

Ms. SCHAKOWSKY. We're going to close the doughnut hole entirely over 10 years, but we're going to start right away. \$250 it's going to be reduced and, for brand name drugs that are in the—

Ms. CORRINE BROWN of Florida. Formulary.

Ms. SCHAKOWSKY. Yeah. Fifty percent reduction in price. That's going to happen right away, so there's going to be help for seniors in that regard. We will no longer charge a copayment. They won't have to pay out of their pocket for preventive services in this bill when it's fully implemented. That means you can get a mammogram, you can get a colonoscopy. You can get a checkup. You can get preventive services without having to pay any out-of-pocket costs.

We provide more for home and community-based services so older people can stay in their homes. That's where they want to be. If they can, they don't want to have to go to a nursing home; they want to have services in their communities, in their homes.

And if they have to go to nursing homes, we improve nursing home quality. For example, we make sure that there are criminal background checks in nursing homes so that the employees will be safe for people and protect women's safety in the nursing homes.

We extend the life of Medicare for almost another decade. You know, oh, Medicaid's going to go broke. This is going to be a problem for Medicare doing this. No. The truth is, this bill will make Medicare solvent. That means that it won't go broke for yet another decade beyond its life right now.

So this bill does so much for older Americans. And yet, the other side's trying to scare the heck out of senior citizens, telling them that Medicare's going to be cut. There's not one benefit that's going to be cut under Medicare under this bill. We make Medicare better, more services, longer life, more prescription drugs. It's a great bill for older Americans, as well as younger.

Ms. WOOLSEY. And the great majority of seniors are women.

Ms. SCHAKOWSKY. That's right.

Ms. WOOLSEY. So again, tonight, for women, senior women, all women are going to be treated much better under this health care bill. And no woman will be considered, just because she's a woman, a preexisting condition.

I want to thank my colleagues for being down here tonight, for waiting to get to this Special Order, and for knowing how important what we're doing this week is to every single American. Thank you both very, very much.

Ms. SCHAKOWSKY. Thank you, Representative WOOLSEY.

Ms. CORRINE BROWN of Florida. I want to thank you all. And as I take my seat, remember, there's no such thing as a perfect bill, but this is a perfect beginning.

□ 2015

#### HEALTH CARE REFORM

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

Mr. FLEMING. Mr. Speaker, I am going to be starting this hour on behalf of my colleagues from the GOP Doctors Caucus. Congressmen and Drs. MURPHY and GINGREY are our two cochairmen. We make up a group of 10 M.D.s and 4 other professional health care workers, including a dentist, a psychologist, an optometrist. We have been meeting on a very regular basis throughout this debate. Perhaps this weekend we will have a culmination of quite a debate. And what a debate it has been all year.

As I tell folks often, I ran in my election in 2008, my first election, on health care reform. I am a physician, a family physician of 30 years. I have enjoyed the practice of medicine. I still practice medicine when I go back to my district. And for this 30-year period I have learned a lot about the economics of health care, things that are so important. I have been through all phases. In the early days of Medicare, when we didn't have a lot of the restrictions and restraints that we have today; during the HMO days, where we had capitated care and the so-called gatekeeper; during the days when the CLIA laws came out that more or less outlawed laboratories for doctors' offices; of course the SGR days, sustained growth rate that we have been dealing with for the last 10 years. I have seen it all, and so have my colleagues. In fact, among us we have over 400 years of clinical experience. I would include our two physicians from the Senate in that group.

What I want to talk about this evening is a little bit of background, and also we will kind of get into where we are with the latest situation. One of the observations that I made early in my practice was that oftentimes economics actually controlled the decision-making more than the actual health care itself.

I will give you a good example. I had a patient who required monthly blood tests to check his clotting factor because he was on anticlotting drugs because of chronic deep venous thrombosis. And I could not for the life of me get him to get those blood tests on a regular basis, not because he was afraid of needles, but simply he didn't want to pay the price. However, once we were brought under an HMO, health maintenance organization, and all of a sudden he didn't have nearly the out-of-pocket expenses that he would have had, not only did he want to have the blood tests, but he wanted to have many other tests as well, things far beyond anything that I could conceive would be a benefit to him. So for him it was a value issue. Since he wasn't paying and somebody else was paying, well,

let's utilize as much as we can so I get my money's worth for what I am getting.

One of the things I like to tell people when I speak to groups is think of health care consumption like a credit card. If I were to give you a credit card that has a limit of \$10,000 on it and I said to you, buy whatever you need, but nothing that you just want. I often ask the crowd, "What would you buy?" And of course people come back with, well, I would buy probably a new shotgun to go hunting, or camo, or perhaps some physical fitness equipment, or a treadmill, something of that nature. Things that maybe I am not willing to pay out of pocket for, but if it's your money, then I'm willing to pay it.

This, Mr. Speaker, is really the core of the problem when it comes to cost. There are two areas of our economy in which cost has gone up more rapidly than inflation. One is education and the other is health care. And it just happens that those are the two areas in which a third party, in the case of education it is the government who pays for that, and in the case of health care it is both government and private insurance that pays the main balance of the bills.

So from that I have observed that if ever we are going to deal with increasing coverage, which is really what this is all about, how do we increase coverage, in order to do that we are going to have to find a way to lower the cost. I have agreement among all of my colleagues on the Republican side to just that. In order to have more coverage, we have got to lower the cost. And we have to do it fundamentally.

This bill that is before us that we may vote on within the next 3 days, it has a lot of things in it. It has 3,000 pages, it has over a hundred mandates and boards. It has three specific boards of unelected bureaucrats who make decisions about what doctors are going to be paid, what is going to be in your insurance policy, many things about your life that you would otherwise have control of. But the one thing it does not do, Mr. Speaker, is it does not address cost.

