

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.

□ 2100

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. 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.

The first is ceding the definition of quality to the Federal Government. If we say as a society that we are going to allow the bureaucrats, nonmedical individuals, to decide what quality health care is, as has been proposed by the President through his Comparative Effectiveness Research Council and others with the list of programs that you've heard Mr. SHADEGG describe just a moment ago, then that would be a death knell for American medicine. Quality truly is only known by compassionate, caring physicians and patients and their families who know what is best for them because there is no way that the government can define what's best for each and every individual.

The second death knell for quality health care I believe to be any mandate, any individual or employer mandate. If individuals are required to purchase health insurance, that's a death knell. If employers are required to provide health insurance, that's a death knell. Why? Well, it's a mandate, which is a bad idea. But more importantly, when we here in Washington mandate something, what we do is define what we are mandating, and in this instance we would demand what qualified as health insurance or health coverage.

Dr. BURGESS, you well know that this Congress would define something that doesn't include all sorts of robust things already out there in the marketplace like health savings accounts, medical savings accounts, high-deductible catastrophic plans, some cafeteria plans. They wouldn't only be unavailable, they'd be illegal. This Congress would make them illegal. So the notion that if you like what you have, you can keep it is just folly. It's power fiction.

And the final death knell to the quality of American health care I believe to be any government-run program, any government takeover of any portion of our health care system beyond where it already is, the public option as it's described, which is a euphemism for a government takeover. And why is that? Well, I would ask my friends on the other side of the aisle, and really folks across this land, to think about your health care principles. What are your health care principles? What do you believe ought to be foremost in any bill that we produce? I've got six of them. They're accessibility, we ought to have accessibility to the health care system for all Americans; affordability, it ought to be affordable. It ought not to have the costs rise more than they should; quality, we need to have the highest quality of health care; responsiveness and innovation, we need a system that's responsive and innovative; and then choices, we need choices.

Those are my six: accessibility, affordability, quality, responsiveness, innovation, and choices. I would suggest to my colleagues that none of those, in fact, I would suggest that none of the principles that any American could come up with, are improved by the

intervention of the Federal Government. None of them are improved by more government control. None of them are improved by an administration that believes that a health czar is what we need as opposed to the highest quality of medicine.

There are wonderful solutions, and I know we will be talking about them this evening.

I want to commend my colleague from Texas, Dr. BURGESS, for his leadership on this issue and can only hope that as we move forward, we are allowed to have an open and a vibrant discussion so that the Congress of the United States can have the benefit of the wonderful experience of people on both sides of the aisle as we move forward to solve this remarkable challenge in the area of health care.

Mr. SHADEGG. I commend the gentleman from Arizona for his comments about mandates, and I couldn't agree more. But I thought maybe it would be useful for the audience to illustrate the kind of poster child for mandates that the other side often recites and talks about, and that's mandatory auto insurance.

The gentleman pointed out that individual mandates tend not to work, and, indeed, the individual mandates in the health care plan in Massachusetts are not working. People are refusing to go along with those. People are choosing to be fined instead of complying with the government mandate to buy health care. But as the gentleman knows, most of the States, as a matter of fact, 48 out of the 50 States, mandate auto insurance.

I wonder if you and I could have a little discussion about how well mandatory auto insurance works, because that's the reason we're told, well, if mandatory auto insurance works, why not mandatory health insurance?

Mr. PRICE of Georgia. I appreciate my friend from Arizona's comparing it to auto insurance because that's what you oftentimes hear. You hear folks say, well, we require folks to have automobile insurance, why shouldn't we require them to have health insurance? And you allude to the fact that mandatory automobile insurance doesn't result in everybody having automobile insurance.

Mr. SHADEGG. It actually doesn't work.

Mr. PRICE of Georgia. It doesn't work. That's why you don't do it for health insurance.

But more importantly, if one mandated health coverage, then we, again, cede the definition of what that coverage would be to the Federal Government. And ceding the definition of what automobile insurance is is one thing; ceding the definition of quality health care, something so personal to each and every one of us and our families, I would suggest is a step in the wrong direction.

Mr. SHADEGG. I agree with the gentleman completely. But we don't mandate a single auto insurance policy for

the entire country in auto insurance. We let the 50 States define what constitutes auto insurance in their State.

But let's talk about how mandatory auto insurance actually works. I don't know if the gentleman knows it, but 48 States have mandatory auto insurance. So if you own and drive a car, you are compelled by law to buy liability insurance. Two States don't: Wisconsin and New Hampshire. Guess what? The percentage of people in those two States who are uninsured is lower than the average percentage in the States where it's mandatory. That's right. In the 48 States where the government says you must have auto insurance, fewer or a lower percentage are actually insured than in the two States where they don't have mandatory auto insurance. I think that proves mandatory auto insurance doesn't work.

