health equity as a part of this important law. In it, discrimination is expressly prohibited. There are core objectives within it to reduce health disparities and to create health equity. There is data collection. You don't know what you don't know you don't know.

There are health profession provisions to increase not only the overall health care workforce, but to make sure that that workforce looks like America, that there's diversity in that workforce, and to support institutions that train underrepresented minorities.

We created Offices of Minority Health in some agencies of the Health and Human Services that did not have them, such as SAMHSA, the Substance Abuse and Mental Health Services Administration. We know that mental health issues often go unnoticed, undiagnosed, or misdiagnosed in people of color or people of different racial and ethnic backgrounds. We need an Office of Minority Health there. We needed one at FDA to make sure that when medicines are approved, that they have been tested in minorities and people with disabilities and other comorbidities.

I've had bad experiences with CMS asking about the impact of changes of medication in end-stage renal disease, where we know that African Americans and some other subpopulations require more of a certain medication. After a few years, we asked, What was the impact on this population group? They said, well, we don't collect data that way. We can't know what we're doing wrong or where we might have to change things to improve people's health.

I represent a territory. Although the territories did not get State-like treatment under this bill, we will finally be able to cover close to 100 percent of the Federal poverty level in our territories under Medicaid—finally.

We will have an opportunity to have an exchange. In our case, we may only cover up to 200 percent of poverty, but we're making steps. This bill has allowed us to make steps that will allow us to begin to transform our health care system and open up access to care to our constituents that they've never had before.

□ 1950

This is in the United States Virgin Islands, in Guam, American Samoa, the Commonwealth of the Northern Marianas, and Puerto Rico. As I said, we have a lot more to do, but we made a good start with the Affordable Care Act, and we'll continue to work until all Americans, no matter where they live in this country, have equal access to health care.

And the rising costs of health care are already slowing. The best is really yet to come. In 2014 the exchanges will help to pay premiums for families that are at or below 400 percent of the Federal poverty level. Small businesses will get even more help in the form of tax credits. There will be no denial for anyone because of preexisting disease. The doughnut hole will begin to be closed.

The research that this bill creates will improve the quality of health care and make us safer. And the skyrocketing health care cost increases will stop, will start going down.

I know that there are some in this country that feel that all of this that we talk about in this bill threatens the health care that they already have, but it doesn't. It does not. It makes the health care coverage that you already have more secure. It cannot be taken away just because you're sick. There will be no lifetime limits or annual caps. And the increases in premiums are already beginning to level off, so insurance is already becoming more affordable.

The American people ought to be thanking President Obama, and I know that many do. More than 80 percent support the provisions of this bill, thanking the President for this landmark law, as important as the one that created Medicare. We ought to feel good about the fact that this country is living up to the high ideals on which it was founded, and that we will no longer be shamefully lagging behind so many countries in the health of our population, not in the richest country in the world.

I'm certain that if the Supreme Court decides on law and the Constitution, without any political activism coming into play, as they should, this good law will prevail, and more importantly, the people in our Nation will prevail.

Mr. Speaker, I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as we celebrate the anniversary of the Affordable Care Act this week, we should reflect on the progress made in this country. It has only been two years since the Affordable Care Act was signed into law, but millions of Americans are already seeing lower costs and better coverage. This includes tens of thousands of people in the 30th District of Texas.

Texans are saving more than $1.3 million in health care costs, an average of $639.36 per beneficiary, and 210,700 Texans are directly saving on their Medicare prescriptions. Residents of my district, ranging from young adults to seniors to children with pre-existing conditions, are all already receiving critical benefits. 9,100 young adults in my district now have health insurance, and 54,000 seniors have received Medicare preventative services without paying any co-pays, coinsurances, or deductibles.

Mr. Speaker, as the many benefits of the health care law continue to be implemented, I will continue to fight efforts to repeal this critical law. Republican efforts to repeal the Affordable Care Act will put the insurance companies back in charge and will lead to higher costs and reduced benefits for millions of Americans across the country.

THE ONGOING HEALTH CARE DEBATE

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

Mr. GRIFFIN of Arkansas. Mr. Speaker, I've come here to the floor tonight with my colleague from Wisconsin, Representative DUFFY, to talk about the crisis Medicare faces and to talk about the Independent Payment Advisory Board. Some call it the IPAB. It's a part of the President's health care law, and this House is going to address it this week.

