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(Mr. BISHOP of Utah addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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(Mr. GOHMERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FLAKE) is recognized for 5 minutes.

(Mr. FLAKE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

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

Mr. AKIN. I thank the Speaker and my colleagues for this opportunity to once again take a look at the area of health care, something that has been capturing the attention of Americans and legislators for 10 these many weeks, and to take a look at some of the controversy that's developed between one statement and then a different statement and the two don't seem to agree. So what is the real story? And we're going to take a look at a number of those areas today. Various statements that have been made on health care, what the record seems to support, what Congressional Research has to say, people who are reasonably scholarly, take a look at the facts and say, well, what really is going on.

I think the first thing, and I think this is something that has caught the attention of Americans, is a concern over the cost of health care. If you bear with me just a minute, I'm going to try to get some charts up here to help illustrate it.

Through experience, just history and common sense tells us when the government is trying to do something, there are some side effects. Sometimes it's excessively expensive. Sometimes there is bureaucracy and rationing, inefficient allocation of resources, and degraded quality.

If you take a look at various government Departments, you think of things like the Post Office Department, something that's not noted for its efficiency, or the IRS, not noted for its compassion particularly, and the excessive expenses that seem to come up.

We established a Department called the Department of Energy. It was originally established to try to make sure that we were not dependent on foreign energy and foreign oil. That Department has grown tremendously, and we have become increasingly dependent on foreign oil.

So when we talk about the government, particularly the government injecting itself into a lot of areas, one of the concerns becomes particularly the cost.

Now, we were reassured on this point by President Obama when he spoke here in this Chamber not so many weeks ago, and this is part of his speech:

"Most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse."

Of course, what he's talking about, one of the major places where he's going to get money is from Medicare, which is kind of an interesting thing because in the past it was Republicans who were accused of raiding Medicare. Here President Obama is saying that this can be paid for by finding savings within the existing health care system and part of the piece of that is going after Medicare.

So the question is, Is this something that's going to cost us a lot of money and what is the record of this administration and the government in general in terms of spending?

Here we have, from the beginning of this year, the spending pattern of the President and the Democrat leadership. And he complained at the beginning of his speech on health care that he had inherited a trillion dollar deficit, and, in fact, it was \$240 billion. And yet here he has in a matter of 6 months or so burned up \$3.6 trillion. So this statement that most of this plan can be paid for by finding savings within the existing system that's currently full of waste, and then he goes on to say "Here's what you need to know: First, I will not sign a plan that adds one dime to our deficits." He's not going to add one dime to our deficits either now or in the future, period. Well, \$3.6 trillion in debt is a lot of dimes. I don't know how many dimes. They'd probably stack up from here to the Moon for all I know.

I'm joined today by some distinguished colleagues and particularly a doctor and a gentleman who has had experience in medicine for a good number of years and somebody who has studied up on this entire system.

Congressman FLEMING, if you would join us, if you would like to make a comment.

I would like you to, first of all, take a look at this question. Is this proposal

of the President something that really is not a big deal financially, or is this something that could become extremely expensive to the Federal deficit?

Mr. FLEMING. Well, I thank the gentleman, Mr. AKIN, for the question.

Of course, I, among all of our Republican colleagues and our Democrat colleagues, was here to hear the President make these statements, and it's very interesting when he said not one dime would be spent, and yet I don't know of anyone in America who agrees with that. Even the CBO, who is led by someone who was actually appointed by him, says that even with all of the razzle dazzle and the sleight of hand and pulling rabbits out of the hat, still there's \$256 billion that's not covered, and that's after the \$500 billion that's being gutted from Medicare, as you adroitly pointed out.

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Mr. AKIN. Say that again. How much was gutted from Medicare?

Mr. FLEMING. Well, it is a two-step situation. About \$350 billion.

Mr. AKIN. That is more than the deficit he inherited from the Bush administration. He is going to take that much out of Medicare?

Mr. FLEMING. That is the first step. The second step is nearly another \$200 billion that comes out of Medicare Advantage. So the total comes to something well over \$500 billion, half a trillion dollars.

Mr. AKIN. \$500 billion taken out of Medicare. That is a pretty gutsy move, it seems like to me, to be taking \$500 billion out of Medicare. And he is calling that, what his statement was: Most of the plan would be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse.

I guess he is looking at the waste and abuse would be \$500 billion out of Medicare; is that correct?

Mr. FLEMING. Well, \$350 billion would be from the so-called fraud, waste and abuse. The other \$150 or so billion, almost \$200 billion, would be to directly tear down, dismantle, if you will Medicare Advantage.

Mr. AKIN. I have heard politicians going along on this line, and it sounds like to me that there is a line item, or there are three line items, waste, fraud and abuse, and you can just cut the numbers out of those lines. Is that how it works?

Mr. FLEMING. It seems to me that it is easy to do on paper, but this program is over 40 years old. And every politician that has come along has promised to do away with fraud, waste and abuse. Not one has been able to do it, and our President nor our colleagues on the other side of the aisle have even hinted how that would be accomplished.

Mr. AKIN. That is interesting; \$500 billion out of Medicare alone. That is a significant number.

We are joined by Congresswoman FOXF who has dazzled us down here in

the last few years. I think of her as the grandmother of the legislators. It is a delight to have you here.

Ms. FOXX. Thank you very much, Congressman AKIN, for leading this hour tonight and for all of the leadership that you have given, particularly this session, on bringing to the attention of the American public some of the things that need to be brought to their attention.

I think you are certainly on the right track in talking about the fact that it is impossible to do what the President and Speaker PELOSI have been saying about expanding health care coverage, government-run health care coverage, to other people without it costing another dime.

It reminds me of Congressman MILLER saying last week, on another issue that I think you want to talk about in a little bit, on the government taking over the student loan program.

Mr. AKIN. I appreciate your bringing that up, but I would like to get there in just a minute.

Ms. FOXX. He said on the floor that we would go from the government having 22 percent of student loans, only 22 percent, to having all of them, and it wouldn't cost the government a dime. My point is these people keep promising programs and expanding programs and nothing is going to cost anything.

Mr. AKIN. Reclaiming my time, I would like to ask my friends here, and here is the specific statement made by the President. And I think it is helpful, you take the specific statements and you take a look at them and say: Does it make sense or does it not? Here is the statement, and what is a rational analysis of this?

"Here is what you need to know. First, I will not sign a plan that adds one dime to our deficits, either now or in the future."

