

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF S. 181, LILLY LEDBETTER FAIR PAY ACT OF 2009

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-5) on the resolution (H. Res. 87) providing for consideration of the Senate bill (S. 181) to amend title VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act of 1967, and to modify the operation of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, to clarify that a discriminatory compensation decision or other practice that is unlawful under such Acts occurs each time compensation is paid pursuant to the discriminatory compensation decision or other practice, and for other purposes, which was referred to the House Calendar and ordered to be printed.

□ 2045

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1, AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-6) on the resolution (H. Res. 88) providing for consideration of the bill (H.R. 1) making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE

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

Mr. BURGESS. Mr. Speaker, I thought I would come to the House floor and talk a little bit about health care, because for better or for worse, this Congress is likely to be remembered for some time as the Congress that did tackle health care. And the question that's on everyone's mind is will we help or will we make things worse?

Now, 2 weeks ago Congress was sworn in for the 111th Congress, we took to the floor of the House and we passed, under what is called suspension of the rules, we passed an expansion of the State Children's Health Insurance Program. Now, passing under a suspension of the rules is a special case—usually that's reserved for noncontroversial items—but anyone who followed the activities of the 110th Congress knows that this bill was far from noncontroversial. In fact, it had several provisions that created a good deal of

controversy in the fall of 2007 and on into the spring of 2008.

But we passed the bill under suspension of the rules because the Democratic leadership told us we didn't need to debate the bill any more because we had worked on it in the Congress before. But a lot of things were different in this bill, things we hadn't talked about in previous Congresses.

And, in fact, there are 54 new Members of Congress, that means that greater than 12 percent of the Congress is new this year. That means that between 30 and 40 million Americans did not have representation in Congress when that bill was discussed in the 110th Congress, and their representatives were effectively cut out of the process.

But when it comes to constructing a health care plan for America's children, I think it's important for us to do it right. Remember that the State Children's Health Insurance Program was started in 1997 by a then Republican Congress, it was authorized for 10 years. Everyone who was sworn in the last Congress knew that prior to September 30 of 2007 we would have to reauthorize the bill.

What did we do? We waited till the last minute, had a big fight, had to extend it. The President vetoed it, it came back, the veto was sustained, fought some more. Sent it back down to the President, he vetoed it, sent it back, the veto was again sustained. And then we reauthorized the continuation of the State Children's Health Insurance Program for 18 months, bringing us to the end of March of this year. So, to their credit, the majority leadership, the Democratic leadership of the House did not wait till the last minute as they did 2 years ago, but they tackled it the first week of the session but, again, tackled it in an odd way. We didn't have a single hearing.

We didn't have what's called a markup in either subcommittee or full committee on the Committee of Energy and Commerce or the Committee on Ways and Means. A markup is where you go through a draft of the bill and see if there are any improvements that either side can make. We went through a 12½ hour markup last Thursday night on this so-called stimulus bill.

I am not sure we got a great amount of work done in that 12½ hours but, nevertheless, the minority and the majority, members on the committee who sit way down on the front who lack seniority were able to have their voices heard as this legislation worked its way through the committee, but not so with the State Children's Health Insurance Program. So I guess the question I would have, and this is my fourth term, perhaps I should be getting used to such things at this point, but I still find them odd.

If the Members on the Democratic side are so confident in their ability to legislate and so confident on the merits of their legislation, why seek to stifle the opposition? What are you afraid of?

Bring the bill to committee. Let's have a hearing or two, let's have a markup. Let's bring it to the Rules Committee, let's bring it to the floor like we do with bills all the time.

What is the reason to hide behind a suspension of the rules of this very, very important legislation. And, again, I would stress, 54 Members of Congress here in the 111th Congress were not present in the last Congress. So it's all well and good to say, oh, it's old stuff, we have debated it before, we have worked it out before, it's just a rehash of something that has gone on previously. Even if that were true, and it's not, but even if it were true, Mr. Speaker, those 54 new Members didn't have an opportunity to weigh in one way or the other, and they may have had some good ideas.

That's why we have elections every 2 years. That's why there is turnover in this Congress, because new Americans sign up to offer themselves in service of their country. They go through the rigors of an election, they are elected. They come to this Congress, they are full of good ideas, why turn them out?

Why say "no," what you are bringing to this Congress is unimportant because we talked about it last year. We talked about it the year before. You couldn't possibly have anything to add to this near-perfect bill that was vetoed twice by the previous President.

Well, lack of input into the bill has led to a number of problems in the current bill. The bill was passed by the House. It has gone over to the Senate. The Senate is taking it under consideration at some point. We will likely get it back, whether it's an identical bill to what we sent over there, or whether it will have to come back to a conference committee remains to be seen. But, nevertheless, the bill has gone from the House over to the Senate and awaits its fate over in the Senate.

One of the things that was most disappointing about this legislation, remember that this is the State Children's Health Insurance Program to enroll children of families who earn at or below 200 percent of the Federal poverty level. In round numbers, that's about families of four who earn around \$41,000 to \$42,000 a year. So those are the families, the children of those families are the ones that would be eligible for coverage.

But there are a number of children in those families that are eligible for coverage that are not covered, about 800,000. And wouldn't it be reasonable to take the steps to cover those children first before we expand coverage to children in higher income brackets. Many of us thought so 2 years ago, a year ago. Many of us still feel that way today, but this was a concept that was not allowed to be debated on the floor of the House.

