their practice, other doctors in their community, and other doctors around the country. Physicians are a competitive group; I assure you these reports will be read.

Health Information Technology

There is also going to be a provision in the bill to help physicians' offices bring their information technology, their infrastructure, hardware and software, up to a standard where it will begin to derive benefit not only the patient and the practice but also to the Medicare system in general.

The provision will also create a safe harbor that will allow clinics, physicians' offices, and hospitals to share health information technology platforms. These standards will be established and available to physicians' practices so they will understand how they need to comply. The standards must be established no later than January 1, 2008.

Back in the day, I wasn't always a big proponent of things like electronic records. I wasn't sure if it would deliver the payoff that people said it would. But here is a picture of the medical records department in Charity Hospital in New Orleans. This picture was made in January 2006, about 4 or 5 months after Hurricane Katrina and the downtown flooding that occurred. It is the medical records room. These records are ruined. You can see this is not smoke or soot damage; this is black mold that is growing on the records. You look there and it almost goes on to infinity, tens of thousands, hundred of thousands of records that were active, ongoing charts of people's medical conditions absolutely now unavailable. No one is going to get into that medical records department and risk inhaling the spores from the mold that is covering those charts.

This is the kind of problem that you can get into with a paper medical record. Of course the youngsters of today, the college students of today, the young physicians of today, they understand this very well. They are all connected and wired in. They would no more imagine turning in or doing a paper for one of their classes where they just had a single copy, a single paper copy, the old adage ''the dog ate my homework,'' most students will have a paper on a CD or on a flash drive readily accessible and retrievable in many forms. We should do no less with our medical records.

But it costs money to do this. It is going to require a push from the private sector. I prefer to think of a bonus payment as being an inducement, an enticement for physicians' offices to participate in this type of program. But it is also just good medicine. It is good patient care.

We all heard about the troubles at Walter Reed Hospital a few months ago. I went out to Walter Reed probably the week after the story broke in the Washington Post and talked to this young man who took me around Building 18. Yes, there was some concern. It was a crummy building. But his biggest concern was spending hours and hours with his medical record, his service record, going through the various parts and highlighting things. He had a yellow marker, a highlighter, highlighting parts of his medical record because this is how he was going to establish the benefits that he was going to receive in the VA system for his disability.

He said ''I can spend 20 man-hours putting this medical record together and it ends up on someone's desk and it doesn't get picked up, and then no one can find it and I have to start all over again.'' That was his main message to me that day.

Now the VA system has been indeed very forward-thinking in its embrace of electronic medical records and its investment in information technology. The problem is the medical records from the Department of Defense and the Department of Veterans Affairs do not possess the interoperability necessary to make this type of activity unnecessary.

Delivering value to the patient is of paramount importance. And it is my contention that if we do make the bonus payment generally available to physicians, this will be something that they will embrace. There is a learning curve, to be sure. It is going to slow people down a little bit initially. But ultimately, the rapidity of the system will be impressive. And even in a smaller physician's office the ability to never have to wait while they find your medical records would be amazing. Once physicians and medical offices become used to this technology, they will embrace it.

Another unintended benefit to providing incentives for health information technology is the rapidity with which the health care system itself can learn. When I say the health care system, I specifically address the possibility that treatments and the delivery of quality health care services can be faster, cost less and simply be better. Wouldn't it be great to have that information and know what treatments were effective and what treatments were only marginal? That information can be literally at a physician's fingertips with the right type of computer architecture and technology environment. I believe the time has come that we do need to embrace that.

So the physician payment stabilization bill will include a federal incentive to implement health information technology along with provisions providing safe harbors for the sharing of software, technical assistance and hardware, as well as the creation of consortiums.

Health Care Price Transparency

Once you have established measures that will allow for a medical workforce in the future—through a nation medical liability law, ensuring a medical workforce in areas that you need and in locations that need them, and by stabilizing physician reimbursements, you can refine other health care projects.

Perhaps the foundation of understanding health care is to understand its costs. The average consumer has little understanding about how much any service or prescription drug costs because they are supplemented by the government and often their employer. This must change.

In August 2006, President Bush issued an executive order calling for increased transparency within the federal government's health care agencies. The legislation I have proposed in the past is an extension of that executive order, giving States the tools to become part of a necessary solution for health care consumers.

The bill would require states establish health care transparency requirements for hospitals and health plans, as well as conduct a study on what information is most useful to consumers.

For example, the Texas Hospital Association has created a web-based tool that allows consumers to compare hospital-to-hospital cost called Texas PricePoint. This website assists consumers that are considering nonemergency procedures at area hospitals. Texas health care consumers now can view and compare charge data on inpatient hospital services. Couple this data with hospital quality information and consumers will be able to truly shop for health services based on quality and cost. What a remarkably simply idea that is literally educating and engaging the consumer in making his or her health care choices. Knowledge is an essential tool for making informed decisions.

This type of planning tool should be made available to all patients, across the country, at any time. Think of it like a ''Travelocity'' or ''Priceline'' for health care servIces. Wouldn't that be terrific? The long and the short of it is that this is possible. And Congress can make this happen if we commit ourselves to the process.

Conclusion

I recognize that all of this information is technically complex, sometimes even boring to listen to, but it nonetheless tells an incredibly important story. It is the story of how the most advanced, most innovative and most appreciated health care system in the world needs help. The end of the story should read ''happily ever after.'' So how do we reach that conclusion? The last chapter should read, ''A Private Industry Leads to a Healthy Ending.''

As I stated in the beginning of this hour, we are in a debate that will forever change our health care system. We must understand what is working in our system and what is not. We cannot delay making changes and bringing health care into the 21st Century.

I believe that the only way this can work is if we allow the private sector to lay the foundation for improvements. The pillars of the amazing health system we have now must be rooted in the bedrock of a thriving private sector, not on the shaky ground of a public system that has proven costly and inefficient in other countries.

We must devote our work in Congress to building a stronger private sector in health care. History has proven this is a tried and true method. We can bring down the number of uninsured, increase patient access, stabilize the physician workforce, modernize through technology and bring transparency to the system. Each of these goals is within our grasp. We must only have the foresight and determination to achieve each goal.

There is a reason why people come from around the world to the United States for health care treatments—we are the best, but we must make adjustments to remain at the top of the game.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. CORRINE BROWN of Florida (at the request of Mr. HOYER) for July 16 and the balance of the week on account of a death in the family.

Ms. BORDALLO (at the request of Mr. HOYER) for today and the balance of the week on account of official business in the district.