

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