

Again, some of my colleagues, Democrats, said: I fear this bill will not reduce long-term costs and our debt and deficits will suffer and balloon in the years ahead.

Another Democrat colleague: My primary concerns have been that the legislation does little to bring down out-of-control health care costs, which is what burdens families and small businesses and also leads to our skyrocketing budget deficits.

The Congressional Budget Office, an independent agency, says that the cost has grown at about 8 percent per year, which more than doubles cost. If you compound 8 percent per year, when the President says the cost of doing nothing is that the cost will double, in this case the cost of doing this something, costs will more than double, according to the Congressional Budget Office.

On balance, during the decade following the 10-year period, the bill would increase Federal outlays for health care and the Federal budgetary commitment to health care relative to the current amount. That does not include the State dollars that we have been referring to.

Mr. FLEMING. What we are talking about may sound theoretical, but we actually have a model by which, on a much more microscopic level—we actually have many, but one that I think is the best is Medicare itself. Medicare is a government-run health care program. Those who are served by it like it, but there is a good reason why they like it, because they get a lot more out of it than what they actually put into it. It is heavily subsidized in different ways. It is running out of money. I believe the estimate today is that it will be completely out of money in 8 years. The cost today, the annual cost of Medicare is exponentially greater, magnitudes greater than the estimates ever were in the past. It has always run much higher in cost than was ever predicted. And yet, we somehow think we are going to be able to take a much larger health care system controlled by a much larger governmental set of agencies, 111 new bureaucracies and mandates, and that what we couldn't do with a much smaller system that was a lot less complex, somehow we are going to miraculously do with a much bigger, more costly system. And even if it didn't, we don't have the money as it is. We are living on our future, our descendants, if you will. We are living off their dime at this point.

Mr. CASSIDY. We have spoken about the irony, about how the bill we have to pass in order to control costs is more expensive than status quo. We spoke about the irony about the bill we had to pass to rescue jobs will cost 5.5 million American jobs.

There is another irony here. Medicare, a great program but going bankrupt in 7 years, according to the folks that run it; Medicaid, another Federal program which is bankrupting States, is now going to be rescued by a third public program which is based upon the

one and expands the other. So two going bankrupt or bankrupting will be saved by a third which builds upon those first two.

To go back to Scripture, you are building a house upon a foundation of sand. In this case, it is a fiscal foundation of sand which should concern us, as it concerns newspapers like the Post and the Times which wonder if it does enough to control costs.

Mr. FLEMING. It is clear that all of these things—Medicare that exists today, running out of money; Social Security that exists today, running out of money; Medicaid already out of money and bankrupting States; jobs, killing jobs, and jobs are what keep our current health plans in place; \$13 trillion in debt and rising—many, many dollars spent right here in this House that we have absolutely no way of paying for, and we see a confluence of events here, costs that are coming rapidly together that very quickly just the interest alone will begin to squeeze out all of the other services that we look to government to help us with, like common defense.

What are we going to do when we don't have the money to protect our country both internally and externally? What are we going to do when we don't have money for some of the programs that we use as kind of a safety net for Americans today who don't make enough to live off of, or used to be employed but became unemployed because of our spending? What are we going to do? We have to change direction.

I just spoke at a TEA party this weekend, and people are absolutely—they are past angry. They are actually terrified at this point.

You mentioned, Dr. CASSIDY, this summer, all of the town halls, and of course TEA parties have sprung up during that period of time. I think we have to look at that as sort of the canary in the mine shaft. That is the early warning sign that the citizenry out there is fed up with the irresponsible spending that we are doing here. It is time we begin to look at reinstating individual choice and individual freedom rather than the government controlling and micromanaging our individual lives and taking our own money away from us to give back to us in order to control us.

Mr. CASSIDY. I think the point just hit upon, we all want reform and we know the goals of reform are to control cost and to expand access to quality care.

Now, there are some who think that to do that you have to sacrifice freedoms, you have to raise taxes, kill jobs and still not control costs.

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But you and I know from our practice and our life experience that you can do it differently. You can actually increase freedom by giving that person the ability to control her account that she can use to spend or not spend, to

seek value. In so doing, you lower the administrative costs. You kind of cut the insurance company out of the deal because now she has her own account, and she doesn't have to submit a payment claim. She just pays for it with a debit card.