Oddly, and I don't know that I have ever seen legislation quite crafted in this way, we picked the ending numbers, and then we weren't going to build the legislation around it. This

bill had to cover 10 million children, we heard it several times from the Speaker of the House on the various Sunday shows, she wanted 10 million children covered under this bill, and she wanted to spend \$35 billion.

Regardless, instead of the policy informing the numbers, the numbers dictated the policy in this case. The problem is, under their own Congressional Budget Office estimate, the only way to get to 10 million children to be covered under the State Children's Health Insurance Program was to displace 2 million children off of private coverage and put them on to State programs. You might wonder, well, what's the problem with that, one insurance is just as good as the next.

But talk to your pediatrician in practice in your town. I don't mean your academic pediatrician at the medical center, at the big medical school in the big metropolitan area, I mean your pediatrician on the street corner, your pediatrician who works in your community. Find out if the State Children's Health Insurance Program reimburses at the same rate as, oh, I don't know, Mr. Speaker, Cigna, Aetna, United, regardless of the private insurance company, may differ some from community to community.

But I know in my home State of Texas numbers are vastly different. The State Children's Health Insurance Program reimburses at about a 50 cents on the dollar rate compared to private health insurance.

That's a significant change for the practicing pediatrician, because pediatricians, after all, function very close to the margin every month. They don't have a lot of excess in their cash flow every month.

So the effect of displacing 2 million children and essentially cutting the reimbursement rates for 2 million children is, in fact, one big significance, to say nothing of the fact that now the child is on a different insurance than the parent, and that creates some difficulties with just getting care when the time comes to get care.

Now, the other thing this bill did, which I am really questioning whether it was a good idea, it weakened the requirements to verify citizenship. There is a concept known as "at a station," that is simply a test for citizenship rather than having to show proof of citizenship, like some type of identification card. So if someone comes into the office where you would enroll in this program and simply say, "I am a U.S. citizen," that is going to be, under the new Democratic bill, that is going to be proof positive that that person is, indeed, eligible to sign up for the insurance.

Now, many Americans, tax-paying Americans—and I know the Secretary of the Treasury doesn't pay taxes—but many Americans do pay taxes, and it's of concern to them. The tax-paying Americans are now going to be paying the freight for people where we are not even sure if they are in this country leg-

ally. If that's what we want to do, we at least need to be honest with the American people and tell them that, say we are not really even going to check as to whether or not these individuals are citizens as they sign up.

And it may be for the best of intentions, we want to be kind to their children, we want to provide them with health insurance. After all, it's cheaper to provide health insurance at the front end than high-dollar care at the far end, but we need at least to be honest with the American people and tell them that's what we have done. But I don't know that that information has actually made it out into middle America. I rather suspect that some people will be upset with that information when they find that out. But the bottom line is, as the bill stands, as it left the House of Representatives, the government will end up covering children that may or may not be United States' citizens.

Another problem with the bill, as written, is the funding is not provided by any sort of stable funding source. Regardless of how you feel about taxes on cigarettes, or so-called sin taxes, excise taxes, regardless of how you feel about that, what happens as a practical matter when you fund a bill like this with a sin tax, with a tax on tobacco.

If you are successful, you drive down smoking rates, which arguably is a good thing, but if you are successful, you reduce the funding available to fund the program, and that would be a bad thing. And this discrepancy is not reconciled within the bill that we passed in the House and sent to the Senate. You have a real problem with the stable funding source, because this funding source, in this bill that we passed out of the floor of the House, funds the bill for 4½ years on a 5-year authorization.

So that means after 4½ years everybody falls off a cliff because there is no more money. What happens then is anyone's guess. I suspect, as Congress always does, it will find someplace else to gather the money, but that means we do take it from some other source.

A twist that actually borders on the bizarre, you wonder what it was even doing in the bill. The State Children's Health Insurance Program bill, as passed the House of Representatives 2 weeks ago, prohibits building physician-owned hospitals or expanding existing physician-owned facilities. Let me just say that again, because it is so incredibly, incredibly bizarre, the bill prohibits building physician-owned hospitals or expanding existing physician-owned facilities.

Now, where else, where else, what other government in the world would prohibit someone from a lawful business practice simply because of the type of professional degree that they have? You go to medical school, you can't build a hospital. What an odd bizarre twist, and what an odd thing to put this in a bill for funding State children's health insurance.

So, State children's health insurance, a good cause. I supported the original concept of SCHIP, I supported the original reauthorization, the 18-month extension we did in December of 2007. I would have supported a reasonable reauthorization in this Congress, but this was anything but reasonable. It was a badly written bill. It badly needed to be improved, and, again, it just begs the question, are we going to be helpful or are we going to foul things up in this Congress, particularly when it comes to health care.

Now, I already alluded to the so-called stimulus bill that came through the House Energy and Commerce Committee last Thursday. We debated the bill. We marked up the bill for a 12½ hour session. It wasn't just health care. We had a lot of stuff thrown in that day. We had energy, we had all kinds of things that were heaped into that bill, but we did debate health care.

Oddly enough, the health care part of that debate, you heard Mr. KUCINICH talk for an hour earlier, he thought that was a pretty important part of the stimulus bill. So, oddly a very important part of the stimulus bill was left right until the very end, and then our time was severely curtailed. We were allowed to talk for 2 minutes instead of the normal 5 on any amendment that we had to this bill.

