

odds with those two houses and he will be able to veto what they do. That will give us some protection—because you can't have enough protection from government—but that's not enough. We want another branch. We will have a judicial branch, and then they can veto things that are inappropriate and outside the Constitution. They saw all this coming, and they knew it could be abused if they didn't have these safeguards in the way.

But what's happened? Well, we can have an executive that the Congress just says, well, whatever you want. Oh, you wanted an Auto Task Force that will meet behind closed doors, be accountable to nobody? Put together a bill, a plan that is signed by a lazy bankruptcy judge because he doesn't want to have all the hearings the law requires, and it puts people out of business. It's a constitutional taking, but where is the Supreme Court? They start to stop the process and then they say, Go ahead, we'll let you be unconstitutional, we won't stop it.

And what has the Congress done? Well, look, Mr. President, if you'll let us keep abusing and running this country into the dust heap of history then we will let you keep doing what you want. It's abusing the process.

That's why we had a bill this evening that should have been clean, it should have given money to a friend, a good friend like Israel, but, oh, no, we've got to put all this baloney in there that ends up doing more harm to the purposes for which this Nation was founded than good. So I couldn't vote for it in the end.

The stimulus. We couldn't do anything with that—presented at the last minute where no one could amend it. I tried to tell the President and friends in here, look, how about a tax holiday for the people that earn the money? How about that? You let them have it, then you'll see stimulation. And what happened? The President liked the idea. And I heard him on the radio talking about, We're going to leave money in your check—except he said if you jump through all the obstacles, then you could have \$65, maybe, in your check. I was talking about \$6,000, not \$65. Then you would have seen stimulation of the economy. But the process won't let us do that.

With the "crap and trade" bill, we're driving jobs out of America. We're sending manufacturers to countries that pollute four to 10 times more than we do. How does that help the environment? It doesn't.

And a health care bill that's being written behind closed doors so that we will not be able to get the best ideas in there. I'm trying to get a bill put through. Leg counsel said, Well, the Democratic leadership is taking all our time, we can't put yours in a form to bring to the floor. So we're having to try to go around behind other ways to get it done.

There are Nation-ending things that are happening, and the Founders put in

place ways to stop it. We need to start following those ways.

#### AMERICANS ARE ABOUT TO LOSE THE HEALTH CARE THEY HAVE

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

Mr. SHADEGG. Mr. Speaker, I rise tonight to warn the American people that they are about to lose the health care they have, to warn the 83 percent of Americans who like the health care coverage they already have and to caution them that it is about to be taken away. It is about to be taken away, quite frankly, in an undemocratic process that will occur essentially in the dark of night. You see, as you have just heard from the last two speakers, democracy does not exist in this body today as it has in the past.

I sit on the primary committee that should be writing this health care bill. I have not been allowed to participate in any way, shape, or form, not in any way, shape or form. The majority has written their bill all alone, behind closed doors, consulting only the majority. They can roll right over the minority, and they don't care. But that's wrong, that's dead wrong, and only the American people can stop it.

Now, you heard me say, I rise to warn you that you are about to lose the health care you have. And you may have said to yourself, No, wait, Congressman, I've heard the President say again and again and again that if you like the care you have, you may keep it. I, too, have heard the President say those words, but they are not true. They are absolutely not true.

You see, while we do not have a bill to read yet, we have a discussion draft. We will mark up a bill next week in all three committees with jurisdiction, but we don't have a bill yet. But we do have a discussion draft. That discussion draft makes the most sweeping changes to American health care—indeed, it is the most sweeping piece of legislation I have seen in my 15-year career in the Congress, and the most dramatic piece of legislation in decades. And yet, it will completely change health care in America, it will change one-sixth of our Nation's economy, and it will destroy the health care you have now.

If you like what you have now, if you're one of those 83 percent of Americans who like their health care—maybe it's not perfect, its cost is going up too fast, you would like more control over it, but your employer has the control or the plan has the control; you would like to pick your doctor, but you can't; you would like a better system, but you still like what you have now? If you like it, be prepared to lose it because, under this bill, you will lose it.

