have an economy to talk about any longer.

Mr. GARAMENDI. You were telling me earlier that you have some 50,000 college students in your district?

Mr. KAGEN. Exactly. We have got 53,000 college students who can take advantage——

Mr. GARAMENDI. So this tax credit for families and students——

Mr. KAGEN. Is very significant. We really do believe in higher education in northeast Wisconsin. All of Wisconsin is progressive-minded socially and fiscally responsible, just like this House of Representatives is today.

Mr. GARAMENDI. And we have seen the advantage of these tax credits in the stimulus bill in the manufacturing heart of America, which is just outside Cleveland, represented by Congresswoman SUTTON.

Congresswoman?

Ms. SUTTON. Thank you, Representative GARAMENDI, and thank you for getting us down here to the floor to talk about these important points.

The question really is do we want to continue that path towards positive job growth. We started last year. Eight hundred thousand jobs a month we were bleeding because of the failed economic policies of the past administration, but now we are at a place where we are seeing that positive growth. We also saw a headline today in our local paper entitled ''Deficit Falls Dramatically in March.''

So the bottom line is this. We have to act responsibly to take us from those failed policies to a place of renewal and an economy that doesn't just work for the privileged few who enjoyed those tax cuts, the top 2 percent who enjoyed those deficit-funded tax cuts under the Bush era. We have to take us to a place where it is an economy that the folks that I am proud to represent in Lorain and Akron and Barberton will indeed join in the vitality of this Nation, of our communities, of our economy, of the opportunity, all that we have to represent in this country.

So I am glad to be here. I am glad to do the work that it takes every day to put one foot in front of the other and fight with the spirit of the people that I represent to take us responsibly to a place that is positive not just for us here in the Capitol, but most importantly, for them at their homes.

Mr. GARAMENDI. Thank you very, very much.

For me, having arrived just 3 months ago in a special election and not being able to vote on this extraordinary stimulus bill as the three of you did, I really want to congratulate you and thank you for the work that you have done here. And to be able to join in the continuing process of growing the American economy, using very wise and targeted tax cuts to help working men and women, working families and middle class, focusing there, which is really the heart of America, and to see what you have done and then the new follow-up legislation that we worked on in December, January, and February and through the rest of this year, it is a great privilege for me to be able to work with you on that.

Then to find that these tax cuts are actually creating new businesses. The green economy, it is actually happening. I hear the advertisements on the radio in California and in the newspaper, new businesses starting up to install the solar panels, to do the caulking, to do the windows, to move us into energy independence. This is really a great moment in which we are transitioning the American economy, and, frankly, it is the Democrats that are doing that.

Most of the work, the heavy lifting this last year was done without any Republican support. It was done by the Democrats. We don't want to be too partisan here, but we also need to point out the real facts of who it is that voted for $300 billion of tax cuts for middle-income Americans. It was the Democrats. We need to understand who it is that's moving forward with the green economy. It was the Democrats that did that. And we have got more to do.

And we are going to come back on the floor in the days ahead and we are going to talk about some of the specific tax cuts that went to businesses to stimulate the small businesses—we covered mostly working families today, but we need to do that—and then the jobs bills that have been passed.

It is a great privilege to work with you, and I want to thank you for the opportunity to share this evening. Thank you very much.

Madam Speaker, I yield back my time.

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. Madam Speaker, I thank my leadership for allowing me to speak to my colleagues over the next hour in regard to guess what? Health care reform, Madam Speaker. And I am going to be joined by several colleagues on the Republican side of the aisle who are physician Members, as I am, as you know, Madam Speaker, a physician Member.

And we are all just returning to Washington after the 2-week Easter recess, a time that I think Members on both sides of the aisle hopefully enjoyed with their constituents. I know certainly that I did. Also a little bit of family time celebrating Easter and the Passover. And now we are, of course, back here in Washington inside the beltway, and the wars, as we say, begin again.

But the time that I spent, these 2 weeks, in my district, the 11th of Georgia, northwest Georgia, in my nine counties that I represented, gave me, once again, an opportunity to meet with my constituents. We did that in a one-on-one format, and we did it in a town hall meeting format, several of those, and we did the tele-town hall meetings, I think a couple of those.

But I can tell you, Madam Speaker, the people in my district, the 11th of Georgia and the State of Georgia, are not happy. They are not happy with the Health Care Reform Act, the patient, whatever the acronym is for this bill. The people didn't want it. They made that very clear in every poll taken over the past year as we led up to the unfortunate passage of this massive takeover of one-sixth of our economy. Folks did not want that, and they still don't. And I think they're expressing that to Members on both sides of the aisle as they go home, and Members are going to be held accountable. I know, Madam Speaker, that Members on both sides of the aisle understood that when they either voted for or against this bill. And the American people are no happier today than they were 3 weeks ago.

I would like, at this point, to yield to my colleague from Tennessee, Dr. PHIL ROE, a fellow physician and also a fellow OB/GYN specialist. Dr. ROE, being from Tennessee and practicing a number of years and delivering a lot of babies there in that State, knows all too well what happened with TennCare and had said the whole time that he has been in this 111th Congress—this is his first term—that you had the perfect pilot program for this bill that the Democratic majority insisted on passing against the will of the American people right in his home State of Tennessee.

And I would like to yield to him now, Madam Speaker. And maybe he can yield some light on what that experiment showed over an 8- or 10-year period in the Volunteer State.

Mr. ROE of Tennessee. Dr. GINGREY, thank you, and it is good to be back.

I, as you, enjoyed being with family, as I am sure most of our Members on both sides of the aisle did. And I also got the opportunity to view one of the greatest basketball games that has ever been, which is the Final Four in Indianapolis, and my hat's off to the Duke Blue Devils and to the Butler team that played such a great basketball game.

□ 2110

One of the reasons I had for running for Congress, I was very happy in a medical practice in Tennessee. I was mayor of our local community, the largest one, Johnson City, Tennessee, the largest community in our district. But I knew that this health care debate was going to occur, and I wanted to be part of that debate.

