have no choice, the Republicans give you a choice.

Now the dirty little secret is out there, and the real choice is in front of us. The choice is easy.

SETTING THE RECORD STRAIGHT ON MEDICARE

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

Mr. FLEMING. Mr. Speaker, the CMS actuary just came out with the grim news. Apparently the insolvency date of Medicare was just moved up 5 years to 2024—that is only 12 years from now—and will probably move up further before we get there.

Furthermore, this is after one-half trillion dollars has been shaved from current Medicare to extend the life of Medicare, and, as we all know, that money is already infamously booked twice: once for middle class insurance subsidies and the other to extend the life of Medicare.

The 2012 budget that passed the House with bipartisan support is the beginning to the solution for this problem. It preserves Medicare for those 55 and over and reforms it to a market-based system with lots of choices for those under 55 today. Meanwhile, Democrats simply play ''mediscare'' on this issue and insist on doing nothing.

HONORING OUR SERVICEMEMBERS AND VETERANS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Mr. Speaker, a lot of times our constituents are confused about the processes of this House. The one thing that we are not confused about is when we all join together in unity, our patriotism, our respect, affection, and admiration for the United States military.

Yesterday, many of us interfaced with families, Gold Star Mothers and Blue Star Mothers, families who had experienced a wounded soldier or one who had lost their life in battle. It was a serious time, and I, too, commemorated and celebrated with my fellow Houstonians and Texans, even those who came up to me and said veterans can't get jobs.

And so for me to come today and to participate in a mockery of a placed-on-the-floor vote on the debt ceiling when everyone knew, and our good friends on the Republican side, that it was a joke, but it was not a joke for me. I voted ''yes'' because the responsible position is to ensure that America pays her bills, not to leave soldiers on the battlefield with no equipment, no shelter, no food, and certainly not to take away veterans benefits, Medicare, Medicaid.

Let us be responsible, and let us stand for the American people. I did that today.

□ 1940

GOP DOCTORS CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Tennessee (Mr. ROE) is recognized for 60 minutes as the designee of the majority leader.

Mr. ROE of Tennessee. Mr. Speaker, we're going to spend the next hour tonight discussing basically the health care debate and what has occurred in the past 2 years here in Congress. And we have asked our physician colleagues and Health Caucus to come down and spend this hour discussing this issue.

Now, I think before we start, what we need to do is talk about why we're having this debate. Obviously, we needed health care reform in America. And one of the frustrations at least I've had since I was here was during our last Congress, we had nine physicians in the Physicians Caucus, M.D.s and then 13 people total in that caucus, and none of us was consulted about the health care bill.

And when I came to Congress, I asked myself the question, just as I was seeing a patient, what's wrong with the American health care system? And the problem with the American health care system is today still, and getting worse, is that it costs too much money to go to the doctor and go to the hospital. So when I would see patients in my office, I could see the costs ever rising. Back in the eighties, we tried plans called managed care capitation. In our State, we tried to reform our Medicaid program. All failed to hold the costs down.

The second problem I saw with the American health care system is that there are a group of our citizens who didn't have access to affordable health insurance coverage. If it was affordable, we would all have it. As an example, let's say a sheetrock worker or a carpenter that puts up studs in a house or a homebuilder may not have a business big enough to afford health insurance coverage. And maybe this person's wife worked at a local diner, and together they make $40,000 a year. In our area you can get along just fine making that amount a year. They couldn't afford $12,000 premiums.

And the third problem I saw, which is a liability issue, is that we see ever-escalating health care costs, and I see Dr. GINGREY is here with us, a fellow OB/GYN as I am, and we saw costs from the time I began my practice from $4,000 in 1977, which is what the malpractice insurance was at that time, to over $70,000 today. Who bears those costs? Our patients.

Again, back to number one. We began this debate on what I think was a false premise. Basically, the health care bill was to cover those people who didn't have insurance. And this particular bill, the Affordable Care Act, so-called ObamaCare, did do a couple of things. One, it has done nothing so far—it is beginning to be initiated, as far as lowering the health care costs—it has done nothing. If you look at every business around, those rates are skyrocketing and making it less affordable for us.

Number two, it did increase access. And how did it increase access? At least it appears so far that it increased access by massively expanding Medicaid. And the one thing about the bill I do like is allowing young people to stay on their parents' health coverage until they are 26.

In a committee hearing we had the other day with HHS Director Sebelius, I asked her how many people would this bill cover, this 2,500-page bill? And she estimated a number, 30 million or 32 million more American citizens. The CMS's own actuary estimates, the Congressional Budget Office estimates it will add 15 million more people to Medicaid, a system that's already bankrupt in the States. The CMS actuary actually believes it will be 24 million more people on Medicaid, and you add 6 million more young people to that, and really without this incredibly complicated bill, in two paragraphs you could have done exactly what they did with this bill without all this complicated issue that we're going to talk about later tonight.

So we did nothing to lower costs. We did increase access by increasing Medicaid and potentially exchanges. And we can talk about that later. And then lastly, liability, which there is nothing in the Affordable Care Act for that.

The other thing that is not in the bill, glaringly not in this bill, which is incredibly important, is the so-called doc fix. And so our viewers can understand what that is, as a physician, when I see Medicare patients, the Federal Government pays a certain amount with Medicare part D and the person getting the care pays for those premiums also.

In 1997, to help hold health care costs down, there was a formula put in so that if the costs went above a certain amount, the doctors were, the providers were cut. Right now, if we hadn't passed a temporary fix of this, the doctors would have had a 26 percent decrease, and in 2 years that's going to be a 30 percent decrease in their payments. So what difference does that make if you're out there and you're a Medicare-age patient, as I became last summer? So I can speak from some experience. I signed up for Medicare last July.