We have heard that we are not going to add a dime to the deficits, and in just 6 months we have scored \$3.6 trillion from all of these different programs. You have the Wall Street bailout and the economic stimulus, the SCHIP, the appropriations bill, and this cap-and-tax, which is the biggest tax increase in the history of our country, and for him to say it is not going to add a dime to our deficit.

He also promised during the campaign that nobody making less than \$250,000 would pay any taxes, and yet this cap-and-tax that we did means that as soon as you flip a light switch, you are starting to pay taxes. Now tell me, do people who flip light switches, do they all make over \$250,000? There is a question of credibility when you hear a statement as broad and as general as that.

Here is another one: "Most of this plan can be paid for by finding savings within the existing health care system, a system which is full of waste and abuse."

Every year we are putting a patch on Medicare because the doctors are get-

ting paid so little that they are getting to the point that when somebody walks into their office and says, I'm on Medicare, they say, Sorry, I can't afford to take any more Medicare.

So as a doctor, if you keep getting paid less and less for Medicare people, there is going to come a point where the people who have Medicare, they have government insurance, but they don't have government health care because a doctor won't accept the wage.

So I guess when we hear this, I don't know if this passes the sniff test.

Ms. FOXX. If the gentleman would yield, I think another point that needs to be made is that the President has said on many occasions that when he took office he inherited a \$1 trillion deficit.

Mr. AKIN. That isn't true, is it?

Ms. FOXX. I wanted to see if you would help me with my memory on that. My memory is that when President Bush left office and President Obama came in, that the deficit was \$259 billion, too big a deficit, but only \$259 billion, compared to the \$1 trillion which occurred almost immediately because of the stimulus package. The stimulus package created the \$1 trillion deficit; is that your memory?

Mr. AKIN. It isn't just my memory. There is an expression that everybody is entitled to their opinion, but there is only one set of facts. And the facts are that it was in the range of \$250 billion or so, and many of us who are conservatives would say that was too much. But still, it is not in the range of a trillion, or \$3.6 trillion, which we are burning with all of these programs.

Here is another chart that I think people are vaguely aware of. President Bush, before, went where you are not supposed to go politically and said to the American public, Medicare and Social Security are broken. And maybe people beat him up for that, but in general Americans realize Social Security and Medicare, these programs are broken, partly because they weren't designed right to begin with and partly because of the demographic shift and all of those of us who are baby boomers and all of that. But here is a chart on the expansion of Medicare and Social Security.

My question is, if we can't manage Medicare and Social Security, and those costs are going up to this point where you have this dotted line. You have Medicare, Medicaid, and Social Security added together absorb the entire budget. There is no money for the arts, no money for public radio, and no money for defense or anything else, just those three programs. It totally gobbles up about the maximum you can get, because if you raise taxes more, you get less in because you kill the economy. So is it reasonable when you have the experience of Medicare and Medicaid expanding the way they are, the solution to this is obviously the government being more involved? Somehow, that doesn't pass the sniff test.

I yield to Dr. FLEMING.

Mr. FLEMING. A point you raised, Mr. AKIN, is a very important one that is often left out of the debate, and that is that Medicare and Medicaid are paying such low rates, far below cost in many cases, that it is only the private insurance market that is making up the difference, that keeps doctors solvent and keeps their offices open. If you look at the increase in private insurance premiums and the fact, and the President points this out frequently, the rate of increases is higher than inflation, well, what is causing that is the government-run health care that we already have which is being subsidized by the private market.

Mr. AKIN. Reclaiming my time, therefore, following your line of reasoning, if you keep taxing the privates more and more, they are going to get smaller. And when that gets smaller, your base of collecting those tax revenues gets smaller, and you have more and more people who are subsidized who are absorbing the resource, and pretty soon you are in a death spiral. Is that your point?

Mr. FLEMING. Exactly. People say how will this ever lead—what you really have is a competing public plan against private plans, and how will this lead to rationing and long lines? The bottom line is, when you artificially suppress the income to the providers, doctors and hospitals and DME companies and so forth, what you end up with is really an artificial market which then is being collapsed in the private sector into a public sector market, and there is no way that is going to control costs, short of long lines.

Mr. AKIN. Speaking directly on that point, and I appreciate your going there because that is something that I thought was very interesting. In the context of our health care debate, something that happened here last week on the floor, and people should be paying big attention to this, and it seems like it is an unrelated subject but it is not at all, and that is the student loan situation. We are fortunate to have Congresswoman FOXX who was literally involved in the middle of that situation.

I would like to explain the history of the student loan program and how that connects to this concept, because one of the huge debates here, aside from the cost of the thing, is the question of whether there should be a government insurance plan included. The Democrats are about 50/50 divided on that point. The Republicans are not at all divided. We think no, absolutely not. It is a deal breaker. We do not want the government getting into the insurance business.

So why would we be concerned? Well, because where that is going to lead. Let's go over and take a look at what happens in student loans and how that then relates to health care.

I yield to the gentlewoman from North Carolina.

Ms. FOXX. I will give you a very brief synopsis of it. I handled the rule

on the floor last week, so I was familiar with the bill. The Democrats have been trying to do this for a long time.

We have had in the Federal Government two ways for students to be able to borrow money to go to college. One was called the Direct Loan Program. They would go directly to the Department of Education and borrow money, pay it back over a period of time.

The second was something called the FFEL, and I can't remember exactly what those letters stand for, but students could borrow money from banks but the Federal Government would guarantee those loans. Back in the sixties when the Direct Loan Program was begun, right after it started, actually, it ran out of money and ran into all kinds of problems. Congress had to bail it out. That was long before my time, but it has constantly had problems.

Mr. AKIN. Reclaiming my time, was that the government Direct Loan Program always had problems?

Ms. FOXX. Yes.

Mr. AKIN. The deal is the government makes a loan to some student, you're going to go to college. The kid goes to college, doesn't repay the loan, and the government and the taxpayer has to then pick up the tab?

Ms. FOXX. That's right, put more money into it. So what happened was only about 22 percent of the people getting loans were getting them from the Direct Loan Program. Actually, that is a higher percentage than it had been over the years. The other 78 percent were getting their money from banks, and then the money was guaranteed by the Federal Government. What Chairman MILLER's bill did was say we are eliminating the private sector.