Unfortunately, none of us on the Republican side were consulted, so we were only in the debate in a peripheral way. And the reason that I wanted to

be a part of the debate was to share some experiences that we had had in Tennessee over the past 17 years or so in our attempt to not only manage health care costs but to cover more of our people.

Tennessee is not a wealthy State. We certainly have one of the lower per capita incomes in the country, and we have a lot of uninsured people. So there was a good reason to try to do something for this.

We have several major medical centers in our State both in Memphis and Nashville, Knoxville, and the Tri-Cities area, where I live; and the idea was that we were going to have a plan in Tennessee that was going to have a competition, much like we heard in the public option, which this plan does not have, where various insurance companies would compete for your business, and when they would compete for your business, this would help drive costs down.

Well, what we did was we actually provided a massive expansion of a Medicaid plan. TennCare is our exemption for Medicaid. What this current health care bill does is massively expand Medicaid.

Now, remember, Medicare is a plan that has premiums which fund it. So there are premium dollars that a recipient gets now who has paid in just like you would for any other insurance plan, whereas Medicaid is not. It's an entitlement. So we massively expanded our entitlements. And how did we do that?

We had about eight plans that would compete for your business. In 1993, we had about a $2.6 billion program in our State. Ten budget years later, that has exploded to an $8 billion program; and in our State that was at that point taking up in 2004 about 35 percent of the State budget. Now, since that time, everyone realized that we couldn't continue on this pathway. Here we were in a plan that we would have been happy with 17 percent of our budget. It was 35 percent of our State budget.

So what did the governor and the legislature do?

And, by the way, our governor is Governor Phil Bredesen, who is a Democrat. He has dealt with this. He has a business background and also has been in the health care business himself.

What we did initially was cut the rolls. We cut about 200,000 people from the rolls of TennCare. And when that didn't prove enough, this particular year during this recession, we have had to resort to some more drastic measures. It hasn't been completely worked out yet.

But we also found out, Dr. GINGREY, that during this time—and I am going to, during this hour, predict what I believe will happen with this plan that we've just passed. I have seen it happen in Tennessee, and I believe it will happen again with this plan. What happened was 45 percent of the people who ended up on TennCare had private health care insurance and dropped it and got on TennCare. Why did they do that? Why did they go on the government entitlement?

Well, it was a perfectly logical reason why they did that. They did it because it was cheaper and it offered first-dollar coverage. It offered prescription drug coverage, unlimited doctor visits.

And what did we get for spending this much money? We got the highest prescription drug use in America, number one in prescription drugs and 47th in health outcomes. So if we had spent the money and had gotten better health outcomes and better usage of those dollars, I would have supported it in a heartbeat.

The other thing that's not known and never discussed, you never hear it discussed on this House floor, are the payfors. And as you as a physician know this, and we're willing to do this especially in OBGYN because pregnancy is one of those things that you either are or you're not. So we accepted TennCare in our practice and always did because the patients needed the care and had to go somewhere.

What happened was that at the point that it started, it paid the providers, that is, the hospitals and the doctors, about 60 percent of the cost of actually providing the care. So those other costs, that other 40 percent was shifted to private insurers.

An example I will give you is, I don't know, 8 or 10, 12 years ago, our local hospital put an implantable defibrillator in. You know that's where if you have a heart irregularity and you have an arrest, this will restart your heart. The TennCare plan paid, I think, $800 to the hospital, and the device costs $40,000, just the piece itself, not the care to put it in, the doctors and so forth. So those costs were shifted.

What I predict will happen with this plan when you massively expand the Medicaid entitlement and those costs are not paid, those costs are going to be shifted to private insurers, and over time those costs will be so expensive that the private insurers are going to say, look, we can't pay that, we're going to have to drop it, drop private health insurance. And you're going to hear the other side say, see, we told you so. We need to take over the whole plan. That is exactly what is going to happen. This particular plan right here is designed to fail, and it will fail financially.

Now, will there be some good out of it? Sure, there will be. I mean, you can't spend a trillion dollars and not do some good. The question is, is this the right way to do it? And I believe that is the discussion that we have had this year.

And as you well know, the bipartisan vote on this bill was ''no.'' There were 34 of our Democratic colleagues who elected to vote against this bill and all of the Republicans voted against this bill. And it's not that Republicans don't have ideas. I came here, you came here, Dr. BROUN, who has joined us, came with numerous ideas. The problem was we never got to share those ideas with anyone.

Mr. GINGREY of Georgia. I thank the gentleman from Tennessee, and I think he brought up some extremely good points. And, Madam Speaker, I agree completely with what he said in regard to this system, this health care reform act, being designed to fail. I think it was.

I think that from the very beginning—Madam Speaker, I serve on the Energy and Commerce Committee; and, as you know, that is the committee that has so much jurisdiction over health care, all of Medicaid, which the gentleman from Tennessee was just speaking of, and part B of Medicare, the Children's Health Insurance Program. So it is one of three committees in the House that has jurisdiction over health care but probably the most important committee.

The committee, Madam Speaker, as you and all of my colleagues know, has been chaired for many years in the past by the distinguished gentleman from Michigan, the Honorable JOHN DINGELL, a great Member, but a Member who for years and years, as his father also before him, was pushing and has continued to push for a single-payer national health insurance plan for this country, not unlike what exists in some Western European countries and other countries around the world, but certainly Canada and the U.K. are two very good examples of how national health insurance works.

But I truly believe, Madam Speaker, and I am basing this not just on my belief but on comments that were made in the Energy and Commerce Committee, as this original bill that was called H.R. 3200 at the time—and this was before the August recess of last summer, and when that bill was marked up in committee and amendments were submitted, there were so many amendments, Madam Speaker, from your side of the aisle, the majority side, that would ask to make this a national health insurance plan, a single payer, as it's described. And in that bill, of course, was a robust—that's the way the progressive wing of the Democratic Caucus described it—a robust public option.

