whose career, whether it was in the State senate in Connecticut in our legislature there or his work here, has been remarkable. At its core, again, are our children and our families.

I recognize Congressman JOHN LARSON of Connecticut.

Mr. LARSON of Connecticut. I thank the gentlelady from Connecticut and the dean of our delegation, the deaness, I should say, for her tireless work and advocacy on the part of not only the citizens of the Third Congressional District of Connecticut but across this great Nation and, I daresay, this globe.

I never cease to be amazed by the eloquence of our Members, so many of them coming forward and speaking their minds and speaking from their heart about the people that we're sworn to serve and represent. This week in Congress we face, again, legislation, rather ironically, where we are deeming, deeming a budget passed, almost as though we would deem that the hungry be fed.

Franklin Roosevelt, in another time, recognized the great sacrifice that a nation had to endure, and President Obama this past January called upon the shared sacrifice that is required amongst a nation, a nation that needs to pull together in a very difficult recessionary time.

□ 2020

And in this time it's a time where you have to make choices. And those choices have to be based on your values and have to be based, as the President said, on sacrifice. Roosevelt called for the warm courage of national security that comes from a shared sacrifice.

Forty-six million people receive assistance, primarily women and children, who get fed and nourished. We're going to have a debate on a budget that strikes at the core of this at a time when we would give tax breaks of $47 billion, while we're taking away from the neediest amongst us?

Roosevelt said the problem with our colleagues on the other side is they can become frozen in the ice of their indifference towards their fellow citizens, everyday Americans serving and struggling in this recessionary period. And what do we get in return? We get RomneyCare, we get tax breaks for BainCapital. We get tax breaks that are coming to the Nation's wealthiest 1 percent at a time where we ask the middle class, who is struggling, to pay for it.

We're out here today talking about a very important program that provides nutrition to the least amongst us, and we're calling for cuts that are not only going to take from them but are going to take from students that are trying to be able to pay off their educational loans. This has got to stop. We're a better country than this.

I commend the gentlelady from Connecticut for bringing this to our attention and focusing on the needs of a great Nation that in a time of budgetary concerns has to choose the appropriate values for the country, that has to make the appropriate choices. We all agree on the need to sacrifice, but it has to be shared and shouldn't be balanced on the backs of the middle class and the poorest amongst us.

I thank the gentlelady from Connecticut for her leadership.

Ms. DELAURO. I thank the gentleman and I thank my colleagues for joining us tonight.

GOP DOCTORS CAUCUS: HEALTH CARE'S BROKEN PROMISES

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. Mr. Speaker, in this hour, I and my colleagues who will be joining me very shortly—other physicians who are from the GOP Doctors Caucus, perhaps nurses, and other health care workers as well—in this next hour we're going to be talking about our favorite subject, and that is health care reform. We're going to be talking about specific aspects, things that have actually come to light to us that I think are important. We're going to have other things that in the coming days we're going to learn about how ObamaCare was passed, what things were done by the other side of the aisle to make that happen, things that maybe some would call sausage-making, others would say it's improper. But we'll certainly spend some time on that as the days come.

I want to continue a theme that we've been discussing, and that is the broken promises of ObamaCare. Remember, to get ObamaCare passed, President Obama made a number of promises.

I'll start with the first one that is relevant to our topic tonight, and that is: Under my plan, no family making less than $250,000 a year will see any form of tax increase. That was candidate Obama, Senator Obama at the time, who talked about all the number of things that were going to be good about ObamaCare; but in fact we see that virtually everything that's come up, with a few possible exceptions, has not been so favorable.

I think that taxes is really a very relevant subject to speak about this evening because here we are and today is the tax deadline for the IRS, and we all have that on our minds. It's interesting, whenever I file my taxes, the first thing I think about doing is projecting into the next year what the issues are going to be for me and my taxes. And so I think it's only proper and the timing is excellent that we talk about that this evening.

Remember, Candidate Obama pledged he would not raise any of your taxes and promised not to tax health benefits. His health care broke those promises at least 10 times. Here's just a lineup of some of the taxes that we're talking about.

Fifty-two billion dollars in fines on employers who do not provide government-approved coverage. Remember that under ObamaCare not only is there a mandate date for individuals to buy health insurance. There's a mandate on the employers, the business owners to buy it as well. And upon both is the burden to buy not health insurance but government-conceived health insurance, that is, health insurance that the government in its wisdom—our Federal Government—decides and deems is proper for us. And so you have to make two fulfillments in that mandate. One is to buy health care insurance and, number two, health care insurance that's approved by the government.

Thirty-two billion dollars in taxes on health insurance plans. The actual health plans are going to be taxed as well. Now, who is going to pay that tax? Do you think the insurance companies are going to pay it? No, it's going to be passed down to you, the subscriber, as taxes on business always make their way down to the consumer.

Five billion dollars in taxes from limits on over-the-counter medication; $15 billion in taxes from limiting the deduction on itemized medical expenses; $13 billion in taxes from new limits on flexible-spending arrangements; $60 billion in taxes on health insurance plans; $27 billion in taxes on pharmaceutical companies; $20 billion in taxes on medical device companies; $3 billion in taxes on tanning services; $3 billion in taxes on self-insured health plans; and $1 billion in new penalties on health savings account distributions. The health care law also includes a high income tax. Because it's not indexed for inflation, it will eventually hit 80 percent of taxpayers.

I draw my colleagues' attention to this slide: ''ObamaCare's Rising Tax Burden.'' You can see that the tax burden in 2012, the year we're in, is $190 for a family of four. That's $15 billion. You see that the burden goes up each year, and that in the out-years, 2022, it makes it above $150 billion. In 2032, the burden goes well above $250 billion. And it finally tops out at $320 billion total, and that's an average of $3,290 for a family of four.

