

left to make a life in this isolated area. It is important that their lives be remembered.

Of the some 8,000 former patients buried in Kalaupapa, only some 1,300 have marked graves. A memorial listing the names of those who were exiled to Kalaupapa and died there is a fitting tribute and is consistent with the primary purpose of the park, which is "to preserve and interpret the Kalaupapa settlement for the education and inspiration of present and future generations."

Ka 'Ohana O Kalaupapa, a non-profit organization consisting of patient residents at Kalaupapa National Historical Park and their family members and friends, was established in August 2003 to promote the value and dignity of the more than 8,000 persons—some 90 percent of who were Native Hawaiian—who were forcibly relocated to the Kalaupapa peninsula. A central goal of Ka 'Ohana O Kalaupapa is to make certain that the lives of these individuals are honored and remembered through the establishment of a memorial or memorials within the boundaries of the park at Kalawao or Kalaupapa.

Ka 'Ohana O Kalaupapa has made a commitment to raise the funds needed to design and build the memorial and will work with the National Park Service on design and location of the memorial.

The House Resources Subcommittee on National Parks held a hearing on the 109th Congress version of this bill, H.R. 4529, on September 28, 2006. I have read the heartfelt and compelling testimony submitted by current patients and family members of former patients who want to make sure not only that the story of Kalaupapa is told but that the patients are recognized as individuals by having the names of each of those exiled to Kalaupapa and buried there recorded for posterity. Families that have visited Kalaupapa and Kalawao searching in vain for the graves of their family members will find comfort in seeing those names recorded on a memorial.

I urge my colleagues to join me in supporting this important legislation.

INTRODUCING THE QUALITY
HEALTH CARE COALITION ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. PAUL. Madam Speaker, I am pleased to introduce the Quality Health Care Coalition Act, which takes a first step towards restoring a true free market in health care by restoring the rights of freedom of contract and association to health care professionals. Over the past few years, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market through the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that some-

thing like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patients and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB-GYN who spent over 30 years practicing medicine, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, but also constitutes an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory which holds that federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, anti-trust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. Of course, this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. While Congress should protect the rights of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law

to join or financially support such an organization.

Madam Speaker, it is my hope that Congress will not only remove the restraints on medical professionals' freedom of contract, but will also empower patients to control their health care by passing my Comprehensive Health Care Reform Act. The Comprehensive Health Care Reform Act puts individuals back in charge of their own health care by providing Americans with large tax credits and tax deductions for their health care expenses, including a deduction for premiums for a high-deductible insurance policy purchased in combination with a Health Savings Account. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they find most beneficial to them, the HMO monster will wither on the vine without the imposition of new federal regulations on the insurance industry.

In conclusion, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to America's health care professionals. I also urge my colleagues to join me in working to promote a true free market in health care by putting patients back in charge of the health care dollar by supporting my Comprehensive Health Care Reform Act.

IN CELEBRATION OF THE LIFE OF
THADDEUS EDGAR OWENS, SR.

HON. STEPHANIE TUBBS JONES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mrs. JONES of Ohio. Madam Speaker, I rise in celebration of the life of Thaddeus Edgar Owens, Sr., a great citizen, father, and friend who recently passed away at the age of 88.

Thaddeus was born on January 7, 1919 to Alex Owens and Carrie Brown in Pine Bluff, Arkansas. He enjoyed a happy childhood with his sister, Cleopatra, and a large extended family. An attentive student, he received a scholarship to attend Morehouse College in Atlanta, enrolling at the young age of sixteen. There, he played football and pledged Kappa Alpha Psi Fraternity, Inc.

After graduation, Thaddeus lived and worked in New York until 1941 when he was drafted into the armed forces. He achieved the rank of a sergeant and worked as a clerk in the office of the Quartermaster. In preparation for work with the French Underground, Thaddeus was chosen to participate in a secret project at Hamilton College where he studied and became fluent in French. Despite their training, Thaddeus and his fellow African American soldiers were never permitted to participate in this aspect of the war. Thaddeus confronted the injustices existing within the segregated armed forces protesting the rail-roading of a fellow soldier. His actions resulted in him being accused of mutiny and reduced in rank. Despite this incident, he was honorably discharged in 1945 after receiving the Asiatic Pacific Service, Good Conduct and World War II Victory Medals.

After the war, Thaddeus went on to obtain his law degree from Brooklyn Law School. He led an active life in local politics and community affairs for many years, serving on the Legal Redress Committee of the Brooklyn NAACP and a legal advisor in the Brooklyn Democratic Party. His legal career progressed when he won the election for Judge of the Civil Court of New York City in 1975. He became the first African American man appointed to the Supreme Court of Staten Island, and then returned to Brooklyn to serve as a fully appointed State Supreme Court Justice in 1982. Thaddeus retired in 1995.

Thaddeus loved to read and was appreciated for his intellectual brilliance. Charming and outgoing, he was known for his quick wit and playful sense of humor. Thaddeus always put the care and well-being of his family first, his wife, Emma Louise Owens, his two sons, Thaddeus Jr. and David, and his two daughters, Michele and Priscilla. On behalf of the United States Congress and the people of the 11th District of Ohio, I express my sincerest condolences to the family of Thaddeus Edgar Owens, Sr. May his legacy of compassion forever live in our hearts.

COLLEGE STUDENT CREDIT CARD
PROTECTION ACT

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Ms. SLAUGHTER. Madam Speaker, today I am proud to introduce the College Student Credit Card Protection Act. This bill seeks to address a growing problem among college students in the United States: devastating credit card debt.