Every health care plan in America will change. The bill says that in almost those exact words. It says that they are creating a new health care bu-

reaucracy to exist between you and your doctor. This chart shows that bureaucracy. You are the patient up here in the upper left-hand corner, your doctor is in the lower right-hand corner. Every single little box you see is a newly created agency, bureaucracy, program, plan, or bureaucrat standing between you and your doctor.

But here's the one that counts in terms of changing the plan you have. They are creating a new, nicely named board. This nicely named board is called the American Health Care Benefits Advisory Committee. I love the word "advisory"; it sounds like they're going to give you some advice. Wrong. This board will be a Federal board that will decide what is in every health care plan in America. If your employer has a plan today and it doesn't fit every dot and tittle of what the new Health Benefits Advisory Committee requires, it must change. And that means every plan in America will change.

Now, they're being gracious; they will let the current plans stand for those who already have them for 5 years, but at the end of that 5 years every plan will change. If you like what you have, it will change. They are inserting all of these bureaucrats between you and your doctor, 48 new agencies.

Here's the Health Choices Administration, one of the new agencies they're creating, the risk pooling mechanism, the Health Benefits Advisory Committee, the many government health care plans. Here is the Public Health Investment Fund, the QHBP Ombudsman, the Medicare Trust Fund—we already have that one—and on and on and on and on. And they're putting them between you and your doctor. If you like what you have, be prepared to lose it because that's the mandate of this bill.

Now, what are some of the other mandates? Every employer in America must provide health care coverage for every full-time employee and every part-time employee. Every. You heard me say "every" employer in America, not every big employer, but in the House bill, every employer. If you employ yourself, you must insure yourself and create a plan that meets the demands of this new government agency.

Now, they do have a small business exemption, but guess what? In the House bill, there is no definition of small business—it's left blank. I wonder why. I guess they don't want to tell us that they can define a small business as as little as one employee.

It creates a new government health care plan. That government health care plan will compete with your plan. Very interesting. The President was asked on ABC television last week, Mr. President, you've said if Americans like the health care plan they have, they can keep it, and yet it appears you're going to take things away. What do you mean by that, Mr. President? And the President of the United States responded, The government will not, on

its own and directly, abolish any plan. And the interviewer said, Well, but wait a minute, what if you write a new set of rules that makes it impossible for American employers to offer the plan they're currently offering? The President's response was, Well, that's not the government taking away your plan; that's your employer taking away your plan. If you believe that, then I've got some land in Florida to sell you.

The American people need health care reform. We can give them better health care reform. We can give them choice and control over their own health care. We do not have to choose between the flawed current system and a government takeover of American health care.

Americans, now is the time to engage. You don't have another minute to waste. Please get involved in this debate.

### HEALTH CARE REFORM

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

Mr. BURGESS. I thank the Speaker. I also want to thank the minority leader and the leadership on the minority side for providing this hour for us to talk in some detail about health care and what is pending before this Congress over the next 3 weeks.

Mr. Speaker, it is ironic that as we sit here on the literal eve of the markup of this bill in the Committees of Energy and Commerce, Ways and Means, and Education and the Workforce, all beginning next week when we return from our districts, as we sit here on the eve of that markup, there is no House bill. And it makes it very, very difficult. We're told, if you have amendments, let's get them all together because we want to have a good look at them before we start the markup. How do you amend a bill that you haven't seen yet? Well, that's the task that's before many of us on the committee and that's where we have been placing our efforts during this past week, but it is a task made much more difficult.

Mr. Speaker, I will just tell you, as someone who was involved in the campaigns last fall, I was a surrogate for Senator MCCAIN. It meant that I went all over the country debating health care with surrogates for President Obama. It seemed a virtual lock that there would be a presidential directive for a health care bill that would come shortly after the election, and certainly by Inauguration Day. In fact, Senator BAUCUS convened a great group over at the Library of Congress at the end of last October and produced a white paper that for all the world looked like a blueprint for a plan for a health care bill.

Election Day came and went, President Obama won, no health care bill.