But I want to start out by talking a little bit about the crisis that we're facing in this country over Medicare and what it means to our seniors. My mother is 71, and she's a Medicare recipient. She counts on Medicare. She paid into it and is now using it to take care of herself. And we've got to make sure that future generations are able to rely on, count on Medicare.

This first chart here, Mr. Speaker, shows what a significant portion of the Federal budget Medicare consumes. We have it here, $555 billion, and that is per year. This is a yearly budget for the Federal Government.

It is widely agreed upon by Democrats and Republicans that Medicare is going bankrupt. Some estimate it's 7 years, 8 years, 10 years, but most everyone agrees, having looked at the numbers, that Medicare is going bankrupt.

I've got a quote here from Senator LIEBERMAN, who addresses a criticism that we hear a lot about the Republican reform plan on Medicare:

> We can agree that Medicare is going bankrupt. We then have to ask ourselves, what are we going to do about it?

What are we doing about it? Well, the House has acted to reform Medicare. We acted last year, in 2011, as part of our budget to reform Medicare to save it. The only reason we proposed reforms to Medicare is because we want to save it. We want it to be there for the next generation.

I've heard a lot of criticism: You want to change Medicare as we know it. I say: No, Medicare, as we know it, goes bankrupt on its own. We have to act to save Medicare, Mr. Speaker.

And in this quote of Senator LIEBERMAN, he says:

> The truth is that we cannot save Medicare as we know it. We can save Medicare only if we change it.

Now, like House Republicans, I think it's fair to say, Senator LIEBERMAN is talking about what we must do for the next generation. Like our proposal, I think a lot of us agree that we can make changes to Medicare for the next generation, and for those, for example, 55 and over, leave it as it is. Why? Because people have counted on a particular way the program works, and we won't have to change that to start saving. We can just change it for the next generation.

I have another quote here I want to share with you that shows that President Obama, at least in his words, understands that we have a problem with Medicare.

If you look at the numbers, Medicare, in particular, will run out of money, and we will not be able to sustain that program, no matter how much taxes go up.

This is the President.

He continues:

I mean, it's not an option for us to just sit by and do nothing.

Unfortunately, those are just words because that is precisely what the President has done, sit by and do nothing. It's what the Senate has done. The House has acted to reform to save Medicare.

Now, the President's health care law has a provision in it, the IPAB that I referred to earlier, that impacts Medicare, but it doesn't save Medicare. It rations Medicare.

How does that work? Well, this is an unelected board, it's an unelected board that will make decisions on where Medicare is cut. So the President has had an opportunity to propose reforms to the way Medicare works, so that we can innovate and change it to save it for future generations—reform it, upgrade it, do things better. But instead, the President's approach is simply to cut the levels of spending but leave the overall functioning of Medicare the same. So no innovation, no new approach, no reform, just cut when we run out of money.

Well, what does that result in? It results in seniors not getting the care they need, and not just because services are reduced but because a lot of doctors won't take Medicare patients. This is already a problem today. Today there are seniors looking for a doctor to help them with their particular problem, and doctor after doctor says, I'm sorry; we don't take Medicare. That problem is only going to get worse if the IPAB, the Independent Payment Advisory Board that's in the President's health care law, if it does what it is scheduled to do.

Now, what are we doing about it here in the House? Well, we certainly voted to repeal the President's health care law. That passed the House, did not pass the Senate. But we've tried a lot of other ways to get at the problem, and one that we're going to do this week is to repeal the IPAB, repeal the Independent Payment Advisory Board.

□ 2000

I yield to the gentleman from Wisconsin.

Mr. DUFFY. I appreciate the gentleman from Arkansas yielding.

I want to take a couple of steps back in this conversation and first talk about the national debt.

Many Americans are well aware that today we owe well over $15 trillion in national debt. This year alone we're going to borrow $1.3 trillion on top of a trillion dollars last year and the year before that. There are trillion-dollar deficits as far as the eye can see.

Last year, the House Republicans put forward a budget that showed a path to balance telling the American people how we balanced the American budget at some point in the future.

Now, last year and this year, the President put out a budget, neither of which were ever balanced, never telling the American people what his plan is to bring American spending to balance with its revenues.