Madam Speaker, just as the Democratic majority when President Clinton was the President of this country with the HillaryCare, they weren't able to get that bill passed. And this administration under President Obama and this Democratic majority realized that they could not initially get a single-payer plan through this Congress and past the American people, but they felt that they could get so close, one step away, by having this robust public option to compete with the private market and virtually squeeze the private market out of any hope of profitability such that eventually everybody would be in the public plan and eventually they would take that one additional

step in maybe the 112th or 113th Congress, if the Democratic majority continued and President Obama sought and got a second term, that they would get to that goal that so many Members on the Democratic side of the aisle who have been here for years and years and years, the ultimate goal of passing a single-payer national health insurance plan.

□ 2120

And so I think the gentleman from Tennessee is absolutely right in regard to what the overall plan was to accomplish, and that's a great fear that we continue to have.

I want to yield back to the gentleman from Tennessee. I know we've been joined by my colleague from the State of Georgia, family practitioner PAUL BROUN, and I'll call on him in just a few minutes for his comments as well. I yield back to the gentleman from Tennessee at this point.

Mr. ROE of Tennessee. I thank the gentleman for yielding. And I think what we need to do, Dr. GINGREY and Dr. BROUN, is, why is that a concern? You formed this very well. Why are we concerned about this?

And as I said, I believe this is designed to fail because we saw what it did to our local private insurers in the State of Tennessee, where we had about $1,800 per year shifted in costs. So those costs, it's a hidden tax.

What will happen is businesses now are struggling. And you know that the number one issue in this Nation right now should be jobs; number two, jobs; and, number three, jobs. Everywhere I went in the district this weekend people were fearful and worried about losing their jobs. They were underemployed or either not employed whatsoever.

So we have a system, when this Medicaid expansion occurs, what will happen is private businesses will get, not in addition to all of the taxes that are in here we'll talk about later; but this is absolutely designed to fail. And we're worried about it for what reason?

As physicians we're worried about rationing care.

I attended a conference at East Tennessee State University College of Medicine while I was home, and we had a look at the Canadian health care system, we had a look at the English health care system, we had a look at the VA, and we had a look at our system. All have plusses, all have minuses, all have problems.

One of the things that I listened and summarized in that is that our concern as a physician is that you will eventually, when you have this many dollars and you have more demand for services than you have dollars to pay for it, there is no other option but rationing care. It's happened in every system around the world, and it will happen here.

And my prediction is by 2020 is when we're going to really hit, about 10 years because this plan is phased in, if we don't repeal it and replace it, it's phased in over a period of years. And the reason I believe this is that's what I've seen in Tennessee.

The other part of this plan that's so similar that we've tried also is in Massachusetts. We have no preexisting conditions, and the Republicans had a perfectly good way to solve that problem. It isn't even difficult if you do this. Preexisting conditions are only a problem for the small group market, small business market and an individual.

And when I retired from my medical practice, I had a single insurance plan. If it had been tax deductible, it would have been 35 percent cheaper for me to own health insurance coverage; and high-risk pools, and let you go across State lines and form large groups. You can solve the preexisting conditions without mandates.

In Massachusetts they have a mandate, and there's a tax for a fine if you don't purchase health insurance. And without subsidies, without Federal subsidies, that plan in Massachusetts would be in terrible problems, terrible shape.

So what have we done? We have taken the Tennessee plan, which hasn't worked. And by the way, this year, Dr. GINGREY, we're going to limit patient visits to eight doctor visits per year in the State because that's all we can pay for. And all the TennCare plan will pay for your hospitalization is $10,000. I don't care what the bill is.

So you've got both. We're already rationing care with that system. You've got the Massachusetts plan that's also doing exactly the same thing. And those two together.

One other thing I want to mention before we get Dr. BROUN in, actually two things——

Mr. GINGREY of Georgia. If the gentleman will yield back to me, and I will yield back to you before, we, Madam Speaker, call on Dr. BROUN.

But you know, you mentioned about jobs. And certainly, I felt very strongly. I've said it from this dais on this House floor, I say it back in the district every opportunity I can, that the number one priority, the number one priority when President Obama was inaugurated last January, over a year ago now, was the creation of jobs.

Now, you know, I heard our colleagues that were on the floor in the previous hour, Madam Speaker, Democratic Members from California, Wisconsin, Ohio and New York, touting the economic stimulus package, ARRA, the acronym, and how wonderful it was, and how——

And the gentleman from California said, I think he, Madam Speaker, he said coming from California back to Washington today he picked up the Sacramento Bee and the newspaper, his newspaper said that the average tax refund for this year was going to be $2,400 a family. And the group of Members went on to explain, well, that was because of the economic stimulus package, and that these people were going to get this nice tax return.

Madam Speaker, I would suggest that it's very likely that the average tax return out there in Sacramento, California, is because maybe during the last calendar year, that many of these people only got to work 6 or 7 months, and then they joined the ranks of the unemployed. They had filled out a W–9 at the beginning of the year, and so much money was taken out of their pay check to pay their estimated Federal income tax, if they had been employed for a full year and, God help them, they weren't employed, they lost their jobs, they joined the ranks of the 16 million, they became part of the 10 percent in this country of unemployed. And whoopty doo, they got a $2,400 tax return. Now, isn't that great?

And, Madam Speaker, I heard these same colleagues talk about, I think it was the gentlewoman maybe from Ohio, talking about all the jobs that were saved. Well, it must have been a heck of a lot of them. I think she said 2.5 million, because 3.3 million were lost. Maybe they saved 5 million. I don't know how you figure that.

But I do know, Madam Speaker, that when that bill was passed, the pledge to the American people for borrowing $787 billion worth of additional, I guess, borrowed money from China that we will use to stimulate the economy, the pledge was that the unemployment rate, which was 7.6 percent at the time, was not going to go above 8 percent and we were going to save all these jobs.

And no matter what the group said, and all the things that they tried to tout in regard to the economic stimulus package, I feel, Madam Speaker, and the American people feel it was a dismal failure. I guarantee you those 16 million that have been out of work for six or more months feel like it was a dismal failure.

