

PERSONAL EXPLANATION

Mr. DOLD. Mr. Speaker, due to district business, I was unavoidably back in my Congressional District on March 20, 2012. Had I been present, I would have voted "yea" on H.R. 665, the Excess Federal Building and Property Disposal Act of 2011, and "yea" on H.R. 2087, "To remove restrictions from a parcel of land situated in the Atlantic District, Accomack County, Virginia."

APPOINTMENT OF MEMBERS TO THE JOINT CONGRESSIONAL COMMITTEE ON INAUGURAL CEREMONIES

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to Senate Concurrent Resolution 35, 112th Congress and the order of the House of January 5, 2011, of the following Members of the House to the Joint Congressional Committee on Inaugural Ceremonies:

Mr. BOEHNER, Ohio
Mr. CANTOR, Virginia
Ms. PELOSI, California

REPEAL THE AFFORDABLE CARE ACT

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, just last week the non-partisan Congressional Budget Office served a devastating blow to President Obama's most frequently uttered promise during debate over the Affordable Care Act: "If you like your present coverage, you can keep it."

The CBO predicted the law would lead to a net loss of employer-based insurance coverage for between three and five million people each year between the years of 2019 and 2022, with as many as 20 million Americans losing their current insurance plans.

Now, as we approach the second anniversary of the Affordable Care Act, the full impact of this law remains unknown. However, a few things are quite clear. Supporters said it would lower costs. It hasn't. They said it would improve quality. It hasn't. The President said you can keep your current plan if you like it. This clearly is not the case.

By the administration's own estimates, the new health care regulations will force most firms, and up to 80 percent of small businesses, to give up their current plans by 2013.

Mr. Speaker, the American people can't afford another year of the so-called Affordable Care Act.

RECOGNIZING THE BETH DAVID CONGREGATION'S 100TH ANNIVERSARY

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, today I rise to recognize the 100th anni-

versary of the Beth David Congregation in my congressional district. This Saturday, March 24, Beth David will hold its centennial celebration to honor its congregation and its founding members.

For the last century, Beth David has been the cornerstone of the south Florida Jewish community. What started out as a congregation of just a handful of dedicated Jewish families has become a dynamic, thriving institution that is the cultural and educational epicenter for Judaism in south Florida.

But Beth David does not just have an incredibly rich history of outstanding service to the Jewish community. No, the congregation has been at the forefront and actively engaging our entire community, tirelessly working to repair the community one mitzvah at a time. And for that I congratulate Beth David, and I thank all of the congregation for everything they have done and everything they have meant to our south Florida community.

I wish them continued success and 100 more years.

REPEAL IPAB

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

Mr. FLEMING. Mr. Speaker, we now have reached a landmark, 2 years since the passage of ObamaCare. More and more, the American people have been hearing about something called IPAB, the Independent Payment Advisory Board—the centerpiece to ObamaCare and its inevitable rationing of health care.

This is a board of 15 unelected, unaccountable and not necessarily health care-experienced individuals who will have more power than even Congress, itself, when it comes to deciding what care every American will receive. The board members will not be under congressional oversight and will not answer the phone when you call to complain. Americans agree by 57 percent to 38 percent margins ObamaCare and IPAB should be fully repealed.

So far, Democrats have been unwilling to listen to the outcry from the American people. They will have yet another chance to respond to "we the people's" unhappiness with ObamaCare by voting with Republicans this week to repeal IPAB. And, hopefully, they will be willing to vote to repeal ObamaCare, itself, in its entirety when it is brought up for a vote sometime in the future.

□ 1730

IPAB

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

Mr. ROE of Tennessee. Mr. Speaker, tomorrow we begin debate on a bill that would eliminate the Independent Payment Advisory Board, one of the

most toxic components of President Obama's Affordable Care Act. This denial-of-care board is comprised of 15 unelected, unaccountable bureaucrats that will be empowered to cut Medicare in order to meet arbitrary spending targets.

Not only will this result in seniors being denied access to medical care they need, it will also put the government in the middle of the patient-doctor relationship.

Spending cuts proposed by the IPAB will automatically go into effect unless Congress finds alternative cuts of the same amount. And because implementation of the board's recommendations is exempted from judicial review, citizens can't even turn to the courts for help.

