role in our community. The Ag Center, for example, has conducted research which has resulted in greater yields and incomes for farmers across the world.

It operates the Safety Net Hospital System for the State of Louisiana, caring for the uninsured and under-insured in our State and sometimes surrounding States.

After Hurricane Katrina, LSU operated the Nation's largest field hospital and enrolled student evacuees from other universities who couldn't return to devastated areas in our State.

In addition to its excellent academic programs, LSU is renowned for its athletic achievements.

Lastly, Mr. Speaker, I would like the RECORD to reflect the proper spelling of our motto, which reflects not only our affection for LSU, but our French culture. When I say Geaux Tigers, it is G-E-A-U-X Tigers.

With that Mr. Speaker, Geaux Tigers, and I yield back.

A SECOND OPINION ON HEALTH CARE

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

Mr. GINGREY of Georgia. Mr. Speaker, I thank the minority leader for giving me the opportunity to spend some time with my colleagues tonight on the House floor talking about, yes, one of the most important issues not just of the day, but of the year, and in fact the past year-and-a-half, and that is, of course, the issue of health care in this country.

Colleagues, I know that we all watched very closely, as did men and women across the country last Thursday, when there was a health care summit at the Blair House. Leadership from both the majority Democratic Party and the minority Republican Party, my party, were invited to the White House, about 20 on each side of the aisle, moderated by none other than the President himself.

I think, Mr. Speaker, that that was a good thing. I commend the President for calling that summit. I think that each side, leadership and Members, particularly I think my colleagues from the Senate and our colleagues from the House, the medical doctors, did a great job of explaining their view and position on health care reform, alternative ideas which I think the President listened very carefully to.

It is hard to know what actually came out of that particular session, seven hours of dialogue, the whole thing televised. But, again, Mr. Speaker, I think it was good that we showed that there can be some comity and bipartisanship in this body and in the Congress. Indeed, it was a good opportunity.

Well, here we are almost a week later and we get an announcement from the Associated Press just moments ago, Mr. Speaker. I was reading my BlackBerry, and apparently the President is going to come forward tomorrow yet again with some change to the health care plan even different from the 11-page change to the Senate bill that was posted on the Internet last Monday in anticipation of the health care summit on Thursday. I don't know what that is going to say, Mr. Speaker. I don't know what the President has in mind. Maybe we will spend a little bit of time this evening talking about that.

I am pleased that my good friend and fellow physician co-member of the House GOP Doctors Caucus and fellow OB–GYN specialist from the great State of Tennessee, Dr. PHIL ROE, has joined me, and we will engage in a colloquy.

But I just wanted to kind of set the stage tonight for our colleagues and say to both sides of the aisle, Mr. Speaker, and also to the administration, especially to the administration and to the President, again, I am not sure what we will see tomorrow, Mr. President. I look forward to very carefully looking at any proposals, especially if they are adopting some Republican ideas so that we can do these things, these important things for the American people, in a bipartisan way. We were elected to do that.

But I would very much liked to have been at the Blair House last Thursday. In fact, Mr. Speaker, the President knows that, or at least some of his staff knows. I don't know if he ever got to read my letter when I requested to come and speak on behalf of the Doctors Caucus in the House on the Republican side. I didn't get to go, but Dr. CHARLES BOUSTANY, our colleague from Louisiana, a cardiothoracic surgeon, was there, and did a great job. I am awfully proud of Dr. BOUSTANY.

But had I been there, had I had that opportunity to get my 5 minutes of fame or whatever, I would have said to the President, You know, one thing that you have done that I think is probably one of the most important things in regard to health care reform, that is money that was allocated, $19 billion in fact, to try to get electronic medical records in the hands of every practicing physician in this country, all 750,000 of them, and every hospital in this country, so that we could clearly reduce medical errors, we could ultimately save lives, and, in the long run, save money.

This is an idea that I think, at least from this Republican viewpoint, Mr. Speaker, is bipartisan, and I commend the President. President Bush had the same idea, and again it was a plan to get fully integrated medical records by the year 2014–2015. So we can do things in a bipartisan way.

There are a number of other things that Dr. ROE and I would like to talk about, Mr. Speaker, tonight. We don't need to spend $1 trillion. That expenditure on electronic medical records is something like $20 billion. Now, $20 billion is a lot of money, but it is a long way from a thousand billion, and that is a conservative estimate by the CBO: $1 trillion for this 2,700-page reform. We don't need that, Mr. Speaker.

Again, I am not sure what the President is going to say tomorrow, but I hope that finally he will be listening to the American people and realize that there are some targeted things that were mentioned, yes, by Democrats and Republicans, but the President I think wants to adopt some Republican ideas, and we are talking about things especially like medical liability reform.

The CBO gave a very conservative estimate of saving $54 billion over 10 years. But if it is the kind of medical liability reform that is comprehensive, fair, absolutely fair and balanced, so that patients who are injured by practitioners of medicine and by facilities that are practicing below the standards of care, that they absolutely have a redress of their grievances and a decent recovery.

But the President, Mr. Speaker, in the bills that we are currently looking at, the House and Senate bills, there is just a pittance, like $25 million worth of grants to States to look at it, to study. We keep creating these study commissions, but not even allowing States who have already capped non-economic damages, so-called pain and suffering—in many instances these are these frivolous lawsuits—those States wouldn't even be eligible for any of this $23 million in grants.

So I hope his comments tomorrow include adoption in a new bill or a modification, and hopefully a vast shrinkage of the existing bill, and that it is true medical liability reform.

□ 2000

Because that's the only way we save lives and save money and bend that cost curve down in the right direction.

So with those opening remarks, Mr. Speaker, I want to yield time to my colleague from Tennessee, Representative PHIL ROE.

