

Star Spangled Banner” after and during the Gulf War. Or the words that she sang, “Yes, Jesus Loves Me” in the song that she sang in the first acting effort that she did in “The Bodyguard” that was so superb. And we can’t help but be reminded of that song “I Will Always Love You” that has touched everyone’s heart. Whitney touched our hearts. And my constituents, Kim Burrell, Bishop Woodard and others, are deeply saddened. And our good friend, Congressman DON PAYNE, who has been in touch with the family and is helping, he has been a comfort as well.

I simply wanted to say: Whitney, you’ve given us much joy. We’ll remember your music of the seventies and eighties. Many of us danced to it, but many of us were made happy by it. And we realize that your legacy will survive. We thank you, and we thank your wonderful family for sharing you for some more than 20 years. And we thank you for that beautiful, beautiful voice that sang “The Star Spangled Banner” like we’ve never heard it before. We will always love you. God bless you, and may you rest in peace.

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#### HAPPY BIRTHDAY FORMER CONGRESSMAN LOUIS STOKES

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, I rise with great privilege to wish a very happy birthday that will come on February 23 to one of our most distinguished Members who served for so many years, Congressman Louis Stokes of Cleveland, Ohio. He will turn 87 on February 23. And truly, he deserves recognition during this Black History Month, and I pay him his due honor.

He grew up in difficult circumstances in public housing. His widowed mother had to raise her two sons, one of which, Louis, became the first African American congressman ever elected from the State of Ohio, and his brother, Carl, the first African American mayor of Cleveland, Ohio. Can you imagine that family? Can you imagine their struggle?

I wish to place in the RECORD tonight some of his story. One of the tremendous accomplishments that he achieved as an attorney was trying many cases in front of the U.S. Supreme Court, including a case which created Ohio’s first mostly minority congressional district, and then later in life he had the opportunity to run for that seat. He changed the face of this country.

I’m just so pleased to call him our friend, and let us take the time to fully recognize the admirable and path-breaking contributions of former Congressman Louis Stokes during this year’s Black History Month. He deserves it.

[From Cleveland.com, Feb. 13, 2012]

LAWYER LOUIS STOKES BECAME OHIO’S FIRST  
BLACK CONGRESSMAN: BLACK HISTORY MONTH  
(By Grant Segall)

As part of Black History Month, we honor Louis Stokes, Ohio’s first black congressman.

Stokes, who turns 87 on Feb. 23, still practices law with Squire Sanders, mostly in Washington, D.C.

At the Outhwaite housing project, a young, widowed Louise Stokes used to display her hands, callused from maid’s work, and tell her boys to work with their minds. A calm, genial Lou helped her raise his flamboyant kid brother, Carl, who became the first black mayor of a major U.S. city.

Lou graduated from Cleveland Central High School and after serving three years in the military in World War II, earned his law degree in 1953.

He became a leading lawyer. He argued three cases before the U.S. Supreme Court and persuaded it to create Ohio’s first mostly minority congressional district in 1968. Local leaders persuaded him to represent it.

In Washington, Stokes chaired a committee probing John F. Kennedy’s assassination, dressed down Col. Oliver North over the Iran-Contra scandal and steered vast sums to health clinics, job programs and veterans care. At home, he launched a famous district caucus and Labor Day parade. After 30 years, he retired undefeated.

A dozen or so landmarks have been named for him, including a building at the National Institutes of Health.

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#### GOP DOCTORS CAUCUS: SAVE MEDICARE

The SPEAKER pro tempore (Mr. BERG). 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. Mr. Speaker, once again the GOP Doctors Caucus comes together to discuss important matters regarding health care. Tonight we’re going to focus on saving Medicare. This has been a very interesting discussion going back to the days of the ObamaCare debate where we talked about how we would finance ObamaCare. And lo and behold in the middle of the debate, we find out that the Members of the other side of the aisle decide that they’re going to help finance ObamaCare by taking out over \$500 billion—half a trillion—\$500 billion from Medicare over the next 10 years in order to help finance ObamaCare.

Now if you think about this, the CBO states that Medicare may become insolvent as early as 2016. So I think the focus right now with regard to Medicare, an important part of our entitlement program, has got to be how are we going to save Medicare. I have an array of colleagues here this evening that are going to help me develop that issue.

Again, I’ll go back to the financing of ObamaCare, and that is cutting out over half a trillion dollars from Medicare in order to help finance ObamaCare. And there are some other pieces of the financing as well—the individual mandate which is soon to go

to the Supreme Court. And if that is struck down, that will be another piece of the financing that won’t be available. Tax increases, increases of taxes, excise taxes, taxes on equipment, taxes on tanning beds, many different new taxes, as much as \$800 billion over 10 years of new taxes in order to finance ObamaCare.

Then there was the CLASS Act, which was long term health care, which the actuaries said from the beginning would not work. It would not finance anything.

And then last, but not least, is the student loan program, which was nationalized in order to siphon off profits from that in order to help finance ObamaCare. And we hear talk now about forgiving those loans which means that it’ll probably be another bailout, like the mortgage.

So, Mr. Speaker, I have to speak out tonight on the fact that ObamaCare is going to bankrupt this country if it is actually fully implemented. But more importantly, Medicare will become insolvent as early as 2016. We’re going to be talking about how that’s happening, how we’re seeing skyrocketing costs. And some of the things perhaps that will be discussed tonight will be how we can save Medicare.

Again, in closing my initial comments here, I will have to emphasize to you that our colleagues from the other side, inasmuch as they somehow want to blame us for ending Medicare, which not a single Member on the Republican side wants to do, of course, but they accuse us of this, but in fact they have yet to submit a plan that will save Medicare, will prevent it from becoming insolvent by 2016 or 2022, depending on whom you believe.