As a physician with over 30 years in practice, I can tell you that the President's proposal, which he has repeatedly defended, is wrongheaded and dangerous.

We must act to save Medicare from bankruptcy, which will come as soon as 2016, but IPAB is not and must not be the answer.

ONGOING HEALTH CARE DEBATE

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

Mr. WOODALL. I appreciate the majority leader giving me the time to come down here today, because I've got IPAB on my mind, Mr. Speaker. I say that like everybody knows what that is because we talk about it here in this Chamber all day long. IPAB, a word that was not even in the lexicon of America until the President passed his health care bill.

What is IPAB? I happened to bring down with me today, Mr. Speaker, the front page of the President's health care bill, the Patient Protection and Affordable Care Act as he describes it. This was the 900-page law that was passed that completely restructured a sixth of the American economy.

The question then is, when we're talking about the Patient Protection and Affordable Care Act and we're talking about how we change the individual health care decisions that every American gets to make, what do we get for it? What's the value added there? Because I think, Mr. Speaker, at the end of the day, when folks are talking about what motivates them, it really is affordable care. That's why we named the bill this way, the Patient Protection and Affordable Care Act. We want patients to be protected, to be able to make their own health care choices. We want care to be made available to folks at prices that American families can afford. There are 900 pages in that health care bill, Mr. Speaker.

Now, IPAB, how would we describe it? We would call IPAB the hammer in the health care bill, because there are

lots of ways to save money, Mr. Speaker. You can save money by introducing competition into a system.

I'm from Atlanta, Mr. Speaker. I've got a soft spot in my heart for the Coca-Cola Company. But how many Coca-Cola machines do you pass on the street where the Coke is selling for \$3 a can while the Pepsi right beside it is selling for \$1.50? How many? Have you ever seen that happen? The answer is "no" because competition completely moves those machines out of the marketplace. If the Pepsi is a dollar, the Coke's going to be a dollar, too. If the Pepsi is \$2, the Coke is going to be \$2. Competition controls those prices.

What controls prices in the Patient Protection and Affordable Care Act? Because we've heard time and time again, Mr. Speaker, on the floor of this House that the Patient Protection Act restricts my choices as a consumer. We've heard time and time again on the floor of this House, Mr. Speaker, that the Patient Protection Act restricts doctors and the services that they provide. We've heard time and time again, Mr. Speaker, that the Patient Protection Act restricts the choices that insurance companies can provide. So, if it's all of these restrictions on competition, how in the world does the Patient Protection Act save the money that needs to be saved to make health care affordable?

The answer is this: It's in section 3403. Again, I don't encourage folks at home to read this bill, Mr. Speaker, unless they've got time on their hands. There's lots of good summaries out there. It's over 900 pages long, and it's signed into law. I don't think folks are going to be able to read this back in their offices, Mr. Speaker.

This is about 46 pages that I've put up here just on one in case we needed to reference it, but 46 pages of law defining this brand-new thing that we've never had before in America, the Independent Payment Advisory Board.

If you read these 40 pages, Mr. Speaker, what you're going to find is that the Congress that passed the President's health care bill—and it was not this Congress, Mr. Speaker. You were not here in that Congress. I was not here in that Congress. It did not pass the Congress under normal rules and procedures. It passed in a manipulated reconciliation process designed intentionally to thwart the will of the House and of the Senate. But in that bill, they said Congress can't control these costs; and, candidly, I'm glad. I don't want Congress controlling my health care costs.

So what did they do? They went to an independent commission. The President is going to appoint this commission, Mr. Speaker. The President will appoint members to sit on this independent Medicare advisory board, and what they will do is decide where Medicare should save money.

Now, my mom and dad just went on Medicare, Mr. Speaker. I sit down with them. I look at their statement of

charges that they get back when they go to the doctor's office. It's not always easy to understand, but we go through it together. It occurs to me that if Medicare is going to save money, there is only one way Medicare can do that. If we don't allow competition in the system, if we don't allow patient choice in the system, if we don't allow provider choice in the system, there is only one way that Medicare can save a dime; that is by restricting services. Now, that comes in lots of different ways, and I want to make sure I'm absolutely candid, Mr. Speaker, and accurate, because this is the panel.