And so, you know, here again, somebody, one of the other Members said, hopefully the American people understand who's on your side. I think that was a quote from the gentleman from Wisconsin.

Well, I would suggest the American people ought to think, well, who's your nanny? Who's creating the nanny state? Who's building your hammock that much bigger so that you depend on the Federal Government?

So as we talk about our concerns about the health care reform act with the Federal Government taking over one-sixth of our economy, it's not just about health care. We're pretty passionate about it, Madam Speaker, because the three Members on the floor on the Republican side of the aisle tonight are members of the Doctors Caucus, the GOP House Doctors Caucus. We're physicians.

In the aggregate, I bet you the three of us, Madam Speaker, have spent 75 or 80 years practicing medicine. So we're very passionate about that, the government taking over; not just the fact

that it's one-sixth of the economy, but coming between us and our patients, the doctor-patient relationship.

But it's a much bigger issue than that, Madam Speaker. And the gentleman from Tennessee referred to it. I know the gentleman from Georgia, my colleague from the great district that he represents in Georgia, including the University of Georgia and Athens and my hometown of Augusta, they're going to talk about that.

But we're concerned about much more than this egregious health care reform bill. We're concerned about the Federal Government taking over every aspect of our lives.

And, Madam Speaker, I will just make this comment before yielding to Dr. ROE: the bigger the nanny gets, the smaller we get.

□ 2130

The bigger the Federal Government becomes, the smaller each individual becomes, and our rights are eroded inevitably.

And I will yield back to the gentleman from Tennessee.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

I think the comment is a government large enough to give you anything you want is powerful enough to take away everything you have.

Just briefly on jobs before I go on with health care, three counties at least in my district of 12 have unemployment rates of 16 percent. I left one yesterday, spending the day there before I came back last night. And 87 percent of the people in the First Congressional District of Tennessee don't think the stimulus package has done them any good, and the reason they don't think it's done them any good is it hasn't done them any good. Their own view of it is it hasn't helped them, and I think they're right.

I know that we had a lot of discussions and a lot of jokes were made about death panels and so on. There is a provision—I would encourage my colleagues to read this bill, and I've already introduced legislation already. There is a panel. In this Senate bill—not in the House bill. The House did not pass this. But the Senate bill did in reconciliation. It's basically the Senate bill with a few tweaks is what got to the President for his signature.

There is a panel in Medicare called an Independent Payment Advisory Board. And before—you know, in this particular plan, the way we fund this, we're cutting $500 billion out of the Medicare plan over the next 10 years. And during the next 10 years, beginning next year, the baby boomers hit Medicare age. We're going to add 3 million baby boomers per year for the next 20 years. Actually, 78 million are estimated to be at Medicare age in the next 20 years. So in 10 years, about 35 million people will reach that age with 500 billion less dollars. And what we did as a Congress was we gave up our purse strings, our control of the purse strings on how Medicare dollars are spent for this Independent Payment Advisory Board.

Well, let me tell you what happens. When you have 35 million more people chasing 500 billion less dollars, this panel will use something called comparative effectiveness research. And we know what that is. We've already seen just the beginnings of it when we talk about, Well, you really don't need to have your mammogram until age 50.

Let me look the camera in the eye and tell people, Dr. GINGREY—and Dr. BROUN knows this very well—I cannot tell you how many patients I have seen over the past years less than 40 years of age with no family history with breast cancer. And right now we begin screening mammograms at age 35, and almost every insurance company in the world pays for screening mammograms at age 35 and repeated at 40 and so on. If you have a family history, you get them more than that.

That's what they're going to begin using, and that's what's done in England right now, because they can't afford to pay for the screening mammograms. And you and I both know that we can feel a lump in a breast when it gets about 2 centimeters. And for those of you who don't deal in metric, that is about three-fourths of an inch. You can palpate that. Once a lump gets that big, some of those have actually spread.

So that's a panel that will decide whether you get a hip replacement, whether you have heart bypass surgery when you reach a certain age. We need to relook at that very seriously. And that's something that's not known to almost anyone, but I've already introduced legislation to repeal this.

And, by the way, there was a letter with 50 Democrats on this that also agreed with this before this bill was passed, and I urge my colleagues on the other side of the aisle to help us to replace this current piece of legislation.

I yield back.

Mr. GINGREY of Georgia. The gentleman from Tennessee, Madam Speaker, talking about this preventative services task force that came out with this recommendation, their timing couldn't have been worse, I think, in regard to the Democratic majority wanting to get this health care reform bill passed. But this was several months ago, and they actually came before the Energy and Commerce Committee and testified and said, Well, you know, we're just an advisory committee. I mean, this doesn't have the force of law, this preventative services task force. It's just making recommendations of what preventive services are good for patients and, indeed, are cost effective.

And, Madam Speaker, that's what Dr. ROE, the OB/GYN from Tri-Cities, Tennessee, is talking about. They came out and said that it was not necessary; in fact, indeed, it was a waste of money to do a mammogram screening for breast cancer in women during their forties. And then they went on to say it was really questionable whether it was cost effective or beneficial to do them in women over 65 and scared the bejesus out of all of our moms and grandmoms and sisters and, in some cases, daughters of this country.

And the scary thing about this, Madam Speaker, is this will become, this preventative services task force that's an advisory group will become part of this massive bureaucracy of the new health care delivery system, and what they say will be law and will be gospel.

Now, a physician who is advised by his specialty—so, say like mine and Dr. ROE, the American College of OB/GYN, we're both proud Fellows, and we get these best practices clinical bulletins on a monthly basis in regard to what is the best care. They continue to recommend that screening and the importance of that screening during the decade of the forties.

