before the new Congress begins in 2011. It would be a lame duck vote.

Lawmakers who are retiring or get defeated could vote on a set of recommendations with regard to entitlement spending and tax policy, but never be held accountable by the American people. Is it right for outgoing Members of Congress to consider proposals that could affect every single American knowing that days and weeks later they would no longer be answerable to the voters of the district they once represented?

Between the Democrats and Republicans in both chambers, over 30 Members have already announced they are retiring or running for another office, and this number will grow. During the lame duck session, some outgoing Members may already be looking for new jobs, which could well be lobbying special interest groups and other stakeholders that have a vested interest in the outcome of the vote on the commission's recommendations. Yet the Obama administration is setting up a process that would allow these outgoing lawmakers to vote on the commission's recommendations and run the risk of blurring the lines between what is best for the American people and best for their future employer.

Any recommendation put forward should be considered by the newly elected Congress, which would have to publicly stand by their vote on the commission's recommendation. This Congress has run up the country's credit card to a point of no return, and now the administration wants to be able to tout a bipartisan solution to spending for political cover to survive the upcoming elections.

A commission through executive order is political gamesmanship. It is a blatant effort by the administration to find political cover after advocating for the $787 billion economic stimulus, supporting health care reform being negotiated behind closed doors that could cost a trillion, and pushing other budget breakers that are wildly unpopular in the eyes of the American people.

In closing, the American people understand the depth of our financial problems. They recognize the spending gorge that Congress has embarked on since the Obama administration began, and they will not be fooled about by a fig leaf commission established by executive order. Just ask the people of Massachusetts.

MARCH FOR LIFE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. THOMPSON) is recognized for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today in support of the March for Life, which will take place this Friday, January 22nd. It marks the 37th anniversary of the Supreme Court decision in Roe v. Wade. I will head to the march on Friday with the knowledge that abortions in this country are declining: 1.21 million a year in 2005, the latest reliable figures available show, compared to 1.36 million some 10 years ago.

But hundreds of thousands of pilgrims will be here to deliver one message: There is a right to life. It is an integral part of the Declaration of Independence so painstakingly penned by our Founding Fathers.

Busloads of those marchers of all stripes will be from my district in Pennsylvania. They will be leaving home at very early hours that morning, and actually the night before to get here to stand for that cause, to stand for life. And they will be joining the gathering of pro-life Americans to march down Constitution until they reach the steps of the Supreme Court.

Abortion has been a part of the health care debate, and may still keep current bills from passing. No taxpayer should be forced to pay for abortions in this country. That policy has been reaffirmed many times by this Congress, and should not be changed for the current circumstances. And I ask my colleagues to join in this march on Friday, and to help celebrate the gift of life.

On December 2, 2009, I joined 39 of my House colleagues in sending Speaker PELOSI a letter regarding a prohibition on the government funding of abortion in the final version of the health care legislation.

□ 1700

A significant majority of Americans, both those that identify themselves as pro-life and pro-choice, are opposed to the government funding of abortions.

The Senate-passed health care bill, H.R. 1362, would require Federal funds to subsidize elective abortion. This plan differs greatly from the House version that maintains the current policy of preventing the Federal funding of abortion and for funding of health care benefit packages that include abortion.

Mr. Speaker, any health care reform proposals that this Chamber agrees to must always place a high value on protecting innocent life. These provisions should include the language found within the Stupak-Pitts amendment, which passed this Chamber by a wide bipartisan margin of 240–194.

Mr. Speaker, as we take up any health care, let us preserve the Founders' dedication to the principle of life.

DESECRATING DEMOCRACY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. MCCLINTOCK) is recognized for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, I never thought I would live to see the day when a commentator entrusted by a major broadcast network with the ability to reach millions of listeners would use his influence to incite voter fraud, but I'm afraid this week we passed that unfortunate milestone.

On Friday, January 15, MSNBC commentator Ed Schultz told his nationally syndicated radio audience, I tell you what, if I lived in Massachusetts I'd try to vote 10 times. I don't know if they'd let me or not, but I'd try to. Yeah, that's right. I'd cheat to keep these bastards out. I would.

Now, this could be dismissed as an unfortunate verbal excess brought on by the passion of the moment, except for the fact that when given the opportunity to retract the statement, Mr. Schultz embellished it in a way that makes it crystal clear that his words were deliberate and calculated. He said, I misspoke on Friday. I'm sorry. I'm sorry. I meant to say, if I could vote 20 times, that's what I'd do.

Later he said, Let me be very clear, I'm not advocating voter fraud, I'm just telling you what I would do. Now, Mr. Speaker, exactly how does one not advocate voter fraud when three times on national broadcasts you say that's what you would do?

Mr. Speaker, this can only be interpreted as an incitement to commit voter fraud in a pivotal election in the course of our Nation. As such, it strikes at the very foundation of democratic traditions and our constitutional institutions. In every election, win, lose or draw, it is of utmost importance that the vote be fair, that it be accurate, and that it have the confidence of every citizen, both those in the majority as well as those in the minority. If we cannot trust the sanctity of the vote, we destroy the legitimacy of that vote—and with it the legitimacy of that government.

All of our governing institutions and all of their acts rest about a single foundation—fair and free elections which guarantee that those who exercise authority under our Constitution do so deriving their just powers from the consent of the governed. It is this principle that Mr. Schultz has sought to desecrate and demean. His statements excusing voter fraud weaken the single most important mechanism of our democracy and undermine our form of government. His words deserve—indeed, they demand—the contempt and condemnation of every American. And they deserve immediate action by those who have accorded him his broadcast platforms and whose silence and inaction thus far can only be described as a disgrace.

HEALTH CARE

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

Mr. AKIN. Good afternoon. Once again, we find ourselves here on the floor of the U.S. Congress and the subject before us, in spite of various events that have been of great interest to people yesterday—I'm thinking of the election of Massachusetts—still remains the question of health care.

There is discussion with the new political realignments that it may be that the House will take up and just pass the bill that was passed by the Senate. That is one possibility, which then of course would require the bill not to have to go back to the Senate.

And so we come back to this question of health care in America, something that has a lot of people's attention. It's not the top priority I think for many people. I think many people are worried about unemployment, they're worried about the economy, they're worried about excessive government spending, they're worried about terrorism and national security. But underneath those, perhaps, there is still some concern about health care, but particularly a fear that in an attempt to try to solve a problem we may make a bad situation worse. Indeed, when government does too much, we have found that we sometimes get some very bad side effects—inferior quality, inefficient allocation of goods, bureaucratic rationing, and of course excessive expenses.

