

kind of stoppage in the middle of the year, and make sure that we extend the life of Medicare by 5 more years because of these reforms. This is basic bread-and-butter commonsense reform. This is not the radical kind of reform our friends on the other side want people to believe. It's not what Glenn Beck and Rush Limbaugh and all the scare tactics, "The government is coming to take you over."

It's not any of that. It's basic reforms that the American people want. And, lastly, let me just say that people still continue to talk about this being an issue of freedom, and our friends on the other side keep saying that this is about liberty and freedom. You know what, I agree with them. The person that goes bankrupt because they can't afford health care is not free in the United States of America, and the person who pays tons of money into the insurance industry and doesn't get any coverage, that doesn't seem like you're very free. When you're sick and you can't afford a doctor, you are not free.

Let's talk about freedom in 2009 and 2010. It means being healthy, productive, getting what you pay for and being able to support your family and your business. That's freedom. How free is a businessman who has got to pay a 30-percent increase in health care costs every year? It doesn't seem very free to me.

So, Mr. Speaker, we'll continue to talk about this and jobs and other issues that are facing this country. We appreciate the opportunity to be here.

HEALTH CARE

The SPEAKER pro tempore (Mr. TEAGUE). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Thank you, Mr. Speaker. It's my privilege to be recognized to address you on the floor of the House of Representatives here tonight along with my colleagues that I have had this great honor and privilege to serve with throughout these years and this 111th Congress. I sat and listened to my friends on the other side of the aisle as they began to talk through this health care debate, which we have addressed, I think, quite a great deal over the last couple of months. No longer is it a legitimate point that we haven't had an adequate time to debate, although I don't know that there is anyone in this Congress that can read and digest 1,990 pages and then read the amendment that was 40 pages long that turns this into a 2,030 pages national health care act that affects every aspect of our lives.

This is not just nanny state, cradle to grave. This is conception to natural death or euthanasia, depending on which component of the bill one chooses to apply. There are carve-outs for euthanasia. There is at this point a Stupak amendment that is part of the bill, a Stupak-Pitts-Chris Smith

amendment that is a pro-life amendment and is very valuable to me and many others.

However, there are grave concerns about the broad implications of this bill and the components of it that run anathema to the American Dream.

I will just address some of the things that the gentlemen spoke of in the previous hour. One of them is that Republicans allegedly sat around and did nothing while they were in the majority. We had a narrow majority, and we did something. We pushed an agenda that was seeking to improve health care in this country and reduce or eliminate the necessary burden on health care.

I made the point that we passed lawsuit abuse reform in this Congress. I believe the year was 2005. The lawsuit abuse that was passed was worked through the Judiciary Committee where I sat and where I participated in that language, and we modeled this after, of all places, a California initiative. Since that time, Texas has taken up the charge of reducing lawsuit abuse on medical malpractice in Texas. The doctors that were exiting the State have now turned around, and many of them have moved back to Texas and started their practices and other medical providers and practitioners have come into Texas.

Now they do have an adequate supply of doctors, nurses and other medical practitioners that are there. But the cost that was diminished by the gentleman from Ohio, the cost of lawsuit abuse, even though the bill that was offered by leadership scored at only \$54 billion, to the gentleman from Ohio—1 percent, he said, of the overall health care costs—I don't know about that number. I didn't run those numbers. It doesn't seem to me, Mr. Speaker, that \$54 billion is a minuscule amount. It doesn't seem to me that \$54 billion is loose change. It doesn't seem to me that \$54 billion is pencil dust.

Mr. Speaker, \$54 billion is real money, and \$54 billion is, though, a small percentage of the overall cost of lawsuit abuse when it comes to providing health care in America. Here are the numbers that emerged when one looks into the underlying costs of the lawsuit abuse. And the score that could come from the Congressional Budget Office cannot include all of this because they simply can't score some of the actual costs that don't index directly into the lawsuits themselves.

It works like this: there are high costs in premiums that doctors and providers are paying, especially OB/GYN doctors, and access to those doctors and services is getting more and more limited. There are also costs involved with the litigation, costs involved with the settlements, whether they are in-court or out-of-court settlements.

One might think that that's all the costs of the lawsuit abuse that is part and parcel of the overall costs of health care. But an even greater cost is the

cost of unnecessary tests and procedures that are undergone by patients in this country directed by doctors in this country to avoid lawsuits, to protect themselves in the event of lawsuits, to minimize the risk and to also hold down their premiums for malpractice. So the cost overall of medical malpractice, the abuse of lawsuits for medical malpractice in America, the cost of the malpractice premiums coupled with the cost of the litigation, coupled with the cost of settlements both in and out of court, coupled with the unnecessary test tests, the defensive medicine that nearly every practitioner practices, whether it is something they can actually identify or whether it's a subliminal shift in their policy, all of those things together, the lowest number that can be applied is not 1 percent, to the gentleman from Ohio. The lowest number I can find out there by anyone's logical representation is 5.5 percent. The number that I trust the most is the 8.5 percent number that comes from the health insurance underwriters representative. And 8.5 percent is a low number.

Some of those numbers go up to 10.1 percent and on up into the 20s, 24, 25, 28 and even 35 percent of overall health care costs. Now I won't range up in there into that one-fourth to one-third of the overall costs because I think that's a harder number to defend, although it may be true. But I do believe that I'm on very solid ground defending 8.5 percent of overall health care costs going to either premiums for malpractice, trial lawyers, those settlements or defensive medicine. Out of the overall costs of providing health care to America, 8.5 percent comes to \$203 billion a year. That's only 1 year. This bill gets scored over 10 years.