One of the amendments was proposed by Mr. WHITFIELD of Kentucky. You know, we have a problem in Medicare. Every year we come in and we say, well, you haven't got quite enough money, so we are going to cut doctor reimbursement rates just a little bit this year and a little bit next year, and over time you begin to talk about real money.

□ 2100

So we are facing a reduction in physician reimbursement rates in December of 2009, 11 months from now, and that reduction of reimbursement is going to be 20 percent. Well, what is the practical effect of that? It makes it harder for people to find a doctor who takes Medicare. Mr. WHITFIELD's district is in Kentucky. This has been a particular problem for him. And he had an insightful amendment to try to correct this problem.

Now, you look at the stimulus bill as drawn. We don't have to justify paying for anything in the stimulus bill. It's all money that just comes from somewhere. One of the headlines in one of the magazines up here a few weeks ago was, "It's raining money." Well, if it's raining money and we perennially have a hard time finding the funds to do away with this physician reimbursement nick that we put in every year, why not just repeal that part of the Medicare law? Why not repeal the so-called sustainable growth rate formula just outright. Since cost is no object, it doesn't matter how much money we spend, there is no upper limit. Truth be told, this isn't really money anyway. It's already been reimbursed to the doctors.

But, because of a funny budget gimmick in the Medicare law, we have got to go back for well over a decade, well back to the early nineties, every year, and capture all the savings we should have gotten had we enforced this every year, and tack that on to the end.

So they are not real dollars. They have already been dispensed. In fact, if we were a private company and did this, we'd look just like—well, I won't go into it. But we'd probably have an ankle bracelet if we did this in the real world.

But, nevertheless, we had an opportunity in amending this bill to repeal the sustainable growth rate formula outright, since money is no object, we've got all kinds of money to spend, and the amendment was defeated. Every Democrat in committee that evening voted against repealing the sustainable growth rate formula. No hesitation; no, Can I ask you one more question about that? It was simply a straight "no" to the amendment.

Well, suffice it to say, I was pretty disappointed by that, but undaunted. I thought, Well, maybe, maybe we could offer an amendment—and, in fact, this was an amendment offered by Mr. DINGELL during the Deficit Reduction Act a few years ago. This would have stopped the cuts in the sustainable growth rate formula for 2 years. Not a great heavy lift. Again, we've got plenty of money in this bill. It seems like money is no object because we can buy grass for the Mall. All kinds of things are in this bill. Why not pay for a 2-year moratorium and at least give our physician community a little bit of stability in planning their businesses?

Again, turned down. Every Democrat in committee voted against that amendment. Oddly enough, every Democrat had voted for that amendment when their ranking member, Mr. DINGELL—when they were in the minority when that amendment was proposed by Mr. DINGELL.

Well, we also had some information technology contained within that stimulus bill. Again, you heard Mr. KUCINICH talk about it. Information technology is going to deliver untold promise to the practice of medicine. There will be no problem with money in future because of the benefit brought by information technology. In fact, we are going to give our doctors a bonus for implementing information technology. It's not a big bonus, but it's a bonus nevertheless. This bonus is going to go into effect in 2011.

Wait a minute. It's a stimulus bill. It's 2009. So I offered an amendment to accelerate those bonus payments. Let's start paying them in June of this year, rather than waiting until 2011. Almost everyone in this body hopes that the recession will be done by 2011. So that bonus will have no positive effect on the recession. Let's go ahead and provide that money to the physicians now. Again, that amendment was defeated. Every Democrat in the committee room voted "no."

Mr. BARTON, the ranking member of the committee, also offered one more chance to allow doctors to own hospitals and surgery centers. Again, that amendment was turned down. Every, every Democrat voted "no" on that bill.

Now there are a lot of things we can talk about in health care, and I see I have been joined by some of my friends. Just three quick things I want to mention when we talk about going forward and what perhaps we'd like to see in any sort of health care legislation that is crafted.

There's no question that the way the current tax code is drawn, it does discriminate against individuals who want to own their own insurance. It does load the system to those who earn at the upper end of the income scale. So at some point someone is going to have to look at that inequity and see if there's not a better way to approach it.

But, in the meantime, just keeping it very, very simple, why not allow someone who purchases their own health insurance, why not allow that to be deductible from their income tax? If they are working and they want to purchase their own insurance policy but they don't really make enough money to pay much income tax, provide them a tax credit. Give them a little help.

That is the people that Mr. KUCINICH was talking about. The working poor. Sure enough, let's give them a little bit of help. If we wanted to go one step further and help those who were without health insurance, why not provide—called it a voucher, call it a tax credit, a refundable credit, advanceable tax credit, call it what you will—but why not perhaps incorporate that into the tax code.

These are three relatively simple things we could do tomorrow and vastly have a significant effect on the ability of individuals to have health insurance in this country.

We are going to hear a lot of discussion over, I suspect, over the next months and even years on the whole issue of are we going to have to mandate coverage or do we have some other way to get people the coverage they need without requiring a mandate?

Now some people may recall we faced that same dilemma in the Medicare Part D. In Medicare Part D, many people wanted a mandate you're going to have to buy this prescription drug coverage on Medicare. Dr. Mark McClellan, who was the head of CMS at the time, and Secretary Mike Levitt over at Health and Human Services decided they were going to take a different track, and I am so grateful that they did. They said, We are going to create programs that people actually want rather than forcing them into a program that may be of limited utility for them. So they did.

