GOP DOCTORS CAUCUS: MEDICARE SENIORS AND OBAMACARE

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 5, 2011, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the majority leader.

Mr. FLEMING. Thank you, Mr. Speaker.

I come before this House tonight to talk about a very important issue—it’s been important for years, and it’s going to become increasingly important in the debates that we have in the future. That is the issue of Medicare, and particularly how we finance it for our seniors. We’ve got lots going on. ObamaCare, of course, was passed in 2010, and we’re running into all sorts of problems. Of course, I was fortunate enough to have my Republican colleagues here tonight voted against it.

I’m joined tonight, by the way, by two of my colleagues, Dr. PHIL ROE, an obstetrician from the great State of Tennessee, and Dr. Scot ROE, who is, like me, a family physician.

I thought I would just give a brief introduction about Medicare and how that fits into the budget. I know that Dr. Roe is going to talk in more detail about the critical role the Department of Defense or Medicare. So that should give you kind of a beginning of where we are with Medicare.

Let me just close my opening remarks by saying that there’s basically two options when it comes to making Medicare again solvent and available for us in the future. There is a Republican plan, which would allow you, if you are currently on Medicare or 10 years from becoming on Medicare, to choose Medicare as it is. And it is sustainable, as far as the cbo tells us, indefinitely.

However, we would have to reform that for younger adults today who will be senior citizens by opening up the individual system, creating a marketplace for seniors to buy insurance, and then let government help them with what we call “premium support,” and allowing competition in private care to drive the cost down and raise the level of service. In fact, what we in Congress have today is the very same thing.

The Democrats’ plan is this: goose egg, no plan whatsoever. Under their plan—or non-plan—Medicare runs out of money in 8 years. And they’ve failed to present an idea, much less a bill, as we have, that would even solve that. Well, that gives you an idea of some of our opening discussion.

First tonight, I want to introduce my good friend, PHIL ROE. Dr. PHIL ROE, as an obstetrician, and I think he has some comments about the financing of Medicare and other things as well.

Mr. ROE of Tennessee. I thank you, Mr. Fleming, and I appreciate you hosting this hour tonight and a chance for us to discuss in detail the health care of this Nation.

You know, about 4 or 5 years ago I made a decision, after 31 years of practice, to think about running for Congress. And one of the reasons was I knew that the health care issue was going to be huge in the debate in this Nation’s future. And, boy, has that turned out to be prophetic.

Secondly, the thing that I noticed in my patients when I practiced, the single biggest factor for both Medicare patients and my other private patients and patients without health insurance, was it was too expensive; it cost too much money to go see the doctor and go to the hospital. If it were more affordable, more of us would have health care coverage.

Thirdly, we had a group of patients in my practice that couldn’t afford expensive health insurance premiums.
They both worked. Let’s say it was a carpenter, perhaps his wife worked at a local diner or at a local retailer that may not provide health insurance coverage, and they make $35,000 or $40,000 a year, but they could not afford $1,000 a month for health insurance coverage. And, doctors, we have a liability crisis in this country.

The other thing that we’re going to get into a little later in this discussion today—and this is the absolute sacrosanct in health care—is that health care decisions should be made between a patient and the doctor and that patient’s family. It should not be made by an insurance company, and it should not be made by the Federal Government. And we’re going to talk a little bit later about the Independent Payment Advisory Board that will be making those decisions in the future.

Do we need health care reform in America? Absolutely not. It’s a disaster. And we’ll go into this a couple of times—health care decisions should be made between a patient and the doctor and that patient’s family. It should not be made by an insurance company, and it should not be made by the Federal Government. And we’re going to talk a little bit later about the Independent Payment Advisory Board that will be making those decisions in the future.

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John C. Fleming, how are they going to absorb the entire Federal budget. And even at current interest rates, it will take longer—much longer, which is a very good thing—we’re looking at a catastrophe for our Medicare program if we don’t make some proactive changes now.

And how can you talk about how can you fix a system that everybody in this Chamber knows is broken—all 435 of us know it—if you can’t even discuss it, if you’re accused of dumping Grandma off a cliff if you even talk about a system that’s not working?

Right now I’m a Medicare recipient, so I have a vested interest in seeing that this program works for current seniors. I was at Furman University Monday night speaking to a group of college students on health care. It was a privilege to be there. It’s a great college. A big turnout of young people. And it was embarrassing for me to look at those young people who are just beginning their careers and to think that we’re going to not leave them the same access to care that I have available to me right now.