The problem with it is there's a cost to the physician opening and practicing in their office. And we don't pay the cost of the care. And we are already seeing in our area where very fine physicians are no longer accepting Medicare patients. We believe this could get much, much worse under the Affordable Care Act.

And as the two past speakers brought out, what this bill also did, and what we're going to discuss tonight in more detail, is not just the entire health care bill, but it's going to be Medicare and one specific part of it called the

Independent Payment Advisory Board. But to get to that, we have to explain the problem and why we're having this discussion.

One of the charts I want to show you is this and why we're having the discussion right here is because right now we're looking at a budget that if we do nothing at all—and I'll use President Obama as an example. President Obama just turned 50 years of age. In 2025, he'll be Medicare age. And guess what? Four things will make up the entire budget of this country: Medicaid, Medicare, Social Security and interest on the national debt. And that could come even sooner where those things make up all, depending on certain economic factors. So this is the reason we're having this discussion.

And I had a person come up to me this weekend at a Memorial Day event and said, Dr. ROE, I'm concerned that my children and grandchildren will not have Medicare. And I said, that is exactly the reason we are having this discussion. I have that same concern. We want to save this program for future generations. And he said, well, why don't we just cut foreign aid? And I said that's fine. And last year we cut earmarks. That makes up only 2 percent of our budget. If we completely did away with all foreign aid, which some people I think would agree we need to do, but if we did that, it would only cover, it would take 15 years of no foreign aid to take care of Medicare for 1 year at today's dollar expenditures.

Let me give just a little bit of history on the Medicare program, which has been very successful and very popular in this country. In 1965 it came out. It was a $3 billion program, and the reason it was is because we had seniors that didn't have a way to put money back and to take care of their health care after they had retired from their work. So this program was started, Medicare part A, which is the hospitalization part, and Medicare part B, which is the physician part. It was a $3 billion program at that point. The government estimator said in 25 years, in 1990, this will be a $15 billion program. The real number was over $100 billion. And today, just 20 short years later, it's over $500 billion. So this is a totally unsustainable growth rate that we have to deal with.

Now, in passing, as our two previous speakers mentioned, we've cut, this bill cut $500 billion out of Medicare. This one little thing that was left out of those talks, though, this year, beginning in January 2011, our baby boomers hit retirement age, age 65, Medicare age at 3 million per year, approximately 10,000 a day. And guess what? In 10 years, we're going to have 500 billion less dollars to spend on Medicare and 35 million more people to take care of. And so you do the math. How are we going to control this? How are we going to control these costs?

Well, the President suggests a plan called the IPAB. Right now in Medicare we have MedPAC, a Medicare advisory board which gives advice to this body right here, the Congress, about how we are going to spend our Medicare dollars and suggestions. And the Congress has the right to make those decisions.

Well, this Medicare board, this IPAB board that's going to be in effect in 2014, starts this year with some funding; 2014, 15 bureaucratically appointed people will make decisions based on nothing but cost. Let's say we spend $500 billion on Medicare, and the actual cost of providing the care to our citizens is $550 billion. We've lost our ability in this body right here to say how those dollars are spent. That board will make a decision to cut the spending to $500 billion based on nothing but cost, not quality and not access.

And I can assure you, if you have 35 million more people or 36 million more people chasing 500 billion less dollars, three things happen. One is access to your doctor goes down, costs will go up, and essentially you will have, with this board, rationing of care.

□ 1950

I have several of my colleagues here. There are many more things we can talk about. We have the next hour. I want to recognize my colleague, Dr. HAYWORTH from New York, for some comments.

Ms. HAYWORTH. I thank my colleague from Tennessee, Dr. ROE, for yielding me this time.

In New York's District 19, I have been sharing a headline with our seniors and with all of our citizens, which is that the Affordable Care Act ends Medicare as we know it. It ends Medicare as our seniors know it. And you, sir, have stated the reason exactly. The Independent Payment Advisory Board, which was written into law and passed by the 111th Congress, signed into law by President Obama, the Independent Payment Advisory Board, will assure that our seniors, starting in 2015, when they have to make a 0.5 percent cut in Medicare's budget, our seniors will stop having the access to care that they are accustomed to. And they will not be happy about it.

And then in every successive year, in 2016 it will be 1 percent; 2017, 1.25 percent; 2018, 1.5 percent, if I have done that math right, Dr. ROE. Our seniors will find that their access to the doctors they know, the doctors they prefer, will not be the same.

So when we talk about what we need to do as a Nation, we in the House majority have pledged to our seniors that we will keep the promises that America has made to them, to make sure that Medicare benefits remain secure and safe for as long as they need them, which is why in the budget that we passed in April, the Path to Prosperity Budget, we guaranteed that seniors 65 and above, and in fact our citizens age 55 and above, will not see changes to Medicare as they know it. That gives Americans 10 years at least to prepare for a more secure future for Medicare for exactly the reason that you have talked about, Dr. ROE, which is we do have many blessings in this extraordinary country, and one of them is that we do continue to make wonderful advances in medical science. They do come at a certain cost. So we have a challenge that we need to face together. There are certainly ways in which we can, together as a Nation, figure out how we make our health care more cost effective, and there are lots of opportunities.

It is true, there is waste, fraud, and abuse in the system. That needs to be addressed. There are also ways we can protect our health better in our youth that Americans haven't necessarily had to think about nearly as much in the past couple of decades, but that they are starting to think about. So we need to make sure that we are making those advances together and that our seniors and all Americans who need advanced care will be able to get it, that the sickest among us will not be deprived of care because of the arbitrary decisions of a board that has to cut budgets. Again, that is the headline. The Affordable Care Act ends Medicare as you know it, but what the budget that the House Republican majority passed in April does is to restore Medicare as our seniors know it and allow all Americans time to prepare for a better future for Medicare.

