

grandkids. They are so much better. But I think that you can't imagine life—I know I have heard this right here—without our children and without our grandchildren. When you see a child out there—anybody that would abuse a child, I have no tolerance for them whatsoever. But to have a hug from a child, it doesn't matter whether that child is challenged or not, it's love. And I can't imagine life without mine and my grandchildren.

I thank you for the opportunity to be here today.

Mrs. BACHMANN. And if I could just add, I think that it's so important that you have offered this opportunity for us to honor and recognize Susan B. Anthony, Elizabeth Cady Stanton, Mattie Brinkerhoff, Victoria Woodhull, Mary Wollstonecraft, Alice Paul, among many other women who stood strong for women's rights and for the value of women in the country, but also, to be clear, that these women also stood for the unborn. They weren't on a wild tear to make sure that women could have the right to an abortion. They stood strong for women's rights, understanding that it's all women, born and unborn, that need to have their rights secured.

So I am very grateful that you posted this Women's History Month, and especially highlighting the fact that our foremothers who went before stood for life, just as we stand for life today. So I thank you, and I thank Representative DAHLKEMPER.

□ 1500

Mrs. SCHMIDT. As we go back out into the hall and we look at that statue of the women who gave us the opportunity to be able to be here on the floor today, not only did they give us the right to vote, they gave all children the opportunity to have the right to life. And it wasn't until *Roe v. Wade* that that was taken away.

Maybe we can be the generation of women that will find ourselves with a statue out in the hall that will give all children, all God's children back the right to life. Thank you all for this.

I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Arizona (Mr. SHADEGG) is recognized for 60 minutes.

Mr. SHADEGG. I thank the Speaker.

I would like to begin an hour where I hope to discuss with my colleagues and with the American people the extraordinary situation we face with respect to health care reform here in the United States House. I believe most people across America know that we have been debating health care reform for almost a year now—actually, quite frankly, a little over a year now. And I

think most Americans agree with me and probably with almost everybody who comes to this floor that our health care system needs to be reformed.

I have been a passionate advocate for health care reform since I was elected in 1994. I believe I have written more health care reform proposals and introduced them in this Congress than perhaps any other Member who began serving in 1995 or thereafter. I began working on patients' bill of rights legislation, and have moved onto comprehensive reform legislation because I think our system can be much better than it currently is.

Indeed, if you look at it, the President is absolutely right that the cost of health care is going up dramatically faster than the cost of all of the other goods and services we buy in our society. And the President is right that that increase in cost is not sustainable over time. We have got to rein in this spiking cost of health care, the spike in the cost of health insurance premiums. Unfortunately, I don't believe the President is right about the manner in which he wants to go about it. I believe we are being confronted with an effort now to cram through this House, as early perhaps as next week, legislation which is proposed to reform health care in America, but will not do that. Certainly it will not rein in costs.

I want to reiterate I am a supporter of health care reform. I not only think we need to take steps to rein in the cost of health care, I believe we need to address other problems, such as pre-existing conditions. I happen to have an older sister who is a breast cancer survivor, thankfully. She is now almost a 20-year breast cancer survivor. And she at certain points in her career, because of her breast cancer, could have been placed into a situation where she would have been denied care or denied coverage by a health insurance company because she had a preexisting condition of breast cancer. But there are lots of ideas out there to deal with the problem of preexisting conditions rather than the heavy-handed edict or mandate which is in the President's legislation.

I am joined right now by one of my colleagues, Dr. ROE from Tennessee, and I would like to conduct this particular hour in an informal fashion where each of us talk about issues within the health care bill that is going to be before us as early as next week and kind of banter those back and forth and try to make this interesting for the people of America to look at what we are being confronted with to confront the issue of is this a better bill to pass than so-called "doing nothing." And I think the answer to that is fairly clear. I believe this bill would be disastrous.

Let me begin by yielding some time to my colleague, Mr. ROE, and let him give you some of his thoughts on what we confront at this point.

Mr. ROE of Tennessee. Thank you very much, Mr. SHADEGG. I appreciate the opportunity to be here on the House floor, Mr. Speaker.

When I was elected to Congress, I had a 31-year medical career, and was coming to the tail end of that. I had been an obstetrician/gynecologist and surgeon. And I had seen various changes from the late 1960s, when I was in medical school, until now. I had seen absolutely incredible changes in the way we deliver health care and what we can do for our patients.

Just a brief example. When I graduated from medical school in 1970, there were about five high blood pressure medicines, five antihypertensives. And three of them made you sicker almost than high blood pressure. Today, 40 years later, there are probably 50 or more, and with relatively minor side effects. And patients now have the opportunity with high blood pressure, with diabetes, with heart disease—we have just seen recently former Vice President Dick Cheney and former President Clinton get state-of-the-art health care.

The question is, how can we get this health care to the majority of our people and not bankrupt the country? Because it is not the quality of care we are talking about, whether it is heart disease or cancer or any other cadre of diseases that we are talking about.

In the mid eighties we started seeing a shift in the way we discussed and delivered health care. What fee-for-service health care is, is that you as a patient come to me, and I see you, and I give you a bill when you leave, and you pay the bill. That is fee-for-service health care. We saw that that was creating a situation where there was overconsumption of the services, we didn't have enough money in the system to provide that, so a new system of, quotes, "managed care" came along where insurance companies said, look, we can manage this care and we can do this by limiting the number of visits and very specifically saying what we are going to pay for in this particular health care contract that you have. That is your insurance plan. And there were various methods out there to do this.

In Tennessee, we saw costs rising ever so slowly, but rising faster than our inflation was. We tried to control these in our State Medicaid program called TennCare. We got a waiver from HHS, the Health and Human Services here in Washington, to try an experiment with managed care. We had about seven or eight different plans that were going to compete for your health insurance business.

What happened to us was that it was a very generous plan, as this plan is as we will discuss later, JOHN, in this hour. When you mandate what is in a particular plan and you provide more health care in it than someone needs to

consume, it costs a lot of money. What our plan did in Tennessee, it was first dollar coverage, all prescription drugs paid for, so the patient had no cost in this. They had no so-called “skin in the game.”