And so I can say to you that fundamentally if we are going to at some point in time address cost in health care, there is one of two ways: either we look at it on the doctor-patient level, where the doctor and the patient, who make the majority of decisions that impact cost, we either give them incentives and we also give them some responsibility, some accountability for cost, in which case if that cost is lowered as a result of accountability for them, then it lowers it for the entire system. That has been proven to work time after time.

For instance, as soon as health care insurance began to cover more and more out-of-pocket expenses, we began to see over the years the cost of insurance going up far faster than the inflation rate. In recent years, we have come up with a tool to counteract that,

and that is health savings accounts. I instituted that with my small businesses, which are apart from my medical practice, approximately 6 years ago. And it was considered to be sort of revolutionary. And there was a little angst among employees, what is this going to be like? Because our deductible is going to go up. But I committed to them that the incremental increase in what the policy costs would be, I am going to put it in their tax-free account which they can use for any health care purchase they like.

Despite their reticence at first, they quickly came on because what they found is that now instead of being free utilizers of health care and running costs up because it's a use-it-or-lose-it proposition, now they have money in the bank; and if they make good, wise, savvy consumer decisions, they can choose generic drugs instead of brand name and save hundreds of dollars. They can shop around costs for certain procedures, certain doctors. It works very effectively. In fact, I would love to see that in health care reform at some point. It is not contained in this bill.

We could even do that for Medicare and for Medicaid, put money in the bank on their behalf. Not out of pocket, mind you, but it is the insurance money or the Medicare money that goes in there to be spent on their behalf. Because if they are saving money for themselves, they are saving it for the system at large.

What we are going to see here with this bill if it comes to law is just the opposite. Nothing to commit the doctor and the patient into controlling cost. In fact, in many ways it lowers the out-of-pocket expenses to a point where the patient behavior, the consumer behavior is unaffected by cost. And yet the consumer and the doctor are making those choices.

Now, there will be, of course, layers and layers and layers of bureaucrats who will be controlling from Washington how things are paid. No question about it. And they will be attempting to control people's lives, what they eat, how they eat, what they weigh, whether they smoke or whatever. But unfortunately, there is no way that Washington, D.C. can micro-manage human behavior. Attempts will be made with this bill, there is no question about it, but it will not work.

So then there will have to be plan B. How will we save money? And what we found in every case, whether it is Tennessee, which attempted this some years ago, Massachusetts, which has attempted this much more recently, Canada, the United Kingdom, most Western European countries, Australia, every one of them, this is what has happened. The plan works nicely at first. People get less out-of-pocket cost. They can go to the doctor they want. Everything works beautifully. But then all of a sudden the costs begin to explode and they go far beyond anything that has been predicted or budgeted.

And then what happens? Somewhere costs have to be controlled. And how do they do that? They do that through rationing and long lines. Every single case. Just the other day TennCare cut its Medicaid visits from unlimited down to eight visits a year. That is exactly the way it happens every time. Massachusetts, they are way over what their budget is. And as a result of that, they have come to a point now where they are actually reaching out to the Federal Government to control that.

So just to kind of conclude this discussion about cost itself, either you start with lowering costs by using commonsense methodologies of the free market, with transparency and with turning the patient into a savvy consumer who has all the choices before him or her and can make the best choices for quality and for cost, therefore improving the quality and lowering the cost, or you can go to a top-down, government-run, government takeover system in which a Federal bureaucrat will be walking with you every step of the way.

I have been joined here tonight by one of my colleagues, again as I alluded to a little earlier, Congressman Dr. PHIL GINGREY from Georgia, a cochair of the GOP Doctors Caucus. In fact, it was his leadership that led us here tonight for one of many doctor caucus discussions and debates. He ran a little bit late because he had a tele-town hall back to his district. But he has now joined us.

So I am going to yield to the gentleman, the obstetrician of many years from Georgia.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman, my colleague from Louisiana, Dr. FLEMING, for not only yielding a little time to me but also for being here on the floor to control the time. Mr. Speaker, as you know, each side of the aisle gets a leadership hour, and it seems that maybe our Democratic friends who had the previous hour and only took 35 minutes came to the conclusion that the less said the better about this health care bill. That seems to be the way things have been going, Mr. Speaker, in regard to how much we know about what is in the bill. We will be talking about that a good little bit tonight. I can assure you, Mr. Speaker, on our side of the aisle, we've got a lot to say. I think the more said the better.

The American people need to know. They need to be informed. Indeed they know already a lot, know enough to say, as 70 percent of them do, that they don't want this bill. Not this bill. As Dr. FLEMING said, Mr. Speaker, I was doing a tele-town hall meeting to my constituents in the 11th of Georgia, northwest Georgia, the nine counties that I represent, the 700,000 people, salt-of-the-earth folks, just as Dr. FLEMING represents the same kind of folks in Louisiana. Suffering folks, unemployed folks, struggling folks.

I did a poll question on this tele-town hall call that probably went out maybe

to 25,000 households. And a lot of them were on the line and listening and asking questions and staying in the queue for the whole hour and 30 minutes, I think we went.

Mr. Speaker, the poll question was, if your greatest concern about this bill, the so-called Patient Protection and Health Accountability Act or whatever it is called, H.R. 3590, the Senate bill that is going to be deemed passed if the Democratic majority has their way, what's your greatest concern? If it's the economy, the effect that this bill will have on the economy, push "1" on your keypad. If your greatest concern is the effect it will have on your health or the health of your immediate family, press "2." If your number one concern about this bill is the devastating effect that it will have on the Medicare program and our senior citizens, you, your parents, your grandparents, press "3" on the keypad. If your concern is all of the above, press "4."

