wealth nor leisure, forging a career dedicated to serving his fellow man. Throughout his significant career, Mr. HOUGHTON represented one of the more economically depressed districts in New York State, a fact that never deterred him from trying to improve the economy of the New York Southern Tier. He was a successful businessman before becoming a politician, and it has been said that he would surely have become a missionary, had he not been elected.

AMO HOUGHTON quickly became one of the most beloved Members from either side of the aisle, most likely because of his unifying nature; Mr. HOUGHTON was not one to participate in partisan sniping, always calling for understanding and compromise. Never neglecting any of New York's citizens, he pledged his complete attention and support to those in New York City, the suburbs and many smaller cities and rural communities, like those in his district.

The House will find itself at a loss without the talents and graces of this remarkable man. It will miss his civility and his wisdom, his spirit and determination, but it will be his optimism for our Republic and his respect for the beauty of human life that will be missed most of all.

Mr. Speaker, I rise to honor the career of Representative JACK QUINN, one of the most optimistic Members I have met. I have had the pleasure of serving with JACK since 1993; he is a man who signified the old values of the Republican Party in New York. Mr. QUINN's respect for the working class, fiscal responsibility and civil rights are lasting testaments to his impressive legacy.

It could not have been an easy task in representing the City of Buffalo, which has suffered so many devastating economic downturns over the past few decades, yet Mr. QUINN was constantly re-elected in a district overwhelmingly comprised of registered Democrats. This fact is a tribute to his keen understanding of the needs of his constituents even where they may contradict with the leadership in the House of Representatives.

JACK QUINN is one of those Members for whom no one has a bad word and with whom no one has had a bad experience. He has the range to be comfortable with factory workers to business leaders to Democrats and Republicans alike. His independent nature and policies are deserving of the highest mark of honor; a man of JACK QUINN's poise and positive energy will be sorely missed in the halls of Congress.

HONORING DEPARTING TEXANS

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

Mr. HINOJOSA. Mr. Speaker, it is with a sad heart that I rise to say goodbye to six of my colleagues from Texas who will not be returning to this body next year. All of these men have been dedicated patriots who have served the State of Texas and this country with honor and distinction.

The gentleman from Texas (Mr. FROST) has faced the challenges of serving as the dean of the Texas Democrats for years and has fought to ensure that the rules of this House are fairly enforced.

This Nation's farmers and ranchers have had no better friend or advocate than the gentleman from Texas (Mr. STENHOLM). He has been our conscience on fiscal responsibility, and I hope that we will take his remarks last night to heart as we begin the budget debate next year.

After the tragic events of 9/11, we created the Select Committee on Homeland Security. As the committee's first ranking member, the gentleman from Texas (Mr. TURNER), has fought to increase funding for critical infrastructure protection and has brought national attention to the serious manpower and infrastructure shortages along our southern border.

The Texas border region is losing my colleague and good friend, the gentleman from Texas (Mr. RODRIGUEZ), who has worked tirelessly to address the health care crisis that is facing the southern border communities. As the chairman of the Congressional Hispanic Caucus this past year, CIRO RODRIGUEZ has continued to focus national attention on issues important to the Hispanic community.

The gentleman from Texas (Mr. LAMPSON) has protected our children through his national leadership on the issue of missing and exploited children.

The gentleman from Texas (Mr. SANDLIN) has been a strong member of the Blue Dog Caucus and was instrumental in securing our airways through his work on the Aviation Security Act.

Finally, Mr. Speaker, I was proud to serve on the Committee on Financial Services with one of my newer members of the Texas delegation, the gentleman from Texas (Mr. BELL). He and I worked on legislation which focused on the financial literacy of all people. I appreciate his strong support of my efforts to improve math and science education in this country.

Mr. Speaker, all of these Members from Texas have given invaluable service to this Nation, and the 109th Congress will be poorer for their absence. I wish them all the best.

MEDICAL MALPRACTICE INSURANCE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, we just finished our elections, and we hear a lot of browbeating and weeping and gnashing of teeth from the other side of the aisle concerning what went wrong. Goodness gracious, what in the world went wrong? We thought we ran a good campaign. We were ready to elect a President, we were ready to take over the House, we were ready to get the majority in the House and the Senate, and none of those things happened.

Of course the pundits are on television every day, 24 hours a day it seems, talking about exactly what went wrong. And there is a lot of talk, of course, about the issue of moral values, traditional family values, and Christianity. I am sure that that had something to do with it. But I will stand here today, Mr. Speaker, and say to my colleagues that I ran a race in which I won with 57.4 percent against an opponent on the other side of the aisle who I think was a very strong Christian man, a good man, and one who had great values. But he was running on a party platform that did not embrace those traditional values that mean so much to I think middle America and those of us where I come from in Georgia.

