

I left the floor after that a little bit dismayed. When I got to committee, what did I hear in committee the whole time? You guys are the Party of No. You guys left us all this debt. You guys “this” and you guys “that.” It’s a little bit hard to take. You turn your cheek the other way seven times, and then it’s seven more times.

Sooner or later, somebody ought to set the record straight because, if my colleagues here can be so misinformed—and I’m a freshman. I mean I’m new here, but I know that final budgets do not come from the White House. They come from Congress. The party that has controlled Congress since January 2007 has been the Democratic Party. I mean it’s not rocket science. It’s a fact of life.

You know, one more time, just a brief civics lesson for anybody who doesn’t understand that. I hope there’s nobody in this Chamber who doesn’t understand that.

Final budgets, binding budgets, do not come from the White House. They come from Congress. The party that has controlled Congress since January 2007 has been the Democratic Party. They controlled the budget process for fiscal year 2008, 2009, as well as 2010 and 2011.

In that first year, they had to contend with George Bush, which caused them to compromise on spending when Bush, somewhat belatedly, got tough on spending increases.

For fiscal year 2009, though, the Democratic-controlled House and Senate bypassed the President entirely, passing continuing resolutions to keep the government running until Barack Obama could take office. At that time, they passed a massive omnibus spending bill to complete the fiscal year 2009 budget. Where was Barack Obama during this time? He was a member of that very Congress that passed all of the massive spending bills, and he signed the omnibus bill, as the President, to complete fiscal year 2009.

Let’s remember what the deficit looked like during that period. If the Democrats inherited any deficit, it was in 2007, the last of the Republican budgets. That deficit was the lowest in 5 years, and the fourth straight decline in deficit spending. After the Democrats in Congress took control of spending—and that includes then-Senator Obama who voted for the budgets—if the President inherited anything, he inherited it from himself.

In a nutshell, what my colleagues across the aisle are saying is that they inherited a deficit that they voted for, and then they voted to expand that deficit four-fold since January 20.

As Paul Harvey would say, “That’s the rest of the story.” Now can we get together working to solve the problems instead of trying to rewrite history?

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker’s announced policy of Jan-

uary 6, 2009, the gentleman from Georgia (Mr. BROUN) is recognized for 60 minutes as the designee of the minority leader.

Mr. BROUN of Georgia. Thank you, Mr. Speaker.

I am a medical doctor. I have practiced medicine in Georgia for almost four decades. As a medical doctor with all of that clinical experience—I’m a family doc, a primary care provider.

I’ve examined the proposal that the White House put forward just 2 days ago. Frankly, I’ve got a diagnosis. I cannot give ObamaCare 2.0 a clean bill of health. What I can diagnose for the American people, though, is this:

It’s going to make the American people sick—sick in their wallets because it’s going to cost more. Health care costs in this country are going to skyrocket because of this ObamaCare proposal that the White House recently put out.

As *The Wall Street Journal* just very aptly said in an editorial this morning: The White House has accomplished a great thing. They took the most onerous pieces of the House bill and the Senate bill and combined them to make the current proposal of ObamaCare that the White House is putting forward even worse than either of those bills.

The quality of health care in this country is going to go down. It’s going to go down because doctors and patients will no longer be able to make health care decisions. It is going to be made by a Federal bureaucrat here in Washington, D.C.—one that doesn’t, in all probability, have any medical training whatsoever.

As a health care provider, as a medical doctor today, I see Federal bureaucrats who have no medical experience telling me and my colleagues whether we can put a patient in the hospital or not, whether we can give them a certain medication or not, how long they can stay in the hospital, what kind of care we can give. So there is already control, particularly with the Medicare patients of health care.

The problems that Medicare has today are going to be exacerbated, or made worse, by what this administration is doing and by what the leadership in this House and in the Senate are doing. It’s not only going to destroy the quality of health care, but it’s going to destroy the budgets of States, of local communities and, most especially, of small business and of people who are working class Americans.

The reason it is going to do that is that the cost of health care is going up. It’s going to go up for everybody. It doesn’t contain costs at all. We’ve been told by the President that this—and in fact, they claim on the White House Web site that this is going to help the Federal deficit by \$100 billion. Well, the reason for that is they are going to markedly raise taxes—over half a trillion dollars in increased taxes. Those taxes are going to be on everybody.

We hear from the President that he doesn’t want to tax anybody but the upper 5 percent of the population, 5 percent of the income, but that’s not factual. Everybody is going to be taxed because of the mandates. We have been told over and over again that, if you like your health insurance, you can keep it. Nothing can be further from the truth.

Folks, Mr. Speaker, if you like your health insurance, you can’t keep it, because even this new ObamaCare 2.0, the second version, has so many mandates and requirements on private health insurance that it appears to me that what our administration is doing is they are putting up a system that is going to force everybody onto the public exchange.

Well, the President told us a couple of months ago that he sees the public option—or in the Senate, it’s the public option lite. They call it a public exchange. That is what is in the President’s current proposal. It’s just the first step towards Federal bureaucrats’ controlling every health care decision in this country. Federal bureaucrats are going to run the health care system for everybody.

The playing field has been laid, in this latest proposal by the President, that it is going to put the squeeze on everybody in this country, not only on the insurance companies—and I’m not a friend of the health insurance companies. I fight them all the time as a health care provider, as a medical doctor—but it’s going to put the squeeze on everybody to force them off of private insurance into a public exchange or into a public option.

The President told us just a few months ago that his game plan, his purpose of all this, is to try to force everybody into a government-controlled health care system, and that’s exactly the direction that he is going.