In 1993 when we instituted this plan, the State spent about \$2.6 billion on health care for the entire State. Ten years later we were spending \$8 billion. Every new dollar that the State brought in, we spent on health care. There was no money in our State for schools, for new construction in colleges, and so on, new capital, other things that the State does; roads. We had to rein those in. And our Democratic Governor did that. The way we did that wasn't a very good way. It was basically we rationed care by cutting people off the rolls.

Today in the State of Tennessee, and the other unknown about these Federal plans, is they never pay for the cost of the care. In Tennessee, the State TennCare plan paid about 60 percent of the cost of actually providing the care. So the more people you got on that plan, the more costs that were shifted to private insurers, forcing those plans to charge higher premium benefits. So we shifted the costs with a hidden tax over from the government plan to the private sector, forcing costs to be passed onto businesses, and businesses much like I had.

Today what we are doing in Tennessee is that in this particular year right now, our State legislature is in the process of looking at our State health insurance plan. They have cut the cost down to about \$7 billion. And how did they do that? Well, they simply just disenroll people. And what the plan is paying for this year are only eight doctor visits. In the State of Tennessee, if you have that type plan, you can only come to a physician eight times that the State will pay for. And they will only pay for a total of \$10,000, no matter what your hospital bill is. That means that cost is being shifted.

JOHN, in our State this year, the hospitals are going to have a bed tax. They will pass a tax on again to other paying patients to be able to make the Medicaid match that they have right here in the State. So an expansion that the Senate bill currently has of Medicaid will be disastrous for the State of Tennessee. We cannot pay for the plan we have.

Mr. SHADEGG. If I can jump in, let me just talk about an update with the experience of the State of Arizona. I happen to have here a letter dated yesterday from the Governor of Arizona. And she explains, Governor Janice Brewer of the State of Arizona, my Governor, explains that our State is already taking a deep financial hit as a result of the economy. We have had a loss of State revenues in excess of 30 percent. This letter is from the Governor to the President of the United

States. And I just think some of the points the letter makes reiterate what you have just said, Doctor, and I think they are important for the people of America to understand.

She writes, “As the Governor of a State that is bleeding red ink,” this is a direct quote, “I am imploring our congressional delegation to vote against your proposal to expand government health care and to help vote it down. The reason for my position is simple: we cannot afford it.” She said, based on our own experience with government health care expansion, we doubt the rest of America can afford it. She then goes on to lay out the extra burdens that that legislation will place unfairly, in her view, on the State of Arizona.

She says, “Unfortunately, your proposal to further expand government health care does not fix the problem we face in Arizona. In fact, it makes our situation much worse, exacerbating our State's fiscal woes by billions of dollars.” And she cites a series of points. One, it makes Arizonans pay twice to fund other States' expansions. She writes, “Your proposal continues the inequities established in the Senate health bill”—by the way, that is the very bill we are being asked to pass verbatim without changing so much as a comma, because we can't change a comma—“with regard to early expansion States. It is clear it will not fully cover the costs we,” the State of Arizona, “will experience as a result of the mandated expansion. Therefore, Arizona taxpayers will have the misfortune to pay twice: once for our program and once more for the higher match for other States.” She then says, “It makes States responsible for financing national health care.”

I won't read the entire paragraph, but she says, “For 28 years, Arizona and the Federal Government have been partners in administering the Medicaid program. However,” she writes, “under your proposal, more power is centralized in Washington, D.C., and the States become just another financing mechanism.” Now, that might not be bad, but she points out, “Not only will States be forced to pay for this massive new entitlement program, but our ability,” Arizona's ability, “to control the costs of our existing program will be limited.” She then says it creates a massive new entitlement program which our country cannot afford. And her letter says, Your proposal creates a program that does not have the resources and our country does not have the resources to support.

I think the point is made that it is great to have good intentions, but it is important to be able to pay for these programs. And this is simply one Governor of I think many Governors who are deeply concerned that what we are doing is expanding the health care entitlement on the backs of States already in deep financial trouble.

Mr. ROE of Tennessee. Our State Governor, who is a Democrat, has said that this is the mother of all unfunded mandates. And let me give you an example of what has happened in our State. We are now being asked, if this bill were to pass as is, to have a massive expansion of government-run health care. It would cost the State \$1.5 billion. In our State, we have 50 less State troopers than we had 30 years ago, and we have 2 million more people. We are not doing a single new capital project on the campus of a university this year in our State because we cannot afford it. So it is a matter of not do you do health care reform, it is a matter of can you afford this.

And when I have heard the President say that premiums will go down, well, I beg to differ. If you look at the Tennessee experience, I can assure you if you extrapolate our experience with what they are proposing nationwide, I did the math this morning on the way into the office, it will be exactly twice what they are saying. And if you look at the estimates that the government has done on health care plans, let me just run through a couple of those for you. When Medicare came on board in 1965, it was a \$3 billion program. The government estimated, the CBO didn't occur until 1974, but the government estimate in 1965 was that by 1990, Medicare would be a \$15 billion program. It was a \$90 billion program. And today it is a \$500 billion program in 2010. That particular plan, Medicare, will go upside down, there will be less revenue coming in than going out in 6 or 7 years depending on current estimates.

□ 1515

What we are proposing in this, and our senior citizens get this, is that one of the proposals in this plan is to take out \$500 billion. Here is a news flash. Next year the baby boomers, which are a large number of people, hit Medicare age. That is 2011. They will begin at the rate of several million, tens of millions in the next 10 years, to be in a plan that is now underfunded by \$500 billion.

One of the things that the Senate plan does have, which I totally agree with, is that we should have been doing this instead of, are the fraud and abuse. There is no question that anywhere there is fraud and abuse in the Medicare plan, we should be going after it. I couldn't agree more.