But what I really love when the other side cites the beauty of mandatory auto insurance is of the 48 States that mandate that you cannot drive a car in that State without auto insurance, 22 of those States mandate that you must also buy uninsured motorist coverage.

Wait a minute. Let me see if I understand this. We have told all the people you must buy, as a matter of law, auto insurance, but in 22 of the States where they've done that, they are so confident that many people will break that law that they mandate also, the government putting a gun at your head, uninsured motorist coverage. Now, if everybody was going to comply with the first law and buy auto insurance, why in God's name would you need the second law? And the answer is mandates don't work. In at least those 22 States, the legislatures have openly acknowledged that mandatory auto insurance doesn't work, so we're going to require mandatory uninsured motorist coverage.

Mr. PRICE of Georgia. You said that 48 States mandate auto insurance, two States don't, but the two States that don't have a higher level of insured motorists?

Mr. SHADEGG. A higher level of insured and a lower level of uninsured.

Mr. PRICE of Georgia. So the moral of the story is?

Mr. SHADEGG. Mandates don't work.

Mr. PRICE of Georgia. Mandates don't work.

Mr. BURGESS. Reclaiming my time briefly, for a mandate to work, there has to be a broad recognition that the mandate exists and there has to be a broad understanding of the penalty involved, and the penalty administered must be significant.

If we look at the number of the rate of insured in this country, it's about 85 percent of people voluntarily carrying health insurance and 15 percent do not. Well, where is a model for that broad recognition that there is a requirement that you do something and a very swift and severe penalty if you don't?

Certainly the IRS fits that bill. Everyone knows in this country you must pay your income taxes, that you must

file on time or face a swift and sure penalty. And I'm not even entirely sure what the penalties are, but I do know I don't ever want to experience those penalties. And what do we see with compliance rates with the IRS in this country? We see 85 percent comply and 15 percent do not. In other words, it is unchanged from the voluntary compliance that we have under health insurance.

Mandates are an anathema in a free society. Rather than trying to create the mandates and requiring people to do something that they are disinclined to do, what if we tried to build programs that would attract people just as we did with the part D part of Medicare where Dr. McClellan, to his credit, created the protected classes of drugs, created the programs that people actually wanted, and what do we have now? We have 92 percent of seniors with credible drug coverage, satisfaction rates in excess of 90 percent. So that's a success story from a government program that actually worked because the emphasis was put on delivering value to the customer, value to the patient in this case, value to the Medicare recipient in this case, rather than just simply you do what we tell you to do because we can. We are a free society, after all.

Mr. SHADEGG. Will my colleague from Texas yield?

Mr. BURGESS. I would be happy to yield.

Mr. SHADEGG. Briefly, we serve on the Commerce Committee. We're going to get to have a markup next week on this bill, but we will not have ever had a hearing on the bill. And as we pointed out earlier, there is no bill yet. But in the discussion draft that has been released, there is stunning information. It's one thing to talk about the stuff in the bill that's goofy; it's something else to talk about stuff in the bill that's outright absurd.

□ 2115

The gentleman talked about penalties. There is a provision in the bill that is outright absurd, and it goes to the point the gentleman just raised. The bill not only has a mandate that individuals must buy care, it has a mandate that employers must provide care. Okay. Maybe that's a good rule. But guess what—here's the absurdity. If you, as an employer in America, comply with that law, and you buy health insurance for every single one of your employees, and one of your employees says, "You know what, I don't want your insurance. I decline it," you, the employer, must pay a penalty of 8 percent of that employee's salary because the employee chose to turn down the coverage. So you are penalized not for failing to offer the care. You are penalized because the employee said they didn't want it. What if the employee didn't want it because they preferred their spouse's coverage? That's the story in the SHADEGG family. For years my wife worked for the school district in Arizona. She was offered health care

coverage. She declined it because she took it under my coverage. There's no point in buying two policies. Apparently under this bill, were she to decline it in the future, the Federal Government, that pays my health insurance, would have to pay a fine—of course they wouldn't apply the penalties to the government—of 8 percent of her salary because she turned down the care. You've got to be kidding me. You can't come up with stuff that goofy, but they did.

Mr. BURGESS. That is a very valid point brought up by the gentleman.

I want to now go to our other doctor from Georgia, a fellow obstetrician, Dr. GINGREY, who was actually the leader in bringing the Doctors Caucus together for that rather spirited and insightful afternoon down at George Washington earlier this week. I will yield him the floor for whatever time he will consume.