□ 2145

Now, frankly, I think this proposal of a bipartisan meeting on Thursday, the 25th of February, is nothing but a ruse. It’s nothing but a dog and pony show either to try to make the Republican Party and Republicans to be a party that has no ideas, which the Democrats over and over claim, or to be an obstructionist party, that just want to be the party of “no.”

Mr. Speaker, the American public needs to understand the Republican Party is the party of k-n-o-w. We are the party of “know” because we know how to lower the cost of health care. We know how to lower the cost of energy, to seek energy exploration here in America so that we’re less dependent upon energy sources from countries that hate us and want to destroy us. We are the party of k-n-o-w, “know,” because we know how to create jobs. And we do that through stimulating small business, by giving them tax breaks to leave dollars in the hands of small business men and women so that they can hire new employees, so that

they can expand their business, so that they can buy new inventory. We're the party of k-n-o-w because we know how to give individuals money in their pockets so they can be good consumers again.

Mr. BRADY of, Texas in his 5-minute speech, talked about the folks that he talked to just recently there in Texas, and these are small business men and women that said that we need to get the fear out of the system. We need to give assurance.

Mr. Speaker, I am here tonight as a medical doctor to try to give some assurance to the American people that there are people here on the Republican side that are fighting against this government takeover of the health care system.

Mr. Speaker, the American people have spoken very loudly. A recent poll showed that 70 percent of Americans either want us to scrap the ObamaCare plans, the House plan and the Senate plan, and it would include his new plan because it's the two plans put together, or do nothing. Well, frankly, as a medical doctor, I don't want to do nothing. I have introduced my own health care finance overhaul plan, H.R. 3889, which is a comprehensive overhaul of the health care system. It's a little over 100 pages. It would put patients in charge of health care decisions, along with their doctors. And even Medicare patients. It would stop this government control of health care dollars and would put those decisions back in the hands of the patients and the families where they should be. So Republicans are the party of k-n-o-w, "know." We've tried real hard.

But the President has proposed this bipartisan summit. But a senior White House official said Thursday the Democrat negotiators, talking about this summit that is going to occur this Thursday, the Democratic negotiators are resolving final differences in House and Senate health bills. That's what we saw just this week in the Obama administration's proposal that's on the White House Web site right now, 11 pages, no bill, no legislative language. We do not have a bill. All we have are bullet points and ideas that they have now resolved the differences and have one bill that passed last year with virtually no Republican help.

Our leadership went over to the White House and said, We'll be glad to come. We'll be glad to try to solve this problem for the American people. Our leadership, our Republican leadership, has offered a hand out to the White House and said to the White House, We want to find some commonsense solutions. It's good for patients, good for small business, good for America. We need to start all over again. Let's find some areas of mutual agreement. Let's find where we can agree on issues, where we can pass something to lower the cost of health care for all Americans. Let's try to find some solutions to help those who are struggling to pay their bills and can't buy health insur-

ance by making it more affordable. Let's find solutions to those who are uninsurable because of preexisting conditions.

What was the answer from the White House? The White House's answer was, No, we will not do that. You have to accept our plan. We're going to start there. We will talk about our plan and we will see where we go from there. We're not going to start over. We're not going to try to find some common ground. You have to accept things that you do not like. That was the answer from the White House.

Our leadership said, Well, at least do this: Let's take the ramrod out. The ramrod has to do with the rule over on the Senate side that's called "budget reconciliation," and it's a way of trying to ram things through the Senate.

The White House says, No, we won't do that. We're going to ram it down the throats of the American people whether they like it or not, and we will do it without your help. We will do it solely with Democrats doing this. And we don't care what you say. We don't care what you believe. We don't care what you bring to the table. We're not going to consider your proposals. We're not going to consider anything that you're offering. We're going to do it our way, like it or lump it. That's what the White House told our leadership.

Is that what the American people want? I don't think so. I don't think so at all. That's what the White House has said. Now, that was in a private meeting.

They've suggested that we have this open bipartisan meeting televised, and, frankly, I think it's just nothing but political theater to try to force down the throats of the American people a government takeover of health care so that government bureaucrats here in Washington, D.C., make your health care decision if you're out there in America; that's going to tell doctors, patients, and families whether they can get care or not, whether they can have a medication that may be even a lifesaving medication or not. And the cost is going to go up. What's that going to do? Because the costs are going to go up, it's going to hurt small business. It's going to hurt workers. It's going to hurt the middle class. We're told one thing by the President, but the President says one thing and does something else.

It's a sad day. It's really a sad day. It's a sad day for my patients. It's a sad day for working men and women in America. It's a sad day for those people who are struggling to make ends meet. It's a sad day for those people who are on government assistance today. It's a sad day for America because I think this dog and pony show, this charade, this ruse that the White House has put together for Thursday is nothing but something to try to pull the wool over Americans' eyes.

The good news is, though, America, I don't think, is going to buy it because the American people get it.

The President recently said he's just not articulated well enough about ObamaCare to allow the American people to understand how they need this government takeover of the health care system. He didn't call it a government takeover of the health care system. He said "my plans." "My," "I"—all his focus is on himself. But the American people do get it. They understand very firmly that this is not what they want. This is not the change that they thought they were getting. This is not the hope and change that was promised.

I have been joined tonight by several of our Doctors Caucus members, a couple freshmen and then a longstanding Member of the House that have come tonight to talk to the American people, Mr. Speaker, through this Special Order about ObamaCare to let people know that Republicans are the party of "know."

To begin with, I would like to welcome and yield to a freshman, another family doctor from the State of Louisiana, from Shreveport, Louisiana, Dr. JOHN FLEMING.