So with these opening remarks, I would like to open the floor to my good friend, Dr. HARRIS from Maryland, and would love to hear some of your comments about saving Medicare and other matters having to do with health care.

Mr. HARRIS. Thank you for yielding to me to speak on this very important issue.

Mr. Speaker, as the gentleman from Louisiana has said, we really have to talk about saving Medicare. Medicare is under assault in a way that it has never been under assault before. The gentleman from Louisiana mentioned quite accurately that the President’s health care bill passed 2 years ago would take \$500 billion from Medicare spending on our seniors who are currently receiving Medicare—\$500 billion. Now, how are they going to do that? What are we not going to deliver to those seniors?

Well, the way it’s done is the President appoints the Independent Payment Advisory Board, 15 appointed, not elected members, no appeal from their judgment.

□ 1900

What they’re going to do is they’re going to say in a year when it looks like we’re going to spend a little more

on Medicare than the country can afford by the budget, we're going to decide what can and can't be delivered. The President's budget he just released this week makes it even worse because it sets even a lower budget target for Medicare spending. And, of course, the President doesn't even deal with the issue that's before the House this week, which is what are we going to do about physician payments.

Now, Mr. Speaker, I represent a rural area of Maryland, Maryland's First Congressional District, where it's already very difficult for seniors to find a physician who is willing to take a new Medicare patient because, to be honest with you, they're afraid that their pay is going to be cut 30 percent at the end of this month, on February 29. And the President, in his budget, doesn't even deal with this issue. The President doubles down on the President's health care act. He sticks to that \$500 billion in cuts that are going to occur. And not only that, he lowers the threshold for that Independent Payment Advisory Board to begin rationing care to our seniors. We have got to save Medicare.

Mr. Speaker, some of the people listening are going to say, well, we're not going to believe these people. They all wanted to vote against the President's health care bill. Mr. Speaker, they don't need to believe us. Go to the Congressional Budget Office's Web site. It's nonpartisan. It doesn't pick sides. It says that the Medicare plan is going to go broke by the end of this decade. And if you don't believe them, go to the Medicare trustee's Web site. Just go to Google and search Medicare trustee's report. They say it goes bankrupt a few years after that.

Mr. Speaker, the gentleman is right. We have to address Medicare, and we have to address it now before the President's health care act destroys health care for seniors. My mother, who is 88 years old, depends on her Medicare. She depends on her prescription drug coverage. She depends on it to have access to the physicians that she needs for her health care. And, Mr. Speaker, I'm afraid that under the President's plan, my mother, and millions of other Americans, our seniors receiving Medicare, are just not going to have the care they're used to and that they deserve. We need to save Medicare.

Mr. Speaker, I think we're going to hear about some of the ideas tonight about how we're going to do that. So I want to thank my colleague from Louisiana for yielding me these few minutes, and thank you for coming to the floor and doing this work tonight so that we show our Members and show the public who's watching how we have to save Medicare for our seniors. Thank you for yielding to me.

Mr. FLEMING. I thank the gentleman from Maryland, my good friend, who is an anesthesiologist, a practicing anesthesiologist for a number of years and very experienced.

Before I recognize my friend from Georgia (Mr. GINGREY), I did want to

point out a couple of things. Remember I said a moment ago the CMS actuary in this case projects the Medicare program could be bankrupt as early as 2016. This is 2012. That's 4 years, Mr. Speaker.

Where is the Democrat plan to save Medicare? Republicans, on the other hand, we've already passed a budget last year. We're working on another one this year that would do that. We just could not get HARRY REID to even salute it, much less have a vote on it.

Also, Medicare costs are projected to grow substantially from approximately 3.6 percent of GDP in 2010 to 5.5 percent by 2035. The physician payment formula in Medicare needs to be fixed or seniors may lose their doctor as it costs \$316 billion. And that's what Dr. HARRIS was referring to, that it's already very difficult for doctors to make it on what they're paid, and they're looking at a cliff of a 30 percent reduction in their pay. If that goes into effect, Mr. Speaker, a lot of seniors out there will not have access to health care.

So I want to show you, before I recognize my good friend, what this means in graphic form. And as you can see, the purple aspect of this is Social Security. The green is Medicaid and other health care. You see it rising very fairly steadily, but plateauing. But look at the red. That's Medicare. That is Medicare.

And in out-years, going all the way out to 2080, it just goes straight up. Of course, that's largely due to an aging population, baby boomers like myself getting older. But everything about this program has way outdistanced any projections of what those costs are. So this really takes it up to a point where Medicare alone, if not dealt with, not reformed and saved, will eventually displace all of our budgetary spending, that alone. And of course that means no defense, no nothing else, no running government whatsoever.

With that, I would like to recognize my good friend, Dr. PHIL GINGREY, a gynecologist-obstetrician from the great State of Georgia.

Mr. GINGREY of Georgia. Mr. Speaker, I thank my colleague from Louisiana for yielding. And as I look out over this packed House Chamber, and I see seven of my colleagues who are in these, that are participating in this Special Order hour on saving Medicare this evening, I'm estimating that there are about 175 years of clinical experience in the aggregate among these doctors.

I am very appreciative, Mr. Speaker, of the Republican leadership and the leadership of our committees that deal with health care, and I'm referring mainly to Ways and Means, Energy and Commerce, and Education and Workforce. And many of the Members here tonight serve on one of those three committees. So our work in the Congress, although not exclusively on health care, I think each and every one of us is a member of the House GOP

Doctors Caucus, came to Washington, gave up our medical careers with mixed emotions, I guess, but feeling that there was a need—there was a need—that we had to try to address. Thankfully, our leadership has committed to the House GOP Doctors Caucus that we will be part of the discussion, and we will be part of the solution to saving Medicare.