Well, I am going to tell you, 65 percent of them, Representative FLEMING, 65 percent of them, Mr. Speaker, pressed "4." That is what I would have pressed, too. It was equal, 10, 12 percent equally divided among the other three.

People are outraged, Mr. Speaker. It is just unbelievable to me. Let's refer to the first slide, this poster that I have got to my right, your left. What Americans Want. I wasn't surprised at all by the poll that I took tonight because the American people have been saying this for months and months. The first bullet point on the slide, 73 percent of Americans want Congress to start over on health care reform, or if they are unwilling to do that, this is a situation where it's better to do nothing. They don't believe we should do something even if it's wrong. No, if it's wrong, do nothing. Second bullet point, 56 percent of people want the Congress to tackle health care reform on a step-by-step basis, not a wholesale government takeover.

□ 2030

Mr. Speaker, when Senator LAMAR ALEXANDER a couple weeks ago at the Blair House went to the health care summit, when he could finally get a word in edgewise after our President finished filibustering, said the same thing. Said, Look, we can solve the problem. We can actually lower the cost of health insurance and, indeed, the cost of health care if we do it in an incremental, commonsense way.

And then when COBURN got to speak, Senator COBURN, Mr. Speaker, he said, Mr. President, let me just make it brief here. I know you're not going to give me a lot of time, and you're controlling the clock and who gets to speak. And you took already twice the time that we did in your opening statement. But that is okay. You're the President. But give me a couple of minutes. I will make two points. One, let's eliminate waste, fraud, and abuse. And Dr. COBURN had some great suggestions about that.

And then he went on to say—and, Mr. Speaker, this is almost unbelievable to us, to the physicians that serve in this House of Representatives, to the members of the GOP Doctor Caucus in the House and to our physician friends, Dr. COBURN and Dr. BARRASSO in the Senate—the President said to the American Medical Society last summer, at the annual meeting—they invited him to be the keynote speaker—and when they asked, Mr. President, you want us to endorse, and the AMA went on and did endorse based on the President's promise that there would be reform of medical liability, so-called tort reform, ending frivolous lawsuits and ending the necessity for doctors to protect themselves and their practices by ordering all of these tons of tests, expensive tests, sometimes even, Mr. Speaker, dangerous tests, just to cover their back so that some slick expert witness in a court of law wouldn't say that, oh, you know, you didn't order a fizzle phosphate level on this patient? That's below the standard of care in Louisiana or in Georgia, in Marietta or Athens. That is the kind of thing we're dealing with.

And to just complete the slide, Mr. Speaker, I refer back to this first poster, the last bullet point. Sixty percent of Americans think the Slaughter solution is unfair. I'm going to let my colleagues, if they want to—or maybe when they come back to me I will talk about that—but there are other Members, other physician members, Mr. Speaker, that are here; and I want to yield time to them.

The gentleman from Louisiana was so kind to control the time in my absence. I yield back to him so that he can yield back to other Members. And I yield back to my good friend, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. Great comments.

And my experience, Dr. GINGREY, is the same as yours. The teletown halls that I have done on this subject in the last 6 months started out that 85 percent of my constituents were against this. Now it's up to 92 percent. Unbelievable.

Let me just touch again on economics, and then I'm going to pitch this back. We have been joined by Congressman BROWN also from Georgia.

But first let me mention, let us talk about Medicare just for a moment.

We hear the other side of the aisle continuing to complain that you're seeing this catastrophic increase in insurance rates, private insurance, and it has been going on for years. And, yes, it has been. It has been faster than inflation. No question about it. But if you look within that, what you find is that because Medicare pays well below break-even for a physician or a hospital and Medicaid pays even half of that, that you have tremendous cost shifting. So you have to raise something; something is going to have to go up to offset the costs that are not being paid.

So, Mr. Speaker, in light of all of that, what we have in this bill is we're going to have a dramatic increase in Medicare and especially in Medicaid which is going to make those rates go up, that is, private insurance, even faster.

But let's look for a moment at what are the economics of Medicare in this bill.

This bill, at least the version we think we are talking about this evening, because we have not even seen the final draft of it and yet we are soon to vote on it, where does it raise revenue? It raises revenue first by taking a half trillion dollars out of Medicare. Speaker PELOSI today said—the way she was asked, How do you do that? And her answer was very simple: You get rid of fraud, waste, and abuse. We've had this program for 40 years and nobody has been able to figure out how to get any dollars out of fraud, waste, and abuse, much less a half a trillion dollars. So I don't believe that is going to happen.

Number two, the \$500 billion that we're talking about is earmarked to extend the life of Medicare which is going to run out of money in 2017. That is really 7 years from now. But it's also going to be used to help subsidize private insurance.

The CBO wrote a letter last week saying, You're counting the same half trillion dollars twice, and to get it, you've got to take it out of something you can't take it out of. So really we're tripling down on the same money, which gives us an error of \$1 trillion.

So the economics, Mr. Speaker, of this are crazy. They're smoke and mirrors. They don't add up, and there are many other parts of this that we can get into as we go forward. But that is the fundamental problem, as I talked before. Utilization is going to skyrocket, which is not even measured for by the CBO. And then you've got the same dollars counted not once, not twice, but three times.

So with that, I would like to welcome Dr. BROWN, also a physician, a fellow family physician from the great State of Georgia, and I yield to the gentleman.

Mr. BROWN of Georgia. Thank you, Dr. FLEMING. I've listened to you talk about this economic game that they're playing. I call that zombie economics because you have to be a dead man walking around with no soul to believe the economic parameters and the games that the Democrats have played with CBO.

And people need to understand that when CBO, Congressional Budget Office, scores a bill, they can only score the bill according to the parameters that whoever writes that bill give them to score it on.