So, Madam Speaker, we're in a situation now where the OB/GYN doctors decide, I don't care what ObamaCare says, I'm going to continue to do those self-breast exams and I am going to look for that 2-centimeter lump that the patient is unlikely to find herself, and I'm going to do that screening mammogram. And let's say the screening mammogram shows something, something a little suspicious. And then the doctor takes the next step, the next logical and recommended step by the ACOG, and orders a needle biopsy. And maybe, Madam Speaker, that needle biopsy, thank God, comes back benign and it comes back not to be a malignancy. It was suspicious but turned out not to be a malignancy.

But lo and behold, that patient develops an abscess, an infection from that needle biopsy—which is certainly a risk, a very low risk that that could occur. That doctor would probably—he or she would be sued out of their practice for doing the right thing. But yet the provision of ObamaCare would allow this preventative services task force to make it appear that they had done the wrong thing and they would not be able to defend themselves.

So these are just some of the things that I guess Madam Speaker was talking about, the Speaker—Madam Speaker, I know you are the Speaker pro tem, as it were, tonight. But Speaker PELOSI was quoted as saying, I don't know, just maybe a week or so before the bill passed, that we need to hurry up and pass this bill so people can find out what's in it. Well, people indeed, Madam Speaker, are finding out what's in it, and it's not pretty. It's not pretty.

I think the gentleman from Tennessee wants to make one more point, and then I will quickly refer to Dr. BROUN. And also Dr. CASSIDY has joined us, and I look forward the yielding to him as well.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Just some real-world experience, not textbook and not in academia. I'm

talking about out in my office practicing. The last year I was in practice—and something strange happened over 31 years. My patients got older with me, and they started developing things. I saw 15 breast cancers myself the last year I was in my medical practice. I could feel one of them. The rest of them were picked up on. I could not palpate the mass. They were picked up on screening mammograms. Now, that's something that will be done—and you know if you find that disease that early—it's one of the great stories, Dr. GINGREY, that I like to tell.

When I began practice—and all of us here are pretty close to the same vintage. When I began practice, 50 percent of the patients with breast cancer had a 50 percent 5-year survival rate.

□ 2140

Today, an early diagnosed breast cancer like that has a 95 percent survival rate. It's a wonderful story to tell. There is no reason for us to go backwards. I mean, it would be a tragedy of unbelievable proportions if we did that.

Mr. GINGREY of Georgia. Thank you, Dr. ROE.

I now yield to Dr. PAUL BROUN from Athens and Augusta.

Mr. BROUN of Georgia. Thank you.

I am asked frequently by my constituents, Dr. BROUN, what does ObamaCare mean for me? And what I explain to my constituents that ask that is that, number one, if they have private health insurance today they can't keep it because it's going to change. In fact, I will respectfully disagree with my learned colleague from Tennessee really on the semantics of what Dr. ROE was saying when he said this bill was designed to fail.

Well, actually, it's designed to fail for what it was promoted to be, and that's to provide free health care for people all over this country. Well, some people are going to get free health care, but the reality is it was designed so that we wouldn't stay in this current system. So it, according to the designers, it's going to be successful, because it's going to push everybody out of private insurance onto one single government policy.

So it is designed to be successful in what this President and what the leadership here in Congress wanted it to do, and that's to go to what President Obama said during his dog-and-pony show at the Blair House just a few weeks ago. He said he wanted everybody in this country under one pool, one insurance plan administered by the Federal Government, which means every American citizen is going to have socialized medicine, everybody.

That's what their plan is. That's what it was designed to do. So it won't fail in the respect of what they designed the plan to do, because it's going to be very successful. If it stays in place, everybody in this country is going to be under a socialized medicine system.

The second thing we were told that it was going to lower the cost of health care. But American citizens need to know it's not going to lower the cost to anybody. In fact, private health insurance is going to go up.

We are told by our Democrat colleagues that the doctor-patient relationship is going to be maintained. But that's hogwash. A Federal bureaucrat, as Dr. ROE was just talking about, about preventive care but really for all care, there is going to be a bureaucrat in Washington, D.C., that's going to be making decisions for every single patient, for every single doctor in this country.

So the American citizens need to know that if you want to make health care decisions, and what I tell them, is if you want to make health care decisions with you and your doctor making those decisions, you are not going to be able to do that anymore, and there is going to be ration of care for everybody, whether you are currently under private insurance or whether you are under the government insurance program.

If you have that card, if you are given free insurance, even under this plan, given that free health care insurance card or if you are on Medicare or Medicaid, you may have the card in your pocket, but there aren't going to be any doctors that are going to accept it because they can't from a financial perspective.

Another thing the American people need to understand, that I keep telling my patients, is that, particularly in small rural communities, there won't be any hospitals and doctors there anymore because they can't afford to stay in business. They are just going to be some huge regional hospitals that eventually are going to be government hospitals like the VA.

Now, there are some good VA hospitals. We have the luxury of having a great VA health care center in Augusta, Georgia, the Charlie Norwood VA Medical Center, which actually has two hospitals there. And the veterans are very fortunate, blessed, to have Rebecca Wiley in the VA system there in Augusta. But even there, there is ration of care and there are a lot of problems.

It's going to get worse at the Charlie Norwood VA Medical Center for the veterans that are there, but it's going to get worse for everybody. So the quality of health care is going to go down for everybody in this country. The cost is going to go up.

One other thing I tell my constituents, when they ask, Dr. BROUN, what's this going to mean for me? If they are small businesses I am going to tell them that they are going to cut jobs because they are going to have to do so because of the financial burden that the extra taxes is going to put on them.

That means that many millions, actually, of American citizens are going to lose their jobs because of this bill. They are going to lose their jobs, but strictly because of this bill.

Another thing is we are going to have cost controls, or it's going to break this Nation financially, and it can cause an economic collapse to America.

Mr. GINGREY of Georgia. On his point in regard to the loss of jobs, I want to ask my colleagues to refer to this poster that I have. Because in the first week after this bill passed, these companies like AT&T, Verizon, John Deere, Caterpillar, these are companies that are, of course, household names, everybody recognizes before I mention them, but there are some 3,500 companies, other companies, smaller, medium-sized companies, some large as well as these four I mentioned, that are going to have to take charges against their future earnings. They are required, Madam Speaker, to do this by law, to file with the SEC, so the that the moms and pops across this country, retirees on fixed incomes who may have a few shares of AT&T, Verizon or John Deere and Caterpillar, in the interest of full disclosure, the companies are required to make those reports of charges against future earnings.

