cost of their household budget, and they're preparing to do that in name of environmental priority and climate change legislation at precisely the time that American working families, small business owners, and family farmers can least afford it.

So I commend the gentleman from Utah. I commend him for his extraordinary and visionary leadership on issues involving energy. But I pledge this: That as chairman of the House Republican Conference, as one of those tasked with the American Energy Solutions Group on which my colleagues have the privilege of serving, we are going to make the fight in the weeks ahead against this national energy tax and, to the gentleman's point, we're going to offer a Republican alternative in the American Energy Act that will lessen our dependence on foreign oil, make a commitment to wind and solar and nuclear energy, make a commitment to new, cleaner technologies, more fuel efficiency. But it will not include a national energy tax that will drive this economy further down during these difficult days.

I yield back.

Mr. BISHOP of Utah. I appreciate the gentleman from Indiana giving us what I think is not necessarily bright news, but good news to realize that the cap-and-tax approach or the cap-and-trade policy is not the only one that's out there. There are other options.

The gentleman from Louisiana and I have joined with Senator VITTER on what is called the No Cost Stimulus Bill that solves this problem in a different approach. The Republican Study Committee and the Western Caucus have joined with H.R. 2300, which solves this problem with an alternative approach that provides American energy and American jobs without the harmful side effects.

I just went this afternoon to the National Center for Policy Analysis. They presented 10—they call it 10 cool global warming policies—but 10 specific ideas or concepts, many of them that we have incorporated in some of those other bills that would help our situation without having to impose a tax that hurts the poorest of our people.

Now I am pleased to yield to my good friend from Texas, someone who is, I think, the most fascinating speaker I have a chance to listen to, the last few minutes that we have on this particular issue at this time tonight to try and summarize once again that where we're going, hopefully we can avoid the pitfalls, and there are other options than what we have simply seen placed before us so far.

I yield as much time as he may consume to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. I appreciate your yielding. I don't think there's anybody who brings more clarity to the issues of energy than my friend from Utah, Mr. BISHOP. I sure do appreciate the clarity he brings.

But when we talk about this cap-and-tax-away-jobs bill that's apparently going to be coming rather quickly upon us, you need to look at the reasons being given as to why we have to have this cap-and-tax-away-jobs bill, why we have got to get rid of more jobs, cost more Americans more money when they don't have it. And we're told it's because of the carbon dioxide out there and that it's creating global warming.

Well, have you noticed we're not calling it global warming anymore? Now we're calling it climate change. And you wonder why have they started calling it climate change. Well, you start looking at some of the scientific data that's coming out and they're realizing, you know what, this planet may be cooling instead of warming. It may be starting on a cooling cycle instead of warming.

So, since we have millions and millions and millions of dollars being made by scaring people about global warming, in case it is cooling, maybe we better change the name to climate change. That way we're going to keep the money coming in either way, because we're scaring people.

It's climate change, no matter which way it's going—warming, cooling. In fact, I saw an article that indicated, you know what, we have been saying that carbon dioxide is trapping the heat and warming the planet, but we may be wrong about that. It may be that the carbon dioxide is creating a shield and causing the Sun's rays to bounce off and, therefore, cooling the planet.

That way, they can have it either way. If it's warming the planet, then it's catastrophe and we need to pass all kinds of laws to tax people, put business out of the U.S., and go to other countries. And if it's cooling, we will have it that way, too. Keep the money flowing in.

In our Natural Resources Committee, we have talked about the polar bears. I have seen that deeply touching commercial where this mama bear with the cub, it looks like they're dying out there. Maybe they are. But what we have heard in our committee is that 20 years ago we know for sure there were less than 12,000 polar bears. And we know today, for sure, there are at least 25,000 polar bears in the world. They have more than doubled in 20 years.

But somebody is making a lot of money by telling people the polar bears are all dying, so give us money, take away American jobs, send them around the planet, and we will be better for it. Well, they will because they're going to have bigger houses. And I don't begrudge Al Gore having that wonderful house and using all that energy, but he just shouldn't make the middle class of America pay more for their energy and cause the loss of their jobs in the name of helping the planet. It doesn't help anybody but him and people like him that are out there scaring folks.

We have talked about the jobs that would be created in ANWR. You open ANWR, a million new jobs across America. You open the Outer Continental Shelf to drilling, another 1.1 million or 2 million jobs in America. The President can finally keep his promise; instead of losing more jobs, we'd have more jobs coming into America instead of going out.

That's why we don't need a cap-and-tax-away-jobs in America. We need to produce more of our own. And I mean everything. We're talking about wind. We're talking solar.

I have a bill for a prize for somebody that comes up with a way to store electrical energy in megawatt form for more than 30 days. Solar could be our answer to the future. But for right now, it's carbon-based energy. And it will keep jobs in America, bring them back.

But, for goodness sake, let's don't hurt the middle class in America any more than they're already being hurt.

I appreciate so much my friend from Utah. And with that, I will yield back to him.

Mr. BISHOP of Utah. I appreciate the gentleman from Texas. It is one of those things that we live in a new iPod generation in which in all our lives we are given options and choices. In this particular area, it is not the time for the government to now establish who wins, who loses, what is our only path.

We still have to provide our people with options so that they can live and expand their lives the way they deem best. That's the important part here.

I want to emphasize there are options out there on the table that the Republican Party is presenting. Those options need to be heard and explored because they lead us to a proper goal and an easier pattern.

With that, we yield back the balance of whatever time is left.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 626, FEDERAL EMPLOYEES PAID PARENTAL LEAVE ACT OF 2009

Mr. ARCURI (during the Special Order of Mr. BISHOP of Utah), from the Committee on Rules, submitted a privileged report (Rept. No. 111–133) on the resolution (H. Res. 501) providing for consideration of the bill (H.R. 626) to provide that 4 of the 12 weeks of parental leave made available to a Federal employee shall be paid leave, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE IN AMERICA

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

Mr. MURPHY of Connecticut. We are going to take the next 45 minutes to an hour, myself, Mr. KAGEN, Mr. LANGEVIN, and a few others that will likely join us over the course of the

hour, to talk about a subject that's on the minds of more and more Americans every day, and that is the issue of getting health care for all Americans.

President Obama was swept into office with a mandate to fix what has become an unjustifiably broken health care system here in this country. It costs way too much, outpacing all of our industrialized neighbors by almost twofold. It gets care that, compared to those same nations, ranks pitifully in the middle of the pack. And it has changed the very practice of medicine for far too many physicians who went into their profession for the love of treating people and making them better and now find themselves dedicating more and more of their time filling out paperwork, dealing with red tape, and arguing with insurance companies over whether or not they should get paid for their services.

□ 1830

We can make this health care system better for our society as a whole, for our government as a payer, for the patients who interact with it, and for the providers—the doctors and the nurses and practitioners—who perform miracles every day within that system despite the system.