I think I can speak for my colleagues, Mr. Speaker, in regard to our universal opposition to this new entitlement program, the Patient Protection and Affordable Care Act, sometimes referred to as ObamaCare. We are opposed not solely because of its threat to Medicare, but to a large part because of that. And my colleague from the Eastern Shore, Dr. HARRIS, spoke of the amount of money that was taken out of the Medicare program, something north of \$500 billion, and from a program that he also emphasized, as did Dr. FLEMING, that by a date certain, it could be as early as 2016, Medicare part A, the hospital trust fund, will be broke. It will be insolvent. There won't be any money there to honor those claims.

Mr. Speaker, the gentleman from Maryland, Dr. HARRIS, referenced his aging mom, and I hope she's in good health. And we love our moms. His mom is 88; my mom is 94, Mr. Speaker. And my mom's life is just as precious to her as anybody's life in this Chamber that may be 60 years younger than Mom Gingrey, Helen Gingrey, at age 94. But she depends on this program. She wouldn't be alive today if it weren't for the benefits that were available to her, whether it's medication under part D or whether it's the ability to be treated for cancer, which she recently was and had a surgical procedure.

So I don't want to take too much of the allotted time tonight because, my colleagues, I want to hear from them; but I just want to say this, that we as the House GOP Doctors Caucus, in conjunction with the physicians in the Senate, sent a letter 2 weeks ago to the AARP, American Association of Retired Persons. I don't know how many people age 50 are retired, but when you include all of these folks that join AARP under the senior status, you're talking about 35 million or more that are in that organization.

□ 1910

So we felt very strongly, Mr. Speaker, that we needed to reach out to this organization—which we did. I think some 26 Members, House and Senate, signed a letter and asked them to meet with us. By the way, Mr. Speaker, we did hear back from the executive director, Barry Rand, just within the last couple of days.

So what we want to do is say to them, no matter where we have been in the past in regard to issues of Medicare part D, the support of or opposition to ObamaCare, clearly, surely we can all agree in a bipartisan way that we have

to save Medicare. That's what this hour is all about, to talk about that. And I look forward to the opportunity, without a lot of public fanfare, until we decide what we can agree on and what we can come forward with in regard to saving Medicare.

We, the physicians, the health care providers in the House and Senate, in conjunction with the American Association of Retired Persons and other retired groups, the one that Jim Martin leads—one of my colleagues will mention that in a few minutes. All of a sudden, I'm having a senior moment on the name of that group, but a great group, a great organization. We're going to work together on this. We're going to go forward to the American people in a bipartisan way and say, you know what, we're going to do it now. We're not going to worry about the results of the next election. That will take care of itself. The American people understand who they want in Congress and who they want at 1600 Pennsylvania Avenue based on what we do to save these legacy programs.

I thank my colleague for yielding me the time.

Mr. FLEMING. I thank the gentleman from Georgia, my colleague and physician.

Let me say parenthetically here that what are some of the things that we in this Chamber, we Republicans from the Doc Caucus—which, by the way, is 23 strong, which includes three nurses, two dentists, and one psychologist.

So what are some of the things that we agree on moving forward that we really need in terms of saving Medicare?

Well, I can tell you one thing that everybody agrees on, and that is that we need robust competition among providers—doctors, hospitals, insurance companies. There is no reason why they shouldn't have to deal with the competition of market forces. And why? Because everything in America that we see improves improves because of the marketplace; that is that when you compete, it makes you work harder; it makes you try harder; it raises the level of effort; and, ultimately, you end up with better quality service products and you end up with lower cost to the consumer.

We also agree that we want choices for Americans. Today, there are a lot of choices even for Medicare recipients that just aren't there, and we want that to occur.

We also want to move away from a top-down bureaucratic system where, again, a 15-member appointed board of bureaucrats—nameless, faceless, unelectable, unaccountable people who are selected and who will not be there to answer your call. We all agree that that is not a good thing. Instead, we want a program, a system in which you can change health care systems, you can change hospitals, doctor, insurance companies, whatever you want to do, and there's lots of transparency in order to do that. That's going to make

the quality of care improve and the cost go down.

I would now like to recognize another gentleman from Georgia. Georgia, like Louisiana, is flush with physician Members in Congress, but we'd like to have a few more, in fact. So I would like to recognize my good friend Dr. BROUN, the gentleman from Georgia.

Mr. BROUN of Georgia. Dr. FLEMING, I appreciate you yielding me some time.

Mr. Speaker, the American people need to understand very clearly that this administration, this President's policy on Medicare, as well as our Democratic colleagues here in the House and the Senate, can be summarized by four Ds: They want to deny that there's a problem; they want to delay fixing it; they want to destroy Medicare as we know it today; and they want to demonize those of us who want to fix it so that it is a good and solid program for the future generations of this country.

That's exactly what we're trying to do here tonight is focus upon the fact that, number one, they do want to deny it. They even deny that there's a problem. They keep saying that they want to save Medicare as we know it today, but Medicare is not sustainable as we know it today because it's going broke. And it's going broke because of failed policies of this administration, and it's getting worse and worse.

Hopefully, we'll see the Supreme Court throw out the Affordable Care Act, the President's reform bill, which is going to be disastrous. It's going to destroy the doctor-patient relationship. It's going to destroy budgets, from individual budgets, businesses' budgets, States' budgets, even the Federal budget. IPAB, as Dr. HARRIS was talking about, is going to be disastrous because we're going to have rationing of care.