Mr. GINGREY of Georgia. Mr. Speaker, I thank my colleague for organizing the hour tonight and for bringing this important issue before the Members of this body and the American people. Of course, as my colleagues have said, next week in the Energy and Commerce Committee, the Ways and Means Committee, the Education and Labor Committee of this House, markups are going to begin on this bill. So we are at the dividing point where people need to understand what this is all about. And as my colleague from Texas said, yes, we have formed a Doctors Caucus on the Republican side. We asked the Members of the Democratic side who are also health care providers to join that group. They declined. But we have a group of about 14, including a number of doctors who are on the floor tonight participating in this special hour, with over 330 years of clinical health care experience and has any one of that group—and in that group, I think we're talking about 10 or 11 physicians. We're talking about an optometrist, a clinical psychologist and three dentists. And not one of those Members, Mr. Speaker, has been asked to participate in the drafting and crafting of legislation that would improve the health care system that we have in this country.

And when I talk about improvement, I mean exactly that, Mr. Speaker. We do not need to destroy a good system. We need to make it better, and we can do that. That's why the District of Columbia Medical Society at George Washington Hospital this week invited this group of physicians, this group of health care providers to come and be on a panel and to answer questions from their doctors, from employees of the hospital, from nurses, from people from all walks of life, really, to let's talk about this issue and give an opportunity for another town hall meeting. President Obama had one with ABC or NBC, one of the major networks, coming from the White House, but it was totally one-sided. So as my colleagues have said, we can fix this system. We

can do it. We don't need to throw the baby out with the bath water, as the old expression goes. We feel that if there are 10 million people in this country who cannot afford health insurance or are denied it because of a pre-existing condition, that's too many.

There are a number of things that we can do, and I will just briefly mention a couple. Clearly we can agree with our colleagues on the other side of the aisle with regard to the efficacy and money-saving aspects of electronic medical records. I would hope that our colleagues on the other side of the aisle could agree with us that meaningful tort reforms, where doctors weren't constantly having to order just tons of unnecessary tests, and hospitals doing the same thing, knowing that they're unnecessary and maybe downright harmful to the patient. But with this fear, this constant fear of frivolous lawsuits facing them, all this extra money is spent for naught. So these are just a couple of things that we can do. Certainly the insurance industry, the health insurance industry needs to reform. There are a number of things that they could do, and hopefully later in the hour we can get back to that. But I think the most important thing for our colleagues and the American people to understand is that we do have the best health care system in the world, and we have the capability of coming together in a bipartisan way. My colleagues who have already spoken have plans, have bills that they've worked on for years. But do they get to see the light of day? Absolutely not. The President and this majority is so focused on this public plan. One of my colleagues is going to speak in a few minutes; and he is going to talk about, Well, since that public option is so darn good, then maybe President Obama, Mrs. Obama and those two precious children ought to be on that public option plan rather than a Blue Cross/Blue Shield or some other Federal Employees Health Benefits plan. If it's good enough for the general public, it ought to be good enough for Members of Congress. I may be stealing somebody else's thunder. At this point I will yield back to my colleague from Texas, as he continues to control this time.

Mr. BURGESS. I thank the gentleman for his insight. I thank him for the passion that he has brought to this. I wonder if, just very briefly, I could go back to the gentleman from Arizona on the issue that he brought up in an earlier speech he gave on the House floor which wasn't part of this hour. I want to be certain that we have it for the DVD that's prepared, Mr. Speaker, if we were to prepare a DVD of this transaction.

But you have talked about an advisory panel or an advisory board. Health care czar is a term we've heard, commissioner or commissar of health care, putting someone in there to make a decision for us. I wonder if you would

briefly expound upon that again so we could have that as part of the CONGRESSIONAL RECORD of this discussion.

Mr. SHADEGG. I would be happy to. I thank the gentleman for yielding.

I have worked on health care reform since I got here in 1995. It is a passion that I have. I believe we can do better than the current system, and I applaud the President for calling for health care reform. I personally believe the current system is damaged by the fact that it's controlled by third parties. Your employer picks your plan, and your plan picks your doctor. What I heard the President say and what I heard, quite frankly, the current Secretary of State, Mrs. Clinton, say when she was a candidate was, "If you like what you have, you can keep it." You know, I think if most Americans hear that, they're going to be fairly comfortable because many of us are worried really about two things: We're worried about the cost escalating too quickly, and we're worried about the uninsured. But as I said earlier, some 83 percent of Americans are satisfied with their care. Guess what—that promise "If you like what you have, you can keep it," by the current President and by Democrats in this Congress, is simply untrue if you read the discussion draft that's out there. It is blatantly, patently, clearly, unquestionably untrue. Here's why: As the gentleman from Texas points out, the legislation creates the Health Benefits Advisory Committee. As my colleague from Georgia pointed out, what that committee is going to do is it's going to define what constitutes health insurance in America. It's going to set the standard for every single health care policy sold in America. We are going to have literally a one-size-fits-all mandate or dictate from this Health Benefits Advisory Committee. They're going to say, "That's a policy, and it qualifies." "That's not a policy, and it doesn't qualify." There is no chance that the rules they issue will, in fact, allow the policies sold all the way across America today to all of the employers who provide health care to actually fit into their new rules. So as a practical matter, virtually every American—I suggest indeed every American in the span of 5 years—will lose the health care plan they have. So if the statement, "If you like what you have, you can keep it" turns out not to be true because, as my colleague Mr. PRICE from Georgia pointed out, we're going to have a board that constitutes a policy, no policy currently sold by employers will fit what that board dictates. Therefore, in 5 years they will no longer be able to give you that plan. You might lose your health care plan the first year, but you will certainly lose your health care plan and not be able to keep what you have in 5 years because the law says, in 5 years every plan must fit the dictates of that new advisory board. So if you like what you have—as I said today earlier, and I say it again—if you like what you have, be

prepared to lose it because you are going to lose it.