Mr. ROE of Tennessee. Thank you, Dr. GINGREY, for yielding. As I was sitting here, I think what we should do is go back a year. Obviously, last year when we first began this session we knew that health care reform was going to be on the front burner. The arguments that I heard for the need of it being on the front burner were the same as I heard over 20 years ago, which were rising costs of care, decreased access to care. And we have viewed those things, I think, over a period of time and understand that we have the best quality health care in the world in the United States, but it is expensive. So the cost is a huge issue. And that's one of the things that I think in this current bill is not being addressed adequately, or has not been.

One of the great disappointments I had during the debate on this health care bill was the fact that in our Doctors Caucus on the Republican side we have 14 Members, now 10 physicians.

We have an optometrist, dentist, psychologist. And not any of us were consulted in any meaningful way in putting together, on the House side, an over-2,000-page bill.

Let's summarize that bill a little bit. The House bill that was passed has a public option in there. That is not the case in the Senate bill. In the Senate bill and the House bill there are both individual and business mandates to purchase insurance. We have never in the history of this country on a Federal level—and you hear it compared to a State issue of car insurance. It's not the same thing. We've never done that before. So there are some distinct differences in these two bills. And they are now coming to the House. It passed in the House by 220–215; and in the Senate, 60–40.

Now the President, and Dr. GINGREY mentioned this, several of us have attempted on numerous occasions to go to the White House and sit down in a bipartisan manner and lay out literally hundreds of years of experience and go over with him what we saw work and what didn't work.

And what I saw in my State in Tennessee back 16 years ago was we looked at access, we look at rising costs, and people's inability—losing their insurance. The same issues as today. We asked for a waiver from the Health and Human Services to start a new managed care plan called TennCare. I've discussed it here on the House floor, and I'm not going to go into the details, but just to say that bill, that project, when it first started, was a $2.6 billion project in the State of Tennessee to cover people. We had a lot of uninsured people. We wanted to get as many people covered as we could.

In doing that, in 10 budget years in the State of Tennessee that had gone to an $8 billion program. It had tripled in costs. And so we found out unless people had some skin in the game, unless they had some different incentives than we had, the costs would escalate. As a matter of fact, it escalated so much that it took up one-third of the State budget, and every new State dollar we took in went to the health care. So the Governor, who's a Democrat, and the legislature, which was Democrat and Republican, split, had to do something about it because the State simply couldn't afford it.

What I see in this current Senate bill is a massive expansion of the same program that failed in the State of Tennessee. And to show you how bad it is right now in our State, we're having to limit doctors visits. That's right now, currently, I'm talking about. Not with this added part. Remember, in the Medicaid program, the State has a match. That's why the Nebraska carve-out was such a problem for other States, because there is a match that's required in Medicaid: the Federal Government provides so much money, the State provides so much. Well, our State can't provide any more. So we've cut the rolls of over 200,000 simply because the State of Tennessee doesn't have the money for the current plan, not the very expansive plan that we've talked about.

I think last week—I agree with you, Dr. GINGREY, it was a year overdue. It should have happened a year ago. It was good going to show that there are philosophical differences between how you approach health care. Basically, do you want a larger—I won't say nanny State—but ever-expanding government to make those decisions, or individuals to make those decisions? Certainly, I believe that individuals should.

When you look at this plan that's there now, I can tell you it says it's budget neutral. There's some gimmicks that have been played. PAUL RYAN very clearly pointed those out in the $500 billion that is being carved out of an already underfunded, failed Medicare plan; 2016, that goes upside down. In other words, more money is going out than coming in. If you take $500 billion out of that, you've just created another liability for the Medicare program.

I will tell you, if you take that much money out, three things will occur. One, there will be decreased access to care because doctors are not going to be able to take the patients. They won't pay. Number two, the quality will go down if you can't go in. And, thirdly, the seniors will pay more for the care they're going to get because they'll have to. There won't be any other choice.

We talked about some simple things that I think we could do. As you pointed out already, there's a 2,700-page Senate bill out there. We can cover two-thirds of the people in that Senate bill with two paragraphs. Number one—and it's in the House bill—it's simply to allow young people who don't have health insurance after they get out of high school or college to stay on their parents' plan until they're 26 or 27 years old. Just pick your number. That will cover 7 million young people. Number two, sign up the people who are already eligible for SCHIP, the State Children's Health Insurance Plan, or Medicaid. Already you have got those plans in place. Have adequate funding. That will cover, Dr. GINGREY, almost 20 million people. This complicated Senate plan covers 31 million people.

You hear people talk about bending the cost curve, keeping costs down. Dr. GINGREY talked about it a little bit on medical liability reform. Without liability reform you will never be able to completely reverse this cost escalation. Why? Because doctors will order tests to protect them in case there's no disincentive for them not to. Again, an experience we've had in our State: 35 years ago we formed a mutual company, State Volunteer Mutual Insurance Company, to protect physicians. When I first went into practice, my premiums were about $4,000 a year, probably much like yours were. When we left, a physician who took my place was $74,000. It's gone up almost 18 times, over that period of 30 years, the increase in premiums.

And what have we gotten for that? Well, over half the premium dollars that I paid in for 35 years, gone for attorneys, both defense and plaintiff attorneys, not to the injured party. Less than forty cents on the dollar actually went to the injured party. So we've got a bad system to basically compensate people who have been legitimately injured. So until you get that fixed, you're not going to ever completely bend the cost curve. You've got that to deal with.