So we look a couple years back when the President and this House passed the Affordable Care Act, or ObamaCare, which the CBO now states that over 10 years, the rosiest of projections say it's going to cost the country nearly $2 trillion more. Even when they put out that budget or that proposal for health care reform, they're still not willing to put out a budget that says how we're going to pay for it. That concerns me.

I'm a father of six. We're spending today and passing the bill off to the next generation. It's unconscionable.

Let's actually talk about what the President and this House have passed in ObamaCare: $2 trillion over 10 years in additional spending. It's a bill that is going to empower bureaucrats in this town to make health care decisions for Americans in every part of the country instead of your family, your health care provider, or you making that decision.

Listen, I'm from Wisconsin, and I know the values that we have in central Wisconsin. They're probably a little bit different in Arkansas or Kansas or Kentucky, Minnesota, or Michigan. I think we should allow people to make their health care decisions instead of bureaucrats in Washington.

But what concerns me the most is how ObamaCare impacts Medicare.

Now, listen. ObamaCare takes a half a trillion dollars out of Medicare and uses it to fund ObamaCare. Now, we all know in America that we have some financial pressures on Medicare. We know that we have to come together as a country, as a community, both parties, to figure out how we're going to pay for Medicare, keep the promise to our seniors.

At a time when we're still having that debate, to think that this House would pass a bill and take a half a trillion dollars out of Medicare and use it for ObamaCare, I think that's wrong. Let's first figure out how we keep the promise to our seniors before you make a promise to anyone else with their money. That is unconscionable.

What concerns me the most is what the gentleman from Arkansas mentioned, which is the Independent Payment Advisory Board. It's the IPAB, and we haven't heard a lot about it, but I think you'll hear a lot more as the months go on. This is a board of 15 unelected bureaucrats. What they're going to do is look at reimbursement rates with Medicare, and they are going to be able to systematically reduce reimbursements to doctors, hospitals, and clinics for the care for our seniors.

Let's make no mistake. This is reimbursements for our current seniors, not for some future generation. The argument by the President goes like this: Mr. and Mrs. Senior, don't you worry about your quality of care or your access to care. We're just going to pay your doctor, your hospital, and your clinic less for your care. If you believe that, I've got oceanfront land for you in Arizona.

Of course it's going to affect our seniors' access and quality of care. When you pay less for it, you're going to get less of it. Our seniors, they worked a lifetime. They bargained. They retired based on this promise for Medicare. This proposal doesn't meet that obligation. It takes a half a trillion dollars from Medicare, but then is going to ration the care of our current seniors—seniors who can't go back into the workforce and get another job. They retired based on the promise from the Federal Government, and ObamaCare reduces that bargain that's been made with our seniors.

Mr. GRIFFIN of Arkansas. Will the gentleman yield for a quick point?

Mr. DUFFY. Sure.

Mr. GRIFFIN of Arkansas. What really scares me is that this restricted access to health care, to Medicare that you're talking about, it already exists. The IPAB, the Independent Payment Advisory Board, that's in ObamaCare that will cut the amount of reimbursement to doctors when it gets going, it's not even cutting yet and we already have a problem with seniors getting the doctor that they want because so many doctors have said, I'm just not going to take Medicare any more.

Before I yield back, I just wanted to mention an email that I got in my office this week.

There's a constituent of mine, John Pollett. He's the program administrator for the Arkansas Senior Medicare Patrol. He goes around and he talks with seniors about Medicare and how to recognize fraud in Medicare.

He was at the Sherwood Senior Center this past week, this week, in my district, and he was giving a presentation teaching Arkansas seniors about Medicare fraud. A lady, a senior, who's on Medicare, an angry senior, said to him—she wasn't angry at him—but she said with passion, I don't understand why I'm forced to pay my Medicare premium but can't find a doctor who will take me because I'm on Medicare.

So we already have a problem with access to Medicare because more and more doctors are saying, I'm not going to take Medicare. There are a host of reasons: the reimbursement rate, the administrative hassle, what have you.

But IPAB, I hear the gentleman from Wisconsin saying, the Independent Payment Advisory Board that's in ObamaCare is only going to make the problem worse because while some of us are interested in reforming the way Medicare works so that we get more service for our dollar, the President is only interested in saving money by

just reducing and cutting without reforming.

