar, and yet President Bush did that in the last 18 months of his administration. We went from 1.5 percent to 3 percent. Well, President Bush did that in 18 months. President Obama has said that he would double it during his first term. Well, going from 3 percent to 6 percent, given how the technology is growing, isn't a very big leap.

□ 2240

But we also know that we can only absorb in our current electric grid only 10 percent of solar and wind. Beyond 10 percent we put our wonderful system of energy in great jeopardy because we simply don't have the grid to handle it, and we can handle up to 10 percent, as I understand it from listening to the experts. But even that, for us to absorb 10 percent of wind and solar, which are undependable, and that's the main reason we can't absorb more than 10 percent, would take \$3 trillion to redo our grid. They never say anything about that cost. And to be able to put in cap-and-tax would be enormously expensive to the average American consumer. We know that it's probably going to increase energy costs between \$1,700 and \$3,000 for the average American family. They never mention that when they're talking about what they want to do in terms of alternative energy.

I think it's very important, again, that we call the attention of the American people to that bill. I'm sorry I forgot to write down the number of the bill, but if people, again, would pay

some attention to that bill and read it, as they have H.R. 3200, I think they'd find that we are telling the truth about it and that rather than expanding domestic energy sources, it's going to contract domestic energy sources because of all the rules and regulations and the costs of them. I think it's a cruel hoax being put out to the American people along with what they have been saying about health care also.

I want to switch back to that subject because you are an expert in both of these areas, but you're really such an expert in the health care area. I want to take it down, though, to, I think, a conversation that everybody can understand.

When I was growing up in western North Carolina in the 1950s, my family was extraordinarily poor. I mean dirt poor, as we used to say. And yet we could afford health care. I had chronic asthma and allergies and often had to get health care treatment, and my family could pay for that. The costs were very low. And I began to think a few years ago, now, what has happened since I was a child living out in the country, a very rural area, the poorest county in North Carolina, and yet we had a small hospital, we had doctors there who would treat us, and we could pay cash and meet our obligations? What has happened since that time in the mid 1960s Medicare was created, Medicaid was created? Government policies encouraged companies to provide health insurance for their employees because they could tax deduct it but individuals could not. So the rules changed dramatically.

I know also that we have wonderful technology. We have many, many more specialists in our country, and our health care has gotten better and better in this country. And I get really furious when I hear these statistics from our colleagues that want to say that we are 35th in the level of health care that we provide. Well, why is it that everybody comes to our country to get health care and why is it that our average lifespan is now 80 years old and people are living such vibrant lives right up almost until death, most people are? It's because we have created government-run health care in Medicare and Medicaid and in the other areas that you talked about and third-party payer. We have taken away the sense of responsibility from Americans for how much things cost. And everybody thinks, well, if insurance is going to pay for it, it's not costing me anything. I'll utilize it to the full.

But I make the analogy we all have to buy car insurance because as we drive our cars, there is the chance we will harm someone else, so we all have to have liability insurance. But our car insurance does not pay to change our oil or put new tires on the car, and yet we have come to accept that.

The same thing with homeowner's insurance. We buy homeowner's insurance because it's the practical thing to do. But if our roof gets a leak in it, we

don't turn that in to the insurance company. We fix the roof because we know if we don't fix the roof, pretty soon the ceiling is going to be leaking, then the floor is going to be damaged.

So we assume that responsibility for our cars and our homes, and yet over the years, this insidious growth of government and third-party payer through insurance have taken away the sense of responsibility that we have for taking care of our own bodies and taking care of our own health. And the more we involve the government, the worse it's going to be. We don't need government-run health care in this country. We need to follow the principles that you outlined, and I think you did a beautiful job.

The other thing I want to say is we keep hearing that Republicans have no alternatives. Our alternatives fit exactly the principles that you outlined, and I just want to mention a couple of bills here.

H.R. 2520, the Patient's Choice Act by Mr. RYAN from Wisconsin. The Patient's Choice Act would transform health care in America by strengthening the relationship between the patient and the doctor by using the forces of choice and competition rather than rationing and restrictions. It seeks to ensure universal affordable health care for all Americans.

And then there's the bill that you introduced, which you, I don't think, have spoken of, but it's H.R. 3400, and we want to make sure people understand the difference; The Empowering Patients First Act to increase patients' control over their health care decisions by offering more choices and the highest quality available.