I think the waste and fraud, everyone agrees with that. There's waste, fraud, and abuse in the Medicare program, absolutely. I do have the President's letter. And the four things that he agreed to discuss were waste, fraud, and abuse. I think we all agree on that. Both sides. I don't think you'll get any disagreement there. The liability reform is just more study. The study that he was talking about was to not limit attorneys' contingency fees and caps on damages. Well, that's the two problems that are causing the problem right now. And in Texas, which we've already done the experiment, in 2003 they passed liability reform. And what's happened in Texas? Well, premiums have gone down 30 percent and physicians have streamed into Texas. Almost 15,000 new doctors have applied for practice in Texas.

Mr. Speaker, the third thing that the President has in his letter is the inadequate payment for Medicaid patients. In our State, they pay less than 60 percent of the cost of actually providing the care. So physicians are not able to take as many of those patients, and many of them limit or don't see Medicaid patients. He said he would be willing to look at that if it's fiscally responsible. The other is to encourage health savings accounts, which has been one of the centerpieces of personal responsibility.

One of the things that has bothered me in this bill, that supposedly the President said in this chair here not long ago, that he wouldn't sign any legislation that wasn't budget neutral. Well, the sustainable growth rate, as you and I both know, are how doctors are paid by Medicare. As a matter of fact, right now there is no—we have had no ''doc fix,'' we call it. There's a 21 percent cut in the budget right now for that that will occur this week if we don't do something this week. If there's a 21 percent cut in those payments to our physicians, then you're going to see a lot less Medicare patients have access to their doctors. And that is a very bad thing.

So I think there are some good things about what the President said here. I agree with that. Then there's some things that just don't mesh with the current legislation.

I want to talk about one other thing, and then I'll yield back. One of the things that when you see CBO and you see all these estimates, you have to go

back and just look at history. When Medicare was first debated on this very floor right here, and passed, it was a $3 billion program. 1965. The estimates then were it would be a $15 billion program in 1990. Flash forward to 1990. It was over a $90 billion program. Today, it's over a $400 billion program.

So if you look at those estimates and look at the history of our estimate in Tennessee that we were going to actually save money, keep premiums down. And, Dr. GINGREY, what's happened when the bigger—these programs that come along that don't pay the cost of the care. Medicare pays about 80, 90 percent of the cost of providing the care, and TennCare or Medicaid pays about 60 percent of the cost. Those costs get shifted. And they get shifted to business and individuals. We think, in Tennessee, it might add as much as $1,800 per family who have private health insurance. So it's a hidden tax. We can't continue to do that, or you'll drive the insurance companies out of business.

Certainly, the insurance companies, we have every right, I think, to look at them very seriously. I know when I left practice, I had a case, and one of the last cases I did, I spent as much time getting the case approved as I did actually doing the case, almost. So there's some insurance reforms that need to be out there. You've experienced the same exact thing. A lot of frustration on my part there, also.

I yield back to the gentleman.

Mr. GINGREY of Georgia. Dr. ROE, thank you so much. I hope you will be able to stay with us for a little bit more time tonight as we continue the colloquy.

Mr. Speaker, I wanted to show a few slides to our colleagues. Of course, starting with the Second Opinion, the subtitle: When will the White House listen to the American people? When, indeed, Mr. Speaker, will the White House listen to the American people?

In the second slide, let's just go back to last August, 7 months ago. Americans attended town hall meetings across the country in record numbers. In fact, my town hall meetings, instead of having 40 or 50 people there, I had 1,500. And I'm sure other Members experienced the same thing. These people were asking that the Democratic majority stop their plans to implement a government takeover of health care. And here's a quote, Mr. Speaker, from ABC News, and the date is August 5, 2009. That's when all these town hall meetings were going on across the country. I quote from the newspaper, There were no lobbyist-funded buses in the parking lot of Mardela Middle and High School on Tuesday evening, and the hundreds of eastern Maryland residents who packed the school's auditorium loudly refuted the notion that their anger over the Democrat health care reform plan is manufactured. That's what ABC News was saying back 6 months ago.

Now fast forward to today, March 2, 2010. Americans are still trying to be heard by the White House and Democratic leaders as Democrats continue to try and ram a government takeover of health care through the Congress by any way possible. This is a quote from Rasmussen, the polling guru. Everybody's familiar with the Rasmussen poll: February 23, 2010, just last week, Voters still strongly oppose the health care reform plan proposed by President Obama and congressional Democrats and think Congress should focus instead on a smaller plan, smaller bills, that address problems individually rather than a comprehensive plan.

Well, Mr. Speaker, that's what we're talking about tonight, that's what Dr. ROE is discussing, that's what I said in my opening remarks, about had I been at the Blair House, what I might have said, very respectfully, to the President, to Majority Leader REID, and to the Speaker of this House of Representatives, Ms. PELOSI.

□ 2015

The American people were not an angry mob, as they are not today, my colleagues. They are men and women, a lot of seniors, yes, very concerned about the massive takeover by the government. And that is the thing, the bottom line that the people fear the most, is having government take over every aspect of our lives. Indeed, colleagues, we are talking about, and we all hear this quote and don't argue with the statistics, this is one-sixth of our economy; $2.5 trillion a year on health care.

We see the same thing, quite honestly, happening in education. We have a bill on the floor tomorrow, Mr. Speaker, a bill with a special rule in regard to telling school systems all across this country how they can discipline children. I am sure there are some concerns and there may be some abusive behavior in very small pockets and a small problem. But we have this attitude up here, Mr. Speaker, that the Federal Government knows best, and we have these knee-jerk reactions to things, and all of a sudden we make this huge mountain out of a mole hill, I think, in some instances and say the Federal Government has to take over; that school boards, elected by a local community, can't run their local schools. I think that is hogwash, quite honestly.

The American people have spoken about this. They want us to correct the things that they can't deal with themselves. And yes, they want us, Mr. Speaker, to rein in the abuses, in this instance, of the health insurance industry. But you have to understand, colleagues, that there are a lot of good, honest, ethical men and women in this country who work in the insurance industry, whether they are selling life insurance or property and casualty, or health insurance. Independent agents.