Our Democrat colleagues and this President want to deny that there is any problem. They want to delay doing anything about it. In fact, the Ryan budget, our budget that we passed last year, started the dialogue, started the process of looking at trying to fix Medicare for future generations. But our Democrat colleagues don't want to do that. They want to delay fixing it. They just want to posture. They want to try to do anything that they can to not face the fact that we've got to deal with Medicare and the financial problems it has that my good friend from Maryland, Dr. HARRIS, talked about.

Their policy is going to destroy Medicare. They're already destroying Medicare Advantage. We've seen, as Dr. FLEMING talked about, we've already seen the President's Affordable Care Act has destroyed Medicare Advantage and has cut \$500 billion, one-half trillion dollars out of Medicare. And then they want to demonize us who want to do something about it.

I introduced my Patient Option Act, which is a comprehensive health care reform plan. It deals with Medicare. It

helps to save it for future generations. I introduced it in the last Congress. We reintroduced it to put in place a repeal section to repeal ObamaCare and replace that disastrous law that we have in place, the Affordable Care Act, for something that makes sense, that will lower the cost of all health care services and products for everybody in this country.

We are tweaking it, and I'm going to reintroduce my Patient Option Act just in the next week or two. It's just a little over 100 pages. It's a comprehensive bill. It's market-based, and it puts the doctor and patient in charge of making all health care decisions, not some bureaucrat here in Washington, D.C., that the President and our Democrat colleagues want to have in every single doctor-patient relationship. Whether you're on Medicare or not, they want to insert a bureaucrat from Washington, D.C., to make those decisions for you.

The American people need to know, Mr. Speaker, that our colleagues on the Democratic side and this President, if they have their way, they're going to deny there's a problem. They're delaying fixing it. They're going to destroy Medicare as we know it, and they want to demonize us that want to fix it.

We're not going to sit still. We're not going to have it. We're going to continue to fight to make Medicare available, make insurance available for everybody at a lower price. That's exactly what Republicans are doing.

We have a plan—many plans. Actually, there have been numerous bills introduced by many colleagues on our side, physician colleagues. Dr. TOM PRICE from Roswell, Georgia, orthopedic surgeon, one of our Georgia colleagues, introduced his plan. We've got many plans here.

So we're fighting to save Medicare. Our Democrat colleagues and this administration, this President, are going to destroy it.

Mr. FLEMING. I thank the gentleman, my good friend from Georgia, a family physician of note, and also one who has actually reentered the U.S. Marine Corps as a reserve physician as well. I admire him for that.

Before I recognize my friend from Tennessee, also another physician, I want to point out something about Medicare that is very important for everyone to think about.

Medicare was started in 1965 with a lot of promises, and the promises have been fulfilled to those recipients who get the benefits of Medicare. However, this big, beautiful apple, if you will, of Medicare, unbeknownst to a lot of people, has been slowly rotting and decaying from the inside financially in ways that the public can't see, in a way that is very soon going to be evident. And why? The reason is because even though folks pay their premiums into Medicare, they do not nearly cover the cost of Medicare. In fact, they only cover about one-third. The other two-thirds come from the providers themselves, and also from the taxpayers.

□ 1920

And that's all well and good. There's nobody we would rather do more for than those who are from the Greatest Generation, those who lived through the Great Depression, World War II.

But the fact is, we cannot continue the same way. It will totally bankrupt the country. And therefore we have got to heal this patient and, that is, we've got to save Medicare.

I want to recognize my good friend from Tennessee, also an OB-GYN, one who came here in 2009, as I did. We've grown to be great friends. And certainly, the best doctors are from the South, mostly from Louisiana and Tennessee, I think you would agree.

With that, I yield to my good friend, the gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I want to thank all of my colleagues for being here tonight. And one of the things in the Health Caucus we are so blessed with are three new additions of registered nurses, psychologists, dentists. We really cover the whole spectrum of health care in, I think, 21 or 22 members of the Health Caucus now, 15 physicians. And this is the first time probably in years that the House has had this kind of support from the health care community around the Nation.

This weekend I had an opportunity to talk to my wife a little bit about what my purpose was here in this House. I'm a veteran, as you are. I served as a practicing physician, as almost, I think, every one of the Doctors Caucus on the Republican side has been out for years, decades, myself 31 years of private medical practice.

Medicare came along in 1965 when I was a college student. And the reason it came along at that point was because half of our citizens, when they retired, didn't have access to any health care coverage. So there was a problem noted. And at that point in time, that plan started as a \$3 million program, really a skeleton program in the Federal Government.

The government estimators—there was no Congressional Budget Office then—but they estimated that in 25 years this would be a \$12 billion to \$15 billion program. The actual number was \$110 billion. Today it's over \$500 billion, and a very important program because you and I, Dr. FLEMING, have seen incredible advances.

I could sit here the rest of the night and talk about the last 30-plus years of medical advances that have been applied to our patients, and medications, surgical procedures that have improved the quality of life of every American citizen.

One of the strange things that happened when I was a very young doctor, 31 years old in Johnson City, Tennessee, I noticed that 30-something years later my 40-year-old patients were in their seventies, and they were on Medicare. And I have had a chance

to follow them throughout, really, most of their adult lives and see the care that they got.

And one of the things I think that our Health Caucus and our Physicians Caucus is absolutely committed to is saving Medicare. It's a great program, but it is not sustainable.

One of the frustrations I've had here on this House floor is how can you solve a problem you can't even talk about. When you're demagogued and told that you're going to dump Grandma off a cliff, and you're going to do this, that's not solving problems, that's throwing bombs.

I think this group of men and women are here to solve these problems. Otherwise, I don't really have a purpose here in this Congress. And so I'm going to commit myself, as I think our entire Health Caucus is, to saving this vital program for our seniors.

It's been pointed out, pick your number; the estimators have been wrong before. But what if they're right? What if they're even close to being right? We've got to start solving the problem today and not wait.