Mr. AKIN. Here is the interesting thing, though. If you went for a direct loan from the Federal Government, you got a lower interest rate on your loan, so you would think, shoot, everybody is going to go for that kind of loan, and, in fact 20 percent did, and the other 70-some did not. They paid more money in interest. Why? Because the loan was administered through the private sector. And the private sector was so much easier to deal with, they were willing to pay more in interest just not to have to deal with the Federal Government on it.

So what we did last week, then, was to basically eliminate, and there were some people that weren't federally insured at all and they were just totally private. So 20 percent of the market was just private. You had not quite 20 percent that was just straight Federal Government, and then you had in between the sector of private money with a guarantee from the Federal Government. So we have taken that huge sector in the middle and gotten rid of that so now the government runs 80 percent or so of the student loans; is that right?

Ms. FOXX. It will work that way if the Senate passes that bill, despite the fact that we kept saying over and over

and over again, Department of Education has no business becoming a bank, and that's basically what they are doing.

Mr. AKIN. So the first thing we are seeing is once more the Federal Government is getting their fingers into everything, and in this case, they are basically taking over student loans. But they started with the idea that we are just going to help the students get a lower interest rate. That was the toe in the door, the nose of the camel under the tent, to the point where now 60, 70, if this bill were to pass the Senate, where you have the government now in the student loan business.

Now, let's fast forward. How does that parallel our concern on health care? Well, our concern is you put a public option in and the government starts with that. It seems like just a little thing.

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Then pretty soon you say, well, every insurance policy in the country has to be the same as the government's, which is what the legislation says. And pretty soon, guess what? You have one provider, the Federal Government, and the government has now taken over all of the health care.

I yield to my good friend, the Congressman from Georgia, who has a distinguished record here in the House but also is a medical doctor, which we don't hold against him. I would just be delighted to recognize my good friend, Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding, Mr. Speaker. I hope my patients don't hold it against me as well.

But actually I just wanted for you to yield me time so I could ask our good friend from North Carolina, Ms. FOXX, a question in regard to this. You are right, she is a Member of our side of the aisle on the Rules Committee, does a great job of handling rules for us, and apparently does all of the education bills that come on the Floor.

There was some discussion, Representative FOXX, about how many jobs, in this time of losing jobs—they keep saying 14,000 people a day lose their health insurance; we know why, because they are losing their jobs—but in this particular instance, as far as that private sector, can you give us a number on that?

Ms. FOXX. We have an estimate that between 30,000 and 40,000 jobs in the private sector will be lost as a result of that education bill, and that, again, makes the statement that Mr. MILLER from California made so astounding, because it is like the statement that President Obama has made about the health care bill. Mr. MILLER said this will not cost the citizens of this country one single dime.

Mr. AKIN. Wait a minute. Reclaiming my time, you are starting to blow my circuits. You are saying that a Congressman on this floor, the head of the Education Committee now, says that

this government loan program is not going to cost us a dime?

Ms. FOXX. The complete takeover is not going to cost a dime.

Mr. AKIN. In other words, the Federal Government is going to go in and take over all of these student loans, and it is not going to cost a dime. You know what you would have to prove to prove that true? You would have to say that every single loan is going to be made good. That is what you would have to say almost to make that happen. I mean, that is beyond credible.

Ms. FOXX. It also is beyond credible when we know that there are 30,000 to 40,000 people in the private sector servicing the existing loans. It is incomprehensible to me.

Mr. AKIN. 30,000 or 40,000—that is jobs lost?

Ms. FOXX. Jobs lost, and that they believe that people in the Department of Education are going to absorb the program into the Department without adding any personnel. Now, that is beyond belief for anybody in this country I believe, to think that you add responsibilities to people who work in the Federal Government and they are not going to ask for additional personnel.

Mr. AKIN. You know, there is kind of an overused phrase around here, "people of faith." I mean, I think we are talking of people of faith that could make statements like that with a straight face almost.

I would like to just shift a little bit to my good friend from Georgia, and he in a way to me is a hero because he has done something which I think is a tremendous educational tool for the people of the United States.

On this House floor we are denied many, many times any kind of amendment that we can offer because it might be embarrassing to have to vote on something. But in committee, we still have the freedom to be able to offer amendments. And a third point of some considerable contention on health care is the question of rationing.

Is it going to end up that the government is going to, instead of an insurance agent getting between you and your doctor, which we don't like, even worse a bureaucrat telling the doctor and the patient, Sorry, you can't go there. Give him some aspirin and send him home. That is something that has been a concern.

So my good friend the doctor from Georgia offered an amendment in committee on this very point, and I don't think this has received nearly enough attention, Dr. GINGREY. But I want to review the simple sentence that you put in, because I think this really busts wide open this entire question about whether we are going to have rationing of health care.

"Nothing in this section shall be construed to allow any Federal employee or political appointee," that is, a bureaucrat, "to dictate how a medical provider practices medicine."

My understanding of what you are saying, doctor, is that that doctor-patient relationship, which we all consider to be the backbone of good medical care, is sacrosanct, and we are not going to put bureaucrats in charge of doctor-patient and medical decision-making.

Was that your point? And tell me about your amendment.

Mr. GINGREY of Georgia. Well, Mr. Speaker, I thank the gentleman from Missouri for yielding, and that essentially is the amendment that we proposed. There were a number of others. But on that particular one, early on, back on July 30 I believe is when we were marking up into the wee hours of the night, and the big concern was with when you look at the chart, this massive bureaucracy that was created between the patient here and the provider, there were all these government bureaucrats who had the authority under this bill, H.R. 3200.

Mr. AKIN. Was that that fantastic colored flowchart that we saw that had all the boxes and arrows all over?

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman is right. I was able to hold that up when we were marking up the bill in Energy and Commerce, and, of course, C-SPAN cameras were there and showed the morass of bureaucrats on this in a chart depiction. But I think people got it, Mr. Speaker. They could see.

Mr. AKIN. So isn't that your point? You don't want bureaucrats getting in the way of medical decisions. Is that what you are trying to get at here?

Mr. GINGREY of Georgia. Absolutely.

Mr. AKIN. And how did it go? Tell me about the votes. Your amendment passed without any question, right? Everybody agrees to that doctor-patient relationship, right? There wasn't anybody that voted against your amendment?

Mr. GINGREY of Georgia. Well, what I am going to say, Mr. Speaker, the gentleman asked that question. I have answered that. If you asked every doctor and if you asked every patient, the answer would be, We don't want some government bureaucrat coming in this exam room telling either one of us what to do. This is a sacred relationship, really.