Now, if health care is expensive now, just wait until it's free, some have said. We were promised by our President, Here's what you need to know: First, I will not sign a plan that adds one dime to our deficits either now or in the future. Sounds pretty definitive. It sounds like he says, hey, I understand about the deficit, I understand about the debt, I understand about excessive spending, and I am not going to add one dime to our deficit.

Well, the bill that's being proposed does not add a dime, so I guess technically this statement is correct. It adds, rather, either one or several trillion dollars. That may be a whole lot worse than the dime. So this particular statement, along with some others that we've heard, is not really precise in terms of what has been proposed, particularly the Senate and the House versions that we have seen.

In order to try to put a package together, there have been some compromises made, as tends to happen when you're writing large and complex pieces of legislation. This protects insurance companies in kind of an odd way. The legislation that is being considered in the Senate preserves the legal immunity of large insurance companies in the event of negligence or any other wrongful action even if their action results in injury or death of a patient.

Now, this is the language that's in the bill. What does that really mean? What it means is something that I think most Americans consider to be very undesirable, and that is, you walk in and you feel sick and you go see your doctor. You trust your doctor, you've known your doctor for some period of time, and so you have the doctor take a look. He runs some tests and he says, well, now, Congressman AKIN, this is the news: You've got this, this, and this, and I recommend we do this. And you check with him, ask a bunch of questions and say good, that seems like a good course of action.

Now, here's where the train comes off the tracks. Your insurance company says, but we don't really think that's necessary, we're not that concerned about you, Congressman AKIN. And your doctor, well, you know, he's probably being pretty cautious, but he's also being pretty expensive. And so we're going to say you really don't need to go to the hospital for this, we're going to recommend you just stay home for a while and take some aspirin and see what develops. Now, that's what we call something or somebody getting in the way of the doctor-patient relationship.

In this country, we have gotten spoiled. We have enjoyed contact with our doctors. We have enjoyed the process of getting to know the doctors and trusting them and soliciting their opinion. At times, we get multiple opinions from different doctors just to make sure. But we don't want some insurance company coming between the patient and the doctor; that's pretty bad when that happens. What's worse is when the government comes between you and your doctor. That's what a full-born socialized medicine bill will do.

This bill here says that these insurance companies can basically second-guess the doctors, and if things go wrong, guess what? They have no liability. Is that what we want in health care reform? I don't think so. Doctors can be sued if they make a bad diagnosis, but not insurance companies, even when they get in between the patient and the doctor. Is that something we want in a health care bill? I don't think so. And that's one of the reasons why a lot of Americans don't want this massive government takeover to pass, because it has these little loopholes like this in it. I don't think many of you would have known that that was in the bill, and yet it is.

There are also some other problems. We have a bill, when you start to get thousands of pages of legislation, there is a lot of room for mistakes and an awful lot of creation of bureaucracy. I don't know what the latest version of this is because a lot of this is negotiated behind closed doors, but we're talking about close to a 2,000-page bill passed with I don't know how many hours of public review—72 hours would be nice, I'm not so sure we'll have that. We have not had that on other major pieces of legislation.

This particular bill creates 118 new boards—that sounds like some bureaucracy, doesn't it—commissions and programs full of new mandates. One of the things in legislation that people who are legislators pay attention to is how many ''you musts'' and ''you shalls'' and ''you've got to's'' there are in a bill. This one contains the word ''shall'' 3,425 times. Obviously somebody has very strong opinions about what other Americans ought to do, and they're going to mandate it. And so you have here quite a large bill, many, many pages, 3,425 ''shalls,'' 118 new boards.

We tried to draw a picture of what that would look like. Now, you know they say a picture is worth a thousand words. I don't know if this picture is worth 1,000 or 2,000 pages, but this is an attempt at drawing a picture of what we've got. And the more you look at it, the more you look at all these colored boxes, which are some of the new agencies and all, it starts to look more and more like some sort of a maze. And you kind of wonder whether what's going on is, the consumers or people who are sick are somehow trying to get across this maze to find their doctor. It's almost like something you would be given at a restaurant with a Crayon, and you're supposed to plot the path, if you're a patient, to somehow get over to see the doctor. But this is the kind of complexity that is being created by what has been proposed over the last 7 or 8 months by the Democrats.

The reason this is so complicated is because of the overall strategic approach that health care started, and that was the idea that we're going to take what we have and pretty much pitch it, and we're going to redesign the whole thing and put the government in charge of it. So we're not going to go in and fix this or that that's broken; we're going to basically scrap it and start over.

Consequently, the result is a very complicated piece of legislation for the government to try to take over what is essentially close to one-fifth of the U.S. economy.

So that's one of the things that people are concerned with and one of the reasons why, not so much based on political party, but just based on good old American commonsense, there is a concern for the complexity and of course the cost associated with that complexity.

We don't like mandates a whole lot. Americans tend to be a little bit free-wheeling, and they're not too much into following all the dots and tittles and all the little nuances of laws and rules. Americans like to have some freedom, a little bit of elbow room, a little flexibility. So when we're talking about the mandate, we're saying, here, there's mandates in this bill. All those ''shalls'' come into things that restrict your freedom. One of the mandates is that employers must offer a qualified health care plan to full- and part-time employees.

So we're saying to companies, we don't care what you think is good for your employees, and we don't really care what your employees think is good for them; what we're going to do is tell you how it's got to be. And so we are going to write what your health care plan has to look like, and then, Mr. Employer, you have to offer what we're writing up for you to your employees.

□ 1715

That is an interesting approach. We think of it in terms of the idea of a top-down, Big Government solution because the government is going to tell you what you need. Whether you think you know what you need doesn't make any difference. It's going to be a top-down status mandate, and you will pay for 65 to 72 percent of the cost of the plan.

So we're going to tell you what kind of plan you're going to offer. By the way, you're going to pay for it, and if you don't pay for it, we're going to penalize you, and we're going to hit you with a tax of up to 8 percent of your payroll costs. So whoever you are, even fairly small businesses, you know, in terms of what the cutoff is in this, you're going to get hit with 8 percent of your payroll taxes. In fact, if you have 100 employees, if 99 of them want this qualified plan and one does not, the way the bill is written is that you're going to end up paying this 8 percent because everybody has to agree to what the government has mandated.