They spent a great deal of time crafting programs that would actually help people. They had six protected classes of drugs. There had to be at least two options in each protected

class of drugs. Now I have been so far removed, I don't remember them off the top of my head. But it was a brilliant strategy.

As a consequence, as a consequence, the signup for Medicare Part D, the percentage of seniors who now have some type of credible coverage for prescription drugs is in excess of 90 percent and, more importantly, the satisfaction rate is in excess of 90 percent, and perhaps most importantly is it didn't cost nearly what the projections said it would cost initially.

The initial premiums for part D were set by the Center for Medicare and Medicaid services at nearly \$39 per member per month. The actual cost has come in somewhere between \$22 and \$24. It's gone down a little bit in subsequent years, but a significant decrease over what was projected by both the Congressional Budget Office, CMS, and even the Office of Management and the Budget down at the White House.

So a much more reasonable way to approach things rather than telling people what they must do, and that is always hard in a free society. Always hard. My home State of Texas has an individual mandate for automobile insurance. But not everybody signs up for it. In fact, the city of Dallas just started a program where if you're stopped for whatever, taillight busted or ran a red light, and you don't have car insurance, your car is towed. See you later. You're on the street. Find another way to get home.

Well, we really can't do that in health insurance, but that just underscores the difficulty that you have with enforcing a mandate. But, creating programs that people want—remember, over 90 percent of seniors now have credible prescription drug coverage because someone took the pains to find out what people wanted. Find a way to make it cost effective and find a way to make it available to them.

I would stress for both sides of the aisle, when we talk about health care in this Congress, do remember, it's more about cost than coverage. This is about caring for people. Medicine, and I can say this because I spent a lifetime practicing medicine, it is both an art and a science. It's constantly evolving and transforming. We are on the cusp of one of the most transformational times that has been seen in medicine, ever. The human genome has been sequenced. We can know more about people before it happens to them than at any time for any group of healers that never had that kind of power in their hand in the past.

Dr. Elias Zerhouni recently left as the Director of the National Institute Of Health. And he used to talk about medicine. Because of the discoveries of the human genome, medicine is going to become a great deal more personalized. Well, that's a good thing, personalized medicine. We'd all like to see that.

Medicine more personalized, it's going to become more predictive. Because it's more predictive, that leads

to more prediction. But part of the key is going to have to be a lot more participatory. You cannot be a passive actor in tomorrow's health care environment and expect to get the rewards that it is capable of delivering.

But how ironic. As we stand upon in this transformational time in medicine, what is the one thing, what is the one thing that could divert from this path? It's the United States House of Representatives.

We are inherently transactional, not transformational. We take from one group and we give to the next. And we have the power within our hands to derail the transformation that is, even today, taking place in medicine.

For all of the faults of American medicine, for all of the faults of private insurers—and Mr. KUCINICH detailed them in laborious detail—for all of those faults, things are beginning to move in a positive direction.

Information technology, health insurance technology. Do we really need the government to write the code for medical information technology? Wouldn't we be better to just simply set some parameters and get out of the way and let the people who know what they are doing actually do that?

No. We are going to try to write every jot and piddle of the code so that we control it from start to finish. But the reality is across the country, and I know this because I have spent the last 6 months going across the country, people are incorporating electronic medical records into their individual physician practices, into their larger hospitals, into their health maintenance organizations, into their insurance regimes. It's happening already.

Part of the challenge for us is to make sure that all those part interconnect properly and there is proper communication, proper transparency, so the patient who goes to one large multispecialty clinic in the Midwest and transfers to another large multispecialty clinic in the gentleman from Ohio's hometown, that those two clinics, the record from those two clinics can talk to each other.

But that is just a technical problem. That can be solved. And it doesn't require the United States Congress writing the computer code in order to make that happen. In fact, if we'd relax a little bit on our regulatory laws, the so-called Stark laws that were written back in 1981. It's the 21st century, for crying out loud. That's nearly 30 years ago. And we are still putting the same constraints on medical practices today that they were back in 1981.

If we define privacy once and for all, tell people what we mean by privacy, and then not change our minds every 3 months, maybe they could get this done. But there is a transformational change taking place. And you can see it in the insurance companies, the physician practices, hospitals and clinics, Federally-qualified health centers across the land. And the only thing that can stop this evolution in health

care is the United States Congress. So that is kind of a daunting possibility.

When we hear people talk from the floor of this body about all the wonderful and great things that they want to do with health care, we do always need to remember that we have it within our power to allow that transformation to blossom or stop it dead in its tracks.

Now I have been joined by some of my colleagues, and I think we still have about half the time left, so I will yield as much time as he may consume to the gentleman from Georgia, Dr. GINGREY, the other Dr. PHIL.

Mr. GINGREY of Georgia. I might say the real Dr. PHIL, as a matter of fact. I am certainly pleased tonight to join my colleague, my colleague that I have just joined on the Energy and Commerce Committee in this 111th Congress, and I am proud to have the opportunity to do that, to really have a seat at the table of one of the two main committees of the House that deal with health care, deal with all of Medicare and Medicaid and SCHIP, many of the things that the gentleman from Texas, Dr. BURGESS, Mr. Speaker, had been speaking about during the initial part of this hour.