Also, in this plan, the new taxes that are in the plan over the next 10 years which equal about \$500 billion, this is the absolute worst time on the planet Earth to have new taxes when the economy is still reeling from the worst recession since the 1930s. To increase taxes on business, whether it is device makers, or whatever it may be, is absolutely the wrong time.

Mr. SHADEGG. I think it is important to understand the burden that this legislation does place on our economy

at a time when we ought to be focused on jobs.

I know when I go home on the weekends, I encounter many of my constituents. I get to see them at the Safeway or the Home Depot. I have to tell you, quite frankly, and I don't understand why the President and the majority don't get this message, but they do not come up to me and say: Congressman, when are you going to fix health care? I'm deeply worried about it.

What they come up to me and say is: Congressman, what are you doing about this economy? I need a job. My son just graduated from college, and he can't get a job.

That is where they are.

But one of the issues I want to focus on in this hour goes to how we propose to pass this legislation because I think it shows that we are not a functioning institution and are not doing what the people want, and that they have reason to be, quite frankly, very upset with us.

Speaker PELOSI, when she ran and captured the majority in 2006, said she was going to have the cleanest, most ethical Congress in history. You can debate that issue.

I personally believe it has been the least procedurally open Congress I have ever seen. But I at least hoped that she would fulfill the promise Republicans had made of no special deals. And when President Obama campaigned and said he was going to bring America change we could believe in, and he was, for example, going to negotiate this bill on C-SPAN, I had hoped that, well, maybe you might not attain that goal but that at least there would be fewer backroom deals. But it is absolutely stunning to me, and I think it ought to be stunning to every Member of this body, and stunning to every American, that not only have we not cleaned the process up, but we have seen in the year that we have debated this bill, the most outrageous examples of backroom deals in the composition or construction of this bill ever in at least the history that I have been here since 1995.

It is important to understand that every one of those backroom deals, every one of those special deals cut with Members of the United States Senate and put into the Senate-passed bill, will have to be voted upon as a part in the bill that passes the U.S. House.

We are now being asked to vote for, my colleagues on the Democrat side, are being asked to vote for a bill that contains the Corn Husker Kickback and that contains the Louisiana Purchase, that contains a special provision for a Connecticut hospital. Let me just document those because I think it is important to understand.

The latest trick is somehow we are going to avoid that because the majority is going to simply pass a rule deeming the Senate bill passed. If that is

not a charade to trick the American people, I don't know what is. But I will tell you this, these provisions are in that bill: number one, the Louisiana Purchase. According to The Washington Post on November 22, 2009, their headline, "Sweeteners For the South." The bill in section 2006 provides a special adjustment of \$300 million to aid or to provide for the State Medicaid program, and the only State that would qualify, the State of Louisiana. It sounds like a sweetheart deal to me. It sounds like a backroom deal that the American people thought wasn't going to happen any more.

Second, according to Politico, December 20, 2009, "Health bill money for hospitals sought by Dodd." Section 10502 of the bill, this is the bill we will vote upon or we will deem passed, so you can go on the Internet and look at it, go and look at section 10502, provides \$100 million for the University of Connecticut Hospital. I don't know about you, Dr. ROE, but I didn't get \$100 million for a hospital in the State of Arizona in this bill.

Item number 3, Politico, February 3, 2010, headline, "Democrats protect backroom deals." This one is pretty interesting. It appears that Vermont, represented by Senator BERNIE SANDERS, JOHN KERRY representing Massachusetts, were able to find in the bill, or put into the bill in section 10201, \$1.1 billion for the States of Vermont and Massachusetts for their Medicaid program.

Now I have had my staff go over the bill and I am looking for Arizona's \$1.1 billion. Or, since those two States split it, it turns out to be \$600 million for Vermont and \$500 million for Massachusetts. I looked around to see if I could find \$500 million or \$600 million for Arizona, but it is not there. But every Member of this body, I think as early as next week, or maybe the week after, is going to get to vote on that special deal. They can't change a word of it. So if your congressman says oh, no, I'm not voting for that, that is wrong because it will be in the bill.

I have many more of these to go over.

Mr. ROE of Tennessee. Let me just point out that when you pointed out Louisiana, Nebraska, Massachusetts, Vermont, and Connecticut, all of these special deals, what that is saying is that those Representatives and Senators from there realize that this is a bad idea if it is going to cost the State money.

Mr. SHADEGG. Wait, wait. So you are suggesting that they find the bill a bad idea, so they had to find a special deal, or a sweetener, to get their vote? Shocking.

Mr. ROE of Tennessee. It is shocking. And the people from the outside who look at it, the people from Nebraska and Louisiana are fair people. I have heard the governors say this. They will pay their own way. They didn't ask to

be cut into a special deal, and that is exactly what this is.

What we are looking at in Tennessee is that what this special deal will cost us in Tennessee is a billion and a half more dollars, in addition to what we are doing now, of dollars we do not have. Neither does the State of Arizona, and most of the other states.

It doesn't mean that we can't do something for health care, but this is not the right way to do it.

Another thing, in Tennessee we have a law called the sunshine law. I as a mayor—that was my last political job before I got here—could not discuss with other members outside a public meeting, totally transparent, any city business. So the camera was on or it was an open meeting. Every single thing we did. Was it cumbersome and hard to do? Yes. But guess what didn't happen? This kind of nonsense didn't happen.

I woke up on December 24 when the Senate voted on this, and I knew what was in there, and I told my wife, I said I worked very hard to gain my reputation throughout the years as physician, and I was very proud to be a Member of the U.S. Congress. It made me ashamed to be part of an organization that would cut a backroom deal like this.

Mr. SHADEGG. I think you make a fascinating point. Clearly, the American people get it. They believe the health care system delivers quality care, but a lot of people are left out. Indeed, many of my friends in Arizona point out, way too many people are left out. The uninsured are left out. Many of the uninsured are people who are just not lucky enough to get employer-provided care.