□ 1745

So, that \$203 billion over 10 years exceeds \$2 trillion, \$2 trillion in the aggregate costs of premiums and litigation and settlements, unnecessary settlements. We're going to keep everybody whole. Those who are the unfortunate who are, I'll say, victims of medical malpractice, we're going to keep them whole. We're going to make sure that their medical costs are paid for and their loss of income are paid for and there's pain and suffering there, but not the noneconomic damages, not that component that goes off into \$7 million for spilling a cup of coffee on one's lap at McDonald's as happened, and I understand that that was negotiated down and reduced after the fact.

So, 8½ percent of our overall health care costs going for lawsuit abuse. And we can reform a lot of that. We can reform a lot more than \$54 billion of it, and it totals in its aggregate over \$2 trillion, which in and of itself is enough to, according to the CBO, pay for NANCY PELOSI's socialized medicine plan, Mr. Speaker.

I think this puts it in a perspective that's far more legitimate than was offered by the previous gentlemen in the

previous hour, who also announced that if you make less than \$89,000 a year, you're going to get a subsidy for your health insurance; \$89,000 a year. And we're going to subsidize health insurance for people making \$89,000 a year? Are they also going to be paying the alternative minimum tax, I wonder, Mr. Speaker? I suspect there will be many families if that is the case.

We saw what happened when the majority sought to change the SCHIP legislation, that State Children's Health Insurance Program that provides health insurance premiums for low income—kids in low-income families. That passed in about 1997. I remember implementing it in about 1998, when I was in the Iowa State Senate, at 200 percent of poverty. The States could have adjusted that to some degree. Two hundred percent of poverty is the part that I supported. And I come to this Congress and the first effort on the part of Speaker PELOSI was to change the SCHIP program to 400 percent of poverty, to fund health insurance premiums for children in families of four that are earning at 400 percent of poverty in my State, with the exemptions that were directed by Governor Culver, that meant that families of four making \$102,000 a year could have their health insurance paid for by the taxpayers, the taxpayers who presumably, many of them are making less than \$102,000 a year.

And that seemed to me to be an outrageously high income to have the health insurance premium subsidized by the taxpayers and the Federal Government. Since that time this voracious appetite to share the wealth, to take from those who have earned and invested and established capital, those, a lot of them whose investments are the investments that facilitate the creation of jobs, or they create the jobs themselves, scoop from that capital and distribute that to those who make less, takes away the incentive from those who make less to make more.

Why would anyone go out and take a risk and invest capital and start a business and employ people and create goods and services that have value to this economy, if they're just going—the Federal Government's just going to go in and tax your income, keep you from establishing a capital base so that you could grow that kind of a business and grow the jobs and take the money that you earn and funnel it over here, and to take the position that if you make \$88,999 a year, Uncle Sam will cut you a check. And that check will go to—as long as you invest it in health insurance for your family, health insurance for your kids—they're already covered, aren't they? Because this Congress passed ultimately at 300 percent of poverty, so that lowered that number down to \$70,000, something like that, in my State.

But speaking of 70,000, that happens to be exactly the number of families in America that would qualify for Federal funding for the health insurance pre-

miums for their children who also paid the rich man's tax, the alternative minimum tax; 70,000 families in America would have health insurance premiums for their children paid for by the taxpayer.

Meanwhile, they're writing an extra check for the alternative minimum tax because they make too much money in the eyes of Uncle Sam. Seem a little paradoxical, Mr. Speaker? Does it seem a little bit inconsistent? Does it seem a little illogical? Well, it is government, after all, and it's getting more and more illogical as time unfolds. But the statement that Republicans did nothing is not a factual statement. It's not even an opinion. It's a fact that Republicans in this House passed reform legislation in several different categories, and it was fought every step of the way by Democrats.

And by the way, when it did get out of this House, in spite of them, then it was blocked in the Senate. I said at the time on the malpractice, the lawsuit abuse reform, that the block that took place in the Senate was the result of the Senate being a wholly owned subsidiary, presumably, of the Trial Lawyers Association in America. Since that time, that investment seems to have paid off in the House of Representatives, and today, we have a House of Representatives that does not have one dollar worth of lawsuit abuse reform in a 1 to \$2 trillion socialized medicine plan.

Now, how could any group have such influence on the House of Representatives and presumably still, and I think even more so, in the United States Senate, that \$2 trillion in the aggregate of abuse and cost in our health care in America, over this period of 10 years, more than \$2 trillion, and we can't find one dollar worth of savings in lawsuit abuse reform, not one dollar in this bill that is a bill that was sent to this floor by Speaker PELOSI. Not one dollar. And yet, the same people can advocate for cutting Medicare reimbursement rates by half a trillion dollars, almost \$500 billion, taken out of our Medicare reimbursements, Medicare reimbursements that only pay 80 percent of the cost of delivering the services.

And the cost of delivering the services is not a cost that's calculated by the providers, by the health care practitioners, by the doctors and the nurses and the hospitals and the clinics. No, this cost of delivering the services is a number that's produced by Medicare itself. And then it gets a .8 multiplier across that number, and that's what they pay at Medicare. And so the White House has taken the position that there is waste, fraud, and abuse in our Medicare, and they're going to ferret that out. And they found some 10s and 20s and more billion dollars they've said of savings.

These billions of dollars of savings that they can provide to reduce and eliminate waste, fraud, and abuse in Medicare seem to be a bit amorphous. It's hard to identify this and, in fact,

the White House has said, well, we know it's there. We are going to go in and help pay for socialized, I put that in quotes when I say it, Mr. Speaker, "their socialized medicine plan," by reducing and perhaps eliminating waste, fraud and abuse in Medicare reimbursement.