And there are some great health insurance companies, large companies, small companies, probably over 3,000 total. We need to be careful that we're not beating up on them so bad that all of a sudden we destroy an industry, and how many hundreds of thousands of jobs in the process.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. GINGREY of Georgia. I would be proud to yield for comments from my colleague from Tennessee.

Mr. ROE of Tennessee. You make a great point. We are not here defending them. But to put this in perspective, if you took all the profits that the health insurance industry made, it would be 2 days of the health care of this country. That is how much it is: 2 days out of 365.

Mr. GINGREY of Georgia. I thank the gentleman for pointing that out. This is the kind of wisdom that we need to hear and need to stop and think.

Certainly Dr. ROE would agree, and I fully agree, Mr. Speaker, that if insurance companies are rescinding, is the word that is used, a rescission action, rescinding a policy after the fact. Somebody has got health insurance for their family, including their children, and they have a teenage daughter, and she, lo and behold, has to go into the hospital for an emergency appendectomy. The surgery is a success, everything goes fine, and they expect that the insurance company will pay whatever is above the copay and the deductible. And then all of a sudden they are told, ''Well, no, we've looked back through your policy that you took out, Dad, for the family 10 years ago when your teenager was just 3, and you gave us the wrong birth date, or you failed to dot an I or cross a T, and therefore this $20,000 bill, you're on your own, buddy.'' Well, that has to stop. Of course it has to stop.

And this also not allowing people with preexisting conditions, particularly if they are in the individual market, just make it so impossible, either deny or make the premiums four times the standard rate, and that essentially is denial, too, isn't it, Mr. Speaker? Well, Dr. ROE and I agree, and everybody in this body, all 435 of us agree that we need to stop things like that. Those things can be done, but it doesn't take 2,700 pages and 32 additional Federal bureaucracies to deal with that.

Again, I don't know what the President is going to say tomorrow. I read that AP report that he is going to indeed address four subjects in maybe yet another bill, or maybe in addition to the current Senate bill, that were brought up last week on Thursday at the Blair House by the Republican Members that were there. Let me just on my BlackBerry, Mr. Speaker, refer to that. And just for my colleagues, maybe some of you had already read that.

The proposals President Obama listed are four: Number one, sending investigators disguised as patients to uncover fraud and waste. I want to get

back to that, Mr. Speaker, in just a minute. Expanding medical malpractice reform pilot programs. Sounds good to me. Increasing payments to Medicaid providers. Absolutely. If we are going to have any Medicaid providers, I hope we will do that. And last, the fourth thing, and I am really interested in reading about this because I'm most in favor of it, expanding the use of health savings accounts.

But I do want to go back to that first one, Mr. Speaker, if I may. Sending investigators disguised as patients to uncover fraud, waste, and abuse. I know that was brought up at the Blair House by a Republican, but, quite honestly, if we don't already, Mr. Speaker, have enough Inspector Generals within CMS and other government programs, health care, TRICARE, the veterans program, CHIP program across the country, I think we could do a better job with combating waste, fraud and abuse than sending undercover patients into doctors' offices.

I haven't practiced in a while, but I spent 31 years, Mr. Speaker, as a medical practitioner, it has only been 7 or 8 years since I practiced, but I worried all the time about making sure that I didn't make a mistake, that I ordered the sufficient number of tests. And in fact, I practiced like everybody else, probably Dr. ROE as well, I welcome his comments on this, what we call defensive medicine. And many times getting a blood test, or an x-ray, or a CAT scan, or an MRI, or something that I knew wasn't necessary. I hoped that it wouldn't be harmful to the patient. If you draw too much blood, you can certainly turn them into an anemic patient.

And, Lord knows, we had a hearing just last week, Mr. Speaker, in the Energy and Commerce Committee about x-ray exposure, particularly from MRIs and CAT scans and things that you really don't know if 10, 15, 20 years from now if that exposure couldn't indeed lead to a cancer that that patient might not otherwise have contracted. So all of that defensive medicine that we practice, and my colleagues, the OB/GYN specialists, are in town this week, and I have had the conversation with them, so I know that we need to stop that.

But this business of saying we're going to disguise people and have them go into a doctor's office as a fake patient, I sure hope they don't go in as a fake patient and decide to have a hemorrhoidectomy to see whether or not the doctor is qualified. Some of this stuff is a little bit ridiculous, I think.

I want to yield to my colleague from Tennessee, because he's got almost as much clinical experience as I have. I would like to know how he feels about that particular aspect of reducing waste, fraud, and abuse.

Mr. ROE of Tennessee. I would like to go on record tonight with you as naming this ramming this bill through this month March Madness. And I am not talking about basketball. It would be madness to do that now. And I will just tell you why I believe that.

Six o'clock the night after that summit last week, I just happened to have a telephone town hall and had 1,100 people vote in a poll. There were four questions: Number one, do you want to pass this bill as it is? Number two, do you want to take a clean sheet of paper and start over? Number three, do you want to just scrap it and work on jobs? Or number four, do you not have an opinion on this? Five percent of those 1,100 people who voted said to pass the bill as is. Thirty-eight percent said get a clean piece of paper and start over. Fifty-two percent said just stop altogether and let's get to working on getting people back to work in this country; start on jobs. And then 5 percent were undecided.

As you can see, that CNN poll right there showed 73 percent of Americans think we should start all over or do nothing. So it is not that much different than the very poll I did of 1,100 people voting. Mine was not a scientific poll. I want to point that out. It was just a telephone town hall poll. I don't want to pass it off as anything it is not.