One of the moral outrages I find in America's political system is that we say if you work for a big employer, let's say you work for General Motors or you work for in my State Intel or Motorola. You get employer-provided health care. You know what that is? It is tax free. But if you own a lawn service or a small corner garage and you don't get employer-provided health care, and your employees don't get employer-provided health care, they have to go out and buy health care on their own. That might be okay. I actually think it is better when you buy your own policy, but here is what the Federal Government does to those people. They say we want you, the guy who works for the lawn service or the guy who works for the corner garage that can't provide employer-provided health care, we want you to go out and buy health care, and we want it so much that we are going to make you buy it with after-tax dollars. That is to say that we are going to charge you at least a third more.

I want to make the point that we can fix that inequity and let every American buy health care tax free, just like their employers can, but this bill doesn't do it.

Mr. ROE of Tennessee. You are describing me. When I worked for myself in a group of physicians, we had 70 physicians and 350 employees. I retired to run for Congress, and I am on my own. So that year that I ran, whatever my tax bracket was, my health insurance cost me that much more money, because as an individual I couldn't deduct my health insurance premiums. But a large company could do that. And my business could do that. I have experienced that very thing.

Mr. SHADEGG. If that bill solved that one thing, if it just said to the average American who doesn't get employer-provided insurance, we will let you buy it tax free, like the people who get it from their employer, we would solve a huge amount of the problem of uninsured Americans who can't get care. But it doesn't do that. Let's talk about what it does do, because I only went through some of them. Let's talk about how this is the cleanest, most ethical Congress in history, and how we have change you can believe in.

Well, here are some of the things you can believe in. The bill has \$1 billion, according to *The Wall Street Journal* in an article published on October 15, called "States of Personal Privilege." This article says that there is \$1 billion in the bill to assist New Jersey's biotech companies, and they get that subsidy, put in there, according to the article, by Senator BOB MENENDEZ, Democrat from New Jersey. Apparently he didn't think it was a particularly good bill, not good enough until he got \$1 billion in there for drug company research, at least according to *The Wall Street Journal*, one more special deal.

But wait, there is more. Let's look at an article in *The Wall Street Journal*, same article, October 15, 2009, "States Of Personal Privilege." It points out that Massachusetts—one of their United States Senators is JOHN KERRY—or Michigan—one of their Senators is DEBBIE STABENOW—get, and these guys are not pikers, they get \$5 billion, with a "b," \$5 billion in a, I would suggest, a special deal, back-room deal, certainly a deal I didn't get, for union members that happen to live in Michigan and Massachusetts. You know, I guess it is a good deal if you can get it. You suggest maybe that persuaded them to support this bill that we now get to vote for, and I assume my Democrat colleagues are going to say, Look, we want all that stuff stripped out of the bill. The President says he is going to strip some out. But, quite frankly, I don't think that he is talking about stripping out many of these. They won't be stripped out from the bill we vote upon.

Mr. ROE of Tennessee. You can't change. If you dot an "i" or cross a "t," that is not the same bill, so they can't strip it out.

Mr. SHADEGG. I presume that makes those Senators who got these

deals into the bill that aren't going to be stripped very happy.

Mr. ROE of Tennessee. I would think so.

I think the thing that bothers the American people, the fairest people in the world, as long as we are all treated the same—we have fought for that equality. And we expect equality in health care. We are trying to provide the same high quality health care for all of our citizens, but this is not the way to do it. I am telling you, this is a prescription for rationed care over time. I have seen it happen in my own State. The people understand it. They get it.

A couple of things that I would like to talk about. The financing of this bill, it is really a shell game. You've got 10 years of taxes to pay for about six-plus years of care which, when you stretch out over \$1 trillion dollars, \$100 billion a year, really you are putting that \$1 trillion in 6 years worth of spending.

The other thing that this bill doesn't do, there is a little thing called the sustainable growth rate for physicians.

□ 1530

Right now, doctors are expected to have, in the next month, if we don't kick the can down the road again, a 21-percent cut in their Medicare payments. If that happens, and I have talked to my own doctor, colleagues around the country, three things are going to happen.

Number one, you are going to decrease access because the physicians can't afford to see those patients. Remember another government program, Medicare, doesn't pay for the total cost of the care; it pays about 80 to 90 percent of the cost.

Number two, when you do that, you will decrease access and quality.

And, number three, you're going to increase the cost to our seniors, who cannot afford it.

So I think that's a thing that people get. This doctor fix, which is left out, is about a \$250 billion or \$260 billion additional cost to health care. And how you can take physician payments of Medicare out of the health care bill and say you're reforming it is beyond me.

I yield back.

Mr. SHADEGG. Pretty stunning when you discover that, for example, lots of people can't find a doctor that will take them as a Medicare patient. And even more so, unfortunately America's poorest, who do get Medicaid, a program that some would advocate expanding, cannot find a doctor who will treat them under Medicaid because the reimbursement rates are so low.

You know, we're mixing a discussion here of kind of the things that are procedurally wrong with the bill because they must pass, here in the House, the Senate bill exactly as it passed the

Senate. We're talking about the special deals that are in that bill.

But I think we ought to also be talking about this whole notion about do Republicans have any ideas. What is it that we would do? I've already talked about one. I said, look, if you fix the Tax Code so that every single American could buy health insurance tax free, just like those who get it from their employer, you would go, instantaneously, just with that one fix, toward solving I think the single biggest inequity in American Society. We say to the lucky, who work for big employers, you get tax-free health care. We say to the unlucky, you don't; you've got to buy it with after-tax dollars. But that isn't fixed in this bill.

But let's talk about another, since Republicans don't have any ideas—I'm saying that facetiously—let's talk about another Republican idea. I mentioned in my introductory remarks that I have an older sister who is a breast cancer survivor. Fortunately, she has now survived breast cancer for more than 20 years. That has focused my attention on the issue of pre-existing conditions. I don't know a single Republican bill that does not solve the problem of preexisting conditions.

Now, let me see if I understand this: the Democrats want to solve the problem of preexisting conditions; Republicans want to solve the problem of preexisting conditions. I know of nobody on that side of the aisle who says, yup, you ought to be able to be denied care because you once had and survived cancer or heart disease. I don't know anybody on this side of the aisle who says you ought to be able to be denied care because you once had cancer or heart disease. We all agree it's a problem that needs to be solved.