The President's plan is to simply do nothing. Well, what are we talking about doing? What are we planning on doing?

Before I get to that, I want to mention IPAB a little bit. This is hard to explain in a minute or two on a TV interview we might do. But the Independent Payment Advisory Board takes health care decisions away from where the health care decisions ought to be made; and those health care decisions ought to be made between a physician, the patient, and that patient's family, not between the insurance company and not between, certainly, a bunch of bureaucrats here in Washington, D.C.

Quite frankly, I don't want a Republican President putting them on there, and I don't want a Democratic President putting them on there. I want those decisions made in the examining room and the doctor's office, between the family and the patient and the doctor.

Now, the IPAB, as Dr. HARRIS a moment ago mentioned, are 15 bureaucrats appointed. Look, we have 224 cosponsors to repeal this bill, from BARNEY FRANK to PHIL ROE. There's a lot of room in that camp to fill in, so all the Congressmen can be on this because it is a bad idea.

My colleagues over here on the other side of the aisle, quite frankly, did not have this in the House version of the bill, as you'll recall. That came in the Senate version of the bill. So we need their support, in a bipartisan way, to repeal this.

And why do we want to repeal it? We want to repeal it because it is based not on quality of care and not on access of care. It is based strictly on costs, and to squeeze more money out for the Affordable Care Act, that's why our seniors need to get involved in helping us get the Affordable Care Act,

or the so-called ObamaCare plan, overturned because they are interlocked, and the money will come out of Medicare.

So we have a bureau up here, a board that says you've spent this much money, and if you spend more, then it's going to come out of the providers. That's hospitals, doctors and other health care providers, meaning that you will decrease access because they won't be able to see their doctor. And when you decrease access, you decrease quality of care, and no one in this country wants it.

Has it been done anywhere else in the world? Absolutely. It's done in England right now. And we can go on with the horror stories of rationing of care, because that is ultimately what happens. And who gets rationed? Is it based on a certain age? Is it based on a certain disease?

I don't think any physician in the world, I know morally I can't, and ethically I can't do that. If a patient comes in, we have that conversation with the family, we put out a treatment plan, and we execute that plan.

Now, how do we save it? I know we're going to talk about that in a little bit, but I want to point this out since I am on Medicare.

I got on Medicare last year. The day before I turned 65 years of age I had a health care plan. And in this health care plan was a hospitalization. It had a drug benefit; it also had the ability for me to go see my doctor. So it was a health care plan.

Medicare has part A, part B, part C, part D. The only reason it's chopped up in parts like that is because politicians put it together, not an access, not a way to see your doctor.

What I think should happen to you when you're 65 is you should have a health care plan. It has prescription drug benefits, hospitalization, doctor benefits, and testing benefits like any other.

And so what will we do, and how do we plan on doing this? It's not hard at all. The premium support that we're talking about is, just act like the Federal Government, the day before, when your business, your employer paid that part of the premium, the Federal Government will pay that premium, and the other part will be paid by you, as an individual. And higher-income seniors like us right here are going to get a bigger piece of that. And lower-income seniors are going to have a small piece to pay.

Or if you want to stay on traditional Medicare, you're allowed to stay on traditional Medicare. In doing this, we can save this very vital program for our seniors. And I'm willing to sit down, as anybody in this caucus is, to talk to our seniors about how we're going to help save this.

I want to thank you, Dr. FLEMING, tonight for holding this Special Order, and my colleagues for coming down here.

Mr. FLEMING. I thank the gentleman, Dr. ROE, for his very insightful

comments. And we're beginning to pull the cover back on what some of the solutions are.

I will point out this evening that, you know, it's interesting the way physicians are trained. We're trained to be problem solvers. We're trained to look for solutions. And sometimes it's like mixing oil and water up here in Washington because there are a lot of people who've been up here a long time who don't think in terms of solutions.

So we're committed, all of us, our physician colleagues and nurses, psychologists, dentists, to continue to apply the pressure to move forward in solving problems for the American people.

I'd now like to yield to another physician from Louisiana. He's actually a hepatologist. And I know that some who may be hearing me speak right now may not know what that is. It's basically a specialist, a physician specialist in liver disease, and also a gastroenterologist as well.

With that, I will recognize the gentleman from Louisiana, **BILL CASSIDY**.

**Mr. CASSIDY.** Thank you, **Dr. FLEMING**. I always tell people hepatologist—no, I don't do snakes. I do liver disease. We have to make that correction.

I just want to kind of pick up where **Dr. ROE** left off. A lot of folks say, heck, how did we end up with Medicare going bankrupt when they've paid into it their whole life? Well, if you work backwards, it began, if you will, or maybe the most recent insult, was the fact that the President's health care plan, the Affordable Care Act, took \$500 billion from Medicare. Instead of putting it back into Medicare to support the program, it used it to create their new entitlement.

□ 1930

Now, that's important because as the graph you had earlier showed, at our current rate of going forward, by 2030, I think it is, **Dr. FLEMING**, you have it right there, roughly 2040, 2045, Social Security, Medicaid, and Medicare will take up the entirety of our Federal budget. Whatever tax dollars we receive by 2045 will be entirely consumed by those three entitlement programs.

Do you have that graph where there is the debt on there as well?

**Mr. FLEMING.** This is the only graph I have.

**Mr. CASSIDY.** So by 2030, I think it is, if nothing changes, Social Security, Medicaid, Medicare, and the national debt will consume 100 percent of our tax revenue. Clearly, we have to preserve this important program.