Mr. ROE of Tennessee. I thank the doctor for being here. And just for the viewers today, I want to thank all of my colleagues for being here, and all of you are health professionals, not career politicians. I want to point out that Dr. HAYWORTH just joined us in the Congress. I am a one-term congressman. I practiced medicine for 31 years. I know you did for a long time. We have OB–GYN doctors, ophthalmologists, family practice, cardiovascular surgeons, and nurses, in the well tonight. These are not long-term politicians. These are practicing health care providers who have been out there.

I think the question I always ask myself when I look at legislation, having just left the examining room, how does this legislation affect the care that I can give my patient. I think that is the one that we all worry about. We worried about it with insurance companies. All of us have fought with insurance companies about providing care. I believe at some point in time—we all do this—that care is going to be rationed. The question is: who is going to do it? Is it going to be a Federal bureaucrat and a Federal nameless, faceless panel here in Washington, D.C.? Or is that decision going to be made between a patient, a doctor, and their family? I believe that is who should be making health care decisions in America. It should be made in the examining room in the doctor's office with consultation, not by some nameless bureaucrat up here in Washington, D.C.

I thank you for being here, Dr. HAYWORTH, and I now yield to Dr. GINGREY, my good friend from Georgia, and a fellow OB–GYN.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, and I thank him for leading this hour on such an important discussion. And of course I thank all of my colleagues on the floor here tonight.

I understand that Dr. ROE has authored the repeal legislation of IPAB, this Independent Payment Advisory Board, created under ObamaCare.

Dr. ROE, Mr. Speaker, just said that the doctor-patient relationship, the provider-patient relationship, be that provider an advanced practice nurse or psychologist, a physician, even the hospitals, of course, are huge providers of health care, and who should we be concerned with as Members of Congress. Well, it is those 700,000 people that each of us represent all across this country and that doctor-patient, provider-patient relationship that is most important. Cost, of course, is important. But, first and foremost, is the sanctity of that care, and that is exactly what Dr. ROE is speaking of, Mr. Speaker, and why it is so important that we do vote to pass his bill, and we do it as quickly as possible to repeal this very bad decision.

In fact, Mr. Speaker, back I think in December of 2009, almost 2 years ago now, our colleague on the other side of the aisle, a senior member of the Appropriations Committee, the gentleman from Massachusetts, RICHARD NEAL, offered a letter that many of us in a bipartisan way cosigned. I think there were over 100 signatories to that letter literally begging the President and the administration to forget this idea of creating this exact same board that Dr. ROE is talking about and my colleagues will be talking about tonight. It was called something different then in the construction phase of ObamaCare.

But whatever you call it, today of course we understand it as IPAB. IPAB, Independent Payment Advisory Board; I call it IBAD, Independent Bureaucratic Absolute Dictators, these unelected 15 people that can literally, and will, as the gentlewoman from New York just said, Dr. HAYWORTH, they will have the ability come 2014 to start making these cuts and to make them where the biggest growth area and cost is.

Well, Mr. Speaker, we all know, they say that there will be no rationing. Well, you can say it is not rationing, but if it walks like a duck and quacks like a duck and looks like a duck, it's a duck. And it is rationing. What will happen, and we know it, we health care providers that have spent, what, 500 years of clinical experience in the aggregate, we know exactly what these bureaucrats will do. They'll say if someone is above a certain age, let's pick one, say if you're 65 years old and you come down with leukemia, lymphoma, and what you desperately need when that chemotherapy has failed to keep you in remission is a bone marrow transplant, but because that is so expensive, the decision will be made that no, nobody over a certain age, nobody over a certain age will be eligible for a transplant of a kidney, of a lung, of a liver, of a heart, indeed. This is something that is absolutely unacceptable to us. It is unconscionable.

So, Mr. President, and I say this through you, Mr. Speaker, please, listen to us. Listen to us. We have another letter coming. It is going to be signed by all 21 of the members of the House GOP Doctor's Caucus. I wish we had some Democratic members as a part of this group, but hope springs eternal and maybe they will. But listen to us because we know of what we speak. Don't make this mistake. Don't go down this road. This is not the way to solve the Medicare crisis and the insolvency that is coming very quickly by 2024.

□ 2000

You say you can't accept the House Republican budget, the so-called ''Ryan budget,'' the path to prosperity that includes some, I think, significant and very thoughtful, adult, mature decisions regarding what we need to do on Medicare. All right. Let's get together. Let's get in a room and let's talk about it. But you want to kick the can down the road and do nothing except slash Medicare to pay for your new signature issue, ObamaCare—slash it by $500 billion. Don't put it back into Medicare, but create this whole new program and force more people on to Medicaid, weaken Medicare and then just hope for the future. Well, I think the American people have seen enough of that.

I know there are a number of my colleagues here tonight who need time, but I thank the gentleman from Tennessee, and I will close with this:

On the House GOP Doctors Caucus Web site, Mr. Speaker, folks, my colleagues, you can go to that Web site, and your constituents can go to that Web site. It's DoctorsCaucus.Gingrey.house.gov or DoctorsCaucus.Murphy.house.gov. The reason for the ''Gingrey'' and the ''Murphy'' is that we just happen to be the co-chairs now of the House GOP Doctors Caucus. That, obviously, will change in future Congresses, but that's the way to go to the Web site. We are going to ask you to sign a petition: Oppose the Democrats' Medicare cut board, because that's what it is, a ''cut board.'' Visit the GOP Doctors Caucus Web site. Sign the online petition: Oppose the Democrats' Medicare cut plan.