So there are some mandates in here which, from a small business point of view, are considered fairly onerous. It's another thing which makes the bill offensive and not popular.

Now, one of the concerns is, when the government takes something over, it tends to cost money. The President said it's not going to cost a dime. I suppose that's true. It's supposed to cost over $1 trillion, but there are a lot of hidden costs. You see, you bury the costs of some things that you don't want to show. Trying to keep it under $1 trillion was a tough thing to do; $1 trillion is a fair amount of money. Even for the U.S. Federal Government, $1 trillion is a lot of money.

We spent about $1.4 trillion last year. That was about what our level of debt was, $1.4 trillion. The highest debt that we'd had before that was under President Bush in 2008. During the Pelosi Congress here in 2008, we had just south of $500 billion in deficit spending that year. So, if deficit spending of 400 and—whatever it is—50 or 60 billion was a lot, $1.4 trillion in deficit spending was a considerable amount. So our deficit in '09 tripled from '08, and it was a $1 trillion-plus, $1.5 trillion.

Well, here is $1 trillion for this little plan. This is not small if you're worried about Federal spending. The estimate here is it's going to raise taxes $729 billion. If we got away with that few in tax increases, we might be doing well. It increases the long-term cost of medical care by $289 billion. Again, I think those are conservative estimates. It creates shortages, higher costs, more regulations, more patients, and a fixed supply of medical professionals.

This is part of the CMS Report. CMS is a group of staffers who are not connected with a political party. They take a look at legislation, and they try to come up with what the costs are and how it's going to work. Of course, there's a lot of argument about what they count and about what they don't count; but things like creating shortages and also considerable amounts of unemployment are expected to come from this because, if you mandate that businesses spend a lot of money, what happens is it means their employees are going to cost more. If their employees are going to cost more, there's an incentive for them to get rid of some employees and to run the employees they have for longer hours. That reduces their costs, which of course increases unemployment.

So this bill will affect unemployment, which is another reason people are not very pleased with it and are disappointed in the bill. There is an inefficiency and an expense here which is quite considerable.

There is another mandate. This is one on individuals. It says that individuals must buy acceptable health insurance coverage. Now, guess who defines what health insurance coverage is acceptable if you're an individual citizen of the United States?

Is it the individual citizen? Is it the 22-year-old who says, I can't afford health insurance right now, and I'm very healthy and I'm making the decision not to get health insurance? Is he the one who decides what acceptable health insurance coverage is?

Of course, the answer is ''no.'' The answer is that the Federal Government knows what you need better than you do, so the Federal Government is going to mandate that you have this coverage, and they're going to tell you what kind of coverage it is, and you've got to buy it.

Now, this raises kind of an interesting legal point, which is, if the government mandates that you have something or that you buy something, is that not really, essentially, a tax increase? When you mandate that somebody has to buy a particular product, is that something that the Federal Government should be doing in this particular area? Is it even constitutional? When it is a mandate, is it not just essentially a tax increase? Or pay an additional 2.5 of your income in taxes. So now you're going to have a choice. You can either buy the insurance that we know is best for you—Big Brother government—or you can pay a fine or face criminal penalties, including jail time and severe fines if you don't get in line with what we know is best for you.

Who is ''we''? Oh, we just saw a picture of the ''we,'' didn't we? Here is the ''we.'' We know what's best for you. All of this matrix of bureaucracy, this matrix run by the Federal Government, really knows what's good for you, and so we're going to tell you what it is that you have to buy. You've got to buy the insurance we tell you you've got to buy. Otherwise, you'll face criminal penalties, including jail time.

How do you think that goes over with a lot of freedom-loving Americans? Well, not very good.

I think some of the election results that we've seen in the last number of months reflect the fact that people are not that comfortable with Washington, D.C.—Big Government—playing God in everybody's lives. That's one of the concerns and why this is not particularly popular.

I notice that we have joining us this evening a doctor, somebody who has spent years in the health care profession and who has really been in the middle of it as to providing that doctor-patient relationship. He knows the subject far better than this poor, old engineer does, and I would like to yield some time to my good friend who has just joined me on this health care topic. I was just running through some of the reasons why people aren't that excited about this Big Government takeover of health care and why you're seeing a lot of people voting, saying, I'm not sure we're on the right track with this.

I yield to the gentleman from Tennessee.

Mr. ROE of Tennessee. I thank you for yielding.

As Congressman AKIN has said, I've spent the last 31 years, until a year ago, practicing medicine in Johnson City, Tennessee, and really in a rural area in Appalachia. I've also practiced medicine in Memphis, in the inner-city, while I was in training and in school.

We have to back up, I think, and look at what the problem was, what problem are we trying to solve.

In this country, I just saw a poll recently that showed among likely voters that approximately 90, 91 percent of the folks had some form of health insurance. What we're getting confused with is there are people out there who don't have access to care. There is no question about that, and we need to address that problem.

What we've been hearing in this particular H.R. 3962, aka H.R. 3200 that we began to deal with, is that this is the only solution, which is this very complex health care bill, which I've read—I've read all 2,000 pages of it—and you have very adequately stated some of the problems. What are we trying to fix?

Well, we have 40-plus million people in America who do not have—not access to care, because a law was passed in 1986 called EMTALA, and that afforded every American, whether you're legal or not—you could be an illegal citizen in this country—or whether you could pay or not. If you go to a hospital with an emergency room, you have to be cared for. We have no choice. When I was on call in the emergency room—and believe me—I'm the one who had to get up at 3 a.m. in the morning and go see these patients and care for them. So the care was there. It's just not the most efficient way to provide the care. There is no question about that.

We have a system in this country now where costs are out of control, and I think that's what this bill doesn't do. It doesn't address the fear that most of

us have and that I know I had as a doctor and that I have as a consumer of health care, which is the ever-rising cost of the care.

We can do several things. Let me just point out, in the 2,600- or 2,700-page Senate bill, I can cover 20 million people on one page. This is just to show you how simple you can make it. Number one, if you have signed up the people currently who are eligible for the State Children's Health Insurance plan and they've just not signed up for a current plan that's already there in Medicaid, you would cover 10 to 12 million people.