The other thing I'd like to point out to people is, in 1964, when Medicare was conceived, people were having, on average, four kids per family. So the folks that came up with Medicare said, Well, people are having four kids per family now, most likely they'll continue to have four kids per family going forward. Let's make this a pay-as-you-go. There will always be four people paying for the two people ahead of them. It turns out families have shrunk.

Now I'd point out in most crowds, most people have more brothers and sisters than they do children. Families have decreased in size. Instead of on average four kids per family, now there's about 2.5. That demographic shift has made all of the difference. Instead of a pay-as-you-go program where there is always as much money coming in as we needed to pay out, what has happened is families have shrunk, you have a large number of baby boomers, and then their parents, and beneath it, you have kind of a tree, if you will, where it goes straight down. Instead of the pyramid originally thought that would occur, we now have something that looks like that and then goes straight down.

There is no longer this broader base of people paying in.

We're not the first to recognize this. **John Breaux**, the former Democratic Senator from Louisiana, was appointed by President Bill Clinton to say, Listen, the demographics are changing. How do we preserve Medicare? It was actually **John Breaux**, a Democrat, who first came up with the premium support model.

Now, we speak of it sometimes as a Republican plan. No. It was originally a Democratic plan, and it was a bipartisan commission. It came up with this premium support model as a thing that would save Medicare. As it turns out, President Clinton became distracted with the **Monica Lewinsky** affair, if you will, and it kind of got pushed to the wayside.

This same **Breaux** carry model conceived of in the nineties is the basis for what is now the bipartisan **Wyden-Ryan** plan.

Now, although **Dr. ROE** spoke of it earlier, it's worth going back over. If you're 55 and above, nothing changes from the Medicare program you've always known. If you're 55 and above, if you're already on Medicare because you're disabled, nothing changes. If you're 54 and below, like I am, the program changes to premium support.

Now, in the premium support model, it works kind of like Medicare Part D. I find the program that best fits my need. I choose the program that I want. If I'm very wealthy, I pay a little bit more. If I am poor, I pay nothing at all. But if I'm middle class, I pick the program I like. If it's a frugal program, then I pay less out of pocket. If it's a bells and whistles program, I may pay a little bit more out of pocket—much like the Medicare Part D program that seniors now get their drug benefit from. By the way, a Medicare Part D program that has an 80 percent approval among seniors.

**Mr. FLEMING.** If the gentleman will yield.

**Mr. CASSIDY.** I yield to the gentleman.

**Mr. FLEMING.** By Medicare Part D, you're referring to the drug program, which is the last piece that was added where there was a lot of debate about top-down, government commanded

pricing or a market-based system. They ended with a market-based system, and that reduced the cost by 40 percent.

**Mr. CASSIDY.** If I may reclaim my time, because of market forces, not only is Medicare Part D incredibly popular among seniors, but its costs are 40 percent cheaper than originally conceived. That is the power of giving the patient the ability to go from plan to plan. If she doesn't like that plan, next year she chooses another, and the bad plan goes out of business if enough seniors do that. That's the same concept behind Medicare Part D.

We have other colleagues to speak. I'll add one more thing. I'm always struck when our Democratic friends say they want the American people to have the same type of plan that Members of Congress do. The premium support model is the same type of plan you and I have. We pick among an array of programs. We pick the one that works best for us that matches our pocket-book.

If we're poor, we pay nothing at all. If we're rich, we pay a little bit more. But most of us in Congress are in this middle range, we get the plan that most fits our needs. That is the **Wyden-Ryan** plan totally. We actually give the American people the same sort of deal that Members of Congress get.

So that said, thank you for allowing me to join you, **Dr. FLEMING**.

**Mr. FLEMING.** Just to reiterate, we in Congress, despite what a lot of people think, we don't have any kind of special health care plan. We have the same plan as all other Federal workers, and that is simply to go on a Web site or in a booklet and choose from hundreds of excellent health plans that are competing with each other for our business. We pay part of the premium; our employer, the Federal Government, pays the other part, and that is precisely what we want for everyone in America to have.

But in order to do that, you've got to take down the walls from one State to another, the State borders, when it comes to insurance. You've got to make sure that all of these providers of services—doctors, hospitals, insurance companies—are competing with each other, driving up the quality and driving down the cost.

With that, I would like to recognize one of our freshman members who's really come on fast, again another physician, a family physician, **Mr. DESJARLAIS** from the State of Tennessee.

**Mr. DESJARLAIS.** I thank my colleague. I'll be brief tonight.

I just wanted to point out the fact that I'm proud to stand here with my physician, nursing, dental colleagues, all of the members of the Doctors Caucus, because I can say I think for all of us that none of us chose Congress as our career path in life. Our first passion in life was to help people.

We know that we have a problem facing us. Nobody can deny on either side

of the aisle that Medicare is going broke. As Dr. ROE said, we can't afford to wait to solve this problem. It's there. It's not a partisan issue. It's a people issue. It's about my parents and your parents and our grandparents. We just can't afford to let partisan bickering get in the way of solving this problem.

So what I guess I would ask people to do if you're a Member of AARP, if you've not contacted your Congressman or your representative or your senator, pick up the phone and make sure you know where they stand because they can't answer you that Medicare is not going broke in the next 10 years. We've offered up a lot of solutions to try to stave this off. But we want to make sure that we help you save Medicare, and we're going to do all we can from our end, but we can only do so much.

So if you're a Member of AARP, call AARP, tell them to get on board. The GOP Doctors Caucus will help lead the way. I can say that all of us in this caucus, as we treated patients over the years, we never looked at them as Democrats or Republicans. We just looked at them as patients and people. That's what we're here to do tonight. We're here to help save Medicare, but we need your help, so pick up the phone tomorrow, call your Member of Congress, and make sure you know where they stand, and they need to get on board, and they can't deny that this problem is coming.