We all understand the need to reach solvency; but those of us who back Medicare reform want to do it through innovative, creative, cost-saving approaches that avoid rationing, whereas the President simply wants to cut through an unelected board.

I'm going to yield back now to the gentleman from Wisconsin. I just thought it would be helpful to give you a real-life example of a senior in my district who's been impacted by that.

Mr. DUFFY. I appreciate the gentleman for telling that compelling story. All of us have stories like that from people in our districts, from our own family members, our friends, our constituents; and this is a very important issue. That's why I think we have to have this conversation about what the Independent Payment Advisory Board will do.

I used to be a former prosecutor, and we're used to a system where if you don't like the decision of a court, oftentimes you're able to appeal that decision. This board is unappealable. The decisions that they make, the 15 members when they make a decision, that is going to be the law, that is going to be the rule, and you can't appeal it, and you can't have it overturned.

□ 2010

I just want to close my comments up on the Independent Payment Advisory Board. We on the Republican House side don't believe that we should go forward with a plan that is going to systematically reduce reimbursements for seniors, that's going to affect the quality and access to care for our seniors. Let's give them what they bargained for. We in the House on the Republican side, we said put back the half a trillion dollars, put that back into Medicare, do away with the IPAB board. If you're going to make changes to Medicare, make it for a future generation, a generation that isn't near their retirement, a generation that will have enough time to plan for the changes in Medicare; but don't pull the rug out from our seniors who have been given a promise and now aren't going to get it because their Medicare is going to be rationed.

We think it's fair to do it for a future generation. But let's make no mistake, when we hear that one party has transformed Medicare or changed Medicare as we know it, there is one party who has done that and that is the Democratic Party in ObamaCare. They have changed the way that Medicare is going to work. They're going to ration it. We believe we should save it, protect it, preserve it. I know my freshmen colleagues in this House are going to fight tooth and nail to make sure that every one of our seniors get exactly what they bargained for in Medicare. If there are changes, it's going to be for a generation that can plan for the change in Medicare in due time and in due course.

Mr. GRIFFIN of Arkansas. I thank the gentleman for joining us here on the floor tonight.

I see my friend Mr. QUAYLE from Arizona here with us on the floor, and I would like to yield to him at this time.

Mr. QUAYLE. I thank the gentleman for yielding, and I was listening to his comments about talking with his constituents back home and about how many doctors are not seeing Medicare patients, not seeing new Medicare patients, or are not seeing the patients that they currently provide services to.

I know, like the gentleman from Arkansas, he does a lot of teletown halls and town halls just like I do. The other week I was on a teletown hall with my constituents back home, and there were a number of people who raised the concerns that their doctors were not going to provide them the medical services that they had in the past because they were uncertain about the payments that the Medicare system would be giving them.

This is a constant refrain that we hear back home from our seniors, that they are consistently getting turned down by their physicians because of the lack of payment from Medicare. This is a system that we need to fix. This is a system that we need to make sure that we keep the promises to our seniors and reform it for future generations so that it will be there to protect them when they reach the retirement age.

If you look at ObamaCare, it is really filled with provisions that confer arbitrary power, that raise costs. It cuts benefits, it harms access, and it restricts choice. Against this really sorry backdrop, the Independent Payment Advisory Board, or IPAB, has the dubious distinction of being one of the absolute worst provisions in the entire health care bill. Indeed, this single provision causes all the problems that I just mentioned. This board of 15 unelected, unaccountable bureaucrats would have the power to impose price controls that will cut senior access to care. To make it worse, this board would not have to meet in public or listen to public input. Amazingly, ObamaCare even leaves the door wide open for IPAB members to receive gifts from lobbyists. In other words, the public has no right to talk to IPAB, but lobbyists willing to shower them with gifts do.

President Obama claims his rationing board will solve the real problem of Medicare's rising costs. It doesn't. The only mandate the board has to cut costs is by restricting payments to doctors that provide health care. It is already the case that 12 percent of doctors will not take Medicare patients due to the unreliability of government payouts. That is twice the number of doctors who refused to see Medicare patients in 2004, which is a frightening statistic on how quickly that is rising. Additionally, a recent survey showed that 60 percent of doctors have or will restrict their medical practices as a result of ObamaCare. Of those doctors, 87 percent said they would be forced to restrict the amount of care they offered to Medicare patients.