So all of these things where you're having double counting of money, it's just a good example of that zombie economics that the Democrats utilize and force CBO to use in scoring the bill so it doesn't look as bad as it really is

going to be. And there is nothing about the marked cuts in doctors' reimbursement, how much the government under Medicaid, as well as Medicare, is going to be reimbursing the doctors.

And what's going to happen—and I think the American people need to understand this very firmly—they may give a government insurance policy card to people that they can stick in their pockets, but they're not going to be able to find a doctor that will accept that card and accept that insurance. So the American people need to understand that the access to a doctor is actually going to go down, in my opinion. And in fact, that card for many, many Americans is going to be as worthless as a Confederate dollar was after the War Between the States. It's going to be useless. We're going to have more people who have less access to doctors, less access to care, if ObamaCare is passed.

Another thing that policy after policy has shown is that the American people continue to overwhelmingly reject this government takeover of health care. Yet Speaker PELOSI has declared that a government takeover of health care should become the law of this land without even taking a vote on the bill. Well, that is unconstitutional.

I, as well as, I know, Dr. GINGREY, as I know Dr. FLEMING, carry a copy of the Constitution. I believe in this document as it was intended by our Founding Fathers. We have absolutely no constitutional authority for the Federal Government to take over health care. None. We have no constitutional authority to even do this deem and pass Slaughter rule. Deem and pass. That sounds like an old western movie. Deem and pass. The only people who are going to be ambushed are the American taxpayers and small businesses in this country. That is exactly what's going to happen. Deem and pass is being set up by our Democratic colleagues who want to raid small business's coffers and people's coffers.

In fact, we've got a lot of taxes on small business. A lot of taxes on individuals. The Ways and Means Committee just today has put out a report on this bill. We hear from the President if you make \$250,000 and above, you have to pay extra taxes for the bill. And anybody making less than \$250,000 will not be taxed. But the Ways and Means Committee just today set out the parameters on the taxes. Half of the new individual mandate taxes will be paid by Americans earning less than \$66,150 for a family of four. Let me say that again: half of the individual mandate taxes are going to fall on the shoulders—not of the rich people; I don't think a family of four making \$66,000 a year is rich—but half of those individual mandate taxes are going to fall on the shoulders of families making \$66,000 a year or less.

And also the IRS is going to be markedly expanded. And, in fact, it's going to be up to the IRS to get all of these new taxes.

And I have got a little slide here. Because the IRS is going to be running ObamaCare. The IRS agents in this country are going to verify whether you have acceptable health care coverage. Now, who determines what's acceptable health care coverage? Well, it's a panel here in Washington, D.C., that is going to mandate every single insurance policy in this country.

So if you have health insurance today and you like it? Forget it. Forget it. That is another distortion, something that is not true that's been touted by our Democratic colleagues.

And the IRS agents in this country are going to be prying into your health care insurance, into your life, to see if you have acceptable coverage.

Also, the IRS is going to have to hire new agents to do all of this new work that they're being given by ObamaCare: 16,500 new IRS agents. There are going to be more audits of people's income taxes because the IRS is going to be in charge of making sure that individuals have this acceptable health care coverage that is mandated by the Federal Government.

The IRS can even confiscate your tax refund. And the IRS can fine you up to \$2,250 or 2 percent of your income, whichever is greater, if you don't have the minimal, essential coverage. Again, the Federal Government is going to determine what that minimal coverage is. So forget your current insurance policy. The Federal Government is going to mandate it.

Mr. GINGREY of Georgia. Will the gentleman yield for a minute?

Mr. BROUN of Georgia. Absolutely.

Mr. GINGREY of Georgia. I appreciate my colleague for yielding because the gentleman points out an accurate statement in regard to the expansion of the IRS because there absolutely would be those that would be going through with a fine-tooth comb every tax return. And we're not too far from that date where people, if they don't put down and verify that they have that health insurance policy—and the gentleman was probably going to say this, but I will go ahead and say this—not just that they have a health insurance policy, but the type of policy.

□ 2045

In other words, a young person, a young, healthy person who exercises and takes care of himself, doesn't smoke, doesn't drink, runs marathons, and so he wants a health insurance policy that he can afford. He is just out of high school or just out of college. He is paying back student loans, trying to buy a car, trying to save up to get an engagement ring for his fiancée, whatever, paying for an apartment, yet he wants to have coverage. He wants to have catastrophic coverage, but he can't afford first dollar coverage, so he buys these high deductible but very low monthly premium—probably one-fourth of what the IRS and this bill is going to demand that they have. If he doesn't have it, he is going to jail.

Mr. BROUN of Georgia. That's right.

Mr. GINGREY of Georgia. It's just unbelievable. And very quickly, before yielding back to my colleague, I want to say this.

If we were in charge, Mr. Speaker, I think the three of us on the floor right now, we would eliminate the IRS. We wouldn't add to them and add to that bureaucracy. We would get rid of the IRS and the Federal income tax, and we would replace that with a flat tax or a fair tax, a national retail sales tax that our colleague from Georgia, JOHN LINDER, has been such a strong proponent of.

Mr. BROUN of Georgia. I thank you for yielding back.

In fact, I want to point out something else that is going to happen with this bill the way it's set up. The tax-writing committee, the Ways and Means Committee, tells us an additional \$10 billion is going to be needed to pay for this marked expansion of the Internal Revenue Service. And, Dr. GINGREY, I'm like you. I would like to totally get rid of the Internal Revenue Service. You and many people know I have been a very ardent supporter of the fair tax.

But it doesn't matter—well, it does matter how they get our taxes. The bottom line is that we have just got to stop this outrageous spending here in Washington, and we are going to increase spending of the Internal Revenue Service by \$10 billion.

