not all breathe easier if the Republicans succeed in essentially eliminating the ability of Uncle Sam to enforce the Clean Air Act.

Now, I know it seems pretty shocking, but the fact of the matter is, tonight, as these discussions are going on, the Republicans want to put a rider—one of these noxious viruses on a bill—a rider that would make it illegal for the Environmental Protection Agency to protect our children's health against asthma in enforcing the Clean Air Act.

Now, this is pretty amazing. It cannot stand. We are encouraged that the majority leader has said they will not allow these riders.

Let's get a compromise to deal with this deficit, not make it harder for our kids to breathe, not make it easier for asthma to ravage our kids, and let's preserve a bipartisan success in the Clean Air Act.

## 10TH ANNIVERSARY OF MICROSOFT IN FARGO, NORTH DAKOTA

(Mr. BERG asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BERG. Today I would like to recognize the 10th anniversary of Microsoft having invested in Fargo, North Dakota. Since coming to North Dakota, Microsoft has helped to create hundreds of jobs, and it's increased the economic opportunity in our State.

Ten years ago tomorrow, Microsoft acquired Great Plains Software in Fargo, a local homegrown company. At the time, Great Plains employed 800 people. Today, there are more than 1,500 people working in Fargo for Microsoft. And the Microsoft campus continues to grow. In fact today, there are more than 60 open positions at Microsoft looking for people.

This is what our country needs throughout all the States. I am pleased that companies like Microsoft have felt confident in investing in our State and our people.

Congratulations to Fargo Microsoft employees on your 10-year anniversary, and thank you for the positive work you've done for the Fargo community.

□ 1910

## IN MEMORY OF FORMER REPRESENTATIVE JOHN ADLER

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

Mr. COHEN. Mr. Speaker, it is on days like this in the House when you lose a colleague, John Adler, who passed, served in the previous Congress, that you realize how many good men and women come and serve in this House of Representatives, and what an honor it is to serve with them and to spend time with them while they are here on this Earth. It is also a reminder on how sometimes good people pass early, so we need to all enjoy each day the opportunity that God has given for us to live.

John Adler was a fine man, he served honorably in this Congress, and he cared about human beings. He was my friend, and I will miss him.

## CELEBRATING THE PATTERSON FAMILY

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

Mr. TIPTON. Mr. Speaker, tonight I rise to celebrate an American family in Colorado. Steve and Angie Patterson, in Denver, Colorado, have three wonderful children, Caid, Marin, and tonight we pay special tribute to their son Jake, celebrating his 10th birthday. They will soon be the next generation of Americans leading this country, making choices. The choices that we make in this place will impact their lives and their future. They are counting on us to do the right thing.

Mr. Speaker, tonight I wish that they have a very happy celebration together for the family, and we wish them the best.

## IN MEMORY OF FORMER REPRESENTATIVE JOHN ADLER

(Mr. ROTHMAN of New Jersey asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROTHMAN of New Jersey. Mr. Speaker, I too am here to acknowledge the passing of a wonderful human being and my friend, John Adler. Congressman John Adler served in the House of Representatives representing a portion of our State of New Jersey. John was a hysterically funny guy, brilliant. He was a loving husband, a loving father to four outstanding young men.

He was a leader in the New Jersey State Senate, recognized for his intelligence and his contribution to the people of New Jersey. I am still in shock at his passing. He did not deserve to die young. He was such a good man. I want to convey my thoughts and prayers to his wonderful wife, Shelley, and to their four sons, Jeffrey, Alex, Andrew, and Oliver, on the passing of this great and good and wonderful man, John Adler.

## HONORING JERRY SLOAN

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, I want to congratulate a native southern Illinoisan and a living legend in the sport of basketball, Mr. Jerry Sloan of McLeansboro, Illinois, who retired recently as head coach of the NBA's Utah Jazz. Jerry never forgot his humble roots. Throughout his playing and coaching career, he exhibited a hard-work ethic, a down-to-Earth demeanor, and an unassuming style.

Jerry ended what was the longest tenure with the same team of an active head coach in the four major sports leagues. He is third on the all-time NBA wins list with 1,221.

Jerry was an outstanding athlete at McLeansboro High School and played college basketball at the University of Evansville, leading the Purple Aces to consecutive Division II national championships. He was drafted into the NBA by the Baltimore Bullets and then went to the Chicago Bulls in the expansion draft. He played 10 years with the Bulls and has his No. 4 jersey retired by the team.

In 1979, Jerry was named head coach of the Bulls. He resigned in 1982 and joined the Jazz as an assistant coach in 1984. He became the Jazz head coach in 1988. Jerry led the Jazz to the NBA finals twice. He was inducted into the Naismith Basketball Hall of Fame in 2009. Jerry is a gracious, honest, tractor-loving guy. He will be missed in Utah, but those of us in southern Illinois will welcome the chance to see him more often.

## IN MEMORY OF FORMER REPRESENTATIVE JOHN ADLER

(Mr. WELCH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WELCH. John Adler was in the class just after me, and I got to know him well because the freshman and sophomore classes went through learning how to serve in this Congress together. I also got to know him because we happened to have our lockers in the same section of the gym. And I am stunned, as we all are.

But what was so amazing to me, in my getting to know John Adler, was I learned about his Harvard education, the college and the law school. I had some assumptions about him that he had a much more prosperous early life than he did. He had to earn everything that he got. I also learned about the challenges that he faced. And what was clear to me, as it was to all of us who got to know him, is that he was a person who made a decision that whatever the challenge, he was going to face it with good humor, with optimism, with a sense of doing the work because it was worth doing in and of itself.