So what do they do? They cut \$500 billion, a skosh less, but \$500 billion, half a trillion dollars, out of Medicare reimbursement rates, and then have not put their finger on where the abuse is, where the fraud is, where the waste is. It's just, trust us, we know what we're doing.

It reminds me of a Saturday night sitcom that I used to watch occasionally. And it was called Sledge Hammer! Sledge Hammer was a detective, and he had a sidekick named Dori Doreau. And they would go through a half-hour routine of criminals doing bad things, investigating them, and near the end of the show, something would happen such as Sledge Hammer would fall down the escalator, something would go up the escalator, tip off the railing, and it would go through this Rube Goldberg menagerie of calamities, and when the dust had settled, somehow Sledge Hammer was laying on top of the criminal and somehow there was a miraculous ending. And he would get up and say, Well, I told you, trust me; I knew what I was doing.

Well, I have about that level of confidence in an administration that would tell us they're going to find tens of billions of dollars in waste, fraud and abuse, but they can't point their finger at it. And they just simply say, Trust us, we know what we're doing. And if you pass this national health care act then we will go into action and save this money to pay for it. But if we don't, do we actually have an administration that's willing to tolerate tens of billions of dollars on their alleged waste, fraud and abuse in Medicare? Are they holding the right to a legitimate integrity and fiscal responsibility in our government? Are they holding that right to a legitimate responsible government hostage to a bill, a bill that's socialized medicine?

And so if we pass this socialized medicine bill, the Senate and the conference report, and it goes to the President, whom I believe will sign anything that says national health care in the title—if we do all of that, then we get to find out this great secret in the White House: Where is all this waste, fraud and abuse in Medicare? I can tell you it's not in any significant amount in my district, Mr. Speaker. And I can tell you that because the providers that I have are getting significantly less than it costs to deliver that service.

In Iowa, we not only are the lowest State in the union in Medicare reimbursements rates, but we also provide consistently some of the highest quality outcomes by the consistent measures that come out. Iowa ranks in the top five time after time after time in

practice after practice and then in the aggregate and the composite. Often number one, more often number two. But we're in the top five consistently in the outcomes, medical outcomes.

And yet, we're the lowest in the Nation in reimbursement rates. And Iowa is, and I can say this with great confidence, the very best combination of cost and quality of health care delivered in the State, but the lowest reimbursements rates in the Nation. And now the White House wants to cut half a trillion dollars from Medicare reimbursement rates. And my State, I believe, is the most senior State in the union. We have the highest percentage of our population over the age of 85 of all of the States in the union. That includes my mother.

And in my district, the 32 counties in western Iowa, of the 99 counties in Iowa, and among the 32 that I represent, 10 of the 12 most senior counties in Iowa are in the Fifth Congressional district, the district I represent. And so I believe I represent the most senior congressional district in America. Punished, presumably, by a half a trillion dollar cut in Medicare, based upon the very questionable and doubtful allegation that there are tens of billions of dollars of waste, fraud, and abuse in Medicare.

I'm convinced it exists, Mr. Speaker. I think it exists in some of the large cities in the country, and I think it should be relentlessly and persistently rooted out. And we should take those criminals and we should do the perp walk with them, and we ought to get them locked up in prison where they belong. But you don't hold a principle that the American people have a right to, which is legitimate law enforcement and the elimination of waste, fraud, and abuse, you don't hold that hostage to an ultimatum that we've got to pass a national health care act, socialized medicine, in order to have good government.

Good government is a right of the American people, and the American people need to demand that right. With the promise that, or the allegation, made by the gentlemen in the previous hour, that Republicans don't have any solutions—in fact the President himself has said Republicans don't have solutions. That statement was never supportable by fact. There have been at least 42 pieces of legislation, some of them comprehensive, introduced by Republicans in this 111th Congress alone. And the difference is we have logical, rational, free market freedom solutions that do not interfere and, in fact, heal up to some degree, the relationship between doctors and patients.

And here are some of them. I talked about ending lawsuit abuse. The next one is to provide for people to buy health insurance across state lines. For example, a young man, 25 years old in New Jersey, would pay approximately \$6,000 for a health insurance policy that, if he could buy it in Kentucky, across the state lines, would cost him

around \$1,000. And yes there is a difference in mandates. And that's part of the difference. But they have put so many mandates on the health insurance premiums in New Jersey that you don't have those kind of options. And because of the regulations and the burden and the cost, and maybe, just maybe, the White House could be right on some waste, fraud, and abuse up there. I'm looking forward to working with their Governor-elect as he becomes Governor and maybe we can help root out some of the waste, fraud, and abuse. And I'd like to see New Jersey rewarded for doing that.

But, if people in America can buy insurance across state lines, and that \$6,000 policy for the 25-year old man in New Jersey becomes a \$1,000 policy for the 25-year old man in Kentucky, that dramatically reduces the cost of health insurance premiums in America.

Another thing that dramatically reduces the cost of health insurance premiums in America is when people have access to, and can afford to purchase safely, catastrophic health insurance. Catastrophic is an essential component of health insurance, and that works in this way, especially when we have health savings accounts. Those health savings accounts that when we passed the HSAs in 2003 in this Congress, and it was enacted into law, if a young couple—and I did this in round numbers—so at age 20 had invested the maximum amount into their HSA for that annual year, \$5,150 for a couple, say, at age 20, and they maxed out each year—it's indexed to inflation—and spent \$2,000 in real dollars out of that in legitimate health care costs and accrued that at 4 percent, and when I did this math it was a logical thing, and it will be a logical thing again to accrue those investment HSAs at 4 percent.