Mr. FLEMING. I thank the gentleman from Georgia, PAUL BROUN, a fellow family physician, a fellow conservative who has been a great inspiration for me, a great Member, and under whose leadership many of these issues have been very valuable to me.

Mr. Speaker, what I'm going to do is just touch very lightly, just highlights, on where we started with this and where we are today and certainly yield back for others to weigh in on this.

It's been slightly less than a year ago that we began to see a strong movement towards the passage of health care reform in Congress. Quite frankly, I ran on health care reform as a physician, and I'm sure Dr. BROUN sees many of the things that can be fixed in our system that are problems. Having said that, we have the best health care system in the world. How do I know this? Well, just one of many empiric facts is a gentleman—I believe his name is Mr. Williams—who is Premier of Newfoundland, who needed heart surgery, and the type of heart surgery he needed was simply not available in Canada. So he came to the U.S. of A., the good old U.S. of A., to have that heart surgery because that's where the cutting edge is for health care. If you really need health care, the best of health care, and you have the resources, the U.S. of A. is the place to get it, but we need to be sure that good health care is available to all.

Less than a year ago, there was launched, by both the House and the Senate, efforts to pass health care reform, which really turned out to be, in my view, nothing more than a government takeover of health care.

□ 2200

Both bills are very similar. Both passed, of course, each House. The one or two major differences would include the House bill has a government option. The taxation is heavy in both.

The financing is heavy in both, but very similar.

But, to cut to the chase, it cuts out a half-trillion dollars from Medicare. It taxes people \$800 billion, and it does not bend the cost curve down. Even the CBO says that.

Now, we have a situation, despite the fact that all of us here who are speaking tonight have been working very hard for many months, day after day, night after night, attempting to drive a wooden stake in the heart of this vampire, the government takeover of health care. And it seems, even when it's dead, it seems to be rising again.

Now, you know, it started out with a slight approval rating in the early days. I mean, who wouldn't be for health care reform? It sounds like a wonderful idea. But as people began to learn about it, and certainly when we got to the August recess where there were town hall meetings, we saw situations where people became so angry they were almost, I would say, out of control at times, very angry at many of their representatives across the country who would dare want the government to take over the most intimate part of our society, and that is health care.

And so, little by little, and maybe not so little by little, but perhaps even rapidly, we saw the approval rating of the government takeover of health care drop. And today, 2 to 1 Americans are against this. And those of us who were against it, it doesn't matter what party you're in—it doesn't matter. I mean, the only thing bipartisan about these bills we can actually say is that there are people on both sides of the aisle who are against it. But the bottom line here is that Americans do not want this.

I perceive us today, at this point in time, to be two touchdowns ahead, and 2 minutes left in the fourth quarter. The debate is over among the American people.

Yet and still, we have the President and Members of the House and the Senate, Democrat Party, who still want to find a way to cram it through. And one of the things they've come out with is just the release, less than 24 hours ago perhaps, maybe a little more than 24 hours ago, of a compiled version of the two bills. And here is what we have. The bill is most like the Senate bill, that is, the Obama 2.0 that Dr. BROUN refers to is most like the Senate bill, but it increases spending by \$100 billion. It increases premiums that are already going to increase by \$2,100 per family per year. And it does something unbelievable, unprecedented. It actually begins to tax, by a factor of 2.9 percent, unearned income. That's the capital gains tax, interest income. These are all things that come to people who, in many cases, have fixed incomes. And of course, yes, it is the people who make over \$200,000 a year.

But you know what? Where are we today with the AMT tax? It was never indexed for inflation, and now we have

middle class people paying it. This is not indexed either, so sooner or later, middle class taxpayers will be paying those taxes.

Mr. BROUN of Georgia. Will the gentleman yield a second?

Mr. FLEMING. Yeah, sure.

Mr. BROUN of Georgia. I want to point out something too so that we understand. We keep hearing from the President, we want to tax the rich. Most small businesses in this country file their income taxes individually because they're sub S corporations, which means that their income taxes are filed individually, as a person or as a couple. And over half of those people that make over \$200,000, which is in the President's current proposal, are small businessmen and women, and it's taxes on their business. So, by taxing folks making over \$200,000 or over \$250,000, what it's going to do is it's going to take money out of small businesses so that they can't expand, so that they cannot give their employees the kind of salary that their employees deserve.

And I've talked to a lot of small businessmen and -women in Georgia who are going to have to let people go. So this is going to cost a lot of jobs. In fact, millions of jobs all over this country are going to be lost because of this tax, so-called tax on the rich, because it's really a small business tax. It's a tax on small business that's going to cost millions of people their jobs in this country. They're going to be out of work, and so we're going to have more joblessness in this country if this monstrosity gets passed into law. I thank you. I yield back.

Mr. FLEMING. Yes. I appreciate the gentleman, Dr. BROUN. Absolutely, that's the working capital for small businesses. You add to that that there will be as much as an 8 percent payroll tax for businesses that heretofore could not afford health care insurance, and they'll have to pay the insurance without getting that. And then their employees, who will not be able to afford to buy insurance, will be—instead of paying \$750 per person under the Senate version, it'll be \$2,000. So we have many things that are going to be job-killers out of this bill.

And last but not least, just when we thought all of those bad deals that really got this thing in trouble to begin with were going away, we find the Louisiana Purchase, the \$300 million for Medicaid to Louisiana, which—Louisiana needs money to offset a FMAP problem, no doubt about it. But the problem is, if this bill goes to signature, that \$300 million will be swallowed by a billion dollars of additional cost down the road that Medicaid is going to cost. So no real benefit to the State of Louisiana.

The Yukon deal—Senator DODD added \$100 million for a hospital that he liked for his State.