If you look at these numbers, Dr. Fleming, you see that it is not sustainable, so we have to have this conversation. I want to thank you for holding this hearing.

I see we have numerous other colleagues here tonight.

Mr. FLEMING. I thank the gentleman.

We have also been joined, in addition to Dr. Scott DesJarlais, by Dr. Phil Gingrey, also an OH-GYN; Nurse Ann Marie Buerkle; and Nan Hayworth, an ophthalmologist from New York. So we’ve got a full cadre. If anybody here has a headache or, certainly, a heart attack, I think they would be very well taken care of on the floor of the House.

With that, I’m going to ask Dr. DesJarlais to talk to us a little bit. I think you have an interest in some of this discussion on IPAB and perhaps other things that I’d love to hear what you have to say, sir, on that.

Mr. DESJARLAIS. Thank you, Dr. Fleming. And I, like Dr. Roe, appreciate you holding this tonight because I think there’s so much fear, frustration, and confusion among our Nation’s seniors that we really are really going on. There’s a lot of misinformation out there. And I think it’s good that we, as health care providers, can get together and help clear up some of the misinformation because, as Dr. Roe said, we should never let the government or bureaucrats get between the doctor and the patient. That’s a very important relationship, and I think most all patients want to keep that.

How did we get into this mess?

It’s really kind of mind boggling that it has come this far. And as you stated earlier, the Democrat plan is doing nothing; and we know that the consequences of that are, the Secretary of CMS, Mr. Foster, has said Medicare will be bankrupt by 2020. So we cannot afford to do nothing. And we got into this mess really just by kind of the head-in-the-sand approach that sometimes occurs here in Washington.

As Dr. Roe mentioned, Medicare was initiated in 1965, and at that time the life expectancy for a male was 68. Well, thankfully, through good medicine, good follow-up, good care, better drugs, better techniques, the life expectancy has increased. But that being said, there really wasn’t any planning for that increase. A program that was designed for, on average, 3 years of coverage is now 12 years more, and so that’s part of the problem.

A second big factor is we all knew about the baby boomers. Everyone knows about them. And the bottom line is they have started hitting the system at an alarming rate. Ten thousand Americans over 65 become Medicare recipients every day and—as Dr. Fleming pointed out—$500 billion to $550 billion less going into the system. More people going in, people living longer—much longer, which is a very good thing—we’re looking at a catastrophe for our Medicare program if we don’t make some proactive changes now.

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So what we really have with Medicare is somewhat of a subsidy system which does not subsidize according, necessarily, to need. My point in saying that is: Warren Buffett, today, because he’s over 65, qualifies for Medicare, and if he gets cancer, I assume wouldn’t be suitable for people over 65. And so we’re going to have to look at: Is there a way in the future that we can even this out, where we’re not necessarily subsidizing for those who are capable of paying some of their own costs?

Mr. DESJARLAIS. Right.

As you say, it’s clear that $1 in for $3 out doesn’t add up by anybody’s math, even Washington’s math. So those factors make it very clear that Medicare is on an unsustainable path.

I find it very frustrating that so many people are living in fear right now with this misinformation. And if any of the other Members—I’m sure they experienced, as my office did, the AARP here, a few weeks ago, had seniors calling Congressmen to say, you know, Don’t cut our Medicare. They’re referring to the SGR cuts, which actually pertains to the doc fix. But the seniors are confused thinking that their Medicare was actually going to be cut 30 percent or 29, 27 percent, whatever it is. And so when they were calling my office, I was glad to tell them, Yes, we get it. That actually is a cut to physician reimbursement.

But what it does to seniors, more concerning, is that it’s going to limit their access to care, because physicians right now are in a position where they can’t afford the overhead to even keep their practices open.

I think it was good that the AARP brought that to their attention, but it certainly is great that we have the opportunity tonight to clear that up for our seniors, that it’s not a cut, a direct cut to their Medicare benefits, but it is going to directly impact their access to care.

Mr. FLEMING. Absolutely. I thank you for the wisdom of your experience, Mr. DESJARLAIS.

I’d like to turn to Dr. GINGREY here. He’s joined us and, of course, has conducted a number—I can’t even count the number that I’ve participated in with Dr. GINGREY with respect to Special Orders that we’ve had.