Mr. AKIN. I agree. It is a sacred relationship. How did the committee vote?

Mr. GINGREY of Georgia. They voted it down, Mr. Speaker. The gentleman asked a specific question. They voted a lot of great amendments down.

Mr. AKIN. What I have got here in my notes, it says the Democrats, 32 voted against it, one voted for it. Republicans, 23 voted for it, none of them voted against it. So it is a straight party-line vote, with the exception of one?

Mr. GINGREY of Georgia. Mr. Speaker, there was maybe one or two exceptions in the vote. They have 36 members on the Energy and Commerce Committee. I say "they," Mr. Speaker.

The majority party. They were assigned to that committee by the Speaker of the House, Ms. PELOSI. And we have 23 Republicans. So it is 36-23.

Mr. AKIN. So your amendment failed then?

Mr. GINGREY of Georgia. Absolutely it did, as did all the other amendments. You might say, Mr. Speaker, that the deck is pretty well stacked against us.

Mr. AKIN. Okay. But when it failed, what does that say to us if you are worried about bureaucrats making health care decisions? Does that give you any sense of comfort?

Mr. GINGREY of Georgia. Mr. Speaker, the question, does that give you any sense of comfort that bureaucrats won't come between the doctor and his or her patient, it gives you total discomfort, is the answer to that question. Otherwise, we would have had almost a preponderance of members, both Republicans and Democrats, voting in favor of that amendment. Surely some, more than one or two, felt that way, but they didn't vote that way.

Mr. AKIN. I really appreciate, doctor, your offering this amendment, because I think this, if there is ever any indication of where this health care is going and why the American public is concerned about it, this would be one of those things. Because we are talking about promises on the one hand that you can keep what you have and your doctor-patient relationship is good and don't worry about that; 100 million people in America have their own insurance and their own doctors and providers and they feel like they are getting pretty good health care. And yet here, this amendment says that.

We are joined by a fantastic Congresswoman, Congresswoman LUMMIS. I would be happy if you want to jump in here.

Mrs. LUMMIS. I do, and I thank the gentleman from Missouri for allowing me to. I was sitting in my office in the Longworth Building listening to this discussion, and my fellow freshman colleague, the physician from Louisiana, was talking earlier about Medicare and the effects of \$350 billion of waste, fraud and abuse coming out of Medicare to magically fund a big portion of the proposed health care bill that Ms. PELOSI and her colleagues have prepared for us.

Mr. AKIN. Let's talk a little bit. What part of Medicare did that come out of? Did you happen to notice that? I mean, is there any line item that says waste, fraud and abuse in Medicare that you can just take money out of? How do we do that?

Mrs. LUMMIS. You know, there certainly isn't. And the most amazing thing to me about listening to that discussion is, when I was home for the August work period, I met with the physicians and administrators at Wyoming Medical Center in Casper, Wyoming. They told me that they are currently reimbursed at 37 cents on the dollar for their actual out-of-pocket costs of treating a Medicare patient.

Mr. AKIN. Let me stop. That is an incredible number. In other words, we have a doctor like Dr. GINGREY, Dr. FLEMING, and they accept a patient on Medicare. It costs them \$1 to provide some type of medical care. They are getting reimbursed how much? \$1.50?

Mrs. LUMMIS. No.

Mr. AKIN. \$1?

Mrs. LUMMIS. No.

Mr. AKIN. How much?

Mrs. LUMMIS. Thirty-seven cents.

Mr. AKIN. Thirty-seven cents out of a dollar. So they are losing money on a Medicare patient.

Mrs. LUMMIS. They are losing roughly two-thirds of every dollar that they spend.

Mr. AKIN. So we are going to cut \$500 billion out of Medicare and expect doctors to continue to do that? I don't understand how that is supposed to work.

Mrs. LUMMIS. It is a stunning departure from rational thinking.

Mr. AKIN. I think that is a great phrase, "a stunning departure from rational thinking." You know, I think we are seeing a little more of that than we need down here. You are such a nice person. That is a nice way to say being stupid, isn't it? In Missouri, we are not very good at explaining things. I wish I was as politically correct as you are.

I see my good friend, Congressman KING from Iowa, over here, and he is having way too much fun. I think we have to let STEVE have a chance at chatting with us for a minute.

Congressman KING, somebody who is known for calling things plain and straight talk, I appreciate your midwestern perspective. Please join us.

Mr. KING of Iowa. All those compliments some might argue are a stunning departure from rational thinking, Mr. AKIN, and I am glad I came over here just to hear that exchange between you and CYNTHIA LUMMIS tonight.

I am sitting here thinking this: That there is a great, huge philosophical divide going on in this Congress, and the people on the left side of the philosophical spectrum and the left side of the aisle seem to believe somehow they can generate all of this government, all of this government oversight, and take on a huge operation of the job that is being done now, a lot by the private sector, punish the health insurance companies, replace them with a Federal health insurance company, and somehow the incentive that is there today that has allowed some profit for doctors to get back their huge investment in their education and their training and their internships and nursing and all of the expenses it takes to have a front-loaded education, somehow there is going to be an incentive there to have more doctors and more nurses, when we know it is going to be less.

They cut the funding to Medicare by half a trillion dollars and argue that it is waste, fraud and abuse, and somehow the President makes the argument that, let's see, he can find this savings

that is there because of waste, fraud and abuse, but the quid pro quo is we don't get to save the wasted money unless we take on the socialized medicine part of his package.

Mr. AKIN. Isn't that amazing? We have two medical doctors here, Dr. FLEMING and Dr. GINGREY, and we have been really leaning on our medical doctors. I guess the question I have is, I have been here 9 years, and over this period we passed some bill, I don't know how many years ago, that says we are going to keep ratcheting down how much money we are spending on Medicare, and it obviously isn't working, if you take a look Medicare growth and costs. And every year we do the Medicare patch so the doctors aren't going to go bankrupt all the time, or at least so they will keep taking Medicare patients.

So it seems to me when we do the patch, we are putting more money into Medicare, and now we are talking about taking \$500 billion out of it. This thing somehow, Dr. GINGREY, do you want to address that for a minute, or Congresswoman FOXX?

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Mr. GINGREY of Georgia. Mr. Speaker, I will be glad to take some time from the gentleman from Missouri, and then I will be glad to yield back to him so he can let our family practitioner, the gentleman from Louisiana, Dr. FLEMING, also speak on this issue.

