can at least retain a little bit of what I've earned so I can have some type of future enjoyable retirement? That would contribute so much to our access issue in States like Pennsylvania where citizens are not going to have access to quality care. I see that as a significant unintended consequence as a part of what my friends across the aisle are proposing and pushing at us.

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 2701, INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2010

Mr. ARCURI, from the Committee on Rules, submitted a privileged report (Rept. No. 111–421) on the resolution (H. Res. 1113) providing for further consideration of the bill (H.R. 2701) to authorize appropriations for fiscal year 2010 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE SUMMIT—Continued

The SPEAKER pro tempore. The gentleman from Texas may resume.

Mr. BURGESS. Reclaiming my time, let me just run through a little bit.

We heard right at the end of the 6-hour discussion down at Blair House today, the President and I believe the Speaker of the House said that the time for incrementalism has passed. I felt like I had stepped back in time. I heard that very same argument in 1993 and 1994 when the then-Clinton health care plan was before the House of Representatives.

I never will forget the day that Mike Synar, a Representative from Oklahoma, a Member of this House of Representatives, was down in Dallas. He was talking to a group of us who were American Medical Association members, and he was going to talk to us about this bill. Many people had questions at the time—believe it or not, I was so shy I was scared to say anything—but toward the end, someone asked Mr. Synar, wouldn't it be better to tackle some of these problems on an individual basis and not try to do all of this all at once because it did appear to be frightening people. And Mr. Synar made a very emphatic statement that the time for incrementalism is over, we must have this bill and we must have it this year. Sounds familiar. That was over 15 years ago.

Of course they didn't get the bill passed, life went on, the health care system in this country improved. We developed the State Children's Health Insurance Program under a Republican Congress with a Democratic President. We established medical savings accounts. We then, several years later, improved them with health savings accounts. We provided a prescription drug benefit in Medicare. For better or for worse, we passed the HIPAA law in 1996. But there was a lot of work that went on in health care.

Health care is an evolutionary process. Medicine is an evolutionary process because the knowledge base changes. The science changes over time. It is not a static event like law, or physics perhaps. But medicine is constantly evolving. In fact, many times we say that's why we refer to it as both an art and a science.

Well, what do the people think about doing this all at once or perhaps taking off some smaller pieces that might be actually doable? Americans agree with Republicans and want a fresh start on health care reform. A CNN poll—now, CNN is not always friendly to conservative principles—in a CNN poll, 73 percent of Americans say lawmakers should work on an entirely new bill or stop working on health care altogether. This was from February 24, 2010. Another poll, 79 percent of independents want Congress to start work on a new bill or stop all work, again from the same time frame.

So maybe it is reasonable that we start over with these small, incremental changes and solve some of the problems that bedevil Americans right now, but not turn the entire system on its head in order to help that smaller percentage that is having difficulty right now.

Starting over does not mean that we have no bill to pass. It doesn't mean that we start into another year-long debate. As I began this hour, I outlined to you, Mr. Speaker, several bills that are already out there, already written, could be called up, could go to committee, could be worked on, marked up, amended, and come to this House to be voted on up or down. We could pass a bill on preexisting conditions before we go home for the Easter recess. It would really be that simple. Instead, what we may get is the Senate bill being passed by the House of Representatives—under great duress for some Members of the House of Representatives—and then when that bill is passed by the House, it goes down to the President for his signature, and then good luck undoing all of the problems that are contained within that bill. It would be far better, since no help is coming for 4 years anyway, to take a little time and do this correctly.

The gentleman from Pennsylvania brought up the problems in Pennsylvania with medical liability. Texas, of course, in 2003 did change their medical liability laws and passed a bill that would allow a cap on noneconomic damages. It is a more generous cap than was passed in California in 1975 under the Medical Injury Compensation Reform Act of 1975, but nevertheless, it has worked well over the last several years and has now solved a lot of the problems that we were encountering in the earlier part of this decade.