Mr. FLEMING. I thank the gentleman.

Did you hear that? Did you hear what the gentleman said? The gentleman said that he's never treated a patient that was either a Republican or a Democrat. It doesn't matter to us who we're providing care to.

We've got three wonderful nurses here, and we all appreciate what nurses do. Often times, the nurse is the first health care worker you encounter when you open your eyes after whatever has happened to you. So we appreciate our angels so much.

But again, we providers, we don't care, we don't ask whether you're a Democrat or a Republican. All we care about is that you have a need.

I would now like to recognize Congresswoman ANN MARIE BUERKLE from the great State of New York. We're actually moving above the Mason-Dixon line this evening, and we're talking to folks from New York.

Ms. BUERKLE. I thank my colleague. I feel a little bit out of my element. We've only dealt with Tennessee and Louisiana. So it's good to be here, and I appreciate the opportunity to stand here with my colleagues.

I think it's so important that the Doctors Caucus have this conversation with the American people because we stand here tonight not as politicians but as people who care deeply about the health care profession and about patients getting the kind of care they need.

So I hope that when we speak to the American people, and particularly our seniors, because tonight we're talking about saving Medicare, that they look at us as people who are deeply committed to making sure that they have the health care and the Medicare benefits that they deserve because they've paid into it.

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I guess briefly, because we have so many other colleagues here, I'd like to make just a couple of points to the American people.

Number one, unfortunately, because of the current health care law, Medicare has been changed. When we talk about saving Medicare, it really means restoring it to what the American people know Medicare is, especially our seniors. I am so saddened when I see some of the senior groups like AARP. In fact, I've got a whole box of letters from people who belong to AARP, saying, Don't cut Medicare.

I want to assure the American people and say to them that we are not cutting Medicare. For those who are 55 years and older and, as was mentioned earlier, for those who are on disability and getting SSI, their plans don't change. They remain the same. For those who are 54 and younger, we're talking about a premium support. The reason we're talking about that is, if we don't, there will be no Medicare for anyone.

So we are intent on saving Medicare. We want to make sure that our seniors have what they deserve and what they've paid into all of their lives, which is good Medicare coverage. I'm not only a nurse; I'm also the daughter of a 90-year-old mother. She and I know very well how important Medicare is, so we have no desire to change Medicare as the seniors know it now. We're talking about making a change for those who are 54 years and younger.

The sad part about this is that the health care law has changed Medicare, and now our seniors will have to be dealing with IPAB, and they'll have to be dealing with cuts in their Medicare services. We implore them, as my colleagues have said, to reach out to their senior groups and to say, Wait a minute. The real threat to our Medicare is the health care law, and that's what needs to be changed.

Just before I end, I would say to all the American people that we are committed here in the Congress and on this side of the aisle in making sure that you get the Medicare services you've paid into all of your lives and that you so richly deserve and count on. We in the health care profession stand together, and we want to make that pledge to our seniors, not only to them but to all the American people.

Mr. FLEMING. I thank the gentlelady from New York.

I would now like to yield to another gentlelady, to a person with whom I've become good friends, who is also from New York State. She is a person who

has a vision for America. Not only that, she is someone who has been taking care of the vision of other people as well. She is an ophthalmologist, and she has come to Washington to apply her vision to what she feels—and we agree with her—the future of health care should be like as well as many other things in life.

With that, I yield to the gentlelady from New York, NAN HAYWORTH.

Ms. HAYWORTH. I thank the gentleman so much for holding this Special Order session, which is so important.

One thing, the comments by my distinguished colleagues have been perceptive and enlightening and moving. There is one aspect I might be able to add, although they have said so much.

I would like to invite our seniors and those who love them and who may accompany them in the course of their care, as I have had the privilege of doing for my own parents, both of whom have relied on Medicare for many years, to talk with their doctors about what it means when Medicare changes the way it deals with the doctors' practices and what it will mean for our seniors in their having the ability to be cared for by the doctors they prefer and in the places where they are comfortable and that are familiar and that they like and trust as well as what may happen if Medicare loses the funds that now exist in the trust fund, which are running out very, very rapidly.

I think it's important for patients and doctors throughout the United States to have that conversation and for our doctors to hear their patients' perspectives and for patients to hear from their doctors how tough it may be for a lot of doctors' practices to keep their doors open if Medicare loses the funds that it needs and if that's accelerated through the Affordable Care Act, which does, as we've mentioned many times but is so important to say, take an enormous piece of crucial funding away from Medicare. We can't afford that. A half a trillion dollars is an enormous amount of money. So there are lots of threats looming on the horizon for our doctors' practices.

I had the privilege of practicing ophthalmology in Mount Kisco, New York, for 16 years. I took care of Medicare patients and I cherished them. It was a privilege, as you mentioned, Dr. FLEMING, to care for those patients, so many of whom have done so much for our country and for our communities. Yet I can attest to the fact that it can be very difficult to keep your doors open when Medicare keeps ratcheting down what it will pay for certain services even in the face of the fact that doctors have rent to pay and staff to pay and that they have insurance, including malpractice insurance, which can be very expensive in a State like my own home State of New York.

It can become very, very difficult to balance all of those things, and that's why it's so important to make sure that Medicare has the funds it needs

and that we protect Medicare for the future in the way that we handle its premium structure. Premium support will be a great help to us, but those are the things that we need to hear about from our patients and our doctors. So I would like to urge everybody to talk with your doctors, to find out the stories, to find out what they want to tell you so that the patients and doctors can take that message home to their Members of Congress, to their Senators and to the President.

I thank you, Dr. FLEMING, for all you're doing to support a wonderful cause.

Mr. FLEMING. I thank the gentleman from New York, NAN HAYWORTH, for all of her contributions both here in Washington and certainly back home.