But yes, this sustainable growth rate formula—and it's very complicated. I've had six courses of calculus at Georgia Tech, and I still can't quite figure out how they come up with these numbers—is flawed, and everybody knows it's flawed and needs to be done away with. You can't fix something so badly flawed. For the last, I would say, 5, 6 years when they calculated that formula, the doctors end up taking a cut in something that already is underpaying them. It doesn't cover their basic expenses. It's calculated far differently from the way hospitals are reimbursed.

Mr. AKIN. Every year we're patching that, though, aren't we?

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman is right in his comment, that every year we're patching it. And that's no way to run a bank. That's no way to do business. You patch it, and yet then the next year you take the cut for that year plus the patch that you removed. So you essentially have 5 percent for the patch and 5 percent for the current year. In fact, on January 1, 2010, the doctors, if we don't do something about it, will take a 20 percent cut.

Mr. AKIN. How many years can you practice medicine—let's say our salaries were cut 20 percent every year. How long would we be doing what we're doing? I mean, that's a tough deal. So we're cutting this. We keep adding money to it to prevent that cut from taking place, and now we're going to take \$500 billion out of Medicare and everything is going to work fine?

Dr. FLEMING, what do you think about that?

Mr. FLEMING. Well, I will just briefly comment, because I know we have got other speakers here who are anxious to get on the record tonight.

The whole concept behind SGR, sustained growth rate, is that the government in its infinite wisdom said, Well, out in the future someplace, we're going to spend no more than this many dollars, and the doctors are going to have to get together amongst themselves—the hundreds of thousands of them—and decide how they're going to do that. Of course the obvious thing occurred. How in the world are doctors and hospitals going to be able to do that? Anybody under part B.

Mr. AKIN. Is this a conference call? You're going to have a conference call?

Mr. FLEMING. As far as I know, I was never invited to a conference call. I have never received an e-mail about it. I just went along, practicing everyday, like my colleagues do. All of a sudden we are told, we're spending above the SGR rate. It goes back to exactly what our debate is today. We can pick and choose a number out there in the future that's going to be a goal, and we are going to practice and spend less than that amount. But that does not affect the day-to-day behavior inside the exam room, which is, again, why our bill H.R. 3400 is so important because it gets to the behavior and the decision-making between the doctor and the patient. That is where the money is saved. Not in some conceptual decision made out in the future that we're going to spend only this many billions of dollars next year or the coming years.

And that's why the SGR is an abysmal failure. Of course we all know that it's really a joke. We do a patch every year, but it never would work, and it never will work.

Mr. AKIN. I appreciate your response as a medical professional on that, and the fact that it's going to be awfully hard if year after year we're putting more money into Medicare to try and prop it up. As Dr. GINGREY has said, that's no way to run a ship. And that's true. But we're constantly putting more money in it, and all of a sudden we're being told by the President that he is going to take \$500 billion out of it because it's waste, fraud and abuse; he is going to put it into this program, and there is not going to be a nickel of deficit involved in that.

Another claim that the President made—and I have been sticking a little bit on the theme of, there's a lot of debate over what's true. This guy says this, somebody else says that, and America is arguing about this stuff. What our objective is is to try to add some kernel of truth to one of these things.

Here's another statement. First, if you're among the hundreds of millions of Americans who already have health insurance through your job, Medicare, Medicaid or the VA, nothing in this

plan will require you or your employer to change the coverage of the doctor you have. Now we've heard this over and over from the President. We've heard it from different Democrat Congressmen claiming this, and yet this isn't really true, from what we're seeing, as we take a good, closer look at it.

The first thing that strikes me is, if you are among the hundreds of millions of Americans who already have health insurance—in other words, you have 100 million Americans who already have health insurance, and you like it, you like your doctor-patient relationship, and you are saying, Hey, just leave me alone, what's the objective? Well, the objective is to find some other number of people who don't have health insurance. So how many is that? We have an expert on that here in Congressman KING. But let's just be very liberal. Let's say the President, who said originally it was 46 million, now he is going to take it down to 30 and probably if you looked at it closer, it's less than that. But let's say even if there were 30 that didn't have health insurance, and you have hundreds that have, why are you going to scrap the hundreds right off the bat in order to deal with the 30?

Mr. KING of Iowa. If the gentleman will yield, and I thank the gentleman from Missouri.

There have been two flawed premises that have been under the foundation of this health care debate from the beginning. One is that we spend too much money on health care. That has not been adjusted for a number of reasons. The other is we have too many that are uninsured. The number that's the most consistent is 47 million uninsured. But when you break the number down, you start subtracting from that 47 million, those that are here illegally—which the President has decided now, he's changed his mind and now he doesn't want to fund those—those that are here legally are under the 5-year bar; those that make over \$75,000 a year and presumably could pay their own premiums; those that qualify for an employer plan; and those that qualify for a government plan, like Medicaid, but don't bother to sign up. Once you take 47 million and you subtract from that universe, that list that I have given, you end up with 12.1 million who are Americans without affordable options.

Mr. AKIN. Reclaiming my time, my first point, when you read this, if you have hundreds of millions who already have health insurance, you're going to tamper with all of this to deal with 12 million?

Mr. KING of Iowa. To deal with less than 4 percent, which is 12.1 million.

Mr. AKIN. So less than 4 percent. We're going to redo the whole system to deal with 4 percent. Even on the surface, it doesn't seem intuitively obvious to the casual observer that that's the way that you might deal with this thing.

Congresswoman FOXX.

Ms. FOXX. I thank the gentleman for yielding.

I wanted to speak to what you started out talking about tonight, along with this comment. What are we to believe on all of these issues? There are lots of numbers being thrown around, lots of comments being made. First of all, let me give a statistic that I know of. Eighty-nine percent of those people that you talk about are happy with their health insurance.

Mr. AKIN. So you are saying of Americans in general, 89 percent are saying, We're pretty comfortable with what we've got.

Ms. FOXX. Right. The ones who have health care coverage.

But the point I wanted to make tonight is something that has just been coming out in the last day or two about what's happening in terms of informing the American public about what—

Mr. AKIN. This is the area that's kind of sacred to Americans, the idea of free speech, that you can have your opinion, you can disagree with a family member or a neighbor. But we can have this debate and this discussion, and we're not going to hide information.

Is that what you are getting at?

Ms. FOXX. That's right.

There is an organization called Humana which provides health insurance, primarily the Medicare Advantage Program, to seniors all over this country.