□ 2030

So what am I saying? Remember that when you hear the rhetoric from the other side of the aisle, it talks about how we should be having more sacrifice from the wealthy and more sacrifice from those who make more. Folks, we've been down this road before.

Remember the luxury tax that came out some years ago? What did it do? It killed the companies that made boats and luxury items. It created a lot of job losses. The people who were hurt were the working class people, not the wealthy. They can still buy those things anyplace they want to.

We also came up with this silly idea of an alternative minimum tax to make the wealthy do their fair share.

Well, we have the AMT today, and where has it gotten us? Because that was never indexed for inflation, middle class people are being hit by the alternative minimum tax. So it's no longer a tax on wealthy. It is a tax on the middle class, the people that our colleagues on the other side of the aisle talk so fondly of.

That's an important point, and that is that every time we come up with a tax on the wealthy, it always makes its way to the working class and the middle class.

Now, why is this? Is this by accident or is it by grand design? Well, folks, we all know that inflation occurs every year at an average rate of about 3 percent, but it's been as high as 16 percent in our history. And so any time we have a tax law that affects people in a certain income, we know that automatically, over time, people with lower and lower incomes, because while their absolute dollars in value are going to go up, the truth is, the purchase power of those dollars goes down. So that pushes more and more people of lower and lower income levels into higher and higher tax brackets.

So, again, our colleagues on the other side of the aisle love all of these taxes on the wealthy, but they can never make enough money. We've heard in recent days about the infamous Buffett tax, the Buffett rule that would require superwealthy people to pay some additional tax. And their own side agrees that would only add about $4 billion per year, not even a drop in the bucket, less than 1 percent of the annual deficit.

So why is that important? It's important because if you're going to get more income from taxes—and I would argue that you never really get more income from taxes, but if you think you can, you can only do it when you spread it out among the middle class and the working class. And the way you do that, kind of the silent way, the camel nose under the tent, is to pass it on the wealthy first, and then, through inflation, it's passed down to albeit a lower income level but a much larger group, because you simply can't get enough tax revenue by putting a lot of tax on the wealthy. There just isn't enough wealthy people out there to do it. The way you have to do it is push it down where there's a lot of people, and that's the middle class and the working class.

Another slide here, rhetoric versus reality on premium cost, the average annual cost of family health insurance premiums in the U.S.

Here we are 2012. This is what President Obama in campaigning for ObamaCare said would happen, that you would follow this blue line down, and the costs would go down by 2,500. And what are we hearing from all the actuaries, the CBOs and others? Not only will it go up by $393, but we already have a differential of around $4,000 from where President Obama said we would be today and where we actually are. It hasn't gone down; it's actually gone up.

Let's talk about a couple more taxes, and then I'm going to introduce a colleague here and give him some sharing time as well.

The surtax on investment income, $123 billion, which begins this past January, the creation of a new 3.8 percent surtax on investment income earned in households making at least $250,000 for a couple or $200,000 single. Now this is the homeowner real estate tax that you've heard about. It was, again, passed in the dead of night. Folks, this is a terrible tax, 3.8 percent on investment income.

Now, when you sell your home, it may or may not be classed as investment income, but it can be, it just depends on the situation. But it's not just that. If you own any type of other property, if you own stocks and bonds, mutual funds, whatever, they could be easily subject to this, and it is not indexed to inflation.

Again, let me reemphasize this. Yes, it's a tax on people who make over $200,000 a year, but if you make $50,000 a year, over time, this will affect you, too, because inflation will bring those dollars up in real terms because of inflation, and your buying power will stay at the $50,000 level, but you will show on paper that you're making $200,000, and this tax will affect you.

So the bottom line here is that ObamaCare has many taxes, and certainly they are Trojan horses by any explanation; and, yes, they don't raise a lot of revenue at first, but down the road they raise a lot of revenue, but not on the wealthy folks, on the middle class. That's who's getting hurt by ObamaCare.

A medicine cabinet tax, $5 billion beginning this past January, Americans are no longer able to use their health savings accounts and flexible spending accounts and all those other types of accounts on over-the-counter drugs. So that means if you want to use your health savings account to pay for your cold medicine or medicine you're taking for a headache like Aleve or Motrin or something like that, if you want to pay for it through your health savings account, you're going to have to go get a prescription from your doctor. And the doctor is going to say, Look, I'm overwhelmed with all these people wanting me to do this. We're going to have to charge something for that, so that means more cost. Ultimately, more bureaucracy, more paperwork, more cost, and up until now, prior to ObamaCare, that was not the case. You could write that off or pay for that out of your health savings account.

An HSA withdrawal tax hike, $1.4 billion, that began in January 2011. It increases additional tax on nonmedical early withdrawals from an HSA from 10 to 20 percent, disadvantaging them relative to IRAs and other tax advantage accounts. So, you see, if you have an early withdrawal from your IRA or some other type of retirement plan, you've had a 10 percent penalty, and that was true of HSAs. So that's been doubled. So ObamaCare has limited the use of health savings accounts, but at the same time has made the penalties even steeper for using it.

And I can tell you, in my own case, in my own companies, apart from my own medical practice, we have used health savings accounts to tremendous benefit to our employees because it has lowered their cost and taken a lot of the anxiety and the fear away from their cost in being caught in some sort of illness that would bankrupt them otherwise.

An excise tax on charitable hospitals, that's immediate, $50,000 per hospital if they fail to meet new community health assessment needs. Section 1411 increases the Medicare hospital insurance portion of the payroll tax, so this provision will increase the employees' portion from 1.45 percent to 2.35 percent for families making more than $250,000 a year or individuals making above 200. Combined with the employers' portion, the total rate will increase by 3.8 percent on every dollar of income over $250,000.