Do you remember the death panel discussions? Do you remember that becoming a part of the lexicon in America, the death panels that Congress was going to create? This is that. I mean, this is where that idea came from, because what we have here is a board that makes decisions, recommendations about how to change Medicare spending.

Well, if we're not going to provide competition, if we're not going to allow doctors more decisions, if we're not going to allow other providers more decisions, then the only way to change the financing structure of Medicare is to restrict either the services that Medicare provides or the amount of money that is being paid to providers.

Now, I want to give my friends who passed this bill the benefit of the doubt, Mr. Speaker. I don't believe there is a single Member of this body who would stand here in the well and say that their decision about how to save the Medicare program is to restrict the services that Medicare beneficiaries can access, not one. I don't think one Member, Republican or Democrat, will come to the well of this House and say that their proposal for saving Medicare is to find seniors in need of health care and tell them "no." Not one. But, Mr. Speaker, what's the effect, then, of the Independent Payment Advisory Board?

Let's look at what folks have said.

This is GEORGE MILLER, one of my colleagues here on the floor of the House, a Democrat from California. We're taking up, tomorrow, a bill that will repeal this Independent Payment Advisory Board, this Medicare board. We're going to repeal it tomorrow, I believe, here on the floor of the House. When talking about that, my colleague from California said this:

IPAB is a critical measure for lowering health care costs.

He's absolutely right. I'm not picking on him at all. I'm endorsing what he has to say. That's what these 40 pages of law, Mr. Speaker, do. They are all designed to cut costs. But we've talked about it. If we're not going to introduce competition, if we're not going to introduce choices, if we're not going to introduce options, how are we going to cut costs? We all agree, Republicans and Democrats alike, that the IPAB board is a critical measure for lowering health care costs.

Peter Orszag, the OMB Director, the first one that President Obama used, said this about health care costs in Medicare:

The core problem is that health care costs are concentrated among expensive treatments for chronic diseases and for end-of-life care.

□ 1740

Mr. Speaker, let me reflect on that a minute. I've just shown you the 40 pages of law in the President's health care bill that are the cost-saving mechanism that the President has proposed and that has been passed into law. The OMB Director, the Office of Management and Budget Director, for the Obama administration said this:

The core problem is that health care costs are concentrated among expensive treatments for chronic diseases and for end-of-life care.

Mr. Speaker, what choices, then, does that give us? If we agree that IPAB is a critical measure for lowering health care costs and if we agree that health care costs are primarily concentrated with expensive treatments for chronic diseases and end-of-life care, how exactly is this unelected board going to lower those costs?

It's an honest question. If that's what has to happen for Medicare to be saved, exactly how is this board going to do that? Every American on Medicare and every American approaching Medicare needs to have that on their mind. What is it that IPAB, this unelected board, is going to do to save costs? We all—Republicans and Democrats alike—agree that the only purpose of IPAB is to control costs. We agree—Republicans and Democrats alike—that the money in Medicare is concentrated among expensive treatments for chronic diseases and end-of-life care. So if IPAB is going to control costs and the costs are here, what choice do we have but to deny individuals expensive treatments for chronic diseases and end-of-life care? What else is there?

To me, that's common sense, that this is where the President's proposal is going. I do not endorse this proposal. I was not here in this Congress, Mr. Speaker, when this proposal passed. Had I been here, I would have voted an enthusiastic "no."

Nevertheless, it is the law of the land as we sit here today, and our seniors are at risk. How many times have we heard supporters of the President's health care bill say, No, IPAB is not a Medicare rationing board. In fact, if you want to dig deep into these 40 pages, you'll find that said over and over again. Folks continually say, this is not a Medicare rationing board. But we know where the costs are, and the question is how do we control them.

What my friends who support the President's health care bill say is, no, we're not going to deny care to Medicare beneficiaries; we're just going to clamp down on payments to doctors. That's what they say: We're just going to change the payment schedules for doctors.