Gatorade—Ben Nelson secured extra benefits for Medicare Advantage beneficiaries. The handout, the Montana, the North Dakota Senators deal, Ha-

wai got a special exemption for higher Medicaid DSH, or "Dish" payments. On and on and on, there are all sorts of deals still in this bill that have not been cut out.

And so I agree with the gentleman. As we go into this summit, health care summit on Thursday, there's no doubt about it. The American people need to understand that this is not about a true negotiation. The Republicans have been locked out of negotiations. We've been locked out of amendments.

Despite what I hear my Democrat colleagues say, we do not agree with 80 percent of this bill, not by any stretch of the imagination.

And so why now would we have this summit in front of the cameras? The reason is, as I said, is because this bill is nearly dead. It's trying to be revived, and now this is time for the Hail Mary. The President's going to jump in there and try to revive this somehow at the last minute.

And so I submit, Mr. Speaker, that it's time to kill this once and for all. Let's go on to true health care reform, stand-alone bills, starting with the low-hanging fruit, one at a time, attacking the things that we know we can all agree on: Preexisting illnesses, aggregating employees into large buying pools, purchase of insurance across State lines, tort reform—these things are straightforward. We could improve health care and lower the cost overnight by doing these things. And then get back to the people's work, and that is creating jobs for this country. I thank you and I yield back.

Mr. BROUN of Georgia. Thank you, Dr. FLEMING. I appreciate it. Now want to yield some time to another great member of our Doctors Caucus, Dr. JOHN BOOZMAN from Arkansas. And Dr. BOOZMAN, before you start, I want to say that just to kind of tag on to what Dr. FLEMING just said about the Louisiana purchase. He's from Louisiana. But this new proposal that President Obama has put forward is going to extend the Louisiana Purchase to every State. Now, the governors are going to love that, and the State legislatures are going to love that, because what it's going to do is it's going to take some of the financial burden off them for health care costs that are skyrocketing because of the Federal Government. But what it's going to also do is it's going to put a heavy burden on all the taxpayers in this country. So the taxpayers are going to hate the Louisiana Purchase. And it's just a cost shifting, basically, from a State level to a Federal level, and again, it's a Federal takeover of the health care system, and to get the States, as well as private insurance, out of the health care system, so—Louisiana Purchase. So I appreciate Dr. FLEMING bringing up the Louisiana Purchase.

Dr. BOOZMAN, I yield to you whatever time you may consume.

□ 2210

Mr. BOOZMAN. Thank you very much.

I agree. That sounds good in the sense of taking an additional role by the Federal Government paying for these things. The problem is, we've got a proposed budget by the administration of \$3.8 trillion. Almost half of that money is borrowed from people like Saudi Arabia, China—people that don't like us very much. And the American public knows it just doesn't work. These things sound good but at some point, you have got to pay your bills, and we've got to start paying our bills.

The President outlined his plan, and the reality is he's not hearing the concerns of the American people. He is not hearing the concerns of the people of Arkansas. What he is doing is he is telling us what health care coverage we can have as opposed to what the American people want.

The American people now in overwhelming majority have said, "No. This is not the bill we want." Right now, we're spending more than any other country in the world by far with our health care system. The proposal that we have will spend almost another trillion dollars and yet costs will continue to rise.

So, again, instead of trying to do something in the free market way to lower costs, what the bill actually does is basically say we're going to do that by setting price controls. And price controls don't work. What we're going to do is have rationing, and we will have decreased quality of care.

Another real concern I've got is the abortion coverage. The Hyde amendment has always said that we're not going to pay for abortions with taxpayer funding, and yet this bill leaves that wide open.

The Medicare payroll tax. The administration is talking about putting a 2.9 percent tax on non-wage income, and I don't think the American public understands yet that that is in there or being talked about, the ramifications about that. But when you start taxing dividends, when you start taxing interest, capital gains, things like that, those are the kinds of things that are creating jobs.

My frustration is instead of coming out with things that are job creators in this economy, we continue to have these things thrust upon us that are really job killers.

The group that he is not talking about—and we were discussing this earlier, and I will yield to my colleague here—are the health care providers.

Tomorrow, Thursday, there is going to be the meeting, and there is probably 17, 18, 19, 20 Members of Congress that are health care providers, and none of those are over there actually talking about what's going on.

Mr. BROUN of Georgia. Let me reclaim my time here.

Let's say that again so we understand. The American people say, "What? You're not including doctors who are taking care of patients? How are you going to form a health care system?"

Dr. BOOZMAN, please say that again very clearly so the Speaker and anybody watching tonight can understand.

Mr. BOOZMAN. Again, and this is not a Republican or Democrat thing. I am just saying health care providers amongst all of us. When you add the experience up, the years of practice and things, you would think that this is the group that you would call on first to get over and give you good advice.

Mr. BROUN of Georgia. Reclaiming my time, I agree with you. In fact, I introduced H.R. 3889, a comprehensive bill, a little over a hundred pages, that totally would change health care financing in America and it would give patients the power to make the decisions along with their doctor.

I wrote the President. He said, If you have any ideas, my door is always open. But I've been knocking on that door over and over again, and it is slammed shut, locked, and I've been trying to open that door that he said was open and it's not been opened.

I know other members on our side, Dr. PRICE from Georgia, another physician, orthopedic surgeon, has introduced the Republican Study Committee Bill, H.R. 3400. Dr. PRICE has offered to talk with the administration. The door is locked. Bolted. Closed shut. Republicans Go Away is the sign on the door. And we're not being included in this so-called summit, bipartisan summit, on Thursday.

Why don't they want us there? Because we know about health care. They're not interested in what we, as physicians, know. They're not interested in our ideas. They're not interested in any Republican ideas.

