

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

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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GOP AGENDA ON UNINSURED OF AMERICA

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

Mr. BURGESS. Mr. Speaker, just last week in his State of the Union Address, the President brought before the House a three-point plan for helping reduce the number of uninsured Americans.

Mr. Speaker, I was very grateful to hear the President's discussion of this plan. Of course, here in this House in November this year past, as part of the Medicare Modernization Act that we passed November 22, we also included a provision for health savings accounts.

Health savings accounts, Mr. Speaker, are a program that has been near and dear to my heart for many years. My last 5 years of medical practice, I had a medical savings account, and I saw firsthand the value of being able to build that account, to build those dollars in a tax-free, tax-deferred account completely dedicated to health care needs.

The new health savings accounts will give Americans more choice in their health care. Of course, they can choose their own physician and consult with their doctor about services they need and services they can afford, but it puts the consumer, it puts the patient, back in the driver's seat and actually gives them a stake, not just in their health outcome, but how their health dollars are spent.

Mr. Speaker, I believe this is an extremely important point. I believe that putting consumers back in charge of how health care expenditures are made will be one way of reducing the cost of delivering care.

Health savings accounts will give Americans health care that is much more portable than the current employer-derived accounts. As over half of all Americans receive their health care coverage through their employer, health savings accounts become even more important because if someone loses their job, of course they lose health care coverage; but with the health savings account, that money obviously would be rolled over and would continue to be there to cover the worker or their families.

Health savings accounts promote savings and wealth generation. Currently, unfortunately, Mr. Speaker, Americans save only 2 percent of their annual income. The average in Western industrialized nations is around 10 percent. But with health savings accounts,

we will promote savings and will promote wealth generation.

Mr. Speaker, I need to point out, this is wealth that can be passed on from generation to generation. It is actually owned by that individual. It is not some program that when a person dies, that program goes away.

Many health savings accounts generate a 4 percent return on investment, and with the miracle of compound interest, Mr. Speaker, that money can grow significantly over time. Of course, as the market continues to improve, some health savings accounts could generate a much higher return.

Another program that the President mentioned and actually is no stranger to this House because we passed H.R. 660 last June, but Association Health Plans, Mr. Speaker, I believe, are a powerful tool in allowing small businesses to continue to provide employer-derived insurance for their employees.

Right now, Mr. Speaker, small businesses are handicapped by high insurance prices and State mandates when shopping for health insurance. But Association Health Plans would allow bona fide business and trade associations to negotiate health care coverage rates with employers utilizing a much larger pool of employees, not just the individual small business employee pool. Removal of some State mandates, which a large majority of businesses avoid under ERISA, would assist small businesses by giving them the ability to shop for health coverage that meets the needs of their employees without the inclusion of extraneous and expensive State-mandated benefits.

Mr. Speaker, the final program that was mentioned by the President in his State of the Union address, that is actually a bill that has been introduced by our neighbor, Kay Granger, in Fort Worth, involves tax credits for the uninsured.

Tax credits are perhaps the best way and the most immediate way to help the 43 million Americans who have not been able to purchase health insurance. Fully refundable, prepaid tax credits would give low-income individuals and families immediate purchasing power in the health insurance market. Some studies estimate that there could be a 50 to 80 percent reduction in the number of uninsured Americans if the Federal Government made available a fully refundable health insurance tax credit.

Mr. Speaker, the other thing that we can do, and we have done in this House, but the other thing we can do at the Federal level to help with the problem of the uninsured is to reduce the enormous cost of the liability system, that burden that is placed on the health care delivery system in this country. I know this House has acted on that this past year, but our work is not through, and we need to encourage those Members of the other body who may be so inclined to move that legislation through their body.

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

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MEDICAL MALPRACTICE CRISIS

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

Mr. SHUSTER. Mr. Speaker, I rise tonight to report back on the last 3 weeks I spent in my district, traveling the district, visiting with the 13 hospital and medical centers that are in my district, to talk to them about the Prescription Drug and Medicare Modernization Act that we passed here in November and the President signed into law.

I would like to report they have been very pleased with what we did here in Congress. The doctors are pleased with the reimbursement increase they are going to receive, and our hospitals are pleased with what we have done. I have a rural district, and the rural package that we put forth for these hospitals is very important to their financial well-being.

But as we talked about what we did in the bill, the discussion quickly turned to what we have not done here in Congress. In the House, we have attempted to do it three times, passed legislation to reform medical malpractice, but it has not passed in the other body, and as I talked to these CEOs, doctors and nurses, we talked about the stories in various areas of the district.

In Indiana County, for instance, the home of Jimmy Stewart, a very well-respected and beloved orthopedic surgeon, Dr. Paul Burton, left Pennsylvania for California 6 months ago due to the medical malpractice crisis in the State of Pennsylvania.

In Blair County, Pennsylvania, the largest hospital in my district, the Altoona Hospital, in 1999 they paid approximately \$1 million in malpractice insurance; last year, that number jumped up to almost \$3 million, and not a penny of it was used to help patients.