I also remember many times asking him about his weekend; and what he always responded with was something about his family. It wasn't about the speech he gave; it wasn't about the press release or a story in the paper on TV. It was always, every single time, about his family. John Adler was a good friend. He will be missed. A wonderful, wonderful servant in Congress.

## GOP DOCTORS CAUCUS

The SPEAKER pro tempore (Mr. GIBBS). Under the Speaker's announced

policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, what we are going to do here for the next hour is talk about why we feel so strongly the need to repeal, and if not successful, to defund so many provisions of the Patient Protection and Affordable Care Act.

But, Mr. Speaker, before I get started in the subject at hand, I do want to join my colleagues, particularly my colleagues on the Democratic side of the aisle, in remembering our colleague John Adler. I didn't realize that John had been sick. I didn't realize that John had had surgery. I didn't realize until just moments ago that our colleague from New Jersey had died. As I sat here listening to the New Jersey delegation on both sides of the aisle talk about John, it helped me understand a little bit better about him.

All I know about John is that he was a great guy and a really, really nice Member of this body and someone that I respected. I got to know him, Mr. Speaker, in the House gym at 6 o'clock in the morning usually. He would be working out, and I would be working out—I am 15 years older than John was—and we just struck up a good friendship. I truly will miss him, as well as my other colleagues, as they express their sympathy to his wife and his four sons. But truly a great Member.

It reminds me too, Mr. Speaker, that as we do our work, as we do our work with 1-minutes, and we do our work with 5-minute Special Orders, and now this leadership hour talking about a very important issue that our colleagues on the other side of the aisle for the most part, almost 100 percent of them feel very differently about this issue, we differ on a lot of things, and we will continue to do that. It has gone on forever.

But the point I would like to make, and I will conclude with this, is that there are 435 people in this House of Representatives. And sometimes we Republicans are in the majority and sometimes the Democrats are in the majority, and the worm turns, and nothing is forever.

But we have good, decent men and women serving here representing their districts and doing the work of the people. And God bless them. God bless each and every one of them. God bless a Member like John Adler, who died much too young, as my colleagues have said already.

But we want to always keep in mind that as we argue and debate and make points and feel very strongly about an issue, that doesn't mean we don't love one another. And we do. And I loved John Adler. He was a great Member of this body.

Mr. Speaker, again here we are, though, getting right back into the business at hand. And this is a hugely important week, a hugely important week as we try to come to some conclusion in regard to how much money we need to cut out of, not this fiscal year we are in right now, but the last fiscal year, which started—well, actually we are in the fiscal year, but it started on October 1 of 2010.

□ 1920

Here we are, what is it, the 4th of April, 2011, so half of the fiscal year has already expired and we have not funded the government except in this piecemeal fashion.

We didn't have a budget, we didn't have spending bills, and we put these little 2-week Band-Aids, 2, 3 weeks, a little bit of cutting, but from my perspective and from my side of the aisle and our leadership not nearly, nearly enough. And we are faced with this tremendous issue of trying to reach a compromise and an agreement to lower spending.

The American people certainly gave a mandate, I think, to 87 new Republicans and 9 new Democrats to come up here and quit all this spending. Let's not have $1.5 trillion deficits year after year after year. That's how you get to $14 trillion worth of debt, and that's what we are facing right now; and, indeed, in a month or so, we are going to be asked to even raise that debt ceiling statutorily to say, well, we will continue to borrow and kick the can down the road.

Obviously, Mr. Speaker, these are times that try men and women's souls, and we all feel very strongly about our position. But I know my leadership and Members on this side of the aisle, and I hope our Democrat colleagues, feel the same way. We hope and pray that we can do the people's work and cut this spending and get this country back on a sound fiscal footing so that as we go forward to the 2012 budget, which we will hear about tomorrow, that we will continue to work hard to finally balance this budget and get our country out of this significant debt.

Speaking of debt, Mr. Speaker, the reason I am here tonight, I represent the caucus on the Republican side of the aisle known as the House GOP Doctors Caucus. There are, I think, 21 of us now, doctors and nurses on this side of the aisle, with just years and years of clinical experience.

As an example, I spent 26 years practicing my specialty of obstetrics and gynecology. We have registered nurses that are part of the Doctors Caucus. We have specialists, general surgeons, cardiothoracic surgeons, family practitioners, gastroenterologists. I could go on and on, but some of them, hopefully, will be with me during this hour, will join me in a few minutes to talk a little bit more about our concerns, their concerns, Mr. Speaker, with the Patient Protection and Affordable Care Act of 2010.

This was a bill, a law, that was finally passed and signed by President Obama on March 23, 2010, after about a year and a half of debating the issue in both this Chamber and in the Senate Chamber; and when it finally came down to the reality that there weren't enough votes on the Senate side, it was passed by something called reconciliation which, to this day, I don't think the American people understand. But, Mr. Speaker, I will tell you this, what they do understand is they don't like it, they didn't like the process, and they don't like the policy.

Now, I have heard the President say, and I have heard the Democratic leadership in the 111th Congress, when this bill was passed, talk about how Congress and particularly the Democratic Members have been trying to pass a comprehensive massive health care reform law for almost 100 years. They talked about Franklin Delano Roosevelt, and they talked about John Fitzgerald Kennedy and they talked about, of course, President Bill Clinton and saying, you know, we finally got there, we finally did it, we finally accomplished what we were trying to do for almost 100 years.

