

that we are buying MRI machines based on the need for them, not based on how much profit they can generate for a particular hospital.

□1645

A regional board could determine, with the input of doctors and other providers, what number of machines would be appropriate for the population based on demographics and other factors.

Allow an explanation of how a single-payer system under H.R. 676 would work. Existing public health care spending, including government spending for Medicare and Medicaid, would continue, but it would flow into a single trust fund. We would add a payroll tax of about 3.3 percent each to workers and employers. In addition to the 1.45 percent Medicare tax, the total health care tax would be 4.75 percent. This is cheaper than what the private health insurance companies charge; so families and businesses will be spending less than what they are spending now if they have insurance.

We also get revenue from other sources like one quarter of 1 percent tax on certain stock and bond transactions. All these revenue sources add up to more than enough to cover current spending. But just in case there are additional expenses in a particular year, we also authorize an annual appropriation.

Revenue flows from the Federal trust fund into the accounts of the currently existing Medicare regions. Reimbursement is then negotiated with doctors and other providers at the regional level, with current levels being the starting point. Doctors are paid on a fee-for-service basis, while hospitals and other large institutions are paid with monthly lump sums known as global budgets based on current expenditures. Global budgets are cost-control mechanisms that are very effective in other single-payer systems.

Every American would receive a national health insurance card at birth or would be able to apply for one at the post office or other government facility. The application form is limited to 2 pages. Everyone living in the United States would be eligible. All medical necessary services would be covered, including inpatient and outpatient care, mental health care, dental care, and prescription drugs. Patients can go to the doctor or health care provider of their choice.

Private insurance companies are prohibited from duplicating the coverage provided under the plan. They may still offer coverage for nonmedically necessary services, such as cosmetic surgery. They are not prohibited from being hired by the government to do billing services, but overhead costs would be strictly regulated.

This plan relies on the existing Medicare infrastructure for administration. There is no "new government bureaucracy." In fact, there will be far less bureaucracy in health care after the role of the insurance companies has been limited.

Just to let you know, there are nationally recognized health economists

and physicians who believe that if we spent more efficiently the money we are already currently spending on health care, then we would cover every American with quality and affordable health insurance right now through a privately delivered, public financed, single-payer system.

Mr. Speaker, I thank you for your cooperation.

Ms. LEE. Mr. Speaker, I rise today in support of Cover the Uninsured Week, to highlight the deplorable fact that over 47 million Americans—including 9 million children, lack health insurance in our country.

Mr. Speaker, I strongly believe that health care is a basic human right. Yet far too many people have no access to even the most basic health services. Contrary to popular belief, 8 out of 10 Americans who lack health insurance come from working families who just can't afford the high cost. Minority communities also disproportionately suffer from a lack of health coverage. More than one-third of the Hispanic population in our country and more than one-quarter of Native Americans live without health insurance. Nearly 22 percent of African Americans and 20 percent of Asian Americans also lack health insurance. These statistics are just plain shameful.

What's worse is that because these individuals lack health coverage they are more likely to wait to seek treatment until they are really sick, which in turn further drives up health care costs and creates a vicious cycle of un-insurance.

Mr. Speaker, the sad truth is that over the last 8 years of this administration, the number of uninsured Americans has been steadily rising. Instead of supporting proposals to expand access to health care, however, this administration has continually supported policies that have driven more people into poverty, placing affordable health care even further out of reach.

Perhaps the clearest example is this President's veto of the SCHIP bill and his refusal to provide health coverage to 10 million children. That is just unconscionable.

As the only industrialized nation in the world that does not guarantee health care for all our people, I believe we must move toward a system of universal health coverage. That is why I have introduced H.R. 3000, the Josephine Butler United States Health Service Act, to make the United States Health Service its own independent executive branch and establish an Office of the Inspector General for Health Services.

My bill would require the Health Service to ensure that everyone has the right and the ability to access the highest quality health care available regardless of cost. Mr. Speaker, providing universal health care is the right thing to do and it is consistent with our values as a nation and the goals of Cover the Uninsured Week.

Mr. WEXLER. Mr. Speaker, I rise to acknowledge "Cover the Uninsured Week." We must recognize the tragic reality that 47 million Americans, including 9 million children, are uninsured in America. In my home State of Florida, the figures are even more striking, with 20 percent of Floridians lacking health insurance. Millions of hard-working Americans with full-time jobs lack affordable health care options.

For example, a woman in my district, Florianne, has worked as a housekeeper for a local hospital for 3 years and is uninsured. She cannot afford to pay for health insurance

for her children despite having a full-time job. In 2004, when Florianne worked directly for the hospital, she received health benefits. Today, the hospital subcontracts its house-keeping operations, causing her to lose her health insurance. With rent, food, gas, and utilities eating up her \$692 biweekly paycheck, there is not a dollar to spare for her son's glasses or basic checkups, let alone a \$768 monthly premium.

I wish Florianne's predicament was unique. All across Palm Beach County, the State of Florida and throughout the United States, children like Florianne's miss doctor's appointments, forego needed prescriptions, and are denied adequate health care. Their parents work hard but still cannot afford health care for their families. This is totally unacceptable in the wealthiest nation on Earth.

In Congress, I have sponsored legislation to fund insurance for millions of children across the country, introduced legislation to make Medicare more affordable for seniors, and voted to increase funding for community health centers willing to treat uninsured individuals. I am also a sponsor of the U.S. National Health Insurance Act (H.R. 676), which would reform our health care system and provide health insurance for every man, woman, and child. Unfortunately, many of these proposals have been shot down by the Bush administration.

"Cover the Uninsured Week" reminds us all that America desperately needs leadership in the White House and in Congress to work together to achieve the affordable health care that all Americans deserve.

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#### GENERAL LEAVE

Mr. CONYERS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

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#### PEAK OIL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Maryland (Mr. BARTLETT) is recognized for 60 minutes as the designee of the minority leader.

Mr. BARTLETT of Maryland. Mr. Speaker, I came early to our office yesterday morning, and I opened the door and took the newspapers inside and put them out on the reading table. And as I took them out, seven of them, four newspapers and three of the kind of inside-the-beltway papers, I noted the lead story above the fold. In the Sun there were two stories: "Demand Eats Supply, swiftly rising food prices are undoing progress in fighting hunger globally"; and another above the fold headline: "Energy Bill Aid Payouts on Rise." Then I picked up the Washington Times and noticed an above the