

includes employer-based health care, where there couldn't be an exclusion for preexisting conditions. There are the existing government programs, Medicare, Medicaid. Part of the money, if we get the version we are looking for, would be to help States cover everybody for Medicaid.

Then the third thing, this would be new and would include a robust public option. The public option would be a program run by an agency in the government that would be not looking to generate a profit. In that case, would the public option that we have been talking about, would they be reaping a portion of those, what is that, \$84 billion in profit? Would that be a cost measure within the public option, if we were able to achieve that?

Ms. EDWARDS of Maryland. Well, I think that what would happen is that the public option would be so competitive. Keep in mind that the CEO of the public option, the Secretary of Health and Human Services, doesn't make \$9.8 million a year. It is a basic government salary, I don't know, about \$175,000 or \$185,000 a year to run all of Medicare. Our CEO is a government employee who doesn't make a ton of money, who is not reaping millions and millions of dollars in compensation.

This is only compensation. Maybe next time I will bring the bonus chart. That would require a lot more zeros.

But I think really there is so much overhead in the private insurance, and it is really sending costs up. All we want is a public option, and what the American people want is a public option, because something like 70-some percent of the American public actually support a public option, and what they want is something that competes with the private insurers.

After all, Mr. ELLISON, I am not really sure what the private insurers are afraid of, because if they believe in the free marketplace, put the public option in there, let it compete in the free marketplace, and I will tell you what, the competition will be on and costs will be down.

Mr. ELLISON. That is right. And lobbying expenditures, CEO compensation and profits will not be there.

We will have to yield back and be back the next time. This has been the Progressive Hour.

**NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO SOVEREIGNTY OF LEBANON—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-59)**

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides

for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared with respect to the actions of certain persons to undermine the sovereignty of Lebanon or its democratic processes and institutions is to continue in effect beyond August 1, 2009.

In the past 6 months, the United States has used dialogue with the Syrian government to address concerns and identify areas of mutual interest, including support for Lebanese sovereignty. Despite some positive developments in the past year, including the establishment of diplomatic relations and an exchange of ambassadors between Lebanon and Syria, the actions of certain persons continue to contribute to political and economic instability in Lebanon and the region and constitute a continuing unusual and extraordinary threat to the national security and foreign policy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency declared on August 1, 2007, to deal with that threat and the related measures adopted on that date to respond to the emergency.

BARACK OBAMA.  
THE WHITE HOUSE, July 30, 2009.

**DOCTORS HOUR**

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

Mr. CASSIDY. Mr. Speaker, we are pleased to be here. We call this the Doctors Hour because there is a fair number of us on the Republican side who are physicians or in some way health care providers, optometrists, a practicing psychologist, or in some other way connected with the health care field. So we give our own perspective.

Now, my own bio, if you will, aside from being a physician, I have worked with the uninsured in my State of Louisiana for the last 20 years.

□ 2030

That's almost 90 percent of my practice, working with the uninsured in a public hospital. And so, when I speak of what we need to do to help the uninsured, it is purely flowing out of my life experience. I think that as the others come up I'll give them a chance to speak as to it what they're about. I'll start off with a couple of comments. I've learned in my 20 years of, whether private practice or public practice, that the only thing that lowers costs is

if you make things patient-centric. If the government is in charge, or the insurance company or a bureaucracy run by anybody is in charge, it becomes something that doesn't work for the patient. The patient's separated from costs. They have a harder time accessing benefits. It just doesn't work.

On the other hand, if you put the patient in the middle, if you tell that woman, listen, you can go see the physician you wish to see and when you go in there there's minimal administrative hassle. And if you don't like that physician, you can go see another physician. It really works. The patient's satisfied, and typically, the patient/physician relationship is stronger. And key to getting good health care is having a strong patient/physician relationship.

Now, frankly, I think the only thing innovative that we've heard from the other side, although their plan kind of is changing on a day-by-day basis, is in one sense, the only thing about that plan which is radical is that it nationalizes health insurance. I was a little amused by my Democratic colleagues earlier who were saying, Oh, my gosh, Republicans are defending insurance companies. No, actually I think they're defending insurance companies. They like insurance companies so much they want to nationalize it and have a national insurance company.

Now I'm thinking, now we have an insurance company run by the private sector that, if it doesn't work, constituents call Congresswomen, Congressmen, we pass a law that changes that, changes that so that the private insurance company plays by better rules. Now, though, it's going to be both the referee and the player. Now the government will make the rules, but also compete. And as it does that, in some way, we're supposed to expect that the government-run insurance company is going to be kinder and gentler, more cost-effective, higher value product than is the private insurance company.

I think it's the triumph of hope over experience. We hope it will be better. We know Medicaid and Medicare don't work as we wish; in fact, they're going bankrupt, and their bankruptcy is what's driving this plan. And so we're going to believe that the third try is going to be the charm and that this time we get it right. Well, without going further, I'll yield to my fellow physician from Louisiana, JOHN FLEMING.

Mr. FLEMING. Well, I thank my friend and fellow colleague, both a physician and fellow Member of Congress, BILL CASSIDY, and also fellow Louisianan. And of course tonight we're going to be talking about a lot of different things relative to what is really the hottest topic maybe in a decade, health care reform, which both sides of the House are very interested in.

You know, you hear often from this side of the aisle that well, for heavens