But something else the American people need to know is: Guess who has been left out? Guess who is not going to have all these mandates? Illegal aliens. That's what our Democratic colleagues have put in place. The illegal aliens in this country are going to get free taxpayer-funded health insurance, and they are not going to get all these fines. They are not going to be bothered by the Internal Revenue Service. It's just the American citizens and legal residents in this country that are going to be bothered by these folks.

Now, they are going to say, and I've heard them say over and over again, illegal aliens can't get free government health insurance, but Dr. GINGREY was in the Energy and Commerce Committee. Over and over again, Dr. GINGREY and many others fought to make sure that illegal aliens would not get free government health insurance by making the Federal Government verify the citizenship and the legal presence of these people here.

Mr. GINGREY of Georgia. If the gentleman would yield just for a second, he may want to yield back to Dr. FLEMING who is controlling the time. It is our colleague from our great State of Georgia, Congressman NATHAN DEAL, the ranking member on the Health Subcommittee of Energy and Commerce where this bill, by the way, originated as H.R. 3200, Mr. Speaker. We all remember that. But it was Congressman DEAL, NATHAN DEAL, 17 years, this is his 18th year, in fact, in this body, had the amendment to stop

that, to make sure that people had to give adequate verification, just like they do for the Medicaid program in our States and the SCHIP program. It's called PeachCare in Georgia. It was Congressman NATHAN DEAL—who, by the way, I think is going to be the next Governor of Georgia—who very strongly advocated for that. But unfortunately, as all Republican amendments, if they get heard at all, they get voted down on straight party lines, good commonsense amendments.

Mr. BROUN of Georgia. I want to go to Congressman DEAL, too. He has been fighting for a long time to stop this birthright citizenship here in this Nation, which is actually a ruling by the Federal court system. It is an improper ruling on the 14th Amendment. It's an unconstitutional, actually, ruling on the 14th Amendment that we're giving birthright citizenship to these children who are born to illegal aliens in this country, and they are going to go on the Medicaid system. And we're going to have a magnet, a magnet to draw more of those illegal aliens in this country because they are going to get free government health care because of this ObamaCare bill that we're going to be voting on just in the next day or two.

I just want to say before I yield back, Congressman NATHAN DEAL, I hope he is our next Governor, and he has been right on the front line fighting this illegal alien problem that we have in this country. He lives in Gainesville, Georgia, and he has seen them there in Hall County, Georgia, how it's been a tremendous drain on the local economy and the local government for goods and services and things. And so he has been an ardent, ardent fighter to try to make these illegal aliens, who are criminals, to go home. Now we are going to give them free health care.

And the American people need to just say "no" to our Democratic colleagues, because it's just going to be disastrous. We are going to have an influx of illegal aliens just to come and have those anchor babies to get on Medicaid. We've already seen that happening, and that is one reason NATHAN DEAL has been doing it.

I yield back to Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. I thank both gentlemen from Georgia for your comments and, again, your many years of experience as physicians.

I would like to change the topic slightly, and that is to talk about process for a moment. Now, what I would really describe, this situation is one in which, as this debate continued, Mr. Speaker, as this debate continued through the year, it began to lose momentum almost immediately. We began to see the polls. At first, it was 50/50. Half America wanted this health care reform but didn't know much about it, the other half really didn't want it.

As this debate has gone on and on and on and the news gets out, the acceptance of this has dropped. In fact,

today it is at its lowest point that it's been. I think we are up to now 55 percent of Americans are against it and down in the 30s are actually for it. In fact, a CNN poll—and I'm sure that CNN wouldn't be considered as an extreme right-wing media outlet—shows that—they asked a question a little different way. What should we do with this bill? Seventy-five percent of Americans said either scrap it altogether and forget about it or start over again. And that's exactly where we are. We would like to start over again and pass commonsense reforms without the government takeover of health care.

Well, anyway, as this thing has been losing steam, it has caused more and more difficulty for the other side of the aisle to get things passed, vote after vote. And we saw that there was such a reaction across the country that our good friend, SCOTT BROWN, was elected to, believe it or not, Senator Kennedy's seat, something that no one could have imagined this time a year ago. And while he is an excellent candidate, something else had to be in play there, and we know what it is, and that is health care. Also, through the process to get it through the Senate, even with the 60 votes that already were there, it took special deals. I will just name them real quickly.

The Louisiana purchase; \$300 million to go to my State of Louisiana, which would seem ostensibly to be a good thing, but by signing this bill, the President would actually cause costs that would be far greater than the \$300 million that we would receive. So the net result is money lost, not money gained.

The Nebraska kickback, which everyone has hated. And, in fact, what it is going to do is probably it will pass in this reconciliation, if it is passed, will actually extend the same benefit to all States which is going to drive up taxes and cost.

A \$10 million earmark for a Connecticut hospital for CHRIS DODD, our Senator, and certainly Gator aid, where every State will lose its Medicare Advantage except for the State of Florida.

But if that wasn't enough, Mr. Speaker, now that we're in the House, we've got another situation. We're talking about reconciliation; that is, instead of sending it to the Senate in the final form and have it passed and get past the cloture rules over there, they want to slide it in under reconciliation, a mere 51 votes. But all of that being as bad as it is, now we're talking about the Slaughter solution.

And I will pitch back to my friend, Dr. BROWN, for his comments.

Mr. BROWN of Georgia. Thank you, Dr. FLEMING. I appreciate your yielding.

In fact, I've wondered, and I'm sure the American people are wondering, why is it that Democrats don't want to have a vote on a bill? Well, you're just telling them right now today in this Special Order why the Democrats don't

want to have a vote on the bill—because they don't want to face the fact. They don't want to face the voters that they are doing all these special deals, sweetheart deals.