There's one thing in this bill that I do like a lot, and that's to allow adult children, when they graduate from high school or college who don't have health insurance, to stay on their parents' plans, their parents' health care plans. You could cover 7 million young people. You could cover almost 20 million people in this country. I don't think either side, the Democrats or the Republicans, would mind doing that. You've covered two-thirds of what the Senate bill is going to do by doing that one thing, and you can do that on one page.

Mr. AKIN. Could I just reclaim my time for just a minute, Dr. ROE?

The way you're approaching this seems to be a little bit more sane in some ways in that you're saying, look, we're going to define our problem precisely, and we're going to tailor a solution to try to improve what we've got in order to try to make the system work.

Now, you're not proposing—I thought it was 2,000 pages. You're saying it's coming up close to 3,000 now. You're not proposing a 3,000-page or 2,000-page solution. You're talking about one simple thing, and you can take half of the people who don't have health insurance, and you can get them insurance.

Mr. ROE of Tennessee. Yes.

Mr. AKIN. You can do that on one page.

Mr. ROE of Tennessee. On one page.

Mr. AKIN. Now, I think the American public prefers simple and to just fix what's broken instead of scrapping everything and starting over, but I yield to my good friend from Tennessee.

Mr. ROE of Tennessee. Another issue that we deal with all the time—and as a physician, I would deal with this—are patients who would develop, let's say, breast cancer and lose their jobs. Then they would lose their insurance coverage. Now they have chronic conditions, and they don't have insurance coverage. How do you help those patients? How do you help those folks?

Well, this is a very simple problem. Preexisting conditions are a problem but not in the large group market. In other words, if you've worked for a large corporation or let's say—like we get our insurance here through the Federal Employees Health Benefit Plan, the so-called FEHBP. You've got 9 million people who get their insurance through that. If one person has a chronic condition like breast cancer or diabetes, it really doesn't affect our rates because you spread those risks over millions of people. If you would simply get rid of State lines and if you would allow small groups to become big groups, you then solve the preexisting condition problem.

The second thing you can do is to subsidize——

Mr. AKIN. I don't mean to interrupt you, and I don't want to be rude, but I just want you to develop that point a little bit more.

In other words, am I understanding, Doctor, that what you're saying is you could buy insurance across State lines? Is that the point you're making?

Mr. ROE of Tennessee. Reclaiming my time, absolutely.

Look, you can buy any other kind of insurance in the world but health insurance across a State line. Why in the world should it make any difference? If I'm living near the State line—and we're surrounded by multiple States in Tennessee—I should be able to buy that insurance across a State line.

For instance, let's take Realtors. Almost every Realtor's business is a small business. They have six, eight, ten. Twenty would be a lot in our area. Let them all group together across this Nation, and then you'll have 500,000 or 1 million Realtors who could spread their risks, and you wouldn't have any government involvement. You wouldn't have any subsidies involved. You wouldn't have any complications. You'd simply let the free market system work.

Mr. AKIN. Doctor, reclaiming my time again, what you're saying is you're combining a couple of ideas, but you're saying it fast. I want to make sure people can understand it.

The first thing you're saying is you can buy insurance across State lines. Particularly if you live in a place like, for instance, Kansas City, Missouri—and there's a Kansas City, Kansas, right across the river—you could be buying insurance out of two markets instead of one or even possibly from someplace like all the way up in Massachusetts. So that's one idea.

As to your other idea, though, it sounds like what you're saying is you're allowing the individuals, let's say, who work for some small employer to pool together to create large pools, which then gives you the statistical smoothing so that you could apply for insurance, one, because you have a whole lot of buyers. You're a significant player, so you can buy at a discount price. Second of all, if somebody does get ill, you can smooth that load over a big enough base that it doesn't affect it. Am I understanding you correctly?

I yield.

Mr. ROE of Tennessee. I thank the gentleman for yielding. You're absolutely right, because what you allow it to do is you allow a small business to become a large business.

Like I said, the problem with preexisting conditions is, if you have a small shop of 5, 10, 20 employees, which many businesses have—and 70 percent of our employees in this country work for small businesses. If you have one very expensive condition that hits, it breaks them. They can't afford insurance. That's why it's not affordable.

Some other things we could easily do are preventative care, and you could do that where you have different incentives to keep yourself well.

□ 1730

As a physician, I can tell you all day long how to stay well, but it is up to you as a patient to carry that out. I can give you all the great ideas in the world, but if you don't carry them out, then it doesn't do any good.

Mr. AKIN. It is about that third helping of french fries, I understand.

Mr. ROE of Tennessee. That is correct. So you want to have the incentives built into our health care system.

For instance, a health savings account. I have one, a health savings account. Let me explain this to our audience today, the people who are watching this.

Before, when you pay a premium in, if you don't use it, who keeps the money? The insurance company does. In my case right here, with a health savings account, you put in X dollars. In our office, it is $3,000. It can be $5,000 that your employer puts in that account for you. You pay everything first dollar, so I am highly motivated to take care of myself, because at the end of the year, if I don't spend that money, I get to keep that money, not the insurance company. And you can roll that money over and use it the following year and the following year.

In our group, we have 350 employees in our medical group at home, and for those who get insurance, over 80 percent of them choose a health savings account. They manage their own care, so they are motivated not to smoke and to exercise and to lose weight because they save their own money. You can use that money later in your life if you accumulate many thousands of dollars for long-term care or whatever you want. You are the insurance company.

Mr. AKIN. Doctor, again, I would like to cut in for a minute here. You are talking about a medical savings account. What you are saying makes a whole lot of sense.

In other words, what you do is you put your money aside, and you have some tax benefits from setting it aside, into not something for your retirement but something to help cover your medical needs. Then, as medical expenses come up during the year, you can pay for those out of this pre-tax money which is in your medical savings account.

If you stay healthy and you have a good lifestyle and you didn't have that third helping of french fries, then you may not spend as much money as you put in there and you would be allowed to keep it year in and year out, and it

could continue to earn interest to cover in case of a medical problem.

Is that right so far?

Mr. ROE of Tennessee. That is correct. And if something were to happen catastrophically, let's say you have an accident or a heart attack and you spend more than that predetermined amount, you buy catastrophic coverage that covers every bit of it.