Mr. GINGREY of Georgia. Thank you for sharing that with our colleagues in regard to the tele-town hall meeting and the poll that you conducted with your constituents in Tennessee. You referred to this next slide that I have got titled, and I want to point it out to my colleagues, ''What Americans Want.'' Just like Dr. ROE said, poll numbers, 73 percent of Americans think Congress should start over on health care reform, or if they can't start over and get it right, do nothing.

I mean for goodness sakes, this business of when you are talking about health care and somebody comes along and says to you, ''Do something, even if it's wrong,'' think about that for a minute. Do something even if it's wrong? Regarding health care? Regarding an operation? Regarding a delivery of a child? No. Don't do something even if it's wrong. You better get it right. And if you can't get it right with what your plan is, drop the plan.

Then going on the bottom half of this slide, Mr. Speaker, 56.4 percent of people indicated they would prefer Congress to tackle health care reform on a step-by-step basis, not take the comprehensive approach as embodied in legislation that passed the House and Senate last year but is now stalled, thank God, for the past month.

I want to yield to my colleague so he can further elaborate on this.

Mr. ROE of Tennessee. Thank you for yielding.

One of the things that is not mentioned in the President's letter that I am looking at here is that certainly people who are either pro-choice or pro-life do not want, a vast majority do not want taxpayer dollars spent on federally funding abortions. The way the Senate bill is written, the way the House bill without the Stupak amendment, it does do that. The Stupak amendment in the House bill forbids that. The Senate bill does not. And nowhere in this language—why can't we just come out and say a vast majority of the people do not want that? And we should be able to come out and say that no Federal dollars will be used to fund abortions in this health care takeover. I think that is fairly simple.

We saw how the Stupak amendment passed with an overwhelming majority in the House. It did not do so in the Senate. But I think that is fairly simple. We ought to be able to say that. The President ought to be able to say that right now, tomorrow. He should be able to come out and say just that.

The second thing you brought up a moment ago were preexisting conditions. That is for you and I, where I would see it as a physician would be in a patient I diagnosed and would have a breast cancer and maybe lost her job or retired from teaching or whatever it may be, and then she is uninsurable. Well, that is unacceptable. That is absolutely unacceptable. I fought with that for 30 years in practice. Preexisting conditions are a problem in the individual market. The year I ran for Congress, I was in the individual market. It was tough to find insurance. It is expensive, and most people can't afford it. And small businesses. Seventy percent of our jobs are from small businesses. So how do you create a situation where small businesses can afford this and become larger groups?

□ 2030

Well, I know it doesn't make sense, and I have never been able to understand why anybody would care if you sell insurance across the State line. I use the example of Bristol, Tennessee and Virginia. There is a city in my district where State Street has a line right down the middle of the street. On one side, you are in Virginia, and on one side, you are in Tennessee. One side you've got a different insurance policy than the other side of the street. That makes absolutely no sense. You don't get your homeowners that way, your life insurance. Car insurance you can buy across State lines. It makes no sense.

I can see why the insurance industry wouldn't want you to do that because it creates competition. And then what you allow people to do once they can shop across State lines, because there are vast differences, you can get on the Internet and find out what a life insurance policy costs you anyplace in the country. You can evaluate whether the company is solid or not, and you know what you're buying. You can find out. It is transparent.

We need transparency in insurance rates, and we need to allow small businesses to form groups. You can call them association health plans, group plans or whatever. But if you can spread those risks over thousands of people, then the preexisting condition

goes away. And I can't imagine why anybody would object to that. That's not here in the President's plan. He's got this exchange that's government regulated instead of the free market regulation. I think that's a huge difference in the way we look at this. Do we want government regulating it? Yeah, you want some. We have antitrust laws. Absolutely you do. But we want the free market to work because it works much more efficiently, and that's two of the basic differences in these two——

Mr. GINGREY of Georgia. Dr. ROE, if you will yield back to me for just a second, I want to continue on this point that you are making. I think what you just said, if I understand it correctly, Mr. Speaker—what Dr. ROE just said is that if we would allow individuals to go online, they wouldn't have to get in their car. I wouldn't have to drive to Tennessee to apply, to sign up for a health insurance policy that's offered in Tennessee. From the comfort of your home, you do it over the Internet.

And if we would simply allow that—and also, by the way, allow small employers that maybe employ 10 or 15 people to come together with others in what we refer to as an association—and very quickly, you could get to 1,000 or more and form an association, and that way you spread the risk. You have some people that have preexisting conditions. You have some people that have had a heart attack or already have high blood pressure or whatever. But if you spread it among 1,000 people, you have lots of healthy people in that association, so you are able to bring down the cost.

And the same thing with individuals being able to buy across State lines because they're part of a—people all across the country in every one of the 50 States might be getting on that computer and buying a plan that's offered in the State of Tennessee or in the State of Georgia. And that way, as I understand what Dr. ROE is saying, Mr. Speaker, you wouldn't need these exchanges because that would be the exchange.

And then to sort of complete the thought, you also—within every State, or you could come together on a regional basis if you wanted to with neighboring States. You could have these high-risk pools within the State so that individuals that do have these preexisting conditions, these insurance companies, health insurance companies that offer their products within a State, they would have to participate, and they would have to agree that, Hey, you take one high-risk patient; I will take a high-risk patient. You take another one; I will take another one. And do it in a fair and balanced way and not have the premiums be more than, say, 2, 2½ times the most standard rates. Then if they are low-income, but yet they don't qualify for Medicaid because they're not quite that low but they certainly can't afford the premium, then the State and the Federal Government can help with some subsidies. But not this business of $500 billion worth of subsidies. That's what's causing this bill to be so expensive. In fact, you know, you cut money out of Medicare, $500 billion out of Medicare, tax the American people $500 billion.