You didn't mention the ones in there for the unions on their Cadillac plans. The unions have just cut a special deal, too, with the administration, with the leadership here in Washington. But why wouldn't they want an up-or-down vote? We've heard the President say over and over again this should have an up-or-down vote.

Well, just today, just today, as my colleagues know, the Democrats voted down, through a procedural method, voted down—what we are trying to do is to have an up-or-down vote on the bill, but they don't want their yeas and nays to be recorded as is required by the Constitution of the United States. Article 1, section 7, the second paragraph says that for a bill to be passed into law, it has to be voted on by both Houses. It has to be the very same bill, and then it has to be signed by the President or a veto has to be overridden, and the yeas and nays must be recorded. So it is totally unconstitutional what the leadership is doing.

And I have one question for the Speaker. If Democrats are confident that the American people want this new multitrillion dollar program, why are they avoiding a simple up-or-down vote? Well, the simple truth is that the House Democrats just don't want that because they don't want to face the voters. They don't want to face their constituents about these special deals. They don't want to face the zombi economics that they're using. But the jig is up for the Democrats trying to pull the wool over the eyes of Americans, because Americans get it. They understand that this is going to be disastrous.

As I mentioned before, we are going to have costs go out of the roof for everybody. And, in fact, experts tell us that people who have private insurance, private insurance today for a family, their insurance premiums are going to go up \$2,100 a year because of ObamaCare if this is passed into law.

Mr. FLEMING. Those are all great. I appreciate your adding some of the things I left out. This list is getting so long of all the special deals. And the way that the Democrats are attempting to bypass the Constitution is just really unbelievable, and it's making Americans awfully mad. The emails I'm getting are really showing me either people are extremely mad or extremely terrified.

Now I would like to turn to the other gentleman from Georgia, Dr. GINGREY, and see, do you have other comments about the process?

And by the way, I must say that the President, NANCY PELOSI, and even HARRY REID say the process doesn't count, that the American people don't care about the process, only the finished product. Well, that tells me that the ends justify the means, and I just don't agree with that.

What say you, sir?

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding to me.

I agree with my colleagues that process does matter. We, physician Members in particular, are concerned mostly about the policy, and we are emphasizing policy tonight, and we will continue to do that. But the American people definitely care about process.

I want to go back, Mr. Speaker, to what my colleague from Georgia was just saying in regard to the insurance premiums are going to go up for those in the private market. There is no question about that. The CBO has said as much. And, Mr. Speaker, you wonder, maybe the American people wonder, if that's true, if the whole purpose of this reform plan was to lower the cost of insurance so more of the uninsured would have insurance, those that are not eligible for Medicaid and just don't realize it, that we have to lower the cost or they can't, we've wasted our time. We've spent \$1 trillion and we have accomplished nothing.

But, Mr. Speaker, I would suggest that this may be intentional. This may, indeed, be intentional. If what you want, Mr. Speaker, ultimately is a socialized national health insurance system like other countries have, where rationing is commonplace and denial is commonplace and old people get thrown under the bus, if that is ultimately what you want, you want the Federal Government, and your mindset, your mentality is more government is better government, more control is better because the people are too dumb to run their own lives so we want to take over, we want to take over one-sixth of the economy, so you drive up the cost of health insurance in the 40 percent of the market that's private, eventually there is no private market. And everybody morphs into these public plans. That's why the Democratic majority insisted on a public option. They didn't get it, but that's coming next. That's coming next.

And I will yield back to the gentleman controlling the time to yield to Dr. BROWN.

□ 2100

Thank you, Dr. GINGREY. Let me add a couple points and then I will yield to the other gentleman.

You know, we have got two bills right now. We have the Senate bill which has all of these ugly, sleazy deals in them that even the Members on the other side don't want their fingerprints on, and that is why we are going through this deemed process, because they want to pass it without voting for it. Crazy.

Anyway, the reconciliation part, the so-called correcting bill that they are wanting to vote on is going to do this: It is going to increase taxes by \$155.8 billion on top of the Senate bill. So it is increasing taxes. It also takes over the student loan program. So what?

Well, this is the so-what. It is a job killer. It is going to take all the profits from the private industries that have been loaning this money, it is going to unemploy 35,000 Americans, and it is going to skim that profit to dump into this to go down the sinkhole.

Mr. GINGREY of Georgia. On this point about the job killer, this student loan—Federal Government, once again, the Federal Government taking over the student loan program. Well, I don't know. Ten, 15 years ago they took over half of it, and that wasn't enough. Although that killed about 50,000 jobs, I say to my colleague from Louisiana, Dr. FLEMING. And now, as he points out, now they want it all, and that is going to kill another 30,000.

So, Mr. Speaker, we are talking about 80,000 jobs in the private market so that the Federal Government can have a 4-percent spread, borrowing money at 2.5 percent, lending it out to the students at 6.5 percent, 7 percent, and taking in \$60 billion so this majority party can spend it on more social welfare programs. That is what we are talking about. And I yield back to my colleague.

Mr. FLEMING. Reclaiming my time. And then one other deal that just slipped in on the House side is the North Dakota deal. There are carve-outs there.

So the sweet deals have not stopped even though the Senate bill is complete. I understand that there have been in fact ambassadorships, like an ambassadorship to NATO has been offered for a "yes" vote. We have Members of Congress being carted around in Air Force One and certainly asked out to dinner and all sorts of things like that.

Look, this is one-sixth of the economy. This is the future of our Nation for a century. Are we so lack of character that we are willing to sell our souls for just about nothing? I yield to the gentleman from Georgia.

Mr. BROUN of Georgia. I thank you, Dr. FLEMING, for yielding. We are here talking tonight amongst ourselves during this Special Order period that Dr. FLEMING is controlling—very well, thank you—and I am just honored to joining him and Dr. GINGREY here.