I thank the gentleman.

Mr. BURGESS. I thank the gentleman for his quick summation of that.

We've also been joined this evening, very fortunately, by the ranking Republican on the Committee on Energy and Commerce, one of the true leaders on our side on this issue who as I started this hour, I said, Here we are on the literal eve of the markup of this bill without a bill; and apparently the ranking member has some new information about when we might expect that bill and what we might find contained therein.

So I'll yield such time as he may consume to the ranking member of the committee, Mr. BARTON from Texas.

Mr. BARTON of Texas. I thank the gentleman from Texas. I want to apologize to Dr. FLEMING for coming ahead of him.

I was watching the debate in my office, catching up with some paperwork. I was very impressed that Congressman SHADEGG has apparently read the draft—or his staff has—so we have at least one Member. And I'm sure Dr. PRICE, Dr. GINGREY, Dr. FLEMING, Mr. GOHMERT and Dr. BROUN have also read it. But I am the senior Republican on the committee of primary jurisdiction, the Energy and Commerce Committee; and as such, I communicate with the chairman of that committee, Congressman WAXMAN of California, and my chief of staff with his chief of staff. As you all know, we had scheduled opening statements next Monday. We were going to start the markup on Tuesday. At least until today we were led to believe that it would be a full and fair open markup. Well, we just got word about 30 minutes ago that apparently, as Congressman SHADEGG has said, there is still no bill. As we are here on a Thursday evening, there is no bill to mark up. There is not going to be a bill tomorrow, apparently. There may be a bill over the weekend. There may be a bill on Monday, but there may not be. We had asked that there be a hearing once the CBO, the Congressional Budget Office, scores whatever it is they are going to mark up, that we have a day of hearings, which is normal procedure. Well, apparently we're not going to get a hearing. We're going to get a closed-door briefing, and we're going to start opening statements on Tuesday of next week. Then we're going to start the markup. Assuming that there is a bill to mark up, we'll have a markup that begins on Wednesday, and they will conclude it by next Friday. So I just want the country and Members of Congress and those who are in their offices, like I was, listening to the debate to understand, the health care industry, which is 15 percent or 20 percent of our GDP, in which the preliminary scores on the draft and the bill in the Senate is somewhere between \$1 and \$2 trillion over 10 years, which is somewhere between \$100 billion and \$200 billion per

year, which is 2 percent of GDP. A bill that's going to add 2 percent of GDP, which is not yet written, if we're really, really lucky next week, we may get 2 days of markup in the committee of primary jurisdiction.

Now I want to put that in context. I've been in this body 25 years. I have seen major bills that were not half as important as this bill have weeks of hearings on the legislation once the legislation was out and weeks or months of markup.

□ 2130

Former chairman of the committee, JOHN DINGELL, in the Clean Air Act in the 1990s marked that bill up in committee. He worked on it for several Congresses, but the final work product he marked up over I want to say a 6-month period.

It is arrogance beyond explanation not just to the minority Members of this body, to the moderates and conservatives on the majority side, but to the American people that we can attempt to move a bill that affects 20 to 25 percent of our GDP, which adds 2 percent of our GDP cost per year for the next 10 years, not even have that out so that it can be studied today. When they get around to introducing it sometime next week, they are going to start marking it up on Wednesday and report it out on Friday.

Now the reason I came over to ask time to speak is because right now I am in a debate with the administrator at the EPA, Administrator Jackson, in which back in April, they issued an endangerment finding on CO₂ saying that CO₂ is a harm to public health. It is a dangerous element, and therefore it has to be regulated to protect the public health. We have e-mails that show a reputable senior Ph.D., a doctor, a researcher within the EPA, prepared a report, as required by law, that stated that the science that they had based the endangerment findings on was faulty and out of date, and in all probability there really wasn't a danger. That report was not made a part of the official record. The e-mail says it wasn't because his direct supervisor says that the decision has been made at levels above you. We are going to go forward with this regardless of what the facts are.

So here we have on climate change and cap-and-trade the facts be darned, we are going forward. And now we are coming to the next big issue in the Obama administration, and they are saying, the public be darned, we don't want anybody to know what is in the bill. We are going to make the majority vote for it no matter what. And we are going to do it in 2 days.