And in the aggregate, Madam Speaker, these companies have taken $14 billion worth of charges against future earnings because of a provision in the health reform act in regard to providing prescription benefits to their retirees, and that's exactly what my colleague from the 10th District of Georgia, Dr. BROUN, is referring to when he says it is going to cost jobs. Because the only way these companies can continue to provide those benefits is to cut back on their employment base or simply say to the new hires, we are not going to be able to provide a prescription drug benefit to you in your retirement years. You just need to go sign up for Medicare Part D.

So you have got everybody losing. The company is losing, the retiree is losing, and the Federal Government and John Q. Taxpayer is losing. Because more and more people are getting the benefit for Medicare Part D rather than from these companies who wanted to give it to them, but the provisions in this bill snatched that opportunity away from them.

Mr. BROUN of Georgia. Well, thank you, Dr. GINGREY.

In fact, there is a John Deere plant in Columbia County, Georgia, just north of Augusta. That's a great plant. It hires hundreds of my constituents and citizens in the State of Georgia, and people are going to be put out of work from John Deere in my district. And then people can look at your chart there, I hope that the camera will focus upon it and look at it just for a moment or two, and just see the amount of money that these companies are going to lose. Well, how can they lose that and continue in business? Well, the only way they could do so is by cutting jobs.

The people who are going to be hurt most in this country are the poor people and senior citizens on limited incomes. The Medicare folks are going to be hurt because of loss of their doctors. The doctors are not going to be able to take their Medicare anymore. We already see doctors, primary care doctors like me who practice medicine are going to have to quit because they can't afford to continue to see Medicare or Medicaid patients anymore.

In fact, I talked to a lot of my medical colleagues in the 10th Congressional District in northeast Georgia, and they are quitting seeing patients on government insurance. Why? Because they absolutely cannot afford to do so anymore because their reimbursement rate, what they are paid is less than what it costs them to give those services.

I will give you one example out of my own practice. Medicaid, I used to be in an office. As the gentleman from Marietta knows, I did a full-time house-call medical practice. I still practice medicine today. I still see patients, still do house calls, did that full time before coming here. But when I was in the office as a primary care doctor, I saw patients from cradle to grave; and some of my most favorite patients were the pediatric patients.

We would give childhood immunizations. But Medicaid cut the reimbursement rate to us, in our office, below the level it cost us to buy the serum. And that didn't count the cost of the syringe or the nurse's time or the liability coverage and all the other things and my time, anything else. So we had to stop giving childhood immunizations in my office and had to send patients over to the health department.

□ 2150

And, actually, they could go to Kroger and get a flu shot cheaper than I could buy the flu shot serum and be reimbursed by Medicaid or Medicare at less than what the serum cost me just to buy it. I couldn't afford to do that. And that is the kind of thing that doctors all over the country are facing, this kind of a dilemma. They want to deliver those services, they want to take care of their patients, but they just cannot afford continuing to do so. And I think, coming back to the ''designed to fail,'' what I think that our colleagues on the other side of the aisle and the administration have put in place is something so that it's going to fail, and they can establish a socialized medicine program.

Before I yield back to Dr. GINGREY, I want to just say one more thing. Last August, I spent a few days up in Canada and I talked to patients just to find out about the Canadian health care system. I talked to one man who makes $50,000 a year. He told me that he spends 60 percent, 60 percent of his income in Canadian federal and provincial taxes primarily to pay for the health care system; 60 percent of $50,000. That doesn't give him much to live off of. And that's exactly where we're headed in this country. So particularly lower-income, middle class folks and low-income people are going to be hit the hardest. And then the senior citizens who are on a limited income are really going to be hit hard because of the cuts in Medicare.

Mr. GINGREY of Georgia. I thank the gentleman. And, Madam Speaker, I want to yield time now to another member of the House GOP Doctors Caucus, the gentleman from the Sixth District of Louisiana, Dr. Bill Cassidy.

Mr. CASSIDY. Thank you, Dr. GINGREY. You know, I like the focus of this conversation. And if you will, I want to point out that oftentimes when we speak about losing a job, unless you've lost your job, you assume it's someone else that is losing their job. But I think it's important for the American people to understand that this has the potential to affect people at all strata.

Let's start off with the tax on Medicare, the increased Medicare tax. This is going to be on the people who earn over $200,000 a year. Many of these folks don't consider themselves wealthy. If they're small business people, he or she is trying to make a payroll and expand a business, and this is going to hit them. And inevitably, when you tax, you are going to lose money that would otherwise be available to create jobs.

One of our famous Chief Justices said that the power to tax is the power to destroy. When you increase taxes on these folks that are job creators, you destroy their ability to create jobs. Now, folks say, well, that doesn't relate to me because those are the folks who are small business people, and I'm not a small business person. Well, as it turns out, let's go to the other end of the spectrum. As it turns out, this plan levies a $2,000 penalty upon an employer whose employees will get a tax credit from the Federal Government. Now, the Congressional Budget Office—not the Republicans, not the Democrats, but the objective arm of Congress, the Congressional Budget Office—says that because of this there will be less hiring of lower-income people. When you are a small business person hiring entry-level wage earners and you are levied a tax of $2,000 per person, you're not going to hire. You're going to find a way to increase productivity where you don't have to hire those folks.

I caught a fellow who owns a string of Taco Bells, and he has 20 employees per place. He said, if I have to put a $2,000 tax on each of my employees—he has about 500 total—in a very price-sensitive market where someone makes a decision to buy or not to buy fast food depending on price, I'm going to have to lay people off. So now we have the small business person who is going to pay the increased tax. Therefore, it destroys the ability to create as many jobs, and now we have the tax, if you will, the employment tax on the person who is at the entry-level job.

