

They also indicate that they are going to pay for this with \$404 billion of cuts in Medicare and Medicaid. If there are those types of savings available in Medicare and Medicaid, let's do those right now. The reality is those types of savings aren't identified in Medicare and Medicaid. They never have been. As a matter of fact, the other body now is considering a doctor fix. They are not going to put it into this health care bill. Why? Because it is an increase of \$250 billion of reimbursements to doctors. It is called the doc fix.

So rather than finding savings in Medicare and Medicaid, what they are identifying is massive new expenditures for Medicare and Medicaid; \$133 billion in cuts to Medicare Advantage.

Earmarks. There are State earmarks. Think about it. There are people from different States in this auditorium and on the floor of the House. There are new massive mandates in here for Medicaid, expansion of Medicaid.

You say, well, let's apply those equally across all 50 States. The mandates go across all 50 States. In 46 of those States, the States have to pick up their share of the costs of these new mandates. In Michigan, it would normally mean we would pick up 40 percent of the cost of these new mandates. But, for some reason, four States are exempted. The Federal Government will pick up 100 percent of the expanded Medicaid costs. Michigan is one of those States. I say to the other 46 States, thank you, in this case, for subsidizing Michigan health care.

There is another feature in here, another earmark, where there are going to be new taxes for individuals who have golden health insurance plans. What is the earmark? You would think this new tax would apply equally to all 50 States. Wrong. Seventeen States are exempted and only phase into this program over a period of time. You say thank you to the other 33 States, because you are now subsidizing, in this case, 17 States who will not have new taxes imposed on them.

Those Senators, those Members of the House, maybe were more effective in negotiating and saying, I will only vote for this health care if you exempt us from the Medicaid, the new Medicaid fees, or if you exempt our State from the new taxes.

It hardly seems fair. It hardly seems to have much to do with the delivery of quality and quantity of health care. It seems to reflect more on who has power and who does not have power in the process of designing this new legislation.

There is a better way. As I have gone through and as some of my colleagues have gone through and said, you know, let's take a look at health care. At one of my first town meetings, someone said, PETE, I know you came out of the business world. Now, you came out of Herman Miller and you came out of a marketing background, but you were working for a Fortune 500 company,

and because you worked in product development, you spent a lot of time working with engineers. Take a look at our health care system from an engineer's standpoint.

What an engineer would do is they would look at this thing systemically. They would identify where the problems were in the system, what parts of the system were broken and what parts of the system actually worked. Then they would focus in like a laser on fixing the parts of the system that were broken and leave the rest of the system working. That is kind of where we are with health care.

Eighty-five percent of Americans have health care. Surveys indicate that most of these folks are satisfied with the health care that they are getting, but they are also compassionate and saying we ought to take a look at fixing the parts of the system that right now are barriers to other Americans getting health care.

So the question is, why not focus on those? I have introduced and sponsored a series of bills that say, let's take a look at these seven targeted fixes for health care reform. They address the issues of cost, so that we have more competition. We have the tax credits and the cost subsidies, so every American will have the resources to go out and buy insurance. And they will also have an opportunity to have more choice, and there will be more competition, so that prices should come down.

In terms of access, we are also going there, because we are saying we do need to do something. It is inherently unfair that individuals who have a pre-existing condition find it difficult, if not impossible, to access health care in America. Let's make sure that we put in place a process in our insurance system that allows people that have pre-existing conditions to make sure that they are covered and that they also have the opportunity to have the confidence that if they get a different illness or they get a different health care problem, that they are covered and they can be covered for their pre-existing condition and other things that may happen to them.

Then we put in a bill that deals with tort reform. All of these bills could be implemented immediately, and in 3 years we would find out how much impact we have had. As a matter of fact, these things could be implemented right now. We would have 3 years of experience in improving our current health care system, and in 3 years we could say, how much have these programs and these bills improved health insurance and health quality and quantity in America? If they are working, we could say, okay, maybe we have to tweak them, we have to modify them a little bit.

But why the 3-year window? Remember that under the President's plan, the health care programs don't kick in for 3 years.

□ 1245

And at the rate that we're going, you wonder why 3 years. It also happens to

be, means they'll kick in after the next election, so Americans who will lose their health insurance or will have to change their health insurance, they won't be hit with that reality until after the next Presidential election. Interesting timing.

But when we get to health care, there's a way to improve health care that says we're going to enable individuals, individual American citizens, to keep the power that they have to direct their health care, the choices that they have versus a plan that says we're going to have that choice and that opportunity and that freedom taken away from individuals and moved to the government and government bureaucracy where we see all the kinds of shenanigans that are going on in the current Senate bill and going on in the current House bills.

There is an alternative: Freedom versus massive government programs. And there are alternatives that go out and say, in a very targeted way, here's how we can address the issues and improve the access, the quality and the price of health care for every American and do it today, rather than waiting 3 years.

Mr. Speaker, I hope that this gets to be a much more open process than what we have today, a much more open process than what we have had up until this point. It appears that some are driven and they've bought into the idea that government needs to run health care. That is fundamentally wrong because if we move in that direction, it means we will grow government and we will take freedom away from Americans. That is the wrong way to address this problem.

Let's bring Republicans and Democrats together, and let's focus on providing individuals the tools that they need to be able to go out and get the quality and the quantity of health care that they need and that they want.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. JONES (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. MAFFEI (at the request of Mr. HOYER) for today on account of official business in district.

Mr. MCCAUL (at the request of Mr. BOEHNER) for today on account of receiving St. Mary's Law School distinguished alumni award.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)