There are a lot of people who enter this debate from various sides, and we're, frankly, not going to have over the course of this next hour unanimity of opinion on the exact solution to this crisis going forward. What you will hear over the next hour is a group of individuals on the Democratic side of the aisle who are committed not just to reform for reform's sake, not just to a—pardon the pun—Band-Aid fix, but to comprehensive health care reform. We're beyond making little incremental fixes here or there. We've got to strip this thing down and build it back up again. We've got to learn from our mistakes.

On the Democratic side of the aisle, we've heard the American people loud and clear whether it was at the ballot box last November when they voted for a President, a President who made it clear that health care reform and getting coverage to every American was going to be at the top of his priority list, or whether it's every weekend when we go home, when we talk to individuals who are facing the reality of an economy that leaves them one paycheck away, one pink slip away, from losing their health care forever. That number is going up. More and more Americans are afraid that their breadwinners may lose their jobs over the next 6 months to a year. They realize that what comes along with that is the risk of having their entire lives turned over. Half of the bankruptcies in this country are not due to irresponsible spending decisions or due to houses that they bought that cost too much or due to a couple too many plasma TVs in the basement.

No, it's medical costs. It's an unforeseen illness visited upon a family who didn't have the resources to pay for it. Half of the bankruptcies in this country are due to people who got sick but who didn't have the means to pay for it. Half of the bankruptcies are due to the people who played by all of the rules and who did everything we asked them to do but who just got sick.

Now, in the richest country in the world, there is no justification for the fact that somebody who has the misfortune to be diagnosed with cancer or with an expensive illness has to lose everything—his house and his car—just because his fortune was a little bit different than someone else's fortune. There is no justification for the fact that millions of little kids in this country are going to bed, sick at night, just because their parents can't afford to get them to doctors. In this country, that can't be all right. People have come to the conclusion that this is the time—this year, right now, this summer, this fall—when we finally will wake up and will fix this thing for good.

You're going to hear from a lot of us as to our ideas on how we should address this crisis. We're going to talk today about the role of consumers in this debate, whereby we can make our health care customers better purchasers of health care if we give them the right information and so that we can empower them in a new, reformed health care market.

You're going to hear about the role of the Federal Government in this reform and, as part of that new purchasing power that we can give to individuals, that we can give them the option to buy the same health care that I have and that Mr. LANGEVIN may have and that others in this Chamber may have. I know Mr. KAGEN doesn't take the Federal employees' health care plan, but it doesn't seem like it's so revolutionary that we should not allow regular, everyday Americans to have the same kind of health care that Members of Congress have.

We're going to talk about the role of people to have choices between public insurance and private insurance. We're going to talk about reforming the way that medicine is practiced so that physicians can get back to spending their time with patients rather than with filling out paperwork and with hiring more and more people to argue over whether they will get paid or not.

We're going to talk about how we make this reform centered around improving quality. It still doesn't make sense that we spend 70 percent of our gross domestic product on health care, and yet we have infection rates, life expectancy numbers and infant mortality rates that should leave us pretty embarrassed given the amount of money that we're spending. So I'm excited to be here on the floor for the next hour or so to talk about these things.

I know Mr. LANGEVIN has joined us here on the floor. I would be thrilled to turn it over in just a second to Mr. KAGEN to give a couple of introductory remarks, and then I will turn it over to Mr. LANGEVIN.

So I'm glad to have you join us here, Mr. KAGEN.

Mr. KAGEN. Thank you, Mr. MURPHY.

If you could raise up that sign one more time, it does say ''Health Care for America.'' It doesn't say ''health insurance.'' It says ''health care,'' which is our focus. We care about the people we're listening to—the people we have the honor of representing. It is about making certain that people can get to see their doctors when they need to at prices they can afford to pay. I'll share with you some of the stories that, perhaps, President Obama is going to hear when he comes to Green Bay, Wisconsin, on the 11th of June, just a few days from now.

Here is someone from Green Bay who wrote to me. Her name is Stephanie: ''Insurance is number one on my list. My current employer can't afford to give us health insurance, and I can't get individual coverage. Help, please.''

President Obama might hear from Jim, who is also from Green Bay: ''Every human should have health care. Don't have insurance. 60 years old.'' He is between the cracks. He is not old enough for Medicare, and he is not poor enough for welfare or for Medicaid.

In Sturgeon Bay, just outside of Green Bay, I got a card from Rhonda: ''Our middle class income cannot support the increase in medical premiums, copays and deductibles. What will be done for the middle class?'' She is Rhonda in Sturgeon Bay.

People are writing to their legislators, not just in the Federal House here in Washington but across the State houses. Every government at every level understands the pressure and that the cost for health care has risen astronomically. It is 17 percent of our GDP. It is that investment that we make in ourselves to guarantee that we have health. If you don't have your health, you may not have anything.

Now, recently, I received a mailing from an insurance company that is in my district. It's a great company. I just want to read this into the RECORD because, if you have certain preexisting conditions, all the marketing in the world won't allow you to purchase their product, because they don't insure people with preexisting conditions:

''Important information about preexisting conditions: Although we make every effort to extend coverage to all applicants, not everyone will qualify. If you have had treatment for any of the following conditions, you may not qualify for the coverage being offered.'' It reads: ''HIV/AIDS, alcohol, drug dependence, cancer, chronic obstructive pulmonary disease, connective tissue disease, Crohn's disease, diabetes, emphysema, heart attack, stroke, hepatitis, inpatient emotional and mental health care, organ or tissue transplant, ulcerative colitis.''

It goes on to conclude: ''You should also be aware that we may not be able

to provide coverage to individuals who are severely obese, who are severely underweight or who are undergoing or who are awaiting results of diagnostic tests. We cannot offer coverage to expectant parents or to children less than 2 months old.'' Finally, it reads: ''This list is not all-inclusive. Other conditions may apply.''

I don't think it was a doctor who wrote this policy. I think it was someone who had his economic interests in mind and not the care of the people who are looking for the coverage they need in order to guarantee they get the care that they're going to require.

We are prepared in this Congress, I believe on both sides of the aisle, to step up and to face and to confront this essential economic fiscal problem. It's not just about your money. It's about your life. This, after all, is the House of Representatives. Some people back home in Wisconsin think that we're trying to talk them out of their money and out of their lives.

Tonight we're going to have a conversation with one another and with the American people about what is most important to you, and that is your health care. I'm hoping that, someday soon, we're going to come to a time when we'll have all prices openly disclosed everywhere in these United States for all of the products.

Mr. MURPHY, last week when I was home, I had a ''Congress on your Corner'' at a grocery store in Waupaca, Wisconsin. While there, I didn't get a headache, but if I had had a headache and had wanted to buy some aspirin—I took a picture of this. Now, some of my staff here in Washington think this is pretty cheap. You know, you can get Bayer's cherry- or orange-flavored aspirin for $2.55. Right there in the middle, you can buy a generic brand for $2.05, which is 20 percent less. What do you want to pay: more or less? It's the same medication. This price is openly disclosed.