These are very important things, as he talked about the recent passage of the expanded reauthorization of the SCHIP program, the State Children's Health Insurance Program, what I am referencing, and brought out the fact that there were so many things in that reauthorization and expansion over the next 4½ years that caused Dr. BURGESS and myself and many of my colleagues on this side of the aisle to vote "no" on something that, quite honestly, we really had hoped to be able to vote "yes" because this idea that was originated back in 1997 for this legislation to help families who are not poor enough to be eligible for Medicaid.

□ 2115

And that is at 100 percent of the Federal poverty level, about \$22,000, \$23,000 a year for a family of four. They are not below that level of income, but yet not making enough money to really be able to afford to provide health insurance for their children.

So that is what the original SCHIP bill was all about it. It was authorized for 10 years; it was a \$40 billion bill, as I recall, and it would cover those children whose family income was above 100,000 but under 200,000. So you are talking about \$44,000, \$45,000 a year for a family of four. And, clearly, providing health insurance on that kind of income is a strain, is a struggle, and of course many of those youngsters were not insured.

So the program was good; and of course it expired. It was time for reauthorization. Former President Bush realized that more money needed to be appropriated for this program. There were a significant number of children, maybe as many as 2 million or 3 million, that were not being covered who were in that income category, their

family income, between 100 and 200 percent of the Federal poverty level. And I certainly was in favor of a 25 percent, 30 percent, maybe even a 40 percent expansion of the program to make sure that we reached as close as possible to a 100 percent saturation level, Mr. Speaker, and my colleagues, for those children. I think everyone on both sides of the aisle would agree that that clearly needs to be done. But, unfortunately, for some reason the Democratic majority wanted to expand this program. When you extrapolate from the 4½ year amount of expenditure to a 10-year program, it would be a 100 percent increase in the amount of funding.

The thing about it is that there are things in the bill that allowed the abuses that existed to continue and even worsening that situation. And I want, Mr. Speaker, to mention a couple of those, because I think it is very important for people to understand why a physician member of this body, indeed two right here on the floor this evening, who delivered babies as a profession, brought little children into the world, would vote against this program. And here are some of the reasons:

One of the changes in the reauthorization said that no longer would an immigrant have to have a 5-year waiting period before they would become eligible. Well, indeed, our immigration laws have been on the books for a long time. They get changed periodically. But in the last significant change of immigration law, it basically said: We don't want to have a magnet here in this country and to say to everybody across the world, come one, come all, to come to this country and get on the government dole, the freebies. No, that is not the reason we want immigrants to come to the country. We want them to come, to assimilate into our society, to contribute to our society, to, yes, enjoy the American dream. But that provision says that as a legal person comes into this country, they have to have a sponsor. They have to have someone who is willing to say that that won't happen, that they will not become a ward of the state, certainly not within 5 years. So this reauthorization says: Oh, no, we are going to do away with that. States don't have to abide by that anymore. They can spend SCHIP money on someone that has been here 6 months.

Even worse than that, Mr. Speaker, is the provision in regard to illegals. It says specifically in the language of the bill that no illegal immigrant is eligible; but yet, then it goes on to say that the verification system for an immigrant, whether or not they are here legally, is so watered down that it is almost like a wink and a nod to say, "Come on, it is okay. All you have to do is give a nine-digit number for your Social Security number. You don't have to show a Social Security card, but you have to give a number. Yeah, that is nine digits; you are eligible."

These kind of things were bad enough, but I want to point out something else, Mr. Speaker, and that is a little game that some States I think 13 or 14, and my colleagues are aware of this, a little game that some States have been using to disregard, to actually disregard blocks of income, to say, "Oh, you are making 350 percent of the Federal poverty level. So you wouldn't normally be eligible, but we are just going to simply not count that money that your parents have earned above 200 percent. We are not going to count that. We are just going to simply disregard it." And they are getting away with that. And so in some States there are indeed, and it will continue, that children of families making up to 350 percent of the Federal poverty level, I think we are talking now about \$80,000 a year for a family of four, where they can indeed afford to pay for private health insurance for their children, and they are insured in many instances. So naturally, if they get an opportunity like this, a once-in-a-lifetime opportunity to drop that private coverage and get on the freebie government trough, who wouldn't? Well, I wouldn't. But a lot of people would and a lot of people did and do.

So I had an amendment, a very straightforward amendment that said we are going to end the shenanigans of income disregard both for the Medicaid program and for the SCHIP program.

Why would I want to do that, Mr. Speaker? I would want to do it so that those children who truly have the need, for whom the program was designed, for whom we are willing to spend taxpayer money, that they get coverage, and it doesn't go to the upper middle income who clearly don't need it.

So there are a lot of little things that I could go on, on that, but I know that we have got others who want to speak tonight on health care and I want to make sure there is plenty of time for others. And hopefully during the hour, time permitting, I would like to come back to some of the other issues that Dr. BURGESS was talking about, Mr. Speaker, in regard to this economic stimulus package that we are about to vote on tomorrow and why I think that it is not going to work. I wish it would work. I hope and pray that it does work. But I have grave misgivings about it, and I would like to have an opportunity later on in the hour to discuss that further, as I know that my colleagues will, also.

Mr. BURGESS. I thank the gentleman. We will probably go for about another 7 or 8 minutes on health care, and then I am going to yield the balance of the time to Judge LOUIE GOHMERT from Texas, who wants to talk about some other things related to the economy and perhaps some issues related to the confirmation of the Secretary of the Treasury today.