But I think it goes beyond that. I think it goes far beyond that. And I would suggest to my friends on the other side of the aisle, as they try to play Monday morning quarterback and figure out what went wrong, to think about issues like medical liability reform and the fact that the Nation, 75 percent or more, the American people in every poll that has ever been done, are very much in favor of medical liability reform. And yet an issue like that, which really should not be a partisan issue, because there is absolutely no reason why access to health care and fixing a broken system should come down along party lines, certainly did become partisan. It did in this body, and it did in the other body.

In March of 2003, the HEALTH Act was passed in this House Chamber, as my colleagues know, and there were Members of the Democratic minority who voted for the bill, but only a few, only a handful, and practically none in the other body. So today, as we stand here going into the 109th Congress and President Bush's second term, we once again have a chance, an even better chance, I think, to get medical liability reform passed because we have increased our margins in the other body.

So there are a lot of reasons you can look back and try to figure out why you lost, but that is one, I think, that my Democrat colleagues need to take a close look at. When this issue comes before us in the 109th, if you want to do something positive, if you want to respond to the will of the American people, this is certainly a great first step. I would encourage my friends on the other side of the aisle and my fellow Republicans in the House and the Members in the other body that it is time. The American people want this. They need it.

Access to health care is hugely important. We are seeing more and more physicians, and I will get to some specific numbers a little later regarding doctors in high-risk specialties, like neurosurgery, emergency room physicians, and OB–GYN, which is my specialty. I think all my colleagues know that in my prior life I practiced medicine for almost 30 years, and as a pro-life OB–GYN physician, delivering those 5,200 babies. Many of my colleagues in that specialty are dropping

out at the very peak of their practice productivity, in their late 40s, early 50s. They are literally trading their stethoscopes for a fishing rod or a set of golf clubs. They do not want to do that, but they have been forced to.

I have a number of posters here, Mr. Speaker, that I want my colleagues to pay attention to, which really give testimonials to the statistics. Maybe my colleagues know some of these individuals, or individuals just like them, or families who have suffered because, when they went to the emergency room, there was no emergency-room physician to take care of their injured child or their loved one who had had a stroke and needed immediate care from a neurosurgeon.

Just look at some of these posters. This is talking about women's health care in particular. Women's Health in Jeopardy: A pregnant Texas woman was forced to drive 80 miles to a San Antonio hospital because her family doctor in her rural hometown had stopped delivering babies because of malpractice insurance concern. This was in the Fort Worth Star Telegram January of 2003.

Nationwide, doctors are leaving and patients are suffering. Look at these people. Look at these physicians. I do not know if my colleagues can see some of these posters, but they are not saying ''Vote for George W. Bush, or Reelect Bush, or Vote For Kerry and Edwards, or I am a Democrat, I am a Republican.'' They are saying ''tort reform now.''

Insurance rates are driving doctors out of business. What good is insurance, health insurance, if you cannot find a doctor to provide the care, and on and on and on? Look at some of these headlines, Mr. Speaker: ''Doctors Protesting Skyrocketing Malpractice Premiums.'' Springfield State Journal Register, February 2003. ''Malpractice Insurance Prices Send Physicians to the Streets.'' USA Today, February 2003. ''Caps on Noneconomic Damages Most Common Solution Considered by States in Crisis.''

There are twelve States in crisis, and 30 more near crisis. If my colleagues do a little quick math, that is 42 out of 50 that are either in crisis or near crisis today. USA article, February 2003. ''Medical Malpractice Premiums Jump 50 Percent, Average Cost Tops $1.4 Million Per Hospital.'' PR news wire, January of 2003.

It is not just the physicians; it is the hospitals that are suffering as well, many of whom are self-insured up to probably $10 million, $15 million, or $20 million; and it is literally driving the small rural hospitals out of business. And in so many instances, the hospitals and the school system might be the only two employers in a whole county, or the two major employers in a whole county. When you shut them down, you are talking about job loss.

So this is really an economic issue. It is a health issue, no question about that. Lack of access to health care is a real tragedy and a real crisis, but we have heard for the last 2 years, as we led up to this Presidential election year, the other side of the aisle talking about President Bush being the only President since Harry S Truman who actually lost jobs on his 4-year watch. Three million of those happened to occur after the dot-com bubble burst and the recession that started during the Clinton administration. The rest of it occurred shortly after 9/11, which cost the economy of this country almost $3 trillion.

The other side kind of changed their tactic, Mr. Speaker, as we began to grow jobs as those tax cuts for all Americans with their special emphasis on small businessmen and -women began to put people back to work. All of a sudden, when we gained 1.7, 1.9 million jobs back, then they had to change their tactics at the last minute.

But make no mistake about it, this medical malpractice crisis and lack of access to care, and the fact that physicians are shutting their offices, it is a job issue as well because it is not simply one physician but in many cases it is 15 to 25 people who are actually employed in that office and all of them are without a job. Talk about outsourcing of jobs.

We could have done a lot to prevent that right here in our own country with some meaningful leveling of the playing field with fair and balanced tort reform in regard to medical liability.