For instance, in my particular case, anything over $5,000 is paid for 100 percent. And you had the $5,000 to begin with, it was your money, so you got to keep it. I think that is a very simple thing that we are currently doing and we should be encouraging people to do, not discouraging.

Mr. AKIN. Now, my understanding is we put that into law, but there were a lot of limitations on it, and I don't think that is generally available for most people in the public. Is it, Doctor?

Mr. ROE of Tennessee. It is not, and it should be.

Mr. AKIN. Is that a problem that the marketplace hasn't caught up to what the law says? Or, are there roadblocks that make it so that people can't do that?

Mr. ROE of Tennessee. I think probably we haven't educated our public as much as we should have. I was surprised in my own practice about how many chose to do that once they understood it.

When you are faced with paying $3,000, that is kind of scary to do that when you normally have a small copay or deductible. But once you understand how it works, that you get to keep the money, not the insurance company—and while we are on insurance companies, I have got a problem.

I know one of the things that I did in practice that really frustrated me to no end was to have insurance companies deny needed care for patients, and I think certainly they are culpable. I know I have spent as much time on the phone sometimes getting a case approved for a patient to get needed care as I did actually doing the procedure I was trying to get approved. That is very frustrating. So the insurance company is culpable out there, and we do need some reform.

Mr. AKIN. Doctor, we just talked about that. One of the first slides I brought up was starting, when you want to talk about health insurance, one thing that you want is you want to have that doctor-patient relationship kept—I don't know if you would call it sacred, but you want that to be a primary kind of consideration. And if an insurance company parks itself between the patient and the doctor, we don't like that idea very well.

Mr. ROE of Tennessee. No, we don't.

Mr. AKIN. And with this bill that is being proposed, the insurance company can second-guess the doctor, and if there is a bad result, they can't be sued. That is one more strike why people don't like this bill. But that is a great point.

We have been joined by another colleague of mine, Congressman THOMPSON. G.T. is here, just a stalwart, free-enterprise guy, and somebody with a whole lot of common sense. I would like to yield some time, if you would like to comment.

We are trying to take an overview of what is happening now, after the election yesterday, and where we are in this whole thing of health care and are we still under this model of Big Brother is going to take it all over.

Mr. THOMPSON of Pennsylvania. I thank my good friend from Missouri and my good friend from Tennessee for this Special Order tonight that you are doing.

Yesterday was a landmark day. I think it established a pretty confident trend of what the American people like and what they dislike. And what they dislike I think is properly captured and framed in that chart that you have on the tripod, the bureaucracy of a government-run, government takeover of health care.

We need to be approaching health care and we need to be approaching everything we do in this Chamber, I believe, from a principled leadership perspective, of leading with principles. And I have to tell you, and I suppose my colleagues on the other side of the aisle would agree with that. It is just their principles are completely 180 degrees from our principles. I have to imagine, what are the principles behind that health care nightmare that is outlined there? I liken it to a train going down a mountain with no brakes—it never ends well.

What they are trying to shove through is just to get anything, get something. I can imagine how the behind-closed-door discussions are going, which happened again today even after the people in Massachusetts spoke.

Mr. AKIN. All the complaints.

Mr. THOMPSON of Pennsylvania. It has to be something like this: ''We don't care what it is, let's just pass something, whatever it might be.'' The goal is just to get something through to be able to say they did something. Well, that is wrong. That is not the approach we do. The American people need and deserve better than that. They want principles.

The health care principles I believe in and the Republican Party and some of my Democratic colleagues, I think we can work together. There are four principles I have always held dear as a health care professional for almost 30 years, and that is—and my belief is that we have a health care system that is pretty good. In fact, I would rate it one of the best in the world, not that it couldn't be improved upon. And the principles that we dedicate ourselves to are decreasing costs, increasing access, improving quality, and preserving that relationship that Dr. ROE talked about, the decisionmaking relationship between the physician and the patient, not allowing a bureaucrat to insert themselves into that relationship. And this certainly, I think, is regressive, regressive in terms of all four of those principles.

My colleague from Tennessee talked about the impact on the relationship of decisionmaking between the patient and the physician, where the bureaucracy, a bureaucrat is inserted between that relationship. But when you look at all of it, when you look at cost, the cost of the Senate bill, which I believe—I don't know, but that is what will be shoved at the American people and will be shoved at this Chamber to work on. The Congressional Budget Office showed those costs going up significantly. I believe the individual costs were at least, on the average, $300 per year, $2,100 per family. I thought the idea behind that is to lower costs for everyone, yet we know what is out there.

My colleagues have talked about allowing the purchase of health insurance across State lines. That is greater competition. That is a good thing. That brings costs down.

Certainly the whole issue of tort reform; $29 billion a year that is spent in this Nation on tort reform premiums, $29 billion. And we talk about waste and fraud, waste within health care spending. I think that is the biggest waste there is. Those dollars could be going into directly caring for patients. You add on top of that the cost of the practice of defensive medicine, and I understand why that occurs.

A physician comes out of medical school with a quarter million dollars of loans, if they are a specialist, maybe half a million dollars in loans. And at the risk of even a frivolous lawsuit they can lose a practice, lose their family's home. They order extra tests that may not be necessary to treat the illness at hand but does substantiate they followed a standard of practice, a standard of care.

Mr. ROE of Tennessee. If the gentleman will yield, let me just mention a couple of things that my friend from Pennsylvania is talking about.

In 1975, all the malpractice companies left the State of Tennessee. We had nothing. So the physicians there brought together and formed what is called the State Volunteer Mutual Insurance Company. It was a mutual company that anything that wasn't paid out in premiums came back to us. Since the inception of that company in 1975, over half the premium dollars have gone to attorneys. Less than 40 cents on the dollar went to the injured parties, the injured patients, and about 10 cents to run the company.

We have a system that is broken terribly when you can't even compensate injured people. That is the system we have in America now, and that is wrong, because there are events that do occur that need to be compensated. We don't have a system that can even do that.

Mr. AKIN. Reclaiming my time, gentlemen, what you have been outlining here today is, I think, what the American public is eager for. They are eager for people to define specifically what a problem is, and to outline a solution

that makes common sense, that isn't going to be that expensive. In fact, the solution should save money. They are going to increase the amount of freedom that consumers have and choices, and improve the quality of health care. That is a way to approach health care. That is to say, we are not going to totally destroy it all; we are going to fix the parts of it that are broken.