ObamaCare utterly ignores the laws of economics in this instance. You can't cut the cost of a service by cutting the number of people supplying it, and that's exactly what IPAB would do. By forcing doctors to turn away Medicare patients, the costs will go up as fewer and fewer doctors see to the needs of the growing number of seniors. Either that, or IPAB will directly ration care. It is astounding that the President would look at an important issue like caring for our seniors and decide that the best way to handle rising costs is by attacking senior access to health care and the doctors who provide it.

Medicare does need reform, as my friend from Arkansas knows, and has been on the floor numerous times talking about the reforms that are necessary. It needs real structural reform that protects access for our current seniors and fixes the system for future generations. As with so many other issues, the President punted on making these needed reforms. Instead, he chose to give us a rationing board that would make the problem worse.

Let's repeal IPAB and give our seniors the care they deserve.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Arizona.

I wanted to just point out that 70 House Democrats opposed IPAB when it was being debated in the President's health care law. Before I ever got to Congress, there were 70. In fact, it wasn't in the House version. I'm hopeful that some of the Democrats who have come out against IPAB will join us in repealing it so we can move on to truly reforming Medicare to save it.

We're lucky and fortunate to have some physicians, many physicians, serving with us here in the House of Representatives; and they bring an expertise in this area that really helps us when we're working on solutions to the problems with Medicare and Medicaid. One of them has joined us here on the floor tonight. I would like to yield to my friend from Tennessee.

Mr. DESJARLAIS. I thank the gentleman, and I think it's great that we're taking time tonight to discuss such an important issue that is so near and dear to all of our seniors because this last year, quite frankly, has been a very confusing time as we try to reform and fix the problems that face Medicare today.

We have, without a doubt, a number of seniors who are having trouble finding access to care right now for all the reasons my colleagues have stated, that we have a flawed payment formula in the SGR, sustained growth rate formula, and we've made attempts to correct that this year. But, again, as they so often have done now for the past 13, 14 years, they've just pushed the problem down the road rather than deal with it. I don't think it hurts to review

for a minute what problems are facing Medicare.

We can't deny for a second, Mr. Speaker, that Medicare is going broke. You can talk to any number of agencies. Whether it is the CBO, AARP, we all know that Medicare is on an unsustainable course. Medicare is quite simply going to be broke in about 10 years. That's not a Republican problem. That's not a Democrat problem. That's a people problem. What we're here about tonight is to make sure that our seniors don't have to worry where their health care is going to come from.

We must get together and take steps to make sure that their access to care is preserved and protected. We did this earlier last year with the Paul Ryan budget. We put forth a sensible reform that would put Medicare on a path to sustainability. If you're 55 or older, you don't have to worry about any changes to your health care. That was grossly distorted in the press and the media. We were accused of—literally, there were TV ads made of pushing an elderly person off a cliff. This is just plain and simple wrong to create that kind of uncertainty for our seniors.

The bottom line is we have 10,000 new Medicare recipients entering the Medicare pool every day. We have a situation where when Medicare was first formed in 1965, the average life expectancy of a male was 68. Thanks to advances in medicine, men and women both are living at least 10 years longer. However, this was not managed in the budgeting for Medicare and hence we've gone deeper and deeper into debt. Now our average couple that pays about $109,000 into the Medicare system over a lifetime extracts about $340,000. That's about a dollar in for $3 out. Again, there's no denying that we have a problem and this is going broke.

□ 2020

Well, the Republicans did offer a solution, as my colleagues and I have said. However, right now, the IPAB is the only solution we've seen in President Obama's plan to cut costs, but it is going to gut $500 billion from our seniors; and that's the fact they need to know about. They need to call their Representatives.

Mr. GRIFFIN of Arkansas. Will the gentleman yield?

Mr. DESJARLAIS. Yes, sir.

Mr. GRIFFIN of Arkansas. I just want to make sure I understand what the gentleman is saying. What you are saying—correct me if I am wrong, but what you are saying is the House has a plan to reform Medicare to save it. As far as I know, I haven't seen any other plan to save Medicare pass the Senate. I haven't seen the President propose a plan to save Medicare. There is only one. Now the President has a plan for Medicare, but it's not to save it, and it really doesn't reduce cost through innovation and what have you; it just cuts. And the cuts are decided upon by unelected bureaucrats who are on this IPAB, the Independent Payment Advisory Board.

