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## HOUSE GOP DOCTORS CAUCUS

The SPEAKER pro tempore (Mrs. WALORSKI). Under the Speaker's announced policy of January 3, 2013, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Madam Speaker, I thank the majority leader for yielding this time to discuss an extremely important issue facing the patients in this great country of ours that are going to have a very difficult time in finding a physician.

Madam Speaker, in March of 2010, when the so-called Affordable Care Act, or PPACA, was passed into law, the purpose, of course, was to increase access to physicians for all patients across this country and also to bring down the cost of health care. Well, we're 2 years into this bill—which will become fully effective in January 2014—and what are we seeing?

Madam Speaker, the CBO reported just recently that some 7 million people have actually lost their health insurance, the health insurance provided by their employer. For those who do still have health insurance—particularly those who get it maybe not from their employer but from the individual market, a small group policy—the cost has actually increased some \$2,500 a year instead of coming down, as anticipated and predicted and promised, in fact, by President Obama, but that just absolutely is not happening.

So what we're going to be talking about, Madam Speaker, is, again, what needs to be done to correct this situation. Because the thing that was never really discussed to my satisfaction when this bill was crafted was, how are you going to get the best and the brightest young men and women in this country to continue to go into the field of medicine, to become the doctors—particularly in primary care, internal medicine, and the pediatricians—to provide that care when the reimbursement system under Medicare, under the sustainable growth rate, year after year after year for the last 6 or 8 years we have actually cut the income to the providers, to the point, Madam Speaker, where they can't provide this care, they can't even break even? So this is what we're going to be talking about, this flawed sustainable growth system. It has certainly contributed to the physician shortage crisis that we see today.

Now, I have a number of slides that I want to present to my colleagues, and we'll go with some specifics on that. But I'm very pleased to be joined today in this House with the cochair of the House GOP Doctors Caucus, my good friend and fellow physician Member from Tennessee, Dr. PHIL ROE, and I yield to Dr. ROE at this point.

Mr. ROE of Tennessee. Dr. GINGREY, thank you, and it's good to see you moving your arm well and recovering from your surgery so well.

My home State of North Carolina hosts the third largest military population in the country. Coast Guard Station Elizabeth City, Seymour Johnson Air Force Base, and Cherry Point Marine Corps Air Station are integral parts of their local communities and also help to form the backbone of our national defense.

The sequester has already impacted the Coast Guard, with air operations being cut by 11 percent and maritime operations cut by 24 percent. These cuts have reduced maritime safety and security in the waters off of our coastline.

Furlough notices have already gone out to thousands of civilian employees at Fleet Readiness Center, where maintenance is conducted on Navy and Marine Corps aircraft. The furlough amounts to a loss of \$81 million.

The 848 employees at Butner Federal Correctional Center, located in my district, received furlough notices and will lose up to 10 percent of their salaries because of sequestration.

The impacts of the sequester are already being felt in Martin County, where the public school system has lost \$400,000. This means that teachers are stretched even thinner and are forced to do more with significantly less.

Madam Speaker, we need to rethink the sequester.

#### TIME TO GET SERIOUS ABOUT CLIMATE CHANGE

(Mr. HUFFMAN asked and was given permission to address the House for 1 minute.)

Mr. HUFFMAN. Madam Speaker, last week, in a Friday afternoon announcement designed to bury the news, the State Department released a very troubling supplemental environmental document regarding the Keystone XL pipeline, a project that would undo the progress our country has been making in recent years in showing leadership on climate change, in reducing gas emissions and transitioning to a clean energy economy.

Unfortunately, environmental protection seems to be a "foreign" policy to our State Department. But even this pro-industry report cannot gloss over the fact that Keystone XL would unlock development of some of the dirtiest, most climate-damaging fuel on Earth, and it would lock the United States into deeper dependence on expensive tar sands fuel that would take this country in the wrong direction for our environment and our economy.

Just this morning in the Subcommittee on Energy and Mineral Resources, we heard about the enormous potential for wind energy to generate jobs and also cost-effectively improve energy independence. Other forms of clean energy hold the same promise.

Madam Speaker, it's time to get serious about climate change and clean energy job creation. Importing dirty, expensive tar sands fuel is the wrong way to do that.

I think the question that comes up, and Dr. GINGREY and other Members and I have discussed this, when I got here—and I've been here 4 years, and Dr. GINGREY came a couple terms before I did—we did this for a reason because we wanted to impact the health care system in our country. The problem with the health care system in our country was that costs were exploding.

If you look, as he pointed out, the Affordable Care Act has been anything but affordable. It's suggested that by 2016 the average family of four, when you have to buy an essential benefits package—which the government will determine what that is—will cost a family of four \$20,000. That's unbelievable when you think that the per capita income in my district is \$33,000. So I think we're at a point or we're going to be at a point where no one can afford it.

Well, what Dr. GINGREY is mentioning in the SGR, sustainable growth rate, what is that? What does that mean, and why should I care if I'm a senior? And Dr. GINGREY and I both have Medicare as our primary source of insurance. Well, Medicare started back in 1965, a great program for seniors who did not have access to care. It met a great need there and has met a great need since then. It started as a \$3 billion program. The estimates were from the government estimators that in 25 years this program would be a \$12 billion program—we don't do millions here, billions—and the real number in 1990, Madam Speaker, was \$110 billion instead of \$12 billion. They missed it almost 10 times.

So there have been various schemes throughout this time in which to control the cost, always by reducing the payments to providers. And who are providers? Well, those are the folks who take care of us when we go to the doctor's office—nurse practitioners, it may be a chiropractor, it could be a podiatrist, and it can be your hospital. So when you say providers, those are the folks and institutions that care for us when we're ill.

So in 1997, the Ways and Means Committee brought together something called the Budget Control Act. This is a very complex formula based on how you're going to pay doctors—their zip code, where they live, the cost of an office, the humidity in the air—I know it's an incredibly complicated scheme to pay doctors. The idea is this: We have this much money to spend in Medicare, and so we've put a formula together to only spend this much money. If we spend less than that money, that will go as a savings. If we spend more than that much money, then we will cut the doctors and the providers that amount of money to make that line balance.

Mr. GINGREY of Georgia. Dr. ROE, if you would yield just for a second, I wanted to point out to my colleagues and to Dr. ROE the poster that we have before us. Because this is exactly what the good doctor is talking about right