We have comprehensive bills out there that do what needs to be done, but the Speaker refuses to pay attention to those, as you said, and the President refuses to pay attention to them. They are determined to control every aspect of our lives, and taking over health care gives them the wonderful opportunity to do that.

I want to thank you again for leading this hour tonight and getting us on the right track on these issues.

Mr. PRICE of Georgia. Thank you ever so much, my dear friend from North Carolina, Ms. FOXX, who outlines very specific and clear and cogent discussion points in the area both of energy policy and in health care policy.

I think one of the important takeaways that I would offer in the area of energy policy is that we have been talking about and desirous of what we call an all-of-the-above energy solution that our friends on the other side talk about but, in fact, they have never voted for or introduced policy legislation that would accomplish that. And by "all of the above," we mean sincerely that America has been blessed with incredible resources, remarkable resources, and that we ought to be able to utilize them in a very environmentally responsible and sound way.

What does that mean? That means that offshore from the United States, there are resources that we can utilize. Onshore there are oil resources that we ought to be able to utilize: oil shale technology that allows us to gain the fossil fuels from oil shale; shale oil west, to be able to use that and supply the American people with appropriate resources in the area of oil; clean coal technology, which my friend from North Carolina discussed and our friends on the other side talk about but, in fact, they vote against every time it comes up; and then nuclear technology.

We ought to be able to use increasing nuclear resources to be able to provide energy for the American people. And we ought to be able to do so not just because it's the right thing to do for our Nation, not just because it's available to us and the good Lord has blessed us with this remarkable knowledge and expertise and resource base, but because in so doing, we make it so that we're not helping people across the world who don't like us. There are people that we are supporting to a huge degree, the Government of Venezuela, which is headed by an individual that has absolute animosity for the United States. There are governments in the Middle East that we are sending literally hundreds of billions of dollars to that are not fond of the United States or our government or our people.

□ 2250

We ought not be utilizing American resources, American tax money, American labor, and ingenuity to fund folks who don't care for us. That is just wrong. If it were the only option available, that would be one thing, but it is not. There are wonderful resources that we have, but we are blocked by the Democrats in charge and the majority party. And that is wrong.

The President has said over and over again that he doesn't believe that we ought to utilize our resources in this way. As the gentlelady from North Carolina says, he wants to double wind and solar energy. That is fine. That is great. But it will be ultimately 6 to 8 percent of the energy utilization of this Nation. That is not going to get us over the hurdle. It is not going to get us where we need to be.

So on the one hand, we need to conserve more. Absolutely. We need to utilize American resources for Americans. That is a responsible thing to do. That is a common sense thing to do. One would think if one was elected to the United States House of Representatives or the Senate that one would have that as a responsible feature of their policy, to utilize American resources for Americans. And we ought to be able to incentivize the creation of the new form of energy without the government picking winners and losers. That is a responsible energy policy. That is an all-of-the-above energy policy. That is an energy policy that we have been clamoring for for years, literally, and

have been blocked at every single turn by our friends on the other side of the aisle in their beholden nature to folks who would not allow us to use American resources.

I want to talk a little more about the issue of health care because it is driving the entire debate here in Washington today.

I have talked about principles in health care: accessibility, affordability, quality, responsiveness, innovation, and choices, and that none of those principles are improved by the intervention of the Federal Government.

I don't think there is a single American who sincerely believes that they are improved by more imposition of rules from Washington. So if you believe that, if we believe that, then the President would have us believe there are only two alternatives, that it is either the government in charge or it is the insurance companies in charge.

Well, Mr. Speaker, that is a false choice. That is a false premise. In fact, it is not just the government in charge or the insurance companies in charge; in fact there is a better way. There is the right way. There is the correct way, and that is to put patients and their families in charge.

How do you do that, to put patients and their families in charge so that accessibility, affordability, quality, responsiveness, innovation, and choices are all improved? In fact, all of the principles in health care are improved if the patients are in charge. In fact, the system moves in the direction that it ought to move, and the direction that our health care system ought to move isn't the direction I, as a physician or Member of Congress believe it ought to move; it isn't the direction that you believe it ought to move; it isn't the direction in which our collective intelligence here in the House believes it ought to move. The direction that it ought to move in is the direction that patients want it to move. The only way to do that is to allow patients to control the system.

Mr. Speaker, the bill that will do that is H.R. 3400. You can go to the Web site for the Republican Study Committee, rsc.price.house.gov. Look it up. It is right there. There is a side-by-side with H.R. 3200, which is Speaker PELOSI and the Democrats in charge here in the House, their monstrosity, a 1,000-plus-page bill. Or there is a responsible way to do it, H.R. 3400.