And, again, I implore you, I realize, hey, I don't make $250,000, I don't make $200,000, but because of inflation—and trust me, with the monetary easing and the monetary policies that are coming out of this administration in half of the last 3½ years—when inflation gets going again, which it will quite soon, you will be driven up into those income levels, but your buying power will be the same as it is today. So, trust me, you're not getting by with anything. You're going to get hit with this tax just like everybody else.

The reality is—and I'm going to be recognizing my good friend, Dr. GINGREY, here in a moment. The reality is ObamaCare includes tons of new taxes and tax hikes. Heritage has a list of them that shows an increase in revenue of more than $500 billion in 10 years. Two examples that clearly hit consumers are the 10 percent tax on indoor tanning services that will raise $2.7 billion between 2010 and 2019 and, beginning in 2013, the 2.3 percent excise tax on manufacturers and importers of certain medical devices that will raise $20 billion between 2010 and 2019.

And I'm just going to just throw in a couple of more things.

Remember, this discussion began with this being the April 15—April 17 deadline for your taxes and the Internal Revenue Service.

□ 2040

Remember that under ObamaCare as many as 16,000 new IRS agents will be hired. Estimates vary, of course, and that many have not been hired yet. But there's no question about it that the IRS will be beefed up to the tune of billions of dollars in order to make that happen.

So, with that, I've been joined by my colleague, my good friend, Dr. PHIL GINGREY, an obstetrician/gynecologist

from Georgia, someone that I look up to very much, who's been a great mentor to me and a role model; who was here as a physician in days past when there weren't many doctors in the House of Representatives, and has helped facilitate, in fact helped start, the GOP Doctors Caucus, which is speaking here tonight, and helped grow our numbers from just a handful of physicians and health care workers to now over 15 MDs and upwards of around 20 total health care workers that we have in the House of Representatives that I think are making big, big differences in particularly health care policy overall.

I yield to the gentleman, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman very much for yielding, and I thank him for his kind words. I'm happy to share the time with him tonight and plan to remain here on the House floor for the rest of this hour.

I'll make some comments now and yield back to the gentleman from Louisiana, Dr. FLEMING, and maybe he'll yield some additional time to me later in the hour.

But, you know, I couldn't help but notice in the previous hour which was allotted to our Democratic colleagues, their leadership hour, they went first tonight, and they chose to talk about the SNAP program within the Department of Agriculture. And of course, SNAP is an acronym for the Supplemental Nutrition Assistance Program, which was formerly known, I think more people would commonly know it as the food stamp program. And they spent the whole hour talking about the unintended consequences of cutting discretionary Federal spending and reducing government bureaucracy and bloatedness and saying that when you do that, of course, you hurt the poor and the nearly poor, that they desperately need these programs. They made some legitimate points, of course.

We're talking about health care in our hour and, specifically, about the passage of ObamaCare almost 2 years ago, indeed, a little more than 2 years ago now to create a whole new entitlement program for people, the uninsured, not the folks that were covered under safety net programs like the program for children, the SCHIP program it's called, the health care program for the poor, Medicaid, certainly not the program for our seniors and our disabled Americans under Medicare, but for folks that were somewhere in the middle that maybe couldn't afford or weren't offered health insurance by their employer.

But they never talked about the unintended consequences of what would happen. I'm sure our colleagues didn't intentionally pass a 2,600-page bill that would deliberately hurt anybody. I don't think anybody on either side of the aisle in any Congress would do that, any administration would do that.

But we physician Members, the gentleman from Louisiana, myself, and others that have worked in the health care industry, all of our—most of our—professional lives before we got to Congress, understood far better and knew exactly what the unintended consequences would be of this legislation.

Mr. Speaker, that's exactly what the gentleman from Louisiana's been talking about and pointing out in the poster presentation, the slide presentation that he has made. I could probably take the rest of the hour talking about the unintended consequences and list them. My good colleague and our friend on the Senate side, the chairman of the Senate Policy Committee, also a physician, orthopedic surgeon from Wyoming, Dr. BARRASSO, just recently came out with a white paper on health care policies dated March 13, so just about a month ago. And Dr. BARRASSO, in that paper, Mr. Speaker, lists 10 different unintended consequences.

The gentleman from Louisiana's already mentioned a couple, gone over a couple; but I'd like to just take a few minutes before yielding back to him, a go over a few of the promises that he has not yet mentioned. One, and this is a quote from President Obama: ''I will protect Medicare.'' In a 2009 address to Congress, President Obama promised that he would ''protect Medicare.''

Well, the President's health care law, however—Dr. FLEMING may have mentioned this—takes more than $500 billion from the Medicare program and uses that money. Now, he said, and the Democrat majority at the time said, well, you know, we're strengthening Medicare. But over $500 billion, more than a 10 percent cut per year in Medicare over a 10-year period of time, it took to create this new entitlement program.

The Medicare actuary has actually written that the Medicare cuts cannot be simultaneously used to finance other Federal outlays such as the coverage expansion under this PPACA and to extend the Medicare trust fund.

You can't pay for two things with the same amount of money. Indeed, I wish we could. Then maybe folks wouldn't have to be on food stamps, as an example.

The Congressional Budget Office, on that same point, wrote, Medicare provisions in the President's health care plan, quote, and, again, this is the CBO, ''would not enhance the ability of the government to pay for future Medicare benefits.''