That is usually the way we approach most legislative questions. And yet, now, for to whatever it is, eight months, we have been running down this track trying to reproduce in America what has never worked in foreign countries very well.

I think you could say there are a lot of things we could fix in America. But, on the other hand, if you are the guy that lives in Dubai and you are worth a couple hundred million dollars and you get sick, guess where you want to be treated. You want to come to the good old USA.

So why do we want to scrap something that has many aspects? In fact, I would say if you take a look at the American health care system, if you look at what is being provided in care, we are doing pretty darned well. If you are taking a look at how are we paying for that, we have got some problems.

So our problems tend to be more in the pay for side than in the quality of the care that is coming out. And each of you gentlemen have demonstrated, I think very articulately, tonight the fact that there are some certain specific things that could be fixed, yet we seem to be just on this—you called it a train wreck—just trying to replace the whole thing with a Big Government solution.

And I think it is ironic, almost amusing, and a month or two ago would have been unbelievable, to say that this whole thing may well have been derailed by Massachusetts voting for a Republican for the U.S. Senate. If you said that 2 months ago, people would think you needed to be locked up in a little white straitjacket. They would say there is no chance that something like that could happen.

Yet people are starting to pay attention to what is being proposed here, and this, along with a whole series of other incidents and mismanagement, has created a political anomaly. I mean, there wasn't one Republican Congressman in the State of Massachusetts, and yet the State, looking at this kind of thing, along with the tremendous spending that this represents, said, Time out. We are not solving our problems.

I appreciate your time.

Mr. ROE of Tennessee. I would say, when you look at this—I am just a country doctor from east Tennessee, but if you look at the health care problem in America, it is this: One is we have had escalating costs. There is no question of the costs. And we have got people who don't have health insurance coverage. Those are the two problems. How do you solve those problems?

Let me explain to you why having more government will never work and will end up costing more money. And my good friend from Pennsylvania, Congressman THOMPSON, has hit the nail right on the head.

When you take $500 billion—and I have dealt with Medicare patients for my entire medical practice. When you take $500 billion out of a plan that is already underfunded, that goes upside down in premiums by 2017—and beginning next year the baby boomers hit 3 million to 3.5 million new recipients every year. You take a half trillion dollars out and you add 30 to 35 million people, three things happen: One, you have decreased access; two, because you are not going to get in to see the doctor, number two, you are going to have decreased quality; and three, and seniors get this, their costs are going to go up to get the care that they need.

Mr. AKIN. Doctor, you are so eloquent and you said it so smoothly, but I just think we need to underline what you said.

What you are saying is you are going to take $500 billion out of Medicare. Now, is this a Republican that is going to raid Medicare?

Mr. ROE of Tennessee. No, sir.

Mr. AKIN. We have always been accused of raiding Medicare, but we are not the ones doing this, right?

Mr. ROE of Tennessee. That is correct. Unless you are in Florida, of course.

Mr. AKIN. So we are going to take $500 billion out of Medicare. And what do you think is going to happen? If you take $500 billion out of Medicare, it is going to be harder to provide services for people.

But you are not just doing that alone. You are adding more people and taking money out.

□ 1745

So now you're sort of compounding the problem. And so the result is you're going to get poorer quality care and you're going to have to pay more money on the side, I suppose. Is that right, Doctor?

Mr. ROE of Tennessee. That's correct. What you're going to do is, you're going to create waits. There's no other way around it. And that's my biggest fear as a physician, is that at the bottom line, the end of the day, when you budget so much money for health care and you have more demand for services than you have money to pay for it, you create waits. It happens in England France, and Germany, unless you are wealthy and can buy your way around the system, which is what happens. But I'm talking about for the bulk of the American people.

Over 90 percent of the people who have insurance in this country like it. And they like what they have. They understand we pass all of this right here. When a patient comes to me, am I going to be able to provide better care for that patient? The answer is, No, I can't. And let's look at some numbers.

Mr. AKIN. One other point, Doctor. You said you're just a country doctor from Tennessee. But if I remember right, there were two States that did the experiment of essentially government-run health care. One was the great State of Massachusetts, which has now become my fond friend.

Mr. ROE of Tennessee. Mine, too.

Mr. AKIN. And the second one is Tennessee. So you've had personal firsthand of the State government deciding they're going to take over health care. Is that correct?

Mr. ROE of Tennessee. We had the 17-year experiment called TennCare. And to back up to the beginning of Medicare, in 1965 that great program that was passed started as a $3 billion program. The congressional estimates were at that time that by 1990, 25 years later, it would be a $15 billion program. The actual number, a $90 billion program. It's gone from $90 billion in 1990 to over a $400 billion program. And we're going to cut this much money out. As our population ages, there's going to be more spending involved. Now that's one plan.

In Tennessee, we started with a managed care plan in 1993 to control costs, because costs were going up and there wasn't enough access for our citizens. It was a $2.6 billion program in 1993. In 10 budget years it was an $8 billion program. It took up almost every new dollar that the State of Tennessee brought. And let me go on and fast forward to this Senate bill for a moment, because this is very important for States.

This bill calls for a massive expansion, the Senate bill, a massive expansion of Medicaid. In the State of Tennessee we're looking at three-quarters of a billion dollars of unfunded—unfunded—liability. That's what Nebraska got off the hook for. What you're asking us to do in Tennessee is we, this year, Mr. Speaker, this year we have 50 less highway patrolmen in the State of Tennessee than we had in 1978. And we have 2 million more people. That's the kind of shape that the States are getting in. And we're getting now another unfunded mandate through this health care bill that I don't know where the money is going to come from.

We have no capital projects for our colleges this year in the State of Tennessee. We're not building a new dormitory, a new library, or anything. And yet we're going to get crammed down this massive expansion of government with an unfunded mandate. That's why people are angry.

Mr. AKIN. Doctor, you just made another point. What I'm hearing you say is that the estimate that the CBO has put together of this little treasure here of a trillion dollars, that part of the deal is it's a little more than a trillion, because we're going to do something that's going to make the States pay a chunk of change, too. So we have what's called an unfunded mandate that's going to descend on the States.

The trouble is the States don't have the option we do of just busting the budget, because a lot of them have balanced budget amendments. And that's going to be tough.

I'd like to go back over to Congressman THOMPSON from Pennsylvania. Would you like to join us here?

