

HHS appropriations bill, \$680 billion, almost \$700 billion spent by this country every year by Medicaid and Medicare. Add to that the money spent in the veterans health service and add to that the money spent in the Indian health service and add to that the money spent in the Federal prison system, and you come pretty close to 50 cents out of every health care dollar that is spent in this country has its origin here on the floor of this Congress. So that is a pretty big chunk that comes from the Federal Government already.

The other half is not entirely private insurance, but certainly there is a large portion accounted by private or commercial insurance in this country. A portion, a portion is paid for by the patient out of their pocket.

I would include the growing number of people who are covered by health savings accounts in this group. Health savings accounts being a high-deductible insurance policy where a person is able to accumulate dollars, pre-tax dollars in a savings account dedicated to their health care. Those dollars are owned by the individual. They are dollars that would, if something happened to the individual, they would stay in the family. They don't go back to the Federal Government like Social Security. These are dollars that would stay around and be there to help your family. They would be there to help someone when they transition into the Medicare system.

Mr. Speaker, I had a medical savings account back in the 1990s when I was in the private practice of medicine back in Texas. I thought it was a great thing, not so much because of the money I was accumulating in this medical IRA. I thought it was a great thing because that was the time when HMOs were making big inroads into our medical practice in north Texas, and I liked the idea of being in charge of my health care decisions because I owned my own health insurance policy. As an individual policy, I felt I had much more power over what decisions were made for my health care and my family's health care.

So the whole concept of ownership, owning that medical IRA and being allowed to accumulate those savings to offset future medical expenses, that is a fundamental desire of many Americans. And I think that is a desire that should be encouraged and embellished. Why not be able to accumulate a few dollars dedicated toward your future health care needs? That is a pretty powerful tool to put into people's hands.

Again, for me the issue was being able to be in charge of my own health care, that individual freedom that comes with increased sovereignty. That was critical for me when I went out and looked for a medical savings account when they were first offered back in 1996 or 1997.

Certainly, Mr. Speaker, whenever we talk about accountability within the

health care system, independence of the patient, the patient as an independent agent is something that must be preserved. That preservation of autonomy for the patient or the patient's designee if a medical power of attorney is exercised, but that is who should be responsible for the care, to be able to accept care, to be able to decline care if a particular medical intervention is either sought or someone wishes to not participate in the medical intervention that is offered. That is a fundamental right that we really should not take away from people.

Advancements within the system. Again, the science of our medicine here in the United States is superior to that anywhere else in the world. You might say that our system of allocation or delivery system needs work, but no one can argue about the science that is present in the medical system in this country.

So, high standards. We want to keep those high standards. The underpinnings of the American medical system has always been that we have high standards and we enforce standards of excellence, and nothing in the future should change that or undermine that. In fact, pathways to facilitate future growth in excellence should be encouraged.

When you talk about expanding the role of the Federal Government in health care, you look at some other places where the Federal Government has a really big footprint, like our Social Security system, or the IRS. Are those systems administered with the highest standard? Or is it lowest common denominator? That is certainly a question worth asking before we increase that segment that is taken over by the Federal Government.

As far as innovative approaches, American medicine has always been characterized by embracing innovation, developing new technologies and treatments. The transformational times we have had in medicine in the last century, development of anesthesia and blood banking in the 1910-1920 time frame, development of large-scale production of antibiotics and anti-inflammatory agents in the 1940s, the development of antipsychotic and antidepressant medications in the 1960s, development of newer hypertensive agents in the 1960s, the beginning of the development of medicines or the recognition that elevated cholesterol levels could lead to disease, and the beginning of medicines that would begin to impact that in the 1960s, all of those transformational events. And during those same times, in the 1910 to 1920 time frame, you had a congressional investigation or commission to investigate the vast discrepancy between curricula in medical schools in one part of the country versus another, and the standardization of medical school curricula which was so critical for establishing that knowledge base of science that was going to carry us forward through the last century.

In the 1940s, you are the introduction of employer-based insurance because of a reaction to wage and price controls that were in existence in the 1940s. And finally in the 1960s, you had the intersection of Medicare and Medicaid, for the first time the Federal Government having a big footprint in paying for health care.

So all of those transformational times were where the science changed rapidly and the public policy changed rapidly. I think we are on the cusp of such a time right now. Things are going to be changing in the realm of the whole arena of personalized medicine. The threshold of that stretches just before us.

The whole concept of far earlier prevention than anyone has thought possible. We have all heard that an ounce of prevention is worth a pound of cure. Well, we are going to get to use those ounces of prevention because of the studies and work that has gone on with studying the human genome and the whole phenomenon of genomic medicine. We are going to be able to get that ounce of prevention administered so much earlier. So we will get the equity from that pound of cure in so many ways that really we can't even fathom them at this point.

What is critical is that this Congress not get caught up in the transactional, not always get caught up in the insurance and the Medicaid and the Medicare. Don't be so caught up in the transactional that you block the transformational because that is the real tragedy. That is the real difficulty. That is the real danger to the generations for a decade from now, two decades from now, three decades from now.

That is why this Congress needs to be so focused on this issue. That is why all of us on both sides of the aisle need to make ourselves students of health care policy. We need to find out as much as we possibly can about it. We need to come to this floor every day and every night prepared to debate this on the merits and science. Leave the politics on the side. This is one of those issues that is too important to leave to politics.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SESSIONS (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. WELLER of Illinois (at the request of Mr. BOEHNER) for today and the balance of the week on account of a death in the family.

SPECIAL ORDERS GRANTED

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

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