This is a ruse. It's a show. Nothing but a dog-and-pony show to try to boost the President's approval ratings or try to make him look as if he is reaching out a hand of bipartisanship trying to find solutions for the American people. Actually, it's a fist that he is showing us, and it's a closed fist. It's a closed, locked door, and it's nothing but a show or a charade to try to look to be something different than it is.

Thank you, Dr. BOOZMAN.

We are also joined tonight with another colleague. Louisiana is blessed by having three physician members of the Republican delegation here. We heard from Dr. JOHN FLEMING just a moment ago. We have Dr. CHARLEY BOUSTANY from Lafayette, Louisiana. Lafayette is one of my favorite towns. I've got some great Cajun buddies that I duck-hunt with down there. In fact, I talked to one today about he's coming to Georgia and wants to go turkey hunting. Shelly Deshotels from Lafayette, Louisiana is a good friend and a turkey hunting buddy. And Shelly Deshotels told me today, "Keep fighting." He doesn't want to see this health care bill passed anyway.

We've got another physician, Dr. BILL CASSIDY, who's joined us today.

Louisiana is like Georgia. We have three physicians from Georgia in the Republican delegation, and we have

three physicians from Louisiana in their delegation.

I want to welcome and yield to Dr. BILL CASSIDY for such time as he may consume.

Mr. CASSIDY. Dr. BOUSTANY will be at the summit meeting.

Mr. BROUN of Georgia. Oh, really? That is news. Hallelujah. Praise the Lord.

Mr. CASSIDY. Clearly, I think we can all agree on what are the goals of health care reform. We want access to quality care at an affordable price. And it kind of gives us a nice way to judge each of these.

I am struck. Medicare is going bankrupt in 7 years. Medicaid is bankrupting States, and we're about to create a third entitlement to rescue the first two. And a third entitlement that is going to be based upon the House bill and the Senate bill. The Congressional Budget Office has said of both the House bill and Senate bill that they more than double costs within 10 years.

So we're going to go from a status quo which may double costs in 10 years, to a reform which more than doubles costs in 10 years.

Folks ask me how do I like my first year in Washington, D.C. I say, it's a crazy place. We pass a reform to control costs which is more expensive than the status quo—and that is important because the American people since August have been saying, Mr. Speaker, that we need to control costs. They understand that you can give everyone access, but soon our costs are out of control and access is gone. You can give everybody the highest quality, but unless you control costs, again you break the bank.

So the American people since August, and with the Senate election in Massachusetts putting an exclamation mark behind the sentence, are saying, Control costs.

Now as it turns out, the proposals before the President, the Senate bill, again, according to Congressional Budget Office, more than doubles costs in 10 years, and the President's proposal will be a hundred billion dollars more expensive than that.

Now, the President is billing this as a tax cut to the American people, but really it's a shell game. Some folks will have their taxes simultaneously raised and their subsidies increased. Now, that's a crazy thing, but on the other hand, if you're going to subsidize here, you must tax there. And because some of the things being taxed are insurance policies—insurance policies owned by union folks, for example, who negotiated this through their wages—there will be a tax on folks who most consider middle income.

What are the alternatives? You mentioned something earlier, Dr. BROUN. I said, man, you can tell the guy's a family physician. You talked about empowering patients. I think the fundamental difference between the Republican proposal and the Democratic proposal is that the Democratic proposal

is a top-down, control costs from Washington, D.C., type approach.

Mr. BROWN of Georgia. That doesn't control costs.

Mr. CASSIDY. Dr. BOOZMAN just pointed out that the price controls upon insurance policies is the ultimate in a top-down, bureaucratic, doesn't matter what the market says, we're going to control your costs from Washington. It never has worked.

On the other hand, the Republican approach is patient-centered. You and I know as physicians—and I am still seeing patients. I see them about once every 2 weeks in my practice. I work in a public hospital treating the uninsured. If you involve the patient in her care, she typically is healthier, she saves money, and the system saves money.

□ 2220

Health savings accounts, Dr. BROWN, I know you know this, but for the audience, a patient will put, with pretax dollars, before you are taxed on it, will fund a bank account, and that bank account is used to pay for medical care.

As it turns out, with traditional insurance, say a family of four puts up \$12,000, and then a year later they put up another \$12,000, and then a year later they put up another \$12,000. With a health savings account, if you don't use the money, it rolls over to the next year. And some families will continue to accumulate until the amount they have to put in is zero because they have been so wise with how they spend their money.

A good example of this, I am sorry Dr. FLEMING left, because he talks about how his medical practice went to HSAs for all the employees. And he has an employee who was smoking. And she complained, because before the insurance paid for inhalers—the smoking had given her asthma—and now she had to pay for it out of her own pocket. So before she was cost-insensitive, and now, because it is out of her bank account so to speak, she is aware of it.

And Dr. FLEMING said to her, Well, you know, if you stopped smoking, you wouldn't need that inhaler.

And she goes, Really?

He goes, Yes.

She stopped smoking, her health is better, she no longer pays for inhalers, and we are controlling costs overall. So by involving somebody in her care, her health is better, the system saves money, and she has more money in her pocket.

And, by the way, one last thing before I yield back, the Kaiser Family Foundation has a study. They found that a family of four with a health savings account, that that policy is 30 percent less expensive than a traditional insurance policy for a family of four; that the family with the health savings account and the catastrophic policy on top, not only is that policy 30 percent cheaper, but they use preventive services as frequently as a family with a traditional insurance policy.