Let's go to a different person, someone who works for a large corporation. Well, again, in the effort to grab enough revenue to look like this is cost neutral, there is now a tax levied upon medical device makers. There was a great article in realclearmarkets.com where they kind of go through what you're posing here, that the health care bill that we just passed is going to be terrible for the job market. So in this bill there is levied a 2.9, I think, percent tax on medical devices. Well, it turns out you can ship those things to Ireland, according to this article, and you're still taxed. It isn't just those that are being marketed in the United States, but, rather, it's those that you would be selling overseas, incredibly competitive market where people in Ireland, China, the United States are all manufacturing these devices.

Well, if you manufacture it here, there is a tax apparently even if you export. But if you manufacture it in another country, you are only taxed on those that you bring to the United States. So let's say your shop is in India and you're producing artificial hips and you send 100 to the United States. Well, there is a little bit of tax in that hundred; but if you send 1,000 elsewhere in the world, there is no tax whatsoever. If you build those same artificial hips in the United States, you are taxed wherever they go. So if you're working in the manufacturing unit of that medical equipment maker, you lose your job. If you are the person designing it, they're going to offshore it to another country. If you're the owner, you may say, why am I doing my manufacturing here and taking a 3 percent hit on whatever I do? Why don't I set up my shop in another country and only pay the tax if I import it to the United States?

Again, in a desperate desire for revenue to make this look neutral, we've taxed jobs. And going back to what Supreme Court Justice John Marshall said, the power to tax is the power to destroy. When you raise $500 billion of taxes in the economy, you are going to destroy jobs.

I yield back.

Mr. GINGREY of Georgia. The gentleman, Madam Speaker, is absolutely accurate in what he just presented to our colleagues.

And there is another point in this bill that I think the Speaker, Speaker PELOSI, may have been referring to when she said we need to pass it so folks can find out what's in it. The law before this was passed in regard to what people could take in the way of a tax deduction for health care expenditures was limited to that amount above 7.5 percent of their adjusted gross income. Well, you would have to be a low-income person to take advantage of that tax break, if you will. This existed for a number of years. And most people's adjusted gross income, if they're in the middle class or upper

middle class, their medical expenditures in 1 year, Madam Speaker, are not going to be more than 7.5 percent of their adjusted gross income unless they got into a catastrophic situation. So there is no advantage there except for our low-income taxpayers.

That 7.5 percent of their adjusted gross income kicks in pretty quickly, and that's been heretofore an advantage to them. And yet in this bill that threshold has been raised to 10 percent, 10 percent of their adjusted gross income. This is just ripping the heart out of our low-income folks who are not on a safety net program. They have rejected the nanny state; they have gotten out of the hammock. They're working, they have pride in having a job and supporting their families, but we're making it that much harder on them, Madam Speaker. And this might be small potatoes to some people, but it's real to our low-income people who are working—the working poor, as we sometimes refer to them—and I wanted to make sure we pointed that out.

At this point, my colleagues, I will start with Dr. ROE from Tennessee, and then we will go back to Dr. BROUN from Georgia.

Mr. ROE of Tennessee. I think what we were told—and you saw lots of manipulations during this particular, incredibly complex bill about the pay-fors and how this is going to be budget neutral. Well, let's just go over some history of these estimates by the government.

Number one, when Medicare was established in 1965, it was a $3 billion program. It was estimated by the government—there was no CBO then—but it was estimated by the government that in 25 years it would be a $15 billion program. The real number, $90 billion, and today, over $500 billion.

□ 2200

Some of the pay-fors are the CLASS Act. I think this would make Bernie Madoff grin from ear to ear, and he probably is right now. The CLASS Act, unless you exempt yourself out of it, it is a payroll deduction to pay for long-term health care services, maybe a nurse in your home or assisted living or that type thing. Probably not a bad idea. And over the next 10 years, this bucket of money will be about $70 billion.

What this plan pays for is it is—have you heard this before? You are going to borrow the money out and spend it on health care, have a $70 billion liability out here that you call an asset, and leave that liability for future generations. We are also doing that with about $54 billion in Social Security. No money there. It is all spent. But my grandchild, who will be 17 in 10 years, will get the bill for that.

The student loan program; it was touted as a savings. And let me just take a minute, because I don't have much time, to let people know why is the student loan program in the health care bill? I mean, you should ask that question.

Well, the Federal Government took over the student loan program. There were two programs, of which 80 percent used the private sector. In the private sector, Dr. GINGREY, 80 percent of the loans were made for students. Eighty percent. I talked to the chancellor at Vanderbilt University in Nashville, Tennessee, a great university. He much preferred the private program, but it has been taken over by the Federal program.

They are going to borrow the money at 2.8 percent, lend it to our students at 6.8, call this interest that they make a savings, spend that on health care. They are not doing that to lower the costs for students to make their education less expensive. In Tennessee, it is going to cost our students about $1,600 to $1,800 over the duration of the loan in more interest payments.

Mr. GINGREY of Georgia. If the gentleman would yield back, Madam Speaker, and I know we are getting toward the end of our hour. And I really appreciate him bringing that out, because in the process of doing that, I think it is important for all of our colleagues to know that taking over, the government taking over, first it was a public option, and as Dr. ROE just pointed out, Madam Speaker, now it is a complete government takeover of the student loan industry, and I think it is instructive, as I said at the outset of the hour, of what the intention is in regard to the health care system.

And, oh, by the way, in the process of the Federal Government taking away student loan lending from Sallie Mae and a lot of banks across this country, they destroyed about 70,000 jobs in the private market.

I want to yield to the gentleman from Georgia for a couple of minutes, and then if he will yield back to me to conclude.

Mr. BROUN of Georgia. Certainly, Dr. GINGREY. I appreciate it.