Now what does H.R. 3400 do? Well, it does five big things very specifically, in addition to a lot of other things, but five big things.

One is that it gets Americans insured. It is imperative that we make certain that those individuals who are unable or appear to have the lack of resources to be able to finance health coverage for themselves or their family have the wherewithal to do that. How do you do that as a good conservative? Well, you make it so for every single American it makes financial sense to

be insured. Americans are bright people. They are making financial decisions right now not to be insured. So we devise a system, create the rules of a system that will respond to patients that will make it so each and every American citizen sits down at the end of the day and when they are doing their budget, they realize that it makes more sense for them financially to be insured than not.

You do that through a series of tax deductions, tax credits, refundable tax credits, advanceable refundable tax credits, tax equity for the purchase of insurance so that individuals are able to purchase insurance with pretax dollars, just like businesses, instead of post-tax dollars. So you get folks insured.

Secondly, you have to solve the challenges of the health insurance system right now. There are wonderful things about our health care system, but there also some things that are flawed. Those flawed things we ought to solve, and they are relatively easy to solve.

For example, the two main issues, portability, you ought not lose your insurance if you change your job or you lose your job. It ought not be the case. Preexisting injury or illness. If you happen to have a diagnosis that results in a major calamitous event for you or your family from a medical standpoint, or you have an injury that results in a major expenditure, you ought not be priced out of the market. You ought not lose your insurance. That is wrong.

So how do you solve that? Well, you make it so that individuals own and control their insurance policy so they can take it with them if they lose their job or they change their job. In addition to that, you make it so Americans can pool together with millions of other people for the purchase of insurance. So you get the purchasing power of millions even if you are one individual or a small group or small business or small employer in that market to purchase health insurance. So you solve those challenges. You get people insured, and you solve the insurance challenge.

Third is to make absolute certain that it is patients and their families and doctors who are making medical decisions. Not government bureaucrats, not insurance bureaucrats, not anybody else.

Medical decisions are some of the most personal decisions we ever make in our lives for ourselves and for our family. We ought to have the right, we do have the right, but we ought to be able to exercise the right of making those decisions ourselves.

It is a sad commentary, Mr. Speaker, right now in America that in order to get that accomplished you have to write that into law. That is a sad commentary, but it is where we find ourselves right now. So H.R. 3400 says that, that nobody else in the Federal Government or the insurance industry will be able to make decisions as it relates to the provision of medical serv-

ices and care for individuals or members of their family.

Fourth, we solve the issue of lawsuit abuse. Lawsuit abuse, the lottery mentality that we have created in our society that makes it so that individuals believe if they just hit the right note, if they just are able to find the right cause of action against a physician or hospital, they might make millions. That results in the practice of defensive medicine. And the practice of defensive medicine are those tests and examinations that your doctor performs or orders in order to make certain, make absolute certain to as much scientific certainty as one can that the diagnosis or procedure he or she proposes for a patient and then carries out is backed up by all of the knowledge and evidence that is available to them so that if they find themselves in a court of law at some point they can look at the judge and jury and say look, I did every one of these things to make certain what I proposed to do and what I did was appropriate for this patient. And the judge and the jury nod their head and say, yes, he or she did.

It doesn't make any difference whether the first two of those things were what was necessary to perform the diagnosis or cure the patient, the next 15 or 16 were redundant; but that is the practice of defensive medicine. Hundreds of billions of dollars each year, and it is not necessarily that it harms the patient, because it doesn't; but it makes it so that the system spends so much more money than it has to in order to provide the care that it currently provides because of the lawsuit abuse that we have.

Mr. Speaker, so we can have everybody insured. We can solve the insurance challenges. We can make certain that medical decisions are made in their rightful place, that is, between patients and families and doctors; and we can solve the whole issue of lawsuit abuse.

And the fifth item in H.R. 3400 is that we can do all of those things that would solve 99 percent-plus of the challenges that we face in health care, all of those things we can solve without raising taxes one penny. Not one penny.

□ 2300

So, Mr. Speaker, when we look at 3400 and when we compare it to the bill that has been passed through three committees here in the House of Representatives by the Democrats in charge, a \$1.3 trillion monstrosity, a 1,000-plus-page monstrosity that results in an \$800 billion tax increase and a \$500 billion slash to Medicare programs—when you look at that, that's why the American people are confounded, they're confused. They don't understand what's going on because they know that that's not the solution. They know that the majority party—the Democrats in charge, the Democrats in power—are taking us down a path that is not consistent with what they believe.