Mr. ROE of Tennessee. I thank the gentleman.

I would like to point out to our viewing audience tonight that when the House version of this bill was discussed through three committees, when this was debated 2 years ago, this was not in the House version of the bill. This was not there. This independent payment advisory board did not exist. When this bill the House passed through three committees and then here as debated on the House floor went to the Senate, we knew that bill couldn't pass over there, so they brought one out that didn't go through a single committee hearing with this IPAB in it. We have right here the letter that many, many bipartisan Members—Dr. FLEMING is here. Dr. GINGREY, myself, and others—signed along with many people. BARNEY FRANK signed this, opposing this bill, as well as BOB FILNER, Dr. MCDERMOTT, JIM MCGOVERN, and on and on and on. They all think this is a bad idea.

Why do we think this is a bad idea?

We believe as the people's representatives—that would be us—that if there is going to be a cut in Medicare that some faceless, nameless board shouldn't have the right to do that and that the Congress would advocate its, I believe, constitutional right to control spending. So that's the reason we are having this debate now. This should never have been in the health care bill.

Before I yield to my friend from Louisiana, with regard to this right here, President Obama said on Medicare reform: Now, we believe the reforms we propose strengthen Medicare.

That would be taking $500 billion out. I have a hard time believing that's going to strengthen it when we've got 35 million more people going into it.

It will enable us to keep these commitments to our citizens.

If we are wrong and if Medicare costs rise faster than we expect, this approach—that's this IPAB—will give the independent commission, which is this 15 bunch of bureaucrats that are going to make $165,000 a year, I might add, the authority to make additional savings. ''Savings'' means we cut the money so you don't get care. Let me interpret this for you: by further improving Medicare. You tell me how that improves Medicare if you cut services to people and if they don't get the care they need.

I would now like to yield to my friend from Louisiana, Dr. JOHN FLEMING, a family practice doctor.

Mr. FLEMING. I thank the gentleman, my colleague, my fellow classmate, Dr. ROE from Tennessee.

What I thought I would do is take just a moment and discuss the historical aspect of Medicare and how we got to where we are today.

I began medical school only 7 years after Medicare began. In fact, my colleague, Dr. ROE, I think you're probably of similar age and station in life and also Dr. GINGREY who is here, and some of us may even remember before that.

I watched Medicare grow, and the promise to physicians and patients at that time was that government, if this is passed, would not mess with anything. It would all be between doctors and patients. However, by the time we got to the '80s, we found that couldn't be true. The costs were exploding far beyond inflation, so the government—Congress, in fact—began to go through a number of calisthenics in order to make it work.

One was RBRVS, which was a formula by which doctors would get paid rather than by what their costs were—then DRGs, diagnosis related groups, to tell hospitals exactly what they're going to be paid regardless of their costs, then CLIA, and then finally SGR, sustained growth rate, which we're struggling with now.

It basically means, if we miss budget targets, doctors get across-the-board cuts, which would be up to 25 to 30 percent today. Of course, Congress keeps kicking the can down the road because Congress knows that, if we were to actually implement the cuts that are required by law, physicians would stop taking Medicare patients, and we'd have a serious, serious problem.

So, if we fast-forward to today, why is it that we can't control the costs to Medicare? I just have to bring it down to the bottom line here. You control health care costs by one of two methods:

One is a market-based, patient-centered method in which the patient is in the driver's seat, working in partnership with his or her health care provider, making the decisions, but also having a responsibility to control costs, which means the patient has skin in the game, meaning through health savings accounts and things of that sort. They have an investment in controlling costs for them. Therefore, they control costs for the rest of the system. Fraud, waste and abuse is taken care of by the user, the consumer in that case, making, in fact, the patient a savvy consumer.

On the other hand, you've got a command and control, top to bottom, which is what ObamaCare is. The only way that you can control costs, Mr. Speaker, by doing that is to use a system like IPAB, this independent payment advisory board—15 appointed officials who have absolutely no accountability to anyone. They are unelected and unknown, for the most part; and if you have a problem with their decision, there is nobody to go to. No one is going to answer the phone.

So what does this relate to ultimately?

We get an inkling of where we're going with this through funds going into this comparative effectiveness board, where studies will be determined to see how effective various treatments are and for whom. This comes down to what is already implemented in Great Britain, NICE, which stands for the National Institute of Clinical Excellence. For a lot of people, it's not so nice.

So how does it work? It goes like this:

There is a certain number of procedures, diagnostic-or treatment-wise, and there is so much money that can be spent on those. Then there are the needs, the people who actually need these. So a determination is made based on a graph, if you will, or on a matrix as to someone's value to society, as to the value of one's life. In fact, they actually have a numerical value each year for what one's life is worth. They go to this matrix, and they determine in Great Britain whether or not it's worth that investment for them. That may mean a hip replacement, it may mean renal dialysis, or it may mean that your cancer doesn't get treated.

In fact, if you look at the comparative statistics between the survival rates of prostate and breast cancer, which are two of the main cancers we deal with in this country, against Canada, which also has socialized medicine—and Great Britain—there is absolutely no comparison. The death rates are much higher in those countries.

So today I would submit to you, Mr. Speaker, that if we continue down the ObamaCare road, the implementation of IPAB, which is controversial even among the left of the left and is very concerning for everyone, I think this is sort of the last shoe to drop when it comes to the creating of a government-run, socialized health care system in which bureaucrats, rather than you and your physician, will be making decisions about your individual life.