Some of our colleagues keep saying we are just being sore losers. We have lost, that the bill is now law, and that we need to just move on. Well, that is what our colleagues who would very much like to see us have socialized medicine in America would like for us to do. But we cannot do that because this bill is going to be a killer. It is going to kill our economy. It is going to kill jobs. It is going to kill the quality of health care in this country. We are going to have rationing of care so that people who need services are not going to be able to get those services.

It is going it kill unborn babies because the taxpayers are going to be paying now for greater abortion services. We are going to have, because of this bill, a greater expansion of abortion services, and the taxpayers are going to pay for it. Even a lot of pro-choice people in this country believe it is just fundamentally wrong for taxpayers to pay for elective abortions. So it is going to be a killer bill.

But what we need to do, and we all heard during the time that many of the grass roots were here, they kept saying, ''Kill the bill.'' Well, we unfortunately weren't able to kill the bill, but what we can do is we can repeal it, and we can replace it with policy that makes sense for the American people.

Mr. GINGREY of Georgia. If the gentleman would yield back me, and I just want to continue on that theme as we conclude. And I thank my colleagues from Louisiana and from Tennessee and from Georgia.

But the gentleman from Georgia just said it so well. We are going to repeal this bill. That is the pledge. The Republican minority party now, but hopefully soon to be the majority party on November the 3rd of this year, our pledge is to repeal this bill and to replace it. And I think it is very important that the American people understand that that is part of the pledge.

I read an article, Madam Speaker, today in the National Review by Jeff Anderson, this week's issue, and he described something he called a Republican small bill. And I will just quickly list about six things that would be in that replacement bill:

Number one, medical malpractice reform;

Number two, allowing people to buy health insurance across State lines;

Number three, incentivize folks for healthy lifestyles in the workplace, working out, stopping smoking, losing weight, and giving them a break on their health insurance premiums or the deductible or their copay to incentivize these people over a 30-year career in a job so that when they get on Medicare they are healthier, and that we indeed save a tremendous amount of money as a result of that;

Number four, equalize the tax treatment for individuals that are purchasing in the individual market or the small group market. Give them the same tax break that you give to employees and employers of large companies;

Number five, increase Federal support, Federal support for State-run high-risk pools that we can do in every one of our 50 States so that folks with preexisting conditions wouldn't have to pay an arm and a leg, three or four times what the standard rates were;

And, last but not least, get the uninsured out of the emergency room and into less expensive routine care and this expansion of community health centers. I agree with that part of the bill.

But there are so many things that are wrong in this bill. It doesn't lower costs. You know, it doesn't. It fails in the number one goal of the President, to lower the cost of health care. This bill absolutely does not do it. The small Republican bill would do it, and it would not cost a trillion dollars to do it in the first 10 years and $2.5 trillion to do it in the second 10 years. So that is what we say to the American people, give us a chance.

Madam Speaker, we want the American people to give us a chance, give us

an opportunity to regain the majority. We will repeal this bill and we will replace it with something that really truly does bring down the costs and insure so many of those 10 to 15 million that today do not have health insurance because they can't afford it.

I yield back.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

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

Mr. RUPPERSBERGER (at the request of Mr. HOYER) for today and the balance of the week on account of medical reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

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

Ms. SUTTON, for 5 minutes, today.

Mr. HARE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, today and April 14, 15, 16, and 20.

Mr. BURTON of Indiana, for 5 minutes, today and April 14, 15, and 16.

Mr. JONES, for 5 minutes, today and April 14, 15, 16, and 20.

Mr. MORAN of Kansas, for 5 minutes, today and April 14, 15, and 20.

Mr. NEUGEBAUER, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today and April 14 and 15.

Ms. FOXX, for 5 minutes, today and April 14, 15, 16.

ENROLLED BILLS AND JOINT RESOLUTION SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled bills and a joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 4957. An act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

H.R. 4938. An act to permit the use of previously appropriated funds to extend the Small Business Loan Guarantee Program, and for other purposes.

H.R. 4872. An act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

H.R. 4621. An act to protect the integrity of the constitutionally mandated United States census and prohibit deceptive mail practices that attempt to exploit the decennial census.

H.J. Res. 80. Joint Resolution recognizing and honoring the Blinded Veterans Association on its 65th anniversary of representing blinded veterans and their families.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 3186. An act to reauthorize the Satellite Home Viewer Extension and Reauthorization Act of 2004 through April 30, 2010, and for other purposes.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 26, 2010 she presented to the President of the United States, for his approval, the following bills.

H.R. 4957. To amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

H.R. 4938. To permit the use of previously appropriated funds to extend the Small Business Loan Guarantee Program, and for other purposes.

Lorraine C. Miller, Clerk of the House reports that on March 30, 2010 she presented to the President of the United States, for his approval, the following bill.

H.R. 4872. To provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

Lorraine C. Miller, Clerk of the House reports that on April 01, 2010 she presented the President of the United States, for his approval, the following bills.

H.R. 4621. To protect the integrity of the constitutionally mandated United States census and prohibit deceptive mail practices that attempt to exploit the decennial census.

H.J. Res. 80. Recognizing and honoring the Blinded Veterans Association on its 65th anniversary of representing blinded veterans and their families.

ADJOURNMENT

Mr. GINGREY of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 8 minutes p.m.), the House adjourned until tomorrow, Wednesday, April 14, 2010, at 10 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-authorized official travel during the fourth quarter of 2009 and the first quarter of 2010, pursuant to Public Law 95–384 are as follows:

(AMENDED) REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO DENMARK, EXPENDED BETWEEN DEC. 10 AND DEC. 21, 2009

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Sander Levin	12/17	12/19	Denmark		4,005.71		[3]				4,005.71
Alex. Barron	12/10	12/21	Denmark		10,951.00		8,333.00				19,284.00
Lorie Schmitt	12/10	12/21	Denmark		10,951.00		8,333.00				19,284.00
Greg Dotson	12/12	12/21	Denmark		10,505.00		7,963.00				18,468.00
Phil Barnett	12/17	12/19	Denmark		4,123.00		[3]				4,123.00
Committee total											

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. NANCY PELOSI, Mar. 18, 2010.