They cry out, clamor, and have said over August and earlier this month, Why aren't you listening to us? Why aren't you listening to us?

So that is why the opportunity that we have in this Chamber and in the Senate, right down the hall here in the Capitol, to solve the challenges that we face in positive ways that make fundamental American principles come to the table is so wonderful. We've got a great opportunity. In fact, we're ignoring that right now because of the leadership that we have—because of the lack of leadership from this Speaker and from this Congress to allow to be put in place the positive solutions that are available to us as a Nation.

My friend from North Carolina is kind enough to stick around and to remain here for these discussions. I'm happy to yield to her.

Ms. FOXX. Well, I thought that it might be useful to throw out a few other statistics tonight. I haven't had a chance to read this entire article, but the *Weekly Standard*, September 21, has an interesting article in it by Fred Barnes, entitled "An Unnecessary Operation." It has some very interesting statistics in it, some of which we have talked about before. I think it's important to point out, he says here in this article, that 89 percent of Americans, in a June 2008 ABC News-USA Today-Kaiser Family Foundation survey, said they were satisfied with their health care.

Most Americans think that we're trying to do too much in our government. One area that they're very happy with is their health care, and I think that it's important that we point that out.

As you say, there are things that do need to be done. There is no question. Republicans understand we need to make modifications in people's accessibility to health care, in its portability—those principles that you laid out earlier. We want to do that, and we have ways to do that, as you say, without it costing a dime to the American people. That's what we should be focusing on. With 89 percent of Americans being satisfied with their health care, let us make minor adjustments to the health care system.

Let me point out some other statistics that, I think, are very, very important. These go against those people who decry what an awful health care system we have in this country, which really infuriates me because, again, we know that people are coming here—thousands of them. In here, I think they say 400,000 people a year come from other countries to get medical care. Let's talk a little bit about those.

The two very major innovations in health care are the MRI and the CT. The statistics on this are absolutely astounding in terms of the numbers of machines. The United States has 27 MRI machines per million Americans. Canada and Britain have 6 per million. We have 27. The United States has 34 CT scanners per million. Canada has 12 per million. Britain has 8 per million.

Now, we know just on the face of it, with that many fewer machines, it's going to take a lot longer to have access to those machines. Right now, American patients pay out-of-pocket expenses of 12.6 percent. It's much higher in other countries, including the countries that have government-run health care.

Then we can talk a little bit about mortality. I mean, again, you've laid out the arguments for why we should make the kinds of changes you've recommended and that Republicans have recommended, but let's talk a little bit about survival rates:

For all cancer, 66.3 percent of American men and 63.9 percent of American women survive. In Europe, it's only 47.3 percent of men and 55.8 percent of women who survive after 5 years. These are statistically significant numbers. Let's talk about breast cancer. There is a 90.1 percent survival rate for Americans and a 79 percent survival rate for Europeans. I mean, not only do we have the least expensive health care in this country and the most available health care in this country, but we also have much, much greater survival rates in this country.

Why do we want to mess up that system by implementing what Speaker PELOSI and President Obama have recommended? That is simply going to go against the Hippocratic oath.

I was thinking about that earlier. I know physicians say, above all else, they should do no harm. You know, I really think that that needs to be added to our oath when we come here and swear our allegiance to the Constitution. I think it's entirely appropriate for us to do that, but I really think we should add something like the Hippocratic oath, which says to do no harm, because what the Democrats want to do, who are in charge of this government right now—of the Congress as well as of the executive branch—is to actually bring harm to the American people. They will be violating all of those principles which you laid out earlier, and we're going to be reducing life spans and survival rates if we go to a government-run plan. It's unnecessary except that it is part of the philosophy of the liberal Left.

Their idea is that the government knows best. For those of us who are conservatives and who are mostly Republicans, our idea is that it's not the government that knows best. We should leave people as free as possible, and we should operate as we have for over 200 years in our society and in our country, which is with a capitalistic operation. We have a Judeo-Christian bedrock. Our rule of law and our capitalistic system have allowed us to have the most successful society that has ever existed in the world.

Yet these folks want the government to take over. They want the government to run automobile companies and to become banks for student loans. Everything should be run by the government, in their minds, while we say let's

perfect the situations that we have. We can certainly improve what we do in almost every area, and we should focus on those things instead of turning upside down and reversing the things that we do well.