You can control costs in a patient-centered way, one that incentivizes a healthy lifestyle. And in so doing, the patient becomes healthier; and by becoming healthier, you control costs, not by 111 different bureaucracies, boards, and commissions. It stays with conservative values of individual responsibility, limited government, and free enterprise. It actually works in this segment of our economy as it does in every other segment.

I yield.

Mr. FLEMING. I thank the gentleman. I absolutely agree. And, again, it looks like, from what you've presented today, The New York Times, The Washington Post, and I read today from Reuters, and CMS just came out—all of these groups, very nonpartisan in many cases, and certainly no one can say that The New York Times is a Republican or even conservative publication—all of these groups, these publications, these boards, editors are coming out with great anxiety over the cost of this.

And you might say, well, why are they complaining after the fact? Well, remember that we debated for weeks on H.R. 3200, but we only had 1 day really to vote on H.R. 3962, which really doubled in size and doubled the number of bureaucracies virtually overnight. And I think now that all the celebration is over in the House, we may have a little hangover going forward.

Mr. CASSIDY. I think that people are waking up. Again, if we're going to achieve our goals of reform for all, health care accessible and at affordable costs, you can't have it with a program which drives up costs and drives up costs despite the high taxes and the loss of jobs. So we're not through yet. The American people still have time to weigh in on this, to weigh in as the bill goes through the Senate side and then comes back to conference.

But what I challenge the American people to do is to do as they did in August, to contact those Representatives that voted for this bill and express their concern regarding the cost, the taxes, the loss of jobs, but also to contact their Senators and to say that they want reform, but they want reform that doesn't kill jobs, raise taxes, or deprive us of personal freedom. I think in that way we can have a bill which serves the American people without sacrificing our values.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2781, MOLALLA RIVER WILD AND SCENIC RIVERS ACT

Mr. ARCURI, from the Committee on Rules (during the Special Order of Mr.

CASSIDY), submitted a privileged report (Rept. No. 111-339) on the resolution (H. Res. 908) providing for consideration of the bill (H.R. 2781) to amend the Wild and Scenic Rivers Act to designate segments of the Molalla River in Oregon, as components of the National Wild and Scenic Rivers System, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3791, FIRE GRANTS REAUTHORIZATION ACT OF 2009

Mr. ARCURI, from the Committee on Rules (during the Special Order of Mr. CASSIDY), submitted a privileged report (Rept. No. 111-340) on the resolution (H. Res. 909) providing for consideration of the bill (H.R. 3791) to amend sections 33 and 34 of the Federal Fire Prevention and Control Act of 1974, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. MCMAHON). Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. Mr. Speaker, I appreciate the opportunity to try to clear the record here a bit and talk a little bit about our health care reform proposal that passed the House of Representatives a little more than a week ago and talk about the benefits to the American people.

I would like to respond to a couple of the concerns that were made by the other side over the course of the last hour. It's very interesting to me because I was here over the last 7 years and was here during the last part of the Bush administration. I was here 2002, 2003, 2004, 2005, 2006, 2007, 2008 and watched as our friends on the Republican side cut taxes for the top 1 percent, the wealthiest 1 percent of Americans, continued to spend money with a reckless disregard for the national debt, for deficits, started two wars, borrowed the money from China to pay for the wars, borrowed money from China to compensate for tax cuts that went to the top 1 percent of the wealthiest Americans. And here we are a couple of years later, and our friends on the other side are concerned about the deficit and the debt.

It was President Bush's appointees to the SEC that gave a blind eye to what was happening on Wall Street. Wall Street collapses, and the \$780 billion and \$800 billion that we had to spend to stabilize the economy was under President Bush's watch. It wasn't under President Obama's watch. We've spent the last 9 months cleaning up the mess that was made over the last 8 years.

Now, this is not to assess blame. We're all in this boat together. We're

all in this together. I recognize that. But you can't cause all these problems, because the Republicans controlled the House, Republicans controlled the Senate, Republicans controlled the White House, Republicans controlled the Supreme Court. They pulled every lever of government, ran up the deficit, ran up the debt, started two wars, blowing money left and right, giving tax cuts to the wealthiest, and then we wonder why we ended up where we are today. No regulation of Wall Street. The economy collapses. Tax revenues go down.