And before doing that, just to follow up on what Mr. DESJARLAIS said about the 100,000 in, 300,000 back, I can recall one day in my own practice sitting there and thinking about the three patients that I just saw. In Room 1, I saw a little lady who’s on Medicare who could barely scrape by by the end of the month, was on Medicare due to the benefits of Medicare, and God bless her, she was getting them. And then I thought about the second room where there was a gentleman who’s a multimillionaire. But you know what? My charge to both of them and what Medicare did for both of them was precisely the same.

I just couldn’t quite understand that, especially when I thought about the little girl in Room 2 who’s on private insurance, two-paycheck family, baby, barely scraping by, paying far more in their premiums than someone in Medicare and having to raise children. It was her insurance premiums that paid for the little old lady who was poor and the multimillionaire.

We’re going to have to do something about that to make the economics of this system work. It is unsustainable, as we know.

Dr. GINGREY. I would like to ask you if you could give us a few words, sage wisdom on what your perspective of where we are with health care, ObamaCare, Medicare, and all the other things we’re talking about.

Mr. GINGREY of Georgia. I thank the gentleman from Louisiana, Dr. FLEMING, for yielding, Mr. Speaker, and I thank our leadership for giving us this hour to focus in on Medicare and ObamaCare. Finally, I guess, is called Patient Protection and Affordable Care Act. We all know it to be the Unaffordable Care Act.

But I think it’s very important, Mr. Speaker, and instructive for the folks back home, especially our seniors, to look at this other Chamber as well. Congress as a whole, and you look at the Members who are health care providers. In this House of Representatives, there are 335 Members, and 21 of them on the Republican side are health care providers. In this body and the other Chamber, is from the Medicare Advantage program. And most of it, in the next bullet, is from the Medicare Advantage program. And on that, it’s 46 to 45 million people that are on Medicare, most of them because they’re 65, maybe 10 million of them because they’re disabled and younger, but so many of them, Mr. Speaker, get their health care on the Medicare program, particularly primary care, and that’s the key word.

Why is it Advantage? Because it gives them comprehensive care, it gives them an emphasis on wellness, prevention. It’s not just treating disease. It gives them a drug benefit even before Medicare Part D was enacted by a Republican Congress back in 2003. And what do the Democrats do? They took—what was it, Dr. FLEMING?—$135 billion out of the Medicare Advantage program over a 10-year period. That is a 14 percent cut.

And President Obama says if you like what you have you can keep it. Well, you can keep it if it’s still available, but it won’t be. We’re here tonight to let the American people know and let our colleagues know, and if we have to hit them over the head with a 2-by-4 to get their attention, we’re going to do it. That’s what they are running a great program. And we’re health care providers. It breaks our heart. We know. We see the patient. We are at their bedside in sickness and in health when they come to our office for routine checkups.

But we’re here now I guess as policy wonks. It’s our colleagues back home—we want to keep them in the Medicare program, particularly primary care doctors seeing those patients. It just breaks my heart to see what’s happening.

I thank the gentleman from Louisiana for managing the hour tonight on behalf of our leadership to make sure that these points are made and
made very clear to the American people, particularly our seniors.

Mr. FLEMING. I thank the gentleman. Dr. GINGREY serves on the House Energy and Commerce Committee, a committee that has oversight and jurisdiction in this area, and I add my thanks to our distinguished colleague from Georgia in gratitude for your hosting and managing this session tonight.

We had a Medicare telephone town hall today with our constituents in the beautiful Hudson Valley. We had a Medicare administrator with us because it’s open enrollment season for Medicare throughout the country. I believe, up through December 7. So we were so grateful to have a Medicare administrator with us who helped answer some of the questions about some of the complexities of Medicare because there are a number of them, as Mr. FLEMING would say.

But I did ask one question that was conspicuous because the gentleman asked me, and it’s one that we’ve all been asked, as Dr. DESJARLAIS was saying not long ago, “Why are you against Medicare?” I explained to my constituent that good, sir, it’s exactly the opposite. I want to preserve and protect Medicare. I want to make it secure and sound. This is very important to all of us, to me as a doctor. I had the privilege of practicing for 18 years. I’m an ophthalmologist. So many of my patients were seniors. I’m the daughter of two elderly parents, both of whom rely on their Medicare benefits. So the last thing that I want to do is to harm Medicare. We know how important it is.