Well, they missed the point, Mr. Speaker, because the reason why that type of legislation was not passed in 100 years is because the American people back then didn't want it anymore than they do today; and some 62 percent still say, very loudly and very clearly, in poll after poll after poll, we don't want the Federal Government taking over health care, one-sixth of our economy, lock, stock and barrel. We don't want that.

We want improvement in our health care; and no matter how good something might be, there is always room for improvement and, clearly, our health care system is too expensive. We agree with that. I think Members on both sides of the aisle can reach that conclusion pretty clearly.

So there is agreement to try to do everything we can to continue to provide the best health care in the world. It's not true when people say our health care system is like that of a Third World country. Nothing could be further from the truth. We have the greatest health care system in the world, and some of the doctors in the House GOP caucus will be with me tonight to talk about that.

You know the old expression, don't throw the baby out with the bath water, I think that's what we have tended to do here. We have enacted into law—on March 23 of last year, it's already had its 1-year anniversary a couple of weeks ago—we have done something that I think is not only opposed to what the American people want, you should never do that, but it's bad, it's bad medicine.

It's bad for consumers, it's bad for patients, it's certainly bad for corporate America. And it's absolutely bad for the taxpayer. It's a top-down sort of system where a bureaucracy comes between literally and figuratively a doctor and his or her patient. That's not a prescription for improving our health care system.

I have got a couple of posters here with me, and I wanted to reference these to my colleagues. In fact, I will have several more, but I am going to keep this one up on my far left, that one that shows the picture, I forget what his name is. Maybe one of my colleagues will remember.

Mr. BROUN of Georgia. Boss Hogg.

Mr. GINGREY of Georgia. Well, I remember Boss Hogg, but I was trying to remember what the actor's name is; I don't think he is still living. But I think most of my colleagues do remember Boss Hogg from that old series ''The Dukes of Hazzard.'' It was one of my favorites, kind of like poking fun at ourselves, really; sort of like Archie Bunker and ''All in the Family'' and things like that that those of us who have been around awhile can look back on and laugh and get a chuckle out of it.

But Boss Hogg sort of represents the boss, the bureaucracy, if you will, of the government, Big Government, running health care. Under old Boss Hogg's picture, there he is with that cigar in his hand: you can have whatever you like as long as the boss approves it.

And that's really the way it has turned out, what we talked about in the House. I think it was H.R., House of Representatives, bill No. 3200. It was Senate bill 3590 or H.R. 3590, a shell bill that came over from the Senate and finally was passed into law and became known as the Patient Protection and Affordable Care Act.

But that law has so much bureaucracy, and I will get into some of the numbers on that in regard to all of the new folks in the government that would control health care, but all under this giant government takeover, and Boss Hogg sort of represents that to me as a way of communicating with the public.

But in any regard, before I continue with some of the statistics on the bill, I see that I am joined by my colleague from Georgia, a fellow physician and a member of the House GOP Doctors Caucus, who is a family practice physician from the Athens area where the great University of Georgia is located. Dr. PAUL BROUN is actually a doctor who makes house calls, which is really unique and refreshing. He has been a welcome addition to not only our Georgia delegation but this body.

I yield to the gentleman from Athens and Augusta and my hometown, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY.

Dr. GINGREY, I have taken a history and physical of ObamaCare. I have looked at all the laboratory results, I have looked at all the X-ray results, and I have got a diagnosis:

ObamaCare is a destroyer. It's going to destroy jobs in America. In fact, already, it has destroyed jobs. I have got a lady in my district that right now today has eight people in her employment. She desperately wants to expand her business, she would like to hire at least one or two people for her small business, but she is not going to do it because of the onerous effect of ObamaCare on her business.

□ 1930

So it is destroying at least one or two jobs in that one lady's business. I have got another businessman in my district that wants to make a $31 million expansion of his business. He has the cash in the bank. He doesn't even have to borrow it with all the regulations and all the problems that we are facing with the financial problems that the Dodd-Frank bill has placed on banks as well as small businesses. He wants to make a $31 million expansion of his business. But he is not going to do it because of ObamaCare and because of the increased taxes and also the increased burden that this is going to place on him. That is killing hundreds of jobs just in two businesses within my district.

So it's going to destroy jobs.

But it's also going to destroy budgets. It expands Medicaid. In fact, the State of Georgia has a balanced budget amendment to our State constitution, and our general assembly is just going through the process of trying to balance its budget with a $2 billion shortfall because of the downturn of the economy, the downturn of the economy that was created basically because of policy that was put in place by Democrats. BARNEY FRANK was a big part of that, too.

But ObamaCare expands Medicaid markedly. In fact, the State of Georgia is going to have to add at least about half again as many people to the Medicaid rolls in Georgia, and the State budget is going to have to pick that up, and it's going to destroy the State of Georgia's budget. It's going to destroy every State budget in this country. And it's going to destroy our budget. It's certainly not affordable.

In fact, we see this administration has already, I think it is 1,168 waivers that they've already given to unions and businesses and different entities just because of the onerous financial effects it's going to cost all those people.

And it's going to destroy family budgets. I had a lady tell me about her 26-year-old son recently, that his insurance doubled from last year to this because of ObamaCare. He is paying for his insurance himself. He's self-employed. And he can't afford it.

So it's going to destroy budgets. It's going to destroy family budgets, it's going to destroy State budgets, and it's going to destroy the Federal budget. Not only is it going to destroy jobs and destroy budgets, but it's also going to destroy the quality of health care. In fact, Dr. GINGREY, we were told, and I'm sure you're going to bring this up, the American people were told by the President, if you like your insurance you can keep it. Nothing could be further from the truth. The American people need to understand it. The American people need to understand ObamaCare was designed to force everybody out of their private insurance into a single-payer, socialized health care system that the President himself said that he wanted just before ObamaCare was passed into law.