Now, if our goal is to give high quality care to all at an affordable cost, well, what we just found out is with the HSA you lower the cost by 30 percent. Okay. That is one of your goals. And they are using preventive services as frequently. So they have access to quality care. As it turns out, because it is lower cost, 27 percent of people in this study who had a health savings account with a catastrophic policy were previously uninsured. About 50 percent had a family income of \$50,000 or less, and about 60 percent had a family income of \$70,000 or less.

So again, by lowering costs 30 percent, people who were formerly uninsured now have access to quality care. That is a patient-centered approach, far different from the bureaucratic approach that is being offered by the Senate and House bills. But from our experience as practicing health care providers, I think we can say it is the right approach.

I yield back.

Mr. BROWN of Georgia. Thank you, Dr. CASSIDY.

One other thing that I want to add, too; not only is it less expensive, people can afford to buy insurance where before they had not been able to. They use more preventative services, but they take care of themselves better. So they are healthier. Diabetics control their blood sugar better. People who have high blood pressure control that better. Folks with high cholesterol tend to get their cholesterol lowered. They have less heart attacks, strokes. So they are healthier. They live longer. They are more productive. They are happier. They feel better, have more energy. So it actually promotes wellness.

If you really think about it, in the health care system today, we are not taking care of healthy folks, for the most part. We take care of sick people. That is what doctors do. That is what hospitals do, take care of sick people. Some people say we have a sick care system. Well, the system is sick because of the government.

Before I go back to Dr. BOOZMAN, I want to tell a couple of stories about my practice and how government intrusion in the health care system has driven the cost of health care up for everybody. Back several years ago, I was practicing medicine down in rural southwest Georgia. Congress passed a bill called CLIA, the Clinical Laboratory Improvement Act, and what this did is it shut down every single doctor's lab in this country.

Prior to CLIA, I had a fully automated, quality controlled lab in my office. And when patients came in to see me with a red, sore throat, running a fever, coughing, runny nose, I would do a CBC, or complete blood count, to see if they had bacterial infection and, thus, needed antibiotics, needed that expense, needed the exposure to the antibiotics and problems that may come from that, or whether they had a viral infection that is not helped by

antibiotics at all. They don't need to spend that money. They don't need the exposure to the antibiotics. Less chance of having anybody have allergic reactions, less chance of developing the superinfections in this country.

I do that test, a CBC in my office, in 5 minutes. It costs \$12. That is what I charged. That is what I charged Medicare and Medicaid as well as the patients. So this was a tool that I could use in my office, fully quality controlled. But Congress, in its supposedly infinite wisdom, in fact, Mr. WAXMAN, who is right in the middle of trying to push forward this government control of health care, was the one who pushed through CLIA—one of the ones.

After CLIA shut down my lab and every lab in doctors' offices across the country, to do that same test I had to send my patients across the way to the hospital. So they had to leave my office, go over there, spend 2 to 3 hours doing what I could do in 5 minutes, \$75 for one test. Twelve dollars to \$75. Five minutes to 2 to 3 hours for the patient.

Now, what do you think that did to the cost of everybody's health insurance in this country? What do you think it did to the cost that Medicare has to pay for lab services? It rose the cost of health care markedly all across this country. And that is with one government intrusion, CLIA. We have hundreds.

Not long ago Congress passed HIPAA. HIPAA has cost the health care industry billions of dollars. It is totally unneeded regulation. It has cost the health care industry billions of dollars and has not paid for the first aspirin to treat the headaches it has created. What does that do to my insurance costs and the American people's insurance costs? It drives it up markedly. Somebody has to pay that billions of dollars for that one government regulation that was put in place by Congress and the President signed into law. It has cost the health care industry. It costs all of us a tremendous amount of money.

So it is government regulation, government intrusion in the health care system that has raised the costs for me and for my patients. And here we go with another government bill, another government takeover that is going to put cost controls, that is going to put taxes out the wazoo for everybody in this country. So it is going to cost everybody. And I believe it is totally designed, to go back to what the President said just a couple of months ago, that he wants to go to a government-controlled, centrally run health care system, socialized medicine run from Washington, D.C.

Before, Dr. BOOZMAN, I go to you, I just want to point out a couple things on this chart. What is in the new bill? It is just more of the same. It is the worst of the House bill, worst of the Senate bill put together. It is more of the same. It is a government takeover of health care. There is no question about it. There are price controls, as

Dr. BOOZMAN was talking about. There are a lot of individual and employer mandates.

So if you have health insurance and you like it today, it is going to go away, because the Federal Government and the Federal bureaucracy in Washington, D.C., is going to put mandates on your health insurance to the point that it is going to go away.

□ 2230

In fact, I believe it is geared up to try to put all health insurance companies out of business so that there is only one health insurer in America, and that is the U.S. Federal Government.

There is no medical liability reform. The President talked about he wanted to have medical liability reform. It is not in any of the Democrat bills, the House bill, the Senate bill, nor is it in ObamaCare II. It still puts Washington bureaucrats in charge of defining what is quality health care. In fact, in the stimulus bill, the nonstimulus bill—the failed stimulus bill—the Democrats put in something that's called—what was it called? I'm having a brain freeze here. It's called an Effectiveness Research Council, or Comparative Effectiveness Research is what it's called. What that is geared to do is physicians look at the comparative effectiveness of different treatments, whether if you have cancer, whether surgery, or chemotherapy, or radiation therapy—or a combination of all three is better. That's what we do in medicine.

The comparative effectiveness that the Democrats have put in place actually is geared towards how to spend dollars. It is the comparative effectiveness of spending \$1 on a 40-year-old versus a 65- or 70-year-old. And so the way the whole system is set up, it means that the Medicare recipients are going to get thrown in the stick. Senior citizens, under the comparative effectiveness, are not going to get the care; they are going to be denied it by the Federal Government.