I've got news for you, Mr. Speaker. That's been the Medicare plan for decade, upon decade, upon decade, upon decade; and this is what you get. This is from a CNNMoney article from January 6 of this year titled "Doctors Going Broke." It recounts the many changes that have happened in the Medicare system as we continue to do nothing about choices, nothing about options, nothing about getting the consumer involved in health care decisions, but continuing to use the same old broken tools to solve the Medicare issue. It says this:

In 2005, Medicare revised the reimbursement guidelines for cancer drugs, which effectively made reimbursements for many expensive cancer drugs fall to less than the actual cost of the drugs.

You can tell me you don't want a Medicare rationing board, Mr. Speaker. I don't want a Medicare rationing board either. But if what we're going to have is a board that is going to cut the costs of Medicare and they're going to do that by cutting reimbursements to providers and what we already see is that we're cutting reimbursements to providers to the point that those reimbursements fall below the cost of the service, what do you think is going to happen to Medicare beneficiaries when they go to seek services? I'll tell you.

The President's health care bill, Mr. Speaker, primarily solved the challenge of the uninsured by dumping them onto State Medicaid policies. I don't think that is a particularly creative solution, but it is certainly an option.

My uncle is a primary care doc down in central Georgia. There used to be a bunch of docs who would see Medicare patients in that part of the world. Today he's the only one who will see Medicaid. He is the only one. In five counties, Mr. Speaker, he is the only doc that will see Medicaid patients. Don't tell me that our goal here in Congress is to help patients find care if we're going to lower reimbursement rates to a place where no doctor will accept them. I don't care that you have an insurance policy if you can't find a doctor who will take it. It does not matter that the government says you're guaranteed health care if you can't find a doctor who will provide it.

Mr. Speaker, that's not news to anyone who has had a job in the private sector; that's not news to anyone who has had to write paychecks from their business; and it's not news to anyone who has been a consumer.

I'm a coupon clipper, Mr. Speaker. I cut them out of the Sunday paper. I go into the store, I've got a big old coupon, I think I'm going to get a good deal, and the store doesn't carry the product. What is that coupon worth to me if I can't find the product, Mr. Speaker? Not a thing. That's what we're doing when we clamp down on costs. Don't you dare believe that we can continue to cut docs year after year after year after year and that your family and my family, who are on

Medicare, are going to be able to find care. They cannot.

From that same article, Mr. Speaker, "Doctors Going Broke." Again, January 6, 2012, from CNN Money Magazine. Dr. William Pentz said:

Recent steep 35 percent to 40 percent cuts in Medicare reimbursements for key cardiovascular services, such as stress tests and echocardiograms, have taken a substantial toll on revenue.

He also says:

These cuts have destabilized private cardiology practices. A third of our patients are on Medicare.

So these Medicare cuts are by far the biggest factor. Then, Mr. Speaker, he says private insurers follow Medicare rates. Those reimbursements are going down as well. You know, he is right about that. When the Federal Government pays two-thirds of all the health care costs in this country, Mr. Speaker, and the Federal Government decides it can get away with paying less, guess what? Everybody else wants to get away with paying less too. That is a good capitalist system. I don't fault folks for that. What I fault folks for is standing on the floor of this House and promising the American people a program that they pay into all of their life so it will be available for them in their time of need and then cutting rates to a place where you cannot find a doctor who will serve you. Mr. Speaker, the hypocrisy of saying that we're going to care about people in their time of need and putting the people out of business who provide for them in that time of need is deafening.

I go again to that same article of January 6, 2012, "Doctors Going Broke." The same doctor, William Pentz, a cardiologist there in Philadelphia:

If this continues, I might seriously consider leaving medicine. I can't keep working this way.

He goes on to talk about how the law of the land is going to provide even further cuts. He said:

If that continues, it will put us under.

My dad is going in for heart surgery in about 30 days, Mr. Speaker. We shopped long and hard to find a doctor that we would trust to do that surgery, just as every American family does.

Who are folks going to trust, Mr. Speaker? Who are folks going to find if we put the people who provide the care out of business?

IPAB, Mr. Speaker, these 40 pages from the President's health care bill, the only 40 pages that are designed to reduce costs, do not reduce costs through competition, do not reduce costs by providing consumer choices, do not reduce costs by getting consumers involved in their own health care. They reduce costs by either rationing services or by cutting reimbursements to a place where the marketplace rations those services on its own.