So my diagnosis is that it's a destroyer. It's going to destroy jobs, it's going to destroy budgets, and it's going to destroy the quality of health care. And also we need to have a plan of action. So I made the assessment, so we need to have a plan of action, and our plan of action, Dr. GINGREY, is—and the American people need to understand this—it's absolutely critical that we repeal ObamaCare and replace that law with something that makes sense, that truly lowers the cost of health care.

There have been numerous Republican bills introduced here in this Congress, in the last Congress, that would lower the cost of health care. I introduced two that would repeal ObamaCare and would replace it with something else. One is a comprehensive bill. I call it the Patient Option Act. It's 106 pages, not almost 3,000. And then I introduced another act that Democrat after Democrat colleagues told me, PAUL, this makes sense, more so than ObamaCare. It's a good first step. The American people want us to do it in a step-by-step process. It would allow purchases for individuals and businesses across State lines. It would allow anybody in this country to buy insurance through an association. They would have multiple insurance products at a much lower cost. It would stimulate the States to set up high-risk pools. Several States have already done that. Mississippi, I talked to Governor Haley Barbour about his plan. Their high-risk pool that they have in Mississippi has been very successful. Colorado has done the same thing I understand.

And the fourth thing that it would do is it would allow everybody to deduct 100 percent of their health care costs off their income taxes. That would change the dynamics of health care. So, Dr. GINGREY, I have done that physical examination and history, history and physical, my subjective, objective assessment, and the plan. The plan is, we must, absolutely must, repeal ObamaCare and replace it with something else, a market-based system that literally lowers the cost of health care and keeps all decisions in the doctor-patient relationship.

ObamaCare does none of those. It's not affordable for the government nor individuals nor businesses. It's certainly not going to preserve the quality of care, because it is a destroyer. So I have made that diagnosis, Dr. GINGREY, and I would yield back to you for our further discussion.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for his contribution and for being with us this evening. I realize there are conflicting things going on on Capitol Hill this

evening, very important things. But I really appreciate Dr. BROUN being with us.

We have also been joined by another member of the Doctors Caucus, that is our good friend and new Member, freshman Member from the great, great State of New York, where my daughter and son-in-law reside. ANN MARIE BUERKLE is a registered nurse, Mr. Speaker, by profession and certainly knows of what she speaks in regard to health care, representing the Angels of Mercy, if you will.

She is concerned, Mr. Speaker, about the health insurance industry and the complexity of such, and maybe even wants to discuss some ways that we could change and improve, certainly improvement is called for, and it doesn't have to be within a 2,400-page bill, as Dr. BROUN was mentioning ObamaCare entails.

So at this time, I'm proud to yield to Representative ANN MARIE BUERKLE.

□ 1940

Ms. BUERKLE. Mr. Speaker, it is good to be here. I thank the distinguished gentleman, my colleague from Georgia. I am very honored to be here to speak about health care in the United States of America.

As was said, I am a registered nurse. I have been a registered nurse since 1972, a time in our Nation's health history where the physician and the patient had a relationship, and the government had not injected itself into that relationship. And then after awhile, I went into law. And for the last 13 years, Mr. Speaker, I have been a health care attorney for a large teaching hospital in upstate New York, for the last 13 years.

What we did in that hospital and in my role as an assistant attorney general, we look at money, money that was owed to the State of New York. So I had a very up close and personal look at the complexity of health care in our country today.

I contend that this bill, this piece of legislation that does anything but reform health care, will only increase the complexity of health care in this country. It will only make it more complicated. It will once again put the government right in the middle of the patient-physician relationship. I contend that is not what the United States of America is about. We need to let the free market play here in our health care system.

I have spoken in my district to many, many people. I have done all kinds of talks, but there is nothing more up close and personal and of great concern to me than the health care system in our country. It is an issue that affects every American in one way, shape or form. This health care bill does not improve the health care system in this country.

I came to Washington with a wide range of goals as a freshman, as my colleague has mentioned, but nothing more important to me than repealing this health care bill; this 2,000-plus-page bill that does anything but reform health care. It adds to the complexity of an already complex system. It puts the government in places where it shouldn't be, and it doesn't protect that patient-physician relationship.

Last week when I was in the district, I had my very first health care advisory council meeting. I spoke with a group of physicians, a group of health care providers, hospital administrators, and we had a conversation. I said to them: What are your concerns as health care providers? You are on the front line. What can we do down in Washington on health care to make the delivery system better and more affordable?

They looked at me, and interestingly enough, all of the people on the front lines came up with different solutions because, as you can imagine, doctors and health care providers are good at diagnosing. The question is now about the solution. What are we going to do for health care in this country?

We are here tonight to say this bill is the wrong bill for this country, but we are not willing to leave it go at that. We understand that true health care reform will include medical malpractice reform. We need tort reform in this country. We need to increase the use of health savings accounts. We need to make insurance portable so when a person loses their job, they don't necessarily lose their health care coverage. We need to allow for the purchase of health care across State lines. We need to put the patient back in the center of health care. And I contend that this health care bill does not do that.

So as we sat around, I said to my group of health care advisors, I said to them, What is it that concerns you most regarding health care in this country? The first thing was our health care, this health care bill that was just passed. And when you get into why does it concern you, because it adds so many layers of bureaucracy and regulations to an already ladened bureaucracy, already an industry and system that is ladened with regulations. If you talk to a hospital or a physician, the regulations and the impediments they have to access that patient for health care are incredible.