So, Mr. Speaker, Dr. ROE is offering us—it's a Republican idea, yeah, but it ought to be bipartisan. And we talked about it at the Blair House last week. So we really don't need these exchanges, do we, Dr. ROE? And I will yield back to you.

Mr. ROE of Tennessee. I can't imagine why anybody would mind if you bought your health insurance exactly like you buy any other insurance policy you want to. I don't know how you could possibly object to that. Let's take Realtors, for instance. Almost all realty shops are small businesses. In our community, 10 or 15 people would be a large realty store. There are over 500,000 Realtors in America. If they could come together as an association and buy their insurance through that exchange or through that association, I should say, preexisting conditions would go away. It's just not an issue if you've got 100,000, 200,000 people.

People talk about the FEHBP, the plan that the Federal Government has. That is the same thing. You have 9 million people in that plan. You share those risks, and you can then negotiate lower rates.

Another thing I think that we need to talk about tonight are health savings accounts. I want to talk about that for just a minute because most people don't really understand it. You hear it's just for rich people and so on. That's a big argument you hear. Let me explain to people what a health savings account really is.

You are given money, whatever the number is. The way we've done since World War II is that we've gotten our insurance and we pay a small copay or deductible, and it is 80 percent up to a certain point and then it's 100 percent after that. Well, that means at the end of the year, if you have been totally well, the insurance company keeps all your money. That's your money you are paying in, and you are getting some of that in lieu of a salary. What that HSA does is, let's say you put $3,000 or $5,000 in. I have had a health savings account, and we put $5,000 in that health savings account. If you got sick and used the $5,000, you would pay 100 percent after that. So that is my money I am dealing with. At the end of the year, if I have been healthy, I have had a healthy lifestyle, I don't smoke, I exercise, I eat well, take care of myself, I get to keep the money. I roll it over, and then next year I can use it. And after a number of years, you may have many thousands of dollars that you can use for long-term care.

Now, again, the argument I hear is that only rich people do that. Well, let's look at my own office. We have 300 or so people that get insurance through our medical practice, and 84 percent use a health savings account. They manage their own health care dollars. They like it a lot because they then become negotiators for their health care costs. They come to my office, and they may negotiate a price for a visit. They may go to whatever procedure they may have. They may go to the hospital and say, I want your lowest price, and they can get that by negotiations, and that will bend the cost curve down. What continually makes the cost curve go up is that we're shielded from all the costs of the health care.

Mr. GINGREY of Georgia. Dr. ROE, if you will yield back, and I think you make a good point. And I hear the same argument, Well, only people that are well-to-do, well-off, high-income people can afford to have a health savings account in combination, Mr. Speaker, with that low monthly premium and a high deductible that Dr. ROE just explained so well. But I have seen statistics, and I think they're accurate, that 50 percent of people that have these high deductible, low monthly premium combined with a health savings account make less than $50,000 a year. And some 75 percent of them make less than $75,000 or $80,000 a year. So we're not talking about wealthy people. I think Dr. ROE makes a good point.

By the way, Mr. Speaker, as I was reading in the Associated Press about what the President might include tomorrow, these four things I did ridicule a bit, this idea of combating waste, fraud, and abuse with fake patients. I have embellished or maybe overstated, but I wanted to make a point, Mr. Speaker. But as far as expansion of health savings accounts, I say to the President, Kudos, Mr. President. I am looking forward to hearing about that, and I hope that this report from the Associated Press is true.

I also hope, Mr. President, that the report about expanding the medical liability reform is true, although I would guess that it doesn't go nearly far enough, because this report, if it's accurate, Mr. Speaker, says instead of $23 million worth of grants to States to enact pilot programs on alternative ways of dealing with medical liability issues, it increases that amount to $50 million. Well, that's not much, and that's not really, I don't think—and I think Dr. ROE would agree with me—going nearly far enough to do what we need to do in regard to caps on pain and suffering judgments, which sometimes can be in the millions of dollars in a frivolous case.

And then a couple of other issues, Mr. Speaker, regarding medical liability reform. The defendant in a medical malpractice case could include somebody that was just covering—let's say as an example, Dr. ROE has a patient and asked Dr. GINGREY to step in and say hello to that patient on Sunday morning while Dr. ROE takes his family to church, and Dr. ROE is going to operate on that patient the next day. Dr.

GINGREY just walks by and says hello to the patient and lets her know that Dr. ROE will be in later in the evening, and that's the only contact that Dr. GINGREY has with this particular patient. Well, if something, Mr. Speaker—and it's not likely that anything would go wrong under the care of a doctor like Dr. ROE, but sometimes things do, and that Dr. GINGREY who just really had essentially nothing to do with the patient's care would be drug into court. And if he or she had the deepest pockets and the most liability coverage, then they would be the ones that would be responsible for most of the judgment and settlement or whatever. So we need some robust reform. And I hope that the President, Mr. Speaker, is talking about that.

I yield back to my friend to see what his thoughts are on that.

Mr. ROE of Tennessee. I thank the gentleman for yielding. I will just point out the California experiment. They did caps on pain and suffering in 1976, and premiums across the country for malpractice have gone up over 1,000 percent during that time. In California, it was about 300 percent. So it's been a huge decrease. Texas was similar. They have had a 30 to 50 percent reduction in malpractice premiums. And doctors—especially high-risk doctors like yourself and myself—many counties in Texas now have an obstetrician which before they did not have. Over half the counties in the State of Tennessee do not have an OB/GYN doctor in the county. So it is an access inequality problem when you can't get to a doctor. And many of our physicians are leaving the practice, which is very worrisome, because you want your most experienced people staying with it.