We very much want to repeal ObamaCare; but even if for some reason we can't or until we do that, we desperately want to get rid of this IPAB, which we view to be toxic for our health care system and for our culture in general.

With that, I want to thank the gentleman for having this discussion tonight, and I look forward to many more.

□ 2010

Mr. ROE of Tennessee. I thank the gentleman.

We are blessed to have not only physicians in our Health Caucus but registered nurses with years of experience in health care.

I would like to now yield to the gentlelady from North Carolina for her comments.

Mrs. ELLMERS. Thank you, Dr. ROE. My comments are coming to you as a nurse in health care. And, Mr. Speaker, I know you understand the situation that we're discussing tonight as well.

The situation at hand tonight, there are so many to choose from. We are all vehemently against ObamaCare, and we know that it must be taken down. We voted to repeal it only to fall on the steps of the Senate with nothing forward, so we are taking it apart piece by piece.

This Independent Payment Advisory Board, let's think about that for a moment. One of the points that my colleagues have made is that this is an independent board that is going to make decisions about your health care, the American people's health care. If they receive Medicare, a board somewhere in this country—I guess I would imagine here in Washington—will come together. Your situation, your diagnosis will be sent in, and they will convene and they will decide whether or not you're going to receive the procedure that's being put forward or whether your physician will actually get paid for that procedure. So not only does this limit the health care that you might be able to receive, but it also dictates to physicians what they can and cannot do.

Imagine a physician sitting down with a patient and discussing the possibility of hip surgery after a broken hip only to find out a day later that that surgery cannot be done because this independent board has decided that that patient's age is too progressed, or maybe the patient takes too many medications, or they just feel that this isn't going to be a positive outcome. Imagine that patient, imagine that family looking into that doctor's eyes and saying, You cannot do my surgery? You cannot fix my hip? I was a normal functioning individual 2 days ago, and now I cannot have surgery? This is what ObamaCare has put in place. It has cut $500 billion out of Medicare, and it's going to put a panel in place to limit the amount that can be spread around. $500 billion, that is an incredible amount of money.

I just want to elaborate on my comments. The board, itself, is just unbelievable. But let's face it. Right now in America, physicians are closing their doors. Physicians are dropping patients with Medicare because they simply cannot afford to do business any longer. All of these things that we're facing right now—we talked about the SGR. We talked about how physicians are being paid. There is so much uncertainty in the health care world directly because of ObamaCare. Hospitals are scrambling to figure out and crunch the numbers on how they're going to be able to continue to provide care throughout the years moving forward.

We must follow through on this legislation because it is going to affect every American; it doesn't matter how old you are. This is just a start. This is just a foot in the door. A board like this is dangerous beyond all imagination. I applaud you, Dr. ROE, for all of the work that you have done because this is the right step to take, and I thank you.

Mr. ROE of Tennessee. Before the gentlelady leaves, let me just point a couple of things out that concern me about this bill, and again, back to my premise that health care decisions should be made between patients and their doctor.

I have had patients in my practice who have been in their seventies or eighties who are much healthier than someone who may be 40 years of age. I have seen them. As a matter of fact, at home, one of the folks who helps cut wood and clean and take care of the Appalachian Trail, does trail maintenance, is 92 years old. And he's out hiking on the trail, a very healthy gentleman. And we see this over and over.

This Independent Payment Advisory Board—and I'm going to run down it real quickly just to let you know what authority this U.S. Congress right

here, and I think this is a bipartisan agreement that we're doing away with—it's created under ObamaCare. The Senate version. Not from the House of Representatives, remember. It creates targets, and it requires Medicare to make those cuts when those targets are reached not based on quality and access but just a specific number. And it targets only senior benefits and providers.

And here's the other little thing that's not known that we haven't even talked about tonight. This IPAB will start out for the first 5 years affecting prescription drugs and physician providers, but at the 5-year mark, your hospital is also included in that. That means that they can cut the payments to hospitals, and maybe many rural hospitals—we fear, where I live in a very rural area in America—may close because of this very provision right here. And it's targeted at high-growth areas.

Seniors are shut out when IPAB selects Medicare cuts. And there is no one they can go to to even complain about this. They can't go to their doctor, and they can't go to their Congressman because the Congress gave up its ability to control those decisions.

So one of my great frustrations is this Congress right here is giving up its constitutional authority. And we are beholden to the people who elect us to do what's right, not some nameless bureaucratic board.

I would now like to yield to the gentleman from Indiana, our new Member here, Dr. LARRY BUCSHON, who is a cardiovascular surgeon. He brings great expertise in cardiovascular surgery.

Welcome to the floor tonight, Dr. BUCSHON.

Mr. BUCSHON. Thank you, Dr. ROE, for yielding.

I was a cardiothoracic surgeon just recently, last year, prior to coming to Congress. I helped patients and their families make informed decisions regarding the care they needed or the care their loved ones needed. I provided a professional opinion based on the facts and sometimes had to convey information and news to patients and their families that they didn't want to hear.

Mr. Speaker, I came here to tell the American people the truth that sometimes can be difficult to hear, but the American people deserve the truth about what's happening with health care in this country.

The majority of my patients were Medicare patients. We know that Medicare is one of the main drivers of our long-term systemic debt.

I want to reiterate that on May 13 the Medicare Board of Trustees released their annual report on the program's financial status. In it, the Medicare Trustees stated that the Hospital Insurance Trust Fund will become insolvent in 2024. That's within 13 years, Mr. Speaker, 5 years sooner than last year was predicted.