Continuing with some of the posters, these are real-life situations that I want to bring to the attention of my colleagues.

□ 2015

Michelle, a breast surgeon, serving more than 5,000 patients a year, experienced a 760 percent increase in malpractice insurance over an 8-year period of time. That is an average 76 percent increase per year. This was a testimonial on 60 Minutes in March, 2003.

Doctors in rural Mississippi can expect to pay over $70,000 in malpractice premiums. Their average salary in rural Mississippi, certainly not an affluent State, about $72,000 a year. They are literally almost as much, not more, but almost as much in malpractice premiums as they are making in income and probably working 70 hours a week.

Lehigh Valley, Pennsylvania, lost one-third of its neurosurgeons due to unrelenting problems with medical malpractice insurance. That is in Lehigh Valley, Pennsylvania.

Listen to some of these numbers. Talk about bullet points. This really cuts right to the chase. Let me give my colleagues a few numbers to ponder.

America's medical liability crisis, we all pay for a broken system. The number 19, as I said at the outset of the hour, the number of States in a full-blown medical liability crisis in which the cost of frivolous lawsuit settlements and jury awards cost physicians' medical liability premiums to skyrocket. As a result, patients lose access to care when physicians are forced to give up parts of their practice, such as delivering babies or performing high-risk surgery.

Mr. Speaker, 72 percent of Americans favor a law that guarantees full payment of lost wages and medical expenses but limits noneconomic damages. That is the point that my colleagues on the other side of the aisle seem to miss. We spend all this money on polling. We poll and run TV ads, and then we send out mailers depending on what the public perception is of an issue. And 72 percent, talk about a plurality, a supermajority of Americans understood this issue, and clearly today understand that we are a country in crisis in regard to our health care delivery system. They want change, they want fairness, and yet my colleagues who have a lot of heartburn over this recent election are still trying to figure out what went wrong. Certainly they were wrong on that issue.

The figure of $70 billion to $126 billion a year, the cost of defensive medicine which could be significantly reduced by medical liability reforms. Now we just passed yesterday an increase in the debt ceiling of $800 billion. There was a lot of rhetoric from the other side and a lot of complaining about the runaway deficits and the growing, burgeoning debt.

With medical liability reform, it is estimated that we would save the government close to $40 billion a year. Keep in mind that the Federal Government really pays about two-thirds of all of the health care in this country with four programs: Medicare, Medicaid, Tricare for our military personnel and their dependents, and our VA health care system. If we put all of those programs together, we are talking about two-thirds of the health care costs in this country the Federal Government pays. If we had some meaningful tort reform and doctors did not have to do all this defensive medicine and add all of these additional tests which we know and the hospitals know are totally unnecessary in many instances, but doctors are just trying to protect themselves from a lawsuit, if we could get all of that out of the system and go back to just practicing common-sense medicine, this is the amount of savings we would incur. Then we would not have to increase that debt limit.

I am very pleased tonight, Mr. Speaker, to be joined by one of my colleagues on my side of the aisle and a fellow physician, not only a fellow physician but also a fellow OB/GYN physician. He has not practiced quite as long as I have nor delivered quite as many babies as I have, but he is one fine doctor and a fine Congressman.

Mr. Speaker, I yield to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, I thank the gentleman from Georgia (Dr. PHIL GINGREY) or Dr. PHIL, as we say here in Congress. I need to point out that I am

just a simple country doctor, and while the gentleman from Georgia will spend a lot of money on polling, my operation in Texas is far too small for that. But I do talk to a lot of my constituents, and the doctor is right that this is an issue understood by average, everyday Americans. They understand it very well. They understand it is limiting their access to medical care, and they want this situation fixed.

The Subcommittee on Health Policy met this summer and had a hearing on medical liability reform. We wanted to bring the spotlight to what are some of the successes we can point to in this country in this arena, not just simply rehash and recover old territory but what are some of the solutions. We were fortunate to be joined by a doctor from California who was actually practicing medicine in California 1975 when the California Medical Injury Compensation Reform Act of 1975 was passed.

Of course, he talked about the night-and-day difference that it made in his State as far as being able to practice medicine with the noneconomic damages capped at $250,000 and how that held down premiums and allowed doctors to continue in practice and not leave the State because they were in a crisis in 1975.

Let us remember the governor who signed this bill into law from the California legislature was none other than Jerry Brown, not known for his conservative thoughts or principles. It was truly landmark legislation when it was passed in California now some 28 or 29 years ago.

In Texas, we passed legislation this past legislative session that also limited noneconomic damages, put a cap on noneconomic damages. It was a little bit different. We might say it was a 21st century variation of capping noneconomic damages. There is a cap of $250,000 for the physician's component, a cap of $250,000 for the hospital component, and another $250,000 if a nursing home is involved. But altogether, the noneconomic damages in a case would be capped at $750,000. This has had an enormously positive impact on the State of Texas as far as liability reform is concerned.