Mr. THOMPSON of Pennsylvania. Absolutely. I believe, actually, it was the Tennessee Governor, a Democrat, who coined the term that this Senate bill and the Medicaid, the shoving of the increased Medicaid rolls and shifting that over to the State was, ''the mother of all unfunded mandates.''

Mr. ROE of Tennessee. That's what he said.

Mr. THOMPSON of Pennsylvania. Sounds like a very smart man.

Mr. ROE of Tennessee. He is a very good Governor.

Mr. AKIN. That's a Democrat Governor.

Mr. THOMPSON of Pennsylvania. That is correct.

Mr. AKIN. He says it's the mother of all unfunded mandates. That says that trillion may be a pretty conservative number.

Mr. THOMPSON of Pennsylvania. When we look at the State of Pennsylvania, the conservative estimates are that the Senate bill provision with the huge expansion of the Medicaid rolls, which is truly just shifting it to the States without funding, $2.4 billion to the State of Pennsylvania. Pennsylvania went 6 months—at least 6 months without a budget this past year, the State government, because they couldn't make it balance. They're required to, but they just couldn't get it done. The economics, the revenue, and the expenses just did not match up.

I think that there are so many problems with the proposals that our Democratic colleagues have been proposing. And I suspect what we will see as a bill comes out of the closed, dark room to the House floor, that it will be very flawed. But let me just say there are solutions. There are solutions that have been defined. There are solutions that have been introduced going back to July of this year, 7 months ago, and there are solutions that have received even some support but are largely Republic solutions.

The Putting Patients First Act, which addresses the issue of tort reform and takes that $329 billion-minimum of waste, and that would allow the cost of everybody's health care to come down. The Putting Patients First Act, which allows the bidding of health insurance across State lines, which allows the formation of association health plans to give small businesses the opportunity to join together to have a larger voice and more negotiation power. It also addresses key issues, and does it in a good market approach of addressing preexisting conditions.

They allow the States to create high-risk pools. Just because you're born with a preexisting condition or during the course of your lifetime you experience or develop a disease or disability, say breast cancer or prostate cancer, that should not mean that you shouldn't be able to afford to purchase—I'm not saying anybody give you—but be able to afford to purchase reasonably priced health insurance.

The Republican solution does that. And it doesn't do it with massive taxing. Does it with no taxing, does it with no cuts to Medicare, does it with no shifting of tremendous health care cost to the State. It is a win-win and brings down the cost of health care for everybody.

Mr. AKIN. So we've got some solutions. I was just thinking about the voters in all the different States that are frustrated. They may be listening to us even here on the floor of the Congress, and they're thinking, Do they guys get it or not? Why are they talking about these huge Big Government solutions and spending the money that we don't have. I'm not sure some of them aren't ready to declare independence again.

I was just thinking, if you're going to write a declaration of independence relative to health care, one of the things you say is, it's not going to add a whole lot of money to the big national debt. That's one thing you've got to pay attention to. It's not going to impose mandates on States or employers or individuals. And it's not going to use taxpayer dollars to fund abortions or illegal immigrants.

I think those are all things that have been debated and discussed and people are upset about. It's going to be negotiated, I think, in a free and open format instead of behind closed doors. We're going to reserve that doctor-patient relationship. And we're going to allow freedom, which has worked so well in America for a couple of hundred years, to reign. To actually have some freedom to let people make choices and trust them to make their own choices and then do some of these commonsense solutions that you're talking about to not try to reproduce the failed systems of the Soviet Union or the failed systems of European medicine or Canadian medicine, which are very inefficient and expensive, but rather build on the model of freedom and people's free choices and people making distinctions between what sort of health care they do or don't want and, particularly, allowing doctors to practice medicine without feeling threatened from lawyers or insurance companies or Big Brother looking over their shoulder.

If you go to med school and spend a quarter of a million bucks on education, I think I'd rather have your opinion as to what you ought to do to me. I don't mean to rant here, but it seems like we need some sort of statement or declaration or something about some basic principles that Americans believe in.

I yield to you, Doctor ROE.

Mr. ROE of Tennessee. I think one of the problems that you've seen with this plan is the complexity of it. I think the bottom line, what you saw in Massachusetts yesterday is that the people there do appreciate their own personal freedom. They want their freedom to choose. Also, Massachusetts was being asked, since they've already been mandated to pay for their own policy, which I might add has added tremendous cost, and I will also tell you that half of the primary care doctors in that State are not accepting patients.

This is one of the things that isn't understood about a lot of the government-run plans: They don't pay the cost of the care. We haven't discussed that much here, but in our own State, Medicaid pays less than 60 percent of the cost to the providers; the hospitals and the doctors. Medicare pays somewhere between 80 and 90 percent of the costs. The rest of those costs are shifted to private health insurers, meaning that people out in private businesses are actually getting taxed again.

What Congressman THOMPSON was talking about, another thing that's left out of this particular plan that's really unfair is that you're not even putting in the so-called ''doctor fix.'' Let me explain that to the viewing public out there. In 1997, there was a bill passed here called ''The Sustainable Growth Rate: How Medicare Pays the Physicians.'' And what happened was, is there was supposed to be cuts every year. This year, there was supposed to be a 21 percent cut to physicians, which if that happens, nobody is going to able to see a Medicare patient. And that's not even here. It's over a $200 billion pricetag that's not even listed in this current trillion-dollar pricetag.

Mr. THOMPSON of Pennsylvania. Will the gentleman yield for a question?

Mr. ROE of Tennessee. Yes.

Mr. THOMPSON of Pennsylvania. So the statistic you talked about, Medicare payments, which it has been my experience in Pennsylvania, for every dollar of cost, reimbursement of 80 to 90 cents. So for every dollar of cost, the physicians are already losing significant moneys. That 21 percent cut that you talked about, that's on top of that.

Mr. ROE of Tennessee. That's correct. That's on top of the 80 to 90 percent. So for patients and what they're concerned with now, I believe what's happened, and just to simplify in my own terms, is what happened in Massachusetts, where people saw they were already paying very high taxes, they were already paying for coverage, and then they were going to have to pay for States like Nebraska, who were opted out of this deal.

Congressmen, I was very proud to be sworn in to the U.S. Congress on the 6th of January, 2009. I woke up on the 23rd——

Mr. AKIN. You didn't know what you were in for, did you? It's been a whale of a ride, brother.

