

I want to finish on the note that medical research funded by the National Institutes is also being cut, and we were number one in medical research. The time is now. Get rid of the sequester and help the American people.

#### BUREAUCRATIC CODESPEAK

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, let's say I take one of my 10 grandkids, Barrett Houston, to a basketball game he is playing in. He gets hit in the face with a basketball, so we go to the doctor to see if his nose is broken. The doctor asks Barrett Houston this question: Is this the first time you've been hit in the face with a basketball, the second time, or do you have a habit of being hit in the face by a basketball? Barrett says, I don't know. Doctor says, I've got to know because, you see, I've got this codebook here, and the law requires that I make sure I put in the codebook the way you were hurt by the basketball and how many times because there are five codes for being hit in the face by a basketball. And let's say he doesn't know. Well, the doctor has to be accurate in how he diagnoses being hit in the face by the basketball or the doctor's in trouble.

Let's say I take another one of my grandsons, Jackson, to go hunting, but he happens to get assaulted by a wild turkey. We go to the doctor, and the doctor says, Hey, I've got to know exactly how you were hurt by that turkey because there is a code for being assaulted by a turkey for the first time. There is a code for being assaulted by the turkey a second time. There is a different code for being pecked by a turkey rather than being bitten by a turkey. There are nine codes. The doctor must get the right code or he is in violation of the law about being assaulted by that turkey. It seems nine codes for a turkey assault is a bit silly.

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Right now, Mr. Speaker, there are 18,000 of these codes. Doctors must be accurate when they fill out the diagnosis of a patient who comes and sees them.

Stay with me, Mr. Speaker.

Soon, there will be 140,000 of these medical codes that doctors must get right or they're in trouble by the Federal Government. The new code system is called ICD-10. For example, you're injured at a chicken coop; that's code number Y9272. You are injured at an art gallery, you fall down; that's Y92250. There are even three new codes for being injured when you walk into a lamppost. You walk into a lamppost for the first time, that's one code; you walk into a lamppost for the second time, that's a different code; you walk into a lamppost habitually, that is even a different code. And the doctor

must get it right, because he's in violation of Federal regulators if he doesn't get it right.

The doctors I've talked to say this is an expensive distraction from treating patients. Well, no kidding. It's red tape, it's bureaucracy, and this is what happens when clueless Big Government here in Washington starts telling people out in the workplace—doctors and patients—what they must do. And when the government intrudes into our lives with more regulations, the government continues to make things more complicated. It finds problems in every solution.

Doctors are really in the business of helping the sick and the injured and saving lives. Do they really have the time and money to translate a complicated 140,000-codebook when they diagnose everything that happens? But they don't have a choice. If they miscode, they do not get paid. Even more so, they face the threat of being fined by the Federal Government.

There's more. To set up this new 140,000-code philosophy, it's going to cost an average single practitioner doctor \$80,000. Now, isn't that lovely? If it's a practice of 5 to 10 people, that's going to cost that practice \$250,000 to comply with Federal regulations, the new codebook.

In my opinion, Mr. Speaker, when regulators go to work every day down the street in one of these big office buildings, they sit around a big oak table, they pull out their lattes and their iPads and they ask the question to each other: "Who shall we regulate today?" They type out a few regulations and send it out to the fruited plain and the masses. They don't care about the cost or the effect or whether the regulations make any sense; they just do it anyway. And we have to deal with it.

These new codes are not going to make one sick person well, but yet doctors must comply with these new codes or the code police are going to punish them. Doctors want to take care of patients, but the Federal Government is forcing 140,000 complicated, unreasonable new codes on all of us that are hard to decipher. Maybe we should sequester these new codes. Where are those World War II code breakers when we need them most?

And that's just the way it is.

#### THE PRESIDENT'S BUDGET

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. I welcome the President's budget submission, which will mark the first time since 2009 that the House, the Senate, and the President have all submitted budgets. It's an encouraging development, but the larger question is whether Congress can actually use the budgeting process to show how we will do business differently.

Despite the media sideshows about the artificial sequestration crisis, the major issues we have to address to fix the budget and our current deficit are spending on defense, health care, and the tax system itself.

Although the administration has started us down a path to manage Pentagon spending in the future, we have barely scratched the surface. There are too many unnecessary bases at home and abroad that should be phased down or closed. There's far too much invested in an antiquated nuclear arsenal that we haven't used in 68 years and contains many, many times more weapons than we would ever need for deterrence. The \$700 billion scheduled to be spent over the next 10 years must be reduced dramatically. We have yet to come to grips with the long-term costs of an all-volunteer Army and the right balance between reserve and regular forces. Until these fundamental issues are addressed, the challenges of the future are going to be difficult to face because we spend too much time and energy and money preparing for the conflicts of the past while we avoid hard budget reality.

Health care expenditures continue to be the greatest overall threat to the budget, but not because the United States doesn't spend enough money on health care. We spend more than anybody else in the world—twice as much as many countries. But even spending far more than anybody else, we're still not able to deliver quality health care for most Americans. Instead of fighting health care reform, we should be working together to accelerate that process so that we can reward value over volume of health care. If the Oregon model of health care that we are working on diligently to implement were applied on a national scale, it could save over \$1 trillion over the next 10 years—as much as was fought about in the battle over sequestration.

We must also reform the Tax Code, which is unfair, complex, and costly, with over \$160 billion just to administer it. I would suggest that we think about implementing a carbon tax, which has the potential of reducing the deficit and tax rates for individuals and business in a fair and comprehensive form. The carbon tax has the added benefit of being the most direct way to reduce the threat to the planet caused by extreme weather events promoted by carbon pollution.

It's very encouraging that the President's budget again speaks to infrastructure improvement and investment, but we need to be bolder and more comprehensive in our approach, especially at how we deal with funding rebuilding and renewing America. At a time when 17 States have stepped up to increase transportation funding, it's unacceptable that we pay for the highway trust fund with a gas tax that hasn't been increased since 1993 and is increasingly collecting less money as fuel efficiency improves.

The introduction of the President's budget is an important step forward. It