

had to finish last year's bill. That was no fault of Mr. DICKS. He worked hard as chairman last year to produce another very good bipartisan bill, cooperating totally with us on the minority side, the minority at that time. But we didn't get that bill to the floor. I wish that we had, but it didn't quite make it.

So this year we finished the work for FY 2011, and now this is the bill for FY 2012. Again, it is a strong, bipartisan, no-politics good defense bill. But in order to get to this point, to get where we are, required tremendous dedication on the part of all of the members of the subcommittee, as well and very specifically as well as the staff. The professional staff of our Defense Subcommittee is very, very special and works extremely hard. I would like to call attention to that staff.

On the minority side, Paul Juola, who also worked on the majority side at one point, and Becky Leggieri. On the majority staff, Brooke Boyer, Walter Hearne, Jennifer Miller, Tim Prince, Adrienne Ramsay, Ann Reese, Megan Rosenbusch, Paul Terry, B.G. Wright, Sherry Young, and the chief of staff, Tom McLemore.

They have done a tremendous job. I know that oftentimes when the House finished its business and Members would retire to their respective homes, staff stayed and they did the analysis that had to be done to achieve the savings that we achieved, but also to make sure that we accomplished what had to be accomplished to provide for our troops, to provide for their welfare, to provide for the readiness of the Nation.

□ 1840

I said in my opening remarks there were other items, other things, other parts of this bill that I would like to have increased. I would like to have been able to increase the pay raise that goes to our military. The money just wasn't there. But we did insist on funding the full 1.6 percent, which doesn't sound like a lot. At least it's not a reduction.

Mr. Chairman, this is a good bill. We're not going to vote on this bill tonight. We will read this bill—it's my understanding now from leadership—for amendment under the 5-minute rule the week after next and we'll be prepared to, again, in a bipartisan way, deal with any issues that might come up at that time.

I yield back the balance of my time. The CHAIR. All time for general debate has expired.

Mr. YOUNG of Florida. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. GRIFFITH of Virginia) having assumed the chair, Mr. WESTMORELAND, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under con-

sideration the bill (H.R. 2219) making appropriations for the Department of Defense for the fiscal year ending September 30, 2012, and for other purposes, had come to no resolution thereon.

TEXAS TORT REFORM

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Mr. Speaker, our Nation's medical liability system is broken. It has put limits on patient access to health care and has increased costs. But since 2003, my home State of Texas has been a leader on medical liability reform. As a result of tort reform, from 2003 to 2009, Texas has seen an increase of roughly 60 percent in new physician licensure applications. And since 2003, Texas had 21,640 new physicians licensed. That means more doctors to treat patients—especially in rural areas with limited access to health care. All major physician liability carriers in Texas have cut their rates, giving Texas doctors affordable premiums and allowing them to focus on quality of care.

Texas is a model for tort reform for the Nation. I urge the Congress to adopt a similar policy to increase patient access to care and save our Nation billions in defensive medicine costs.

HANDS OFF MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 60 minutes as the designee of the minority leader.

Mr. TONKO. This evening I will be joined by my colleague from California, Representative GARAMENDI. He and I will discuss for this next hour the issue that deals with a program that is tremendously popular in this country, that deals with our senior population as they have the resources through a program dubbed "Medicare" that enables them to enjoy with dignity their senior years and to be able to have the security of knowing that there is affordability and accessibility for their health care needs. Obviously, as our senior population continues to grow and the longevity curve continues to climb upward, our senior population has reminded us that their dignity and their quality of life has been addressed in a very strong way as the calculated curve for life expectancy continues to mount, which is a positive force in the lives of all Americans.

The efforts that we see afloat in this House at this Capitol range across a number of cuts and reforms that people are proposing for the future budget for this country. There is this Ryan Roadmap which has been developed and dubbed the "path to prosperity" by the author and by the Republican majority in the House. However, many of us

have seen it for its true value and its attempts to end Medicare, so much so that we have dubbed it the "road to ruin," a situation that would undo a Medicare program, and it is why signs such as this next to me here would greet many of us when we arrive in our district for district work period or on weekends as we break from session here in the House of Representatives: "Hands off my Medicare." It's very bold, it's very straightforward, and it's very understood. The message is real, and it has reached us because it talks about an attempt here to end Medicare in this House. It would force seniors to find their own insurance in the private market. They would be asked to shop with a coupon in hand. The money that the government would kick in for coverage, part of that coupon would not nearly keep pace with the actual costs—the costs that seniors would be forced to pay.

Of course, as 32 cents—which has been the on-average expectation of the coupon—for every \$1 of premium costs would be the outcome, that means that the risk would shift from our senior population to have them dig into their pockets, and the risk would be removed from government and placed in the hands of seniors. It would take away what is a stable, dependable system and put a profit-driven insurance arena of companies in charge of rationing care for our seniors.

This is a very unacceptable outcome, Representative GARAMENDI, and I'm glad that you have joined us this evening in this Special Order, where we'll focus on the Ryan Roadmap and what it really means, what it calculates to do, and the impact it has on so many elements of the population out there. And thank you, Representative GARAMENDI, for joining us this evening as we talk about this attempt to end Medicare and shift the risk from government to seniors.

Mr. GARAMENDI. Representative TONKO, thank you so very much for the opportunity to join you this evening on this critical issue. We often call this the Ryan Roadmap, but it really is the Republican budget proposal. It's not only the chairman of the budget committee that put this out, but every Republican in this House voted for it. So they really have adopted this as their roadmap, as their solution to the problems that face this Nation.

□ 1850

You spoke very eloquently about the way in which this proposal would change who pays and how it's going to be paid for. It shifts the burden away from all of us. It shifts the burden onto individual seniors.

One of the things that I found very interesting was: How much does it cost an individual senior?

Now, recognize that those who are seniors today also suffer. It's not just those who will become seniors but those who are seniors today, and I'll