Consider this: When I was practicing medicine in the late 1990s, there were 17 insurers who would write a liability policy for doctors in the State of Texas. As the medical liability crisis mounted in my State, the number of insurers dropped out and left the State to the point that, by 2002, there were two remaining insurers writing medical policies in Texas.

What did this mean for the average medical practitioner and their patients? When I was campaigning in 2002, when I would do speaking events, I remember a young woman came up to me. She was probably in her early 40s. She said, ''I am a radiologist who studied at State schools and I did my residency at a State-supported institution. My insurance carrier left the State 3 months ago, and now I cannot buy liability coverage at any price, and I cannot afford to jeopardize my future, my husband's future, and my children's future by continuing to practice medicine without a liability policy, so I am a stay-at-home mom.''

That is an admirable thing for someone to do, but the State of Texas had made a significant investment in her college and medical education. In addition, she did her residency at a publicly funded hospital. Again, a good investment made in this bright individual to practice her craft of radiology, a lot of investment was made by the State of Texas, by the people of Texas, in her medical career, and she was unable to practice her profession because of the unavailability of liability insurance at any cost, let alone liability insurance that might have been quite costly.

One of the people we heard from at that hearing was Texas Insurance Commissioner Jose Montemayor. This hearing was in June. Commissioner Montemayor talked about some of the improvements that had come to Texas as a result of this law that was passed by the Texas State legislature. We had gone down to two liability insurers. We were now up to 13. Of those that had come back into the State in 8 months time, they had done so without an increase in their rates, contrasting with the neighboring States of Oklahoma and Louisiana where those insurers were able to show and justify an increased rate of 50 percent in Oklahoma and 80 percent in Louisiana. So this is a big difference this law has made in Texas.

In addition, Cristus, a Catholic not-for-profit health care system in south Texas that self-insures, has been able to, by June of this year, 6 months into this fiscal year, had posted a $20 million savings in their insurance premiums that they were then able to directly invest in hiring nurses, direct patient care, and capital improvements in their hospitals there.

So this is a tremendous gift or tremendous savings for the people in the State of Texas, and one of the things that we were able to showcase in that hearing is one of the proven successes in the country for medical liability reform.

We also heard from an individual, and I apologize. I am blocking on his name. He was the administrator of the hospital in Uniontown, Pennsylvania, and there the story has not been as benevolent. Pennsylvania has not managed to pass medical liability reform in their last legislature. Because of the peculiarities of their State system, they will have to pass that legislation two times in the form of a constitutional amendment. So 2007 or 2008 is the soonest time they can expect any type of relief from their medical liability crisis.

The administrator at Uniontown Hospital told us he is down to one ear, nose and throat doctor who is now responsible for about 140,000 patients in that area. I did some quick math, that is about 300,000 ears for one doctor. That is a lot of work for one ENT doctor, and they cannot bring in another doctor to help him because of the cost of their liability insurance.

About a year and a half ago, we were at a field hearing up at ANWR, and we came back home through Nome, Alaska. When a group of congressmen come through Nome, Alaska, it is a big deal, and a lot of people turn out for that. They heard that one of the congressional representatives was a physician representative, and the entire medical staff of their hospital came out to lunch with us.

Over lunch, they asked questions. What it was like to serve? And one said we hope Congress gets that medical liability law passed because we cannot afford an anesthesiologist for our hospital here in Nome.

I asked what kind of medicine he practiced. He said I am an OB/GYN, just like you.

Mr. Speaker, what a deal. Practicing OB/GYN in your hospital without an anesthesiologist in Nome, forget pain relief during childbirth. We are talking what do you do if you have to do a c-section. He said, well, we get that patient on an air ambulance as soon as possible and get her to Anchorage for her c-section. Well, Anchorage is an hour and a half a way, and I am given to understand there is poor weather sometimes in Nome, Alaska.

I cannot understand how we feel that we are furthering the cause of patient safety by allowing this system to continue.

People do ask me back in Texas, they say, we have done a good job here in Texas. Why are you worried about medical liability insurance anymore? It is not an issue for us here in Texas. But as Dr. GINGREY has pointed out so clearly, it costs our country billions of dollars every year.

□ 2030

In the Medicare system alone, the cost of defensive medicine from a 1996 Stanford University study was estimated to be between 30 and $50 billion a year in the cost of defensive medicine. Do the math on that. What is the average of 30 to $50 billion? It is $40 billion a year. Dr. GINGREY is quite right. We were criticized last night about increasing the debt limit. We were criticized a year ago for passing a Medicare bill that costs $40 billion a year for prescription drug coverage. We basically would save that amount of money if we would only pass meaningful medical liability reform. That is why it is a national issue, because we are all paying for that. Every taxpayer in the country is paying that freight for this medical liability system. $230 billion a year in direct costs for medical liability and about 20 percent of that actually goes to injured patients.

Do not tell me that by capping noneconomic damages that we are keeping money out of the hands of patients.