More specifically, this nice gentleman was asking about our vote on the budget this past spring. And as all of us here know and as our listeners may not know, Medicare, we did pass a budget in the House of Representatives this past April. They may not have heard quite as much about it as they otherwise should have, if you will, because the Senate did not pass a budget. They did give ours 47 more votes than the one proposed by the President. Nonetheless, that was not enough to pass a budget so we’ve been waiting now, the American public, for at least 2½ years for the Senate to pass a budget.

But in our budget, and Dr. GINGREY and Dr. FLEMING have just been referring to the $755 billion that was removed from Medicare by the massive 2010 health care overhaul. In our budget, we restore those funds to Medicare. That is a very, very important fact.

We all voted here as doctors, as caring legislators, as representatives of our districts to restore funding to Medicare, to strengthen Medicare, not to weaken it. That’s why when we want to do and the last thing we can afford to do.

So I think it’s very important for the American people to understand that as things stand now, the Medicare benefits that people are counting on are threatened in ways that they don’t have to be.

So that’s something that people should think about, people who cherish Medicare, who receive Medicare and who have loved ones who depend on Medicare; that Medicare is, unfortunately, as our colleagues have discussed, running out of funds.

When we think about payroll taxes, and we hear a lot about payroll taxes in the news these days, payroll taxes go to pay for Social Security and for Medicare. And the way these programs were set up, as we all know but just so that everybody understands, they were supposed to be, people would contribute in their paychecks, and the money would be kept by the Federal Government and then returned to them in their benefits in their senior years, when they would need them.

That Medicare trust fund is going broke. That Medicare program, but to provide Medicare in the United States is very expensive. We have staff that we have to pay. We have overhead. Everybody who has a business—and I had my own practice, a small business—has rent and supplies and staff and insurance to pay.

One of the unique aspects of America in terms of our medical care is that we don’t have what’s called a “liability system,” which is very costly, to cover lawsuits for malpractice. We should, indeed, do everything we can to prevent malpractice, but lawsuits in this country are very expensive.

So I think it’s very important for the American people to understand what that Medicare trust fund is, and I think Representative HAYWORTH pointed out—indeed, do everything we can to prevent malpractice, but lawsuits in this country are very expensive.

Now we have Medicare part D. The courageous Representative HAYWORTH pointed out this out—it is really not an option. She talked about those dates—2024, maybe, but probably closer to 2021—when part A becomes fiscally irresponsible. If we do not do what would happen is our seniors under the Medicare program would take a 22 percent cut in their benefits package, or else we would have to raise the payroll tax 22 percent. I’ll yield back after making this comment as I think this is important.

Medicare was enacted as an amendment to the Social Security Act in 1965. I guess it’s title XVIII. We didn’t have all of the information we needed and we passed it, and I think Representative HAYWORTH pointed out, situations were different. Back then, people were not reliant so much on medication. It was more surgery and that sort of thing. Now we have Medicare part D. The point is that things change; and if we don’t change with the times, we would still be watching analog television. It’s just as clear and as simple as that.

For people to criticize what the Republican budget says in favor of making changes to Medicare so that it remains solvent for our children and grandchildren—and, as Dr. HAYWORTH pointed out, to protect it, preserve it.
and strengthen it for those who are already on it—it would not do anything in regard to them but would be a phased-in change for our children and grandchildren so they'll have it like we've had it.

I thank the gentlelady for letting me interrupt briefly.

Mr. FLEMING. Since we are beginning to run a little short on time—and I want to make sure we get to all of our doctors and nurses—I'm going to recognize Ms. BUERKLE, a very excellent nurse. She is a wonderful addition to our freshman class.

Ms. BUERKLE. I thank my colleague from Louisiana.

Mr. Speaker, I just want to say what an honor it is to be here tonight on the floor with my colleagues and the members of the Doctors Caucus.

I do stand here as a nurse and also as the daughter of a 90-year-old mother. So Medicare for her, I know how she depends on the system.

One of the things we didn't talk about and one of my roles in life was as an attorney, as an attorney who represented a large teaching hospital. About 2 weeks ago, I joined with some of my colleagues in the House, and we talked about what this health care law is going to do to our hospitals. When our hospitals and our doctors are affected by reimbursements, by Medicare cuts, that really affects our seniors.