We have another problem, I think, with this plan. I do believe that from what I have heard in my own district, there is no question. I came out of church the week before Christmas, and one of my friends there said, Doc, he said to me, What's the Senate going to do with this health care bill? This is after the House had passed it, and it was about Christmas Eve when they were getting ready to vote. And I said, Well, I think that they're going to try to fix it. He grabbed me by my shirt, by my coat lapels, and he said, You fix your cat. You kill this bill. What he was saying was that this comprehensive, almost incomprehensible bill needed to be shelved, and we needed to start from scratch and go all over.

I think last week was a start, but it was a year too late. You had so many people that had put their neck out and said this absolutely has to be in a bill when it didn't have to be. I can think of four or five things we ought to be able to agree on in a minute, and those would be selling across State lines. I think certainly forming association health plans, doing away with preexisting conditions. I think we all can agree on that. I think meaningful malpractice reform we can agree on. I think letting young people stay on their parents' health plan until age 27. I think just signing up people who currently are eligible for the current programs we already have. Those are five things right there that we ought to be able to agree on in a minute and we can do.

Mr. GINGREY of Georgia. Dr. ROE, yielding back to me for a second, we've already talked about the health savings plans and expanding that and allowing people—if there still is an exchange, and you and I have talked about it, Mr. Speaker. Dr. ROE and I have talked about it, and I hope our colleagues understand this. We don't think that we have to have this exchange, this expensive exchange where you have to subsidize people's premiums. That's how the President was able to say last week, Mr. Speaker, that 47 percent of people in the exchange will be paying less than they currently are for their health insurance. Well, yeah, they are paying less out of their pockets, but they're reaching in everybody else's pockets—John Q. Taxpayer—to help them pay those premiums. So really when you do a little fact check on that, you find that most people under that plan are going to end up paying more.

And what Dr. ROE is talking about in the four or five things he mentioned, of course, even if you had an exchange, you shouldn't say to people that the only kind of policy that they can buy is a first dollar coverage, the most expensive kind of policy, when young people, healthy people and people who are just out of college or just out of high school or just back from the military and they are trying to pay for a car, they're trying to rent an apartment or buy a little starter home, or buy an engagement ring for their fiancee, and the last thing they can afford is $15,000 a year for a first dollar coverage health insurance plan that they don't even need. So what's still in the bill, it prohibits a person from having one of these plans.

Mr. ROE of Tennessee. Would the gentleman yield?

Mr. GINGREY of Georgia. It's counterintuitive, isn't it, Dr. ROE?

And I yield back to you.

□ 2045

Mr. ROE of Tennessee. One of the things that this plan does, it mandates a certain level of coverage. You have to purchase a certain level of coverage, and it is a fairly expensive piece of coverage. An example would be for fertility. I can assure you that in my family, we don't need that coverage. I should be able to purchase the coverage that I need. There are issues in there that I just don't need any more. For example, pregnancy coverage is something I don't need. I should be able to go buy, or a person should be able to go buy, just like when they buy the homeowner's policy that they need, that is what they purchase. You should be able to do the same thing for health insurance.

That is one of the problems with mandates. Some States have as many as 60 State mandates that you have to have in an insurance policy to sell insurance in that State. One of the problems with it is if you are allowed to buy across State lines, you can go buy a policy that fits your needs and your family's needs. You make that decision; the government doesn't make it for you.

Mr. GINGREY of Georgia. That is exactly right, Dr. ROE. I have a daughter who lives in the great State of New York. Her health insurance policy covers so much more than many of the policies cover in the State of Georgia, for example. And it is much, much, more expensive as a result of that. So Dr. ROE makes a good point of buying across State lines.

One thing before our time expires, Mr. Speaker, I want to just say again that hope springs eternal. I don't know what the President is going to say to us tomorrow, but I hope that I like what I hear because the American people need relief. But as we stand here tonight, what is still in these bills? Well, a government takeover, that is one thing. Price controls is another. Individual and employer mandates, and I don't know that it is really even constitutional to say to an individual in this country you, under the penalty of law, fines, and jail time, have to buy health insurance. We hope they do, and we hope we create the environment where we can bring down the price and people can afford—maybe it is a health savings account combined with a high deductible, low monthly premium, but to hold a gun to their head and say they have to do it, no, that is not right. That is not constitutional.

In the bill, there is no meaningful medical liability reform. Again, hope springs eternal, but the bill puts Washington bureaucrats in charge of defining quality health care. That is where those 32 new bureaucracies do their work. It cuts $500 billion over all Medicare, but $120 billion of that is cut out of Medicare Advantage, and 20 percent of our seniors get their care from Medicare Advantage. Why do they call it Advantage? Because it is an advantage. It covers wellness. It does screening, appropriate screening. It keeps people healthy so they are not spending all of that money in the last weeks or months of their life.

Finally, this bill raises taxes to pay for new entitlement programs, and it gives the government-run plan a beachhead to eliminate the private insurance market. And, unfortunately, many of our colleagues, Mr. Speaker, have said it loud and clear, whether members of Energy and Commerce, or Ways and Means, or Education and Labor, that they want the government to take over, just like it exists in Great Britain or Canada or other countries. The American people don't want that. They want us to do something in an incremental way, and I think we can do it and do it in a bipartisan way.

Mr. ROE of Tennessee. Just a very short comment. This weekend, Dr. GINGREY, Mr. Speaker, I had three friends, people I know, diagnosed with some very serious illnesses. It just happened. These three men that I know extremely well, all of them, are getting the highest quality care anywhere in the world, and they don't have to go far from home to get it. I think one of the things that the American health care system has brought to us are new innovations, lengthening of our life span, and the procedures that are done today to extend and improve the quality of life. I am glad to hear no longer, and I heard it for a year, and it was very bothersome and troublesome to me, to hear the other side talk about how bad health care was in America. We certainly have a problem getting health care at an affordable price to all of our citizens, there is no question that is true, but the care that everyone gets is good care.