Indeed, back in 2006, this Congress, when there was a Republican majority, passed legislation to deal with pre-existing conditions and the Senate adopted it. It passed the House by a voice vote, it passed the Senate by unanimous consent, and it was signed into law by the President. Nobody remembers it. I happen to remember it because I wrote it. But let's talk about what it would do because, unfortunately, my colleagues on the other side of the aisle and President Obama and Secretary Sebelius apparently don't understand it. Let me explain how it works.

This is legislation that would create high-risk pools. The bill offered money to every State in the Nation to create a State-based high-risk pool, do the administrative work of creating that pool, and then it offered additional money to help pay for the pool. Now, the average American out there listening might not know how a high-risk pool works. Well, here is how a high-risk pool works:

If you live in the State of Tennessee and they created a State-based high-

risk pool, or the State of Arizona, my home State, and you are denied coverage like my older sister because you had breast cancer or denied coverage because you had, say, heart bypass surgery, you would have a right to go to the State-based high-risk pool, you would have the right to buy insurance, you could not be denied coverage, and you could not be charged more than, we'll say, 110 or 120 percent of what they would charge someone that didn't have that preexisting condition. Now, that would mean that everyone with a preexisting condition could join the high-risk pool.

Now, here's how a high-risk pool works: the people in the high-risk pool do not pay the cost of its care because naturally if there is a cap on their premiums of 110 or 120 percent of the cost of a healthy person, they wouldn't have enough money to pay. So the extra cost for those people who are admittedly high risk, admittedly sick, is borne either by all of the taxpayers in the State through a tax subsidy, or by all the people in the State who purchase insurance because it is a levy on all the insurance companies in the State.

There is also risk readjustment that's been proposed. But all of these are concepts whereby the healthy in a given State help pay for the care of the sick. Now, here's what I'm stunned by: at the White House summit on health care, the President described State high-risk pools, or high-risk pools, and he said, oh, those don't work very well because you just put all the sick people in them and over time their premiums go up. Secretary Sebelius said, no, high-risk pools don't work because you put the sick in them and you give them no help with their premiums.

I've got news for the President and news for Secretary Sebelius: no high-risk pool in America works the way the President described it, one. No high-risk pool in America works the way Secretary Sebelius described it. In point of fact, they don't work by putting the sick people in and expecting the premiums paid by the sick people to take care of their care. They are put in the high-risk pool so that healthy people can be assessed a fee to help care for the extra care and services needed by the sick. And in point of fact, they work quite well.

We could and should expand them dramatically, and the costs are spread amongst the healthy. Now, why do people agree to that? Well, it's very obvious. It's because you and I don't know that tomorrow we won't be the one with breast cancer or the one with heart disease and need to be in the high-risk pool ourselves.

So we are supposedly having an educated debate where the Secretary of Health and Human Services and the President, who sponsored the summit, don't even understand how a high-risk

pool works. That's an idea that Republicans have put on the table. I guess if Democrats are going to say we don't have ideas, it's because they don't understand our ideas.

Does Tennessee have a high-risk pool, and is that how they work?

Mr. ROE of Tennessee. We do have a high-risk pool, and that is how they work.

And just so people understand, a pre-existing condition is a problem in the individual. If you're an individual like I was 2 years ago out trying to buy insurance, or, number two, in the small business pool, if you have 10 employees or 12 employees, it's very difficult. If one person has an illness, it just runs your cost up so high you can't afford it. So how do you make small groups or individuals large groups?

One of the things that Congressman SHADEGG has brought up makes absolute sense to me—I cannot understand why anybody but an insurance company wouldn't want you to do it—to remove the State line. What you do, you can buy car, your life, your home, everything else across the State line except health insurance. Well, if I'm Blue Cross Blue Shield in Alabama and I've got 84 percent of the market there, I don't want that to happen, but I bet the consumers in Alabama or Tennessee, or wherever it may be, would like that. Allow us, as consumers, to go on the Internet, look and purchase across the State line and form pools which make small groups large groups and preexisting conditions go away.

I yield back.

Mr. SHADEGG. As I understand it, we first talked about a Republican idea of saying let everyone buy health insurance tax free. Republican idea. That would take care of the little guy who's paying an outrageous after-tax price for his health care. One Republican solution not in this bill.

We've talked about high-risk pools so that people who have a preexisting condition—and they may have diabetes or something very expensive to treat—they can get help from those who are healthy in the State; they actually get a subsidy. Second Republican idea not in this bill. The President says it's in, but it's in as a temporary measure and taken right back out. Now you're talking about a third Republican idea, which is that we allow people in the individual market to buy health insurance across State lines, increase their competition.

It sounds to me like there are ideas coming from our side of the aisle. I guess I would like to know, why don't we, rather than doing one big massive bill some 2,000 pages long that according to what I've read at least 56 percent of Americans don't want, that at least 78 percent of Americans believe will cause the cost of government to go up and cause the cost of their premiums to go up, why don't we just pass indi-

vidual bills, one, to allow people to buy health insurance tax free; two, one to allow people to join either a State or a national high-risk pool; three, a bill that will allow people to buy health insurance in the individual market across State lines and enjoy the competition of not having to pick from just Blue Cross Blue Shield of Alabama, but be able to pick from Blue Cross Blue Shield across the country or 20 other companies. Couldn't we do that on a piece-by-piece basis, do one bill and then the other bill and then the other bill?

Mr. ROE of Tennessee. We absolutely could. As we say, you don't eat an elephant in one bite; you take a bite at a time.

Mr. SHADEGG. I don't think I could eat an elephant in one bite.

Mr. ROE of Tennessee. I tried last night.

The other thing that I would like to bring up while we're talking about it is how you affect cost, because we started this hour talking about health care cost. And without meaningful tort reform, liability reform, you will never bend the cost curve.