One of the things that when we talk about health care in the broad perspective, and it comes up periodically, is some of the difficulties encountered in

our system because of the onerous burden placed by our medical justice system, cost of medical liability insurance. I just bring that up to point out how, in my home State of Texas recently was passed a bill that placed limits on noneconomic damages, and we have seen a dramatic reduction in premiums for liability insurance. Last Congress, I offered a bill that would incorporate the Texas plan countrywide, to coin a phrase. That bill did attract significant cosponsors, and I will be introducing that bill again.

We hear other proposals for lightening the load of medical liability. Certainly some people like medical courts. Certainly that should be worth some scrutiny and study by our committee. I hear other people talk about early offer, and in fact several years ago we heard testimony in our committee how a concept like early offer and arbitration might work and might lighten the load.

But here is a different concept that I would like my colleagues to consider that maybe is a little bit of out-of-the-box thinking; and let me give credit to the ranking member on our health subcommittee, NATHAN DEAL, because this idea largely originated with him. But we have a very large Medicare system in this country paying \$300 million, \$400 million a year in health care for the Nation's seniors. Now, this is not a State program, it is a Federal program, so it is administered equally across the land.

Since it is a broad Federal program, what if we had some requirements to be met, to be sure. But if a physician fulfilled those requirements as set out, that we would allow that individual to have their liability coverage under the Federal Tort Claims Act as we would in a federally qualified health center.

Now, some of the parameters that we might ask for in return would be certainly full deployment of health information technology, electronic medical records in that physician's or hospital's practice record. That seems pretty straightforward. There was a demonstration project done at the Center for Medicare and Medicaid Services that is now 2 years into the study looking at some of the things that is called the Physician Group Practice Demonstration Project. It is looking at some things like medical homes care coordination, and they have come up with some interesting data.

For example, a patient who is admitted into the hospital with congestive heart failure, if that patient is given a slip with an appointment within 5 days back to their primary care doctor, their risk of readmission is very low. If they do not have such an arrangement made, their risk of readmission goes up significantly. What do you think the cost of that readmission looks like? It is pretty steep, much more than the original admission. So a very simple, simple task to undertake to ensure that everyone who leaves the hospital after this diagnosis for uncompensated

congestive heart failure has a 5-day follow-up in their family physician or primary internal medicine doctor's office to ensure that they are complying with their medications, that they are indeed on the path to recovery that everyone thought they were on when they left the hospital.

Other things, like during that "welcome to Medicare" physical, even just a brief episode of patient education about things like advanced directives, not to require the patient to sign up for an advanced directive, but just to make them available so that when heart decisions come up later on in life, that they have at least already been approached; because, as we all know, some of the most expensive care is that care that we pay for in the last 2 weeks of life, and oftentimes that is care that really has no hope of delivering a good result and may in fact even be deleterious. So worthwhile to have these discussions at the front end. And, they might save some money, but more importantly, it might be a better way of taking care of people. Remember, I alluded to it is not all about cost and coverage, it is about taking care of people in the right way.

If we set out these parameters, and if a physician group or an individual physician or individual practice agreed to abide by these restrictions, then cover them under the Federal Tort Claims Act. Can you imagine the relief from having to carry that on the individual physician's balance sheets. That is like \$100,000 a year in real money in that physician's office. I suspect, rather than having doctors leave the Medicare system, we would have doctors who would say, "You know what? I'll just take care of Medicare patients if we are going to be under those kinds of rules, because it is a lot easier than having to put up with that grief in the other parts of my practice." Something we should think about, some out-of-the-box thinking to provide a little bit of relief, a modicum of relief in the arena of liability reform.

Medicaid, we haven't really talked about that much. There is going to be a push for a vast expansion of Medicaid in this Congress; indeed, it is already upon us in the stimulus bill, because we don't have to worry about how we are going to pay for it, we don't have to worry about what tomorrow looks like. But shouldn't we at least ask that there be a little bit of transparency in the system so that someone can look and see how many MRIs are done on a particular diagnostic group of patients, to have some idea as to whether or not these services are being utilized in a wise fashion?

Similarly, should we not have someone who is responsible for coordination of benefits? Medicaid, if it exists in conjunction with a private insurance, always is supposed to be secondary; that is, the private insurance should be the insurer of first resort, Medicare should be the insurer of last resort. But in about 13 to 15 percent of Medicaid

cases across the country, there is in fact a primary insurer who just has not paid. Medicaid then goes from secondary to primary, and that bill is put on to the American citizens when in fact that bill actually was the responsibility of a private insurance company.

□ 2130

And why does that happen? It is because of the lack of reciprocity. And we get into this in a lot of different areas. But it is that inability of insurance companies to function across State lines. Some of that State reciprocity could actually go a long way. Again, when you are talking about a program that spends upwards of almost \$600 billion a year, a 15 percent savings starts to look like real money. So I just offer those as a couple of things that we might consider as we go through this process, Mr. Speaker.

I do know that Judge GOHMERT from Texas, LOUIE GOHMERT from Texas, did want to talk to us a little bit about the financial bailout package and the rescue package. Let me see if the gentleman from Georgia, Dr. GINGREY, had some final thoughts on the health care aspect before we leave that and go to the economy.