But the American people are asking, what can they do? They are asking, is this a done deal? In fact, I have talked to a lot of people not only in my district but around the State of Georgia and even some from other States, and the American people are saying, "What can we do? Is this a done deal? Is this going to pass?"

I don't think it is a done deal. And it is up to the American people whether it passes or not, because the Democrats don't want their fingerprints on the Senate bill, they don't want their fingerprints on all the increase in the Internal Revenue Service and the increased taxes, the health care insurance police that is going to be put in place. They don't want their fingerprints on the increased costs; in fact,

they are even denying the increased costs. Why? Because the Democrats know this is a bum deal. They know that.

In fact, I have talked to just in the last 2 or 3 days several Democrats, and I have been told by the Democrats that every one of them know it is going to raise premiums. Every one of them know that it is going to increase the cost of health care above doing nothing. Every one of them know that this is a government takeover of the health care system. And what do they do? They come down here and say we are in favor of the big insurance companies.

I don't like the big insurance companies. As a medical doctor, I have been fighting them through almost four decades of practicing medicine. I been fighting them for my patients. But they know that.

And we hear the President say, well, if the American people understood his plan, they would accept it and embrace it. Hogwash. The American people do understand his plan, and they reject it overwhelmingly. And I would yield back.

Mr. FLEMING. Reclaiming my time. I am sure that my other colleague from Georgia has a few choice comments as well.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, because I just happen to have a slide. I think my colleague from Louisiana noticed that slide. Maybe my good friend from Athens can't see it, but this is "Notable Quotable."

Look, Mr. Speaker, I respect the Speaker of the House of Representatives. We all do, of course. And anybody can misspeak and make a bad quote. But, gee, whiz, for the Speaker of the House to say—here is the quote: "We have to pass the bill so that you can find out what is in it." I have got to repeat that for you, Mr. Speaker, in case you didn't hear and my colleagues, both sides of the aisle. The Speaker of the House just a couple, a few days ago. Here is the quote: "We have to pass the bill so that you can find out what is in it."

Now, that is why the American people are outraged. They know that. 2,700 pages, and then they come here with this reconciliation package. And, oh, they are going to give us 72 hours to study it. And then, as my friend from Georgia was talking about, the Scheme and Deem or the Slaughter solution.

Mr. Speaker, I am telling you, the majority party, if they do that, if they pass this bill, this Senate bill without really voting on it to trick the American people so they don't have to go home and face the irate voters, they are going to get slaughtered in November.

I yield back to the gentleman controlling the time.

Mr. FLEMING. Reclaiming my time. In the last few moments that we have in our discussion, which I think has been a great discussion, and once again I thank the gentlemen for joining me this evening.

You know, we are in the final hours of this, it would appear. And we don't know if it is going to pass or not. I suspect that if the votes were there, we would be voting on it today. So I do think that the American people still have an opportunity to reach out to those who have not committed, and even those who have.

You know, we don't have even one single Republican that has voted for any of this except for one, and even he is not going to vote for it this time.

So this is not a bipartisan bill except to the extent of its opposition. We have the Republicans, we have a good group of Democrats, and also particularly pro-life Democrats, and the American people. But, unfortunately, we have a big enough group, a large enough group, if you will, of Democrats who feel through their arrogance they can still trump the American people and those others.

And, you know, when you are talking about monumental legislation, Mr. Speaker, we are not talking about a small little bill that maybe it is a financial bill and maybe there are some little deals that have to be made in the back so that we can pull a couple more votes. We are talking about a fundamental bill, perhaps the most important that has been voted on in more than 40 years that affects every American in the most intimate way. Yet we are in the situation with this where we are still up to sleazy deals. Anyway we can get it done, even if you hate the bill, get it done. We can fix it later. That is the craziest thing I have ever heard of.

And I would be happy to yield to the gentleman, Dr. BROUN.

Mr. BROUN of Georgia. Well, it is the craziest thing because they are not going to fix taxpayer-funded abortions in reconciliation. We have got, I think it is, 41 Democrats that claim to be pro-life. They have whittled it down to 12. Those other 29 so-called pro-life Democrats cannot ever, ever again claim to be pro-life, because if they vote for this bill, they are going to be voting for taxpayers to fund killing unborn children.

Mr. FLEMING. And if you would yield back for one moment. This will be the biggest increase in abortions since Roe v. Wade. And I yield back.

Mr. BROUN of Georgia. And it is going to be a big boom for Planned Parenthood, which is the largest abortion provider in this country and in the world. So those 29 pro-life Democrats can never, ever claim to be pro-life again if they vote for the rule. If they vote for the rule, they can never, ever claim to be pro-life again because they are voting for abortion.

Also, the American people are smarter than what our Democratic colleagues evidently give them credit for, because the American people will know when we vote on the rule, which is what I think we are going to see on Sunday, a vote on the rule, whenever it is. When we vote on that rule, they are

going to be voting for the Senate bill with all the special deals, with abortion funded by taxpayer dollars, for cutouts so the illegal aliens won't be fined and taxed like American citizens will be, so that all of the bad things that are in the Senate bill that the American public overwhelmingly have rejected—when they vote for that rule, the American people need to take note, because they are going to be voting for the greatest government takeover of our economy ever in the history of this Nation because they have put in place a mechanism to socialize the health care system.

In the 1930s, the Socialist party of the United States said the fastest way to destroy freedom in America, the fastest way to change America from being a free Nation with free people into a Socialist Nation with government control, central control from Washington, D.C., is a government takeover of the American health care system.

The American people need to contact their Democratic members and say: "No. Or, we are going to say 'no' to you."