So the concern with this bill is it adds so many more layers. It takes this health care bill, and one of the biggest problems with this health care bill is that it takes a piece of legislation and it hands it off to the regulators. Then, with the regulators, they are left to interpret and to deal with and come up with regulations that affect our health care providers.

Beyond that, they recognize the need for tort reform. We need medical malpractice liability reform. If we are going to talk about reducing the cost of health care, we must consider that. And then they talked about the increased regulations on the health care profession.

What we all agreed upon in that meeting was that the health care in this country, it is a good health care system. We have good health care. The quality of health care is not the issue. The issue is the system of health care. And this bill that was passed in 2010 does nothing to make that health care system better. It only complicates it. It only ladens it with more regulations and once again puts the government back in between the physician and the patient relationship.

I thank my colleague who has an esteemed history of being a medical provider in the health care industry. He understands these issues. He understands what good health care is and what a good health care system would look like. And so I commend him and thank him for this opportunity to speak.

I think what we need to do in Washington is to repeal this health care bill. We need to put our heads together collectively and talk to the professionals, talk to the health care providers, talk to the patients, and get together and come up with a systemic plan that will reduce the cost of health care, help to improve access to health care, and not affect the quality of the wonderful health care that the United States of America offers.

In my years in the attorney general's office representing a large teaching hospital, I know how many people wanted to come to this country for health care—I know people from Canada and from Europe—because they knew they had access to good, quality care. They knew they wouldn't have a 6- or 9-month wait. I think with this system, if we allow it to go on, this health care bill, we will see those 6- and 9-month waits while patients are waiting for the government to make a decision about their health care access.

So we need to repeal this bill. We need to enact true health care reform so we can improve access, we can reduce the cost of health care, and we can maintain the fine quality of health care in this system.

I thank my colleague.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentlewoman from New York for sharing her thoughts. Certainly, I agree completely with her. She clearly knows of what she speaks.

This law, it is no longer a bill, it is now the law. Patient Protection Affordable Care Act, it has been the law for a little more than a year, as I said earlier. Of course, the Congressional Budget Office that estimates the cost of laws that we put into effect, they give us an estimate when it is in the bill form so Members can decide whether or not what we are about to do is something that is affordable. And the estimate of this law costing $900 billion, Mr. Speaker, the true cost over the next 20 years is probably in the neighborhood of $3 trillion, not $900 billion.

But I do want to just talk about that number and remind my colleagues

about the pay-for provision that the Democratic Party, the former majority party in the 111th Congress, had in place at the time this bill was passed. Everything had to be paid for, so you had to figure out a way to come up with the money.

In passing this bill and paying for it, Mr. Speaker, some $570 billion was taken out of the current Medicare program. The Medicare program, which serves something like 47 million of our seniors, 5 or 6 million of them are younger people who are on disability that are covered under Medicare. And we literally, to help pay for this new entitlement, this new entitlement which has very little to do with Medicare except that half of the money, half of the pay-for in this $900 billion was taken from a program, Medicare, servicing our disabled and our elderly, providing them health care, half of the money was taken out of that system. The actuaries and the Medicare trustees tell us that over the next 75 years, the unfunded liability, Mr. Speaker, of Medicare is something like $35 trillion, with a ''t,'' $35 trillion. And yet we took the money by cutting Medicare Advantage something like $120 billion. We cut money out of hospice. We cut money out of long-term care, skilled nursing homes.

□ 1950

We cut money out of home health care. We taxed everything that even looked like it had anything to do with health care: durable medical equipment, supplying oxygen for people who were and are continuing to struggle from chronic obstructive pulmonary disease. ''Emphysema'' is a term we use a lot, and I think most people would recognize that.

Finally, we came up and said, okay, we've paid for this; but at the same time, Mr. Speaker, we did absolutely nothing in regard to medical liability reform, something that probably if we enacted it—and if there were something in this bill, ObamaCare, as the President did promise that there would be—could save $200 billion a year, according to the RAND Corporation and other think tanks, from the overall cost of health care, which is one-sixth of our entire economy, of our gross domestic product in a year. That's how big this industry is. So there is essentially nothing in the bill about medical liability reform.

Why do I say that, Mr. Speaker?

My colleagues, I think you understand that it's not about the high insurance premiums that doctors have to pay on an annual basis so that they can practice and be protected from liability if something goes wrong. Obviously, they need that protection and those health insurance premiums for the high-risk specialties like the one that I enjoyed for 26 years, OB/GYN, and neurosurgery.

Mr. Speaker, think about that doctor at the Tucson Medical Center who was there in that emergency room when our colleague, Representative GABRIELLE GIFFORDS, was taken there literally near death. I think Dr. Rhee was his name, R-H-E-E. In fact, Dr. Rhee, I learned later, was a graduate of the great school that I went to, Georgia Tech, the Georgia Institute of Technology. Dr. Rhee spent his career in the military after completing medical school. He served his country for something like 22, 23 years, and he happened to be in that emergency room as head of the trauma center and had had all that specialty training and all those years of treating our wounded warriors in many conflicts—I'm sure in Afghanistan and Iraq.

If he had not been there for our colleague GABRIELLE GIFFORDS—God bless her—we would be talking about her today as we were talking earlier about John Adler, our former colleague from the great State of New Jersey who died today. But that doctor was there. He was there.