You mentioned the television ads. I had television ads run back in my district. They talked about how I and others want to change Medicare as we know it. Well, I quoted Senator LIEBERMAN earlier, who said we can't save Medicare as we know it because it's going bankrupt. So what I say to folks is we have to reform it. And I'm happy to have a discussion and debate and compare this reform with that reform. I'm happy to do that.

What is intellectually dishonest, though, is to compare reforms that I advocate or you advocate, to compare those to the way it is now. That's intellectually dishonest. It's actually deception.

Why is that deception?

Because the way things are now is not going to be that way in 7, 8, 9, 10 years. It's unsustainable, the path we're on with regard to Medicare. So if someone says your reform changes Medicare as we know it, if that is presented to demagogue, that, in and of itself, is intellectually dishonest, because Medicare as we know it goes bankrupt and changes itself.

So I am happy to have a conversation to compare this reform with that reform. I certainly do not have a monopoly on wisdom in this area. I think we ought to be having a free and open debate of reform ideas that save Medicare for seniors. But what we can't do, what we can't do, is mislead people, mislead seniors into believing that Medicare, as it currently functions, is sustainable. That's not true. That's not true.

Folks who continue to talk about Medicare as we know it need to point out that Medicare as we know it ends on its own by itself. The Congress of the United States could do nothing on this for 10, 20, 30 years, whatever, and Medicare would go bankrupt with no congressional action.

So our job, as I see it, is to take affirmative steps to save Medicare, to maintain the quality, to maintain the quality so that doctors still want to take Medicare patients, and reform it to save it for people, seniors like my mother. But we've got to start with the fundamental idea that we could debate reforms. But comparing reform to an unsustainable status quo is intellectually dishonest.

I yield back to the gentleman.

Mr. DESJARLAIS. My friend is absolutely correct. What we need to do here, if nothing else, is we need to agree on the facts; and the facts, as you just stated, are that Medicare is going broke. It is on an unsustainable course. So Medicare must be changed as we know it, as you said.

You mentioned your mother. My mother happens to be having her 73rd birthday today. It's a happy birthday for my mother today, but I hope that she has many more happy birthdays to come. We all have those stories. We all have parents, grandparents, people on Medicare who are counting on us. They are looking at the arguments going on in this Chamber and they are confused. They don't know what to believe.

So I think if we can agree, as you said, to the facts and then sit down and have a meaningful discussion of how we can preserve and protect this program for future generations, then that's half the battle.

Mr. GRIFFIN of Arkansas. Even a bipartisan discussion, I welcome it. In fact, I was proud to see that a Democrat from the Senate joined with a Republican in the House on a Medicare reform plan. And I'm happy to debate all these different plans as long as they have the ability to save Medicare and guarantee quality care for seniors.

If we end up debating reforms on the one hand versus the status quo, the way things are now, Medicare as we know it on the other hand, we can't have that debate because the whole point is that Medicare as we know it, the status quo, Medicare as it is now, it's going bankrupt. So any discussion of the options has to be between the different options that save Medicare.

The problem is there is only one plan that saves Medicare that has passed the House or the Senate or that has been proposed by the President, and that is the House budget plan from last year. And we will, I am confident, have a plan this year that we will vote on shortly that will propose changes to save Medicare.

I want to thank the gentleman for joining us here tonight.

Do you have anything else you want to add?

Mr. DESJARLAIS. I agree with what you are saying; and I guarantee you, any of the seniors watching tonight, listening to this debate, they don't care whether the Republicans win this debate or whether the Democrats win this debate. That's irrelevant. What they want to know is that they are going to have access to care. And I think it's so essential that we repeal this IPAB.