So I want to thank you very much for leading this hour and for focusing on these two issues, energy and health care, which are so important to Americans, and for helping to set straight some of the things that our colleagues said, particularly in the previous hour, but they're things which they say almost every day. Let's call them to task on those issues.

Thank you, Dr. PRICE, Congressman PRICE, for the leadership you've given to the RSC and particularly to this issue of health care.

Mr. PRICE of Georgia. Thank you so much, my friend from North Carolina, Congresswoman FOXX, for your wonderful expertise and comments.

You alluded to significant misinformation on this issue, and there is a lot of misinformation out there. It's no wonder that the American people find themselves somewhat confused.

One of the problems that I have found is that one of the greatest purveyors of misinformation happens to be the President of the United States, himself. Again, you don't have to just believe me. I have a letter from the American Academy of Orthopaedic Surgeons, responding to President Obama's remarks about amputations, remarks which some of you may recall. The President has insisted on saying that physicians make financial decisions, and that's why they do things in treating patients, which is abhorrent to members of the medical profession. The oath that they take, as you said, Ms. FOXX, is, first, to do no harm.

□ 2310

The President, as you recall, Mr. Speaker, said sometime about 6 to 8 weeks ago that we have a system that doesn't allow or doesn't incentivize the treatment of a diabetic limb disease and then rewards by providing 30 or 40 or \$50,000 in compensation for surgeons to take off a limb, amputate a limb.

Mr. Speaker, I was struck by that, because when I first heard it I was astounded. In fact, what it showed me was that the President has no clue about what it means to take care of patients and the incentives that go into caring for patients, not a clue.

I was so heartened when I read a letter from Dr. Joseph D. Zuckerman, who is the president of the American Academy of Orthopaedic Surgeons, that I would submit for the RECORD, dated August 13, 2009, in which he said to the President:

"Dear Mr. President:

"On behalf of the American Academy of Orthopaedic Surgeons (AAOS), I am writing to express our profound disappointment with your recent comments regarding the value of surgery and blurring the realities of physician reimbursements. The AAOS represents

more than 17,000 U.S. board-certified orthopaedic surgeons who provide essential services to patients every day. As you yourself have said, 'Where we do disagree, let's disagree over things that are real, not these wild misrepresentations that bear no resemblance to anything that's actually been proposed.' In that spirit, we would like to bring some clarity to your comments and underscore the value that orthopaedic surgeons bring to Americans every day of every year.

"First, surgeons are not reimbursed by Medicare, nor by any provider for that matter, for foot amputations at rates anywhere close to \$50,000, \$40,000 or even \$30,000. Medicare reimbursements to physicians for foot amputations range from approximately \$700 to \$1,200, which includes the follow-up care the surgeon provides the patient [for] up to 90 days after the operation. Moreover, orthopaedic surgeons are actively involved in the preventive care that you mentioned. We are a specialty that focuses on limb preservation whenever possible and when it is in the best interests of the patient. Our approach to amputation follows the same careful, thoughtful approach, always with the patient's best interest as the primary focus.

"It is also a mischaracterization to suggest that physicians are reimbursed 'immediately.' The AAOS itself, along with numerous other organizations, has testified in congressional hearings investigating the delays in reimbursement by Medicare and other payers that create additional administrative burdens making it more difficult to provide access to care for patients.

"As you continue to pursue your health care reform agenda, we implore you to disengage from hyperbole," and it goes on.

[From AAOS Now, Sept. 2009]

AUGUST 13, 2009.

AAOS RESPONDS TO OBAMA'S AMPUTATION
REMARKS

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

DEAR MR. PRESIDENT: On behalf of the American Academy of Orthopaedic Surgeons (AAOS), I am writing to express our profound disappointment with your recent comments regarding the value of surgery and blurring the realities of physician reimbursements. The AAOS represents more than 17,000 U.S. board-certified orthopaedic surgeons who provide essential services to patients every day. As you yourself have said, "Where we do disagree, let's disagree over things that are real, not these wild misrepresentations that bear no resemblance to anything that's actually been proposed." In that spirit, we would like to bring some clarity to your comments and underscore the value that orthopaedic surgeons bring to Americans every day of every year.

