I want to talk about four particular things. One is that in this is one of the most weird economic terms: ''unearned income.'' There is a tax increase on unearned income. Unearned income is income you've already been taxed for once. If you put your money in an investment fund or you put it in buildings or in annuities, you've been taxed on that. It's not unearned income. And for years, we've encouraged people to save so our Social Security system didn't go broke, so our Medicare system didn't go broke. Now we're going to tax those who've saved, and we're going to put a penalty on keeping people from saving. It seems counterintuitive that when we're facing these huge challenges in a retirement system that we would raise taxes on the very thing that we've been encouraging people to do.

Then we have the question of industries like the orthopedics. In Warsaw, Indiana, a city of about 15,000 people, three of the four biggest orthopedic companies in the world are centered there: Zimmer, DePuy and Biomet. In addition, you have Medtronic with a large facility there and lots of other small ones. They bought the biggest companies in Switzerland, Germany, and France. It's a category where we lead the world. So what's our solution? If we're the ones leading the world, we're the ones inventing new things—well, we're going to tax them, so maybe they'll leave.

They only have two choices. Since the new tax is half of their R&D cost, they can either stop the R&D so we won't know 20 years from now—I had one 13-year-old ask me on a teletown hall call the other night ask me, How will this bill affect me long term with my health coverage? I said, I don't really know because the way we're taxing orthopedic companies and these, we won't know what would have been invented. The way we're taxing the pharmaceutical companies, we won't know what drugs would have been invented because we're driving it out of the U.S. or out totally if they can't make money on it anywhere in the world. So that's another part of this bill.

Then I heard one Member on the floor tonight repeat one of the most often heard myths, that because Canada covers their health care, the health care for GM was cheaper. In fact, our Auto Caucus met with the head of GM when we were talking about what we were going to do related to GM. He said in direct response to some of the Members from the other party's question, No, our costs are higher in Canada. It was so counterintuitive, every Member was asking why they were higher in Canada. They said, Well, unions aren't going to take the base plan. They ask for the base plan with a supplement because the base plan in Canada and England isn't satisfactory. So if you have enough power, you will negotiate it more, plus the taxes are higher in Canada. He said, that's why—and that's why GM has followed through with this, as well as Chrysler—jobs have moved down to the U.S. because our health care was cheaper. How did this myth start? Why do we keep hearing that constantly repeated when they know the difference.

The other point I wanted to make is on the so-called savings in Medicare. How are they getting savings from Medicare? Partly from eliminating your choice of Medicare Advantage, the only program that's ever come in under budget as part of Medicare because we had the big insurance companies negotiating them with the big pharmaceutical companies. Rather than having somebody in a government office who didn't know their head from a hole in the ground making the negotiations, quite frankly, we put people who are actually bottom line people who could figure out what the margins were and what they could survive with and move ahead with. That's why Medicare Advantage works. But they're going to do it by controlling the utilization of equipment.

We never had a discussion about utilization of equipment. They want to say 80 percent. In Indiana, the only city that can meet 80 percent on heart, on oncology and so on is Indianapolis. So Fort Wayne 270,000 people, the South Bend region with another 200,000 people, other parts of the State can't reach that utilization. That's the hub and spokes system, only they're moving the hubs to the bigger cities in the United States.

We're not talking about whether you can have this type of thing in rural areas. We're talking about whether the type of diverse health care spread out with access all over America is going to be changed in the name of cost savings. It is a way to save money because people then have to do just like veterans do in the hospital system: they have to pay their gas. They have to decide if they're going to stay overnight. If they get canceled, they have to drive back home or get a motel. All that has shifted to the individuals. No discussion. No discussion about that little clause in there that talks about utilization of equipment; yet it's brutally already being implemented. So I hope that somehow in the next 48 hours, a miracle occurs, and we can defeat this bill.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

DOCTORS TELL CONGRESS TO VOTE ''NO''

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Well, here we are, folks, Friday night. People are going to the movies, having dinner with their kids and grandkids, and we're here in the Capitol of the United States trying to screw up everybody's life.

Let me just give you a little information we found today. Mr. Speaker, 46 percent of the primary care doctors in this country said if this bill passes, they'll leave medicine. Now think about that. Let's just say that that's off by 75 percent. Let's say only a fourth of that happens, and we only have, say, 10 or 15 percent of the doctors leave primary care because of this bill. What do you think that's going to do to the patients? We're going to have more patients, according to this bill, because they're going to bring in more people, maybe some illegal aliens and people that aren't completely covered right now. So we're going to have fewer doctors and more patients.

What is that going to result in? It's going to result in what we've all been talking about for a long time, and that is rationing of health care because you won't be able to take care of all these people. You have to pick and choose. It's going to cost more, and there's going to be long waiting lines like they have in other countries that have socialized medicine. I just can't hardly believe that we're doing this.

You know, in Massachusetts, today I watched on television the Democrat treasurer of Massachusetts said on television just a couple of hours ago that their State is going to go bankrupt because of their public health program, which parallels what they want to do here in Washington. I mean, think about that. Massachusetts has a system like this. Their State treasurer—not a Republican, a Democrat—says that they're going bankrupt because of it. And yet we're doing the same thing only more in spades right here in the Congress of the United States, and we're not hearing as much about it as we should.

Now, I want to real quickly read to you just to let you know what the doctors think. We have some doctors who are going to be talking here tonight, some very eminent doctors. The State medical associations that are opposed to this: the States of Alabama, Delaware, District of Columbia, Florida, Georgia, Kansas, Louisiana, Missouri, New Jersey, Ohio, South Carolina, Texas, the American Academy of Dermatology, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology. It just goes on and on and on. There's probably 100 of them here. And they're not listening to these people. They're telling us in Congress that people are going to leave the practice of medicine.