can at least retain a little bit of what I've earned so I can have some type of future enjoyable retirement? That would contribute so much to our access issue in States like Pennsylvania where citizens are not going to have access to quality care. I see that as a significant unintended consequence as a part of what my friends across the aisle are proposing and pushing at us.

## REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 2701, INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2010

Mr. ARCURI, from the Committee on Rules, submitted a privileged report (Rept. No. 111–421) on the resolution (H. Res. 1113) providing for further consideration of the bill (H.R. 2701) to authorize appropriations for fiscal year 2010 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes, which was referred to the House Calendar and ordered to be printed.

## HEALTH CARE SUMMIT—Continued

The SPEAKER pro tempore. The gentleman from Texas may resume.

Mr. BURGESS. Reclaiming my time, let me just run through a little bit.

We heard right at the end of the 6-hour discussion down at Blair House today, the President and I believe the Speaker of the House said that the time for incrementalism has passed. I felt like I had stepped back in time. I heard that very same argument in 1993 and 1994 when the then-Clinton health care plan was before the House of Representatives.

I never will forget the day that Mike Synar, a Representative from Oklahoma, a Member of this House of Representatives, was down in Dallas. He was talking to a group of us who were American Medical Association members, and he was going to talk to us about this bill. Many people had questions at the time—believe it or not, I was so shy I was scared to say anything—but toward the end, someone asked Mr. Synar, wouldn't it be better to tackle some of these problems on an individual basis and not try to do all of this all at once because it did appear to be frightening people. And Mr. Synar made a very emphatic statement that the time for incrementalism is over, we must have this bill and we must have it this year. Sounds familiar. That was over 15 years ago.

Of course they didn't get the bill passed, life went on, the health care system in this country improved. We developed the State Children's Health Insurance Program under a Republican Congress with a Democratic President. We established medical savings accounts. We then, several years later, improved them with health savings accounts. We provided a prescription drug benefit in Medicare. For better or for worse, we passed the HIPAA law in 1996. But there was a lot of work that went on in health care.

Health care is an evolutionary process. Medicine is an evolutionary process because the knowledge base changes. The science changes over time. It is not a static event like law, or physics perhaps. But medicine is constantly evolving. In fact, many times we say that's why we refer to it as both an art and a science.

Well, what do the people think about doing this all at once or perhaps taking off some smaller pieces that might be actually doable? Americans agree with Republicans and want a fresh start on health care reform. A CNN poll—now, CNN is not always friendly to conservative principles—in a CNN poll, 73 percent of Americans say lawmakers should work on an entirely new bill or stop working on health care altogether. This was from February 24, 2010. Another poll, 79 percent of independents want Congress to start work on a new bill or stop all work, again from the same time frame.

So maybe it is reasonable that we start over with these small, incremental changes and solve some of the problems that bedevil Americans right now, but not turn the entire system on its head in order to help that smaller percentage that is having difficulty right now.

Starting over does not mean that we have no bill to pass. It doesn't mean that we start into another year-long debate. As I began this hour, I outlined to you, Mr. Speaker, several bills that are already out there, already written, could be called up, could go to committee, could be worked on, marked up, amended, and come to this House to be voted on up or down. We could pass a bill on preexisting conditions before we go home for the Easter recess. It would really be that simple. Instead, what we may get is the Senate bill being passed by the House of Representatives—under great duress for some Members of the House of Representatives—and then when that bill is passed by the House, it goes down to the President for his signature, and then good luck undoing all of the problems that are contained within that bill. It would be far better, since no help is coming for 4 years anyway, to take a little time and do this correctly.

The gentleman from Pennsylvania brought up the problems in Pennsylvania with medical liability. Texas, of course, in 2003 did change their medical liability laws and passed a bill that would allow a cap on noneconomic damages. It is a more generous cap than was passed in California in 1975 under the Medical Injury Compensation Reform Act of 1975, but nevertheless, it has worked well over the last several years and has now solved a lot of the problems that we were encountering in the earlier part of this decade.

Just some statistics to share with you; before the reform, one in seven obstetricians no longer delivered babies, 49 percent of counties didn't have an OB/GYN, 75 percent of neurosurgeons would no longer operate on children. Since passing that reform in Texas, it has really dramatically changed things. We had, in the 2 years before the reform passed, 99 Texas counties—Texas has 254 counties, and 99 counties lost at least one high-risk specialist. With the passage of what was then called Proposition 12, which was a constitutional amendment to provide caps on noneconomic damages and lawsuits, 125 counties added at least one high-risk specialist, including the counties I represent, Denton, Tarrant and Cooke Counties. And you can see of course there are some areas that are still needing to add specialists.

One of the remarkable things about the passage of this law is the number of counties that did not have an obstetrician previously but now do, and the number of counties that did not have an emergency room doctor but now do. Twenty-six counties that previously had no emergency room doctor, 10 that had no obstetrician, and seven that had no orthopedic surgeon, now at least have at least one of those specialists. Charity care rendered by Texas hospitals has increased 24 percent, nearly $600 million since the passage of this legislation. And Texas physicians have saved well over $500 million in liability insurance premiums.

Now, people will argue that passing tort reform does not immediately result in lower cost. Defensive medicine is learned behavior. Defensive medicine is oftentimes learned over a lifetime of practicing medicine. And it does take a while to begin to walk back from that. But as anyone will tell you, the journey of a thousand miles starts with the first step, and Texas has taken that first step. In fact, in Texas, one of our bigger problems now is licensing all of the doctors who want to move to the State. The State Board of Medical Examiners cannot keep up with the demand. It is a good problem to have because we had many counties that were underserved. And now, with the passage of this legislation at the State level, almost 100 percent of Texans live within 20 miles of a physician. That is a remarkable change from even just a decade ago.

One of the last things I want to bring up tonight before we leave, we've talked a lot about cost, and during the course of the discussion down at the Blair House the debate on cost was lengthy and sometimes it became contentious, but just a few points that Representative PAUL RYAN from Wisconsin made today. He pointed out correctly that Medicare has an unfunded liability of $38 trillion over the next 75 years. This is a huge, huge budget pitfall that is facing not just Members of Congress, but every citizen of the United States over the next 75 years.