I think we have to have this type of health care available, not just at the grocery store for aspirin products but at the hospitals and at the doctors' offices and everywhere in health care across the country, most particularly for health insurance policies. If at the end of the day we're going to continue to allow companies to be in the marketplace, like the offering I just read to you, I believe very strongly they should be compelled to sell the same product to any willing customer with no discrimination due to preexisting medical conditions.

If, after all, we have Federal standards in this country for almost everything, why don't we have the standard of a comprehensive health insurance coverage plan that each and every insurance company must offer to any citizen or legal resident anywhere in these United States?

There is nothing wrong with having standards so long as we can meet those standards. So I think these are some of the issues that are important, one of which is transparency in health care purchases. We have to have no discrimination anywhere in health care. I think the President has accepted this as one of his most essential elements, as one of his eight principles for health care.

One should not suffer in this country due to discrimination based on the color of one's skin. Well, what about the chemistry of one's skin? If we're not allowed to discriminate against anyone because of what they're thinking, what about how they're thinking? What about the chemistry of their minds?

So I think it's time that we apply our civil rights that guarantee no discrimination to health care. When we do, we'll begin to guarantee access to affordable care for every single citizen and legal resident.

I yield back.

Mr. MURPHY of Connecticut. Thank you, Dr. KAGEN.

Dr. KAGEN has been such a great voice on this. He highlights a growing issue that, I think, we can get bipartisan agreement on, which is that transparency of price, whether it be insurance products or physicians, is going to be so important, and empowering consumers to make these decisions can be part and parcel of what gets those costs down.

With that, I am very happy to have my good friend from Rhode Island join us today. I would yield to him.

Mr. LANGEVIN. I want to thank the gentleman for yielding, and I applaud his efforts, along with Mr. KAGEN's and along with those of many of my other colleagues. I applaud them for their interest and for their concern about the health care crisis that is facing America and that has been facing this country for decades. I am proud to join in the effort to speak out and to demand that this Congress finally, once and for all, addresses the health care crisis in America and establishes universal health care.

I particularly want to commend President Obama for making this such a strong priority for his young administration.

I thank the gentleman for yielding and, again, for his efforts in organizing this Special Order.

Mr. Speaker, our country has seen a significant rise in health care costs over the past several years. Again, this is a national crisis, and it is probably one of the most pressing domestic public policy concerns of our time. We have witnessed a growing population with longer life spans, with higher incidence of chronic disease, with greater income disparities, and with increased levels of the uninsured, all of which put a tremendous strain on our health care system. Each of these elements has conspired to create an untenable situation that is being felt in hospitals, in doctors' offices, by individuals and families, and by businesses. It poses a threat to our long-term economic competitiveness and fiscal well-being.

According to a recently released report by Families USA, 254,000 individuals in my home State of Rhode Island were uninsured during some point during the last 2 years. Well, these numbers are unconscionable, but I have to say they come as no surprise. I have continuously heard from individuals and families who are struggling with rising premiums and copays and who are overwhelmed by medical debt.

In fact, as my colleague mentioned, Mr. MURPHY from Connecticut, the rising cost of care for unexpected illness is one of the leading causes for personal bankruptcy. It is outrageous in a country like America that being sick could put a family into bankruptcy. I think this is unconscionable.

I have also heard from Rhode Island businesses that want to provide health coverage for their employees, but they simply can't afford the time or, most importantly, the expense of providing that coverage. Of course, workers who are fortunate enough to have access to health insurance face increasingly daunting costs while many people are afraid that they'll lose their benefits all together. This simply cannot continue. The time for comprehensive health care reform has come. This has to be the year that we fix health care in America, that we afford everyone universal health care coverage.

I am pleased that, within the last few months, this Congress and President Obama have already taken significant steps to expand health coverage for children, to increase funding for community health centers and to invest in innovative technologies that will ensure better treatments and outcomes for our future.

□ 1845

It is only with comprehensive health care reform that we will achieve substantive change that improves both our Nation's health care system and the health of our Nation's citizens. Fixing our health care system is also critical to ensuring that the U.S. remains competitive globally in this international market, making sure that our businesses can be competitive in the global economy and will improve our vital long-term economic growth.

In the spirit of furthering this important dialogue on health care reform, I have reintroduced my own universal health care proposal. I'm calling it the American Health Benefits Program Act which is designed to guarantee every American access to the same health care coverage as Members of Congress. I think that this is the right thing to do for the American people. In introducing this legislation, I'm not trying to reinvent the wheel. I want to look to a template, something that is already working. This proposal is modeled after the Federal Employees Health Benefits Program, or FEHB. It uses basically a health insurance exchange template

while leveraging the power of the Federal Government to negotiate with private insurance carriers so that competition for enrollees is based on quality, efficiency, service and price. Basically there is still a role for private health insurers, but it uses the bulk purchasing power of the Federal Government on behalf of the American people to get the best quality and the best price for health insurance.

Under this program, no one will be denied coverage or discriminated against based on their health status or pre-existing condition. The goal is to offer portable continuous coverage that drives investment and disease prevention and long-term preventative care which decrease the cost of health care over time. But most especially, it ensures that when someone is sick, they can go to a doctor and not worry about whether or not they can pay for it.

This proposal represents my own vision for health reform, one that contains cost, improves quality, increases efficiency, promotes wellness, guarantees universal coverage, and encourages the investment in treatments and cures for the 21st century. Each of these principles comprises a key element, an important goal within the national dialogue on health reform. Particularly it contains the key elements that President Obama has laid out as his requirements for fixing health care in America.

It is clear that we are about to set the scene for the next chapter of health care in America. And it is my strong belief that by working together, we can create a truly inclusive and sustainable model for health care that meets the needs of our children, adults and seniors regardless of their income level, employment status, age or disability. We are all stakeholders in this important debate, and we will all have a role to play in health care reform. I look forward to working with my colleagues to offer fresh solutions and create a new vision for health care in America. The time has come. This is the year. We're going to get it done.

I want to thank my colleague Mr. MURPHY and all of my colleagues who have joined in this Special Order tonight in this effort to fix health care in America.

Mr. MURPHY of Connecticut. I thank the gentleman from Rhode Island. You have been such a leader in this Congress for years on the issue of health care reform, especially, as the world knows, on the issue of stem cell investment. We know that one of the ways that we're going to get savings ultimately is by stimulating the next round of breakthrough treatments and cures that are going to save lives but also save money.

With that, we'll turn to my very good friend and classmate from Florida (Mr. KLEIN) for some wise sage words.

Mr. KLEIN of Florida. Thank you very much. I appreciate the gentleman from Connecticut and his characterization of ''wise sage words.'' I will try not to disappoint you.

