

They had some rather specific things that they would like to see Congress do to help them with the problems that they were having with either insurance companies or with their doctors or with their hospitals. There were some things they thought that Congress could do. Now bear in mind the approval rating for Congress is somewhere south of 20 percent. We do not enjoy a significant amount of political capital. In order to do something this big, you really have to have the American people behind you, but we don't. And therein is the trouble that the Democrats are having passing this bill. Right, they've got no Republicans, but then they really didn't try. They weren't interested in having any Republicans a year ago when this process was beginning.

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So it's no surprise that at this point, a year later, they don't have any Republican support for their proposals. Their problem is within their own conference.

Now, they've got 40 seats on us. It really shouldn't be a problem. I'm sorry, they have 40 more seats than they need to pass this bill, because in the House it's a simple majority. It really should not be a problem. All you've got to do is keep 40 people from leaving you. That shouldn't be that hard. These are people who feel the same as you. They're members of your same party. They believe the same things you do. That shouldn't be a hard lift.

Why is it so hard?

It's hard because there's not the popular support for this bill that everyone assumed would be there shortly after the 2008 election. We had an election. President Obama won the election. Health care was a big deal during the election, so it was just naturally assumed that the American people would be with the Democrats no matter what they did, with, to or from health care. As a consequence, they didn't need any Republicans. They really couldn't be bothered. We were noisy and inarticulate in meetings, and they just wanted to write the bill they wanted to write, and they'd get it passed without any Republican votes.

Now they're up against an impasse with their own side. Very difficult to pass something this large that affects this many people without at least some input from both sides. That's never been done before, to my knowledge, in this country; and that's what we're trying to do tonight. You might be able to do that if you had the popular support of the American people behind you. You could say, well I've got the people with me. I don't need Republicans. And that would be true, but they don't have the people behind them.

So the fact that the Republicans are not supporting the Democratic bill is actually of no consequence. Their difficulty is the people don't believe what

they're doing. And, quite frankly, I don't see how there is a way to change that equation between now and Sunday, the day we're supposedly going to vote on this monstrosity.

I did hear from people in town halls about things they do want done. I maintain a Web site that's devoted to health care policy. It's called healthcaucus.org, @healthcaucus.org. "Healthcaucus" is all one word. Healthcaucus.org. Under the issues tab, you see Dr. BURGESS' prescription for health care reform. And I've listed there the nine things that people told me most consistently during the summer and fall that they wanted to see us do.

Number one thing, people sure do want some help with preexisting conditions. There are things we can do to provide some help, and it doesn't mean an individual mandate. It doesn't mean guaranteed issue. It means helping those people who need help. It does cost some money. The Congressional Budget Office scored an amendment that Ranking Member JOE BARTON had on our committee. It scored at \$20 billion. NATHAN DEAL, the ranking Republican on the Health Subcommittee and I have introduced legislation that captures the spirit of that amendment. We erred on the side of being more generous. That's a \$25 billion authorization for that program. The Congressional Budget Office said \$20 billion over 10 years. We plussed it up by \$5 billion. Let's start it and see what happens.

After all, that Senate bill comes over here and becomes law, no one gets any help tomorrow. It's 4 years before they get help. Preexisting conditions are a problem today. We heard this over and over again in the summer time. This is something people actually wanted us to work on. We could work on this in a bipartisan fashion. We never even had a hearing on how to approach the problems of preexisting conditions without a mandate. We never even had one word of testimony about that in our committee leading up to this.

Does there need to be some fairness in the Tax Code? You bet. Why does someone in the individual market who's paying for their health insurance out of pocket have to pay with after-tax dollars when someone who works for a large multi-state corporation gets their insurance paid for with pre-tax dollars by their employer? That fundamental unfairness is something that has to be fixed. I'm not sure that I know the best way to fix that, but I know we haven't even tried. We haven't even had those discussions.

We do need some medical liability reform. It's working in Texas; it could work in other places around the country. It does help keep costs down, in spite of what congressional Democrats and the White House tell you.

Portability, the ability to carry insurance with you through life, is extremely important, especially to younger workers. Think of the rela-

tionship with your insurance company if you had a longitudinal relationship with that insurance company.

There are some things that we could be doing that are not that heavy a lift and don't cost that much money. Most importantly, we can show the American people we can deliver real value and work together while we're doing it. Then we could improve those approval rates, that low esteem that the country holds us in.

DR. BURGESS' PRESCRIPTIONS FOR HEALTH CARE REFORM

1. INSURANCE REFORM

We should eliminate the bias against patients with pre-existing conditions, outlaw rescissions except in cases of fraud, and ensure states have well-designed high-risk pools.

H.R. 4019—Limiting Pre-Existing Condition Exclusions in All Health Insurance Markets (Deal)

H.R. 4020—Guaranteed Access to Health Insurance Act (Burgess)

2. TAX FAIRNESS

Providing individuals the same tax benefits no matter where they want to get their health insurance, and tax credits to help individuals purchase insurance in the individual market.

H.R. 3218—Improving Health Care for All Americans Act (Shadeegg)

3. MEDICAL LIABILITY REFORM

The success of Texas' 2003 reforms: Texas has licensed over 15,000 new physicians and Texas hospitals have delivered more than \$594 million in charity care.

H.R. 1468—Medical Justice Act (Burgess)

4. PORTABILITY

Allowing patients to shop for health insurance plans across state lines = more choices at lower costs. Example: Average health insurance premium for a family of four: New Jersey: \$10,000, Pennsylvania: \$6,000, Texas: \$5,000.

H.R. 3217—Health Care Choice Act (Shadeegg)

5. MEDICARE PAYMENT REFORM

The current formula Medicare uses to pay doctors—the SGR—is unstable, and a permanent fix is needed to ensure seniors continue to have access to their doctors.

H.R. 3693—Ensuring the Future Physician Workforce Act (Burgess)

6. DOCTORS TO CARE FOR AMERICA'S PATIENTS

We must ensure that we have enough doctors to care for all of America's patients—now and in the future. H.R. 914—Physician Workforce Enhancement Act (Burgess)

7. PRICE TRANSPARENCY

Health care services are the only product that we don't know the actual cost of before utilization, so let's have the prices up-front, just like in a restaurant or clothing store.

H.R. 2249—Health Care Price Transparency Promotion Act (Burgess)

8. PREVENTATIVE CARE AND WELLNESS PROGRAMS

Health care reform must include participation from America's patients, so living healthy lifestyles and making healthy decisions is very important.

9. CREATE PRODUCTS PEOPLE WANT

Mandates have no place in a free society. Instead, we should challenge insurance companies to create innovative health plans that Americans want. Example: Health Savings Account—offers flexibility and control.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

The motion was agreed to; accordingly (at 9 o'clock and 49 minutes p.m.), the House adjourned until tomorrow, Thursday, March 18, 2010, at 10 a.m.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 2847. An act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Pursuant to Public Law 111-139, Mr. SPRATT, hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 946, the Plain Writing Act of 2010, as amended, for printing in the CONGRESSIONAL RECORD.

[illegible]

of the costs of H.R. 1387, the Electronic Message Preservation Act, as amended.

for printing in the CONGRESSIONAL
RECORD.

[illegible]

of the costs of H.R. 3954, the Florida National Forest Land Adjustment Act.

as amended, for printing in the CON-
GRESSIONAL RECORD.

[illegible]

tinuing Extension Act of 2010, for printing in the CONGRESSIONAL RECORD. Section 4 of the bill has been scored using a current policy adjustment. The

bill also includes emergency designations.

[illegible]