Mr. AKIN. So we've got Humana. It's a health insurance company provider, and it's particularly working with Medicare money and packaging that money into more of like a private medical plan type thing?

Ms. FOXX. Correct. The Medicare Advantage Program.

The Humana organization sent a letter out to the people who participate in that program, saying, We want you to be aware of what's happening in this health care debate. We'd like you to send back a card so we can send you information about what's happening. We do want you to know that the current bill under consideration—they don't name H.R. 3200, but we assume that is the bill they were talking about—will be cutting funding for this program. Well, that is absolutely true. Anyone who reads that bill will see that it's true.

Mr. AKIN. So specifically, the bill that's being proposed by NANCY PELOSI—and indirectly by the President—is going to cut Medicare. Specifically in Medicare, it's going to cut Medicare Advantage, and Humana works with that. I just want to make sure we get this down.

Ms. FOXX. Sure.

And this is a program that seniors like very much. Well, where the rub comes in is suddenly the organization, the Centers for Medicare & Medicaid Services, doesn't like the fact that Humana is exercising its free speech options and educating the people that are being covered by its program and

writes to them and says, You cannot do this anymore. You can't write letters to the people participating in your program. It says, "We are instructing you to immediately discontinue all such mailings to beneficiaries and to remove any related materials directed to Medicare enrollees from your Web sites."

Mr. AKIN. Wait, wait, wait. Stop again. I feel like I have just blasted off and gone to some other country or some other planet.

Ms. FOXX. You're living in 1984.

Mr. AKIN. You are saying that we have a private company who is insuring people. They write a letter to the people that are buying their product and say to them, essentially, you're being targeted by NANCY PELOSI's health care bill. So they are a constituency, they are a group of Americans who have a right to have an opinion. Obviously they're somewhat predisposed to like it because they wouldn't be in the program if they didn't like it, and they're being told, Your program is going to be cancelled. The program you like in Medicare is going to be canceled. So they're warning their people that are buying their product, Look out. You're about to lose something. If you like it, you're going to have to say something about it.

And now the government is threatening Humana for communicating?

Ms. FOXX. That is absolutely true.

Mr. AKIN. I don't know if we have even got a First Amendment anymore.

Ms. FOXX. Mr. Speaker, I would like to enter into the record of this discussion tonight the letter from Humana to its enrollees, the letter from CMS, and the CMS press release that was sent out related to that.

Mr. AKIN. I appreciate your sharing that. I guess I appreciate it. I think it's a little bit chilling. I mean, the President said something about calling us out. That sounds like something my principal did to me all the time when I was, you know, talking or chewing gum or something.

Going to Dr. GINGREY, have you heard about this situation? This is kind of a little spooky—that you can't send people a letter in America?

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman asked me the question if I had heard about that. And absolutely I have heard about it. It's amazing, isn't it, that what we hear from the leadership in the majority party and from 1600 Pennsylvania Avenue is that everybody that is questioning H.R. 3200, or the bill that came out of the Health Committee in the Senate and has great concerns about whether illegal immigrants are going to be covered, whether the general taxpayer, whether they are pro-life or pro-choice, is going to have to pay for subsidies that low-income people get through the exchange if they choose a plan, either a government plan or a private plan, that offers abortion services. It's in the bill. I mean, it's clear language. And yet we're just getting all wee-wee'd up, according to certain

sources, because we don't understand. It's like the only people that are telling the truth are the White House and the Democratic majority party. Everybody else is lying. It's absolutely insulting.

Mr. Speaker, that's why the people in the town hall meetings were so wee-wee'd up. They're tired of being insulted by these people that have all the power, all the power in the White House and both Chambers of Congress.

Mr. AKIN. Wait a minute. I am still coming back to this deal where you are a business and you are writing a letter to the people that you're providing a product to, and the government tells you you can't send a letter to them and you have to take it off your Web site? Is this 1984? I mean, what is this, George Orwell or something? I find the whole pattern here to be upsetting. I really do.

My friend from Iowa, are you running away on us here? I was just about to recognize you, gentleman. Did you want to jump in on this?

Mr. KING of Iowa. I appreciate the gentleman yielding. A number of things jump out in my mind, and that is, yes, this subject matter gets me all animated. I don't know quite how to pick that up with Midwestern vernacular. I wanted to point out the President's vernacular. We have to be very careful and listen very closely to this President because he is a master of casting ambiguities that couch things in terms where he is not confined by the definition of the language.

For example, right there, "Nothing in this plan will require you or your employer to change the coverage of the doctor you have." Remember for months he said, "If you like your plan, you get to keep it." And John Shadegg said, "If you like your plan, get ready to lose it. That's the reality of it."

Now the President, in his address before Congress—which I will point out was I believe September 9, 2009—the President changed the language to read what's down there, "Nothing in this plan will require you or your employer to change the coverage or the doctor you have," except you may not be able to access coverage or the doctor you had because the plan might bring about a change in premiums, it might disqualify the policies, it might disqualify the very health insurance company. And so nothing in the plan might require you to change, but you may not have the option to keep the one you have because they have eliminated the existing policies.

□ 2030

Mr. AKIN. Yes, Gentlemen, this was the President's claim.

So we hear this one claim on one side. Now, what is the balancing counterclaim? Well, here is one. This is a poor guy from MIT who wishes he hadn't said it because he was attacked for making this statement:

With or without reform, that won't be true. This is about this statement.

He says, That won't be true. His point is that the government is not going to force you to give up what you have, but that's not to say other circumstances will not make that happen.

So, in other words, he can say you can keep what you've got; but in fact what happens is, just like in the funding for higher education, the government comes in and changes everything, and you don't have access to it anymore.

Please, the gentleman from Iowa.

Mr. KING of Iowa. Again, listen carefully to the words the President says. Here is a little bit of a different subject.

After the blowup on that night of September 8, which was the joint session of Congress, regarding the issue about funding illegals through this, the President then came back, and he said, "I want to be clear: If someone is here illegally, they won't be covered under this plan."

In other words, he is going to oppose any language that's ambiguous that might allow for illegals to be covered under H.R. 3200 or under another health care plan.

However, just a few days later, the President went before an open borders organization, which I recall to be La Raza, and he said, Well, we need to move forward on legalizing the people who are here illegally.

So we have this language that says, if someone is here illegally, he won't be covered under this plan; but if you legalize everybody who is here, this language here becomes moot. So listen carefully to the ambiguities that the President threads into his language, and you might find out well after the fact that it's a little late to raise the issue.