□ 1800

Throughout the 45 years of their working life when they arrived at Medicare eligibility rate having invested the maximum into the HSAs for that period of time and spent \$2,000 a year out, they arrive at retirement with a health savings account of \$950,000. Maybe it accrues it a little bit better. Maybe they spend a little bit less. But I am thinking in terms of well, sure, \$1 million; a million dollars in an HSA.

And what is the Federal Government's investment in that, Mr. Speaker? Well, the Federal Government wants to tax that million dollars. The government doesn't want people to have that money for any use of their own discretion when they arrive at Medicare eligibility age.

I will submit that we want people to invest in a retirement account. We want them to manage that retirement account to include the whole continuum of their life, through an HSA, into a pension fund. I'd like to see them make that investment and manage their health and watch their diet, get their exercise, do the annual check-

ups, and be able to save those costs, those high costs of health maintenance by good health practices, see their premiums lowered because of it and see them rewarded by a growing health savings account so they can arrive at retirement with, let's just say, \$950,000 in that account.

Now, the liability that the Federal Government has today in today's dollars, to be fair, Mr. Speaker, when someone arrives at Medicare eligibility age, that means the cost of that entitlement for the balance of their life actuarially is about \$72,000 per individual.

So, if you have a couple that arrive at retirement today, the liability that the government accepts—which is taxpayers' money in Medicare costs—is about \$144,000 for that couple to take care of their health care needs for the balance of their life starting at age 65. So the difference is roughly \$800,000 and then adjusted for inflation of that liability itself.

But Mr. Speaker, why wouldn't this Congress want to encourage people to invest in their health savings account and grow that health savings account and provide incentives for healthy practices, both exercise and diet and checkups, so that that health savings account became a retirement fund? And why wouldn't we at least, at a minimum, offer them that if you can arrive at retirement and Medicare eligibility and be able to purchase a Medicare replacement policy that would take that individual or couple off of the entitlement rolls, why wouldn't we then tell them, Keep the change, Mr. Speaker? Why wouldn't we say to the American people, Take this nest egg that you have managed and earned throughout your working life and use it to travel the world, retire on, give yourself a monthly pension to add to the other pension plans you might have—presuming Social Security is still there—add that to Social Security or will it to your children. You own it. Why would we want to keep people dependent upon a government program that will end up rationing health care?

By the way, we are already there, Mr. Speaker. It was announced today that there's a government directive that went out. A panel, a health care advisory panel, that women should delay their mammograms until age 50 and then have those mammograms not every year but every other year, because there's too much anxiety involved in having those tests done every year and that anxiety is a factor that factors in.

Think about this, Mr. Speaker. Is that really it? Or is this a Federal directive that ends up rationing health care? What about that 41-year old woman who ends up with breast cancer and doesn't get a test until its too late? What about the difficulty of treating that disease of breast cancer when it goes beyond that point where it can be handled without radical surgery?

We have a directive that came out from the Federal Government that delayed by 10 years a recommendation that women get mammograms and spaced those mammograms out from 1 year to 2 years. So now 50-year-olds getting a mammogram on their 50th birthday, their 52nd, 54th, 56th, and on. That cuts more than half of the costs of the mammogram tests, breast cancer tests, that are going on in this country if everybody follows that directive.

I would suggest that the Federal Government ought not be giving those kinds of recommendations. But I will submit, Mr. Speaker, that this is a little preview, a little window into what the Federal Government would be doing if this socialized medicine bill should find its way through the Senate, through conference, and off the floor of the House and Senate and to the President's desk, where I am convinced he will sign anything that has a title on it that says "national health care." This is just a little preview of what we will see.

We will also see rules and regulations that will come down that are hard rules, not just recommendations. It will be the Federal Government is paying for this so that means you don't get a hip replacement if you're over a certain age, or a knee replacement, or certain tests, or certain cancer treatments. They will declare "end of life" to be something different than the families and the individuals consider it to be. It has happened in every country that has socialized medicine. And many of the people there just simply capitulate.

A number was published the other day that 4,000 babies are born in Great Britain in the hallway and not in the OB section because they don't have room because the rationing of health care and the lack of practitioners causes women in labor to back up in the hallways and have their babies there rather than in the delivery room. That is just one piece of data for one country that is significantly lower in population than we are here in the United States.

So I have suggested two things the Republicans are for: ending lawsuit abuse, allowing for the purchase of insurance across State lines.

The third thing is to provide for portability. Let people own their policy so when they leave their job or move from their State or whatever that change in their life might be, that it is their policy, they get to take it with them, and they own it, and that will give them the freedom and mobility from job to job; freedom to be independent, to start a business, freedom to manage their own health care.

Another component of this, Mr. Speaker, is 100 percent full deductibility of everybody's health insurance premiums. That's also something that I'm confident would be ridiculed by the other side of this argument. A hundred percent full deductibility.

Now, why would it be that in America, a corporation that's hiring people can offer them a package of salary and benefits plan, write off that salaries and benefits plan as if it were wages, 100 percent before taxes, an above-the-line write-off. I mean, that's all right. But why, then, would it not be the case for a sole proprietor, for a partnership, for an LLC—unless they took a salary out and incorporated in order to take a salary out and deduct those premiums—an individual or partnership cannot deduct in the same fashion 100 percent of the overall health insurance premiums like a corporation that has employees can?

Now I am going to suggest—and I think it is a fundamental principle here in America—that if anything is deductible for any entity, it ought to be deductible for every entity. I can't think of a single exception that tells me that that would be wrong.