Now most of you here are medically trained. You went to medical school for years. You had an intern program for several years. Most of you practiced in private practice for decades. You have got experience. You had your patients that trusted you because you were

open and transparent and you had experience behind you.

The majority that is running this body doesn't have enough trust in the population to tell them what is in their bill a week or two ahead of time so we can study it, prepare amendments, and have an open and fair markup process.

I think that is outrageous. We don't know what is in the bill. Mr. SHADEGG has done a pretty good job of going through the draft. And he knows that the draft is scary enough that we ought to have a long, fair markup on it. Most of that stuff will probably be in the final bill. But we don't know. So the reason I came over, Congressman BURGESS, was to encourage you and all the other Members that are participating in this Special Order and the people that are watching it. They need to get on the phone tomorrow. We want openness. We want transparency. We want time to see what the bill is. We want to post it on official Web sites so that the public can understand it. We want to give Members on both sides of the aisle the opportunity to draft amendments. And we want a markup process in the committees of jurisdiction that those amendments can be made, they can be debated, and they can be voted on in public. And maybe, just maybe, the work product that comes from that will be worthy of being reported to the floor.

But one thing I'm certain of, the bill that we don't have that has been drafted in secret is not worthy of becoming public law. I can say that sight unseen.

In the Revolutionary War, "one if by land, two if by sea, the British are coming," rationed health care is coming. No-doctor-choice is coming. Private insurance is going away if we let this—I'm trying to think of a polite way to describe what is about to happen. But it is a travesty of the process. It is a policy that will do much more harm than good to health care in America.

Mr. BURGESS. We had, of course, a meeting of our committee this afternoon where we talked about amendments. We thought we had 3 or 4 days, which, in fact, seemed pitifully short in that context. I know our office had submitted 50 amendments. I think I saw a list of almost 200 amendments that was being discussed.

There is no way in the 10 to 12 hours that will be available to us to debate that bill to allow Members on our side, let alone if any Members on the majority have ideas about how the bill might be improved. It is a virtual guarantee that only a very limited number of voices are going to be heard, if any, to try to improve that bill in the time that we have allotted to us.

I will yield back to the ranking member.

Mr. BARTON of Texas. I plan on talking to Chairman WAXMAN immediately in the morning and saying at a minimum we need a day to look at the bill once it is out. We need several days to prepare amendments. And then we

need at least 1 week or 2 weeks to do markup. It is not just the minority Members, but there are a number of Members on the majority side that have substantive concerns and substantive amendments.

This Congress can do good work. But it can't do good work in the dark with a handful of Members making deals in the back room and then forcing the majority to almost automatically rubber-stamp that product.

What you're doing here is excellent work. I commend you and the other Members. But I strongly, strongly encourage people that if they believe in an open and fair process, we need to figure out a way to get this bill out there in public and give us enough time to study it before we go forward and try to mark it up.

Mr. GOHMERT. Do you think there is any chance that something as ridiculous as amendments being filed in the middle of the night might happen? Do you think it is possible around here?

Mr. BARTON of Texas. Apparently, if they do what they have been doing in the past, we won't get the product that is going to be marked up until Chairman WAXMAN introduces a manager's amendment in the nature of a substitute sometime Wednesday afternoon.

Mr. GOHMERT. Or 3:09 a.m. perhaps?

Mr. BARTON of Texas. He has to put something in play to actually start the markup. But if the past is a predictor of the future, whatever he puts in play will not be what is going to be marked up. It will just be a placeholder.

Mr. BROUN of Georgia. I congratulate the gentleman for suggesting the American people contact their Members of Congress. I just want to say I just explained to the American people when we as Members of Congress say I associate myself with those comments, that means I agree wholeheartedly. And I do associate myself with those comments.

I want to remind the American people that former U.S. Senator Dirksen one time said that when he feels the heat, he sees the light. The American people need to put heat on the Members of Congress in the House and the Senate because the Senate has a bill too that is disastrous. It will do just the things that Mr. SHADEGG was talking about. In our shop we have looked at those proposals over there on the Senate side, and it is going to be disastrous if that bill as we see it thus far is passed.

The only way we are going to stop it is for the American people to get on the telephone, to call their Members of Congress, call their U.S. House of Representatives as well as their U.S. Senators and say "no." We as Republicans have been accused of being the Party of No, n-o. Frankly, we are the Party of Know, k-n-o-w. We know how to fix this problem. We know how to lower the cost of health care. We know how to give patients choice and give them ownership of their health care plan. We

know how to fix this problem. We know that government intrusion into health care decisions and the health care decision-making process and reimbursement and all the reasons it is so high and unaffordable today.