And from a physician's standpoint, according to the American Medical Association, one in three primary care doctors is currently limiting Medicare patients in their practice, and one in eight physicians is forced to refuse Medicare patients altogether due to the cuts already that have been made in the Medicare program. And with the Medicare population estimated to double by 2030 to approximately 70 million Americans, imagine the access problems we're going to have then.

Today, the average couple that turns 65 has paid in over $100,000 to the Medicare program but is receiving over $300,000 in benefits. Mr. Speaker, this is not a sustainable model. Without significant reforms, beneficiaries in the future are going to be at risk for limited access to quality care they deserve and they count on, and ultimately face rationing of care, waiting lists, and dramatic cuts to current seniors based only on the cost, not based on what Dr. ROE has said, the quality of care or what type of care they need, but based on the money alone.

Anyone promoting the status quo is dooming Medicare to failure, and soon. It's coming up in 2024. Our plan doesn't affect any American over age 55. They have counted on these benefits. But what it does is preserves the program for future Americans. Again, the status quo is dooming Medicare to failure, and soon.

Congressional Democrats and the current administration have offered no plan to date except the Independent Payment Advisory Board that Dr. ROE and others have been talking about in the ObamaCare bill; again, I want to say again, 15 unelected Washington, D.C., bureaucrats making decisions about Medicare, making decisions about the future of health care for our seniors.

IPAB was thought to be maybe the silver bullet—if you listen to them tell the story—to control costs. But what IPAB really will do is will recommend cuts be made to the program—not savings, cuts, we're talking about here. CMS will then make those recommendations to Congress unless we get a two-thirds vote. They go in play. They start to happen. We have given up, as Dr. ROE said, our congressional authority to do something about the future of health care for our citizens.

This is a misguided approach that will, again, empower this group of unaccountable bureaucrats to determine the type of health care you may receive based on your age and your health. Health care decisions are best made when left up to the patient and their doctor.

□ 2020

You and your doctor and your family know what's best for you, not the government.

And I want to finish by saying, for me, personally, Mr. Speaker, this is about the future of health care for the American people. I fear for what the future may hold—access problems, waiting lists, rationing of care. Look at other countries that have socialized medicine. All of these things are occurring. This may be based on your age, based on your health. We don't know what they're going to be based on in the future. It could be based on other factors.

Do we really want this type of health care for the American citizens? I would answer ''no'' on behalf of my patients and on behalf of all Americans and, especially in the case of IPAB, on behalf of our American seniors.

Mr. ROE of Tennessee. Dr. BUCSHON, let me throw this question at you a little bit.

When you are seeing patients in your practice and basically those health care decisions are made between you and them, when you look at their relevant clinical data and their symptoms and you can see that there is a lesion, maybe a heart surgery that you can do to help them, and it's based on what their needs are—and I have never understood since I have been in this Congress why health care has ever been a partisan issue—have you ever seen a Republican or a Democratic heart attack in your life? No. And I've never operated on a Republican or Democratic pelvic cancer in my life.

Why in the world—so this is one where there is bipartisan support because both sides of the aisle understand this is a very bad idea to get on this slippery slope where you allow Washington bureaucrats, and they can be called ''experts'' if they want to be, but they're going to be making clinical decisions for people they never have placed an eye on or a stethoscope on their chest.

And I, for one, am going to go down swinging on this because I believe this affects all the people in this country, and potentially in a very negative way, including the President, because he will be under this same plan.

And, unfortunately, many people will probably try to opt out. We're already seeing all of the opts out for the private health insurance plans. But I, as a 65-year-old, can't opt out. I'm in. I'm going to be part of this. And I know what my patients have wanted. And I just wondered if you feel the same way I do about that.

Mr. BUCSHON. I feel exactly the same way, Dr. ROE.

For me, again, I've never seen a Democrat or a Republican patient. I see a patient. In fact, in my practice as a heart surgeon, frequently, I didn't even know what type of health care coverage that patients had.

For a doctor, like you or me, for any health care professional, what matters is what's the right type of health care to provide for that patient regardless of ability to pay. And what we're looking at here is the potential where these bureaucrats may tell you, Dr. ROE, that you cannot treat this patient based on their decision about whether or not it's affordable for the American people. They're going to make decisions based on money, not based on what needs to be done.

Mr. ROE of Tennessee. What I believe will happen in that situation is that the Federal Government will have overpromised, and what we, as physicians, will do is provide that care and shift that cost somewhere else until there is nowhere else to shift it; because I know how if I see a patient that needs care and they are 75 years old, let's say, and they have needed surgery and I can improve the quality of their life with that, we're going to do it in some kind of way. And you know; you've done it. We just figure out later how to pay for it. That's not the way to do this.

I thank the gentleman.

I'd now like to yield to the gentleman, my colleague and good friend from Tennessee, Dr. SCOTT DESJARLAIS, also a new Member of Congress. Welcome to the House floor tonight.

Mr. DESJARLAIS. Thank you, Dr. ROE. I appreciate you leading this discussion.

I rise tonight in support of my many physician and other health care colleagues that are in the Chamber tonight to discuss what I agree should be a bipartisan issue. It has been so disturbing to me after being in Congress just 5 months to see some of the disrespect that goes on across the aisle on the floor back and forth. But when it comes to our seniors' health care and health care in general, it's something I take very personally.

I think I can speak for all of my physician colleagues, nursing colleagues, our dental colleagues, that are in the Doctors Caucus, that none of us went to medical school or nursing school or dental school to become politicians. We went into those fields because we care about people, and we're now here for that exact same reason. And to sit in this Chamber and listen to accusations about this plan of PAUL RYAN's to help save Medicare is just more than I can stand to not get up and at least share my thoughts. Because the bottom line is, as some of my colleagues have mentioned tonight, the CBO states that the cost of doing nothing is that Medicare will be broke in 9 years.