Mr. ROE of Tennessee. It has been a whale of a ride. I woke up on the 23rd

of December and told my wife that I was actually embarrassed to be in this House because of the deals that were cut. And who ultimately paid for them are the patients and taxpayers. And that's wrong. It really embarrassed me when you saw this deal in Louisiana and the different deal in Florida.

Mr. AKIN. We've just got about a minute or two. We're going to be followed up by another good friend of mine. We may stay on this topic a little bit. I thought it might be appropriate tonight in the last minute or two to make a tribute to Massachusetts. Now who would have thought Congressman AKIN would be making a tribute to Massachusetts? But if you recall our history, Massachusetts used to be the cradle of freedom and innovation in terms of government. It was Massachusetts in 1620 that saw the Pilgrims come. They put together the idea of the first concept of a Republic. A group of free people, under God, selecting their own leadership to preserve their God-given rights. That's a powerful idea that came from Massachusetts. A hundred-fifty years later you had the Massachusetts provincial Congress saying, Resistance to tyranny is your Christian duty.

For the last 50 or 100 years it seems like Massachusetts has been sending us the King's people, always wanting more taxes, more government, more government spending, bigger government, and yesterday the people of Massachusetts reverted back to that great heritage of patriotism and freedom and said, We're finally tired of Big Government. It's time we start to look at solving our problems without thinking every solution means more taxes and more Washington, D.C., control.

I thank you, gentlemen, that your States have stood for freedom and your constituents have elected you to join us here to stand up for just plain, old basic American principles. I think we're going to get the job done. I think that what happened yesterday was about, from a political point of view, quite a stroke of lightning. I think it should get people's attention. I think the public has spoken. And it's time for us to move on with the ideas that you, Doctor ROE, have been making very clear here. It's not like these things are too complicated. And G.T., same thing. You're from Pennsylvania, representing the people with common sense. These things are not complicated. Define the problem, craft a limited solution that fixes it instead of trying to scrap everything and go to the Big-Government-fixes-all kind of model. I think it's really something that the people of Massachusetts kind of came back to their heritage and to their roots in standing up for the country, as they did so many years ago.

□ 1800

When I was a little kid, I lived in Concord and Lexington—actually in Concord, and I saw the place where the Minutemen had stood against the biggest military power in the world. There is a statue that says: ''By the rude bridge that arched the flood, their flag to April's breeze unfurled, here once the embattled farmers stood, and fired the shot heard round the world.'' They stood for freedom, and they stood for the basic principles that America has always stood on. And I am sure glad they joined us yesterday in making a statement and a statement that's going to affect this chart right here. Hopefully this chart goes in the dust bin before it ever becomes law. Last word, GT?

Mr. THOMPSON of Pennsylvania. Well, I just couldn't agree more. I think yesterday was a statement that the American people—what they want and what they expect from our leadership is that we do our best to provide safety, prosperity and liberty, the freedoms within this country. And that's the type of public policy that they've been getting since last January. That has worked against all three of those.

Mr. AKIN. Dr. ROE.

Mr. ROE of Tennessee. Health care should not be a partisan issue. In 30-plus years, I never saw a Republican or Democrat heart attack. I never operated on a Republican or Democrat cancer, just a people problem. We need to get together in this body and not have a partisan solution. There needs to be a bipartisan solution that is simple and addresses problems that we have laid out here today so that patients, their families and doctors can make health care decisions.

Mr. AKIN. And that's certainly what you've been talking about tonight, both of you gentlemen. I understand that my good friend Congressman KING is going to be here in just a jiff. He is going to be continuing along the same lines, talking about freedom, talking about the principles that made this country and how those principles can be applied to solving these very practical problems with health care.

I will check to see how we are doing on time. Oh, we actually have 2 minutes. So I don't want to cheat anybody. Are there any last comments? Anything that we haven't covered that you want to catch, Dr. ROE or GT?

Here is one. We didn't talk about all of the cool features of this policy; but this wheelchair tax, it was kind of stuck in my craw. The idea that you are going to tax a wheelchair, the mental picture of that just doesn't seem to be what we want to do. So we're looking for places to dig for money to pay for this Big Government system. So what are we going to do? We're going to pose a 2.5 percent excise tax on medical devices, which includes wheelchairs, to try to raise some money.

Mr. THOMPSON of Pennsylvania. If the gentleman will yield, my background is rehabilitation services. I have seen where these types of medical devices—and it is not just wheelchairs. That is an understatement. It is insulin. It is crutches. It is canes. It is prosthetic limbs. I mean, there are just so many different things that this applies to. And this 2.5 percent excise tax, that is going to get passed right along to the consumers.

Most of the consumers who utilize these types of medical devices are older adults. They're individuals on very fixed incomes. Those who are surviving on maybe $800 to $1,200 a month of Social Security, and the very things that maximizes their independence, maximizes their quality of life, we're going to tax that? That's a quality-of-life tax, actually, because the people who use those medical devices, they are medically necessary. They're not luxuries. Those are devices that make their lives possible, that allow them to be able to live in the communities, to be able to live in their own homes, to not live in an institution. That's a quality-of-life tax.

Mr. AKIN. So if it moves, tax it. If it doesn't move, tax it anyway. It might be dead.

Thank you very much, Mr. Speaker, and thank you, gentlemen, for joining me.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

IMPACT OF MASSACHUSETTS ELECTION

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

Mr. KING of Iowa. Thank you, Mr. Speaker. I appreciate being recognized to address you here on the floor of the House of Representatives. I have been listening to the dialogue that has been poured before us from the three gentlemen here, my colleagues, speaking mostly about health care, the National Health Care Act, and what this could mean.

I would like to pick this up from the place where TODD AKIN left off, and that would be the importance of the State of Massachusetts. I do not believe that it can be overstated, the impact of the election returns last night. I listened to Carl Cameron on FOX News who is, I believe, a very well-informed and probably a deeply researched individual. He said that this was the most important congressional race in 50 years. Well, I can remember that far back, and I would completely agree with him. And I would suspect it may be the most important congressional race in the history of our country, Mr. Speaker.

The situation in Massachusetts where TODD AKIN laid out the poem that said, ''and fired the shot heard around the world,'' well, this in Massachusetts last night was a shot heard around the world. It was the SCOTT heard around the world. He will be here tomorrow, straight down that hallway,