Don't believe for a moment, Mr. Speaker, that cutting reimbursements to doctors doesn't equal cutting serv-

ices. That's really the hypocrisy, Mr. Speaker, for lack of a better word, that I hear on the floor of this House:

Oh, we're going to go out there and we're going to save all this money. How are you going to do it?

We're going to go out there and cut those reimbursements to docs.

All right. It sounds like you're liable to end up rationing services.

Oh, no. IPAB, that's not going to ration any services. No, no, no. They don't have the authority to cut out services. That's not what they do.

Well, what are they going to do?

Well, they're going to cut the reimbursement rates.

Well, what's going to happen?

Well, docs will just keep providing those services.

□ 1750

We saw it here.

Money magazine tells you, when you are only reimbursing folks at the cost of the service or less, they're going to quit providing. According to factcheck.org—those folks who go around and look at all the claims politicians make and try to figure out which ones are real and which ones are full of hot air—this is what they said: "31 percent of primary physicians restricted Medicare patients in their practices." You know what that means. That means that 31 percent of all the doctors in the land who provide primary care services, those most-needed services, said they do not take every Medicare patient that comes knocking on their door. They can't. They restrict how many Medicare patients they'll take into their practice.

We've already seen that we're putting docs out of business. We're forcing docs into retirement. Who is going to provide the care, Mr. Speaker? Who is going to provide the care if we force the people who do it today out of business tomorrow?

Back to factcheck.org: "62 percent of family practitioners would stop accepting Medicare patients if reimbursement rate cuts follow current law." Hear that, Mr. Speaker. Hear that. Let me say it again: If reimbursement rates follow the current law, I'm not talking about if some new draconian procedure gets put in place. I'm not talking about if some crazy future Congress comes in here and tries to further socialize health care. No, no. If the current law of the land, as passed before you and I came to Congress, Mr. Speaker, if the current law of the land continues, 62 percent of family practitioners would stop accepting Medicare patients.

What is IPAB going to do? It's going to control costs. How's it going to do it? It's going to do it by cutting reimbursements to providers. What happens when you cut reimbursements to providers? Sixty-two percent of all of America's family practitioners will stop accepting Medicare patients.

Mr. Speaker, what we do here has consequences. This isn't some think

tank downtown that has the freedom to just pontificate, to make recommendations, to wonder how things could have been. This is a body where every single thing that we do has the potential to affect—positively or negatively—the lives of every single citizen of the land.

There are no free lunches in America, Mr. Speaker. There is no something for nothing. You can control costs through competition. You can control costs through getting consumers involved in their own health care. You can control costs by providing folks with more choices. You cannot control costs responsibly by putting providers out of business and rationing care through the long lines that are then going to result.

We are going to deal with this bill tomorrow, in fact, and I would be happy to yield to my friend from the Rules Committee to help make that happen.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5, PROTECTING ACCESS TO HEALTHCARE ACT

Mr. NUGENT, from the Committee on Rules, submitted a privileged report (Rept. No. 112-416) on the resolution (H. Res. 591) providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, which was referred to the House Calendar and ordered to be printed.

ONGOING HEALTH CARE DEBATE—Continued

The SPEAKER pro tempore. The gentleman from Georgia may proceed.

Mr. WOODALL. Mr. Speaker, I appreciate that.

I was very lucky when my friend from Florida came to file that rule because that's another example that what we're doing down here isn't just howling at the Moon. It isn't just blowing hot air.

What I'm talking about here on the floor right now is repealing this Independent Payment Advisory Board to stop this cycle of destruction that has already been put into place. And no sooner do we come down here to do it than my colleague from the Rules Committee comes down to file this rule, Mr. Speaker, so that we can do this bill not 2 years from today, not after the next election, not 6 months from now, kicking the can down the road, but so that we can bring this bill to the floor tomorrow to address the concerns that we're talking about today. That's why you and I came to Congress, Mr. Speaker. That's why this whole freshman class came to Congress.