The system is keeping money out of the hands of patients today under the present system and the only parties that are enriched by today's system are the trial lawyers.

With that, I see my time is about up. I appreciate so much the doctor organizing this Special Order this evening. It is of critical importance that we get this done. We did not manage to do it this year. There has been a little bit of a change across the Capitol rotunda, and I am very optimistic that as we start into the 109th Congress, this will continue to be an issue of pressing concern for it, and we will get this job done for the American people.

Mr. GINGREY. I thank my colleague from Texas for joining us this evening for this discussion, and I appreciate his very accurate remarks. I know one thing he was talking about, physician access and which specialties doctors choose today based on this liability crisis.

I want my colleagues to listen very carefully to this number: 48 percent, the proportion of American medical students in their third or fourth year of medical school who indicated that the liability crisis was a factor in their choice of specialty, threatening patients' future access to critical services. I am sure that Dr. BURGESS would agree with me that when we were in medical school a few years ago, OB–GYN was one of the most popular specialties. It was the one that everybody wanted to go in. It was the compassionate, the feel-good specialty, delivering babies, being with a family, at what usually is the happiest day, the happiest moment of their lives, the birth of a child.

Yet today because of this crisis, as he well knows, we are having fewer and fewer, not only fewer and fewer of our best and brightest students from college wanting to get into medical school and go into the practice of medicine in any specialty but particularly OB–GYN and general surgery and neurosurgery and some of these higher risk specialties.

Mr. BURGESS. If the gentleman will yield, about a year ago I was having a discussion with a woman who was in charge of the residency program at a northeast hospital. I trained at Parkland Hospital, arguably the best residency program in the country, but this one in the northeast has a good reputation as well, and she said that they were at the point now where they were taking people into their OB–GYN residency program that 5 years ago they would not even have asked in for an interview, such has been the dropoff in the quality and caliber of, as you put it, the best and the brightest not going into the specialty. These are children's doctors. These are the doctors that are going to be there for the next generation of Americans. Again, I fail to see how allowing this system to continue is furthering the cause of patient safety or excellent patient care.

Mr. GINGREY. The gentleman is absolutely right. I am pleased to have another physician Member with us tonight in my colleague from Florida, Dr. DAVID WELDON. Dr. WELDON is an internal medicine specialist. I think I am recalling correctly that he is about to begin his sixth term in this august body and has certainly been a great mentor to both Dr. BURGESS and myself as we came in 2 years ago as freshmen and really needed to get up to speed on the Medicare law and all the nuances of that. It is certainly a distinct honor and a pleasure to have Dr. WELDON join us this evening.

Mr. WELDON of Florida. I thank Dr. GINGREY for his kind words. I must confess that he did not need a lot of mentoring. All his years in the State senate prepared him quite well for the busy work that we are about here. I just want to amplify a little bit on what our good friend, Dr. BURGESS, the gentleman from Texas, was talking about, specifically the high cost of defensive medicine. As you mentioned, I was a full-time practicing internal medicine doctor. Actually, I still see patients about once a month in the veterans clinic on a voluntary basis in my district.

As an internist, internal medicine specialist, I did a lot of diagnostic tests. A lot of people come in the office saying I hurt here, I hurt there, I can't breathe when I walk. You do a physical examination, and you typically send people off for studies and tests. I regularly on a daily basis practiced defensive medicine. I would do my history and physical, and I would come to a conclusion as to what I thought that patient most likely had and then there was always that little voice in the back of my mind, what if you are wrong? What if you miss something? What if you get sued? What will happen to you if you get sued? Will it hurt your practice? Will you lose patients? Will you lose your house? These are the kinds of things that go through your mind.

What you do is you order extra tests. We had a special name for doing that. But I was one doctor in one town, and there are hundreds of thousands of doctors every day in America spending hundreds and thousands of dollars each. I was so glad Dr. BURGESS mentioned that study out of Stanford University. That was the first study that conclusively showed that defensive medicine was real and it was very, very costly and that was that famous, a famous study now, that came out of Stanford University. They looked at expenses before medical malpractice and after medical malpractice for just two diagnostic codes, two different conditions, and showed a significant reduction in Medicare charges, and what is most important in this, no increase in what we call morbidity and mortality. In other words, the patients did fine, but the charges went down. They said at the end of that article, this is the first really good scientific study that shows that defensive medicine is real.

And how much does it cost? Ladies and gentlemen, we are struggling in this body to figure out how are we going to keep Social Security solvent in the future and how are we going to keep Medicare solvent in the years ahead.

Actually, Social Security gets talked about much more in the press, but the real problem is Medicare. Social Security will be solvent for a long time to come. Medicare could start going broke before the end of this decade. The crisis in Medicare is much more serious. What did that study show? It showed that defensive medicine costs us tens of billions, maybe as much as $50 billion, $75 billion a year just in the Medicare plan.