Mr. GINGREY of Georgia. Dr. BURGESS, thank you. And I also want to hear, Mr. Speaker, from Judge GOHMERT on this very important subject. I just want to mention one other thing, Mr. Speaker, in regard to this so-called rescue, or economic stimulus package, that we marked up in the Energy and Commerce Committee last Thursday in a 12-hour markup. Dr. BURGESS initially was talking about a couple of amendments that he and Mr. WHITFIELD from Kentucky had in regard to a sustainable growth rate. And this was a golden opportunity to fix that. Unfortunately, along party lines, Mr. Speaker, both of those very good amendments were voted down. And then finally, yours truly, Dr. GINGREY, had an amendment that said, okay, if you won't do that, how about just simply freezing the reimbursement rate for physicians at 2009 levels for 2010? No update, no upgrade whatsoever, just simply freeze it. And Mr. Speaker, unfortunately, the chairman's response was, we want to do that, but not in this bill. It's not time. And I think I said, well, if not us, who? And if not now, when? And so we went back and forth. And unfortunately, along party lines, my simple amendment failed as well. And I was very, very disappointed.

But I want to thank the gentleman, again, from Texas, Dr. BURGESS, for giving me an opportunity to join with him tonight and give me some time. And I yield back to him so that we can hear from LOUIE GOHMERT, Judge GOHMERT, from Texas.

Mr. BURGESS. I thank the gentleman for yielding.

May I ask the Speaker, may I inquire as to the remaining time.

The SPEAKER pro tempore. The gentleman has 14 minutes remaining.

Mr. BURGESS. I yield to the gentleman from Texas.

Mr. GOHMERT. I thank my friend from Texas, as well, Dr. BURGESS and Dr. GINGREY. And I thank you, Mr. Speaker.

But this all ties in together, when we're talking about health care, I had my staff pull the last numbers they could get. And for the year 2006, if you add together all of the Federal tax dollars that are spent on health care, and you add that to the State tax dollars that are spent on health care in the year 2006 per household, it was right around \$8,400.

Well, \$8,400 per household in America? You know, we have talked about health savings accounts and how that could restore power into the hands of the American public. That could restore the good old doctor-patient relationship. Because what we have right now is not a doctor-patient relationship. What we have is a doctor either insurance company or government patient relationship, because either the insurance companies or governments are between the doctor and the patient.

Well, man, some people, I have had retired folks say, well, I can't ever have a health savings account. I can never accumulate that money because I'm too old and I'm too sick to ever accumulate that money. But if you look at it, and you go, wow, \$8,400, that was in 2006. Now it is even more than that. But you could give every household in America a \$3,000 health savings account. And if you establish this relationship with you and your doctor, and then here is another \$2,000 or \$3,000 on top of that to buy your catastrophic care insurance, then you get back to a doctor-patient relationship.

But why would we not want to do that? Well, I would submit to you it's because there is a culture of arrogance in Washington, D.C., and it has been here for a while. It's not a new thing. It has been building. And I think it is one of the things that actually turned voters off about the Republican administration. I think the world of George W. Bush. I like that man. He is a good man. But he got some bad advice from some arrogant people. And look at what was done and the advice that was given. Heck, back in September, the advice was, well, we may have a depression, but if you will give me starting off \$350 billion but maybe get to \$700 billion, start with \$350 billion, I can fix it. That is arrogance. The people in America are not smart enough to fix this. Give me the money, and I will fix it.

It permeates this town. It permeates this capital. It's an arrogance that says, "the American people are just not smart enough. They wouldn't be able to go back to the doctor-patient relationship the way it used to be. They wouldn't be able to help the economy by spending their own money properly. Let's make them give it to us through taxes. And then we will spend it. Because they're just not smart

enough to know how to spend it in a way that is best for them."

And that is what we've got. So you have the Bush administration that took \$350 billion, and Secretary Paulson, King Henry, was going to spend that in such a way that it would encourage lending and get the credit flowing and so people who had fallen behind on their mortgage could come forward and refinance and borrow more money to catch up. This was going to help fix that. Well, they gave all that money to the banks. And now it's even harder to get a loan than it was before they squandered all that \$350 billion. So what have we gotten? Well, now, frankly I have had, and I'm still holding out, hope for the Obama administration. They come right in. They say, Bush, before you leave, why don't you go ahead and request that other \$350 billion? Because we are going to want to spend that. And then on top of that, we're going to ask for another \$800 billion or so. And you know what? We may need \$1.2 trillion before it's all over.

Now that is interesting. Of course, as my friends here from Georgia and Texas know, I filed a 2-month tax holiday bill that just says, we don't need the arrogant bureaucrats in Washington to spend our money because we are too stupid to spend it ourselves. What we need is to give the American people the strength of this country, the American people, let them have their own tax dollars for 2 months. If you let them keep every dime of withholding for Federal income tax and every dime for FICA withholding, if you let the American people keep their own money for 2 months, then it comes up to around \$334 billion. That would jumpstart this economy.

Now, we've been saying that for a couple of months. And here, lo and behold, within the last 10 days, Moody's Economy came out with a study that showed of all the tax proposals—and that included tax proposals that I know my friends here agree with, like cutting capital gains and cutting corporate taxes. I get sick and tired of hearing people say that we will never get manufacturing jobs back in America. Because some of us went and talked to CEOs in China and asked, why did you move over here? I figured they would say because labor is cheap. They said, you know, we had a lot better quality control in the United States with our products. But the corporate tax is less than half here, and they cut us deals on corporate tax.