Cuts Medicare Advantage. It still raises taxes. There is over a half of a trillion dollars of increase in taxes, and this is the only way that they can even get it anywhere close to the kind of numbers that the President promised. And he and his administration have used what I call "voodoo economics." The reason I call it voodoo economics is because you have to be a dead man walking around with no soul to believe the economic parameters of the economic issues that they've put in place. But this Obamacare raises taxes and will raise taxes on virtually everybody.

And it still gives the government-run plan a beachhead to eliminate private insurance. And I think this is the bottom line. This is the purpose that HENRY WAXMAN and CHARLIE RANGEL and Ted Kennedy and NANCY PELOSI and GEORGE MILLER and a lot of people have been pushing, the government takeover. They're very open and frank about it, and I congratulate them for being at least halfway honest. But the

whole purpose of the Pelosi bill in the House, the Reid bill in the Senate, both ObamaCare and now the proposals that the President put forth yesterday morning, is a government takeover of health care, to tell the American people the kind of care that they can get.

Whether they can get it or not, it is going to take the decisionmaking process out of the hands of patients and families, out of the doctor's hands, and it is going to put it in—all those decisions are going to be made by government bureaucrats here in Washington, D.C.

So with that, I yield to Dr. BOOZMAN. Mr. BOOZMAN. Well, again, I would add that I was a health care provider, but I was also a small business person in the sense that we had about 85 employees that we had to meet payroll with. And always our biggest cost of doing business, our biggest expense was health care insurance for our employees. Every year the guys would come along and they would say, well, your premium is going up 10, 15, 20 percent, whatever it is. The major problem that we have going on right now is increased cost. And as was discussed earlier by my colleague, you know, things like health savings accounts, those are free market reforms. It is a free market reform that lowers cost. Associated health plans, allowing my barber with his two or three employees to team with maybe thousands of barbers to get a much lower rate. And then lastly, controlling the nuisance lawsuits. Those are free market reforms that would lower costs, which we desperately need. The problem is—and again, I don't know who the President is listening to—but those types of things are not included in the bill that we see.

The only thing I would say though is, instead, there is no control of cost, and what we have is in the fine-print wage and price controls that they're just saying, well, we are going to dictate the cost. And again, as my colleague said earlier, that just doesn't work. That has been proven with several administrations in the past that it is going to lead to rationing and decreased quality of care.

I yield to you.

Mr. CASSIDY. You know, it is interesting because we can see from the Republican administration of Richard Nixon, the Democratic administration of Jimmy Carter on oil and gas, that when you try to artificially control price with regulation, it doesn't work. You have to address the fundamentals.

So let me give an alternative between this top-down bureaucratic means of control and a patient-centered approach. I was speaking about HSAs and patient-centered approaches with a constituent, and he says, you know, doc, I take a pill for my ulcer. Now, I have an HSA. My physician wrote a prescription and I said, physician, I know from experience that this pill is going to cost me \$159—he didn't say \$160, he said \$159. He said, I have an

HSA, I pay for this out of pocket, can you do me something different? And the physician said, oh, you have an HSA? Tore it up and wrote a prescription for generic and it cost him \$20. The system just saved \$139.

I have another patient who called me—I am a liver specialist—called me up, and she says, Dr. CASSIDY, I have a bad heart. My doctor over here said I needed this test because of my bad liver, not my heart, but rather my liver. And I said, from a liver perspective, you don't need it. She said, well, I will pay for it if I need it, I have an HSA, but I will pay for it if I need it. I said, no, ma'am, you do not need it. The system saved \$1,000. Because she had an HSA, she was motivated, she was motivated to find out how much it cost and then to see if she really needed it.

Mr. BOOZMAN. Will the gentleman yield?

Mr. CASSIDY. I will.

Mr. BOOZMAN. Under these plans, the generic is not covered in the HSA; is that not correct? Can you comment on that?

Mr. CASSIDY. That is correct. It is kind of a crazy thing where if an HSA is used for a generic price on an over-the-counter drug, which is what we are describing here—

Mr. BOOZMAN. Which lowers cost.

Mr. CASSIDY. Which lowers cost, it's not available for an over-the-counter medicine. And so that \$20 prescription is actually over-the-counter medicine, and we're talking about ulcer medicine. So in this way, the patient reacts so as to take care of her health and to lower her cost. And in millions of those interactions across the Nation, not from Washington, D.C., but rather from the exam rooms themselves is how the system saves costs.

You recall, Dr. BROUN and Mr. Speaker, how we spoke of the HSAs being 30 percent cheaper. Well, that's why they're 30 percent cheaper because patients are incentivized to control their cost.

One last thing I will say. When you ask a crowded room who is most responsible for each person's health, we all know that it is that person in particular. So what the Health Savings Account does, the patient-centered approach does, it says that the patient is most responsible for his or her care, and in so doing, we trust that the patient, with her physician, will make the right decisions. And the story of Health Savings Accounts is that that is true, that is a well placed trust.

Mr. BROUN of Georgia. Well, I will reclaim my time, and I thank you, Dr. CASSIDY.

In fact, my health care overhaul bill, H.R. 3889, expands health savings accounts, creates Medicare health savings accounts. So it puts Medicare patients in charge of their own dollars, and they own those dollars. And those dollars, if they're not expended, would roll into their estates so that their heirs would get them.

We pay our Medicare taxes to the Federal Government, and we should get it back. I am an original intent constitutionalist, and I understand that some people would say, well, Dr. BROUN, an HSA is not constitutional under Medicare, but we've got to fix Medicare. And it is a bridge to help Medicare patients start controlling their own costs and controlling their own money and controlling their own health care decisions. That is exactly what my bill, H.R. 3889, would do.