How much money could we save over the next 5, 10 years if we on a national level can institute some kind of caps on all of this medical malpractice? Let me just say as well, the problem that we have in the State of Florida is very severe. I know there are many other States that are very severely affected, but I just want to share some statistics here. In 1975, in the State of Florida, there were 380 lawsuits for medical negligence allegations. Those 380 lawsuits resulted in $10.8 million of settlements. It cost $1.5 million for the insurers to defend. In the year 2000, the next year that we have good statistics on this, it went up to 880 lawsuits resulting in awards totaling $219 million.

So we have a serious problem. This is not just a Florida problem. This is not just a Georgia problem. It is not just a Texas problem. This is a national problem. This body, the Congress of the United States, we are the fiduciaries of the Medicare plan, and we can save the Medicare plan by putting some reasonable caps on medical malpractice settlements. Every year that I have been here, and I have been here 10 years, going into my sixth term, we have passed some form of medical malpractice reform. Typically, we have passed this $250,000 cap on what we call pain and suffering claims, or noneconomic damages. The important thing there is that if people cannot work, they can be compensated for that. If they have medical bills, they can be compensated for that. And if they have pain and suffering, they can get $250,000. But gone are the days of these multimillion-dollar settlements for pain and suffering. And why do we have to do that? Because we all pay for it.

I just want to share one other thing that is critically important. Most of the job creation in my congressional district over the last 10 years has been in the small business sector. When I meet small business men and women in my congressional district and I ask them, what are the problems that you are struggling with now, what can I help you with, invariably the first words that come out of their mouths is the high cost of health insurance for their employees and that many of them cannot afford to insure their employees anymore.

What can we do to help them? Actually, one of the best things we can do is

pass medical malpractice reform. I spoke earlier, Dr. BURGESS spoke earlier, Dr. GINGREY spoke earlier about the high cost of defensive medicine. That drives up health insurance premiums. If you are a small business and you employ 10 people and it is costing you $600 a month per employee to insure all those employees, you can lower that premium if we can get reasonable and sensible caps on medical malpractice.

What is going to happen there? It is going to make those businesses more competitive. It is going to make those businesses better able to hire more people. The other thing is there are a lot of small businesses that just have decided they cannot afford health insurance anymore. These are the people that I am most worried about, the working uninsured. These are people who end up using our emergency rooms for their health care services. How can we get some of these uninsured people insured? One of the things we can do is pass medical malpractice reform.

This is not just a doctor issue. As a matter of fact, the doctors complain about it all the time, but they just pass the costs on to their patients. This is really a competitiveness issue for our Nation. This is about how do we deal with the uninsured. This is about how do we keep Medicare solvent. And it is a national crisis. I want to thank Dr. GINGREY for taking the lead on this issue. It is a critically important issue. If we can finally get something done in the next Congress, it will be good for the uninsured, it will be good for America, it will be good for OB–GYNs, one of the most aggressively assaulted specialties in the Nation, constantly being sued, many OB–GYNs getting out of the business of delivering babies.

In many regions in the country, communities, they do not even have a doctor that delivers babies. They have to get in ambulances and drive or fly in helicopters to a town where there is a doctor who is willing to deliver babies. That is a sad state of affairs. It has been precipitated by the failure of the other body to really take this issue up and deal with it. We have passed it every year that I have been here. We need to do something about it in the 109th Congress. I thank the gentleman so much for his leadership on this. I really appreciate it.

Mr. GINGREY. I thank the gentleman from Florida so much. We appreciate him being with us tonight and sharing those thoughts. It is so important that he pointed out to our colleagues that this really is not just about doctors and their practice, Dr. WELDON's practice, Dr. BURGESS, Dr. GINGREY, or an individual like this Dr. Leon Smith, Jr.

I happen to know Dr. Leon Smith, Jr. He practices medicine in Athens, Georgia. I went to medical school with him. I knew him very well. Both he and his brother are OB–GYN physicians. His group, I think six or eight of them, recently stopped practicing, had to stop obstetrics and curtail their practice drastically because of this crisis. Dr. Smith was actually interviewed on ''60 Minutes'' on March 9, 2003. Here is what Leon said, Dr. Leon Smith, Jr.:

''We're giving up something I have always wanted to do because of the malpractice crisis after insurance premiums broke a million dollars.''

This is real life. This really puts a face on this problem. But as Dr. WELDON points out so vividly, it is a jobs issue because it is not just Dr. Smith and colleagues like him that have to give up their practices. It is the fact that small business men and women over the last 5, 6, 8 years are seeing double-digit increases in the amount that they have to pay for health insurance to provide to their employees. And they cannot do it. It is becoming the highest cost of them doing business. And a lot of small businesses fail. This is one of the main reasons that they fail.

And so we are not just talking about doctors not being available to help patients. We are also talking about small businesses closing and people being out of work. I think it is so important that we keep that in mind as we try to address this crisis and try to do it in a bipartisan fashion.