So I will take this position—and I have—that if corporation X, Y, or Z can deduct a premium for a Cadillac plan or an average run-of-the-mill health insurance plan, if they can deduct a hundred percent of that premium, so should self-employed Joe the plumber, or John and Mary the farm operation, or the gas station people, anybody else that's out there; or an individual who is working for a wage for an employer that's not providing health insurance and wants to go out on the market and buy their own. I believe that that premium should be 100 percent deductible. If we did that, just simply provided full deductibility, that, Mr. Speaker, will insure another million Americans. And that gives us equity in this deductibility.

I talked about HSA expansion. We also need, Mr. Speaker, transparency in billing.

We have today cost-shifting going on in the health insurance industry and the health care industry, and when you have Medicare reimbursements that are coming in at significantly less than the cost of delivering that service, the cost of delivering the service at a minimum, along with some profit from profit margin—which is a good thing; it's an incentive for people to do well and a reward for those who are out there providing some of the best services and especially the innovative services—but the cost-shifting takes place when Medicare doesn't pay it all, it goes off onto some other entity, whether it be a private health insurance provider or whether it be an individual that might be self-insured. There are also the cases, I understand, of those that are uninsured.

But we need transparency. We need to be able to take a look at these billings, and I am not interested in the names of the patients. But I am interested in the names of the institutions and the consistency or lack of consistency in the billing procedures.

I believe that if you're going to get a hip replacement in San Francisco, then those people who would get that hip re-

placement from that provider in San Francisco should pay the same price. They should be billed the same price and there should be a legitimate attempt to collect the same price. I believe that if Bill Gates goes into the hospital and gets a hip replacement and Steve King goes in and gets a hip replacement, and Joe the Plumber goes in and gets a hip replacement, it's all the same procedures from all of the same providers; it all ought to be the same bill.

If we did that, if we had transparency, that will bring together and reduce the cost-shifting because the American people will understand that they have to go shopping, they have to negotiate, they have to advocate, and if they have their health savings account that they're managing, they will have an incentive then to negotiate for a health care cost and outcome that's favorable to them and consistent.

But instead, we patients in America, we are a lot like sheep. We get led into health care, and when we get sick, most of the time, much of the time, the patient in America doesn't pay the bill. They're not concerned about the cost. They simply show up at the clinic and the doctor examines them and says, All right. Now you need to go to a specialist here, here, and here. Run these tests. You show up at the hospital, the surgery is performed, if that happens to be what is ordered. And they generally heal up, they get great care and go home. And some don't address the bill at all. Some of them look at it but they know somebody else is paying the lion's share of that bill, and they're not concerned about the overall cost of their health care.

Therefore, if an aspirin costs 20 bucks, they're not going to raise the issue. But if it is coming out of their pocket, if they're negotiating this, if they're trying to hold together the nest egg of a health savings account, then they're going to look at the cost; and they will look at the transparency in billing, and just the transparency itself will be a restraint from the cost-shifting. And the cost-shifting is kind of a big, not much spoken—not completely unspoken—but not much spoken problem that we have with health care in America.

Four, association health care plans. This is Republicans. And this is legislation that we moved also through this Congress—that was blocked by Democrats—that allows people of professions to join together and bargain and negotiate and buy insurance packages within their professions. So let's say the plumbers get together and they negotiate; the accountants get together and they negotiate. In a similar fashion where credit unions exist and they have a membership that fits the definition, we can let people buy health insurance in the same way, by associating and buying health insurance.

And a piece of this that I have briefly mentioned that needs to also be strongly sustained in this health insurance

debate is catastrophic insurance. Catastrophic insurance is that insurance that as our health savings accounts grow, we end up with a nest egg.

I gave you a description, Mr. Speaker, of how a young couple arrives at \$950,000 in their HSA at the age of retirement. But let's just manage this in terms of \$5,000, \$10,000, \$20,000, maybe \$50,000 in an HSA. Now, if I am a young family and I happen to have been maybe working for 5 years and have been able to accumulate \$20,000 in my health savings account, I am pretty comfortable to negotiate the lower premium with a \$5,000 deductible or even a \$10,000 or a \$15,000 or a \$20,000 deductible. That takes the premiums down dramatically and it provides an incentive for an individual to pay out-of-pocket for their minor health care costs, or pay out of the health savings account for the minor health care costs but to keep that nest egg intact. And instead of paying that higher premium, that premium that, by the way, if you're 40 years old in a family of four in Indianapolis, for example, that family would today be paying about \$535 a month for their health insurance.

Now, if you could raise that deductible and raise the copayment component of it, then that premium would go down and the savings would be something that goes back into—and at least figuratively if not literally and may be literally—the health savings account.

The incentive for people to manage their health insurance premiums and the incentive for people to grow their health savings account needs to be expanded, not eliminated.

But I haven't met anybody who can point to this health care bill, this 1,990-page monstrosity with a 40-page amendment, that can tell me that health savings accounts can even survive this bill in itself.

□ 1815

Mr. Speaker, I have listed through here Republican solutions, and STEVE KING solutions for health care. Some of these we have passed out of this House. It is false to say Republicans have done nothing. The record is replete with legislation that has passed the House of Representatives and legislation that has been introduced into the House of Representatives, at least 42 bills in this Congress, all blocked by Democrats, all blocked by the Speaker of the House.

These logical solutions that I have listed, including ending lawsuit abuse, buying insurance across State lines, providing for portability, providing for full, 100 percent deductibility of health insurance premiums, expanding health savings accounts, providing for transparency in billing, providing for association health care plans, and protecting catastrophic insurance, all of those are Republican principles. Many of those have been blocked by this Democrat Congress.