Mr. FLEMING. We have got only 1 or 2 minutes remaining, and I am going to turn the remainder of this over to Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding. As we conclude, I have got one last slide I want to share with my colleagues. The title of it, the Slaughter solution. My colleagues have already mentioned it. But it would indeed let Speaker PELOSI send the Senate bill to President Obama without an up-or-down vote. It would just be deemed passage when they vote for the rule.

Americans deserve an up-or-down vote. And listen to these quotes as we conclude our hour.

President Obama: "I believe Congress owes the American people a final up-or-down vote."

The Democratic National Committee chairman, his quote: "There is going to be a vote, and it's going to be an up-or-down vote. Everybody is going to be up or down on the record and be accountable either for a 'yes' vote or a 'no' vote."

Have the intestinal fortitude, Mr. Speaker, to stand up and be counted. Stand up and be counted. That is all we are asking. And I yield back to the gentleman from Louisiana.

Mr. FLEMING. I thank you gentlemen for joining me this evening. I thank our audience. This has been again another productive discussion about health care. I ask that everyone going forward in the next 3 days pray for us. And I yield to the gentleman.

Mr. BROUN of Georgia. One final word.

The American people can kill this bill by contacting their Democratic Congressmen and saying "no" to this government takeover of health care system that is going to ruin our economy.

□ 2115

#### HEALTH CARE REFORM

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.

Mr. GINGREY of Georgia. We're going to continue during this hour to talk about health care, my colleagues in the previous hour: Mr. Speaker, Dr. JOHN FLEMING from Louisiana, a family practitioner of many years, with many years experience; Dr. PAUL BROUN, a family practitioner. A house-call doctor, one of the rare breeds of physicians in this country still willing to make those house calls; and indeed he continues to do it when he goes home to Athens and the 10th Congressional District, seeing patients out of the goodness of his heart, mostly.

We talked about a lot of things. We want to continue this discussion because, Mr. Speaker, you just cannot say it all adequately, I don't think, in an hour. We have been blessed. The good Lord gave us this opportunity for another hour. We gratefully accept it. We'll continue to talk about it.

The gentleman who was controlling the previous hour was talking about the magnitude, Mr. Speaker, of this bill. We're not talking about naming a post office or flags flying over the Capitol, for goodness sake. We are talking about one-sixth—one-sixth—\$2.5 trillion of our overall economy in this country. One-sixth of it, the amount of money that's spent each year on health care. We're going to let the Federal Government take over that? I don't think so. My constituents say "no." In fact, they say, Heck no.

This is, again, as Representative FLEMING said, Mr. Speaker, this is not just a little old bill. Bills have varying degrees of significance and importance, but this one is life or death, Mr. Speaker. This is life or death. And we don't want, our patients don't want, our constituents don't want the government in control of that. They don't trust the government. I don't blame them, Mr. Speaker. Why should they when this government is \$1.6 trillion worth of red ink in the last fiscal year and has already spent something like \$650 billion of red ink in this fiscal year, and we're not even halfway through it. It is unbelievable.

We're going to have a good time and try, Mr. Speaker, to enlighten our colleagues, to share our medical knowledge, maybe to show a poster or two. I think one of my colleagues has one up right now, so I'm going to quickly yield to the gentleman from Athens, Georgia, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I put up this slide here. People who have gone to school, as kids, in their basic civics class see the little cartoon with a bill. This is the bill. They have a little song that goes along with that cartoon that is kind of a catchy song. But under the Constitu-

tion, a bill to become law has to be voted upon. That's what article 1, section 7, paragraph 2 says. In fact, I think it's worth having a little civics lesson here.

Article 1, section 7, which lays out all the parameters for Congress in the U.S. Constitution, article 1, section 7, the second paragraph, it says: Every bill—in fact, I encourage people to get the Constitution and read it. Because it wasn't written by lawyers. It's understandable. This contains the Constitution as well as the Declaration of Independence and every single amendment to the Constitution in this little booklet. It's not a thousand pages, it's not a hundred pages, it's not 2,700 pages that this abomination of ObamaCare is all about.

Article 1, section 7, second paragraph: Every bill which shall have passed the House of Representatives and the Senate shall, before it becomes law, be presented to the President of the United States. If he approves it, he shall sign it. But if not, he shall return it with his objections to that House in which it shall have originated.

Mr. GINGREY of Georgia. Would the gentleman yield for just a second?

Mr. BROUN of Georgia. Yes, sir. Absolutely.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate the gentleman yielding, because I'm following along with him and he's quoting the Constitution accurately. The gentleman, I think, said—of course he did—if he approve, he shall sign it. It's not: if he deem, he shall sign.

Mr. BROUN of Georgia. Not if he deems it.

Mr. GINGREY of Georgia. Mr. Speaker, I think it's important we point that out. Approve, not deem. I yield back.

Mr. BROUN of Georgia. Let's go further and see if the House can deem it. Deem and pass. Western movie. The only outlaws in this particular movie are those who want to take over the health care system in this country. They're going to ambush small business.

But let's go on. Have a little civics lesson: He shall return it to the House where it originated, who shall enter the objections at large on their journal and proceed to reconsider it. This is how we overturn a veto: And if, after such reconsideration, two-thirds of that House agree to pass the bill, it should be sent, together with the objections, to the other House, by which it shall likewise be reconsidered, and if approved by two-thirds of that House, it shall become law. That's how a bill becomes law. That's how this guy becomes law. Both Houses pass the bill. Not deem it, but pass it.

Let's go on. It says: But in all such cases—and this is extremely important that the American people understand this, Mr. Speaker—But in all such cases, the votes of both Houses shall be determined by the yeas and nays. Let me repeat that: The votes of both Houses shall be—shall be—not may be,