We've also heard that 10,000 new Medicare recipients are entering the pool each and every day. We also have talked about the fact that the average age of a Medicare recipient in 1965 in terms of life expectancy was 68. So, at that time, you were expected to be on Medicare, Dr. ROE, for approximately 3 years. Well, thankfully, due to advances in medicine, men and women are both living on average at least 10 years longer.

And I think Dr. BUCSHON mentioned that the average couple pays in about 100,000, or 109,000 into Medicare taxes but are extracting 343,000. So it doesn't take a mathematician or CPA to figure out that this program has been severely mismanaged.

So when we step up as a conference and as conservatives to help save the Medicare program but yet we watch, one after another, Members from the other side of the aisle get up and use scare tactics on our seniors saying that this plan is cutting their Medicare, that's just simply untrue, and I think that we need—and we need to set the record straight and people deserve to hear the truth as has been spoken here tonight.

So I join you in my concerns that these are patients we're talking about. These are people. And seniors deserve to know the truth that if they are 55 and older, this plan does not affect their Medicare.

I know that the message has been unclear because I conducted a tele-town hall just last week before the Memorial Day weekend, and we had over 20,000 people call in. And the majority of the questions that we were asked was, Why is my Medicare being cut?

So I think that we need to reiterate the fact that, if you're 55 and older, there are no changes. If you're under 54, we're taking steps to make sure that your Medicare will be preserved and saved and protected for future generations. Anything else would be simply irresponsible.

Another claim that was disturbing to me was the special election in New York. Some claim that the reason that the conservative candidate lost was because of our attempt to save Medicare. And it was spun as that cutting Medicare is something you just don't touch politically. But I know a lot of us, including yourself, Dr. ROE, didn't come here to play politics. We came here to do the right thing, and the right thing is to tell the American people the truth. And what we're trying to do is protect that plan.

The plan that is going to cut Medicare that has been mentioned already is the ObamaCare plan. And that seems to have been pushed to the back burner, and that's a dangerous thing. The IPAB bill that you sponsored, and I'm proud to cosponsor, is a great example of that.

So we need to speak boldly and let the people know the truth so our seniors are not afraid and scared by political tactics. I'm proud to join you tonight in this discussion.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. DESJARLAIS. Yes, sir.

Mr. ROE of Tennessee. Let's go back to what you were saying, Dr. DESJARLAIS, just a moment ago. We've discussed tonight this Independent Payment Advisory Board in some detail, about what it does. We've also discussed the Ryan plan, about what is in the future.

Well, why are we having that discussion? Well, we're having that discussion because we see Medicare as it is being unfundable in 2024, 13 years from now, and that could be a moving target and change. So we want to sustain this—I think both sides want to sustain Medicare as it is.

So we know that people are 55 and older—if you're 70 years old now, nothing changes. My mother is 88 years old and nothing will change for her. But if you're 54, what happens to you? And why do we think that will work?

Well, what happens to you at 54 is you're offered exactly the same health care plan that I have and you have right now. Maybe you have. I have Medicare part A. I would like to still have the plan I had. But you'll have exactly the same plan that Dr. DESJARLAIS has. And what plan is that?

Well, basically what the premium support is is that a person just looks—when you turn 65, you'll look at your health care plan as if—say the Federal Government is your employer. They pay that part of your premium and you pay some other. Now, a higher-income senior like you or myself, we're going to get a bigger chunk of that. So it's going to be indexed based on what your income is. If you're 65 years of age and you're—let's say you have multiple health problems and you're going to have a more expensive plan, you'll pay less than that.

□ 2030

If you are a low income senior, you will pay less than that. Why do we think that will work? We've heard all these things about insurance companies. Why do we think that will work? Well, the one single plan that has ever come in under budget that the Federal Government runs that I know of in health care is Medicare part D.

Now, whether you believe in doughnut holes or not doughnut holes, but in the 10-year budget estimate, Medicare part D, which is the prescription drug plan, was estimated to cost about $630 billion or $640 billion over 10 years. It came in about $337 billion, a 41 percent decrease. So when patients have choices, and people can go and it is not one shoe fits all, one size fits all, people have choices to be able to go out and pick out what kind of health care plan is best for them—for me, I like a health savings account. Someone else may pick another plan with a 20 percent copay. But those patients, those Medicare recipients at age 65 will be able to make that choice, not some nameless board deciding what kind of care you get.

Now, I will say that we do need to help control the costs. That's why we're having this discussion. But again, I believe who should be making those decisions are patients and their families and their doctors.

I want you to stick around for a minute because I've got some more questions. But right now I would like to yield to ANN MARIE BUERKLE, a great new member of our Health Caucus, a nurse, and an attorney. I won't hold that against her. She is from New York, and welcome to the meeting tonight.

Ms. BUERKLE. And I thank you. Thank you for this time.

Mr. Speaker, I rise here tonight, along with my colleagues and other members of the Doctors Caucus, with

such concern about what is being proposed in the health care bill and what is now law. I think we need to have a frank discussion with the seniors, Mr. Speaker, because of the demagoguing and the fearmongering that has gone on by proponents of this health care bill.

The fact is this health care bill, Mr. Speaker, is law. If it goes on without being interfered with, Medicare as we know it will be decimated. Five hundred billion dollars in cuts. That's going to affect the seniors. That's the law, and that's what's in place right now.