So the first thing I want to do tonight as a health care professional and as someone who cares deeply—and I think that's the beauty of this tonight, of our getting together as people who have invested their lives in health care, who love people, who care about people. This isn't a Republican or a Democratic issue. This is an American issue because health care affects all of us. This is a group of people who really believes that there is a better way, that there is a much better way to provide access to health care in our country without jeopardizing the quality of care that our country has to offer.

So the first thing I want to do tonight is reassure our seniors that we're going to keep our teaching hospitals and keep all of our hospitals viable.

So I just want to leave the message tonight with the American people that you care about being able to get quality Medicare for your seniors. We are not proposing anything in our budget proposal that would affect our seniors and those back to age 55. We want to assure the American people that we care so deeply about health care and about the quality of health care; but we are very concerned about this health care law, and it's why we voted to repeal it several months ago. One of the first things we did when we came to Washington was to repeal the health care law and cause we know what it will do to our seniors and to our health care providers.

I thank my colleague for organizing our time here tonight on the floor. Again, we just want to reassure the American people that we care about our seniors. I want to make sure they have access to quality care, to good health care.

Mr. FLEMING. I thank the gentlelady for a very compelling discussion, both as a health care provider and nurse, but also as a daughter of an elderly mother. Those words are very heartfelt, and obviously it means as much to you that we protect Medicare and health care in general as it would anybody. There's no reason why, just because you're a Member of Congress, that you would love your mother any less, so I think those are important words.

We're going to move now from a nurse to a surgeon. Mr. BENISHEK from Michigan has joined us this evening, and let's hear from you, Doctor, and see what you have to tell us.

Mr. BENISHEK. Thank you. Mr. Speaker, it's my pleasure to be here this evening to join my colleagues to talk about Medicare.

As you may know, before coming to Congress, I served as a general surgeon in my district for the last 30 years, and many of my patients were on Medicare. And as a practicing physician, I often expressed to my patients—and my understanding wife—about our broken health care system here in America. In fact, that's one of the reasons I decided to get more involved in the political process and actually run for Congress.

Most Americans don't understand that Medicare will be bankrupt within the decade if we don't do something to fix it. I didn't make this up. The actuaries at Medicare and Medicaid Services actually provided this number. You know, I think if you ask most 65-year-olds just beginning to use Medicare, most would be very worried to learn that their primary health care provider was projected to be bankrupt within the decade. In fact, according to a recent Social Security Trustees report, Medicare beneficiaries would see a 22 percent benefit cut or workers should expect to see a 22 percent hike in their payroll taxes unless some action is taken. The bottom line is, if action isn't taken today, seniors in the program today, not to mention those looking to retire in the near future, begin to lose their benefits.

Despite these facts, the other side of the aisle has spent the last 6 months attacking us, often saying that House Republicans' attempt to protect and preserve Medicare was, in fact, destroying it.

Are you kidding me? Accusing myself and my fellow physicians in the House of wanting to end Medicare? We spent our careers caring for Medicare patients. We are not proposing any changes to Medicare that the American people believe that there is a better way, that there is a much better way to provide access to quality care, to good health care.

Mr. Obama's health care law cut $757 billion from an already ailing Medicare. The numbers: the 2010 health care bill is the Patient Protection and Affordable Care Act. Mr. Speaker, I ask you: What type of patient protection cuts $14.6 billion from nursing homes, $112 billion from hospitals, and $135 billion from Medicare Advantage?

While I'm on the record extensively for balancing the budget, I do not believe that our health care system should be made affordable on the backs of America's seniors.

The $530 billion in cuts made by ObamaCare were not bad enough, this bill did nothing to address the nearly 28 percent cuts to physician payments scheduled for January 1 of 2012. I believe in providing access for America's seniors, not taking it away.

I am happy to announce here tonight that I'm working with members of the Doctors Caucus, House leadership, and Members across the aisle to develop legislation that will solve this issue once and for all. Mr. Speaker, tonight I call on all my colleagues to work together to ensure America's seniors that America will continue to be there for them in their time of need.