I fear, as I talk about this new health care law, there is hardly any provision in there that would provide for doctors, even for primary care physicians. There is some attempt, but when you take all the additional Medicaid-eligible patients, increasing the minimum eligibility at 138 percent of the Federal poverty level, you add just millions of additional patients to be seen and literally hundreds of billions of dollars of additional cost onto the backs of our States that have to have balanced budgets, unlike here in the Federal Government where we just keep borrowing money and where we're now up to $14 trillion worth of debt.

So we have a huge problem in regard to this law that the CBO says costs $900 billion over 10 years. I say—and this poster points it out—the true cost, which is the last bullet point with the red dot, is $2.2 trillion and counting; but as Ms. PELOSI said—and I quote her in the third bullet point here—''we have to pass the bill to find out what's in it.'' That was before the bill passed. Clearly, we are finding out now, unfortunately, what the true cost is.

Mr. Speaker, I want to yield additional time to my colleague from New York.

Ms. BUERKLE. Thank you.

Mr. Speaker, my colleague just brought up the cost of this health care bill. I think it's interesting to talk about and insert what I have heard from the health care community throughout the course of this discussion.

For many hospitals which have a high level of indigent patients, there is what is called a disproportionate share of money that is paid to those hospitals to help them offset the cost of treating folks who are on Medicaid and who are not able to afford their own health care coverage. This health care bill removes the disproportionate share. It phases out that payment to hospitals so that they can afford to treat indigent patients who cannot afford health care. I think that's a very significant piece of this bill—of this law—that was not discussed nor how it will impact and how it will hurt hospitals.

I think, beyond that, we need to talk about seniors and the choices that this health care bill takes away from seniors—again, that wasn't discussed—which are the Medicare Advantage programs and all of the disadvantages that this bill will cause to seniors. We need to keep our health care system intact so those who need the system, such as the seniors, have access to good health care and so their coverage is not hurt. This bill does hurt the senior coverage.

Mr. GINGREY of Georgia. Mr. Speaker, the gentlewoman is absolutely right.

As I pointed out in that $500 billion-plus cut-out of the Medicare program to help pay for this new entitlement of the Patient Protection and Affordable Care Act, $120 billion of the $500 billion-plus was taken from the Medicare Advantage program. The Medicare Advantage program enrolls about 20 to 25 percent of our Medicare beneficiaries.

Why so many?

We are talking about, maybe, 11 million or 12 million who sign up and decide that, rather than the traditional fee-for-service and just pick a doctor out of the Yellow Pages who accepts Medicare, it's more like a health maintenance organization that emphasizes wellness, that emphasizes prevention, tests that are not typically covered under traditional fee-for-service Medicare, like colon cancer screening, breast cancer screening, mammograms for women, especially between the ages of 40 and 60, prostate cancer screening for men, annual physical examinations, follow-ups from a nurse practitioner within the doctor's office, maybe even on a monthly basis to make sure that the senior is taking the medication that was prescribed by the primary care doctor.

All of these things are included with Medicare Advantage. That's why it's called Medicare Advantage. It is an advantage with very little additional cost. In fact, people who are under those programs typically don't have to buy supplemental insurance to cover co-pays and deductibles and hospital care after they've exhausted their benefits. So that's why so many choose that.

Yet what we have done is we've stripped—we've gutted—that program so badly that, of those 12 million, it's estimated 7 million of them will lose that coverage under Medicare Advantage. They'll have to get it under the traditional Medicare, and they'll have to pay $130 a month extra for that supplemental whether they get it through a plan that's endorsed by the American Association of Retired Persons or through some health insurance company, but the average cost is going to be an additional $130 a month for those folks.

□ 2000

So as we talk about the cost, I do want to shift, Mr. Speaker, to the cost

to employers. In this next slide, where the title says, ''ObamaCare Hurts Workers, Increases Costs,'' the majority of employers anticipate health care reform will increase health costs. And most say they plan to pass the increases on to their employees—88 percent plan to do that—or reduce health benefits and programs, 74 percent.

This idea of setting up these exchanges throughout the 50 States and territories and that only 6 million people who have employer-provided health insurance can keep it, they won't need to be on the exchanges, Mr. Speaker, that is absolute poppycock. It's probably going to end up being about 130 million people who get their health care provided today by their employer will end up in those exchanges. And that's why I say this cost that was estimated by the CBO of $900 billion will be in the trillions, because when all of these people morph out of the employer-provided health care onto these exchanges, think how many of them will be eligible for a Federal subsidy to help them pay for that insurance. Because the law says, the so-called ''Affordable Care Act,'' that anybody with an income of less than 400 percent—not 100 percent, not 200 percent, not 300—400 percent of the Federal poverty level—which is getting close to $90,000 for a family of four—I think of my four children and their families of two and three and four, and I know what their incomes are—the Federal Government will be subsidizing so many people that the cost, the true cost will be astronomical, and it is something that we cannot afford. That's why our representative from New York and our other representative from Georgia spoke earlier about we can't do this, we can't afford to do this. We need to repeal this law. It is a bad law.

I've said before, Mr. Speaker, that in my humble opinion I think it's the worst law that has ever been passed in this Congress. There have been some folks on the other side of the aisle—well, not on the other side of the aisle, but the more liberal media who took me to task for saying that, but I truly believe it. I truly believe it's one of the worst laws that was ever passed. And we have made every effort to repeal it.

One of the first things we did in the 112th Congress was pass H.R. 2 to repeal ObamaCare. We sent it over to the Senate, and the Senate—which is controlled by the Democratic majority and led by the Senator from Nevada, HARRY REID—just simply, I guess, put that in file 13, and H.R. 2 is sort of dead in the water over on the Senate side.