□ 2045

Mr. Speaker, I want to show this last poster before I go on with some additional remarks, but this is pretty telling and the title of this poster is ''Show Me the Money.'' ''Show Me the Money.'' And I have heard, I am not sure who it was, maybe some wise, erudite talk show host recently say, If you want to know what the problem is, just follow the dollar. Follow the dollar.

I can remember during the Medicare Modernization, Improvement, and Prescription Drug Act debate that we had on the floor of this House last year, this Medicare modernization, which we had not done in 38 years, and this prescription drug benefit, which seniors have been begging for, pleading for, been promised by previous Presidents and previous Congresses and nobody ever delivered, we finally delivered on that promise.

And the criticism we received from the other side of the aisle was well, it was just a giveaway from the pharmaceutical industry. That is all it is. All these Republicans getting all this money from the big drug companies. And in fact, it was said, Mr. Speaker, by so many of my colleagues on the other side of the aisle that the pharmaceutical industry wrote the bill. I guess they think the doctors and hospitals wrote the original Medicare bill that was passed in 1965, but I do not think the doctors and the hospitals have done too well, but it has been a boon to seniors. Medicare has worked well. It is going to work even better. But while they were criticizing us purportedly for accepting money from pharmaceutical industry lobbyists, look at what is happening on this ''Show Me the Money'' poster.

Why do Democrats put trial lawyers before patients? That is my question. That is the question I want my colleagues to answer for me. Seventy-four percent of the campaign contributions made by lawyers and law firms during the 2002 election cycle went to Democrats. I am not sure what the number is in 2004, but I imagine it is probably a little higher than that with a couple of lawyers on the Democratic ticket, one a trial lawyer who made his living suing doctors like me and my colleagues. Seventy-four percent of the campaign contributions made by lawyers and law firms during the 2002 election cycle went to Democrats. Over $87 million to Democratic candidates during that cycle. Seventy-four percent came to over $87 million. In fact, the average contribution to a House Democrat totaled $57,281.

I like to think that we cannot be influenced by money, and I think that that statement is, in fact, true. I think most of my colleagues on the both sides of the aisle would agree with that. Men and women of honor and integrity. But these figures certainly have to be frightening, and maybe it is some of the explanation why, which has no reason to be partisan. A high-risk mom who desperately needs obstetrical care, she is not worrying about whether that white coat has an R or a D on its shoulders. She is looking for an M.D., of course, and this should not be a partisan issue. We need to get beyond that. It is too important. It is hugely important. Just as Medicare modernization, Social Security, these other issues, education, none of that should be partisan. So I hope that as we go forward in the 109th that we will all join together and finally get this job done.

I was giving some numbers a little bit earlier, and I would like to give a few more. The number 29. Mr. Speaker, 29 is the number of years that California's comprehensive medical liability reforms have protected the State of California and their patients, physicians, and taxpayers. 1975 was when MICRA, Medical Injury Reform Compensation Act, was passed; 1975, 29 years ago. Since then premiums in the United States, the rest of the 49 States, have grown by 750 percent. In California premiums have increased only 245 percent. Another very telling statistic.

Listen to this one. And I want my colleagues to listen carefully to this: $778,334, that is the amount a patient would receive for a $1 million jury award, an injured patient, a patient that deserves compensation, and we all are aware of that in many instances, $778,334, the amount a patient would receive for $1 million jury award by reforming the current contingency fee system. Now without any reform, a trial lawyer typically takes $400,000 or more of that settlement. That is not right. Mr. Speaker, that is not right.

The people who are injured, the mom, the dad, the parent, the child, in cases

that are not frivolous, somebody has practiced below the standard of care. Maybe it is one of my physician colleagues. Maybe it is a hospital. Maybe something happened in the emergency room. That patient has been injured and suffered and has significant economic losses, and they deserve fair and just compensation. But they are not getting it because of this contingency fee system which causes a lottery mentality among a lot of trial attorneys. Not all of them. Certainly not all of them. Most, in fact, I think are men and women of high integrity and provide a good service to their clients as they practice this subspecialty of personal injury.

3.9 million, and let me repeat that, Mr. Speaker, 3.9 million, the increase in the number of Americans with health insurance if Congress were to pass commonsense reform. Almost 4 million more people would be able to afford health insurance. We have been talking about that issue ever since I have been here in this Congress about the 40 million or so mostly working Americans who cannot afford to have health insurance. Either they cannot pay their part of the premium or their employer cannot provide it for them. It is estimated with meaningful leveling of the playing field, not taking away anybody's rights, that an additional 4 million people would be covered by health insurance.

I could go on and on with these numbers and statistics, but let me just talk a little bit in some of the time that we have remaining. Mr. Speaker, there are a number of provisions in the bill that we passed, the Health Act in 2003. That bill primarily puts a cap on noneconomic, so-called pain and suffering. But what it does not do is it absolutely does not limit recovery for injuries, economic losses; and in many cases those awards are in the several millions of dollars. But there is no way that one can put any estimate on pain and suffering or noneconomic losses. And that is the hallmark really of MICRA, the law that was passed in California, and it is a model that we know works. And as I said before, if this bill is passed, and I feel that we will pass it in the 109th Congress, any injured patient would be well compensated for the economic losses and any medical care that is needed as they go forward in the rest of their lives.