I just wanted to associate myself with the comments that you made and encourage the American people to get on the telephone, to get on their e-mail, to get on their fax machines, to call their neighbors and their friends all over this country and encourage their neighbors, friends and family to contact their Members of Congress. Let's shut the telephone system down tomorrow, across this Nation, people calling, faxing and e-mailing to say "no" to this travesty, "no" to this piece of garbage. I will be outright and say it. You were looking for a nice word. But it is garbage. And it is going to destroy the quality of health care.

I am a medical doctor. I practiced medicine for 38 years. And this is going to place a government bureaucrat between the doctor and the patient. It is going to be extremely expensive. The quality is going to go down. Innovation is going to be for naught, and it is going to go away. People are not going to like this, and we need to have it in an open process.

Mr. BARTON of Texas. The comment ought to be "show us the bill."

Mr. BURGESS. Let me reclaim the time briefly. I appreciate the ranking member taking the time out of his evening and spending some time with us. There are a number of Web sites where people can go and sign online petitions. Americasolutions.com has a petition, galen.org has a petition, another group called Let Freedom Ring actually has a downloadable responsible health care pledge where you ask your Member of Congress or Senator to have at least read the bill in its entirety and have the bill available for 72 hours on a Web site so the public can view this bill prior to a vote being taken in the House of Representatives.

He has been very patient. He is a new Member. And he is probably more patient than I deserve him to be, but Dr. FLEMING is from my neighboring State of Louisiana. He is one of two new Louisiana doctors who have joined the Republican Caucus. I want to thank him for his time tonight. He has a very interesting proposition that he wanted to share with us.

So I yield whatever time he may consume, bearing in mind we have 15 minutes left of the hour.

Mr. FLEMING. Well, I thank the gentleman, and I will be quick here because I do have something very important. I want to draw the camera's attention to this placard and particularly the Web site outlined below, fleming.house.gov regarding House Resolution 615 that really gets to the meat of the matter. And again this is another effort to appeal to the grass-roots.

Over the past few weeks, Members of Congress and the American people have come to know the details of the proposed health care plan advanced by the

administration and the Democrats. Call it whatever you like, but at the end of the day, the proposal is still a government-run health care system.

Now with its health care plan, the administration and the liberal leadership of this Congress are guaranteeing this democracy is on the solid path towards socialism. As a physician, I am amazed at the number of bureaucrats in this House who are quick to claim a government-run health care plan is the reform this country needs.

So I come before this body to announce a resolution that I just mentioned, House Resolution 615, saying very simply that any Members of Congress who votes for legislation creating a government-run health care plan should lead by example and enroll themselves and their family in the same public plan.

Again, to repeat that, very simply, any Members of Congress who vote for this legislation, that is one that includes a single-payer or government-run health care plan, should be willing to commit to enroll themselves in that. You see, it is very interesting how Congress tends to carve itself out and create sort of a lead state in many things, and this is one good example. The plans that we see thus far, which we don't know the details of, of course, suggest to us that for the next 5 years the Congressmembers will be still on the Federal health plan exchange and not be part of the single-payer system.

In closing, I just want to suggest that to those who are viewing this evening and along the lines of Dr. BROWN and Dr. GINGREY, is yes, please call. Call your Representatives. Call your friends. Let everybody know we need to defeat this single-payer system. And the way to do it is to hold our Congressmen accountable for what they do. If it is good for you, it should be good for them as well.

□ 2145

Mr. BURGESS. I yield to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. I realize we are running short on time, but I just wanted to comment on the gentleman from Louisiana, Dr. FLEMING's resolution. Mr. Speaker, it would be akin to a member of a public school board, let's say in your own community or in my community. In fact, I was on a public school board, and do you think I would have had the audacity to have my children enrolled in a private school while I served on the local public school board? Absolutely not. All four of my children went to that public school. It wasn't a perfect school, but it was my job to make it perfect, as perfect as I could.

And so for this Democratic majority, and this President, I would take it a step further than what Dr. FLEMING said. I would say to the President, and to Mrs. Obama and to the children, you know, Sign up for this public health plan, because you are purporting it to be the best thing since sliced bread,

better than any private, Blue Cross/Blue Shield, WellPoint, whatever is out there in the private market.

This is a wonderful hour, and I thank the gentleman from Louisiana for bringing up this commonsense point.

Mr. BURGESS. I also would thank the gentleman from Louisiana. I would also point out that in the last Congress I introduced a bill that would remove Members of Congress from the Federal employee health benefit plan and give them a \$3,000 voucher to go out into the individual market and purchase insurance, figuring that if we became uninsured it would make us more creative about seeking solutions for people who seek this problem.

I did not get any cosponsors. I did offer it to then-Senator Obama through his surrogates at several points, but I never got any takers.