The gentleman was with me earlier today at a press conference when they asked about all the rhetoric last year about these being called death panels. That may sound a little bit theatrical, but I can tell you, as a physician, that if I'm treating a patient who is 78 or 88 and they've got some form of cancer and this IPAB board decides in the government one-size-fits-all mentality to throw a blanket over seniors of a certain age who have a certain disease—and cancer is probably one to pick—that they don't necessarily need to spend that expensive money on chemotherapy or experimental drugs or perhaps they don't even want me to order the MRI to detect the cancer, now if you are 78 or 88—that may sound so old to some people, but I know a lot of people that age that are very active. They have got 15 or 20 grandchildren, and those grandchildren enjoy their company. So if they make a decision that these people shouldn't get that treatment, and that's very well what could

happen with this board, then you decide what kind of panel or what kind of name you want to put on it.

Mr. GRIFFIN of Arkansas. I think ultimately the IPAB seeks to save money by simply cutting blindly without regard to innovation, without regard to structural reform, simply having a board of unelected bureaucrats ration care by making decisions on what Medicare will cover, won't cover, and by how much.

Yes, we need to do what is fiscally right, but we need to keep our promise to our seniors; and the way that you do both is to reform Medicare structurally, not to blindly cut, leaving all the rules the same, just reducing what you are paying doctors.

□ 2030

That's not the path. That's not the path. That is, in effect, rationing, and that will continue to exacerbate the problem of Medicare recipients being unable to find doctors who will take them. The answer is to take Medicare that has been so good to so many seniors and reform it and innovate and make changes that won't just cut costs by reducing the money paid but will actually change the rules so that we are able to get more value and more services for our dollar. And that's the approach we have to take.

Mr. DESJARLAIS. I'll just add one more point. I can tell you that there's not a senior I've talked to that wants a bureaucrat in the exam room with us making their decisions. We build relationships with those patients. There's a trust between the patient and their doctor, and I'll guarantee you the patients don't want bureaucrats overseeing that exam room making those decisions for them. So when we move forward with these reforms, we certainly need to keep that in mind.

I would like to thank the gentleman for leading this hour on such an important topic.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Tennessee for his service here in the Congress and as a physician. I thank him for joining me here tonight. And I just want to reiterate what you said. Whatever solution we come up with has got to be patient-centered and respect the doctor-patient relationship. Patient-Centered, not government bureaucracy-centered—patient-centered.

I thank the gentleman for joining me. I thank all of my colleagues for joining us here tonight.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Ms. PELOSI) for today and March 20.

Mr. HEINRICH (at the request of Ms. PELOSI) for today.

Mr. HONDA (at the request of Ms. PELOSI) for today on account of official business.

Mr. BISHOP of Georgia (at the request of Ms. PELOSI) for today on account of official business.

Mr. JACKSON of Illinois (at the request of Ms. PELOSI) for today through March 21.

Mr. BACHUS (at the request of Mr. CANTOR) for today on account of minor throat surgery.

Mr. MARINO (at the request of Mr. CANTOR) for today on account of illness.

Mrs. BONO MACK (at the request of Mr. CANTOR) for today through March 21 on account of attending a funeral.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 473. An act to provide for the conveyance of approximately 140 aces of land in the Ouachita National Forest in Oklahoma to the Indian Nations Council, Inc., of the Boy Scouts of America, and for other purposes.

ADJOURNMENT

Mr. GRIFFIN of Arkansas. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 31 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 20, 2012, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first quarter of 2012 pursuant to Public Law 95–384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO BELGIUM FOR THE NATO PARLIAMENTARY ASSEMBLY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN FEB. 10 AND FEB. 14, 2012

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Mike Turner	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Hon. Jeff Miller	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Hon. Mike Ross	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Hon. Jo Ann Emerson	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Hon. Carolyn McCarthy	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Tim Morrison	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Riley Moore	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Kelly Craven	2/10	2/14	Belgium		1,611.75		[3]				1,611.75
Committee total											12,894.00

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. MICHAEL R. TURNER, Mar. 8, 2012.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO KENYA AND SOUTH SUDAN, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN FEB. 17 AND FEB. 22, 2012

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Daniel Scandling		2/17	United States				13,753.00				13,753.00
	2/18	2/21	Kenya		119.93						119.93
	2/19	2/21	South Sudan		[3] 540.00		1,269.25				1,809.25
	2/21	2/21	Kenya								
	2/22		United States								
Hon. Frank Wolf		2/17	United States				13,753.00				13,753.00
	2/18	2/21	Kenya		119.93						119.93
	2/19	2/21	South Sudan		[3] 540.00		1,269.25				1,809.25