Mr. GINGREY of Georgia. If the gentleman would yield for just a second on that point.

Mr. AKIN. I yield.

Mr. GINGREY of Georgia. The gentleman from Missouri, thank you.

Mr. Speaker, I want to respond to my good friend from Iowa because he's absolutely right. The President did make the comment of, hey, you know, this problem will go away. All we have to do is grant amnesty to 12 million illegals, and then we won't have this problem, and they'll all be eligible for government subsidies under the government plan or under the exchange or whatever.

He did say, Mr. Speaker, emphatically that there should be a provision in H.R. 3200—if that happened to be the bill, and I hope it won't be. He said that he agreed that there ought to be an absolute provision that specifically states that before people are eligible for any of these government subsidies they have to have proof of their legality, not citizenship, but proof that they're in this country legally. That proof, he said, speaks for itself. I'm paraphrasing what the President said, but he was pretty emphatic.

I yield.

Mr. AKIN. I would just like to jump to the record here. This is the August 8 speech:

There are those who claim that our reform effort will insure illegal immigrants. This, too, is false.

He is saying people are saying things that are false. That's pretty close to calling them something else. They're saying things that are false.

The reforms I am proposing would not apply to those who are here illegally.

This is a statement that he made. Is it true or is it not? Well, one of the ways that you can check it out is to take a look at the bill. Another way that you can do it is to hire a group of legal scholars who works for Congress, called the Congressional Research Service. They're not Republicans. They're not Democrats. They looked into this statement. What did they find in this?

Under 3200—this is PELOSI's health care bill—the health insurance exchange would begin operation in 2013, and it would offer private plans alongside a public option. Then he goes on: 3200 does not contain any restrictions on noncitizens, whether legally or illegally present or in the United States temporarily or permanently, participating in the exchange.

In other words, in spite of the fact that the bill says this shouldn't apply—and there is actually language that says it shouldn't apply to illegals—in practice, when you turn the bill on, there's no screening mechanism.

Mr. GINGREY of Georgia. If the gentleman would yield, don't take that poster down just yet.

If you'll notice, Mr. Speaker, on that poster, it is dated August 25, 2009. In the Energy and Commerce Committee, H.R. 3200 passed committee on July 30, 2009. So this is an opinion rendered by CRS almost a month after that bill passed committee.

Mr. FLEMING. If the gentleman would yield.

Mr. AKIN. I yield to Dr. FLEMING.

Mr. FLEMING. There were also attempts by my friends, Dr. GINGREY and others, to actually say, well, okay, if this is fuzzy language and if we're going to debate this and say it's ambiguous and if some say it does cover illegals and some say it doesn't, let's just settle it by putting an amendment into the bill that will settle that for good.

Mr. AKIN. Reclaiming my time, if the objective is that we're not going to cover illegals, if that's the objective, you are saying let's make it clear to everybody. We'll put a simple sentence or couple of sentences in the bill, and we'll make it clear that we're not going to cover illegals, and that's offered as an amendment.

Mr. FLEMING. Yes.

Mr. AKIN. How did that go as an amendment? Did it pass? I assume it passed.

Mr. FLEMING. My understanding is the amendment failed according to party line.

Mr. AKIN. A party-line vote again?

Mr. FLEMING. Yes.

Mr. AKIN. So we have the President saying we're not going to be covering illegal immigrants. In fact, the bill from a completely unbiased source says there is nothing in it to protect against that, and the amendment to specifically prohibit it was defeated on a party-line vote. So that's why there's some tension on this subject, isn't there?

Mr. FLEMING. Yes.

Mr. AKIN. One person is saying something, and it isn't all necessarily so.

Mr. GINGREY of Georgia. If the gentleman would yield for a clarification.

Mr. AKIN. I yield.

Mr. GINGREY of Georgia. On that very point that Dr. FLEMING made, Mr. Speaker, in regard to the amendment:

Back in July, during that 2 or 3 days of markup, that amendment was offered by my colleague from Georgia, the ranking member with 17 years' experience on the Health Subcommittee of Energy and Commerce. He offered that very same amendment, and it was rejected on party line.

Mr. AKIN. Reclaiming my time, I appreciate, Doctors, your help. We have just a couple of minutes before I have to close, and I would like to correct one other thing. It's an assumption that has been kind of hidden in this debate over the months, which is that American health care is really cruddy and terrible and that it has to be totally torn down and rebuilt.

Now, this summer, while we were debating this, my dear father, who is 88 years old, went to a heart doctor. His original heart doctor had been diagnosed with cancer, and he retired. He goes to a new heart doctor.

The heart doctor says, What has the doctor done for your heart?

Dad says, Well, I'm getting these medicines.

He said, But what did you do? Well, come in, he says, for a stress test.

He went in for the stress test. Within a couple of days, he had scheduled an angioplasty. My father was put under anesthetic. They went in and looked around with their little camera. He came back out. They hadn't done anything. They called us in the office. I was with my dad on Monday. He's 88 years old.

The doctor says, You need open heart surgery.

He says, What are the numbers?

The numbers are these, he said. There's a 10 percent chance for a major complication in open heart surgery. If you don't get it, there's a 50 percent chance you're going to have a major heart attack.

So I'm sitting there with my dad and my mom in the office. The doctor says, When can we schedule surgery?

He said, Tuesday or Thursday.

That is tomorrow or two days. So we scheduled surgery. My dad had a seven-way heart bypass. He was home from the hospital on Saturday. The whole

process took about 2 weeks, 2½ weeks, and he's doing fine. That's the miracle of American medicine.

Let me explain one thing, which is, if you're some sheikh in Bahrain with unlimited money, where do you want to go to get your health care? To the good, old USA.

I say to you doctors, Hats off for the great health care that you provide. Yes, there are some things that we can do to improve it, but it doesn't mean we have to burn the entire barn down.

Mr. FLEMING. Will the gentleman yield?

Mr. AKIN. I yield my last minute or so.

Mr. FLEMING. Some might say that that's anecdotal, but let me point this out: for all cancers, 66.3 percent of American men and 63.9 percent of American women survive. In Europe, it's 47.3 and 55.8. So we're not talking about just a single story like you gave, which, I think, is representative. What we're talking about across the board are statistically significant differences in cancer survival rates in the U.S. versus Canada versus Europe.

Mr. AKIN. Let's do that statistic one more time, and we'll probably have to close up with that.

In the U.S., your survival rate is 60-something percent overall.