I also prepared an amendment, when we do get our bill in committee, and I have hesitated on this, because I don't want my more conservative friends getting angry at me for expanding an entitlement, but I have prepared an amendment that would make Medicaid available to every Member of Congress. In fact, to make Congress a mandatory population to be covered under Medicaid, so that again we could experience for ourselves firsthand the frustration that patients find when they go to find a Medicaid provider, because in many States, my home State of Texas, Medicare reimburses poorly, Medicaid reimburses abysmally. And it's very, very difficult to find a provider on Medicaid. But I think the gentleman is on the right track, and I thank them for bringing that to us this evening.

I would like to take a few minutes. We have two doctors from Georgia, two from Louisiana. I was only able to attract one doctor from Texas, which is me, but I do have a Texas judge. I yield to him if he has a few comments to make on the subject of the evening.

Mr. GOHMERT. I wanted to thank my friend, Dr. BURGESS, and to be among such wonderful physicians. And I have been listening, a trained judge, I got to listen a great deal. And I heard so much wisdom from my friend Dr. PRICE, Dr. FLEMING, Dr. GINGREY, Dr. BROWN and Dr. BURGESS over the last 4½ years I have been here, and I have come to know their hearts and know their heart is for the good of America.

When we hear about transparency, and we look at what's been happening, look at the Federal Reserve. My goodness, what's going on? And you look at the auto task force and what they have done with that, and now they are going to do that with health care? It's the doctors that save our lives. It's the health care that will save lives.

Well, that's what it used to be.

And so then we hear, and I don't know if, Mr. Speaker, if the American public knows what former Chairman BARTON was saying, but manager's amendments have been filed after committees have done their work, and what little work was done.

And the manager's amendment just completely replaces all the work that was done, and it's put in at the last minute. And then we have amendments, as we did on crap-and-trade, that were filed at 3:09 and then supersede everything and then right up here at the Speaker's desk. There was not a complete copy, as that was made clear.

And I have been listening to these things, and I appreciate so much the work of all of these people trying to come together with a plan. And I have been trying to get alleged counsel to put together a compilation of these ideas in a bill, but they will not. They have not so far. Former Chairman BARTON has submitted this request, and I hope we have a bill so America can know about what's out there.

But I think Dr. FLEMING has a great point. Congress ought to be part of anything we make anybody else comply with. And that's why how about a system where instead of Medicare, Medicaid and SCHIP, we just put money in a health savings account that the patient controls and get out of what Mr. SHADEGG was pointing out, all this bureaucracy, all these insurance companies coming between the patient and the doctor, and then have catastrophic care to cover everything above the health savings account amount where the patient and the doctor decide on treatment. These are things we could do. These are things that will be good for America. These are things that all of us, we have talked about, we would be willing to do ourselves. That's what we ought to do for America.

And I am broken-hearted for what this body is going to cram down into the lives of people. And if they think they didn't like some of the things that were dictated from Washington, wait till Washington gets to control your life, because I am guaranteeing you, when the government takes over health care, they have every right to tell you what to do, what to eat, how to live. They will have a right to monitor your credit card receipts. Oops, you had too many Twinkies you bought last month.

I mean, that stuff is coming once the government controls your health care. It controls your life.

Mr. BURGESS. I thank the gentleman from Texas for his valuable insight. It brings up a valid point, Mr. Speaker, and the American people are going to be asked to undergo significant change in the way they receive their health care.

Yes, it may be change they voted for in November. Yes, it may be change they can believe in, but I don't know that it's necessarily going to be change they like.

So I do, Mr. Speaker, if I could, I know I must address my comments to the Chair and not to the public at large, but, Mr. Speaker, if I could address the public at large, I would tell

them they need to be very, very skeptical of what this body is doing, typically in the middle of the night, without much scrutiny and without much study of these bills and processes as they go through.

The individual Members of Congress do need to hear from their constituents on this issue. It's too important, too important for the American people to remain silent. There are Web sites out there where there are petitions that may be signed, AmericanSolutions.com, galen.org are two that I know have petitions up. This one that I was recently made aware of, Let Freedom Ring, which has a responsible health care pledge that they have posted online.

These are very worthwhile efforts that the American people can undertake and make certain that their representatives know how they want it to be, how they want to be represented.

And it is, I think, people got the message on cap-and-trade but they got the message a little late. We may, in fact, have been able to turn that vote had we been able to have one additional half day of debate on that topic.

Let me now turn to the doctor from Georgia, who we heard from briefly earlier. He may have some wrap-up comments that he wants to offer the body.

Mr. BROUN of Georgia. American people need to understand what is in this bill, as little as we know about it. There are some things that we do know about it. Our friend, JOHN SHADEGG, just talked about that, the untruth of your being able to keep the health care policy that you currently have, is absolutely in this bill. People are not going to be able to keep their health care policy. We know that.

We also know, without a question, that there is going to be a Washington bureaucrat put between the doctor and the patient. So a Washington bureaucrat is going to be making your health care decisions, is my message to the American people, Mr. Speaker. It's going to make your health care decisions for you, Mr. Speaker.