I have made a pledge to seniors in my district that I will not support any changes to Medicare benefits for those 55 years of age or older. It is my belief that for those age 54 years of age or younger, some reforms will be necessary to guarantee that Medicare remains solvent in the long term for our children and grandchildren. As you may know, Mr. Speaker, we are here tonight to show that, as physicians, we want to preserve Medicare for the future.
I thank Dr. FLEMING for organizing this Special Order hour.

Mr. FLEMING. I thank the gentleman from Michigan.

Again, we’re getting a world of experience here tonight, all the way from OB-GYNs to dentists, and so many of our physicians, nurses, so much in the way of words of wisdom, and we have so much on our side of the aisle with Republicans, as my friend points out, a dearth of available physicians, health care workers on the other side of the aisle. It seems a shame that we were completely closed out of the creation of and passage of the health care reform act, which certainly suggests that we need to go back and do it.

We also are joined tonight by our colleague from Arizona, Dr. GOSAR, who is a dentist and a very valued member, as well, of the conference. I would love to hear from you this evening.

Mr. GOSAR. Dr. FLEMING, thank you so very much for organizing this hour and being able to have a fireside chat with the American public about health care and what really is coming about and what actually is going on with a broken health care system. I also want to take the time to educate, to understand. I think the American people understand what it is about a vibrant economy that actually helps our Medicare system.

Now, I know the holidays are coming up and we’re going to be discussing giving a continuation of a tax holiday for many Americans, about the thousand dollars for an individual on their FICA, on their withholding tax, and to employers; but I also want to take the time to explain to the American public that there is a cost involved here. And part of that cost when a withholding tax is taken out goes into Social Security and partly to Medicare, and part of this is particularly Medicare part A, the hospitalization act, which is the closest thing to insolvency of all parts of Medicare.

Now, we lost 5 years, particularly on Medicare part A, the hospitalization act, just from the years of 2010. We have yet to start looking at the disastrous parts of the economy to 2011 to be added into the insolvency. But what ends up happening is this takes a further hit in the numbers and amount of money that is actually part of the equation for our seniors in Medicare, so it’s going to be before we even think of what’s going to happen better. And when you couple that with this administration taking—I call it stealing—over $500 billion away from the current Medicare program to build another entitlement, that’s just not right.

I came into Congress because I was concerned about health care. As a dentist, I love seeing a smiling face, because a smiling face tells me something about vibrancy, about health, and participating in the great things that this life gives us. But it also tells me that it has to be a participatory sport and that what we have to have is a patient taking care of and being involved actively in the choices and decision processes in their health care, and that’s what I want to see.

I’m flabbergasted, to be honest with you, that we see a program rectifying Medicare, or attempting to, through ObamaCare, which is the SGR fix of the physician fix completely separate. It doesn’t make sense to the average person why these aren’t all integrated and part of the same equation.

I also want to remind the American people, this is not an easy solution. We didn’t do our due diligence like we had talked about earlier. We didn’t change with the times as we grew older. We changed our participation and age and the variables that we had.

We also enveloped technology, unbelievable things that no one in 1965 could have even imagined, they could have dreamed but couldn’t have actually imagined. And that’s what the other part is is that we also have to look—look in very rural districts, and what is happening back in my neck of the woods is the primary care doc who was that gatekeeper, they’re no longer around. They either are associated with a hospital or a federally qualified health center—if you can get them to see you. And that’s the part that also makes me tell the American public we have got another problem.

You were involved in this Joint Committee that had Democrats and Republicans, 12 of them, trying to figure out some type of a debt solution for $1.2 trillion.

I want to remind the American people there’s another consequence in this, not only to our military, but to our health care providers as well, because the sequestration when it goes through, is also going to tap, once again, the providers who are no longer being able to afford to see patients, and our hospitals, particularly those rural hospitals that will be going out of business. So then we’ll have a lack of access to care. We won’t have the ability to be a part of our own health care because there won’t be a health care provider out there.

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This is the dynamics that we have to look at. This is the equation that is so immense. What I have always said is it is a little bit at a time. Make sure that the playing field is level and all of the participants are actually there, increasing the competition, making sure the public health and the private health are all in balance, and then making sure we have some tort reform.

We know what we have absolutely missing within this health care system. That is what we are going to have to get back to. And we’re going to have to have sunset clauses that we re-activate and reevaluate each of the parts as our aging population gets greater and greater and better better and there are new advances in medicine. We have to empower people to be not only participant in their health care system but empowering them to get back with their physician and their health care system. That’s what we need to do.