Nellie Mae's Student Credit Card Usage Analysis in 2005 found that the outstanding balance for the average college student was \$2,169. Final year students carried an average balance of \$2,864 while freshmen carry an average balance of \$1,585. Additionally, as students progress through school, credit card usage swells. Ninety-one percent of final year students have a credit card compared to 42% of freshmen. The study also found that the average American college student is graduating with more than 4 credit cards to their name.

College freshmen are typically offered eight credit cards during their first semester. Semester after semester, students open their mail boxes to find envelopes notifying them that they are pre-approved for credit cards with a \$500 limit and no annual fee. When they check their e-mail, there are more credit card offers. When they answer the phone in their dorm room, there are even more offers.

Credit card companies pay college students generously to stand outside dining halls, dorms, and academic buildings and encourage their peers to apply for credit cards. With each completed application, the student applicant receives free gifts—from t-shirts to indoor basketball hoops—and the credit card company receives another interest-paying customer.

I have heard horror stories from my district about college students overwhelmed by credit card debt. One third-year college student had amassed a whopping \$14,000 of debt. The question that cries out for an answer is: why

are we making it so easy for our young people to amass such outrageous amounts of debt?

With interest rates climbing, fees increasing, and the number of credit card holders going up every day, credit card companies should not be allowed to expand their unfair, predatory business practices by exploiting our Nation's future. College students are often inexperienced consumers who can get sucked into unfair credit card deals or simply get in over their heads with the numerous underlying and unknown fees. Many simply sign up for a credit card without any knowledge of the interest rate, fees, and penalties that come along with their card. We must address these unfair lending practices and fees to help American college students avoid enormous financial burdens from which, as adults, they may never recover.

College graduation should be a time of excitement and new beginnings; a time when students can watch the skills they have learned in college manifest into successful careers and happy lives. But instead of seeing endless possibilities, too many students are burdened with endless debt. Studies now show that the likelihood of homeownership decreases as student debt increases. It is heart-breaking to me to think that recent graduates could jeopardize their future because we have allowed creditors to lend them sums of money they have no hope of paying back.

That is why I, along with Congressman DUNCAN, my friend from Tennessee, have re-introduced the College Student Credit Card Protection Act. The bill will take important steps toward reducing credit card debts to college students by requiring credit card companies to determine whether a student applicant has the financial means to pay off a credit card balance before they are approved. It would restrict the credit limit to minimum balances if the student has no independent income, and require parental approval for credit limit increases in the event that a parent cosigns the account.

It is time for credit card companies to be responsible lenders. For the sake of our college students and their futures, it is critical that we pass legislation that prevents credit card companies from plunging young men and women into debt.

Madam Speaker, I thank you for the opportunity to address this critical issue facing college students nation-wide, and I urge the House to consider and pass this bill quickly.

INTRODUCTION OF TREAT
PHYSICIANS FAIRLY ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. PAUL. Madam Speaker, I rise today to introduce the Treat Physicians Fairly Act, legislation providing tax credits to physicians to compensate for the costs of providing uncompensated care. This legislation helps compensate medical professionals for the costs imposed on them by Federal laws forcing doctors to provide uncompensated medical care. The legislation also provides a tax deduction for hospitals that incur costs related to providing uncompensated care.

Under the Emergency Medical Treatment and Active Labor Act (EMTALA) physicians who work in emergency rooms are required to provide care, regardless of a person's ability to pay, to anyone who comes into an emergency room. Hospitals are also required by law to bear the full costs of providing free care to anyone who seeks emergency care. Thus, EMTALA forces medical professionals and hospitals to bear the entire cost of caring for the indigent. According to the June 2/9, 2003 edition of AM News, emergency physicians lose an average of \$138,000 in revenue per year because of EMTALA. EMTALA also forces physicians and hospitals to follow costly rules and regulations. Physicians can be fined \$50,000 for technical EMTALA violations.

The professional skills with which one earns a living are property. Therefore, the clear language of the Takings Clause of the Fifth Amendment prevents Congress from mandating that physicians and hospitals bear the entire costs of providing health care to any group.

Ironically, the perceived need to force doctors to provide medical care is itself the result of prior government interventions into the health care market. When I began practicing medicine, it was common for doctors to provide uncompensated care as a matter of charity. However, laws and regulations inflating the cost of medical services and imposing unreasonable liability standards on medical professionals even when they were acting in a volunteer capacity made offering free care cost prohibitive. At the same time, the increasing health care costs associated with the government-facilitated overreliance on third party payments priced more and more people out of the health care market. Thus, the government responded to problems created by its interventions by imposing the EMTALA mandate on physicians, in effect making health care professionals scapegoats for the harmful consequences of government health care policies.

EMTALA could actually decrease the care available for low-income Americans at emergency rooms. This is because EMTALA discourages physicians from offering any emergency care. Many physicians in my district have told me that they are considering curtailing their practices, in part because of the costs associated with the EMTALA mandates. Many other physicians are even counseling younger people against entering the medical profession because of the way the Federal Government treats medical professionals. The tax credits created in the Treat Physicians Fairly Act will help mitigate some of the burden government policies place on physicians.

The Treat Physicians Fairly Act does not remove any of EMTALA's mandates; it simply provides that physicians can receive a tax credit for the costs of providing uncompensated care. This is a small step toward restoring fairness to physicians. Furthermore, by providing some compensation in the form of tax credits, the Treat Physicians Fairly Act helps remove the disincentives to remaining active in the medical profession built into the current EMTALA law. I hope my colleagues will take the first step toward removing the unconstitutional burden of providing uncompensated care by cosponsoring the Treat Physicians Fairly Act.