President Obama actually admitted in an interview, you can't say that you are saving on Medicare and then spending the money twice. That's what the President said. But that's exactly what the law does. It spends the same money twice, undermining, unfortunately, a great Medicare program that needs to be strengthened and protected. That was one of the promises broken, promises made, but not kept, as Dr. BARRASSO, Senator BARRASSO, pointed out.

Let me add one more. This is No. 5 of the 10 that Dr. BARRASSO mentioned in his white paper of last month from the policy committee on the Senate side. Candidate Obama said there was no need for a mandate. This is back in 2008 in that campaign against Senator Hillary Clinton.

Candidate Obama opposed a mandate to buy insurance, and made it one of the hallmarks of his primary campaign. He claimed that penalizing people for not buying health insurance—listen to this, Mr. Speaker—was like, and I quote, ''solving homelessness by mandating everyone buy a house.'' He said, President Obama, Senator Obama at the time, Candidate Obama, solving homelessness by mandating everyone buy a house.

Well, this is like solving the uninsured problem by mandating that all the rest of us pay for health insurance for a lot of people that could afford to buy health insurance but just simply did not want it.

I don't know how many millions of people make more than $50,000 a year or $75,000 a year that really didn't want, don't want, would rather pay as they go. I don't recommend it. Dr. FLEMING doesn't recommend it, Mr. Speaker. We think they ought to have some minimal coverage and certainly catastrophic coverage; but this is their right, their liberty to choose if they want to not have that coverage.

And President Obama's health care law, as we all know now, created an unprecedented Federal requirement for all citizens to purchase a product merely because they exist, because they're living and breathing. And not just a product. Under this bill when it's fully implemented in 2014, the minimal coverage requirement, as the gentleman from Louisiana pointed out, wouldn't allow them to, let's say, have a minimed policy, as many of the franchisees do across this country in the fast-food industry.

□ 2050

They all had to be granted waivers. So here again, another promise made and not kept.

I have a couple more that I'll get to maybe later on in the hour, but just to point that out. And clearly, the Supreme Court, I think, now understands much of that in the testimony they heard a couple weeks ago. So I'll yield back to my colleague and stick with him during the remaining portion of the time.

Mr. FLEMING. Well, I thank my friend and colleague. I'll certainly be returning back to you for some more information that's very valuable information.

I want to get back to and sort of recap some of the things I talked about, and that is that the taxes are tremendously increased under ObamaCare. Well, let's talk about the financing of ObamaCare. I'm just going to stick with the basics. There are a lot of ways it is theoretically financed, but I'm going to tell you maybe the three major ways that it's supposedly paid for.

Well, number one, you heard my friend, Dr. GINGREY, say that ObamaCare actually takes over $500 billion—that is, over a half-trillion dollars—from existing Medicare and uses that to subsidize the middle class health plans for people below a certain income level. We're going to get to that in just a moment—I'm going to draw your attention to this chart and talk about those subsidies. But not only does it do that, but as my good friend says, it's used to extend the life of Medicare.

So this is basically how it works. The idea of the bill is it takes money out of Medicare and theoretically makes Medicare last longer—because it's running out of money—by taking the same money out of the middle and putting it at the end. I don't understand how that can work, but that's the way it works. That would be sort of like taking money out of your paycheck in the middle of the year and somehow living on nothing for about 3 months, and then going back to what you took out and paying at the end. It makes no sense.

Not only that, but it takes the same $500 billion—and we've really honed down on this in our committees, and Secretary Sebelius had to admit that this was true—it takes the same $500 billion that's used to prolong the life of Medicare to subsidize middle class health plans. I don't know—where I come from in Louisiana, we can't spend the same dollar twice. You can spend it place A and place B. If my kids want to go to the movies or they want to do some entertainment, or maybe they need money for their education, I can give it to them, and they can spend it one time. They don't get to use the same dollar twice. And folks, neither can your Federal Government. So that is really smoke-and-mirrors accounting. We've called them out on it, and they've really basically admitted that's true.

But then another way that ObamaCare is paid for is by over $800 billion in taxes in 10 years, which I've gone over a number of these, and I'm going to get back to them. It really is not paid for. And we know, we're getting estimates now showing that as much as 300 to $500 billion is going to be added over the next 10 years in deficits, total debt in that period of time. So it is not paid for. All of these steep taxes, all of these smoke-and-mirror types of accounting are not going to work.

Furthermore, half of the people who are going to get health care coverage cards that they wouldn't otherwise get are going to be on Medicaid. Today, Medicaid pays on average about 60 percent of what Medicare pays to health care providers, which is already too low. So what is the chance that 15 million Americans are going to come newly on the rolls, and they're going to carry a card around that pays less than what the doctor can afford to accept to even cover the cost of that care, or otherwise go out of business, what's the chance they're going to find doctors? So what we'll have is a drop in the number of physicians, a steep rise in the demand in health care. And so these people will all end up in emergency rooms.

To my colleagues, it's one thing to have coverage in health care. It's another thing altogether to have access to health care. All you have to do is look at other countries that have socialized health care—Great Britain, Canada, and many others, and even go to the extreme steps of Cuba and North Korea—they all have coverage, and it's free. The problem is there's no access to it. There are shortages. There are waiting times, as much as 1 year, 2 years to get a CT scan. People are dying as a result of that, and they show up in their statistics.

The death rates, for instance, from breast cancer and prostate cancer in the United States are much lower than they are in Canada and Great Britain. They have access to the same medications and the same quality physicians. The only difference is their health care systems themselves.

So let's get back again. I want to really focus on this topic for a moment before I yield time to my friend. And again, back to this idea that many of the taxes are going to be placed upon wealthy Americans in order to pay for ObamaCare. And I'll just step back through them again. There is a 40 percent excise tax on so-called ''Cadillac'' health plans, which would be health plans valued in excess of $10,200 for individuals, $27,500 for families. Those thresholds will grow annually by an inflation rate of 1 percent, which is about a third or less of what it really is.

So what that means is that, as ObamaCare unfolds, having an expensive gold-plated Cadillac health care plan, you're going to get taxed 40 percent more for having it. Well, maybe that's justified. But remember that after a few years, that will not be an expensive, gold-plated plan; that will be an average plan, and you will again have to pay the same 40 percent excise—bracket creep is what they called it back some years ago, and I think it applies here today.

Now, again, increases in Medicare hospital insurance. That's a payroll tax on people who make $200,000 a year individually, $250,000 as a couple, again, only applying to people who are in that $200,000-plus range. And then, of course, I told you the 3.8 percent tax on your investments that are sold for those who, again, make $200,000 or more.

Again, we go back to it. Remember the alternative minimum tax. Remember the luxury tax. Remember the tax that was placed on oil, the so-called ''windfall'' taxes. Ultimately, those taxes all fell to the middle class and below. Those are the ones who were burdened with them and why most of them have been repealed. We would repeal the alternative minimum tax if we could find a way to actually pay for it now because we're spending at a level that we can't afford to repeal it, unfortunately.

So here is this chart, which is very important in this whole discussion. Under ObamaCare, there is an income threshold for receiving subsidy. So if your income is just below $100,000 for a family, a married couple—and I believe that is a family of four total—if you make less than $100,000, or about $95,000 here, you'll get some kind of subsidy beginning in 2012, 2013. However, that subsidy, that line continues out all the way indefinitely, well past 2062 and before. Now, if you make $90,000 or less than $90,000 today, with inflation in those out-years—5 years, 10 years, 20 years, 30 years—you will break through this threshold. So you will not get the support, the subsidy in your health plan in those out-years. You'll get it early so that you think you're getting something, but ultimately that's going to basically go away, and you will not get that subsidy.

Now, also, if you make $200,000 or $250,000 a year, you will be the one paying in for those who need this subsidy. But you see this line comes down because people who make $200,000 today, in 2022 they will still get a check that will say $250,000, but it will be more like $180,000 in today's dollars. With each year, it ratchets it down until finally you get to about 2042, or 2050, in that range. So a check today that says $200,000 on it will buy equivalent to something like $90,000 in those years because inflation devalues the actual currency that you hold.

So what you get is a crossover point where you see the subsidy threshold gets higher and higher. You've got to make more and more money to get that subsidy. But even though your income is the same, or going down, you actually drop out, and you get a crossover point. Where here, even though you're making $200,000 or $250,000, you're making too much for the subsidy, but you're not making too much to be taxed. And that is the problem.

□ 2100

Ultimately, over time, ObamaCare begins to take the subsidies out for those who are middle class and lower, and it begins to add taxes on those who are middle class and above. That is very destructive, my friends. That's the way you end up with socialized health care and with the kind of system that is working so poorly in many other countries.

We still have time to discuss some of these issues further, so I would ask my good friend from Georgia, Dr. GINGREY, to elaborate on some of his points tonight.

Mr. GINGREY of Georgia. Mr. Speaker, continuing on the line of reasoning that Dr. FLEMING just outlined in talking about not indexing these benefits for inflation, in fact, another thing that needs to be pointed out is that under current law in creating these exchanges and in trying to help people

who are uninsured because it's not affordable to them, we, the taxpayers, are going to subsidize people who purchase health insurance on these State exchanges even if they make up to 400 percent of the Federal poverty level. For a family of four, that's $85,000 to $90,000 a year. If John Q. Public knew that we were forcing them to subsidize the purchase of health insurance for people making up to $90,000 a year, they would be appalled; but that, in fact, is the case.

In just continuing with what my friend from Louisiana was talking about, the other thing is that the law also expands the Medicaid program. Some States in past years, when times were better, were covering people on the Medicaid program at more than 100 percent of the Federal poverty level—indeed, some up to 185 percent or maybe 225 percent of the Federal poverty level when they could afford it. Yet to actually say in times like these that we are going to force the States to cover people up to 133 percent of the Federal poverty level when they can barely afford to cover at the 100 percent level is an unfunded and, probably, unconstitutional mandate.

Mr. Speaker, as you know and as my colleagues know on both sides of the aisle, this was part of the argument before the Supreme Court, as was that more publicized argument against requiring individuals to engage in commerce under the rules of the Commerce Clause. So that's a huge problem. As Dr. FLEMING points out, it will become even more of a problem because it's not indexed for inflation, and you will have more and more people being subsidized.

I want to get back, though, if the gentleman will allow me a little bit more time, to those failed promises that I discussed a little earlier.

In the Republican health care policy report from orthopaedic surgeon and Senator JOHN BARRASSO, which he put out just last month, let me go straight to No. 10. We mentioned a couple. This is broken promise No. 10. Get this, colleagues, and this is a quote from President Obama, our 44th President: These negotiations will be on C–SPAN.

Candidate Obama promised to televise all health care negotiations on C–SPAN. The process that created the President's health care plan was plagued, unfortunately—and it wasn't on C–SPAN—with backroom deals like the Cornhusker kickback, Gator aid and the Louisiana Purchase, cutting special deals with Senators from certain States. You don't have to be a genius to figure out what those three States are.

The President, indeed, even conceded the process—and he said—legitimately raised concerns, not just among my opponents but also among supporters, that we just don't know what's going on; and it's an ugly process, and it looks like there are a bunch of backroom deals.

Mr. Speaker, there were a bunch of backroom deals, and I think our colleagues are aware. We got a memo today from my committee, which is the Energy and Commerce Committee, and particularly from the Subcommittee on Oversight and Investigations. We have been trying for almost 2 years—the committee staff on Energy and Commerce and on the Subcommittee of Oversight and Investigations—to get information from the White House about all of these backroom deals that were cut, negotiated, during the process of getting buy-in from stakeholders that everybody in the country would recognize.

Now, I'm not pointing fingers or saying that anybody necessarily did anything wrong; but there is our own American Medical Association, the American Hospital Association, America's Health Insurance Plans, AARP, which represents 37 to 40 million seniors, and all of these advocacy stakeholder groups in these back rooms. Promises were made, and there were policy changes in the law in exchange for something special for them. Again, Congressman FLEMING talked about sausage-making and the legislative process, but the President promised that all of that would be out in the open. Indeed, he said it would even be televised on C–SPAN. Here again, that's promise No. 10.

That's all we're asking from the White House, from the Office of Health Care Reform—I think Deputy Chief of Staff Nancy-Ann DeParle was a director of that effort in the White House—and they have done nothing for the last 2 years but stonewall. We are going to continue to ask for documents of what went on behind closed doors so that we the people, the American people, can understand how this possibly could happen, what we now know are the unintended consequences.

Dr. FLEMING has pointed out in his presentation and in his slides with regard to the taxation and with regard to people thinking that if they like their health insurance they can keep it, only to find out that they can't. Whether they're on Medicare Advantage or whether they get their health insurance from an employer or whether they're working and paying $15 to $20 a week for a minimal coverage plan that has catastrophic protection without waivers, all of those plans will be taken away from people even though they like them.

So, again, the problem is unbelievable, and the unintended consequences are unbelievable. Unfortunately, you'd better believe it, because it has happened.

Mr. FLEMING. Would you touch a moment, Dr. GINGREY, on the fact that while we're trying to expand coverage and all of those things that there will actually be people who will be pushed off their coverage of the health care they have today, such as by their employers. Would you expound on that.

Mr. GINGREY of Georgia. I thank the gentleman for pointing that out, because the law very specifically says, if you employ 50 or more people, then you are going to be required by the Federal Government to provide for them a health insurance policy. Again, this is not just any health insurance coverage, but the one that the Federal Government, the uncle, demands that you provide.

By the way, we will be voting on a bill, Mr. Speaker, on Thursday on this House floor—we, the Republican majority. It is a bill introduced by House Majority Leader ERIC CANTOR, the gentleman from Virginia, to cut by 20 percent the taxes on those small businesses; and 30 percent of them are probably, in fact, owned and operated by women. To give them the opportunity to hire people and to stimulate the economy, that, in a way, is another subject, but in another way, it's actually the same subject, is it not?

Mr. FLEMING. Yes.

You say that the threshold is 50 employees and that they lose certain subsidies or certainly face more penalties or costs after 50. What is the chance that a small business that has 49 employees will dare hire another employee?

□ 2110

Mr. GINGREY of Georgia. That is exactly the point. They won't. If they've got 49 employees and they really need 53, they'll probably hire eight more—or whatever the math is—as half-time people with no benefits because they can't afford to cover their health insurance. It is a job destroyer. It's not a job creator.

Then the other situation, of course, is for those that employ significantly more than 50. Maybe they've got 1,000 employees. Mr. Speaker, these companies are going to look at the mandated cost of coverage under ObamaCare, and they are going to say, You know what? Our bottom line will be a lot better if we just pay the darn fine.

I think the fine is about $2,000 per year per employee that doesn't have health insurance coverage provided by them. And if they do provide the coverage under ObamaCare, as Dr. FLEMING points out, Mr. Speaker, today that would be $12,000 a year probably for a family policy, but 10 years from now, it could be $18,000 a year. The only groups that are held harmless from that in the taxation of these so-called Cadillac plans are guess who? The unions, organized labor.

These are all good points that people need to understand, the unintended consequences of the Federal Government trying to meddle in the marketplace and treat health care—one-sixth of the economy—just like it's any other business. You can't do that. The American people know it and they hate it.

Mr. FLEMING. I thank the gentleman. Again, great points.

Estimates are as high as 20 million Americans who are on insurance today through their employers, happy and satisfied with the coverage they have,

that will be pushed off. Why? Because the employer, the business will find it at least financially reasonable and perhaps beneficial to just pay the fine, push the employees out into the marketplace, make them go into the exchanges and force them to have to deal with the realities of ObamaCare.

I know that people hearing me say this would say, Well, that's coldhearted. If you really love your employees—and I have a small business and we employ considerably more than 50 employees, and I love my employees and I want them to have the best possible coverage. But look, if I have a competitor out there who can lower his cost by pushing his employees out and paying a penalty and then I go and do the right thing and pay that, then he's going to be able to sell his product at a lower price than me. That puts me out of business. Now not only do my employees not have health insurance, they don't have a job.

Back to this 50 threshold. Any time you have a law in the United States that penalizes an employer for hiring above a certain level, that is a terrible law by itself. It is disincentivizing an employer who is going to say, Well, I'm not going to grow my business. If I can't grow it by leaps and bounds and take tremendous risk and in the process bring in so much money to cover that incremental cost of health care, I'm not even going to try it. In fact, I may just close my business down altogether.

In the remaining moments we have—and I'll be happy to give Dr. GINGREY even further time to add some additional comments—I just wanted to go back again to this broken promise that was mentioned before both by Dr. GINGREY and myself, ''I will protect Medicare,'' President Barack Obama, September 2009. He promised he would protect Medicare.

Where are we today? The Republicans, through the Ryan plan, a very good plan, a very good budget, have a solution that will make Medicare sustainable for an indefinite period of time. The Democrats in the House say, No, we're not in for that. We're not in for anything. We have no ideas.

I'll remind folks in this body that the actuaries, the CBO, and all of the authorities tell us that Medicare runs out of money, becomes insolvent, becomes bankrupt in 4 to 8 years. So it's time that somebody comes up with a plan. We have a plan. We had one this year. We had one last year. We modified it a little bit to make it one that, I think, Democrats could accept, and they still have not signed on to it; although, we have one Democrat in the Senate who has, so it is bipartisan. But the President made the promise and the Republicans in the House are trying to keep it, and Democrats will not go along with that.

Again, to recap: ObamaCare cuts as much as $575 billion from the Medicare program; $200 billion from Medicare Advantage, which is a private form of Medicare that many Americans enjoy and love. It forces over 7 million seniors out of their current Medicare plan. Fifteen percent of hospitals, nursing homes, and home health will close because of Medicare paying less under ObamaCare.

Again, you can't cut out over $500 billion without cutting out reimbursements for something, and that's where it's going to be. It's going to be hospitals, nursing homes, home health agencies, and many other types of services that Medicare provides.

The CBO estimates that Medicare prescription drug coverage premiums will increase by 9 percent as a result of ObamaCare. Mr. Speaker, this is not a tax. It's not an expense just on the wealthy. It hits the middle class and the poor as well.

Finally, the CMS actuary projects the Medicare program could be bankrupt, as I mentioned before, as early as 2016. Medicare costs are projected to grow substantially from approximately 3.6 percent of the size of our economy, the GDP, in 2010, to 5.5 percent by 2035. That's the Medicare trustees.

The physician payment formula in Medicare needs to be fixed or seniors may lose their doctors. It costs $316 billion. We're hearing all over America about physicians who are beginning to back away from seeing Medicare patients. Not because they don't want to, not because they are not willing to sacrifice, but because if they do, they go out of business and they can't make it. Already access is an issue because of money problems. Twelve percent of physicians stopped seeing Medicare patients due to the broken physician formula that we have and that cannot be resolved and our friends on the other side refuse to address.

In our closing moments, I would be happy to yield to the gentleman, if he has any comments.

Mr. GINGREY of Georgia. Mr. Speaker, I thank my colleague.

I did want to make one other point. Actually, our colleague on the other side of the Capitol in the Senate, Senator TOM COBURN, OB/GYN and family practitioner, a great physician from Oklahoma—I hate that he's retiring at the end of this term. He has been a fantastic contributor to this debate. He has pointed out recently, Mr. Speaker, if people think that once the Medicare, the hospital insurance trust fund becomes insolvent, whether it's 2016 or 2020 or 2024, at the very latest, that doctors cannot be paid on their Medicare claims, their hospital part of Medicare, even if the Federal Government wanted to honor those claims because the trust fund is insolvent and pay those claims out of the general treasury as Dr. COBURN correctly points out, they cannot do it. And yet we are whistling past the graveyard, fiddling away while Rome is burning. That's what we're getting out of this administration.

Mr. FLEMING. That's very important, because what I'm understanding you saying is that if the trust fund becomes insolvent and there are checks going out to physicians across America, we can't just connect a line over to the general budget and say we're going to cover the bills. No, they don't get paid. Checks will bounce. This is a problem that must be solved.

So to recap in the final moments that we have—and I want to thank my good friend, Dr. GINGREY, for joining me this evening. We really have a strong group of physicians and nurses and other health care workers in the GOP Doctors Caucus. We hope to be joined by some more next year as a matter of fact. We feel like the physicians are a strong force in the U.S. Congress, not just because they know and understand the health care economy, which is very unique, but also because physicians are unique in a way that we want to make a diagnosis and we want to treat and we want to cure. We're not about kicking the can down the road. We want to cure the disease or solve the problem and move to the next one, and so the more physicians we have here, I think we will.

□ 2120

But again, I want to just reiterate for my colleagues that just because you have a card that says you are entitled to care in the United States does not mean you have access to it. I want to reiterate that. Just because you have a card, just because you have coverage does not mean that the doors will open for you, and this is where our colleagues, I think, are misguided on the other side.

ObamaCare is all about giving coverage, all about giving cards to people, but it does not protect their access to care. Because, in fact, under their system, which is basically based on a socialized model, the only way that the government will be able to afford it, and taxpayers in general, will be to create long lines, create shortages, and say ''no,'' to be traffic cops to people.

And you know what? The parts of our health care system today that are government-run, already before ObamaCare, we are already seeing spot shortages; chemotherapeutic agents, injectable drugs, that are otherwise not expensive, but because of the quirks of this socialized, government-run, highly bureaucratic system, we're finding that the manufacturers can't make them because they don't get enough reimbursement to cover their cost.

So what happens is they slow down, or stop making them altogether, and we have diseases and cancers out there today where physicians are scrounging around looking for the correct chemotherapeutic agent which would cure their disease, and it's very inexpensive and has been around for many years, and we have to even look to other countries to supply that.

With that, I look forward to our next GOP Doctors Caucus. I always enjoy this. I hope that those in this Chamber

who listen to this find it at least somewhat informative.

Mr. Speaker, I yield back the balance of my time.

TAXES, ENERGY, AND OTHER ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, these are interesting times we live in, and I've appreciated my friends, my doctor friends. We have got two physicians who would certainly like to help heal America, but we have people in powerful positions in the Senate, as well as the White House, that don't appear to be interested in their prescriptions. I sure am, and I appreciate their observations. Also, they alluded to some of the energy issues before us in the country right now, and that's certainly worth noting.