And I think it is not a question of whether Republicans have ideas. We have all kinds of ideas. We have moved

some of them. Democrats have blocked all of them. Why did they do that? Why did Democrats block logical, free market, freedom-loving solutions to health care? Because their crown jewel is socialized medicine, 1,990 pages of socialized medicine that took months to leverage and arm-twist to get just barely enough votes to squeak by in the House of Representatives.

Those are the facts. And this bill provides some really ugly things that happen to the American people. For example, here are some real numbers, Mr. Speaker. A healthy, 25-year-old male in Indianapolis today would pay about \$84 for a health insurance plan. This is a typical plan. The same plan under the bill that passed the House, the premium would go to \$252 a month. That is a 300 percent increase in the premium. It triples the premium for that young man.

Now, why would we triple the cost for people who don't have a lot of risk and a lot of liability, especially if they are at the entry level of their income? And we are raising the costs on people at the lowest level of their income. You go around to the other end of this, and if you take a couple that is roughly 60 years old that have some marginal health, I will say a less healthy 60-year-old couple in Indianapolis, they would be paying about \$1,169 a month for a similar health insurance plan. That adds up pretty good over a year. And their premium under this bill would actually be reduced about 11 percent down to \$1,043. Now maybe that makes a difference to that older couple. Presumably, though, someone at 60, they will be making more money than they did when they were 25. They will be making more money than that 25-year-old that sees his premiums tripled so we can reduce the 60 year olds by 11 percent.

This is a transfer of wealth in America, a transfer of risk and liability. And by the way, that 40-year-old family with two children, a family of four, mom and dad around 40 years old that are paying \$535 today in Indianapolis, would be paying \$1,187 under this new bill. That is a 221 percent increase in the premium.

That should tell us what is going on, Mr. Speaker. These are bad things for America.

I am going to go down through a little bit of this. Here are the principles that have been laid out by the President.

He argues that the economy has been and remains and he would argue that it has stabilized somewhat in a downward spiral, that we are in an economic crisis. This is part of the dialogue that we have heard over the last year and a half or so. He has said that we can't fix the economy unless we first fix health care. Does anybody remember that? We can't fix the economy unless we first fix health care.

What is the problem with health care? Two things. According to the President, we spend too much money

and we have too many uninsured. Now, we spend too much money is the allegation because it is being pointed out that a lot of the industrialized world will spend an average of about 9.5 percent of their gross domestic product on health care. We will spend about 14.5 percent. Some will give you a number that it goes up to 16 percent and maybe a little more. I am comfortable with the 14.5 percent number.

I am not here to argue that we do not spend too much on health care. I think we spend somewhere around \$203 billion a year unnecessarily when it comes to lawsuit abuse in America. So that is a number that I would subtract a large share of that from the cost of our overall health care before I get down to we are not spending too much. But we also make more than those countries that are spending 9.5 percent.

We have the best health insurance industry in the world, and we have the best health care delivery system in the world with the best individual outcomes for practices in the world. And they will argue that there are civilizations, societies, countries, cultures with policies where people live longer than they do in the United States. They don't seem to want to dig down and ask why.

First, just a couple of months ago we got the announcement that the life expectancy of Americans has been readjusted upwards 2 years. Two years. Now the numbers that are being quoted by the other side, by the Democrats that are pushing socialized medicine, they don't take into account that adjustment in the extension of the life expectancy.

They will argue that our infant mortality rates are higher than a lot of the rest of the industrialized world. I will argue, Mr. Speaker, that we count the babies that die. We have a more accurate data system and reporting system than most, if not all, of the other countries, so our infant mortality is going to be higher than it is going to be in countries that don't record the infant deaths.

These are not measures of the health care system unless you drill down into it and come up with a reason as to why, if there is a society that lives longer, who are they and why. Do they abuse substances less? When you subtract the fatalities from car accidents and suicides, perhaps, and those that are dying from other kinds of accidents, are we a more active society? Once you make those adjustments, I don't believe it holds that Americans don't have the kind of life expectancy that competes with any country in the world. I believe we do.

And I believe we have, again, the best health insurance industry in the world and the best health care delivery system in the world. But the President has been very critical of our costs and our uninsured.

So aside from the costs, the other point is too many uninsured. Well, the uninsured in America are on this chart,

Mr. Speaker. It comes out to be this. Their number is 47 million; 47 million uninsured.

Now, if we just accept that number, that sounds like a lot. We have to ask the question: Who are these 47 million? Well, first of all, it does include 9.7 million who qualify for a government health insurance program, mostly Medicaid, but don't bother to sign up. So that is 9.7 million.

The second number are there are those who qualify for an employer-based plan but don't bother to sign up. That number is somewhere around 6 million.

And then those who make over \$75,000 a year, that is around 6 million.

Those eligible for government programs, 9.7 million. It shows 10 here.

Eligible for employer-sponsored, 6 million.

Then you have those undocumented, noncitizens, about 6 million, and then there is another 4 million who are legal immigrants but are barred by law from government programs. So altogether, illegal aliens and immigrants are around 10.1 million.

When you subtract these numbers, illegal aliens and immigrants, from the 47 million, those who qualify for Medicaid from the 47 million, those who qualify under their employer and don't sign up, and those who make over \$75,000 and don't bother to buy any kind of health insurance program, now you are down to Americans without insurance who do not have affordable options. That is 12.1 million. I like my other chart better. The number is 12.1 million.

So 12.1 million Americans without health insurance and those without affordable options is less than 4 percent of the overall population of the United States. This is how this breaks down in these categories, and this yellow-orange segment is the segment of the overall 47 million uninsured that don't have affordable options.