So we agree. We need to drop the corporate tax and drop capital gains. That will get jobs flooding back in here. But when it comes down to the American money, the thing that will get the economy going the quickest and that will increase the gross domestic product faster in 1 year than any of these tax proposals, it is the tax holiday proposal giving the American people their own money.

Now, it's interesting to me that President Obama is now saying, do you

know what? We may need \$1.2 trillion to really get the American economy going. Do you know why that triggered something special in me? It is because, I know, I asked for the numbers, the amount of money that the American individual taxpayers paid per year this last year is right at \$1.2 trillion in individual income tax. Wow. Can you imagine? Can you get your mind, Mr. Speaker, around the thought of not paying income tax for a whole year? Can you imagine if the American public were told, do you know what? We had wanted a \$1.2 trillion stimulus package to try the best we can to get the economy going. But then it hit us. Do you know the American people are not as stupid as we have characterized them as being? So let's let the American public have that \$1.2 trillion for this year. They won't pay any income tax for the whole year. It would be the same thing. No individual income tax or giving Washington \$1.2 trillion and let them try to spend their way into helping the American public. Well, the American public is not as stupid as this town has cast them as being. They can figure out good ways to spend the money that they earned and getting this economy going.

Because what are they trying to do? Well, we want to help Detroit. We want to help with jobs. Can you imagine if everybody in America had their own withholding and FICA withholding for a year, the cars that would be bought, the stock that would be bought, the homes that would be bought, the homes that would be built and the businesses that would be built with their own money? They don't need some arrogant bureaucrat in Washington saying, give me \$1.2 trillion, and I will try to spend it the right way to get the economy going.

If you let the American people have \$1.2 trillion with no individual income tax for a year, this economy would explode. It would be going so good, people would want to rush back into America with these jobs, because this is where it's all happening.

So, I'm still holding out great hope, because one of the things, and Mr. Speaker, I know, I feel sure that President Obama inspires you as he does me, I sat there listening to that inaugural address. And I was inspired. And I know there are critics out there who say, well, I was expecting a better speech from him. I really was. That was a great speech.

□ 2145

The problem that President Obama has is he is so good at speech making, people have come to set the bar so high

that he can give a great speech and people are not impressed. Well, I was impressed. Of course he talked about Washington, and that struck a chord with me. When he said: "With hope and virtue, let us brave the icy currents," well, I agree with him. With hope, we have got that. Virtue, well, we just approved a new Treasury Secretary that wasn't virtuous enough to pay his income tax, but apparently we are going to overlook that kind of virtue requirement. Yes, we have some conflict of interest problems with some other appointments. Maybe we will just go forward with hope because we are losing the virtue issue here with some of the recent appointments.

But I am hopeful that this President will understand some of the things that some of the people around President Bush did not, and that is the American people are not as stupid as this town has cast them. They are smart enough to know how to spend their own money, smart enough to get the economy going if we let them have their own money to do it. I am still holding out hope. As the poet says, there is the hope that springs eternal in the human breast. I have got it and I know you guys have it too, Mr. Speaker. We have that hope that springs eternal, but we need to recognize that the arrogance in this town, the arrogance of this capital is much too pervasive and that the hope for this country does not arrive on Air Force One, but we need to take responsibility. We need to let the American public get the economy going with their own money, cut the arrogance and recognize the American people for the backbones of this country that they are. I appreciate the opportunity to vent a little bit from my friend, Dr. BURGESS.

Mr. BURGESS. I thank the gentleman. This proposal that you've put forth is terribly intriguing, and I suspect we will get a lot of interest. I know we have to direct our comments to the Chair and not to the cameras, but I would be curious if the gentleman has a bill to that effect.

Mr. GOHMERT. The bill is H.R. 143. It is a two-month tax holiday that lets people keep all of their own withholding and all of their FICA for two months. And all it takes is passage and the next paycheck, it is not six months down the road, it is all of their withholding in the check as soon as we pass the bill. That is what H.R. 143 is about. I hope people call the White House and say President Obama, you have inspired me so please, let us have our own money. H.R. 143 is the way to do it and the way that the President can keep his promise.

Mr. BURGESS. I thank the gentleman for that insight. Am I recorded as a cosponsor on H.R. 143?

Mr. GOHMERT. The gentleman is. The gentleman has been a confidante and adviser and has been here longer than I have. I have greatly appreciated the advice and wisdom of Dr. BURGESS.

Mr. GINGREY of Georgia. I also would like to inquire if I too am a cosponsor of that excellent piece of legislation.

Mr. GOHMERT. Dr. GINGREY is a cosponsor and trusted confidante and adviser.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. RODRIGUEZ (at the request of Mr. HOYER) for today on account of travel delays.

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 Mr. COURTNEY) to revise and extend their remarks and include extraneous material:)

Ms. NORTON, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SHERMAN, for 5 minutes, today.

Mr. COURTNEY, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

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

Mr. CALVERT, for 5 minutes, January 27 and 28.

Mr. BURTON of Indiana, for 5 minutes, today, January 27 and 28.

Mr. OLSON, for 5 minutes, January 28.

Ms. FOX, for 5 minutes, today.

(The following Member (at his request) to revise and extend his remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, today.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 45 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, January 27, 2009, at 10:30 a.m., for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for speaker-authorized official travel during the fourth quarter of 2008 pursuant to Public Law 95-384 are as follows: