

The second thing is, in taxing the sick, the proposal that's being kicked around the Senate now is increased taxes on all of these medical devices: heart monitors, heart valve rotators, pacemakers, artificial hearts—I hope you don't have a heart attack, because it will cost you more—defibrillators, hearing aids, hospital beds, nebulizers, artificial hips. There are a number of things. There are wheelchairs and ventilators. All will be taxed, including the insurance plans because it comes down to this:

With the insurance taxes, you get taxed if you do have it and taxed if you don't. If the employers offer insurance, they may tax employers if they do offer it and tax them if they won't.

Finally, there are issues with States. If States have an opt-out provision where they do not have to have as a provision in their State where they will have this health insurance plan run by the Federal Government, they may still pay the taxes, and that becomes taxation without hospitalization.

Look, there's a lot we can do to fix this system. There's a lot we can do to reform Medicare. There are so many problems with the Medicare system, not just the fraud and abuse. I believe Congress will work on that, but it's just how things are run there, and we need a more effective and efficient system to make changes in how we operate with Medicare.

Why does it take months to get a power wheelchair for someone? Why do you need such expensive procedures to get a crutch? Why do we have so many things that cost so much money? It's because they're done ineffectively and inefficiently.

Let's change that. Let's make Medicare and Medicaid work better for people. If we're going to do anything so that the Federal Government can run it better, shouldn't we start off by making the government run it better? Let's cut the waste. Let's improve the quality. Let people cross State lines, as so many of my colleagues have said. In a survey in my district, 70 percent of people said that they wanted that.

Let people join groups and have the purchasing power of the group. Let's make insurance permanent because millions of Americans are begging Congress to work together with both sides of the aisle to fix the problems. That's what we should be doing. Millions of Americans can't all be wrong. Let's not dismiss Americans as being frivolous with all of that.

With that, Dr. GINGREY, I yield back to you for the remainder of our time here. Let's continue to work together as a Congress and as a Nation to fix this problem, not just to finance the problems.

Mr. GINGREY of Georgia. Dr. MURPHY, thank you so much.

I failed to mention to my colleagues, Mr. Speaker, that Dr. MURPHY is also an author, and has written a number of books on child psychology, and he knows of what he speaks.

I think the theme tonight, Mr. Speaker, is to try to present Members who are knowledgeable on the subject matter. If we were talking about the law, if we were talking about national defense, there would be the people like JOE SESTAK and Colonel JOHN KLINE on our side of the aisle. You'd listen to those folks. I hope that our colleagues will understand that we're trying to do this in a bipartisan way to help impart knowledge. Knowledge is power, and we hope and pray every day that God will give us all wisdom and that we'll make the right decisions and that we'll reform our health care in a way that doesn't destroy what really is the best health care system in the world.

With that, Mr. Speaker, I thank you for the time. I yield back.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Wisconsin (Mr. KAGEN) is recognized for 60 minutes as the designee of the majority leader.

Mr. KAGEN. Thank you very much, Mr. Speaker. I feel very flattered that you have provided me with sufficient time to explain some of the problems and solutions that we're looking at in helping to solve our crisis in health care across America.

By way of background, my name is STEVE KAGEN. For the first time in my life, I ran for public office in 2006, and I was elected and reelected in 2008. I grew up in Appleton, Wisconsin; went to public schools; went to the University of Wisconsin; studied molecular biology; went to medical school. I went back home to Appleton with my wife, Gayle, to raise a family in 1981, practicing allergy, asthma and immunology.

Over the years, what has been happening to my patients is they've been having more and more difficulty paying for their prescription drugs. What has been happening to my friends I went to high school with is they've had more and more difficulty running their businesses and having access to affordable health care.

The health care costs in this country have simply gone through the roof. It's becoming more and more impossible for people to pay for, not only their medically necessary and life-saving prescription drugs, but also their health care coverage that they so dearly need. It's not just difficult for families. It's difficult for small businesses. It's difficult for large businesses.

Recently, I received an e-mail from a large employer in Green Bay, Wisconsin—home of the world champion a long time ago, the Green Bay Packers. This very large employer-CEO said: KAGEN, keep the public option on the table. I just got my quote from Blue Cross, and they're jacking it up by 29 percent in 2010.

People have to understand that, if we don't address this crisis and begin to

solve it immediately in 2010, they'll either have a job with no health care coverage or no job at all, and good luck with the coverage you can get.

Now I'd like to share with you some of the personal stories and comments from people in Northeast Wisconsin, and I trust that they're very much the same as they might be all across this great land.

Ned writes from Dunbar, Wisconsin: The part D doughnut hole needs to be eliminated.

Well, Ned, you're right, and we're working very hard on the Democratic side, and I'm sure the Republicans will go along with the idea of closing the doughnut hole in Medicare part D. Medicare part D, after all, was a prescription drug plan which was written by and for the insurance industry, which was nothing more than a windfall profit of billions and billions of dollars for Big Pharma. It wasn't intended to help my patients. It wasn't intended to help the senior citizens who live in Northeast Wisconsin. It was written by and for Big Pharma, and they're the ones that had the windfall profit. Ned needs help now because he needs to be able to go to the pharmacy and pay for his prescription drugs without having to go to the bank before doing so.

Jack from Kaukauna writes: I need help. Prescription drugs are most important to very many seniors on limited incomes.

In these economic times, those people who are most at risk are people who are living on fixed incomes, not only because they may not receive a cost-of-living adjustment but also because they have fixed incomes. They're not getting the interest payments they were before on their investments.

So it is for Ned, for Jack and for everybody who is living on fixed incomes that we must write a bill here in the House that will guarantee access to affordable prescription drugs, and we have to do it soon.

Eleanor from Green Bay, Wisconsin writes: Drug prices rise since part D. One of my husband's drugs in December 2005 was \$144; in January of 2007, \$189. A \$45 rise in 14 months is too much.

They need help now with prescription drugs, and we intend to provide it in the legislation that we're writing.

Deb from Florence, Wisconsin writes: I have no health insurance. We cannot afford it.

Well, we've got to make sure that the prices are driven down. Ordinary people, both seniors and hardworking families, students alike—everybody understands there is a crisis in affordable health care.

Here is a note from Carl from Greenleaf, Wisconsin: I have a pacemaker, and feel better than I had a year ago. I don't know why I had to pay \$1,725 every 3 months for insurance with a \$3,500 deductible.

You know, one of the games that's being played by the health insurance

corporations, which are pretty much Wall Street-run, is to increase the premium and also to increase the deductible. What ends up happening is the patients are paying for their own health care with their deductibles, and then they're paying for the health insurance corporations' profits as well.

Sheila from Weyauwega, Wisconsin: Family businesses need affordable insurance for health care.

I think she's right.

It goes on. Pat from Green Bay: Health care issues are critical. We need to develop a plan to help the elderly and the uninsurable.

You know, one of the ideas on the Senate side is to create a high-risk pool, in other words, to allow for some discrimination where the insurance companies would be cherry-picking you out if you were an expensive date, if you had health care issues and cost a lot to care for.

In my view, I think that's an act of discrimination, and one of the greatest ideas in the Democrat bill, which is moving through the House, is the idea that we're going to bring an end to discrimination in health care. No longer will a health insurance corporation be allowed to cherry-pick you or your children or your family out of the risk pool. No longer will they be allowed to say "no" to you because of a pre-existing condition or because of the way you were born.

□ 1845

And to families like the Wendel family here next to me, they need access to that affordable health care now. And like many, many families across the country who have preexisting conditions—heck, these days who doesn't?—we have to bring an end to discrimination. President Obama agrees, the Senate agrees, and so does the House. But to create a toxic risk pool, so to speak, of these patients with preexisting conditions I feel is a wrong direction, and I hope that the Senate turns this around. We cannot allow for any discrimination against any citizen due to preexisting conditions.

Well, one of the problems in practicing medicine today is that Medicare may not cover all of the overhead costs of caring for patients even when you provide high-quality care. And I'm going to use my great State of Wisconsin as an example. A State where we have covered nearly 97 percent to 98 percent of every citizen within the State by one form of coverage or another.

According to studies in quality care, Wisconsin ranks number 2 in the Nation, the 1st being the State of Minnesota, our neighbor. But when it comes to where we rank with the rates paid to health plans to provide coverage, the Medicare Advantage monthly payment rates in Wisconsin are number 44 in the country. In other words, we are paying on average \$765. States like Florida, Louisiana, New York, and Texas are some of the high-

est in the country, where in Florida the Medicare Advantage programs are taking \$1,013 as an average monthly payment.

The Medicare Advantage plans that we have available in northeast Wisconsin are wonderful. They're affordable. They're great. They should be measured in terms of the quality of their service, and if they don't measure up, they should be eliminated. We have to seek out and root out and eliminate all wasteful practices in spending in health care, beginning with our hospitals and also within the Medicare system.

I heard my colleagues on the other side of the aisle make the case that there was some cutting coming up in Medicare. Well, I'd say what we're trying to do is make your tax dollars go further. We want to be able to invest our tax dollars and get the highest quality care available anywhere at the lowest possible price.

This is something that northeast Wisconsin knows a great deal about. We have a health care facility called ThedaCare, and the ThedaCare Center for Healthcare Value has been able to drive down the cost of caring for patients at a hospital by 25 percent. By lowering the cost, at the same time they have also improved the quality. Higher quality care at a lower price. This is something that should be replicated across the country, and if it were, we would be able to save in every year \$40 billion of savings. Now, this is not a cut to Medicare; this is about making your tax dollars stretch and go further. Higher quality care at a lower price. This is exactly what you would want.

Now, what happens when you talk about the total Medicare patient spending at hospitals and clinics? When you look at that, New York, per patient, is spending about \$9,564; Wisconsin, \$6,978. Wow, about a 30 percent increase.

I was very proud to work with other Members in the Midwest from the State of Nebraska over to Ohio to bring about an agreement with the leadership of the House that we have to address a Medicare payment discrepancy, a disparity, an unfairness. Something you may not know, but if you retire from the State of Wisconsin, Minnesota, or anywhere in the upper Midwest, including the State of Washington in the Northwest, your Social Security check will follow you wherever you go and it will be the same amount in the State of Washington or the State of Wisconsin when you retire, let's say, for example, to Arizona, New Mexico, Texas, or even into Florida. But the same cannot be said about Medicare. Your Medicare tax dollars that you've been paying in for your entire working life may not follow you when you move out of the upper Midwest or the Northwest.

So we have reached an agreement with the Speaker of the House to begin to address this payment disparity with

Medicare, and at the same time we took up the conversation about how are we going to pay for medical services with your hard-earned tax dollars. Well, with Medicare and Medicaid, what we are seeking to do is to make certain that we reward physicians and hospitals for higher quality care and the value of that care that they're offering and delivering, and we intend to measure it. We intend to change the payment mechanism away from the volume of tests and care that you're receiving and more towards rewarding value. Not volume but, yes, to the value. And I think physicians and hospitals across the country will welcome this idea of moving up.

Well, there's another topic that is very important. When I, as cochairman of the Congressional Business Owners Caucus, had a listening session with employers and the representatives here who came to Washington who represent them, groups such as the Small Business Majority and the Franchise Owners of America and others, they had some very simple requests. They asked us for immediate results where we would lower the cost of care. Lower costs have to be gotten immediately or as soon as possible. Why? Because the businesses can't survive with their current overhead. The single greatest component of their overhead is the cost for health care, and they want very much to see Congress help them to drive it down. And one way to do that is to provide transparency in health care pricing.

Imagine this: You go to the grocery store. You put the food you're looking to buy for yourself and your family in the cart. You go to the checkout counter. They put it in the bag, and you take it home. You've never seen the price and they never billed you at the cash register. You simply take what you feel you need, go home, eat it, feed it to your family, and then later, a month or so later, they send you the bill. That would be unimaginable in this country. But that's what's happening in this health care, because you really don't know the price when you go to the hospital, to the doctor. You don't know the price, and the price really is whatever they can get.

And I will get one picture here to take a look at. I will hold it in front of the Wendel family. This is a little picture I took at a grocery store. It's got Bayer Aspirin, generic aspirin, and then there's a flavored aspirin as well. And for 20 percent less, you can buy the generic aspirin. The price is openly disclosed, and if I take this off the counter and so do you, when we get to the cash register, we get to pay the same openly disclosed price.

I think it's time, and I think you might agree, that we need to have open and transparent pricing throughout the health care industry. That way you will know the price of a pill before you swallow it. And I'm sure you would agree with that. We don't have that yet, but we're working hard to get it.

Now, immediate results in 2010, it's a difficult challenge. And joining me here on the floor is Mr. MURPHY.

Thank you, Mr. MURPHY. I yield to you in this fine hour to help reassure people across America that we have been studying this problem for a number of decades and we are beginning to take action on their behalf.

Mr. MURPHY of Connecticut. I thank the gentleman for convening us here on the House floor.

I think that transition is important. There are a lot of people back in our districts and people on the Republican side of the aisle who say, You're moving too fast. Slow it down. Why does this have to happen this year? Why don't we wait until next year or why don't we wait until the year after that or maybe 5 years from now or maybe do a little piece now and see how that works and 10 years from now come back and check it out and make a little different adjustment?

Your point is exactly right. We've been debating this for 50 years. We have been on a journey to try to make good on our promise as the most affluent and most powerful Nation in the world to the millions of Americans who, through no fault of their own, wake up every day and go to bed every night sick just because they can't afford a doctor, not because they aren't trying to do the right thing and get insurance and health coverage for themselves and their families. We have been talking about this for a very long time. We have been doing a lot of talking. I think you can go back to probably every campaign that's been waged for the last 50, 60 years since this concept was first introduced by Harry Truman. And we are now to a point where we can actually do something about it.

Now, this specific proposal that we are debating right now has been debated here in Congress and throughout this country for coming on 12 months now. As many of us hope, we'll get a bill to the President's desk by the end of the year. We will have started this process in January or February of this year with legislative hearings, debated it out in public, debated it in five different committees in the United States House of Representatives and Senate, in countless, thousands of town hall meetings throughout this country, and we're going to end up with what I think is going to be a pretty sound product. And it's because we took time. It's because we didn't rush it through in the first 100 days of the Obama administration, because this House decided to step back from an original self-imposed deadline of passing it by the August break, because we have stepped back and taken the time to get this right. But our constituents can't wait any longer.

I'm always afraid of legislating by anecdote, Mr. KAGEN. I mean, we should be legislating here based on facts and data and statistics. But when it comes to whether or not we should pass reform, both the data and the

anecdotes are on our side. So we're happy to talk about the real facts that underlie the necessity for change. The fact that this chart plainly illustrates. The fact that health care costs are bankrupting this Nation, comprising 5.2 percent of our economy in 1960 to 2009 when health care costs comprised almost 18 percent of our economy. It's predicted to go up over the next 8 years to 20 percent; \$1 in every \$5 in this country soon to be spent on health care costs, a cost internalized by every business and manufacturer that's trying to compete and sell products throughout the globe. The facts are on our side when we talk about our need to control health care costs so that it doesn't cripple this economy.

When it comes to families in this country who have seen, just over the last 10 years, a 119 percent increase in the premiums that they pay for health care, and the worker contribution that workers specifically make has gone up 117 percent during that same time, a 10-year 119 percent increase in health care costs. The facts are on our side, but so are the anecdotes.

This morning, I came down to the House floor, as maybe Mr. KAGEN did, because we saw a lineup of dozens of our Republican colleagues to give 1-minute speeches on the House floor. We have the ability on mornings like this to give unlimited amounts of 1-minute speeches on the House floor. And our Republican friends were here to deliver a message: Stop health care reform. Don't let it happen. Don't pass it. We want to preserve, essentially, the status quo.

I know some of our friends get up and talk about cross-State purchasing and tort reform, which are laudable goals, but they don't solve the problem. They are working largely around the margins of the root causes of the crisis within our health care system. The message was pretty loud and clear: Stop this health care bill from happening. And the hope, I think, for some people on the Republican side is that by doing that, they can provide a world of hurt to the Democratic President of the United States.

So I came down and interrupted that long train of Republican Members saying to stop health care reform by telling a story that I'll share with you, Mr. KAGEN, again tonight.

At one of the roundtable discussions that I held back in my district, a gentleman who lives in New Britain, Connecticut, came and told a very simple story. He had gotten a job at the Carnival Ice Cream factory in my district, one of the, frankly, success stories of New Britain, Connecticut, a new company which has located several hundred jobs in an old abandoned factory footprint. And he got sick, unfortunately. He was a good worker but he got sick. He got really sick. He got cancer, gallbladder cancer, and that gallbladder cancer caused him to miss enough days of work that he got laid off. He got fired.

He's now collecting insurance, unemployment benefits, and he is devoting almost every dime of those checks to pay for health care costs. He has lost his job because of his cancer. He is now having trouble paying for food because of his cancer. He can't wait any longer. And for all of this talk that I hear from conservative talk show hosts and Republican Members of Congress about preserving freedom and defending liberty, what kind of freedom does that guy have? What kind of liberty does he have every day when he wakes up having contracted a potentially life-threatening disease that has taken away from him the ability to make a living and now sucks every dime of out of his pocket to pay for that treatment? What kind of freedom is that?

□ 1900

If we really want to talk about preserving freedom and liberty in this country, then let's talk about the ability to wake up every day and know that you are going to be able to get care for yourself and your family when you get sick. That's freedom.

And so I reject the notion that this has gone too fast and that we haven't taken our time. And I reject the notion that people out there, like the family you talked about and the gentleman I talked about in my district, can wait any longer for this Congress to wake up and realize that this current system does not work for all of the businesses that are being run into bankruptcy due to the incredible expansion of health care costs, due to the families and small businesses that have had 120 percent escalation in their costs, and the millions of Americans who have gotten sick and lost their jobs because they can't afford health care, Mr. KAGEN.

Mr. KAGEN. Thank you for your comments. Everybody who has a human heart has feelings about people who are in need.

I went into health care, into medicine, became a physician because I wanted to help people out. But what good is it to be a doctor if you write a prescription that people can't afford to pay for? What good is it to be a doctor if people can't afford to come in and get the tests that they require?

We have the right ideas. We have heard a lot from many people who reject change. No, no, no. No, you can't do this, you can't do that. They are trying to create a great deal of fear. It is easy to scare and frighten people when you hand them the wrong information and threaten their livelihood and lives. That is what this is. If people don't have access to the care they need, their lives and their livelihood are at risk.

In northeast Wisconsin, the greatest cause of bankruptcy is health care costs, people who can't make their payments. We have the right idea of fixing things as quickly as we can. We intend to close the doughnut hole beginning in the first year by closing it by 50 percent. That is a step in a positive direction. We intend to do things for people

rather than the Wall Street-run corporations who today are controlling our health care industry.

I can tell you as a doctor, in the room with me was the patient and their family, and that invisible person in the room was also the health insurance corporation who would be telling my patients where to get their tests, what tests they could have, and how much they are going to be paying for it. I think it is time to move the insurance industry out of our examination rooms. And the focus of the Democrats here in the House is to make certain that that happens, to guarantee that you have control of your health care decisions. It is between the patient and the doctor and the patient's family.

In the health care legislation that we are putting together, the winners, first of all, will be Medicare patients, because with our legislation, with the efforts we are about to make, there will be no deductibles and no out-of-pocket expenses for prevention services.

The other winners, the biggest winners in this legislation in my view as a business owner, is small businesses, because small businesses can't afford to continue to pay 30 percent more per year. They will have it as a big win because we are going to pool small businesses together in large risk pools, large buying groups, to leverage down the prices for them. Just like the big businesses get discounts, today the numbers are almost unbelievable. If you are in small business, you are paying anywhere from 18 percent more than a large business, or 60 percent more, even though you live and work and recreate in the same location.

Another big winner is people who have coverage now. You will be able to keep it and hopefully at a lower cost. We want these insurance companies to compete against one another. Today they are exempt from the antitrust laws. That allows them to talk about where they are going to sell and compete and where they are not, or to conspire about prices. We want to eliminate that. Whether or not that gets into the bill is yet to be determined.

If you don't have coverage now, coverage will be available to you through some credits. We are going to help those, a helping hand up. It is not a handout; it is a helping hand up.

In my State of Wisconsin, with the fix to the geographical disparities, where a doctor or hospital might get paid \$40 for a service and the same service would be compensated by Medicare in Florida about \$200, we are going to address that. So Wisconsin hospitals and Wisconsin physicians, you are going to get an increase in compensation for your services through Medicare very shortly.

Overall the big winner will be our economy because when we drive down the cost of health care and improve the quality, you will have an opportunity as a small business owner to hire more people, to invest not in the Wall Street-run health insurance corpora-

tion, but to invest in your business and acquire the equipment you need to expand and hire more people so we can begin to work our way through this recession.

Mr. MURPHY of Connecticut. In Connecticut, we have an organization of thousands of small businesses who have joined together to make the push that you are talking about, Mr. KAGEN. They have figured out that the status quo doesn't work for them. It is actually run by one gentleman in particular who runs a small company who doesn't provide benefits for his employees because he surveyed the landscape of insurance options he could purchase, and he realized that there was no way he could afford it. For the margins he was making on his maintenance business and for the small number of employees that he had, that offered him no bargaining leverage with the insurance companies. He couldn't buy insurance for his employees and he desperately wanted to.

This is a guy who has some tragic personal and family stories with respect to health care concerns, so he knows more than anybody how important it is to have health care insurance and how health care costs can bankrupt you. When he found out that he couldn't afford it and keep the business up and running, he wanted the employees to have a wage to bring home, rather than fire half of them in order to give the remaining half health care, so he started an organization of small businessmen who have bound together in Connecticut. I don't know the latest numbers, but it is in the thousands, and they are pushing for health care reform, both at the State and Federal level.

And just to underscore what you have said again, it is a simple concept that when you have five employees and you are negotiating with the insurance company, and an insurance company in many States that has almost no competitors, they can take or leave you. If you don't want to pay their price, there is no reason to give you a lower price because you are only five employees. Even worse, if you are an individual negotiating only on behalf of yourself, you have absolutely no leverage. If you can't pay that insurer's price, they will be happy to move on to the next person who can pay their price.

In the 50 percent of the States in this country that have one insurer that controls more than half the market, the balance is even further thrown off. So what we are doing is simple economics. We are saying, instead of Joe and Mary and Sally, and Joe's garage and Mary's factory all negotiating on their own, let's put Joe and Mary and Sally all together into one pool. And let's put all of the rest who are negotiating on their own or negotiating as small businesses together, and then let's make the insurance companies bid to be able to provide insurance to those Joes and Marys and Sallys, and we will let the 10 insurers who give us the best

price in, and the others out. All of a sudden they have leverage for the first time ever, and they do it within a marketplace. It is a marketplace that is structured.

Mr. KAGEN. Do you mean capitalism?

Mr. MURPHY of Connecticut. It is capitalism. It is not unbrokered, unfettered capitalism but it is capitalism nonetheless where private health care companies offer the lowest price that they can, and they get business if they offer that lowest price. That doesn't happen today in this marketplace.

We are simply changing the rules of the marketplace to give a little better deal to those small businesses and individuals who right now are getting screwed in the marketplace.

Now, frankly, I think this isn't a Democratic idea, it is not a liberal idea or a conservative idea or a Republican idea. But for some reason when the Republicans ran this place for 12 years, they didn't come up with it. For some reason, even though they profess to be for the end of the preexisting condition exclusion, they had 12 years and they didn't come up with that idea. Although they profess to be for changing the way that we pay for medicine, as you talked about tonight, so we stop reimbursing just volume for volume sake and start reimbursing for quality health care systems, they had 12 years to implement that, and they didn't do it.

So again, I draw issue with a lot of my Republican friends who say we have gone too fast. And I draw issue with my Republican friends who say don't do anything, and I draw issue with some of my Republican friends who have found recent religion on this subject, because they have had a long time to implement some of these reforms, and it has unfortunately taken a change in the leadership of this House and the Senate to get it done.

Mr. KAGEN. I think what you are trying to say, it is hard to negotiate when you have a gun held at your head. How do you negotiate as a single purchaser against a large corporation? You can't negotiate; it is a take it or leave it.

We did something in Wisconsin where we created a prescription-drug program for senior citizens in low-income situations. I think it is the best prescription-drug plan in America. We have got about 103,000 senior citizens in a buying group, and that buying group leveraged down their prescription drugs tremendously. It is life saving. It saves taxes because when you are healthy you don't end up in the emergency room where it is expensive on the government who cares for these elderly seniors and low income.

So senior care saves lives and tax dollars, and it is exactly the same kind of concept that we did with the SCHIP, the State health insurance plan for low-income children. But let's not mix the metaphors, senior care and SCHIP are not government-run health care. It

is private doctors, private hospitals, private drug companies who provide the care and get paid through a government system. It is very fair. It is a level playing field.

So senior care is a wonderful model, a prescription-drug program that really works for senior citizens who are in lower-income situations.

Now I think a buying group is a good idea. Who do you think would stand against having large risk pools and lowering the cost of insurance coverage? My guess is going to be the Wall Street insurance corporations, for one. I think they would be against that, don't you?

Mr. MURPHY of Connecticut. And I would add to that list, Mr. KAGEN, some of the other industries that have profited off of the scattering of purchasing power. Pharmaceutical companies have also made a killing off our current policy, really founded initially in the Medicare part D benefit, that refused to centralize purchasing power, thus guaranteeing some pretty generous profits.

Mr. KAGEN. A buying group drives down the price in a competitive, openly disclosed price situation. When you have a very competitive medical marketplace where the power and the leverage and the purchasing power of people buying together, that is when you drive down the price.

But I want to burn this point into the American people: We are not talking about government-run health care. The government, hey, if you get sick, don't call your congressman, call your doctor. Today, you are calling your insurance agent to make sure that you can go to the doctor or hospital of your choice. We want people to have choices when you call your doctor. Ask your doctor for help, don't call your congressman or your governor.

Earlier today, I met with World War II veterans. They took the honor flight where they flew from Wisconsin this morning to see the World War II memorial that they hadn't visited before. There were over 80 of them. The youngest is about 85, and the oldest is about 92. What a great honor and pleasure it was for me to greet them and listen to some of their stories and to thank them for their service.

□ 1915

One senior came up to me, a World War II veteran, and he's much like a lot of people in the country, and here's his quote: "I don't want the government involved in deciding my health care choices, period." I said, Sir, I want to thank you, and I will share that quote on the House floor tonight with my colleagues so all of America will hear your voice. That's my job; I'm listening and transmitting their message. And then I asked him, How is the VA treating you? "Good. That's different." Well, it's different in some senses because he has earned his benefit and he is receiving the benefit at the Veterans Administration clinic and hospital, and

it's a benefit well deserved. We're fighting very hard to move those benefits up and to guarantee that it gets out to every veteran. But you see, it isn't that much different. It is government run, and he's happy with the service.

Now I will be the first to admit, as a doctor practicing in the VA hospitals in the 1970s, beginning in 1973, it was terrible, it was disgusting, it was to the point of becoming inhumane. Our shelves were not bare, but close to it. We didn't have the newer drugs to help our veterans who came back from Vietnam, in particular, and many World War II veterans. It got to the point where at one time I had to kidnap a patient and take him several blocks away in Chicago to a real hospital to get him the surgery that he needed because our operating room wasn't open after hours.

Things have changed. This Congress, the 110th and the 111th Congress have stepped up for our veterans, increasing by 77 percent—the biggest increase in the history of the VA—its funding. We're not at the top yet, but we're getting there, and we intend to invest in our veterans' care. The government isn't going to be your doctor. We're not talking about government-run health care.

Two other things that some World War II veterans were concerned about: KAGEN, now in that bill, are you putting in money for illegal abortions? Are you putting in money for people who are here outside the law, here illegally, who immigrated here but did it illegally? And the answer is no and the answer is no.

You're going to hear, unfortunately, a great deal of misinformation, but it is our intention to work with Members of all parties to guarantee that your tax dollars are going to you, who earned it like our veterans, and to make sure those benefits go towards legal causes.

I yield.

Mr. MURPHY of Connecticut. I thank you, Mr. KAGEN, because there is obviously a tremendous amount of misinformation.

I think the reason why there is momentum right now in this country in favor of health care reform is that as we have taken the time over the summer and the fall to confront this misinformation, we have made people understand that there is a difference between rhetoric and reality when it comes to health care. A tremendous amount of people who are driving the rhetoric have no interest in connecting that to reality because their agenda is not to really influence the contours of the health care reform bill, their agenda—and I'm talking about some Republicans, but I'm more talking about the folks who are in the entertainment news media—their agenda is to sell air time and to sell commercials and to say outrageous things that get them some attention in the world, and you can do that best by distorting.

So it is our job to come down here to the House floor, to go out and stand at town hall meetings, on town greens, in supermarkets—wherever it may be—to talk about the reality here.

I caught, as I entered the Chamber, Mr. KAGEN, you talking about Medicare. This is such an important piece of this debate. I actually caught some of our Republican colleagues down here earlier with a list of Medicare cuts that are in the bill. Listen, everybody seems to agree on both sides of the aisle that something is wrong with Medicare, right, that we have more money going out than coming in? Medicare is going to go bankrupt someday at the current pace—it's certainly not going to be around for me, and it may not even be around for some people who are becoming current beneficiaries today. So everybody agrees that we've got to do something about it.

Well, here's the problem: There are only two things you can do to fix Medicare, you have to start slowing the amount of money that goes out that we pay, or you have to start increasing the amount of money that comes in. Now, the second one isn't very attractive because that's increased payroll taxes, that's more money coming out of people's paychecks—and I'm not sure that a lot of Republicans are for that. So if you're not for more money coming into Medicare, the only way that you save it is by stopping the money from going out. And what this bill does is it slows the rate of Medicare growth, of overall Medicare spending, without cutting or harming benefits for seniors, and in fact improving them.

Now people might say, How do you do that? That doesn't sound right. That sounds like political double-speak. How do you cut Medicare costs but maintain Medicare benefits? Well, the problem as you've talked about already this evening is that we have all sorts of medical systems and hospitals and some physicians out there that are billing for all sorts of extra procedures and extra treatments that aren't adding any value. We have a lot of hospitals out there who do a procedure on somebody, send them home before they're ready to go home, and they show up again and again and again and again in the hospital, and we pay them every time that they come back.

And then we have a system of reimbursement to drug companies and insurance companies that are paying them 120 percent of the cost of actually providing the service, as we do for our Medicare Advantage plans. So how we have done this is by starting to tailor health care payments—not benefits—health care payments to hospitals and providers and drug companies and insurance companies to promote value, not volume—and you've said this already today, Mr. KAGEN—and then we take most of those savings and apply it to the overall health care bill to try to get people coverage that don't have it, but we take some of those savings and

make benefits better, as you said, closing the doughnut hole, eliminating all copayments for preventative services, increasing for the first time in the last 6 years the amount of money that doctors get on a routine basis to provide care for patients.

So we need to dispel this mythology out there that the Medicare growth restraints in this bill are benefit cuts. They're not. They are payment cuts and payment reductions that are going to save Medicare in the long run. And if Republicans want to come down to this floor and argue against any restraint of growth in Medicare, then if they want Medicare to survive in the long run, Mr. KAGEN, they then have to be prepared to argue for more taxes to pay for it.

Mr. KAGEN. But isn't that elimination of wasteful spending?

Mr. MURPHY of Connecticut. It is. You're talking about waste, fraud and abuse. Now fraud, we've got to do a better job of rooting out fraud in Medicare, but no matter how tight you get on fraud, it's never going to get you all the way out of bankruptcy. So you've got to get to the other pieces here, which are waste and abuse. If you ask me, medical procedures performed on me or on my family that don't add any value to my health but do add reimbursements to the doctor and hospital that I go to, that's waste, and we shouldn't be paying for it.

Mr. KAGEN. There are three other ways we could help to save money to reduce the cost of health care. The first idea is not a new one, we did it in Wisconsin with Senior-Care; we negotiated for deeper, steeper cuts and discounts from prescription drug makers. We need to be able to negotiate with pharmaceutical companies for deeper discounts for all of Medicare, for all the VA, for all the Coast Guard, and for all of us.

The men and women I saw today at the World War II monuments, they fought for this country, not only for themselves and their family, they fought for the entire country. So why can't we allow a veteran, who has a deep discount for a prescription drug, why can't we give that same discount to his wife and his family? What about his neighbors? What about his whole town? What about the whole country?

If we have a steep discount that we're benefiting from as we invest our tax dollars in the health care of our veterans, that discount should be spread out to all Americans who are here legally. So let's begin to negotiate for deeper discounts for prescription drugs for all of us.

The second thing we must do is to encourage hospitals to cut their overhead costs, to deliver care more efficiently, to make sure that our tax dollars are stretched to the very limit, not by cutting quality, but by cutting their cost of care. It has been done in a number of institutions, one of them in my district I mentioned earlier, which is the ThedaCare health care system. We

have to take that model and replicate it across the country. In over 10 years, we will save \$400 billion. That's called the elimination of wasteful spending. It's becoming more efficient. We have to do that not just in the corporate world and the business world, but in our hospitals. After all, we just proved in the sands of Iraq that we can deliver world-class health care in a tent in a desert. Then maybe we can do the same by getting skinny, getting leaner in our hospital system.

So negotiating for steeper discounts from drug companies, driving down the cost of care in hospitals. And the third, the biggest savings yet to come, is prevention, which is why we want people to get to a primary care doctor and make sure we diagnose things early because you're a cheaper date; your illnesses are better managed through prevention. And that the government can't do for you. That's something that you have to do with your family in the personal choices you make, in consultation with your own family and personal physicians.

Mr. MURPHY of Connecticut. I think that last point is important, but also important to understand the limitations. Prevention is critical, and there are all sorts of personal choices that we can make and be incentivized to make through the way that our benefit is structured to try to be healthier. But again, I come back to some of the arguments against it. I hear over and over again opponents of health care reform sort of putting the burden on individuals, like it's their fault. There are a lot of people who have gotten sick because of choices they made—bad eating habits, smoking, unhealthy lifestyles. There are millions of people out there who could have made better choices and avoided getting sick, but there are millions more who got sick through no fault of their own. We have to understand—and I agree, I'm not disagreeing with my friend, but as important as personal responsibility is in health care, it seems to sometimes be the only answer that we hear from the opponents of health care reform, that why should the government get involved in remaking the insurance markets? Why should we get involved in remaking our Medicare bargain? Why don't we just tell people to stop getting sick? Well, you know what, there are some people out there that can make better choices, but there are a lot of other people out there—like the gentleman that I spoke about who contracted gallbladder cancer that have no power over that, and we've got to have a system that answers for those people.

I just want to turn it over to our colleague here, because it happened to be as we were starting to talk about the transformation of our health care payment system that one of the champions of that transformation came down to the floor. So I will kick it back to you, and then you can kick it over to Mr. BRALEY.

Mr. KAGEN. I was a little concerned that you were going to blame all the

lawyers; I'm glad you didn't do that. But when we bring this subject up about reducing costs, many people on the other side have been screaming that if we just got tort reform, we could really drive down the cost.

I wonder, Mr. BRALEY from Iowa, if you could address this issue and other issues that we haven't yet discussed?

Mr. BRALEY of Iowa. Well, I think one of the things that people always overlook is the cost of patient safety on our health care delivery system. The Institutes of Medicine, which is the foremost authority in terms of independent, nonpartisan medical research has looked at this in three studies they did in the last decade there: patient safety treatise on to err is human; their patient safety study; and also their study of medication errors. Their conclusions were interesting because they concluded that the cost of preventable medical errors on our health care system every year is between \$17 and \$28 billion of preventable medical errors. That's the added cost in additional health care that's imposed on people who are injured due to preventable medical errors.

So if you multiply those numbers over the 10-year life of this bill that's being scored by CBO, you're looking at an opportunity cost loss by not focusing on patient safety of somewhere between \$170 and \$280 billion. That's why patient safety should be the primary focus of any health care reform, and that's what the Institute of Medicine concluded.

That is why when we were coming up with a solution to the enormous problem of over-utilization in certain parts of the country—it's a well-known problem—it costs, according to medical economists, somewhere between \$500 and \$700 billion a year, which would be \$5 to \$7 trillion over the 10-year period that's being scored by CBO. You could pay for everything in this health care bill five to seven times with those types of savings.

Mr. KAGEN. But if I can interrupt for a minute, this internal conversation about the CBO, Congressional Budget Office—for those of you listening, the CBO, the Congressional Budget Office, only counts money that goes into and out of the United States Treasury. They don't measure those savings, do they?

Mr. BRALEY of Iowa. Well, they don't because they don't have the opportunity to look at what portion of those would be directly related to Medicare, Medicaid patient and the cost shifting that takes place when we ask other people to carry the burden of fixing those problems.

But I want to focus more on what's in the photograph next to you, because we stand on this floor every day and talk about policy.

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To a lot of people policy is vague. It's hard to understand. It's complex. But you, Dr. KAGEN, have put a human face

on health care. I want to spend just a few minutes talking about the human drama of health care that nobody seems to really be talking about.

When I was out at my 17 town hall meetings in my district this summer and people were complaining about this health care bill and who was going to benefit from it, I would always bring them back to the human side of health care. I would talk about my nephew's 18-month-old son, Tucker Wright, who lives in Malcom, Iowa.

Tucker was 18 months old when he was diagnosed with liver cancer. He had two-thirds of his liver removed. He faces a very uncertain medical future. The medical costs, as you know better than anyone, Dr. KAGEN, were astronomical from that surgery and from the followup and from the constant monitoring that has to be done on a young patient with such a serious medical condition. He is almost certain to get another form of cancer before he reaches the age of 18.

His parents are the classic example of what we want responsible adults to do. They are both employed in full-time employment. They had health insurance coverage. But with a lifetime cap on benefits in most private health insurance policies available now, his parents are locked into jobs that they cannot leave. If they do, under our current health care delivery model, they will be denied future payments for his health care needs, which are enormous, because of something called pre-existing condition exclusions.

It's more than that, because I have attended fund-raisers for this adorable little boy, because even with good health insurance, they have tens of thousands of dollars of uninsured and underinsured health care needs. You have seen that human drama play out, and I would like you to talk about the toll that that takes on the families that you cared for in Wisconsin.

Mr. KAGEN. Well, I will tell you about Brandon Rudie, who is a 2-year-old who, through no fault of his own, accidentally fell below the lawnmower of the father cutting the lawn. They busted through the cap. They stand to lose not just their jobs but their home. We had a bake sale to try to come up with money for Brandon, who lost much of his face and some facial structure. He is going to have to go through a lot of surgery that this family cannot afford.

The days of having bake sales to pay for a child's health care needs must come to an end.

I yield to Mr. KLEIN from Florida. Thank you for joining us.

Mr. KLEIN of Florida. Well, it's my pleasure to join my colleague from Iowa, Mr. BRALEY, and Mr. MURPHY from Connecticut and Dr. KAGEN. We have been doing this now for a couple of years together and it's an honor to represent our respective communities.

I am from Florida, a wonderful place to live, great place for retirees to come. As you know, a lot of people retire to Florida or retire to other places,

and they know that they have got Medicare.

Medicare was something that was set up many, many decades ago, and I think just about every American wants Medicare because they know they have got security. They have got the security to know that they are not going to fall into a situation where, as an older person, that they are going to have a medical expense that will be out of control. They may have a nest egg they have put aside after all those hard years of work.

When Medicare was originally set up, it was set up as a way to cover hospitalization and significant medical costs; it was doctors and providers and things like that. What happened that's a good thing over the years is we have got some tremendous scientists and medical researchers who have come up with some really good prescription medications that keep people healthy and keep people alive longer, and that's a good thing. We have to thank the great companies and great people in the United States that make our pharmaceutical industry the envy of the world.

However, the problem, the down side of all of this goodness, is the cost. Unfortunately, the cost has just gotten out of control, out of control for private businesses who have to pay for it as part of the medical plans, out of control for Medicare and for anybody who has to provide, to buy their medicine.

As a matter of fact, there was an argument a couple of years ago about you shouldn't be able to buy your medicines from Canada. What absurdity. Many times it's the same medicines that are produced in the United States, sold to Canada, and you can buy it for a lot less. We all understood that. We tried to fix that. The previous administration didn't allow us, but that's obviously being fixed now.

One of the things that was passed is the part D part of the Medicare prescription drug plan, and it's called the prescription drug plan because people who are Medicare patients can now get a prescription drug plan that can cover a lot of their costs, and that is really a lifesaver.

I take some of these pharmaceutical products. I have got a little hereditary problem with cholesterol. I take Lipitor, which many people do. I will mention it by name because it is what it is. My father, who is 80 years old, he is really a wonderful man and still plays tennis three times a week, but he takes Lipitor. He has blood pressure—these are the things that keep him alive today. If he didn't have them he probably would maybe have had some serious illness.

But the problem when the Medicare prescription drug plan was constructed is they created something in the middle called the doughnut hole. For those people who pay a few thousand dollars of medical expenses or it's counted up to a certain point, at a certain point

they have to pay 100 cents on the dollar. If you have chronic medical problems—and there are a lot of our senior citizens that do—all of a sudden they go to the pharmacy and they have to pay \$160 for this and \$640 for that, and all of a sudden thousands of dollars out of their pocket.

You know, the story you just told about the young people who have had their serious illnesses, what about those senior citizens in our hometowns that are making decisions about medicine or food or a mortgage payment or medicine? That's not where this country should be.

Good news, good news. In the bill that's being proposed right now, we are going to phase out this doughnut hole, reduce it in size and allow people from day one to buy medicines at a lower cost and eliminate it eventually. It's very expensive to do, but it has to be done over time.

Originally, the way they talked about this was it was going to start in 2015 or 2020. Great news. Last week, it's part of the whole discussion, the bill is still a work in process, but many of the things that many of us have been fighting for—I have been fighting for this, I know, as my colleagues have from day one of getting elected—was helping close the doughnut hole. The good news is we fought and we just now got an agreement in the House that on January 1 of next year we will start that process of closing the doughnut hole and reducing those out-of-pocket prescription costs for our seniors.

It makes you feel good because this is something that I have heard from so many people and, you know, I know my own dad and his costs, and he and his wife hit that doughnut hole. This is real. If we can do whatever we can to keep people out of hospitals and having a peace of mind and quality of life, that's exactly what all of this is about.

Mr. BRALEY of Iowa. I think one of the things we have been talking about is how you put a human face on complex health care policy. When we were out in our districts, we got a lot of feedback about the public health insurance option and people saying don't do anything to disrupt our private health insurance system.

I had a recent meeting with a young woman, 20 years old, Hannah Rodriguez is her name. She is a student at the University of Northern Iowa in my district. She sat down to interview me, and one of the first things I noticed about her is she had a cleft palate, 20 years old in the United States of America. She was so excited because she said she was soon going to have her final surgery to fix her cleft palate.

I said to her, Well, what's taken so long for you to get this surgery? She says, Well, my mom and dad don't make much money and they have been saving up money to have this surgery done. I said, Well, why isn't this covered under your health insurance? Your folks have health insurance, don't they? She said, Yes, but this is considered cosmetic surgery.

Think about that. A young woman, for 20 years, born with a birth defect, just like cystic fibrosis, just like cerebral palsy, all of which are covered under a regular health insurance policy, and this young woman has been struggling with this for 20 years. That's why we have to fix this broken health care system.

Mr. KAGEN. Thank you, Mr. BRALEY.

I will summarize by saying that we are working hard to fix what's broken. We are going to improve what we already have and make sure that it's at a price we can all afford to pay. What kind of nation, what kind of nation would we be if we didn't take this positive step forward?

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, it is a privilege to address you on the floor of the House. I have the chance to do so, perhaps, with some people that have expertise in the subject matter that I heard just go through my ears a little bit ago, and that would be where do we save money when it comes to this cost of health care in America?

I listened to the gentleman from Iowa (Mr. BRALEY) talk about 17 to 28 billion in added costs of preventive medicine. Preventive medicine. When I first heard that, I actually misunderstood his point. I thought surely he was talking about defensive medicine, but, I am sorry, it wasn't the case. It was preventive medicine.

This amorphous target of how you save money on health care by watching your diet and being physically fit and getting regular checkups, yes, that's important. But his discussion of \$17 to \$28 billion multiplied across 10 years, actually, when you look at it, it pales in comparison to the overall costs that are included in the lawsuit abuse in the health care in America.

I will submit these numbers, that the lowest number that I find is that the costs of medical malpractice, Mr. Speaker, and the liability insurance and the defensive medicine that definitely takes place so that doctors can protect themselves from lawsuit abuse adds up to a number of something like, a lowest number is 5½ percent of the overall health care costs. The health insurance underwriters put that at 8½ percent of the overall costs. That's \$203 billion a year, and this is still a low number. If we take Mr. BRALEY's analysis and multiply it times 10 for the 10-year life of this bill, that comes in to over \$2 trillion, the costs of the defensive medicine that's taking place and the funding that goes into the pockets of the trial lawyers.

I talked to an orthopedic surgeon who had told me that 95 percent of the tests that he runs are unnecessary, that his diagnosis actually will apply. It will be there, but he has to protect

himself for that 5 percent that he may need to be right. But the 95 percent are there, money that's wasted, he said completely wasted, in order to protect him from lawsuits that come from trial lawyers.

It's interesting that a trial lawyer would come to the floor of the House of Representatives and talk about the value of preventive medicine but not the cost of defensive medicine. That's a subject that I will never hear defended on this side of the aisle. If anybody over there would like to ask me to yield, I would be happy to take this up how many trial lawyers might be in that large caucus that has a 79-vote advantage over Republicans and still wants to blame Republicans for their socialized medicine bill not being passed in the House of Representatives.

Those are the circumstances and the facts, Mr. Speaker. Actually, I believe it's a 78-vote advantage, and it lets the Speaker be able to have 39 votes to take a walk and still have 218 votes to pass a socialized medicine bill.

Now, you would think that if you had roughly 80 people swirling around over there that are extra over the number of Republicans, you might be able to turn your sights on the people in their own caucus, Mr. Speaker, and resolve this issue, instead of coming back here to the floor as the gentleman did, Mr. MURPHY, and point his finger at Republicans and accuse Republicans of not having solutions.

Oh, yes, we have solutions, Mr. Speaker. We have many solutions. In fact, I have in my hand here the health care solutions, not just from the Republicans, just from, oh, a little more than half of us, the conservative Republicans that are members of the Republican Study Committee. This report was produced by the Republican Study Committee, and the chairman, of course, is TOM PRICE of Georgia, a medical doctor himself and a lead thinker and a real national voice on health care, along with many of the doctors that we have in our caucus.

I looked down through the list of legislation that has been offered by Members on the Republican side of the aisle, and I see my name there, yes, but I also see names such as Mr. ISSA of California, Mr. FORTENBERRY of Nebraska, Mr. STEARNS of Florida, Mr. LATTA of Ohio, Mr. ROYCE of California, Mr. SCALISE of Louisiana, Dr. GINGREY of Georgia, MARSHA BLACKBURN of Tennessee, KENNY MARCHANT of Texas. It goes on and on, the mountain of legislation that has been introduced by Republicans.

It's quite interesting that another gentleman from Georgia this morning, Mr. DAVID SCOTT, made the allegation that Republicans had no solutions. Well, Mr. PRICE followed him over to the side of the floor and offered to give him this stack of Republican solutions. He smiled nicely, but he refused to take it. Now, we don't always get a nice smile from the other side, but they refused to accept this whole stack

of ideas. This is just a list of ideas. This isn't bills. These are a list of ideas. These are pieces of legislation that Republicans have seen fit to put into language for law and introduce into the CONGRESSIONAL RECORD and seek to get it passed into committee and try to offer these health care solutions as amendments to the overall markup of H.R. 3200, the bill that is the House version of this national takeover of our health care, or at least the framework to do so, Mr. Speaker.

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So, it is something the American people need to see through. I can express frustration. I can speak from facts and I can speak from a level of experience being engaged in this debate. The American people, Mr. Speaker, need to focus on what is true and what isn't; what is honest and what is just; and what is, I don't want to describe it as dishonest, I will describe it as political hyperbole designed to reach a conclusion that I don't believe is in the best interests of the American people.

So I come to the floor this night to raise this issue and to enlighten I believe yourself, Mr. Speaker, and in the process the American people. And I will start out again, take us to this Medicare issue that was brought up by the other side.

Now, their argument is that there are billions of dollars to be saved in Medicare. And so they only want to cut Medicare by half a trillion dollars, \$500 billion in cuts to Medicare, and they will argue that Republicans want to raise the fees on payroll in order to fund Medicare if we are not willing to slash Medicare to our seniors by half a trillion dollars.

I recall watching a spokesman for the AARP on television one day arguing that, well, that half a trillion dollars in cuts to Medicare really isn't that much money. It is a small percentage of the overall layouts. Half a trillion dollars. What could they possibly be getting that would offset a half a trillion dollar cut directly to their members?

Here are some of the places that these cuts come from: \$133 billion, and now the most recent number that came out within the last few days is actually \$162 billion, cut from Medicare Advantage. A lot of those people are in my State, Iowa. Of course, they are senior citizens, and they want to have some extra options and they are willing to invest in Medicare Advantage. But since this is the only component of the Medicare program that actually has the private sector engaged in it, which keeps the costs down, the Democrats want to scrap Medicare Advantage.

They seem to despise free enterprise and despise economic competition. So this \$133 billion apparently has grown to a minus \$162 billion right out of the pockets of our seniors, taking away their Medicare Advantage, killing the rest of it after they have already landed a severe blow on this year.