You doctor is not just going to be able to make those decisions. You are not going to be able to make those decisions. Your family is not going to be able to make those decisions. And the decisions are going to be rationed. In other words, some Federal bureaucrat, some Washington bureaucrat is going to tell the patient what tests that they can have, what medicines they can have, what surgeries they can have, what X-rays they can have and what they can't have.

And there are going to be more can't-haves than can-haves, because this is going to be extremely expensive.

We know this that's in this bill: Right now, today, when people have insurance provided by their employer, that is a tax-free benefit. We already know that this Democratic bill is going to put taxes on your health insurance, and you're going to have to pay those. So what you're getting now, Mr.

Speaker, the American people, at no tax consequences to you, you're going to have to pay taxes on it.

We know this, too—that Mr. Obama said a few weeks ago that he had to push through this, what I call cap-and-tax bill, the cap-and-trade bill, that it wasn't about the environment, because he said himself that he needed those taxes to pay for his health insurance program, this single-party payer program that we're going to; some Washington, bureaucratic-directed health care system. He needs those taxes to pay for it. So people's taxes are going to go up. Business taxes are going to go up. We're going to have these energy taxes, which is going to increase the cost of all goods and services—gasoline, heating oil, natural gas, food, medicine, everything is going to go up because of the energy tax that's over in the Senate. And I hope the American people will call and tell their Senators "no" to that, too.

It's critical at this late hour, which should be a very, very early hour but it's a late hour because the majority is going to force down the throat of the American people this health care plan that's going to be disastrous and take their choices away, increase their taxes. It's going to destroy our economy, and it's going to destroy the quality of health care. I hope they'll call, fax, e-mail their Members of Congress and say no, let's put everything out in the open so that we can know what it is and so that alternative systems can be looked at.

I thank the gentleman for yielding.

Mr. BURGESS. I thank the doctor for coming down and participating. It may be late on the East coast but it's early on the West Coast, and he has a perfect point to make—that your voices must be heard. Again, the Webcast of the Doctors Caucus meeting over at George Washington earlier this week. The open forum that was held on health care, The Web site www.healthcaucus.org has an archive of that.

Additionally, there are many, many interviews with other thought leaders and headline-makers in health care that have been accumulated on this site in the last 6 months. I do encourage, Mr. Speaker, people to consider going. Americansolutions.com has a petition, galen.org has a petition; and there is the Let Freedom Ring group that is available on your search engine that also has a petition. I would encourage people to weigh in with that.

Don't discount calling the Speaker's office. You can find that at www.speaker.gov, hit the "Contact Us" button and find the number to call into the Speaker's office to weigh in on this important issue. And finally your calls and faxes, Mr. Speaker, that constituents will make to their individual Member's office are going to be extremely important in this endeavor. I hear all the time from people back home. What can we do to help you? Now is the time. You need to make your voices heard on this very impor-

tant issue. Whichever side you may reside, wherever your feelings lie on this, you need to make your feelings known to your Member of Congress. The time for that action is now. The markup starts next week. We will vote this out of the House of Representatives by the end of the month. Don't ask me why we have that arbitrary, condensed timeline, but that's what we've been given by the Speaker of the House.

So now is the time to make your voices heard on this very, very important matter. As the ranking member of the committee said, this is the "one-if-by-land, two-if-by-sea" moment. The American people need to make their voices heard on this very critical matter, which will affect not only their future, their children's future and their grandchildren's future.

Thank you, Mr. Speaker, for the time.

□ 2200

PATIENTS BEFORE PROFITS

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

Mr. ELLISON. Mr. Speaker, I am KEITH ELLISON and I am a Member of the Progressive Caucus. It is late and the hour is moving toward when a lot of people are looking to retire for the evening, but we have to talk health care. Before I do, let me introduce the Progressive Caucus message that we have for people tonight. The Progressive Caucus message is we come to this Chamber every week to talk about a progressive vision for America.

What is a progressive vision for America? It is a vision, Mr. Speaker, in which people can live free of discrimination; people can live in harmony with the Earth; workers can work with dignity. Workers can have respect and safety on the job and earn decent pay. Where all Americans can have health care and enjoy the benefits and the bounty of this great country of ours.

A progressive vision, a vision similar to the one that Martin Luther King had for our country, a vision similar to the one that the great Rachel Carson, author of "Silent Spring," had for our country. A vision similar to one which Walter Reuther, a great labor leader, had for our country, a progressive vision which embraces all, which includes all, where human beings live in harmony, free from fear who do not disrespect or abuse our environment, believe all people have dignity, and we should have health care so people can have a decent standard of living.

This is the progressive vision that we talk about with the progressive message and it is what we do when we come to the House floor to talk on this House floor about what we believe in.

The Congressional Progressive Caucus is the group that I speak for tonight. This is our Web site, Mr. Speaker, which is cpc/grijalva.house.gov.