Mr. FLEMING. For all cancers it's 66.3 for men and 63.9 for women.

Mr. AKIN. Okay. This is over 5 years? Mr. FLEMING. Yes, versus Europe, which is 47.3 percent.

Mr. AKIN. So, if you've got cancer, you'll want to be in the good, old USA then.

Mr. FLEMING. Absolutely.

Mr. AKIN. Yes.

I very much appreciate your all joining us tonight. I thank my colleagues and the American public for continuing this discussion on health care.

God bless you all. Thank you.

DEAR ____: With the media reporting daily on Congress' and President Obama's efforts to enact meaningful health reforms this year, many Humana Medicare Advantage (MA) members are contacting us with questions. Members just like you want to know what these reforms might mean for their Medicare health plan and how they can get involved to help protect Medicare Advantage.

We are working diligently to ensure that our nation's leaders understand how proposed reforms might affect you. At the same time, we have created the Partner program to keep you informed about proposed Medicare changes and help you get involved so your voice is heard in Washington. Your opinions matter to us, to others on Medicare, and to your elected officials. There are two things you can do now to help show Congress the importance of Medicare Advantage:

Opt into the Partner program. Becoming a Partner is easy. Just complete the accompanying, postage-paid form and follow the instructions to fold and mail it back. As a Humana Partner, you will join more than 50,000 Humana Medicare Advantage members who are receiving information about this issue and learning how to get involved to protect your Medicare health plan coverage.

Let your Members of Congress know why Medicare Advantage is important to you.

Congress is considering significant cuts to Medicare Advantage now, and your Members of Congress will want to know why this program is valuable to you because these cuts could mean higher costs and benefit reductions to many on Medicare Advantage.

We've made it easy for you to have your voice heard. Just call (877) 698-9228 (toll-free) or visit www.humanapartners.com for additional information about this issue and how you can offer helpful input to your elected officials.

Leading health reform proposals being considered in Washington, D.C., this summer include billions in Medicare Advantage funding cuts, as well as spending reductions to original Medicare and Medicaid. While these programs need to be made more efficient, if the proposed funding cut levels become law, millions of seniors and disabled individuals could lose many of the important benefits and services that make Medicare Advantage health plans so valuable.

On behalf of Humana's 28,000 employees, I would like to thank you for being a Humana member. We look forward to partnering with you to ensure the Medicare Advantage program remains strong, so you can have peace of mind about your health coverage—now and in the future!

Regards,

PHILIP PAINTER, M.D.,
Chief Medical Officer,
Humana Medicare.

DEPARTMENT OF HEALTH & HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, CENTER FOR DRUG AND HEALTH PLAN CHOICE, BALTIMORE, MD.

MEMORANDUM

Date: September 21, 2009.

To: All Medicare Advantage Organizations, Medicare Advantage-Prescription Drug Organizations, Cost Based Organizations and Demonstration Plans.

From: Teresa DeCaro, RN, M.S./s/, Acting Director, Medicare Drug and Health Plan Contract Administration Group.

Subject: Misleading and Confusing Plan Communications to Enrollees.

CMS has recently learned that some Medicare Advantage (MA) organizations have contacted enrollees alleging that current health care reform legislation affecting Medicare could hurt seniors and disabled individuals who could lose important benefits and services as a result of the legislation. The communications make several other claims about the legislation and how it will be detrimental to enrollees, ultimately urging enrollees to contact their congressional representatives to protest the proposals referenced in the letter.

Our priority is ensuring that accurate and clear information about the MA program is available to our beneficiaries. Thus, we are concerned about the recent mailings as they claim to convey legitimate Medicare program information about an individual's specific benefits or other plan information but instead offer misleading and/or confusing opinion and conjecture by the plan about the effect of health care reform legislation on the MA program and other information unrelated to a beneficiary's specific benefits. Further, we believe that such communications are potentially contrary to federal regulations and guidance for the MA and Part D programs and other federal law, including HIPAA. As we continue our research into this issue, we are instructing you to immediately discontinue all such mailings to beneficiaries and to remove any related materials directed to Medicare enrollees from your websites. If you have any questions about whether plan communications comply

with the MA program requirements and guidance and federal law, we urge you to contact your Regional Office account manager.

Please be advised that we take this matter very seriously and, based upon the findings of our investigation, will pursue compliance and enforcement actions.

DEPARTMENT OF HEALTH & HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, OFFICE OF MEDIA AFFAIRS, WASHINGTON, DC.

MEDICARE ISSUES NEW GUIDANCE TO INSURANCE COMPANIES ON MEDICARE MAILINGS

Medicare today called on Medicare-contracted health insurance and prescription drug plans to suspend potentially misleading mailings to beneficiaries about health care and insurance reform. The Centers for Medicare & Medicaid Services (CMS) recently asked Humana, Inc. to end similar mailings. Humana has agreed to do so.

"We are concerned that the materials Humana sent to our beneficiaries may violate Medicare rules by appearing to contain Medicare Advantage and prescription drug benefit information, which must be submitted to CMS for review" said Jonathan Blum, acting director of CMS' Center for Drug and Health Plan Choices. "We also are asking that no other plan sponsors are mailing similar materials while we investigate whether a potential violation has occurred."

Humana is one of a number of private health plans that contracts with CMS to offer health care services and drug coverage to Medicare beneficiaries as part of the Medicare Advantage and Part D programs. CMS learned that Humana had been contacting enrollees in one or more of its plans and, in mailings that CMS obtained, made claims that current health care reform legislation affecting Medicare could hurt Medicare beneficiaries. The message from Humana urges enrollees to contact their congressional representatives to protest the actions referenced in the letter.

"We are concerned that, among other things, the information in the letter is misleading and confusing to beneficiaries, who may believe that it represents official communication about the Medicare Advantage program," said Blum.

Specifically, CMS is investigating whether Humana inappropriately used the lists of Medicare enrollees for unauthorized purposes.

Based on the findings of the investigation, CMS will pursue appropriate compliance and enforcement actions.

THE 30-SOMETHING HOUR

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

Mr. MURPHY of Connecticut. I thank the Speaker for granting us this time on the House floor this evening.

I hope to be joined very shortly by a few other of my colleagues who are also from the 30-something Working Group. As our colleagues know, this group comes down to this floor on a regular basis to talk about the issues that matter, not just to our constituents or to the American people but, in particular, to young families out there.

We are also to be joined this evening by a few other Members who care deeply about this Congress' commitment to