And that’s the most vibrant aspect that I can challenge our seniors with. We’re here for Medicare. We’re here to make a difference. We’re here to change it for you.

Mr. FLEMING. I thank the gentleman, Dr. GOSAR. I’m just going to make a couple of closing comments; and in the few moments we have left, I’m going to allow some of our other physicians to give closing comments.

One of the important things we have learned here tonight is under ObamaCare, $575 billion was cut out of Medicare. Medicare is going broke, becoming insolvent, according to the actuary in 8 years. The Republicans passed a budget earlier this year that would have fixed that for good. And the Democrats have yet to even talk about it or even acknowledge that it exists. But they do know it. So I want to be sure that we leave here with an understanding of the seriousness of the challenges that we have before us.

Now I would like to recognize Dr. ROE for some parting comments.

Mr. ROE of Tennessee. Dr. FLEMING, thank you. I was looking here, over 200 years of experience. What a diverse group. We have nursing, dentistry, family practice, OB-GYN, surgery, and so on. I think one of the greatest frustrations I had when I came to Congress, and Dr. GINGREY has been here longer than you and I have, and one of the things that I noticed in the health care debate that we had, now going on 3 years ago, was this: with nine physicians, M.D.s in the U.S. Congress, in the 111th Congress, not a single one of us was consulted about this health care bill. This was done on a completely partisan basis.

I have to kind of chuckle. I have never seen a Republican or a Democrat attack in my heart because I have never personally operated on a Republican or a Democrat cancer in my life. These are people problems, as Congresswoman BUERKLE said a moment ago. These are people problems that affect all of us in this country.

What we wanted to do, as I stated when we started, was to make the cost of care go down. This is not going to do this. Look, this is very simple. When we talked about the IPAB, and I think Congress has to normalize this point in discussion with the Independent Payment Advisory Board because it is so detailed, but just very briefly, this is how this works.

Several of us have pointed out that $575 billion was taken out. Three million seniors a year going into Medicare, reaching Medicare age, and this group, this group of bureaucrats up here appointed, and I don’t want them appointed by a Republican or a Democrat. I think Congress ought to be accountable to the American people about what happens to Medicare, not push it off to some bureaucrats that are going
to make these decisions, and then we say, oh, I'm sorry, we can't do anything when care is denied because when you have $575 billion less, and 3 million more people added per year, that's 30-something million people in 10 years, you can't make what that leads to, Mr. FLEMING.

It leads to a rationing of care. Decreased access. And if you have decreased access to your primary care provider, it means decreased quality of your care cost is going up. That's what's going to happen with this plan. That's why it's imperative, not just Medicare, but that we overturn the Affordable Care Act because it's not good medicine for patients.

If we simply had included in the debate, this would not be a plan that you had to run through and get rid of the 1099 form, the IPAB. It's a bipartisan bill now with 214 bipartisan co-sponsors. Those folks realize it's a bad idea, day and on and on.

One of the good parts of the Affordable Care Act, let's point it out, it costs more money, but allowing a 26-year-old to stay on their parents' health care plan, that's a great idea unless your parents are not paying the bill. Currently, if a young person, 22 or 23 years old, gets health care, they'll pay one-sixth what I do. Now what happens with this, it has to be a three-to-one ratio, so their health insurance premiums with this, it has to be a three-to-one.

We could go on and on about the inconsistencies. I think the previous Speaker, the current minority leader, had to have love to the said let's pass it and then find out what's in it. Well, I read it, as most of us physicians did, and we found out all of the things that were in there that were not good for our patients. We're just now discovering it's going to be more costly for businesses out there, and we need to have an entire hour on that.

Mr. FLEMING. I thank the gentleman. Before I recognize another Member in the last minute or two that we have here, I want to say that we are going to be having a lot more of these sessions. So we've just started. We've just scratched the surface. We're running out of time, so just to wrap things up, we have just barely scratched the surface. And these are not all the physicians or health care workers we have on our side. There are others here who could have been here, but had some other commitment tonight, but will be here next time.

I would love to talk more on IPAB. Even many Democrats see that was a very big mistake. It will be one way or another very soon. God bless you all.

I yield back the balance of my time.