So what we are doing now, it is our obligation because of what the American people have told us: Over 60 percent of them a year after passage of the bill, despite the fact that Ms. PELOSI said, once we pass it and you find out what's in it, you'll like it. No, they don't. They don't like it. They don't like it one darn bit better, and they wanted us to repeal. We made every effort at repeal.

And now we're into Plan B, Mr. Speaker. Plan B, of course, is to try to defund especially the parts of the bill that are on automatic pilot, that we have no control over. And when I say ''we,'' I don't mean the new Republican majority in the House of Representatives; I mean every Member of Congress—100 Senators, 435 Members of the House, both sides of the aisle. For goodness sakes, we ought to have control over the spending.

This is not a poster. I don't have a poster on this one. But tomorrow, in the Energy and Commerce Committee, Mr. Speaker, the committee on which I am proud to serve, along with several of our other House GOP doctor members, we are going to have a markup on several bills to change this automatic pilot spending under ObamaCare and put it into the more typical discretionary spending where Members of Congress can say, do we want to spend that money? And if we do want to spend the money, how much do we want to spend? And that we have oversight and we can make sure every year that we look at the program, and if it's not working then defund it.

And these bills—and I'll just mention them real quickly—H.R. 1217, a bill to repeal the prevention and public health fund, $17.5 billion that the Secretary of Health and Human Services has control over, a fund of money that she can spend in any way she wants to. You think back to the ads that we saw with Andy Griffith as the pitchman on television last year about the great value of this new law and how it's going to strengthen and improve Medicare. How you do that by cutting $500 billion out of a program is beyond me. But that money, that $17.5 billion in this prevention and public health fund, can be spent indiscriminately by a decision made by whoever the Secretary of Health and Human Services might be. H.R. 1216, H.R. 1215, H.R. 1214 and H.R. 1213, in the aggregate, this is over $18 billion worth of spending that we Members of Congress have no control over. We're going to get control over it, though, and we're going to defund anywhere we feel that it is wasted, duplicative spending that the American people can ill afford.

I want to go ahead and point out a few other things that are on the slides, Mr. Speaker. I mentioned, of course, the $575 billion in cuts from the Medicare program. I mentioned the 7.4 million people who will lose that coverage under Medicare Advantage because of that $126 billion pay-for. I didn't mention, though, on this slide the third bullet point.

Many physicians may stop taking Medicare patients because reimbursements will be below the cost of providing the care. Now, is that Representative PHIL GINGREY from the 11th of Georgia, is that a statement that I've made? Well, maybe I have made it. But I'm quoting the Actuary of Medicare, Richard Foster, who we had last week as a witness before the Energy and Commerce Committee talking about some of these things. This bears repeating, Mr. Speaker; ''Many physicians may stop taking Medicare patients because reimbursements will be below the cost of providing the care'' Richard Foster, Committee on Medicare and Medicaid Services, Chief Actuary.

Today, doctors are reimbursed under the Medicare program by a formula, an arcane, very difficult—you talk about calculus being difficult; understanding the sustainable growth rate formula to determine how doctors are reimbursed for providing their service, whether it's their brain power or their surgical skills, is beyond anybody's comprehension. And every year, for the last 6 or 7 years, when you apply that formula to the next year's reimbursement level, there is a cut from the last year's reimbursement—2 percent, 3 percent, 4 percent—to the point now, Mr. Speaker, what we have done, of course, we here in the Congress have mitigated those cuts and said we're not going to enact those cuts because these doctors will not be able to provide the care, just as Mr. Foster, the Actuary, said. And if we don't put a bandaid on these cuts and mitigate them, then the doctors will just drop out of the program. And I don't care how much you expand access and hand out more insurance cards, if there are no doctors there to see you, you're not going to have care. You do not have decent care—you don't have any care.

□ 2010

So in this bill, in this new law, not only is that formula still there, and the doctors are facing a 31-percent cut in their reimbursement if we don't mitigate it once again come December 31 of this year, not only is that on their backs, but in ObamaCare, there's this new provision called IPAB, this new bureaucracy—Independent Payment Advisory Board—that's going to actually cut the doctors even more. The Actuary is right: We're not going to have doctors providing the care.

And that's because we've taken money out of this program and put it into an entirely new entitlement program for the most part for young people. Some entitlement, when you force them to buy health insurance in many instances when they don't need it and they don't want it.

Mr. Speaker, I see we've been joined by the cochairman, along with myself, the cochairman of the House GOP Doctors Caucus, my classmate from the 108th Congress, the Member from Pennsylvania, my friend and colleague, Dr. TIM MURPHY.

I yield to the gentleman from Pennsylvania.

Mr. MURPHY of Pennsylvania. I thank you for yielding, Dr. GINGREY.

You know, all of us in the Doctors Caucus are people who have treated patients, and we know full well the value of quality health care. We also know what happens when bureaucracy gets

between the patient and the doctor, and you find yourself spending as much time worried about paperwork and forms and what the government is going to do than sometimes your dealing with your patient. That's not good health care. And that certainly isn't good health care reform.

All of us who are health care professionals know that the treatment should not be more harmful than the illness itself. And what happens with the health care bill that was passed, when you look at some of the parts of this and realize what it does to the patient, to taxes, to employers, to hospitals, to community health centers, to the cost of drugs, you have to conclude that we did not fix the problem; we financed the problem and it is growing and growing. And that's not the right direction.

Let me give you a couple of examples.

This bill, this act, actually creates about 1,900-plus new duties and responsibilities for the Secretary of Health. It has a hundred or more boards, panels, and commissions of people that we don't yet know who they are to write regulations that we don't yet know what they are.