We had the holidays, Christmas, New Years, no health care bill. The Inauguration, all the festivities that took over Washington, but no health care bill. And here we are, the week after the July 4 recess, still waiting for that bill. What happened to the promises on the campaign trail last fall? Were they really that ephemeral that they could not be condensed into legislative language and produced for the House floor? Well, that's where we find ourselves.

Now, in March of this year, the President did convene a group of us down at the White House. He spoke very eloquently. He said the words you've already heard spoken on the floor of this House tonight, If you like what you have, you can keep it. Let me emphasize that, he repeated it, If you like what you have, you can keep it. And of course he says if you like what you have you can keep it because polls show anywhere between 60 to 80 percent of Americans like what they have and want to keep it; 160 million Americans receive their health care through employer-sponsored insurance, another 10-15 million through individual insurance policies, and they like what they have and they want to keep it. In fact, their greatest fear is that something will happen to their employment or their ability to make those premium payments, and they will lose what they have because they like what they have and they want to keep it.

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But the second thing the President said was, The only thing I will not accept out of this Congress is the status quo. But wait a minute. If you like what you have, you can keep it would imply if you like what you have, you can keep it. How do you do that? How do you keep what you have and not accept the status quo? And therein is the quandary that has been presented to the other side, and that is what has taken the incredible length of time.

Now, coupled with that are the beginnings of some bills began to leak out of the Senate side at the end of June. We got into the issue of cost and coverage. And the initial reports that came out of the Senate Committee on Health, Education, Labor, and Pensions was a price tag of \$1 trillion. That wasn't the whole bill because we hadn't quite figured out all the Medicaid parts, but \$1 trillion for the opening salvo, and it would cover about a third of the reported uninsured. Well, that's not a great bargain. That's not great value for your dollar.

The Senate Finance Committee came up with another bill. Another score was given to that bill, and the cost was over \$1.5 trillion. And they immediately went back and started to rework the bill to bring that price down to at least \$1 trillion. That appears to be now the new high-water mark for health care legislation.

The House bill, as scored through the Committee on Ways and Means just

this week, also scored at \$1.5 trillion. No word, no word on the number of people that would be covered. If you like what you have, you can keep it right up until the time we tell you that you can't. And that apparently is the game plan, is the mission statement for the health care bill that will be brought to us from the Democratic majority.

Mr. Speaker, I'm joined by a number of other people who wish to speak on this very important topic, and I do want to give everyone the appropriate amount of time.

Just one housekeeping detail, the Congressional Doctors Caucus had an open forum during this past week down at George Washington University. Different from the White House informal on health care, this was an open forum. It was open to anyone who could come in and question Members of Congress who also happened to be physicians. It turned out all of us who were Republicans who showed up, but they could come and question the Republican House physicians on the issues related to what is going on with changes in the health care system. And we had a very lively hour and 45 minutes, a number of questions that were delivered by the staff and faculty there at George Washington and a number of questions that just came from the audience. But it was a lively hour.

The event was Webcast live at the time that it was carried out, and that Webcast has been archived and is available on the Congressional Health Care Caucus Web site. That's [www.healthcaucus.org](http://www.healthcaucus.org). Go to the appropriate tab for archived events, and the George Washington health care event has been archived on that Web site.

Well, again, we are joined by many Members of Congress. People are eager to speak about this. Goodness knows we're not going to get a chance to have a legislative hearing in our committee. But let us begin this evening, and we are going to hear from one of the doctors who was there at the forum at George Washington, an orthopedist from the great State of Georgia, a member of G-7, Dr. TOM PRICE.

Mr. PRICE of Georgia. Thank you so much, Dr. BURGESS, for your leadership on this issue and so many others. And I want to thank you for your participation we had at the event at George Washington University and really the wonderful perspective that you bring as a physician to the table.

In my previous life, I was an orthopedic surgeon. I spent 20-plus years practicing orthopedic surgery in the Atlanta area.

As we move forward with health care reform, it's clear that something is coming. And I get asked by folks: What kinds of things don't we want? What kinds of things can't we do to us that would be bad? And I would suggest, Dr. BURGESS and colleagues, three things that would be a death knell for quality health care in the United States.