Just some statistics to share with you; before the reform, one in seven obstetricians no longer delivered babies, 49 percent of counties didn't have an OB/GYN, 75 percent of neurosurgeons would no longer operate on children. Since passing that reform in Texas, it has really dramatically changed things. We had, in the 2 years before the reform passed, 99 Texas counties—Texas has 254 counties, and 99 counties lost at least one high-risk specialist. With the passage of what was then called Proposition 12, which was a constitutional amendment to provide caps on noneconomic damages and lawsuits, 125 counties added at least one high-risk specialist, including the counties I represent, Denton, Tarrant and Cooke Counties. And you can see of course there are some areas that are still needing to add specialists.

One of the remarkable things about the passage of this law is the number of counties that did not have an obstetrician previously but now do, and the number of counties that did not have an emergency room doctor but now do. Twenty-six counties that previously had no emergency room doctor, 10 that had no obstetrician, and seven that had no orthopedic surgeon, now at least have at least one of those specialists. Charity care rendered by Texas hospitals has increased 24 percent, nearly $600 million since the passage of this legislation. And Texas physicians have saved well over $500 million in liability insurance premiums.

Now, people will argue that passing tort reform does not immediately result in lower cost. Defensive medicine is learned behavior. Defensive medicine is oftentimes learned over a lifetime of practicing medicine. And it does take a while to begin to walk back from that. But as anyone will tell you, the journey of a thousand miles starts with the first step, and Texas has taken that first step. In fact, in Texas, one of our bigger problems now is licensing all of the doctors who want to move to the State. The State Board of Medical Examiners cannot keep up with the demand. It is a good problem to have because we had many counties that were underserved. And now, with the passage of this legislation at the State level, almost 100 percent of Texans live within 20 miles of a physician. That is a remarkable change from even just a decade ago.

One of the last things I want to bring up tonight before we leave, we've talked a lot about cost, and during the course of the discussion down at the Blair House the debate on cost was lengthy and sometimes it became contentious, but just a few points that Representative PAUL RYAN from Wisconsin made today. He pointed out correctly that Medicare has an unfunded liability of $38 trillion over the next 75 years. This is a huge, huge budget pitfall that is facing not just Members of Congress, but every citizen of the United States over the next 75 years.

While Federal Medicaid spending grows at 23 percent this year, the program continues to suffocate State budgets. And this bill does not control costs. Mr. BIDEN talked about if we don't bend the cost curve, we're in trouble. I will submit that we are in trouble because we have bent the cost curve, but we are bending it in the wrong direction.

PROGRESSIVE CAUCUS

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 here representing the Congressional Progressive Caucus tonight, the Congressional Progressive Caucus, a body of Members of Congress dedicated to the very simple idea that we all do better when we all do better. The Progressive Caucus, a caucus made up of Members of Congress—men, women, whites, blacks, Latinos, Asians, people of various different backgrounds throughout the whole country—all unified under the simple idea that everybody counts and everybody matters; that there is no one who doesn't deserve civil rights; that everybody deserves civil rights; that men and women should enjoy the same rights; that women should have a right to choose; that there is nobody who is outside the pale of our beloved community; and that we stand together on economic justice, environmental justice, stand together on the idea of health care for all, stand together on the idea of real consumer protection, stand together against the idea that Wall Street bankers and the well-to-do should have everything going their way. In fact, we think that the working men and women of America should have something going our way. In fact, we're the ones who do all the work around here and we're the ones who should see America operating on behalf of and for the American people.

This is what the Progressive Caucus is all about. The Progressive Caucus is all about saying that consumer justice is important, health care reform is critical, war is usually the enemy of the poor, and that we need to find a way to seek diplomacy and dialogue and find a better way out of the conflicts that our country finds ourselves in. That is what the Progressive Caucus is about.

I am going to be talking about some of our core beliefs, but how can I talk tonight, Mr. Speaker, without talking about the Health Care Summit? Obviously, the Health Care Summit was a big deal today. A lot of people were watching it on television. I want to commend President Barack Obama for having a transparent and open process.