It is a pleasure to be here tonight with Members of the House to talk about health care. This is something that obviously touches every one of us, as 300 million Americans face health care issues every day. Some of us don't have to think about them from year to year other than maybe just a minor incident or you have to go to see a doctor from time to time. Others face literally chronic and life-threatening health situations every day, and it hangs over you. It hangs over you as just an emotional and physical thing as it relates to your body or your family, one of the members of your family. It relates to and hangs over you because of the costs and the threat of that overwhelming cost and impact on your family's wherewithal and to be able to do it. Certainly from the business community side, we hear from our small businesses. I know in South Florida, where I come from, we're a small business State, and so many small businesses with five employees, people who are self-employed, 10 employees, 50 employees, they go through the same experience year after year, double-digit increases with no experiences, nothing that went on during the year that was a major cost factor that set off these double-digit increases. And what happens is, they then have to make a decision: What can I cut back? We are in difficult times right now. Do I increase the copayments? Do I increase the deductible? Do I cut back on the scope of care? Businesses want to provide health care. It creates loyalty from the employees to the business. It creates a healthy employee and someone who is able to come to work every day, someone who you've invested a lot in to train that employee. You also have large businesses that can compete internationally. They know that the costs of producing something with that added double-digit increase of health care cost impacts the cost of the product that they are selling worldwide and competing with other countries which somehow integrate the cost of their health care into their government operations or just in a lower cost way.

We now have a dynamic in place here that's been around, but I think it has finally hit the point where there is a coalition of people all across America that are saying, we need change. And we don't want nipping around the edges. We don't want some small little thing that isn't going to make a difference. We have fundamental problems. We have cost problems. We have coverage problems in some cases, pre-existing conditions. I know anybody this in this room I can speak to and people listening tonight, everyone could talk about a family member, a neighbor, a friend who has breast cancer or some other chronic condition that when you need that insurance the most is when it will be unavailable to you because if you change jobs or you are getting a new policy, they will be excluding coverage from that pre-existing condition when you need it the most. So the notion of insurance and spreading the risk among our whole population, which it's supposed to do, is what has somehow gotten away from the insurance system as we know it, and that's wrong.

So where are we? We're at a place where I think Americans say and want and know that they want to have something that's stable, something that will be there for them. They're willing to pay a fair price for it. They want to be able to compete in their businesses. And the good news is our President, many Members of the United States House of Representatives and the Senate want to do something about it, and we're getting great support from across the country. We have got to get it right, but I think there's a tremendous amount of opportunity here.

Let's talk just very briefly about what some of those notions are, those principles that we're going to create this plan. There are a lot of ideas out there right now. We can certainly invite Americans to talk to their Representatives and give us some input on what you think.

Number one, I think one of the most important things is this notion of restoring the doctor-patient relationship. We have a lot of doctors. Dr. KAGEN is a doctor. I see our friend from Pennsylvania who is going to speak in a few minutes. She has a doctor, I believe, as a husband and a son. There are a lot of doctors in the Schwartz family. And I think as patients we know the best thing we can do is have a long-term relationship with a doctor who knows my family history, knows my history. Not that I have to change jobs and change doctors, or my plan knocks this doctor off the panel, I have to find somebody else. So let's go back to the notion of having a doctor-patient relationship whose decisions are not dictated by people who are outside of the medical field, insurance companies, managed care, et cetera. Let's put that in place.

Number two, let's make sure that as we go forward that people who like what they have in the insurance world can keep it. I mean, there are a lot of people who like what they have. I wasn't out here criticizing everybody. Some people are very comfortable with the plan that they have. They should be able to keep it. Nobody is saying you shouldn't be able to have it. Keep it. It's good. Let's stick with it. We want to provide tax credits to small businesses and individuals to make coverage affordable. In other words, again, it's not mandatory as we know it right now. So encourage businesses by doing it with tax credits to make it affordable. We want to certainly end this practice of eliminating pre-existing conditions from coverage. Spreading the risk is a very simple principle that could be done with a pen, and we're all set. So that's a principle that has to go in there.

We want to make sure that whatever we put forward invests in preventive and well care medical coverage. I take

Lipitor or I take something for cholesterol. It's a family history thing. A lot of people take it. It's just something that keeps me healthy. If I didn't take it, I would have cholesterol. Dr. KAGEN could probably tell me how I should change my diet. I do run. I try to keep in shape. But the bottom line is, I take it as a preventive tool. There are lots of other tools and things that we can take, plus exercise programs and other things. But we should incentivize behavior through our health insurance scenario. Just the last couple of items before I turn it back to my colleagues, we want to ensure that we're using science-based information, that when decisions are made, it's based on science and not some of these non-science-based concepts. I mean, science really relates to the best individualized treatment and care.

Then, of course, we have to crack down on the waste, fraud and abuse. There's a lot of money in this current system here that is a lot of waste. We have to fix all that, you know, wring it tight so we can make sure that that money is being spent directly on health care. These are principles—and there are others that we're working on—that I think most Americans approve of and support. I think this is the construct by which the various ideas are being discussed here in Washington and are part of that discussion. There may be details which we may not all agree 100 percent on, but this is something that the time has come. The time has come for peace of mind for every American, for every business to know that we'll have a stable health care system that will support Medicaid, support Medicare, and on the private side, very important, most of us will get our care from the private side. We'll have that opportunity to know that it's cost-effective, and it will give us that necessary coverage.

I thank the gentleman from Connecticut who brought us together tonight. I know being from South Florida and having a tremendous amount of senior citizens who depend on a good quality health care system and a whole lot of families that are very interested in making sure their families are covered as well, we're working to make sure that we take care of them the right way here.

Mr. MURPHY of Connecticut. Listening to the gentleman from Florida, I'm reminded—you were down here with us the last time we were doing this. I got an e-mail not long after from a family member who comes from the other side, both the partisan and ideological side of the aisle. And he said, you know, be careful. You keep on talking about this. You know, it makes a lot more sense to me. I am struck by the principles that you have laid out because I think that a lot of our friends on the Republican side of the aisle, either here or out in the world, aren't going to find a lot of disagreement with a lot of things that we're talking about this system doing. I just think it's important for our constituents and for the American people out there to really do a little investigation when they hear the pundits on TV or the leaders of the Republican Party talking about President Obama and socialized medicine or the Democrats' plan for a government takeover because all you've got to do is scratch the surface there, and you will find out that really what we're talking about is some pretty important and I think broadly agreed upon reform and that the bogeyman and the straw man that gets thrown out there in terms of terminology that doesn't have any place in this debate can easily distract you from what is really a pretty unifying debate that's starting to happen here. I appreciate your words.

One of the things you mentioned was the importance of getting at this issue of pre-existing conditions. Representative COURTNEY has been a great leader, offering his own legislation on that issue. I am glad to yield to the gentleman from Connecticut

Mr. COURTNEY. I thank the gentleman for yielding.

Again, like the others, I think this is an incredibly important moment right now not only this evening but this summer. The summer of 2009 I think will go down in history really as one of the great movements forward by our country really at the level of when we passed Social Security, Medicare, Medicaid. And I, like you and the other speakers here, understand that; and getting this debate started and getting the facts out I think is the best way to make sure that we move forward and get this done.

