

white drug defendants. African Americans, on average, serve almost as much time in federal prison for a drug offense (58.7 months) as whites do for a violent offense (61.7 months). Much of this disparity is due to the severe penalties for crack cocaine.

The Major Drug Trafficking Prosecution Act of 2009 will help refocus important federal prosecutorial resources to the major drug traffickers instead of low-level offenders and it will provide more discretion to judges by making some long overdue changes to current law: eliminating all mandatory minimum sentences for drug offenses; curbing federal prosecutions of low-level drug offenders; and allowing courts to place drug users on probation or suspend the sentence.

Mandatory minimums have been repealed before. A 2008 report issued by Families Against Mandatory Minimums describes how Congress first enacted mandatory drug sentences in the 1950s, then voted to repeal them in 1970 because they failed to reduce drug trafficking. I would like to refer Members to the report at the following site: [http://www.famm.org/Repository/Files/8189\\_FAMM\\_BoggsAct\\_final.pdf](http://www.famm.org/Repository/Files/8189_FAMM_BoggsAct_final.pdf). In a recent poll, 8 in 10 Americans agreed that courts—not Congress—should determine prison sentences, and 6 in 10 opposed mandatory sentences for nonviolent offenders. Today's Congress should heed the American people and repeal mandatory minimums again.

I strongly urge my colleagues to support The Major Drug Trafficking Prosecution Act of 2009.

#### CHARITABLE GIVING

### HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. MITCHELL. Madam Speaker, I rise today in support of charitable giving.

Americans give generously.

In the weeks following the deadly 2004 tsunami in Asia, donations from American charities outpaced official government aid by more than \$100 million.

When Hurricane Katrina devastated the Gulf Coast of our nation, Americans responded with faster and more forceful giving than ever before. In the first 10 days, charitable giving topped \$700 million. Ultimately, more than \$4 billion was donated to the recovery effort.

Since the mid-1990s, charitable giving has accounted for roughly 2 percent of our annual GDP, which is more than double the rate of giving in any other country.

And Madam Speaker, most donations don't come from big business. They come from hardworking Americans. Individuals account for 75 percent of charitable giving.

Recently, some have proposed limitations on the tax deduction for charitable giving. We face a staggering deficit, and I believe we must balance the budget—but not by raising taxes on these donations.

It has long been a hallmark of the U.S. tax code that giving gets a tax break. Today, I joined Rep. ROS-LEHTINEN of Florida to introduce a resolution that would state this Chamber's support for charitable giving and its opposition to raising taxes on donations. At this time of great need at home and abroad, we

must not make it harder for Americans to give. I urge my colleagues to join me in opposing a tax increase on charitable donations.

#### HONORING THE LIFE OF CONGRESSMAN DANIEL E. BUTTON

### HON. ERIC J. J. MASSA

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. MASSA. Madam Speaker, I would like to take a moment to recognize the life and achievements of Daniel E. Button, a former Congressman who represented New York's 29th District. Button, who died this week at age 91, was a father of five and a Columbia University-educated journalist in the late 1950s and early 1960s. In 1966, dismayed by what he saw as entrenched corruption, Button decided to run for Congress and won by doing the hard work of walking the district in a seemingly unattainable quest. He won by only 17,000 votes but was re-elected in 1968 for a second term. Even though Button's tenure as New York's 29th District Representative lasted only two terms, they were filled with Button's drive to fight for what he believed was right. For standing up and taking action for what he believed in, it is my pleasure to honor the late Congressman Daniel E. Button.

#### TREAT PHYSICIANS FAIRLY ACT

### HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. PAUL. Madam Speaker, I rise today to introduce the Treat Physicians Fairly Act, legislation providing tax credits to physicians to compensate for the costs of providing uncompensated care. This legislation helps compensate medical professionals for the costs imposed on them by federal laws forcing doctors to provide uncompensated medical care. The legislation also provides a tax deduction for hospitals who incur costs related to providing uncompensated care.

Under the Emergency Medical Treatment and Active Labor Act (EMTALA) physicians who work in emergency rooms, as well as the hospitals, are required to provide care without seeking compensation to anyone who comes into an emergency room. Thus, EMTALA forces medical professionals and hospitals to bear the entire cost of caring for the indigent. According to the June 2/9, 2003 edition of AM News, emergency physicians lose an average of \$138,000 per year because of EMTALA. EMTALA also forces physicians and hospitals to follow costly rules and regulations, and can be fined \$50,000 for failure to be in technical compliance with EMTALA!

Forcing physicians to offer their services without providing any form of compensation is a blatant violation of the takings clause of the Fifth Amendment. After all, the professional skills with which one earns a living are a form of property. Therefore, legislation, such as EMTALA, which forces individuals to use their professional skills without compensation is a taking of private property. Regardless of whether the federal government has the con-

stitutional authority to establish programs providing free-or-reduced health care for the indigent, the clear language of the takings clause prevents Congress from placing the entire burden of these programs on the medical profession.

Ironically, the perceived need to force doctors to provide medical care is itself the result of prior government interventions into the health care market. When I began practicing, it was common for doctors to provide uncompensated care as a matter of charity. However, government laws and regulations inflating the cost of medical services and imposing unreasonable liability standards on medical professionals even when they were acting in a volunteer capacity made offering free care cost prohibitive. At the same time, the increased health care costs associated with the government-facilitated over-reliance in third party payments priced more and more people out of the health care market. Thus, the government responded to problems created by their interventions by imposing EMTALA mandate on physicians, in effect making the health care profession scapegoats for the unintended consequences of failed government health care policies.

EMTALA itself is having unintended consequences that could result in less care availability for low-income Americans at emergency rooms. This is because EMTALA provides a disincentive for physicians from offering any emergency care. Many physicians have told me in my district that they are considering curtailing their practices, in part because of the costs associated with the EMTALA mandates. Many other physicians are even counseling younger people against entering the medical profession because of the way the federal government treats medical professionals! The tax credit of the Treat Physicians Fairly Act will help mitigate some of these unintended consequences.

The Treat Physicians Fairly Act does not remove any of EMTALA's mandates; it simply provides that physicians can receive a tax credit for the costs of providing uncompensated care. This is a small step toward restoring fairness to the physicians. Furthermore, by providing some compensation in the form of tax credits, the Treat Physicians Fairly Act helps remove the disincentives to remaining active in the medical profession built into the current EMTALA law. I hope my colleagues will take the first step toward removing the unconstitutional burden of providing uncompensated care by cosponsoring the Treat Physicians Fairly Act.

#### INTRODUCTION OF THE "STUDY OF WAYS TO IMPROVE THE ACCURACY OF THE COLLECTION OF FEDERAL OIL, CONDENSATE, AND NATURAL GAS ROYALTIES ACT"

### HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mrs. MALONEY. Madam Speaker, I am pleased to reintroduce the "Study of Ways to Improve the Accuracy of the Collection of Federal Oil, Condensate, and Natural Gas Royalties Act," which would commission a study by