Let me give you an example. Years ago, when I was a resident in my training and after I got out of the Army and came back, we didn't make a lot of money as a resident so we would moonlight, work in emergency rooms. If you came into the emergency room and let's say you had some right-side, right-lower quadrant pain, I would examine you, get your vital signs, get a very simple, inexpensive blood test, a CBC. Let's say it was 10,000, a little bit elevated, your temperature is 99.2, a little bit elevated. I don't think you have appendicitis. And I say, well, why don't you come back in 8 or 12 hours and we'll reevaluate you. That was a very inexpensive visit.

Today, if that person comes into an emergency room, you're not going to leave until you glow in the dark, I can tell you, because you're going to get a CT scan, ultrasounds, and every other thing in the world. It's going to be a \$1,500 or \$2,000 visit. And, JOHN, I will guarantee you most of those are negative.

The reason that the doctor orders them is that there is no reason I shouldn't do that because if that appendicitis patient does happen to get out there, you can just write the check with the zeros and the commas. I can tell you when you get sued, the cost of that is enormous in this country. And who pays for that? We all do. Every consumer of health care pays for that.

Mr. SHADEGG. Just to interrupt for one quick second. That's what we call defensive medicine, which means a doctor defending himself in advance or practicing defensive medicine because he is afraid he's going to get sued and has to be able to respond to that suit.

Mr. ROE of Tennessee. Exactly. And you hear us being compared to Canada

and England and so forth. They have tort reform. They don't practice defensive medicine there. As a matter of fact, there is a lot of medicine that doesn't get practiced there at all because of cost, but they don't because you can't sue the government. The VA has that system; you can't sue a doctor in the VA. That's another area where tort reform has worked.

The reason that it needs to be done is that no one has argued not to compensate an injured person. Someone who has actually sustained an injury with actual damages, absolutely that should be done. In our State of Tennessee, since 1975, when we formed the State Volunteer Mutual Insurance Company, over half the premiums paid in by physicians into that company have gone to attorneys, not to the injured party. Less than 40 cents on the dollar have actually gone to people who have been hurt and about 10 to 12 cents on the dollar has gone to run the company and put back reserves.

We need a system where we can actually help people who have been damaged. And the cost of this, I can tell you right now, I have a friend of mine in my local community, a great family practitioner, 25 years, got his first lawsuit on a 19-year-old woman who had a very rare situation that occurred. There was no malpractice involved, just a very rare condition. His first year after that, his referrals to doctors, to specialists went up 500 percent and his ordering tests went up 300 percent. And that happens all over the country.

Mr. SHADEGG. It is clear that tort reform should be a part of this legislation, but of course it is not.

I have tried to outline here, I told you that I had many, many kinds of special deals, backroom deals, behind the scenes deals—"change you can believe in" if you will—that I wanted to go through during this hour. I think we've been through five of them so far.

You just mentioned Blue Cross Blue Shield. It turns out that Blue Cross Blue Shield does pretty well in this legislation because section 10905, if you want to look at it, of the Senate bill, the bill we will vote on here on the floor next week or the week after, without changing a comma has a special deal in it that exempts Blue Cross Blue Shield, but only Blue Cross Blue Shield of two States. It turns out it exempts Blue Cross Blue Shield of Nebraska and Blue Cross Blue Shield of Michigan from having to pay a particular fee that will be imposed on all other insurance companies.

Interestingly, Senator BEN NELSON represents Nebraska; Senator DEBBIE STABENOW represents Michigan. And, again, the source of this story, another news story, Boston Globe, December 22, 2009, title of the article, "Concessions Lawmakers Won in the Health Care Bill." These Senators won a lot of concessions. Blue Cross Blue Shield of, I

guess, Nebraska and Michigan are happy.

Let's talk about the next one. It turns out that, according to the New York Times—so we've got lots of sources, we've got the Wall Street Journal, we've got the Boston Globe, we've got Politico, we've got the New York Times—this one is the New York Times, December 20, 2009, "Deep in Health Bill," is the title of the article. Very specific beneficiaries. It turns out that coal miners in Libby, Montana, in section 10323, get several billion dollars' worth of free coverage as a result of, according to the article, Senator MAX BAUCUS of Montana.

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Yet I thought maybe that is a part of the change we can believe in when only powerful Senators are able to get the deals and not powerful House Members.

The third one that I thought I'd bring up in this particular segment goes back to Florida. I think this has actually been called the "Gator Aid."

Then this particular one appeared in an ABC News blog on February 22 of this year, 2010, which reads, "White House Cuts Special Help for Nebraska, but Other Deals Remain in Reform Bill." It points out the provision that Senator BILL NELSON was able to negotiate in not cutting Medicare Advantage in Florida.

Now, mind you, Medicare Advantage is very important to the elderly. In Arizona, in my State, which is a big retirement State, I have lots of constituents on Medicare Advantage. If I could have cut this deal, you know, maybe I wouldn't have been complaining, but that's not the way the system works. I wasn't a Senator, and I didn't get to cut this deal, but BEN NELSON did. It says that the Medicare Advantage cuts that will occur in Tennessee or in Arizona won't occur in Florida, courtesy of Senator BEN NELSON.

So I guess we have the most ethical and the change we can believe in except when we don't have the most ethical and the change we can believe in.

Mr. ROE of Tennessee. I think one of the things I have fought against for many, many years is that of the abuse of insurance companies. They don't get off free here. In one of the last cases I did in practice before I came to Congress, I spent as much time on the telephone getting a case approved as I did doing the case, which was a major surgical case. So there needs to be some meaningful insurance reform.

How do you do that?

Well, what also isn't in this bill works extremely well because I have used one myself, and 80-something percent of my 300 employees who get health care through our practice use this. It's called a health savings account. What it does is it puts me, the consumer, in charge of first dollar. The insurance company is not in charge of

it; I am in charge of it. The argument is that only the wealthy will use a health savings account. That is not true. This is how my health savings account works and how it works for my employees:

The business puts \$3,000 away, tax deductible, into a plan that is yours. You have a debit card—and I have one right here in my pocket—so, when I go and purchase health care, I buy it on the first dollar. The people I'm buying it from don't have to wait 2 seconds to get paid, so I want the lowest price. The one I used had a \$5,000 deductible. I take good care of myself, and I've been fortunate. After 2 years, I had almost \$8,000 left of my money. The insurance company didn't keep it as profit—I kept it—so I am incentivized to spend my health care dollars wisely.

