

for the most part, a person cannot. In fact, some studies have looked at that, just looking at some of the paper charts that occur, that there are omissions and doctors acknowledge that because there are omissions in there, if they had further information, they would have made some different recommendations for tests, for diagnoses and that, in turns, saves money. Electronic medical records are a way of keeping this. Some have even proposed having either on a card or a patient may have some other device which could be plugged into a computer when they go to visit the doctor or the hospital, they can update those records. But the whole thing is really keeping these secure and confidential.

I know the University of Pittsburgh Medical Center, for example, is investing literally hundreds of millions of dollars in this. Information Weekly magazine rated them as the top medical center in the Nation in terms of making this move into electronic medical records. I am not sure if the gentleman from Georgia has seen one of these at work, but I am wondering perhaps if he could describe what happens and changing from that paper-dependent system which is very time consuming, requires a great deal of time for the doctor to keep track of what is in there as well as research those, what happens when you move towards an electronic medical records system and what that does for patient safety.

Mr. GINGREY. The point of all of that is that you know with that electronic medical recordkeeping, you can be anywhere in the world literally, a patient, if we have a way with a swipe card or maybe a radio frequency identification card which would look very much like a typical credit card, about the same size and thickness, but an individual would have a particular code that was unique to him or her and would have access through a very secure fire wall system to their medical records anywhere in the world, so that if you were in another country, on vacation, and this happens a lot, far too often, when a person gets sick, has a heart attack, in an automobile accident, in a remote place, the language is not the same, the communication is poor and the treatment is just not adequate. So when we get to that point, and we are there. I know the gentleman has talked about some systems. I have talked to a lot of people who are developing these cards. The President has talked about the need to go to a system like that. We have talked tonight about medical liability reform and needing to give our healthcare providers some relief so they can continue to practice medicine and our patients have access to that great health care system, but we have also spent a good bit of time tonight saying that we understand that, as I pointed out earlier in my statement, physician, heal thy-

self. We know there are some problems. I think one of the biggest problems in regard to the error rate is this issue, as the gentleman from Pennsylvania points out, of poor medical recordkeeping, the traditional system, the 20th century recordkeeping, if you will. It is time to make these changes. The technology is there. We need to incentivize. My colleague from Pennsylvania asked the question, what can we do in our individual office, how can we get doctors, either individuals or groups, to go to that kind of a system? It is going to be costly. That is going to be a disincentive, I think, for a lot of them to do that. But we need to move toward a system of reimbursement, maybe under the Medicare or Medicaid program, Federal match and 100 percent pay on Medicare. We need to be able to incentivize individual doctors and groups to go to this system.

Mr. MURPHY. The gentleman also well knows that doing these kinds of things saves money. The Center For Information Technology leadership estimated that, if we move towards electronic health records, it could save about \$78 billion a year, or 5 percent of the Nation's total annual healthcare cost. And in a time when so many businesses have seen their health care costs climbing, sometimes up into the double-digit amounts per year, it can do a great deal.

I know we only have a few minutes left, but one other thing just to whet the appetite with which we will need to come back to at another time is electronic prescribing. No offense to the good doctor, but very often, it is tough for someone to read a physician's handwriting. This can also lead to errors. Pharmacists estimate about 140 million times a year they will have to call back the physician because they may not understand the medication; they may question the dose. The pharmacist may be aware of other medication that patient is on, but the physician may not be aware. They may be aware of other allergies or reactions. Electronic prescribing, however, is another tool where doctors, at the moment they write the prescription, they can access that prescribing information. I wonder if the gentleman could comment on the importance of that.

Mr. GINGREY. There is no question about how important that is, because, as the gentleman from Pennsylvania pointed out, when you cannot even read the prescription, it is bad enough, but in many instances, a doctor is not going to know. Maybe the particular patient is sick in the emergency room, high fever, not at their best mentally, they are not going to be able to relate that information. That is why these cards are going to be so important so that, when you write that prescription, even if your penmanship is absolutely perfect, you need to make sure that you are not giving them a medication

that would react with maybe two or three other things that they are on and could cause a serious problem.

Tonight, as we wrap up, and I am so thankful to be doing this with my co-chair, the gentleman from Pennsylvania, and we will continue to bring subjects, healthcare issues, probably do an hour like this on a monthly basis, this team of Members, Republican Members, who are either healthcare providers or extremely interested in this issue for the good of the Nation.

In closing, I want to make sure that my colleagues understand that most healthcare providers, if a patient is injured because of someone practicing below the standard of care, then we want them to recover. It is not about taking away anybody's right to a redress of grievances. I look forward to the discussion with my colleagues next month.

THE NATIONAL ECONOMY

The SPEAKER pro tempore (Mr. DENT). Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

Mr. DREIER. Mr. Speaker, I want to begin by congratulating the gentleman from Georgia (Mr. GINGREY) and the gentleman from Pennsylvania (Mr. MURPHY) for their fine work focusing on the very important health care needs that exist and the challenges that the American people have in obtaining quality health care.

I want to take just a few minutes to talk about an issue which was very critical and important in last fall's campaign, and I want to talk about some of the wild inaccuracies that came to the forefront during that campaign. That is, the claims that were made about the U.S. economy. Our supposedly Depression-like economy that was not producing any new jobs was the most prevalent issue that came to the fore during last fall's campaign. We all heard it over and over and over again, the charge that President Bush was the first President since Herbert Hoover to preside over a net job loss. It became something of a mantra for our friends on the other side of the aisle throughout the campaign, the first President since Herbert Hoover to preside over a net job loss.