First, surgeons are not reimbursed by Medicare, nor by any provider for that matter, for foot amputations at rates anywhere close to \$50,000, \$40,000, or even \$30,000. Medicare reimbursements to physicians for foot amputations range from approximately \$700 to \$1,200, which includes the follow-up care the surgeon provides to the patient [for] up to 90 days after the operation. Moreover,

orthopaedic surgeons are actively involved in the preventive care you mention. We are a specialty that focuses on limb preservation whenever possible and when it is in the best interests of the patient. Our approach to amputation follows the same careful, thoughtful approach, always with the patient's best interest as the primary focus.

It is also a mischaracterization to suggest that physicians are reimbursed "immediately." The AAOS itself, along with numerous other organizations, has testified in Congressional hearings investigating the delays in reimbursement by Medicare and other payers that create additional administrative burdens making it more difficult to provide access to care for patients.

As you continue to pursue your health care reform agenda, we implore you to disengage from hyperbole and acknowledge that health care delivery can only be improved by recognizing that health care is a system in which orthopaedic surgeons play a crucial role. With \$849 billion of our national economy impacted by musculoskeletal conditions, orthopaedic surgeons provide care that improves lives and puts people back to work. Pediatric orthopaedic surgeons provide life-altering care to our nation's children and play an invaluable role in ensuring Medicaid patients have access to needed services. Military and civilian orthopaedic surgeons provide care to our service women and men, which preserves limbs and has improved survival rates over past conflicts. Orthopaedic trauma surgeons perform limb- and life-saving procedures and help to ensure that our communities have the medical services that we all deserve. Total hip and knee replacement surgeries are now two of the most successful operations in medicine through a predictable reduction in pain, restoration of function, and return of patients to both work and activities of daily living. And we are working every day to ensure that medicine provides Americans with disabilities the quality of life to which they are entitled.

The AAOS is committed to improving the American health care delivery system and increasing health care coverage. The most expedient way to accomplish your goal is to ensure that the debate is based in fact and reflects the value of the services that all physicians, including orthopaedic surgeons, provide. We request a meeting with you and your staff at your earliest convenience to discuss these important issues.

Sincerely,

JOSEPH D. ZUCKERMAN, MD,
President, American Academy
of Orthopaedic Surgeons.

Mr. Speaker, it is remarkable that the leader of this Nation continues to suggest, as do our friends on the other side of the aisle and the majority party, that the quality of health care that's provided in this Nation is not of the highest quality in the world. In fact, it is.

If you look at disease-specific criteria, whether it's cancer or heart disease or diabetes or trauma or virtually any disease you can think of, Americans have the highest quality of care related to that specific diagnosis than anywhere in the world. It's why my friend from North Carolina said that when people are injured or have a disease from somewhere else in the world, they come, they flock to the United States by the hundreds of thousands to get care. And in this whole discussion about health care, to denigrate the care that's provided by compassionate and caring physicians and other pro-

viders around this Nation does a disservice to the debate and it makes it so that we are not talking about real things, about real things that affect real people.

So I implore the President, I call on the President, I call on the Speaker, I call on my friends on the other side of the aisle to know of which you speak when you are talking about health care, to make certain that when you are talking about issues that relate to accessibility for patients and affordability for patients and quality of care and responsiveness of a system and innovation in a system and choices that patients must have in order to gain the highest quality of care and the care that's most appropriate for them and their families.

Because, Mr. Speaker, as you may know, and as I hope the President now recognizes, that a given diagnosis in one patient doesn't necessarily mean that the same diagnosis in another patient is followed up with the same treatment, because no two people are the same. It's what this whole debate ignores. No two American citizens, no two individuals in this world, given the same diagnosis, regardless of that diagnosis, are absolutely the same, and the treatment that those individuals ought to receive ought to be determined by patients, those patients, and their families and caring and compassionate physicians.

This notion by the Secretary of Health and Human Services, by the President of the United States, by the Speaker of this House and by members of the majority party that somehow you could come up with some algorithm that if you just answer the questions correctly and march through the maze that the American people will be better served, Mr. Speaker, you know that's not true and I know that's not true.

When we come to this House, when we come to the United States Senate and we recognize that there are challenges that we face in the health care arena, we ought to come together as Americans and solve this challenge in a way that respects those principles of health care and respects the fundamental American principles that have allowed us to become the greatest nation in the history of mankind.

I look forward to that debate. I look forward to that discussion, and I look forward to being able to vote and have all Members of this body vote on a bill that will reform our health care system in a positive and productive way.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MEEK of Florida (at the request of Mr. HOYER) for today on account of business in the district.