This is a very good way to bend down that cost curve when you put me, the consumer, in charge of my own health decisions.

Mr. SHADEGG. You've touched on a hot button for me.

I think the health insurance industry in America has cut a fat hog. I think, quite frankly, they have failed the American people.

Mr. ROE of Tennessee. That sounds like a southern comment.

Mr. SHADEGG. It does. I think they have failed to provide economic coverage to the American people. I think they have failed to hold down costs. I think that the health insurance industry is largely to blame for a system that wastes a ton of money; yet it's the government that puts them in that position, because it's the government that says that you and I can't buy first-dollar coverage just for ourselves without paying for it with after-tax dollars.

In this bill, I think we ought to be making the American health insurance companies compete with each other, and they don't right now. I can hear now the howls and screams of the health insurance executives across the country, saying, Of course we compete with each other. What are you talking about? Wrong. Wrong. They compete to get your employer to buy their products. They don't compete to get you to buy their products.

I've got to tell you, in my life, I've worked for a number of different employers. I've never had an employer say to me, Look. I'll buy your suits for you because I know better what kind of suits you need than you do; or, I'll buy your car for you because I know better what kind of car you need than you do; or, I'll buy your home for you because I know better what kind of home you should live in than you do. I've never had any of them say, I'll buy your auto insurance for you because I know better than you do.

With all of those other products, we allow individuals to pick the products. I pick out my own suits. I pick out my

own home. I pick out my own auto. I pick out my own auto insurance, my own homeowners' insurance, and my own life insurance.

Interestingly, in each of those businesses, costs aren't going up as fast as they are in health care. They're going up at a slower rate. Now, why is that? Ah, could it be that those companies, the people who sell me suits, are competing with other people? Could it be that the people who sell me a house are competing with other builders? Let's just talk about one clear comparison.

When you go home tonight, turn on the TV, Doctor. I guarantee that you will see advertisements for auto insurance by GEICO, by Progressive, by Allstate, by State Farm, by Farmers. There will be a slew of TV commercials on your TV tonight, and every single commercial will say the same thing, which is, Buy our auto insurance, and we will charge you less and will give you more. They're pounding each other's heads in with competition.

As a matter of fact, when I was a kid growing up, there was a song called "Breaking Up is Hard to Do." You've probably heard it. Allstate has an ad out right now. It uses that song "Breaking Up is Hard to Do." Allstate says, Guess what? If you'll fire your auto insurance company and buy ours, you'll get a better deal, but since you probably don't want to fire your auto insurance company, Allstate will do it for you.

Now, it's interesting. Here are these auto insurance companies that are pounding each other's heads, saying they can give you a better product for a lower price. How many ads like that do you think you'll see tonight by UnitedHealthcare or Blue Cross Blue Shield or Aetna, saying, Buy our health care product, and we'll give you our health care plan, and we'll give you lower health insurance costs and better health insurance coverage?

I know the answer. I think you know the answer.

You will not see a single ad from a health insurance company, saying, Buy our health insurance plan, and we will charge you less and give you more. Do you know why? Because they don't have to compete for our business.

That's just dead wrong. If this bill does one thing, it ought to make those guys compete for our business. Instead, look at what this bill does:

Stunningly, the White House says that the answer to solving health care problems in America is to force us to buy a health insurance plan from the guys who already are selling us lousy, expensive health insurance. It has got an individual mandate. It has got an employer mandate. They're saying, We're going to fix health care in America. We're going to make you buy that crummy product that the current health insurance companies are selling you.

How is that going to work? So let's talk about who has cut a fat hog in this deal.

The health insurance industry came into this, and they said, Here is what we want out of health insurance reform. We want no public plan, because that would be competition, and we don't want to compete with a public plan. Well, maybe they've got a point. They said, Well, we do want an individual mandate.

Guess what they're going to get?

The bill that the Senate passed, the bill we're going to vote on in this House, says there will be no public plan, but they're going to compel, at almost gunpoint, every American to buy a health insurance plan, approved by the Federal Government, from one of those same health insurance companies that are overcharging us now.

The White House says they're fighting the health insurance industry? Get a grip.

Mr. ROE of Tennessee. They're in bed with them.

Mr. SHADEGG. They're in bed with them.

Mr. ROE of Tennessee. Well, let's talk about a couple of solutions. We've talked about a lot of problems. If you did two things, you could cover almost two-thirds of what the Senate bill does and would not have one new program. Actually, one new bill would do it.

Number one: Allow your adult-aged children when they're above 18 years of age or when they've graduated from college—and I've had three who have had this problem. For their first jobs, they didn't have health insurance. Just let them stay on their parents' plans. That's in the House bill. Pick your number—26, 27, 28 years old. You would cover 7 million young people by doing that.

Number two: Adequately fund and simply sign up the people who are eligible for SCHIP, the State Children's Health Insurance plan, in Medicaid right now. You would cover 10 to 12 million people.

In this way, you'd cover almost 20 million people without this massive, incomprehensible, 2,700-page bill with all the special deals in it.

Mr. SHADEGG. But wait. But wait.

Without a 2,700-page bill, you couldn't hide the Cornhusker Kickback. You couldn't hide the Gator Aid. You couldn't hide the Louisiana Purchase. I haven't even gotten to all of them yet, but go ahead.

Mr. ROE of Tennessee. You can talk about one page, and you're talking about 18, 19, or 20 million people.

Mr. SHADEGG. There you go.

Mr. ROE of Tennessee. So what could you do very briefly and very simply?

Number one: Increase competition. You have to do away with State lines and allow competition to occur across State lines.

Mr. SHADEGG. Wait. Can I stop you right there?

Mr. ROE of Tennessee. Yes.