I wanted to just share briefly an experience I had at the Congress on the Corner that I think is important because there clearly will be, as we go further into the summer, forces out there that are going to use misinformation and fear as a way of trying to stop the change that Mr. KLEIN described a few moments ago. At my Congress on the Corner, which was actually at a somewhat sort of off the beaten track or place, it was actually at a military PX, at the Navy base in Groton, Connecticut, where we set up our tables as active duty sailors, their families and retirees were going in to do their shopping. I had an experience which I just wanted to share with you, which was that many people, because of some urban myth that's out there, and whether it's talk radio or the Internet that is sort of propagating it, is spreading the claim that the Obama health care plan is going to take away TRICARE from our military and from retirees who are eligible for it. I just think it's important on this floor as clearly and as loudly to make the point that that is absolutely flatly untrue, that the veterans' health care system, the active duty health care system is going to be completely unaffected, as Mr. KLEIN said. It is an example of where the basic principles of this effort, which says that if you like the health care that you have right now, you can keep it. And that is clearly true for the people who wear the uniform of this country or who did and who now are eligible for VA benefits.

□ 1900

In fact, between the stimulus package and the budget that has been presented by the administration, what we are seeing is an unprecedented new investment in military health care and in veterans' health care. We have great new leadership at the VA in General Shinseki and Tammy Duckworth, who are totally committed to making sure that this system is improved and, in fact, expanded to keep the promise for people who served in our military. And the efforts that we are going to be talking about over the next 2 months completely leave that system intact in toto.

What is ironic, though, is that enemies of reform are using the argument that we are taking away a government-run system at the same time that they are attacking the reform effort as being too much government. Make up your mind. Either one doesn't work and we should get rid of it, or if it does work, well, maybe we should take some good ideas that exist in the military health care system and in the VA and apply them towards the populace at large. We know in terms of electronic medical records that probably the most highly developed and advanced system in American health care is military health care as far as electronic medical records. Doctors in Landstuhl hospital in Germany can track the charts of our soldiers who are recuperating at Walter Reed hospital or other military hospitals around the country. They can just pull it up in ways that in the civilian system don't exist today. Again, I would just argue that rather than using government as sort of an example of inefficiencies, the fact is that the military has shown that they can actually organize a sound, comprehensive system that provides high-quality care.

Lastly, I just wanted to, because, again, some of you have already spoken very powerfully and eloquently about the fact that we have an insurance system that has run amok. We come from the insurance capital of the world, Connecticut. Your family and my family have people who worked in the insurance industry. In the good old days, insurance was about pooling risk and sharing risk and using it as a mechanism to help cover people in terms of dealing with accident, disease and chronic illness. Obviously, it has gone off in a different direction. It is about avoiding risk in terms of the way insurance markets are set up. We are not about dismantling the system in toto. But what we are trying to do is reestablish it and go back to its roots in terms of creating health care systems that pool risk and share it and do it in a way that actually gets back to the basic principles of when the insurance was first started. The whaling industry

in Connecticut created a situation where the whale ship owners realized they had to do something about losing ships. And that was the birth of insurance in Connecticut.

I will spare that history lesson and yield back. Again, my compliments for organizing this debate. And again, I do think this is a summer that historians will write about. And the discussion here is going to be an important part of it. So I yield back to Mr. MURPHY.

Mr. MURPHY of Connecticut. I thank you, Mr. COURTNEY.

There is, and you can feel it, I hope, from the folks that are on the floor today, an enthusiasm and an optimism that we have that I don't think we have felt in this House for a long time. The forces are aligned in a way that they have not been in a long time to get this effort done. And I think your point about people wanting to stand up the public health care system as an example of what needs to remain and then also tear it down I think is a really good comment. I'm reminded of a point made by a political columnist who talked about one of the statistics that is very often used by the side backing up the status quo, which is that in the Canadian health care system, you have to wait weeks, if not months, for a hip replacement surgery, and here in the United States you can get it pretty immediately. What they fail to point out is that 70 percent of hip replacement surgeries in the United States are paid for by Medicare, are paid for by a government-run health care system. And so we, through our public payment system, already do a pretty good job of getting people the care that they need. The fact is they spend a lot less money on health care in Canada than we do here. And we are not even talking about cutting back the amount of money we are spending. We are simply talking about trying to restrain the rate of growth. By reordering the money that we already have in the most expensive health care system in the world, we are going to be able to get good care. We will have short waiting times and access to all the people that don't have it.

So with that, I'm so glad that Representative SCHWARTZ has joined us on the floor. Whether it is standing up for primary care physicians or being a leader in this Congress on the issue of health care IT, I'm so glad to have you joining us here.

Ms. SCHWARTZ. Thank you very much. I'm very pleased to join you. I want to acknowledge the really good work, Mr. MURPHY, you have done in having these kind of dialogues on the floor and talking about health care and how important and how possible it is for us to actually find a uniquely American solution to the problems that are facing us, and to just reiterate a little bit, which is why we are here, why we are talking about this. It isn't only because it is a moral imperative; I know many of us have worked particularly on making sure Medicare works very well or extending health care coverage for children, the CHIP program which we all really worked so hard on, I know some of us in our States, certainly I did, back in Pennsylvania in 1992, but even here on the floor, making sure that children of working families had access in most cases to private health insurance, to affordable private health insurance.

But the fact is that we are here because it is also an economic imperative. And we know that from hearing it from our businesses, small businesses and large businesses, saying that they cannot be economically competitive because of double-digit inflation and inflationary costs of health premiums for their employees. A business owner just told me the other day that their rates went up 40 percent from one year to the next. That is just not sustainable.

So we need to address that because if they are going to be economically competitive and continue private health benefits where the cost-sharing is reasonable with employees, we have to do something about the escalation in costs in health care.

And third, of course, is as a government we are spending money that is growing again in unsustainable rates under Medicare, and we need to contain the growth of those costs. And again I think I would reiterate what was said before is that we believe that Americans should have access to quality health care. They should have access to doctors, to be able to continue to have relationships with their doctors, ongoing relationships. But we also think that we can do three things. We have to be able to contain costs. And we can be smarter and more efficient and more effective in the way we provide health care in this country. And I will talk about that in a minute.

But secondly, we have to improve the quality of health care. We actually provide a lot of health care. And not all of it is exactly what you need and maybe more than you need, sometimes less than you need. We have to get that right. And we can.

And then we have to extend coverage to all Americans because Americans do put off health care that they ought to get. They go to emergency rooms because there isn't a doctor for them to see. And they often don't fill a prescription because they simply can't afford to. They don't follow the recommendations of health care providers.