You know, I've only been here now about, what, 14, 15 months, Mr. Speaker. And what I have found is that each and every day, my colleagues in this freshman class do not evaluate their

success by how many favorable newspaper articles are written about them. They don't evaluate their success by how many times they've seen their face on TV. And they certainly don't evaluate their success based on what the mass media writes about them in this town. They evaluate their success based on whether or not the promises they made to folks before they got elected are the priorities that they've set for themselves now that they have been elected. And each and every day, I see people making that a reality. Republicans and Democrats alike, Mr. Speaker, in this freshman class came to this Congress for a different purpose, with a different mission, with a different vision. And I see them implementing it every day. It makes me proud.

Speaking of being proud, Mr. Speaker, you know, folks back home say, ROB, how come we don't see you on FOX News preaching the good conservative news? I tell them, Mr. Speaker, that anybody who is watching FOX News already knows the good conservative news. They don't need to hear it from me. The folks who need to hear from me are the folks who are watching MSNBC. That is who needs to hear my message. And I happened to bring some MSNBC knowledge down here with me today.

This is a headline recently from the Web page, Mr. Speaker. This is what it said: "In risky election year move, Republicans offer Medicare alternatives." Ooh. It kind of sounds ominous, doesn't it, Mr. Speaker? Ominous. "In risky election year move, Republicans offer Medicare alternatives." Why? Why? For the reason I just talked about, Mr. Speaker, where we have this freshman class, where we have these senior Members of Congress who didn't come here to pontificate, who didn't come here to grandstand, who came here to make a difference.

I don't care that it's an election year. In fact, if anything, Mr. Speaker, in an election year, we ought to do more of the right things. We ought to spend even more time each and every day getting it right. "Risky election year move" is what folks say. I tell you, Mr. Speaker, I would be disappointed if we did anything else. Medicare is in crisis. This IPAB board is further destabilizing the Medicare program. You are doggone right it may be a risky move, but we did it anyway because it's the right thing to do.

I sit on the Budget Committee. That is actually what they are talking about. This is a March 15 article. And they're talking about the plan that we in the Budget Committee are going to hold a markup on tomorrow, which does what? All of these things I've been talking about, Mr. Speaker: bringing choices to consumers, bringing competition to the Medicare system, investing consumers in Medicare outcomes. It does all of those things, Mr. Speaker, that we believe can control costs using the power of the market-

place, using the power of the American people, using the power of the American family, and not just by rationing care, as this IPAB board does.

This is the headline. I'm going to read it again, Mr. Speaker, just because I like it so much: "In risky election year move, Republicans offer Medicare alternatives." They go on to say this: "Running a political risk during an election year, Republicans continue to offer proposals to cut future Medicare outlays." Medicare outlays, that's this dramatic rise we see in Medicare spending, Mr. Speaker. It's not a rise associated with quality of care. It's not a rise that's associated with whether or not people get the services they need. It's a rise that's associated with an out-of-control Federal health care program that has absolutely no consumer involvement at all, absolutely no competition at all, absolutely no free market involvement at all. And it's going broke.

We have a proposal to fix it. What is our proposal? Well, I didn't just bring our proposal, Mr. Speaker. But I brought our proposal, and I want to compare it to the President's approach. There are two things we need to talk about when we talk about changes to Medicare, Mr. Speaker, and you know this better than most. There are changes to the Medicare program that save it for future generations, and then there are changes to the Medicare program that destabilize today's seniors. A big difference in those two things.

□ 1800

I'm in my forties, Mr. Speaker. My Uncle Sam has to come to me today and say, ROB, I know you've been paying your Medicare taxes in every single paycheck since you were 16 and I know we promised you that Medicare was going to be there for you like it was there for your grandparents and your parents; but ROB, we've got bad news. It turns out we overpromised and we're underdelivering and we've got to renegotiate our Medicare contract with you.

We do.

That is the bad, bad news for your generation, Mr. Speaker, for my generation, and for everybody younger. The government—surprise, surprise—has overpromised and underdelivered. And the time to tell me that is now, not when I'm 65 and I can't make any more choices about my life, but today while I can still make accommodations.

So I've divided this chart, Mr. Speaker, up into two categories—what are our proposals for current seniors and what are our proposals for future seniors—and I've done the same thing for the President's plan, because it is important that we do keep our promises here. It's no senior's fault in this country that they're dependent on Medicare. They paid into it their entire life for the part A through the Medicare taxes. They were promised it would be there for them in their time of need.