Mr. SHADEGG. I was the first guy to introduce a bill to allow cross-State-line purchase.

Mr. ROE of Tennessee. I know you were.

Mr. SHADEGG. You just used the number of 12 million. Two professors at the University of Minnesota, which is not exactly a conservative university, said, if you just enacted cross-State-line purchases, then that would enable 12 million additional Americans to afford health insurance with not one penny of cost to the American taxpayer.

Mr. ROE of Tennessee. Well, the three things we have mentioned right there would cover this bill.

Anyway, one, you've got State lines. Two, you've got association health plans, or groups, which would allow individuals or groups to form. Three, you've got the tax deduction allowing an individual to deduct it from his tax. Four, you've got tort reform. Five, which we've just mentioned, will allow adult-aged children to stay on their parents' plans.

These are five simple things you can do without having all of the special interest groups and everything else. Then guess what? One of the things would be to expand the health savings account. You would be putting individuals in charge of their health care and of their health care decisions. Who should make them? A health care decision should be made between a physician, the family, and the patient. That's who should be making the decisions—not insurance companies, not the government.

Mr. SHADEGG. I just want to reiterate what you said: A health care decision ought to be made by the patient, the family, and the physician.

Mr. ROE of Tennessee. That's absolutely right.

Mr. SHADEGG. Yet that's not how the system works today.

Mr. ROE of Tennessee. No.

Mr. SHADEGG. In the system today, your employer picks the plan, and the plan picks the doctor. You don't get to pick the plan, and you don't get to pick the doctor. If the plan or the doctor abuses you, you can't fire them.

Mr. ROE of Tennessee. You're stuck.

Mr. SHADEGG. Your idea is we should empower patients to be able to pick their plans and to be able to pick their doctors, which we could do by, number one, letting those Americans who can afford it but who don't get employer-provided care buy health care without paying a tax penalty; number two, letting those who get money from their employers either take their employers' plans or pick their own plans. I guess that's why we call it "patient choice."

Instead of empowering patients, this bill that we're going to vote on of 2,000-and-some-odd pages, the Senate bill,

which has these 11 special backroom deals in it—and I still haven't gotten to all of them. That bill says, no, we shouldn't make it the patient, his or her family, and the doctor. We shouldn't leave it as the employer is overruling you. We should make it that the government is controlling the system.

Mr. ROE of Tennessee. Yes.

I had a very successful medical practice, and I understood who I worked for—not the insurance company, not the hospital. I worked for the patient. We are losing that because we are putting insurance companies and we are putting the government in between those decisionmakers.

Mr. SHADEGG. It's a third-party pay system that exists right now. It does not work when your employer controls your health care plan. It will not work when the government controls your health care plan. It makes all the sense in the world to let people control their own health care plans. I've got a couple of myths and facts here I thought I'd conclude with.

The White House says that your insurance premiums will decrease if this bill is enacted. Interestingly, the CBO and the Joint Committee on Taxation say that the average premium per person covered for new nongroup policies would be about 10 percent to 13 percent higher in 2016 than the average premium for nongroup coverage in that same year under current law. So we're going to put the government in charge, and premiums will go up.

The President said that you could keep your coverage if you like it. Interestingly, in Baltimore, when he came and talked to us, he admitted that was no longer the case. In fact, here are the numbers: Between 8 and 9 million people who would be covered by an employment-based plan under current law would not have that offer of coverage if this bill passes.

I think this is a critically important debate. I think we can reform health care in America. I think we can find ideas on the other side of the aisle and on this side of the aisle. I think we can get to reform, but I don't think the way to do that is with a system that moves power away from you and me and gives it to the government.

I thank the gentleman for his assistance.

Mr. Speaker, I yield back the balance of my time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3650, HARMFUL ALGAL BLOOMS AND HYPOXIA RESEARCH AND CONTROL AMENDMENTS ACT OF 2010

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-439) on the resolution (H. Res. 1168) providing for

consideration of the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

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

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. BRIGHT, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, March 18.

Mr. JONES, for 5 minutes, March 18.

Mr. WHITFIELD for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, March 18.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1067. An act to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation and transitional justice, and for other purposes; to the Committee on Foreign Affairs.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 4 p.m.), the House adjourned until tomorrow, Friday, March 12, 2010, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from

the Speaker's table and referred as follows:

6508. A letter from the Administrator, Department of Agriculture, transmitting the Department's "Major" final rule — National Organic Program; Access to Pasture (Livestock) [Doc. No.: AMS-TM-06-0198] (RIN: 0581-AC57) received February 25, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6509. A letter from the Office of Research and Analysis, Department of Agriculture, transmitting the Department's "Major" final rule — Food Stamp Program: Eligibility and Certification Provisions of the Farm Security and Rural Investment Act of 2002 [FNS-2007-0006] (RIN: 0584-AD30) received March 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6510. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Laminarin; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0529; FRL-8812-1] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6511. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Nicosulfuron; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2009-0569; FRL-8812-5] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6512. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Trichoderma gamsii strain ICC 080; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0749; FRL-8799-4] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6513. A letter from the Chairman and Chief Executive Officer, Farm Credit Administration, transmitting the Administration's 2010 compensation program adjustments, including the Agency's current salary range structure and the performance-based merit pay matrix, in accordance with section 1206 of the Financial Institutions, Reform, Recovery, and Enforcement Act of 1989; to the Committee on Agriculture.

6514. A letter from the Secretary, Department of Defense, transmitting a letter providing notification that the Navy intends to implement policy changes to support a phased approach to the assignment of women to submarines; to the Committee on Armed Services.

6515. A letter from the Assistant Secretary, Department of Defense, transmitting the Department's annual report for fiscal year 2006 on the quality of health care furnished under the health care programs of the Department of Defense, pursuant to Section 723 of the National Defense Authorization Act for Fiscal Year 2000; to the Committee on Armed Services.

6516. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket ID: FEMA-2008-0020] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6517. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's "Major" final rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Capital Maintenance: Regulatory Capital; Impact of