I agree with Mr. COURTNEY. We are here in a moment when we can find a way, where we can, in fact, contain the growth of costs, extend coverage and improve quality for all Americans. And that is what we want to do. We are going to do it in a uniquely American way, which means it will be very much a public-private partnership. And we will build on what works in the system, which is that most Americans get their health coverage through their employers, 55 percent of the insured get it through their employers. They will be able to keep that. Hopefully it will be less expensive for the employers. And for the group in particular that is so hard to access health coverage, these small businesses, individuals, they are going to be able to find a way to find affordable, meaningful coverage. Mr. COURTNEY didn't even talk about his preexisting condition bill, which is really very important in making sure that when you buy insurance to find out maybe years later that you don't have coverage for a condition because, in fact, they found some reason that this was a preexisting condition, is really just not acceptable anymore in this country. We should make sure that coverage is meaningful.

I do want to just say on the delivery system, we have already taken a very major step forward in putting some real dollars into the system and under Medicare to incentivize our hospitals and our doctors to use electronic medical records. Interoperable—that means different doctors and hospitals can see what is going on, patients can see what is going on to them, go and check their own records potentially, which is a very exciting way to empower patients. Under Medicare, we are going to say that physicians and doctors in this country are going to use electronic medical records. And this way they won't duplicate unnecessarily tests. They will actually be able to find out if a patient filled the prescription and if they are taking the medication, and if not, give them a call and say, you haven't been back in 2 months, you're early diabetes and you really need to be taking this medication. You really need to be monitoring what you eat. And if you don't, you're going to get a lot sicker. Why don't you come in and we will talk about that? Wouldn't that be something if a doctor gave you a call and said that?

One of the ways we can do that is making sure that we have adequate primary care in this country. And we don't. We don't have enough primary care providers. I just had a conversation with another Member representing a rural area. And he said, I represent a small town. There are not enough primary care doctors. I You know what, I represent a suburban/urban district and we don't have enough primary care doctors. This is a problem across this country.

In 1998, half of the medical students were choosing primary care. Well, just now, we are actually looking at 20 percent choosing primary care, and they expect that number is going down. And so there is a reason why we can't find a primary care physician. They aren't out there. And while we all want to have our specialists when we need them, having the access to primary care is extremely important to making sure you get the kind of care that you need and that you get it in a timely fashion and that you have somebody help you figure out what specialist to go to and figure out what kind of care you need and hopefully help you stay

healthy and help those, particularly with serious chronic diseases, have ongoing care.

I see you all nodding. You're probably ready for me to conclude. But this is something I think people do as part of health care reform. As we move forward, there are a lot of different pieces. It is complicated. It is not going to be easy to do. We have to believe in each other that we can do this right and that we can get it right. And that is what we are trying to do. The next 8 weeks will be very important to the American people, to American businesses, to the sustainability of providing quality health care to Americans.

I look forward to working with all of you to get it done.

Mr. KAGEN. You have got me all excited now. It has taken so long to get to this point. It is very frustrating. Back when we first got here, the class of '06, we got to initiate bills in '07 in the first few months. And as they say here, I dropped a bill called ''no discrimination'' to apply our constitutional rights to prevent us from being discriminated against, to prevent the insurance companies from cherry-picking people out.

I don't know how it is in Pennsylvania, but in Wisconsin, in my neighborhood, I grew up in a neighborhood. But that neighborhood has been chopped apart by the insurance industry. The insurance industry was allowed to separate Mrs. Koss or Mr. Romer out of the risk pool because they had some condition they didn't want to touch or insure. And it has gotten to the point now where even some mothers may be split from their family because they have a condition, and their children can be insured but they can't. So I like the idea that we are going to get primary care and access to primary care. But as you know, we don't have enough doctors and nurses right now. So we have to invest in a possibility to make sure that our students can go to school and perhaps have their funding paid for through medical school and in return give us those years back in terms of service in primary care where that need most exists. My district is a rural district. I would point you to the rural district of northern Wisconsin.

As Mr. COURTNEY has brought out so elegantly about the VA system, I would ask this question not only to him but to everybody in the country: Is there any reason why a soldier served only for himself or herself to get that benefit at the VA at the pharmacy? If a soldier has a VA benefit and has a discount, a medication available at a lower price, is there any reason not to provide his or her entire family with that same medication at that price? And what about his neighborhood? What about his community? In fact, what about the whole United States?

No soldier today is serving in Iraq and Afghanistan for him or herself. They are there for our Nation. And if the VA was successful in negotiating a steep discount for a given medication, I think that price ought to be available to anyone who is willing and in need of that medication. And Mr. KLEIN from Florida mentioned that he might be taking a medication. Is there any reason that it continues to exist today that if I go into a pharmacy anywhere in the country, if all four of us are in line to get the same exact prescription, the same number of pills, we are going to pay four'' different prices for the same thing? I think not. I think we have to have complete transparency, and the price that one should pay for medication is the lowest price available within that community, and that price should be openly disclosed.

And no one put it better than one of my constituents. Kaukauna is another city that Barack Obama has visited in my district. I tell you, this guy, Obama, is everywhere. Sally from Kaukauna said, ''Our prescriptions cost $1,000 a month. This is a very big issue for us.'' Well, heck, yeah. If you don't have the money, you're not going to get the medication you require just to survive. So I would submit to you that it is time to end discrimination in health care. And when we do, that form of discrimination that takes place at the pharmacy where Mr. KLEIN might get charged three times what the person in line next to him is charged for the same medication, to me that is a form of discrimination. I think it is time that that form of discrimination came to an end. We have to have openness and transparency for prescription drugs and be allowed to negotiate for a lower price.

□ 1915

Mr. MURPHY of Connecticut. You know, Mr. KAGEN, the discrimination finds itself in a lot of different corners. It's not just you, as an individual, who may not be able to get that insurance. But it prevents you from going out and getting employed or reemployed, because that discrimination is against you individually, but also against your employer, that if you have a small employer who's looking to go out and get health care for his five or six employees, that insurance could potentially be double for your pool of five or six employees if one of them happens to have a preexisting condition.

So, you know, it's really a triple whammy for somebody that gets sick and has expensive care: one, you have to deal with the limitations on yourself through that disease; two, you may not be able to get insurance to cover it. You may have to pay for it out of your pocket; and three, you may not even be able to be employed because employers today are going to say, Forget it. Even though that guy might be the perfect person for this job, I might need that person to fill that slot. It's going to break my bank if I have to put that person on the insurance rolls. And that's another reason why we have to make sure that the elimination of preexisting discrimination is part of this bill.

Ms. SCHWARTZ. I just want to mention a couple of answers. I was also going to say it prevents people sometimes from leaving a job. Sometimes they say, you know, I don't know if my next job's going to have the same health benefits. Can I risk taking another job? And you have sort of a job lock in that situation. And, of course, as we know, because of the high cost, a lot of employers are passing it along, there's more cost sharing.

But there are several answers to this. There's a bill that's been introduced, we hope to get done, that requires transparency in the language that's used in insurance policies. All of us are supposed to read that fine print. Well, I don't know how many of us really read the fine print. And the fact is that even if you do, you may not really know what it means until you're faced with the situation.

So there's a bill I worked on with Congresswoman ROSA DELAURO, and it says about language, if it says, I'm going to cover hospitalization, well, it means the same thing whichever insurance company is selling it. So if you're going to look at that, you will know what's covered and what isn't and then be able to decide whether that's the kind of policy you want or not.