We also know that despite the words about the goal, the actual means to get there and what happens isn't what is purported to be doing.

Let's look at, for example, we keep hearing about 35 million Americans will be covered. And yet, we also hear from various consulting firms that it won't be 9 million Americans that will lose their health insurance, it may be tens of millions of people who will lose their private insurance. So covering 35 million but perhaps the same or double that losing their insurance doesn't get us to where we need to be.

We also heard that health care costs were going to go down. I had someone from HHS from Philadelphia come to my office and they told me with a smile that wasn't it great that health care costs were only going up 2 or 3 percent. I asked this person if they bothered to talk to some of the employers in the State of Pennsylvania, because a lot of them told me their health care costs are going up 20 and 30 and 40 percent. I asked if they'd talked to some of the families whose children were covered on plans before that exclusively cover children to find out that those plans were not going to cover children any more because of the way the government decided to design those.

Our goal should be to treat. Our goal should be to help. Our goal should not be to stop at just rhetoric and say, ''We have good intentions, and therefore we have good outcomes.'' But good intentions don't make good outcomes.

Where we could be spending money is on some real reforms. One of the issues that we've been united on has been to help community health centers. One community health center in Pittsburgh that I visited with, the Squirrel Hill Health Center, treats about 700,000 individuals through more than 2.3 million visits annually. These community health centers in Pennsylvania, there are 45 in 67 counties—60 percent urban and 40 percent rural. Their patient base is 68 percent Medicaid, uninsured, and 93 percent of patients of incomes at or below the 200 percent of the Federal poverty level.

What is interesting is how much lower in costs those clinics throughout Pennsylvania, quite frankly throughout the Nation, could provide high-quality health care.

But what we've created is a couple of burdens. I found it interesting as part of the health care bill that one of the things we passed was an amendment that Congressman GENE GREEN, a Democrat from Texas, and I had authored to allow doctors to volunteer at community health centers. If Dr. GINGREY wanted to go to a community health center and volunteer, and if I wanted to and any of the other ones, we couldn't do it. And the reason being that those community health centers say, ''We can't afford to have you volunteer.'' Because in order to volunteer, they'd have to pay the medical malpractice costs instead of having them in the Federal Torts Claims Act—employees of those clinics can do that—and that adds to their costs. In the meantime, those clinics are short 10, 15, 20 percent of what they need in providers.

They are a tried and true method of bringing people together, people from a wide range of disciplines: OBGYNs, family practitioners, dentists, podiatrists, social workers, psychologists, to work. That's one of the many things we could be doing. But along those lines, there are a great many things that we can be doing.

Mr. GINGREY of Georgia. I want to thank you, Dr. Murphy, and I appreciate you coming.

Mr. Speaker, I thank you for the time. I know our time is up.

I just refer to our last poster in conclusion: Repeal and Replace ObamaCare.

## CONGRESSIONAL BLACK CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 60 minutes as the designee of the minority leader.

Mrs. CHRISTENSEN. Thank you, Mr. Speaker.

I just wanted to start off by saying in response to some of what I've just listened to—and I'm not going to take it point by point. I just want to point out that what we passed last year is not ObamaCare. To the people of this country it is your care. And if you allow it to be repealed, defunded, or picked apart piece-by-piece, President Obama will still have his health care insurance and so will many of the people who are trying to take away yours, your care.

Just remember that the Patient Protection and Affordable Care Act was not to provide care for us. It was to provide care and access to quality, affordable health care for you. It is not ObamaCare. It's your care.

At this time I'd like to yield to my colleague from Maryland, Congresswoman DONNA EDWARDS.

Ms. EDWARDS. I would like to thank Congresswoman CHRISTENSEN for the time.

And just a reminder that today, April 4, is a sad remembrance in some ways of the assassination of Dr. Martin Luther King, Jr. in Memphis, Tennessee, some 43 years ago. It is such an irony that we're here this evening at this time because there are so many things for which Dr. King fought and struggled that are ever-present today both in our policy and our politics and in our national culture and through our social fabric.

During this year also we commemorate the 40th anniversary of the Congressional Black Caucus. It's important for us to remember that the Congressional Black Caucus was founded to tackle the injustices that Dr. King pointed to and to promote equity in the United States and with and through our United States political process.

Dr. King dedicated his life to the then-uncomfortable conversations on injustice faced by African Americans across the country. Dr. King knew that tackling discrimination in the United States could not only focus on knocking down social barriers but also economic barriers that held African American workers, held low-wage workers from economic wealth to sustain their families.

I want to thank Dr. CHRISTENSEN and so many of my other colleagues who've joined me in the introduction of House Resolution 198, recognizing the coordinated struggle of workers during the 1968 Memphis sanitation workers strike to voice their grievances and reach a collective agreement for rights in the workplace. What an irony here in 2011 that the battles for which Dr. King fought so valiantly are today's battles.

□ 2020

House Resolution 198 has among it, today, 55 cosponsors. We recognize that we may not be able to move this measure to the floor, but it is an important remembrance, commemoration of the struggle of those sanitation workers, those city workers, those municipal workers as they tried to organize.

As Dr. King knew, organized labor is a cornerstone of our democracy, and the organizations of organized labor have altered many facets of our Nation. They've changed our Nation for the better. Organized workers will forever change the labor debate in Memphis through their collective will. That's what happened in Memphis on those days 43 years ago.

Just 2 weeks ago, we recognized the 100-year anniversary of the deadly Triangle Shirtwaist Factory fire, which