Now, this piece right here, Mr. Speaker, I will put this on the broader chart of the overall American population. This is the population of the United States at about 306 million. You can see that 84 percent of Americans are insured, and 85 percent of Americans are happy with the policy and the program that they have.

So it is the vast majority of Americans, these little pie slivers up here go down through this category. The yellow and black are illegal immigrants and aliens. And, Mr. Speaker, I am not for providing health insurance programs for illegals. If they broke into the United States and violated our laws, I am not going to set a carrot out there and reward them for breaking our laws and giving them taxpayers' money and handing them a health insurance policy. That is what some people like LUIS GUTIERREZ and others are for, and MIKE HONDA of California are for. STEVE KING is opposed, and I will stand in opposition of socialized medicine and funding illegals under that

program. But that is what these slivers are here, the yellow and the black.

Then this orange piece here, these are the individuals earning over \$75,000 a year. I think they can find another solution other than a subsidy from taxpayers in the market system.

And the green are those eligible for a government program, these 9.7 million who just didn't bother to sign up for Medicaid. We don't need to provide for them. It is already there. They will get coverage whether they sign up or whether they don't, but we can't solve it with this solution.

Then those eligible for employer-sponsored plans, about 6 million, and they don't bother to sign up or opted out.

So you are down to this 4 percent. This red one here is the only one that I am concerned about, 12.1 million Americans out of 306 million, less than 4 percent of our population, and for that, for this red sliver, Mr. Speaker, Democrats have a magical solution for too many uninsured. Socialized medicine, a single-payer plan, incrementally imposed upon America by setting up a health choices administration czar that writes new rules. And in the bill, the result is, reading the language, the cancellation of every health insurance policy in America, whether it be 2011 or 2013, they all have to go back and reboot, push the reset button, push control, alt, delete and see if they can write a health insurance policy that would comply with the new regulations that will be written by the new health choices administration czar. That's where we are. So 1,300 companies, 100,000 policies, none of them can be guaranteed under this bill that a single policy qualifies with the whims or the regulations that would be written by the new czar yet to be appointed even though he would be confirmed by the Senate.

I see my friend from Texas has arrived. Congressman MIKE BURGESS is a medical doctor. He has lived this. He sees this agenda and sees how this actually happens in real life. He has been a fighter for freedom, and I yield to the gentleman from Texas.

Mr. BURGESS. I thank the gentleman for leading this important discussion tonight because it is critical that people understand not only what is at stake but what realistically is possible.

The programs that are talked about in the bill that was passed here late on Saturday night by the slimmest of margins, none of those programs are going to be available the day after the bill is signed, or the day after the day after the bill is signed. In fact, it is going to take time to construct this massive new government entitlement program/insurance program. And as a consequence, it will be some 4 years before those programs are available to help the people that were in the 4 percent margin of folks who are uninsured.

Now, the gentleman talked about the health benefit czar, whatever we are

going to call that person that is yet to be named, and we don't know what that office will do, what their responsibilities will be, but here is what we do know. We do know we passed a 2,000-page bill and it goes over to the appropriate Federal agencies and all of the rulemaking starts.

□ 1830

Think back to 1996 when this Congress passed a bill called HIPAA, and HIPAA was supposed to give us portability in health insurance. And it was a good thing. People needed to have portability in health insurance. But a little paragraph in the bill that required some privacy provisions to be included in the bill turned into, what, 10,000 pages in the Federal Register, and every doctor's office across the land in early 2000 had to start complying with these.

You know, you go to the doctor's office now and the first thing you've got to do is sign three forms. You've got to sign them every time you go in, and they are the HIPAA disclosure forms. Congress, your Congress, required your doctor to do that. And to be perfectly honest, doctors' offices were never the problem with disclosure of sensitive information in the first place. But we are the recipients of that.

Okay. Now we've got a 2,000-page bill. It is going to go over to the Department of Health and Human Services, and all of the rules and regulation are going to be written regarding that 2,000-page bill. Remember a single paragraph led to thousands of pages in the Federal Register and thousands of comments on the rule-making.

Well, we do have a Secretary of Health and Human Services, Secretary Sebelius. Part of that agency that will be charged with writing these rules and regulations is the Center for Medicare and Medicaid Services. We do not have an administrator in the Center for Medicare and Medicaid Services. CMS has lacked an administrator since a week before inauguration when the previous administrator who was under the Bush administration said thank you very much and left. And that agency has been without an administrator since that time.

Now, why is that important? Because this is the individual who is going to have to sift through all of the legislative language in this bill, match it up with the Social Security Act and Medicare Act, put all of these things together and write the rules and regulations under which your doctor's office will have to practice. And we don't even know who that individual is. It may be someone quite competent. It may be someone who is just a political appointee. We don't know, and therein is the problem.

Now, the gentleman has done a very eloquent job of talking about the 4 percent of the people that we actually likely set out to help when we started down this road. And I'm sure the gentleman heard it in Iowa during the

summer. I certainly heard it in north Texas in my town halls. At that time it was only a 1,000-page bill. I can only imagine what they're saying about a 2,000-page bill. We don't want a 1,000-page bill to take care of a problem that actually could be taken care of with simple reform within the insurance industry.

The problem that needed to be corrected was the individual who had a tough medical diagnosis, a preexisting condition, who loses their job, loses their insurance, doesn't get coverage within the appropriate timeframe and therefore is excluded from coverage for time immemorial because of this tough medical diagnosis.

Someone my age loses their job, has a heart attack, their insurance coverage lapses. They're going to have a tough time getting back in. These are the people we heard from during the summer. Yes, we didn't want the Democrats' bill, but we do need some help for this segment of population who falls into that category. They want insurance. They would even be willing to pay a little more for the insurance because they recognize their human vulnerability is now on display. Yet they cannot find it at any price.