Now that the frenzy of the campaign season is behind us, I hope that we can take a calm and very rational look at the actual facts. The basis for the Herbert Hoover comparison, Mr. Speaker, was the Bureau of Labor Statistics payroll job survey, a fitting association since it is a Depression-era survey. That payroll job survey was established at the time of the Depression, and it was based on a Depression-era economy.

But let us assume for one moment that the payroll survey presents a complete and accurate picture of job creation in our economy. What does that picture look like over the past 4 years? It shows a period of job loss that followed a stock market bubble bursting, an economic recession, horrible, horrible terrorist attacks, and a series of major corporate scandals. Following this period of losses came a recovery that was sluggish at first, and then picked up rapidly, eventually creating 2.2 million jobs in calendar year 2004. And the net job losses? The Herbert Hoover workforce? It never ever happened. Despite the series of massive blows to our economy in the early part of this decade, despite an ongoing war on terror, despite sluggish growth in many of our biggest trading partner nations, President Bush presided over 4 years of net job creation, 119,000 jobs to be exact. But those 119,000 payroll jobs are only a small slice of the overwhelmingly positive news about our economy.

This Depression-era job survey is a little out of its league in our very fast-paced 21st century economy. While it counts payroll jobs in long-established businesses, it misses many of the types of jobs that are increasingly common in an economy based on innovation and entrepreneurship. Today's independent contractors, consultants, small business owners and LLC partners account for one-third of new job creation. But they are not reflected in that payroll number, that Depression-era structure that is used for counting payroll jobs.

By contrast, the Bureau of Labor Statistics' survey of households goes directly to individuals. All types of workers, regardless of how they are employed or how their jobs were created, are covered by the household survey. Consequently, the picture it portrays of our economy over the past 4 years is far more complete than what the payroll survey conveys. By surveying the entire workforce, it demonstrates that President Bush presided over the creation of 2.5 million new jobs in his first term. Again, he did this throughout incredibly tumultuous and difficult times.

The household survey figure of 2.5 million new jobs is much more in line with other economic indicators that highlight just how absurd that Herbert Hoover claim actually is. In 2004, gross domestic product growth, the broadest measure of economic health, grew by 4.4 percent, the fastest pace since the bubble burst in 1999. Fourth quarter GDP growth was recently revised significantly upward, from 3.1 percent to 3.8 percent, based on news that exports were even stronger than had originally been thought. Business investment has also been revised upward, from 14.9 to a very robust 18 percent. And for the first time since 1994, non-high-tech business investment outpaced high tech invest-

ment, demonstrating that our economic vitality is widespread.

Mr. Speaker, the President may have inherited very difficult economic circumstances, but thanks to his pro-growth policies, particularly his trade agenda and the 2003 tax cuts which were embraced by this Congress, 2005 is looking like a much better year than 2001. After 4 years of the Bush economy, unemployment is low. Stocks are rising as the Dow marches towards that 11,000 mark. Inflation is in check while interest rates have remained low, and family wealth is at an all-time high.

Mr. Speaker, does it even need to be said that this is not a Herbert Hoover economy? Does one of the strongest economies in the developed world really have to defend itself against Great Depression Era comparisons? I believe that the facts speak for themselves. The George W. Bush economy has proven to be strong, vital and resilient. I am looking forward to 4 more years of prosperity and new opportunity for all Americans.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 7 o'clock and 45 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 2128

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COLE of Oklahoma) at 9 o'clock and 28 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 3, TRANSPORTATION EQUITY ACT: A LEGACY FOR USERS

Mrs. CAPITO, from the Committee on Rules, submitted a privileged report (Rept. No. 109-15) on the resolution (H. Res. 144) providing for further consideration of the bill (H.R. 3) to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. JACKSON-LEE of Texas (at the request of Ms. PELOSI) for today on account of official business.

Mr. HOBSON (at the request of Mr. DELAY) for today on account of official business.

Mr. RAMSTAD (at the request of Mr. DELAY) for today and the balance of the week on account of complications from eye surgery.

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

Mr. DEFAZIO, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

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

Mr. RUSH, for 5 minutes, today.

Mr. MATHESON, for 5 minutes, today.

Ms. MILLENDER-MCDONALD, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. SMITH of New Jersey, for 5 minutes, March 10.

Mr. FLAKE, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, March 10.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 9 o'clock and 29 minutes p.m.), the House adjourned until tomorrow, Thursday, March 10, 2005, at 10 a.m.

NOTICE OF PROPOSED RULEMAKING

U.S. CONGRESS,
OFFICE OF COMPLIANCE,
Washington, DC, March 8, 2005.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: Section 304(b)(3) of the Congressional Accountability Act of 1995 (CAA), 2 U.S.C. 1384(b)(3), requires that, with regard to substantive regulations under the CAA, after the Board has published a general notice of proposed rulemaking as required by subsection (b)(1), and received comments as required by subsection (b)(2), "the Board shall adopt regulations and shall transmit notice of such action together with a copy of such regulations to the Speaker of the House of Representatives and the President pro tempore of the Senate for publication in the Congressional Record on the first day on which both Houses are in session following such transmittal."

The Board of Directors of the Office of Compliance has adopted the proposed regulations in the Notice of Adoption of Substantive Regulations and Transmittal for Congressional Approval which accompany this transmittal letter. The Board requests