First, I want to address something that we are hearing that the President, over and over and over, he is spending millions and millions of tax dollars running around the country telling people that the cure to what ails us and the cure to all unfairness is the Buffett rule. We are told that since Buffett may pay a lower percentage than his secretary, Warren Buffett and the President are saying we need to tax the wealthy more.

We found out the President pays, apparently, a lower tax rate than his secretary, 20 percent compared to a higher percentage that his secretary pays, and it leaves some of us baffled. If somebody really feels that it's fairness or a moral issue for Warren Buffett and the President to pay more taxes than their secretaries, then at least have the morality to do it. Don't come to Congress and say we demand you pass laws to force us to do the morally right thing because we're not going to do the morally right thing unless Congress passes a law making me, Warren Buffett, me, President Obama, do the right thing. We can't control ourselves and make ourselves do the morally proper thing, the fair thing, unless Congress passes a law.

Really? Is that what we have come to—that the leader of the free world just down Pennsylvania Avenue has to have Congress pass a law to get him to do what he says is the moral and fair thing to do? Come on. Are we in that bad a shape now?

I have had one of the smarter economists in the country, Art Laffer, Ronald Reagan's economic adviser—what a great guy. Served us good spaghetti and meatballs at his home in Nashville. I personally got to try them out. Wonderful family, delightful family, a brilliant economist.

I have had him explain to me how anybody who says we're going after the rich, we're going to go after the rich, and we're going to make them pay their fair share, is probably not being honest. They're just probably not being honest, because if they think through their proposal, if they will look at current history, if they will look at immediate past history and long past history, what they find is this. If you're a union worker, if you're a mechanic, if you're working on an oil well somewhere, if you're working as a waitress, you're working in a restaurant, you're working in a pharmacy, you're working in any of millions of businesses across America, and you're not rich, you're part of the working middle class, you cannot move if you get taxed a higher amount because you are reliant on that job.

Taxes, no matter what kind of tax you put in place, it's most likely only going to affect those who are in the middle class, no matter what else you do, because only the wealthy are not tied to a restaurant, to a car company, to an auto manufacturer, to an auto repair place, they are not tied to those. They can own them, and they can live in the next State or the next country, but they don't have to actually live at the place of business they're making money from.

When you go after the wealthiest in America and want to make them do the morally fair thing because, without Congress passing a law, these wealthiest among us can't make themselves do the moral and fair thing, according to their own words—Gee, we can't do it unless Congress makes us—what you do is tell the wealthy, we're going to slap a big old tax on you, and the wealthy can say, no thank you. I look stupid, perhaps, but I'm not that stupid. That's how I have either gained or been able to hold on to my wealth. So I'm moving. I'm voting on where I want to live with my feet, and they pick up and they go to where there are less taxes.

We've seen it in the wealthiest moving from country to another country, or island, or buying an island. We have seen that repeatedly. If the government says, gee, well, we'll outsmart the wealthiest among us. They've moved to another country, so we'll figure out a new way to go after the wealthiest. And every time it fails to work.

So after a while you get the idea, wait, let's look historically, every time a city, state, or nation goes after the wealthiest people in the world to make them pay higher taxes, unless the whole world collaborated at the same time to make it happen, they will simply move.

□ 2130

The middle class cannot do that. The middle class does not have that luxury. If you're very wealthy and gas goes to $4 or $5 a gallon, it's an inconvenience and you can't be tied up with trivial details like gas going up $1 a gallon or $2 a gallon or, like it has under this President, go from $1.80-or-so up to $4. And now we're heading toward $5. And in some places I have seen $5—certainly, over $5 for some time this year in some of the premium gasoline lines.

The wealthiest, they're not really bothered. It's an inconvenience. They can choose to live in an estate out in the country. They can choose to live in a town home worth millions in the middle of town, or they can choose to live on an island. They can choose to live anywhere. Because of the Internet, the telephone, Internet meetings, the wealthiest among us can do their business from anywhere.

So it becomes very clear that the only reason somebody really intelligent that understands what is going on and is willing to look at historical precedent, anybody that's really going to be fair, will realize the only reason they would say we're going after the wealthiest among us is for political gain, because they're going to drive them out of the country otherwise, or drive them out of the State or city where the taxes are going to be raised dramatically.

The thing to do that's fair for those of us who want those making more money to pay more and those who are making less money to pay less, those of us that feel that way, many of us have begun to say, To do that, let's have a flat tax. Some, like Steve Forbes, have been saying it for a long time.

The Heritage Foundation has got a new flat tax proposal that looks to have wonderful merit. There are a number of flat tax proposals. Steve Forbes was at a 17 percent flat tax, it doesn't matter how much you make. In my conversations with Art Laffer, he said you can have a flat tax and actually even be lower than 17 percent—I'm looking forward to getting the full details—and have two deductions, one for home mortgage interest and one for charitable contributions. I'm not talking about when you give underwear to some charity and say, Congratulations, you've now got my undergarments. I'm talking about real charitable contributions.

Make those things deductible, but otherwise eliminate all the loopholes, whether it's 12, 17, and the economy would explode. There would be more jobs available. And at this time when there are so many that are just on the edge of desperation, when they don't know what they're going to do, they can't keep paying $4 a gallon for gas, for those who have been looking so long, the millions that are out of work because they just got tired of looking so they're not counted in the unemployment numbers.

So we realize, gee, the unemployment is probably much, much, much worse than the administration is telling folks. For those folks, I would like to provide a little hope. It won't be under this administration; but if we have a different President and we get a different majority in the Senate, it truly ought to be spring time in America, figuratively, as it is literally right now.