And some of the things that we could have talked about, had we been reasonable about this, had we been truly bipartisan about this, is we could have talked about what type of insurance reform. And, in fact, the President, when he stood here before the House of Representatives in September acknowledging that it's going to be 4 years before any of this stuff becomes available, he referenced JOHN MCCAIN's discussion during the campaign a year ago where perhaps something like an upper-limits policy or a high-risk policy would possibly bridge that gap during those few years until their new policies are available. Well, I would just simply submit if we would have spent the effort working on that bridge policy, if you will, maybe the rest of this stuff would not have been necessary.

There are ways to get at this, with high-risk pools, with reinsurance, subsidize those States that are willing to participate in that. The Congressional Budget Office estimated it would cost \$20 billion over the 10-year budgetary cycle in order to beef up those high-risk plans to be able to accommodate those individuals who are involved, even make it a little more generous than that if you want. For heaven's sakes, \$20 billion over 10 years is a far sight less than a trillion-plus dollars over that same 10-year interval.

And I would suggest that this Congress, if they were willing to pass the liability reform the gentleman referenced, save that \$54 billion that the Congressional Budget Office said we could save, and put all of that money toward helping those people with pre-existing conditions, we could go a long way towards solving these problems.

Mr. KING of Iowa. Reclaiming my time, I would like to pose a question and ask your response.

In the previous hour, the gentleman from Ohio alleged that that \$54 billion that would be saved by the lawsuit abuse reform would only be 1 percent of the overall cost of our health care; therefore, it's of small consequence and apparently not worth the trouble to take on the trial lawyers for that 1 percent. And I've made a response to that, but I would offer to the gentleman for his viewpoint since that is a field of your expertise.

Mr. BURGESS. Well, in fact, that is a fairly narrow window that they're looking at. They're only looking at in the Federal system Medicare, Medicaid, SCHIP, Indian Health Service. The Federal Government pays about 50 cents out of every health care dollar that's spent in this country; so in effect you could double that number to \$100 billion that you would save over all persons who are insured, covered, cash customers, and those covered by Federal programs.

In Texas we did pass significant liability reforms back in 2003. It has made a substantial difference in Texas. I will just tell you from the standpoint of a practicing OB/GYN doctor, in 1999 the cost of a policy for a million dollars of liability coverage in the Dallas/Fort Worth market was around \$25,000. It had more than doubled to \$57,000 by 2002. It is back down now to \$35,000 in the years since this bill was passed. So there is an immediate substantial benefit in premiums, but the big savings come in the backing out of defensive medicine that is practiced.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Texas.

In the minute or so that we have left, I have in here in my hand a list of the new Federal agencies that are created by this bill.

This is the old chart for H.R. 3200. That's pretty scary. This is the new chart, and in the middle of that is the old chart. Now, here are all the new agencies that are created. Well, actually maybe not all of them. I've just highlighted a few of them on the front.

The program of administrative simplification, I think they know they've got something complicated. Health choices administration, that is the scary part, this guy right here. That's the new commissar-isioner, referenced by the gentleman from Texas. The qualified health benefits plan ombudsman, which tells you no one can deal with this bureaucracy so you have to have an intermediary already written into the bill. I don't know if you have to have somebody to deal with the ombudsman.

The health insurance exchange, where all of these policies and insurance companies would have to be approved. The State-based health insurance exchanges as well. Public health insurance option, well, that's the one that will squeeze out the private insurance companies.

The list of the colossal magnitude of this socialized medicine bill goes on and on: 111 new agencies, 2,030 pages altogether, and the bottom line of it is, Mr. Speaker, the dramatic reduction of Americans' choices and thereby our freedom and liberty under assault by people who believe that we have to have a nanny state and live under socialized medicine. And I stand in opposition and I will fight this all the way. And I do believe the American people will rise up and kill this socialized medicine bill.

Kill the bill, Mr. Speaker.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. KISSELL) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 12, 2009.

Hon. NANCY PELOSI,
Office of the Speaker, H232 Capitol, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to section 1(k)(2) of H.Res. 895, One Hundred Tenth Congress, and section 4(d) of H.Res. 5, One Hundred Eleventh Congress, I transmit to you notification that Paul J. Solis, Nathaniel Wright, Kedric L. Payne, and Jon Steinman have signed an agreement to not be a candidate for the office of Senator or Representative in, or Delegate or Resident Commissioner to, the Congress for purposes of the Federal Election Campaign Act of 1971 until at least 3 years after they are no longer a member of the board or staff of the Office of Congressional Ethics.

Copies of the signed agreements shall be retained by the Office of the Clerk as part of the records of the House. Should you have any questions regarding this matter, please contact Ronald Dale Thomas at (202) 226-0394 or via email at Ronald.Thomas@mail.house.gov.

Sincerely,

LORRAINE C. MILLER.

AFGHANISTAN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. ROHRBACHER) is recognized for 60 minutes.

Mr. ROHRBACHER. President Obama will soon make a decision that will chart the course for America's involvement in Afghanistan for years to come.

I personally am not upset that it has taken President Obama this long to determine his response to General McChrystal's request for an additional 35,000 U.S. combat troops to be sent to Afghanistan. This is a monumental decision, and it comes when the radical Islamic Taliban and al Qaeda movements seem to be gaining momentum. It also comes when our troops throughout the world are stretched to the breaking point and when our economy is frayed. It comes when the debt that America is piling up is not just alarming but suicidal. This is not the time for business as usual, nor is it the time