The others we also—there's legislation that I also actively support that says that small businesses should be able to band together to use their purchasing power to buy insurance in the private marketplace.

And third, something that we can do to help individuals as well as small businesses is to do something called community rating. So you say it's not this small business that has five employees, somebody gets cancer, well, they're rated on that experience. Their rates can go skyrocket the next year.

What you can do instead is say we're going to tell the insurance companies sell insurance, but the records have to be set not on the experience of that small group but on the experience of the broader community. We're going to really spread that risk. That's how insurance is supposed to work. Share the risk more broadly, come up with a community rating system that's fair, that the businesses or individuals would pay but isn't, one by one, based on your conditions, your gender, your age, and to be able to go forward on that.

We can do those things. Those are just changing the rules of the marketplace, and that will make it more affordable, more accessible for more Americans to be able to buy health insurance.

Mr. KLEIN of Florida. Will the gentlewoman yield?

Ms. SCHWARTZ. Please.

Mr. KLEIN of Florida. I think that's an excellent point. And again, if we think about what insurance is supposed to do, it is supposed to spread the risk. Yet the experiences that small businesses have with 8 employees or 1 self-

employed or 10 is they get a different pricing than somebody who's negotiating for 10,000 people. A major corporation that negotiates for 10,000 or 100,000 lives has a much—we call it the economy of scale, but it is also the insurance company saying, All right, we have a large group. We can spread the risk.

Well, why should that be any different than you take your small business and your small business, and in Fort Lauderdale where I'm from or Delray Beach or wherever, you've got all these small businesses, 8 and 20 and 110, and let them combine together and purchase policies. And that is just a basic right of free enterprise to be able to do that.

I'm going to toss out another idea because, again, a lot of this thinking that we're talking about is common sense. It's not out-of-the-box thinking; it's just common sense.

When I was in the Florida legislature a number of years ago, we were looking at various ways to fix the health system, because, unfortunately, despite your good efforts and others for the last number of years, nothing was really happening of any major consequence. And we said, Well, what if we allow people to purchase into the State of Florida health insurance plan?

Or let's use the Federal system. We have hundreds and hundreds of thousands of people in our Federal system. Okay? Members of Congress and everybody else gets to buy this, and it's a typical plan. The government pays a piece of the premium and we pay a piece of the premium. Okay? What if we allow people to buy into the Federal plan? Okay. Not on the Federal Government's dime. No subsidy whatsoever. Whatever the cost is, the administration and the policy and everything else, purchase into that.

Well, we did some research on this to the State of Florida plan, which is not that much different than the Federal plan, and we found that if you take a small business that was trying to buy a policy, the same policy, apples and apples, the price was almost twice what it would cost if they paid the full out-of-pocket cost in the State of Florida plan.

Now, of course, our friends in the insurance industry were not interested in supporting that because they like the idea of the small groups buying individually. And they said, Well, it's going to change the risk assessment.

You know, where there's a will, there's a way. That's my attitude about this whole thing. So again, I think as we're going through this discussion, maybe we can talk. I know some of the Members of the Senate and some House Members. I think that just may be another way of offering alternatives, options to people. Let them purchase into a large plan like the Federal Government plan.

Again, the U.S. taxpayer is not subsidizing it. Whatever the cost is, it is. But you get the benefit of a large plan that lots of people are in and you can spread the risk.

So, again, to me the excitement right now is lots of good ideas are coming forward, and I think we're going to be able to get there, and let's just engage the American people in the right answers.

Mr. MURPHY of Connecticut. And, Mr. KLEIN, when you talk about it like that, it is common sense. When you talk to a small business out there and you tell them, Listen, what do you think about having the option, up to you, to purchase into a plan that is run or administered by the State of Florida? The State of Connecticut, we're looking at doing the same thing, or the Federal Government. If it costs you less, you know, people are going to raise their hands by the droves because you're giving them more choice. Right now they may be, you know, if you're in some States in this Nation and you are looking to purchase an individual policy or a group policy, you don't have a lot of choice out there. It's Blue Cross/Blue Shield or—

Mr. KLEIN of Florida. Would the gentleman yield for 1 second?

Mr. MURPHY of Connecticut. Of course.

Mr. KLEIN of Florida. I want to make it perfectly clear, if I didn't make this, when I say State of Florida or Federal Government, the State of Florida doesn't own an insurance company. It could be Blue Cross or United, any combination of private companies. So it's the Federal Government through our Blue Cross or whatever it may be. It's private companies offering the insurance. But the beauty, of course, is the spreading of the risk.

Mr. MURPHY of Connecticut. And giving people choice. I mean, I think that this really gets back to the fact that if consumers—and Mr. KAGEN was talking about this at the beginning. If consumers know what they're buying, if they can really compare the cost of A to B, and as Ms. SCHWARTZ said, they know the terms of what they're buying, they're going to make smart choices.

And many of us here in Congress who would like for individuals to simply have the option to buy into even the plan that as Federal employees and Members of Congress we have the benefit of getting, we want them to have the option of doing that. If it costs less in their particular region of the country, great, they'll buy it. If it costs more somewhere else then maybe they won't. But no subsidy from taxpayers, no check from the general treasury, just the cost of providing that plan.

And the fact is that the plan that is run or sponsored by the Federal Government, it might be cheaper for people because maybe it doesn't have the same profit motive that the private insurers have. Maybe it's found a way to get administrative or marketing costs down. Maybe it doesn't have to return money to shareholders like private plans do.

But all we think is that individuals and businesses out there should have that choice, like I have the choice to buy private health care in the market or join the Federal employees health care plan.

Ms. SCHWARTZ. Just to reiterate, I think what we want to really be very clear with our constituents and with all Americans is that we are looking for creative ways to increase the choices and increase access. And again, it should be affordable. It has to be meaningful coverage. We have to make sure we have the delivery system that works.

We also think that this is a shared responsibility. I certainly do. This is something that we're asking individuals to take some responsibility, employers to take some responsibility, we're asking insurance companies, and many of them are stepping up to the plate saying, We can do this. Many big companies are also saying, We're doing some really innovative work on prevention and health care for our own employees. We're encouraging them to walk and to eat right. And, obviously, I think we should do that for school kids and all of that as well.

So there's not really a single answer here. The issue is how can we improve the delivery system, the health care system you encounter so you get the best kind of care you might, that we make sure we have the right kind of providers working at their scope of practice, as we call it, and really providing you with the right kind of care. But all of this has to work together.

One of the reasons we're looking at all of these issues at once is because we know it makes a difference if we can contain costs, if we can get everyone coverage, if we can actually improve the delivery system, then all of us will be better off. But it takes—it's not really the government doing this alone by any means. We're hoping to be a trigger for some of this, and we have asked all of the stakeholders to participate.