I can tell you that I have done it myself for people who couldn't pay. And I would stand here and hear people talk, and I am one of the few people on this House floor who had to get up and go to the emergency room at 3 in the morning and see a patient who doesn't have health insurance and try to work him through a system and get them care. It isn't easy. We can do better, and we sure can do better than this bill right here.

Mr. GINGREY of Georgia. I thank Dr. ROE for being with me tonight, Mr. Speaker. There are 14 health care providers on the Republican side. Ten of them are M.D.s. There are five M.D.s on the Democratic side. We have two doctors in the Senate. We probably have 500 years in clinical experience in the aggregate. Let us help.

In closing, I want to refer to my colleague who was here a number of years ago, Dr. Roy Rowland, a member of this body when the Democrats were in the majority. Back in the early 1990s, Dr. Rowland, a family practitioner from Dublin, Georgia, he had a bipartisan bill back then that he worked very closely on with his Democratic colleagues and his Republican colleagues, and he presented that bill. I think it was called the Bipartisan Health Reform Act of 1994, and he offered that in lieu of HillaryCare. Unfortunately, the Democratic majority didn't accept it. Don't make the same mistake this time, Mr. President. Let's do it in a bipartisan way and in a small, incremental way.

BLUEPRINT FOR RECOVERY

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

Mr. BRALEY of Iowa. Mr. Speaker, I was very proud to found the Populist Caucus with a large group of my friends in the Democratic Caucus to focus on economic issues that affect Americans who either make up the middle class or are striving to enter the middle class. We all know that our country has historically been at its best when we have had a large middle class and our economic policies reflect middle class values, and that is why when we decided to settle upon our founding principles, we decided that we wanted to fight for families by providing them access to quality, affordable health care; to provide them and their children with the type of world class education they will need to compete in a global economy; to make sure that we have a fair wage system for all employees in this country; to make sure that our trade policies provide a level playing field to American workers and American manufacturers who compete with trading partners who just frankly don't quite live up to our standards, whether it is child labor, exploitation of workers, environmental issues, those are the types of issues that we want to focus on as we chart a new future for this country to promote and expand the middle class that we all are so proud to have been a part of.

One of the things that we talked about as we were trying to dig ourselves out of the greatest economic crisis since the Great Depression was what type of a blueprint for recovery we wanted to offer to the American people that was going to be a reflection of the values that we grew up with and give a strong message that, after a bailing out Wall Street, the American taxpayers deserved help on Main Street, and that it was not unreasonable to ask the very people on Wall Street who got us into this mess to help pay for the tab on helping bail out Main Street.

I am proud to be joined by my friends, the gentlewoman from Ohio (Ms. SUTTON) and the gentleman from Wisconsin (Mr. KAGEN), but one of the things that I want to talk about at the beginning is the things that we hear over and over back in our district, because all of us have been out talking to our constituents, going to town hall meetings, Congress on Your Corner and the other events, and the one thing I hear from my constituents over and over is this question: When do I get my bailout?

This is a legitimate question that Americans deserve an answer to from Democrats and Republicans, because if you are somebody who has lost your job or you've lost your home or you've lost your business or you've lost your health care coverage during this crisis, you need to know what is my Federal Government doing to help me out. So when we talk about our response, we are going to do it by talking about these three core values: The Populist Caucus wants to find a blueprint for recovery that is going to spur job creation; it is going to implement fair compensation for executives who helped put us in this problem; and, finally, bring an end to excessive Wall Street speculation that drove our economy and drove the global economy off the cliff and put us into this deep hole that we have been digging ourselves out of.

So as millions of middle class families look to us and ask when their recovery effort will bring relief to their town on their street, they deserve to know what we are going to be doing to spur job creation, insist on fair executive compensation, and end speculation on Wall Street.

Now, one of the things that we know is that it is very common for politicians and groups across the political spectrum to try to claim the populist mantle. But let me tell you, and I am going to let my colleagues expand on this, the Populist Caucus that we all came together to found was not based upon a bunch of people running through the streets with torches and pitchforks asking for blood. We are there because the problems of the middle class are real. The concerns of our constituents reflect the concerns of America, and we want to come together and talk about serious answers to real problems to help change the lives of middle class Americans.

So with that, I am going to yield to my colleague from Ohio before I yield to my colleague from Wisconsin to talk about some of the critical economic issues she is hearing about from her constituents and why this Populist Caucus response is so critical moving forward.

Ms. SUTTON. I thank the gentleman for yielding, and for your strong leadership of the Populist Caucus and the mission that we are on to restore the promise of the middle class, to stand up for the middle class, and to stand up for those who aspire to the middle class, to make our country work for those folks who are aspiring to the middle class.

We are not something that is complicated. The Populist Caucus believes that strong, immediate action must be taken to create jobs in the United States and to put an end to the excessive greed of Wall Street that brought us to the brink of disaster. And so I am proud to join with you, Representative BRALEY and Representative KAGEN, to stand up and speak to the American people about the fight we are waging on their behalf because that's what being a populist is really about.

When I go home, as when you go home, I hear all about the need to facilitate employment opportunity for the people that I represent in northeast Ohio. All they want is a government that will work with them and for them, to facilitate those jobs, jobs, jobs that are so needed out there. We have heard recently that there is a recovery underway, and there are some signs of recovery, and we have certainly seen a lot of signs of recovery on Wall Street, but there can be no such thing as a jobless recovery, and we have started to hear that term bounced about.

The Populist Caucus is here to say that there is no recovery if our folks