My friends on the other side of the aisle, the party apposite, the Republicans, say that we should just start all over. Well, as you could see by watching the broadcast today, there was ample debate, long hours of discussion. We've had many, many hearings here in Congress on health care. We've had a conversation with the American people going on a year, and they say scrap it? No, thank you. They wish we would, but we won't.

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The fact is that we have had a national dialogue, focusing on what it is like to live without health care and facing the world with your children and your family without any health care coverage, facing bankruptcy as health care expenses skyrocket and you are unable to meet that reality, facing a situation where you have to put your medical expenses on a credit card, you know, which may have gone up to 28 or 30 percent. These are the kinds of things that concern us.

I want to commend the President for convening this dialogue today, for having this discussion. I do wish, however, that there had been a member of the Progressive Caucus in an official capacity there. It is true there were people from the Progressive Caucus there, but our leadership is RAÚL GRIJALVA and LYNN WOOLSEY, and I believe they should have been there. There were other people there who were members of the Progressive Caucus but none who were authorized to speak for the Progressive Caucus. I'm not happy about that, but you know what? Things are seldom perfect in life. I would have wished that we would have had it that way, but we didn't.

A few things were clear about the health care summit today, which is that the ideology still rules the day for our friends in the party opposite that Americans continue to face health care nightmares on a daily basis and that the urgency of change is as powerful as ever. We have got to move forward. There is no way that we as a Congress can engage the public imagination around health care for a whole year and then come up with nothing. We need to have a health care bill.

This is the Progressive Caucus, and I am talking about health care and the economy today.

I also want to say, as we talk about health care and the economy from the perspective of the Progressive Caucus, that this is a Progressive message coming to you for an hour. We come here every week, and we speak for an hour about the critical issues facing the American people from a Progressive standpoint, and that is why I want to talk about health care right now.

Let me start off the conversation about health care by saying that, today, not only was the health care summit on and not only was the same old debate laid out—Democrats, Progressives wanting health care reform for the American people—but the folks in the party opposite are not so big on reform and want to just keep the status quo.

The House also demonstrated and signaled its urgent desire to see health care reform when we took up the Health Insurance Industry Fair Competition Act just this week. This bill stripped away a protection that was granted to insurance companies, and it requires them to now compete. They got their exemption from antitrust laws taken away. It's not enacted into law, but it was passed in the House, on the House floor, just this week. The idea is that health care companies don't need to be exempted from antitrust laws. They need to have to face those laws because we need competition. When businesses compete, consumers benefit. Simple as that. When businesses compete, consumers benefit, but for far too long, the health care insurance industry has played by a different set of rules.

Since 1945, the McCarran-Ferguson Act—you may have heard of it—has exempted businesses of insurance from Federal antitrust laws. Now, that is not right, so we did something about it this week at last, on the House side, hoping that the body down the hall will do something similar. This bill that we passed off the House floor amends the McCarran-Ferguson Act by repealing the blanket antitrust exemption afforded to health insurance companies. This is something the American people want. Most people I talked to didn't understand why they had an antitrust exemption in the first place.

Under the bill, health insurers will no longer be shielded from being held accountable for price-fixing, for dividing up territories among themselves, for sabotaging their competitors in order to gain monopoly power, and for other anticompetitive practices. If they do it and if we can get it passed into law, then they are going to be held accountable; they are going to be taken to court. That's what we need.

Removing the antitrust exemption not only enables appropriate enforcement; it also will give all health insurance companies healthy, competitive incentives that will promote better affordability, that will improve quality, and that will increase innovation and greater consumer choice—as antitrust laws have done for the rest of the economy for over a century.

Removing this antitrust exemption is key, and it is supported by law enforcement groups and by the National Association of Attorneys General. The National Association of Attorneys General has consistently opposed legislation that weakens antitrust standards for specific industries because there is no evidence that such exemptions promote competition or serve the public interest. They do not promote the public interest. They undermine the public interest.

So I just wanted to tell everybody that this piece of legislation passed off the House floor, signaling greater change as we are driving every day a little closer to real health care reform. The Health Insurance Industry Fair