What we are proposing on the Republican side is that: it is a proposal. But it is a place to begin the discussion about how we are going to save Medicare. And we must say over and over again to our seniors this bill will not affect you if you are 55 years and older. You will retain the exact same benefits that you have now. But we as health care providers, we as those who went into health care as advocates because we care about people, we want to protect and preserve Medicare. That's what this proposal is that the Republicans put forth in the budget.

I think, Mr. Speaker, the irony in all of this is those who pushed this health care bill, organizations who pushed it on seniors and said this is a great bill, and vote for this health care bill, they now have waivers from the health care bill. They now are saying, well, it's good for all of you folks, but it's not so good for us. That should raise red flags.

So I am so pleased to be here tonight with my colleagues to be able to have this conversation with the seniors, Mr. Speaker. They need to know the truth. They need to know that we want to preserve Medicare. We want to make Medicare better for us, for our children, and their children. And that's what this is about.

I thank you for this time.

Mr. ROE of Tennessee. I thank the gentlelady.

Who more than anyone than the Health Caucus and the physicians caucus wouldn't want to maintain Medicare? And one of my frustrations that I have had in this body is, how can you solve a problem if you can't discuss it? And right now we're not even able to discuss in a logical way how we reform Medicare. And those Medicare changes, we've only mentioned a few of them I might add. There are many others in here. In 2012, that will be just next year, there will be Medicare cuts to dialysis treatment. Medicare cuts to hospice begin in 2012. And on and on.

And it's one thing to have a problem. It's quite another to not even be able to discuss the problem. So let's just summarize it briefly here, and then I will yield to you that are still here. We had a problem in this country with health care costing too much and a group of people that couldn't have access to care and a liability crisis. We did nothing with this ObamaCare bill to curb the costs.

How we helped pay for the Affordable Care Act is we took money out of Medicare. And to control spiraling Medicare costs, we set up a board, this bill set up—not we, but this bill set up a board called the Independent Payment Advisory Board. Most people, including many physician friends of mine, don't have any idea what this is. It is a very bad idea. It's not a good idea in England, where it's being used. That's where the group that wrote this bill got it.

And you know why they want this? Why the people that signed this, the Senate and others? Because they don't have to be accountable. They can blame somebody else when needed care isn't given. Oh, it isn't my fault. This board did it. Well, it is our fault. If we give up that right, it's our fault if those cuts occur to our seniors and we cannot provide the care that they need.

So why we are having this discussion is we have got a budget problem. We have got a $1.6 trillion budget deficit in this country we have to close. And how do we do that? We look forward and see where are the costs going forward? As I mentioned, when the President of the United States is 65 years of age, 15 years from now, four things will take up every tax dollar that we take in. So it's mandatory that we begin now solving this problem.

I think the plan is a great plan, the Ryan plan. It allows people to plan. It also, I believe, will allow you more choices. And I believe that that's exactly what the American people want in health care, is not someone up here in Washington making those choices for us and our patients, but the patients and the doctors making those choices.

I will yield to the gentleman, Dr. DESJARLAIS, if you would like to have some comment about that.

Mr. DESJARLAIS. You are correct, and I agree with everything you said. The point that a lot of folks made on the campaign trail is there is simply too much government medicine. There are unsustainable costs. I know our colleague from New York, ANN, as an RN, probably recalls the day where she spent more time on patient care than documentation. And now most nurses will acknowledge that it's just the reverse; they spend much more time on paperwork and bureaucratic issues than taking care of patients.

And I think that it's important that we remember that just a short time ago, when the Affordable Health Care Act, more commonly known as ObamaCare, was being pushed forward, Americans vehemently opposed this bill. I don't want them to forget all the reasons why they opposed it. They didn't ask for it. We can't afford it. And we don't need it.

There were approximately 30 million uninsured people, according to the President, at the time. But yet up to 75 percent of people rated their health care as good or excellent. So we're taking a system that has flaws and excessive costs, and trying to completely turn it upside down with this Affordable Health Care Act, which we all know is going to lead to rationing of care, decreased quality of care, and increased costs. You can't add people to a system and decrease costs without rationing care.

So I think it's important that the people stay engaged and speak out and acknowledge that they want the relationship to be between themselves and their doctors, and not between Washington bureaucrats such as what the IPAB is proposing. That's exactly what we're going to see. And we need to stand firm. The American people don't need to forget why they were opposed to the ObamaCare bill in the first place.

Mr. ROE of Tennessee. I thank the gentleman.

I yield now to Congresswoman BUERKLE from New York for closing comments.

Ms. BUERKLE. Thank you very much.

I think it's so important to have this conversation with the seniors. We want to preserve your relationship with your physician. There is nothing more sacred than that relationship. This IPAB panel will disrupt that. It will come right between you and your physician.

It's so important that we get the facts out, that we have this conversation with seniors, that you understand that we are fighting to preserve Medicare, fighting to preserve Medicare as we know it, and Medicare and the patient-physician relationship.

With that, I thank you for this opportunity.

Mr. ROE of Tennessee. I thank the gentlelady.

I will finish by saying that I know that the Health Caucus and the physicians caucus are totally committed to this bipartisan bill, this repeal of this IPAB.

Again just to summarize what it is, it is 15 bureaucratically appointed people approved by the Senate, submitted by the administration. I don't want a Republican President or a Democrat President appointing these people. What they will do is make a decision based totally on cost. The Congress then requires a two-thirds override to change or they have to make the cuts, we have to make the cuts someplace else. CMS will be in charge of how those cuts are taken care of.

□ 2040

I think that responsibility, that fiduciary responsibility, is right here in the elected body that meets with the people.

I thank the gentleman for being here tonight, I thank the gentlelady for being here, and I yield back the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair must remind all Members that