We've saved the best for last here. We have Dr. BENISHEK, the gentleman from Michigan, who actually managed the time for our last Special Order and did a great job. As I understand it, he is a wonderful surgeon.

So I would like to yield to the gentleman in the last few minutes that we have tonight.

Mr. BENISHEK. Thank you, Dr. FLEMING. I appreciate the opportunity to be here tonight to express my feelings about our cause to save Medicare.

I've been taking care of patients in northern Michigan, in a rural setting, for the last 30 years. It certainly means a lot to my patients to have Medicare there to help them get through their medical problems in their elder years. I am kind of surprised that I've been castigated for voting to end Medicare when, really, I voted to try to save Medicare because of the crisis that's coming forward due to the demographics of our country and the pending bankruptcy of the Medicare trust fund. As I see it, there are really four reasons that Medicare is in trouble.

Number one, there is an increasing number of patients on Medicare every year. There are 10,000 patients a day who are added to Medicare. There are approximately 50 million people today who receive Medicare. In 20 years, I think that number will be 80 million people. That's one reason.

The second reason is that there are a little over three persons paying into Medicare for every person receiving that benefit today; but in 20 years, there will be a little over two people paying. Not only are there going to be 30 percent more people, but there are going to be a third fewer people paying in.

The third problem, of course, is just the general rising costs of medicine. This is an issue where, in our plan to save Medicare, which is a premium support plan in which there are options in your insurance, I think it will help keep those costs down.

Of course, the fourth problem is the Affordable Care Act. The Medicare that people are familiar with today, that the seniors of today have, will not be the same Medicare going forward because the Affordable Care Act has

taken \$575 billion away from Medicare. That's over \$100 billion from hospitals; I think it's like \$40 billion from home health care, \$30 billion from hospice care, and over \$100 billion from Medicare Advantage.

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Well, I know in my rural district, we have many small community hospitals that depend on their Medicare payments; and \$100 billion taken from each of those small hospitals—you know, those hospitals operate on a razor-thin profit margin. If we take that money away from the small hospital in my district, they may not be there tomorrow. So how would my senior population come see me? They wouldn't be able to come to their local hospital. They may have to go to Green Bay or Marquette or, you know, drive hundreds of miles to get evaluated in an emergency room, for example.

The way things are now is just not sustainable, especially with the Affordable Care Act's impact on Medicare. And to think that if we do nothing, everything will be okay is just wrong.

We've put forward this plan about premium support where you have a choice. It is similar to Medicare Advantage, where in Michigan there are 20 or 30 different plans you can choose from, the one that suits you the best. I think that's a reasonable option. There may be another plan out there somewhere that's equally as good. I haven't seen that. But I'm certainly willing to listen to a plan of how to fix it.

Doing nothing is unacceptable, and I just think that it's just wrong to castigate those of us who are trying to find an answer that will fit most people and be affordable and, like many of the advantages that people have talked to previously this evening, you know, different people's situations. But to do nothing, though, to put your head in the sand like an ostrich and pretend there's no problem is not an option.

So like the speakers before me, I encourage people to speak to their physicians about what the situation is. I'm going around my district in the next several months and am putting together a little Medicare meet-and-greet at the senior citizens' centers at various locales in my district to try to explain this to patients because they don't really seem to have an idea—I said patients; I guess I mean constituents. I was speaking in doctor terms—but they don't have an idea how serious the problem is. And I think part of our problem is getting that message out to other people that this is not something we can ignore, that this is not something that's just going to go away by not dealing with it. And it's certainly not going to go away by castigating people that are trying to find an answer.

So I encourage those people, as NAN mentioned, to speak to their physician. Feel free to call my office to get further information, but realize that we're trying to fix a problem, not ignore a problem.

With that, I thank the gentleman for yielding.

Mr. FLEMING. I thank the gentleman from Michigan, the physician.

In the closing moments here, what have we learned? We've learned that we have a Medicare system that's highly bureaucratic, highly expensive and, as the graph showed, is going to be insolvent as early as 2016. That's 4 years away. And we desperately need a solution to that. We've got this side of the aisle which has already come up with a solution, a premium support plan that basically offers to Americans the same opportunity we, in Congress, have, an excellent health care plan. And then we have got this side of the aisle, Democrats, who absolutely have come up with no solution. As the gentleman says, they bury their heads in the sand and offer nothing.

I would submit to you, Mr. Speaker, that we can't continue going this way. We have got to move forward. We've got to find solutions by, again, putting health care providers in the arena, having them compete with each other, always doing that. If it's a level playing field—and that's our responsibility in government—the quality of care goes up while the cost goes down.

I want to thank my colleagues here tonight. We have had a great discussion, and I look forward to doing this again very soon.

With that, I yield back the balance of my time.

#### MEDICARE

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

Mr. PALLONE. Mr. Speaker, I wasn't planning on coming to the floor this evening; but when I heard my Republican colleagues' Special Order that was just completed, I couldn't help but come down because I think I have to correct the record on many of the statements that they made this evening about Medicare and their efforts with regard to Medicare.

First of all, I have to point out that when Medicare was first adopted in the House and in the Senate back in the sixties when President Johnson was in office, the Republicans overwhelmingly opposed it. They were opposed to Medicare. They voted against it. It would never have passed if it was for their votes. It only passed as a Democratic initiative. And over the years, Democrats have been the ones to protect Medicare.

Republicans have consistently opposed Medicare, tried to repeal it, tried to privatize it, voucherize it. And basically as a Republican Speaker once said—I was here at the time when Newt Gingrich became the Speaker back in the mid-nineties—he said that we want Medicare to wither on the vine. And that's basically what the Republican leadership has been doing consistently