Another provision in this bill is something that is called joint and several liability. I want my colleagues to understand this concept: joint and several liability. That is what exists today. That means that if 10 doctors are named in a lawsuit, it does not matter who is the major culprit or the one who practiced the least close to the standard of care. One of those physicians who had very little to do with the case could end up paying the whole judgment or the whole settlement just simply because they have the deepest pockets. In this law that we passed, the Health Act of 2003, it would be proportioned depending upon their degree of responsibility, as well it should be.

Another provision is called collateral source disclosure. Collateral source disclosure simply means that a jury needs to know if an injured patient has health insurance, has disability income, because their injury has been eligible and is now receiving Social Security Disability benefits and by virtue of that is now eligible for Medicare. Under current law in most States, the jury is not permitted to know that as they calculate what a just and fair settlement or award should be. And, Mr. Speaker, that is what I would call double-dipping, and that is wrong.

Another provision of course in the bill that I talked about a little earlier was contingency lawyer fees, and I think they ought to get paid and they will get paid and they will do very well. I do not believe there is a shortage of attorneys in the State of California. I do not see any of them coming to Georgia, thank goodness. I think they are doing well out on the west coast and will continue to do well. But if we are going to have a shortage, I think most of the Members of this body, my colleagues, would agree it is probably a lot better to have a shortage of lawyers than a shortage of doctors because we need access to health care. And that is what this is all about, that and job creation and to take some relief off the men and women who are trying desperately to provide health care to their employees.

Mr. Speaker, it has been an honor, really, and a pleasure to come here tonight and talk about something that is very near and dear to me as a physician Member of this body. And in closing, my plea to my colleagues on the other side of the aisle and my fellow Republicans and those Members of the other body is to think about that statistic that I gave them a little bit earlier. Seventy-five percent of the American people want this, and they are not going to wait any longer. And if they do not get it, they are going to hold them responsible in 2006 just as they obviously did in 2004.

COMMEMORATING THE MAGNIFICENT SEVEN

The SPEAKER pro tempore (Mr. PENCE). Under the Speaker's announced policy of January 7, 2003, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 60 minutes as the designee of the minority leader.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise this evening for what I think is a celebratory occasion. It is a time of recognition and celebration of the service of a number of the Members of this body. And I thought it was appropriate for myself and my colleagues from Texas to stand before this body and to be able to acknowledge a time, an era, a collegiality, a time in space, a time in the history of this body.

As I listened to my colleagues who preceded me, it makes it even more important that we come to the floor today, particularly as I listened to a litany of complaints and issues that were being raised and as I recollected of the debate we had yesterday where our friends on the other side raised the debt limit to its highest in the history of this Nation, and it makes it even more important that we acknowledge not only the legacy of these colleagues who will finish their term in the 108th Congress but to note the fact that these are Democrats, proud to be Democrats, diverse and different.

□ 2100

Certainly we are proud that they are Texans and proud to be Americans, and frankly, we are equally proud of their service.

What they brought to this body, all of them with different regional backgrounds, although coming from the State of Texas and different ideological philosophies in the political wheel of fortune, if you will, they brought a sense and a desire to serve not only their constituents but the American people. They also brought a sense of reaching out and working on both sides of the aisle.

In fact, I am reminded of less than 24 hours ago when the Ranking Member of the Committee on Agriculture, the gentleman from Texas (Mr. STENHOLM), went to the floor of the House to try and strike a reasonable response to this escalating deficit, this out-of-control budget and, frankly, seemingly no end to tax cuts and, if you will, a lack of a plan to be able to serve the American people.

So we come this evening, and my colleagues have come, and I am going to call the names of those who we seek to pay tribute to tonight, and then take time to yield to my friends, my fellow colleagues of the Texas delegation, and then I will join in with them to speak about great Members of the House.

Texas itself has had a very great history. I think of some of the names like Congressman Pickle and Congressman Brooks and Congresswoman Barbara Jordan, and I think of a number of those who no are no longer living who have been great servants of this body. Sam Rayburn, I think certainly of his leadership as the Speaker of the House. Certainly I think, and he is strong in North Texas, our good friend Jim Wright and the service that he gave. So many names that have gone down in the annals of history for their service, and Texans are proud certainly of those who have been able to serve. So I will call their names, and then I will yield to my colleagues.

As I call their names, though, let me just clarify, because it is exciting to pay tribute to them, but I just do a slight clarification. Because whenever we do these things, we obviously think of someone retiring or we think maybe of someone who decided that they wanted to choose another aspect in their life. But I want my colleagues to know that these Members of the House