REPEAL OBAMACARE

The SPEAKER pro tempore (Mr. Gowdy). Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. KIng) is recognized for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it's an honor to be recognized to address you here on the floor of the United States House of Representatives. And I want to say that I appreciate the presentation that came from just some of the great team of doctors that we have here, especially on the Republican side of the United States Congress. I occasionally sit with these learned individuals, and I find I'm grateful that the American people have been able to review their presentation here tonight, looking at the numbers and the dollars that have come out of the health care because of this great burden of ObamaCare.

You know, I was thinking of the necessity for us to continue to remind Americans, ObamaCare is right now the law of the land. It is the law of the land. And until such time as this Congress recognizes that the Supreme Court should find it to be completely unconstitutional, it will remain the law of the land.

Mr. Speaker, the American people need to be reminded that even though it's creating many, many people are realizing what ObamaCare is doing, a few people at a time, it is an insidious creep of a malignant tumor that is metastasizing and consuming American liberty, and it has to go.

If we look back at the special elections in Ohio 2 or 3 weeks ago, on it were several ballot initiatives. The second ballot initiative was one that rejected the collective bargaining initiative that had been initiated by Governor Kasich. It was a tough loss for Governor Kasich. I think he was right, but he lost in the ballot place because there was a liberal-heavy, union-heavy turnout in the State of Ohio for that special election night 2 or 3 weeks ago. And by 61 percent, the Kasich-initiated ballot initiative that limited collective bargaining was shot down by a union-heavy, liberal-heavy turnout. And they spent a lot of money in Ohio to turn out that type of a base.

But in the same ballot, the next item down, ballot initiative No. 2 was collective bargaining. No. 3 was a constitutional amendment to amend the Constitution of the State of Ohio to prohibit Ohioans from ObamaCare, to be able to reject the individual mandate and a whole series, about three different points there, to amend the constitution to protect Ohioans from ObamaCare mandate.

And, with a union-heavy, liberal-heavy turnout in Ohio in which 61 percent said “no” to Governor Kasich on collective bargaining, sixty-six percent of that voting universe voted to protect Ohioans from ObamaCare and to reject ObamaCare respecting their State constitution. That's a serious step, to step forward and amend the State constitution. But they did so in an effort to reject ObamaCare in the State of Ohio.

Now, Mr. Speaker, that is a resounding rejection, that two out of every three people that went to the polls rejected ObamaCare. I will tell you that American people did so if they're reminded that it exists out there. And there are two things that protect the American people, two stops along the way that can keep ObamaCare from becoming the perpetuation of an unconstitutional law of the land, and that would be when the Supreme Court hears the case and yields a decision. I would remind you, Mr. Speaker, that there is no severability clause in all 2,600 pages of ObamaCare. No severability clause.

What that means to the lay person is this: If a component of ObamaCare is found unconstitutional by the Supreme Court, then all of ObamaCare is thrown out by the Supreme Court. There's no provision that stipulates that if a component of ObamaCare is unconstitutional, then the other components will stand on their own.

That is not just an ignorant omission on the part of the people that drafted and promoted it, but it was for ObamaCare. They knew it didn't have a severability clause. I knew it didn't have a severability clause in it. That means every Member of Congress had the opportunity to know that it didn't have a severability clause. So Congress, wisely and hopefully, passed an ObamaCare piece of legislation that didn't provide that if a part of it is found to be unconstitutional, the balance of it would be found to be constitutional. And the important component of that then, Mr. Speaker is this. If a part is found unconstitutional, it's all unconstitutional, and all 2,600 pages of ObamaCare then, by a Supreme Court decision, will be rendered null and void.

Yes, Mr. Speaker, there are exceptions to those types of decisions by the Supreme Court. But generally speaking, the court honors and respects a willful decision of the legislative branch. If that willful decision is that there be no severability clause, the Supreme Court should understand that that wasn't an accident. It was an unintentional omission. It was a willful omission because the drafters and the proponents of ObamaCare, of which I am not one, understood that a part of it is found to be unconstitutional, the rest of it collapses anyway of its own weight.

The components of this that prop up ObamaCare are cutting that $575 billion out of Medicare to fund other parts of ObamaCare and then ending Medicare Advantage. The individual mandate that's in there, all of this is delicately drafted to try to find a way to argue that it could be paid for. And once they discovered that the CLASS Act in ObamaCare couldn't sustain itself, the numbers that they had advanced to try to pass it aren't sustainable. And so the administration