Now, I'm not saying that what we have done over the last 8 or 9 months has been to wave some magic wand and all of these problems have gone away. I represent northeast Ohio. Our unemployment rate is at 15 percent in some of our cities. But we can say very objectively that the money that was spent going to Wall Street, the stimulus package has at least stepped us away from the cliff that we were on—and we were on a cliff ready to fall off as a country—as an economy we have been able to stabilize that.

Now, I'm not happy with what the banks are doing. I don't think anybody is. I think it's important to move more money back to community banks and let's stimulate lending at the local level. That's how we're going to recharge and revive our economy. And that would be the direction that ultimately we need to go in.

But you certainly can see that we were losing jobs at 700,000 a month and now we're still losing jobs, still too many; but it's at 200,000-plus a month. So we're at least trending in the right direction.

But I've got to tell you, Mr. Speaker, I get a real kick out of these fellows on the other side who caused all of these problems and then now complain how we're trying to fix them.

And make no mistake: this discussion about health care, as our friends earlier were talking about, their assumption and presumption was that the health care system is working just fine. It's not costing us a lot of money, not really hurting many people, everyone has access, no rationing today, all of which is not true.

We have health care growing at a 9 percent clip. We have the GDP growing at a 3 percent clip. You continue to do the math, and you'll find out that in 10 years, \$1 of every \$5 in our economy will be spent on health care. You will find out that if you take that out another couple of decades, 30 years, \$1 in every \$3 will be spent on health care. That is unsustainable. Unsustainable. And to think if we do nothing, which is basically what the Republican proposal was, to just keep kind of doing what we're doing, it doesn't cover more people, doesn't take care of a lot of the human rights issues that were involved here—if we continue doing what we're doing, the average family in America will pay another \$1,800 a year in health care next year and then another \$1,800 the following year and another \$2,000

the following year. And we will continue down a road where this continues to eat up the whole family budget.

I have a member of my staff who has an Aetna 7-D health care plan. In 2007 his copay was \$237 a month. In 2008 it went up 22 percent. In 2009 it went up 9.7 percent. And in 2010 it went up 80 percent. Now, this is a Federal employee; and this is happening all throughout our economy, all throughout our country. So from 2007 to 2010, a 142 percent increase for Gene Crockett from Niles, Ohio.

Now, our friends on the other side: just keep doing what we're doing, things are okay, things are fine, we'll get to it.

This is change. And this is obviously a difficult process, but we are moving forward, and it passed the House in a historic vote here a couple of weeks ago, and we will continue moving in that direction so that the Gene Crocketts of the world and the average people around the country who see this eating up more and more of their budget will get some relief.

I was amazed over the last week I was home when I'd be at a restaurant and people, real quiet, would kind of look at me and say, Thanks for your vote on health care, Congressman. You know, real quiet. And that's how this debate has been in this country. And the polls are bearing it out. The AARP poll that just came out showed significant support for this. Another poll I was just looking at a little bit earlier, significant support for some of these provisions, because we take care of the bread-and-butter issues of the health care situation we have in this country.

If you're a kid or you're 27 years old or younger, if this reform passes, if some of these provisions in the House version stay in, if you're 27 years old or under, you can stay on your parents' insurance. If you have ever been denied insurance coverage because you have some preexisting condition, this reform will end that practice. That will no longer happen to anyone in the United States of America ever again. And our friends on the other side voted against it.

I was getting my hair cut last week and was talking to the owner of the hair salon, and she said, you know, you need to pass this health care reform. We need help. I heard the story about her daughter who just started working with her and the daughter had asthma growing up, went to get insurance, and she had to sign basically an agreement with the insurance company saying that if she goes to the hospital because of asthma that the insurance company will not pay for that hospital visit. So the girl has asthma. She's paying a lot of money a month, hundreds and hundreds and hundreds of dollars a month, to get insurance. And the one thing that she is probably going to need her insurance for the insurance won't cover.

Now, does that make any sense, to continue with a system that takes your