

health care delivery mechanisms can begin.

Congress can use this opportunity to foster a new bridge for biotech companies, universities, patient advocacy organizations, pharmaceutical companies, and research institutions to accelerate the deployment of new research in the practice of medicine, an area where the United States has excelled, a country that has already received more Nobel Prizes in medicine than any other country on Earth.

Finally, on the research side, we should look at compassionate access. With little to lose, many terminally ill patients can only hope for the very quick FDA approval of cutting-edge treatments and drugs for hope in their own case. Compassionate access can provide real hope to patients that need it most, can save their lives, and can accelerate treatments for nearly everyone, but especially the seriously ill.

When we look at the key objectives of this bipartisan agenda, we also have to return to a basic principle, I believe, central to the American character, which is increasing personal responsibility. It's time, like the chart that I outlined here, to look at bad health habits, principally obesity, drinking, and smoking, and to encourage or reward Americans who do not exhibit these habits. Normally, we see 75 percent of the Nation's health care spending is dedicated to chronic diseases related to these three areas, all entirely preventable if we encourage the right habits.

Also, we ought to expand the use of health savings accounts, because we know that Americans who directly control health spending from their own tax-deferred health savings account, much like an IRA, will take a much greater role in the health care decisions they make. Their patient compliance will likely be higher, and the choices they make will be more appropriate for end-of-life care. These health savings accounts are critical, not just to empowering patients, but also to eventually either becoming part of a patient retirement savings or an estate for their children.

Finally, when we look at all of these reforms, we have to pay key attention to the bottom line. Health care reform in the United States has to lower the demand for Federal borrowing, now at what the President already describes as a completely unsustainable rate. Because many sick and elderly Americans will depend on the reforms that we make, the reforms instituted by this Congress must be fiscally responsible and sustainable over time.

The Congressional Budget Office reports that we will borrow \$1.18 trillion just in fiscal year 2009 in a completely unsustainable way, and that new revenues for a health care bill that could be put forward by this House are simply not there.

In its place, this Congress could look at an enormous tax increase or at faltering climate change legislation that

already looks like it will not provide the revenues initially hoped for in its early drafts. In the face of this lack of funding, either on the borrowing side or the unwillingness of Americans to go through a new tax increase and faltering prospects for a climate change bill, it's essential that we return to the kind of reforms that I just outlined here tonight as a way to lower the cost of health insurance, expand access, and improve health care outcomes.

I spent quite a bit of time here tonight talking about the situation in detail because, in my view, this is going to be the biggest subject this Congress deals with this summer. When we look at the worst angels of our nature, we might be able to expect a fairly fierce and partisan debate here in the House. That is predictable but unfortunate.

My hope lies in the moderates of the Senate who can come forward and make sure that we have a bipartisan, modest, and sustainable set of health care reforms that will improve health care for every American in this country in a sustainable way across Presidential administrations and across parties, and not end up making the same mistakes as our allies in Canada and Britain.

Well, those are the details. We will be providing further details in the Tuesday Group meeting tomorrow, and we look forward to joining with many Members on the Democratic side in building what can be one of the greatest opportunities for this Congress to affect the daily lives of the Americans that we represent.

And I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ELLISON (at the request of Mr. HOYER) for today on account of official business in district.

Mr. KANJORSKI (at the request of Mr. HOYER) for today on account of official business.

Mr. STUPAK (at the request of Mr. HOYER) for today.

Mr. WAMP (at the request of Mr. BOEHNER) for today on account of his 24th wedding anniversary.

#### 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. HARE) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. HARE, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, May 22.

Mr. JONES, for 5 minutes, May 22.

Mr. PAUL, for 5 minutes, May 19, 20 and 21.

Mr. MCHENRY, for 5 minutes, May 19, 20, 21 and 22.

Mr. MORAN of Kansas, for 5 minutes, today, May 19, 20 and 21.

Mr. BROWN of Georgia, for 5 minutes, today.

#### ADJOURNMENT

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

The motion was agreed to; accordingly (at 10 o'clock and 39 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, May 19, 2009, at 10:30 a.m., for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

1876. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's reports entitled, "The National Healthcare Quality Report 2008 (NHQR)" and "The National Healthcare Disparities Report 2008 (NHDR)", pursuant to Public Law 106-129; to the Committee on Energy and Commerce.

1877. A letter from the Acting Assoc. Bur. Chief, Federal Communications Commission, transmitting the Commission's final rule — In the Matter of Amendment of Part 90 of the Commission's Rules [WP Docket No.: 07-100] received April 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1878. A letter from the Acting Assistant Secretary For Export Administration, Department of Commerce, transmitting the Department's final rule — Additions and Revisions to the List of Approved End-Users and Respective Eligible Items for the People's Republic of China (PRC) Under Authorization Validated End-User (VEU) [Docket No.: 090415662-9687-01] (RIN: 0694-AE61) received April 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

1879. A letter from the Chairman, Federal Accounting Standards Advisory Board, transmitting the Board's report entitled, "Estimating the Historical Cost of General Property, Plant, and Equipment: Amending Statements of Federal Financial Accounting Standards 6 and 23", pursuant to Section 307 of the Chief Financial Officers Act of 1990; to the Committee on Oversight and Government Reform.

1880. A letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule — Per Diem for Nursing Home Care of Veterans in State Homes (RIN: 2900-AM97) received April 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

1881. A letter from the Director of Regulation Management, Department of Veterans Affairs, transmitting the Department's final rule — Headstones and Markers (RIN: 2900-AN29) received April 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.