Yes, the insurance industry, the pharmaceutical industry, the hospitals, the physicians, and they've really been at the table, a lot of advocates for the different groups as well, and so have we. We all bring our personal experiences, some of them good, some of them not so good in the health care arena, but we all recognize that we could be without health care coverage. We could be without access to the health care providers that we need, and we never, none of us, want to be in that situation. And, unfortunately, it's true for too many of our neighbors, too many of our constituents. And it's about time for us to step up and say we again are going to find a uniquely American way to address these issues for our constituents and for our country, and we're all going to be better off for it.

Mr. KAGEN. Thank you for yielding. I'm just reassured, I'm more reassured tonight, I'm more optimistic tonight

than ever before that by working together, not just as Democrats and Republicans or Libertarians or Independents, but as Americans we're going to come up with the solutions we need, as you say, to find this uniquely American solution to our health care crisis. It's going to happen. And, as we said tonight, in part it's going to be by leveraging the marketplace, using the marketplace to leverage down prices for everyone.

After all, for those of you who are listening tonight, do you want to pay the higher price or the lowest price for the medical care that you need? Today the price is whatever they can get.

So I look forward to working with all my colleagues on the floor in the House and working with the Senate to bring about the solutions that we need.

Mr. MURPHY of Connecticut. Mr. KAGEN, as a closing comment I will just say that, as much agreement as we've had over the last hour, there's going to be disagreement. There are going to be people that try to stand in the way of this change happening. And there's a memo circulated by a Newt Gingrich pollster going around Washington now and around the circles that want to stop reform from happening, and it sort of lays out the case for how you can stop health care reform. But it's interesting because one of the underlying points of that memo, based on the polling that this pollster had done around the country, was that this year you can't be for nothing. This year you have to be for something.

Now, he undergoes a very cynical analysis of how, in the end, you stop reform from happening. But the message, even through this conservative Republican pollster, is clear: People want change. And I think they're going to get it this year.

I thank the Speaker for giving us this time, and we yield back our balance.

THE STIMULUS PLAN

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

Mr. LATOURETTE. Mr. Speaker, I thank you for the recognition, and I thank the minority leader for giving me the opportunity to take some of the Republican time this evening. And we're going to talk about a couple of things that, one, we've talked about before, and two, we're going to talk about this mess.

Never in my lifetime did I think that the United States of America would not only own a lot of banks in this country, but also two of the big three automakers are soon to be owned by the American taxpayers.

The first issue of business, just to do some cleanup, you will recall, Mr. Speaker, that earlier in the year, in President Obama's stimulus bill there was a provision, originally it was inserted by the Senate, and the Senate indicated that AIG executives should not receive exorbitant bonuses unless there were some conditions put on it.

□ 1930

That legislation, that section of the stimulus bill was authored by a Democrat and Republican: Senator SNOWE, the Republican of Maine, and Senator WYDEN, the Democrat of Oregon. And the House version was silent. And then it went into this conference committee and, Mr. Speaker, you know well that when we pass something and the Senate passes something and they're not exactly the same, we have to have a conference and we have to work out the details and resolve things.

So there was a conference committee. Sadly, there weren't any Republicans on the conference committee. The conference committee was comprised of all—completely of Members of the Democratic Party. And in that conference room, somebody took out the Snowe-Wyden language that put restrictions on the AIG bonuses and instead put in this paragraph, about 50 words over there to my far left, that not only removed the Snowe-Wyden language but it put in that paragraph—and that paragraph, if you read it closely, indicates that not only were we not going to put restrictions on the AIG bonuses but that specifically protects them because it says any bonus that was entered into before February 11 of this year—which happens to be the date that the stimulus bill passed, the conference report passed—is protected and you're not going to mess with it.

Well, a lot of people were embarrassed, and I would dare say—and I don't cast aspersions on my Democratic friends. I suspect a lot of them didn't know about it. But every Democrat in the House of Representatives voted for the stimulus bill with the AIG bonuses protection language included in it except for 11, and every Republican voted against it. And we had made kind of a simple argument. If you remember, the stimulus bill was a thousand—it was over a thousand pages long and it spent upwards of $790 billion of taxpayers' money. And we had sort of this novel idea, and that was maybe Members of Congress should have the opportunity to read the bill before we are asked to vote on it.

So the Tuesday of that week we had a motion on the floor and everybody, every Republican, every Democrat voted that we would have 48 hours to read the bill. And as a matter of fact, it further stipulated that it would be put on the Internet just in case some of our constituents were wondering how the government was going to spend $792 billion of their money.

A funny thing happened between Tuesday and Thursday at midnight, and that is apparently the President had promised he would have the stimulus bill on his desk for signature for the President's Day weekend, and that weekend was the President's Day weekend. So the bill was filed at about midnight on Thursday night and it was brought to the floor. And rather than having 48 hours, we had 90 minutes—90 minutes—to read a thousand pages of how the hundreds of billions of dollars were being spent. And son of a gun, it got missed that this paragraph was in there protecting the AIG bonuses.

The next day, if you remember the news, Mr. Speaker, everybody was shocked. The President was shocked, Members of Congress were shocked. We can't believe it. We couldn't believe that $173 million was going to be given out to AIG executives in the form of bonuses. How can this happen? You have to do something about it. You have to lock them up.

They came up with a goofy idea to put a bill on the floor—and I said it wasn't a fig leaf, it was a fig tree—that we should tax these bonuses at 90 percent. And oh my gosh. First of all, the thought that we would use the United States Tax Code to punish people that we're mad at to the tune of 90 percent is nuts; but then secondly, if you look at the top bonus receiver at AIG, he was getting $6.4 million. And so if we're really, really mad at them, why are we only taking 90 percent away from them in taxes? Why don't we take the whole thing? That guy or gal—I don't remember if it was man or woman—still got $640,000.

Somebody in my district making 40,000 a year has to work 16 years to get $640,000. So clearly stupid, clearly people were embarrassed.

So we have been on the floor the last little bit, and most people who grew up in my generation are familiar with the very fine Hasbro game Clue, and we have been trying to determine how that paragraph got into the bill 'cause nobody wants to claim it. It just all of a sudden showed up, but we know that can't be right. Somebody had to physically take out the Snowe-Wyden language and put in this language.

So we do have a game of Clue that we're working our way through. And I think, hopefully, we're going to be close to solving it.

And just around the board, Mr. Geithner, who is the Treasury Secretary, Rahm Emanuel—who happens to be the President's chief of staff—CHARLIE RANGEL, who is the Ways and Means chairman, Senator DODD from Connecticut, who was the chairman of the Senate Banking Committee, the Speaker of the House, Mrs. PELOSI, and the leader of the Senate, Mr. REID of Nevada.

If you remember, in the game of Clue you have to identify where the thing happened, what was the weapon used and who did it. And over the last couple months we've made amazing progress. We know that the weapon used was a pen—might have been a computer but we're going to go with a pen. We also know from the President's reports that it either happened in the Speaker's office where there was shuttle diplomacy going back and forth, or