But I wanted to go back to this summit just in the last few minutes that we have. Actually, the mainstream media has written some articles that just came out today, and I wanted to read a couple of things from the mainstream media. The President has talked about he wants to reach out in a bipartisan way. The Wall Street Journal wrote today, Democrats have decided to give the voters what they don't want anyway. A San Francisco Examiner editorial said, Republicans publicly wondered if Obama's proposal represented a refreshing new attempt by the Chief Executive to display genuine bipartisanship and whether they should trust him to come to the summit with a truly open mind. And that is what we had hoped.

Going on with what they said: We now know the answer to both questions is a resounding "no."

The Washington Post said, President Obama's opening bid on health reform is not designed to entice Republicans to join the game.

And as we said earlier, I don't believe the President wants Republicans to join the game, he doesn't want the Governors to join the game. He doesn't want anyone to join the game because he has set the game rules himself, tilted towards just what he wants and what nobody else wants. It is just the leadership meeting in secret behind closed doors, with no input actually from our Democratic colleagues nor our Republican colleagues, nor Governors, nor health care providers, anybody except just the leadership has brought forth ObamaCare II.

And even in his hometown newspaper, The Chicago Tribune—not known to be a conservative newspaper—said this: Obama wants Republicans to approach the summit in a spirit of compromise. Too bad he's not leading by example.

So, Mr. Speaker, we've spent an hour with my colleagues talking about health care. Republicans are the party of k-n-o-w, know. We can lower the cost of health care. We can empower patients and doctors to make the decisions and start health care reform, health care financing reform, that makes sense economically, that will cover those that are uninsured, that will cover those who have preexisting conditions that can't get insurance today. We can do those things if the President and the leadership of this House and the leadership of the Senate would just listen to some of the pro-

posals that we have put forward. Doctors have not been enjoined in this process. The American people have not been in this process. And the American people need to say no to ObamaCare.

□ 2240

EXPRESSING APPRECIATION FOR REPRESENTATIVE DALE KILDEE

The SPEAKER pro tempore (Mr. SCHAUER). Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, today on the floor, we had a rare occasion when we were able to congratulate one of our colleagues, Mr. KILDEE from Michigan, for casting his 20,000th vote.

It was a great opportunity for us to show our appreciation and affection for a Member who is extraordinarily well respected and, I would say, even loved by his colleagues.

It is unfortunate that so much emphasis in the media is placed on the partisanship that occurs here in the House. We do have strong philosophical differences, but on a personal level, we respect each other, and have genuine affection for each other. That extends even to our staff.

A few weeks ago, we had a similar situation when we had the unfortunate passing of Congressman BOEHNER's chief of staff. She was eulogized here on the floor by both Democrats and Republicans, and I am so pleased that we have been able to show, again, that we do care for each other personally in this House, because that is not the image that people have of us.

I want to go back to speaking some more about DALE KILDEE. There is nobody in this House, or very few people in this House, who feel any stronger about my philosophy than I do. I have the greatest respect and admiration for Mr. KILDEE. As Mr. JOHN BOEHNER said today on the floor, that is what he calls him, and that is what I have always called him. I have had the great pleasure to serve with him on the Education Committee as well as on the Page Board.

I want to say that I have learned a great deal from serving with Mr. KILDEE. He is a fabulous role model for us all. As was said today, he is always a gentleman. He is always very calm. He always gives the impression—and I believe it is a true impression—that he cares a great deal about the people he is dealing with and about the people he is serving. He loves the House, and he does his job with great thoughtfulness and diligence.

I want to say that he is, I think, a great role model for all of us. It has been my pleasure to be able to serve with him, again, on the Education Committee, on the Page Board and here in the House.

I think the comments that were made about Mr. KILDEE today were comments that we all agreed with.

There was great applause after each one of the sets of comments that were made, and I think that it was, again, a terrific example of how we may differ philosophically on issues but of how we care for each other on a personal level and of how we respect each other despite our philosophical differences.

I want to pay my tribute to Mr. KILDEE for the wonderful service that he has given to the people of his district and to his steadfastness in coming to this floor day, after day, after day and for voting and for missing only 27 votes in 33 years and for being in a very elite group of people who has served in the House of Representatives and has cast 20,000 votes.

Mr. KILDEE, we love you and respect you, and we hope you are going to be around to cast many more thousands of votes.

HEALTH CARE REFORM

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

Mr. PERRIELLO. Thank you, Mr. Speaker, for giving us this time tonight to talk about the important issue of health care reform and, specifically, about a simple idea on which we believe folks across the political spectrum should be able to agree, which is that the health insurance companies should have to compete like every business in my district and like every business around the country. So we come together on a two-page bill—front and back, only 24-lines' long—that does something very simple:

It removes the monopoly protections that our health insurance companies have enjoyed for 65 years. Enjoyed because of free market principles? No. Enjoyed because of the amount of money spent lobbying both political parties to protect that insurance monopoly.

One thing we should be able to agree on, which costs the government nothing, is that health insurance companies should not be protected as monopolies. The Consumer Federation of America estimates that this could save consumers \$10 billion. This is a simple American principle of competition, of the ending of health insurance monopolies.

I have been joined by several of my freshman colleagues tonight, who have not been stuck in Washington where the logic of protecting monopolies may make sense. We are coming from Main Street where people still believe in competition and accountability and in the kind of principles that will ensure consumers get a better deal. When they are forced to compete, prices come down, and quality goes up. It is a very simple principle.

My coauthor on this bill, BETSY MARKEY from Colorado, has been a great