

The sample consisted of:

- 757 interviews from the landline sample
- 250 interviews from the cell phone sample
- 504 men
- 503 women

The data is weighted to reflect the geographic, demographic, and socioeconomic information that are known for the population as well as measured in the survey.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Georgia (Mr. BROUN) for 30 minutes.

Mr. BROUN of Georgia. Mr. Speaker, this afternoon I'm going to talk about health care. I'm a medical doctor. I'm a primary care physician. As a medical doctor, I'm very concerned about where we are going as a Nation.

Back during the debate over the Patient Protection and Affordable Care Act, otherwise known as ObamaCare, I presented several alternatives to that bill. Most people know in this country that the U.S. Supreme Court a couple of weeks ago, 3 weeks ago, had hearings about the constitutionality of the individual mandate, whether the Federal Government, under the Constitution, can demand that every single person in this country buy health insurance that's dictated by the Federal Government, that the Federal Government actually puts out all the parameters for that health insurance.

We recently saw Kathleen Sebelius, the Secretary of Health and Human Services, say that everybody's health insurance in this country is going to have to provide free birth control pills, free pills that are designed for nothing but to cause an abortion and free sterilization for everybody in the country. That's whether you are male or female. Who pays for that? Well, we all will.

Mr. Speaker, this is not about birth control. It's about government control. Because, you see, under ObamaCare, if it stays in place, it's going to be a tool where the Federal Government can mandate every aspect of our lives, what we eat. In fact, Justice Scalia, during the hearings a few weeks ago, said, if it stays in place, couldn't the Federal Government demand everybody in the country eat broccoli? I love broccoli and I eat a lot of it, but it's not the Federal Government's business to mandate that I eat broccoli—or anybody else, for that matter—and he's absolutely right.

In fact, under the auspices of health care, the Federal Government could control every aspect of our lives, could tell us what kinds of cars that we drive. The Federal Government could basically say, We believe everybody should drive a Chevy Volt or a Ford Focus, and if you don't, we're going to fine you.

There are already doctors that are associated with the CDC in my home State of Georgia that say it's a health hazard for people to have private ownership of firearms and it's a particular

health hazard to children. They could outlaw private ownership of firearms. They could outlaw anything that the Federal Government decided to do.

ObamaCare is going to be a destroyer. It's going to destroy the doctor-patient relationship. It will destroy the quality of health care, because the Federal Government is going to decide who can get care and who is not. It can decide whether a person is fit to receive surgery or go in the hospital or not. Age is going to be a determining factor, and it's all going to be based on economics, on cost. The high cost of health care today is because of government intrusion into the health care system. In fact, I will just give you two quick examples.

Back when I was practicing medicine down in rural southwest Georgia, in my little office I had a fully automated, quality-controlled laboratory. If a patient came in to see me that had a fever, aching all over, sore ribs, swollen throat, coughing, nose running, I would do a complete blood count, a CBC, to see if they had a bacterial infection which needs to be treated with antibiotics or whether they had a viral infection which is not helped by antibiotics, the patient doesn't need to go spend the money on those antibiotics. The best practice is it is not a good standard of care to treat viral infections with antibiotics. I would do a CBC. I could do it in 5 minutes. I charged 12 bucks.

Congress, in its infinite wisdom, decided that I might make a few pennies off of doing CBCs and, thus, would have an incentive to do too many. Well, they passed CLIA, the Clinical Laboratory Improvement Act. Instead of being able to do the test in 5 minutes, 12 bucks, I had to send patients over to the hospital. It took 3 to 4 hours, \$75 for one test—from 12 bucks to \$75—because of a law that Congress passed.

What do you think that did to everybody's insurance all across this country? What do you think it did to the cost of Medicaid as well as Medicare? It markedly elevated the cost.

The second issue, Congress passed and is now law, HIPAA. It's a totally unneeded act. It has cost the health care industry, alone, billions—billions with a B—billions of dollars, but a totally unneeded act, and it has not paid for the first aspirin to treat the headaches it has created. There are other industries—like the insurance industry, legal industry, accounting industry, and a whole lot of others—that are affected by HIPAA also. It's government intrusion in the health care system.

The President promised us that ObamaCare would not cost over a trillion dollars. They went through a whole lot of budgetary gimmicks to try to get it under a trillion dollars. Just recently, CBO said that ObamaCare is going to cost \$1.75 trillion.

The President promises, if you have insurance and you like it, you can keep it.

□ 1630

Nobody is going to be able to afford it. I talked to a businessman, and his insurance went up this year over last year by 43 percent because of the mandates in ObamaCare. Hopefully, the Supreme Court is going to throw out ObamaCare because it's going to destroy the doctor-patient relationship and the quality of medicine. It's also going to destroy budgets. As I've already mentioned, it's very, very expensive. The expansion of Medicaid is going to destroy State budgets. The whole bill is going to destroy the Federal budget and destroy our economy. And as I've already mentioned, it's going to destroy our freedom.

So what's the alternative? What happens if the Supreme Court throws out ObamaCare, as hopefully they will—and they should—because it's blatantly unconstitutional. Well, the first thing, this chart shows us what ObamaCare is like. And this isn't all of the new bureaus and agencies that are created under the plan. Right in the middle is the Secretary of Health and Human Services. Kathleen Sebelius, if she's still in office a year from now, has the potential to be the greatest tyrant to take away our freedom because of this law.

We must get rid of ObamaCare and replace it with something that makes sense economically and we put patients and doctors in the business of making their own decisions.

Well, I introduced a bill a few weeks ago called the Patient Option Act. It's H.R. 4224. What would it do? The first thing, it repeals ObamaCare completely. Gets rid of it, as we should. It also makes health care cheaper for everybody. It will lower your cost of insurance. It makes all health care expenses cheaper for everyone. It will provide coverage for all Americans, and also it will save Medicare from going broke.

Today, I heard some of my Democrat colleagues talk about Republicans want to destroy Medicare as we know it. And that's what their mantra keeps being. But their policy is characterized by four Ds. The first D is that they deny that Medicare and Social Security has any problem whatsoever. The actuaries of both Social Security and Medicare say they're going to go broke within just a few short years—within the life span of almost every American, except for the extreme elderly. So they deny there's a problem.

The second D, they're delaying fixing the problem. Their mantra of let's save Medicare as we know it is going—they deny the problem.

The third D is they're going to destroy Medicare as we know it because it's just totally not feasible to go forward and not fix it. That's what Republicans have been trying to do.

And the fourth thing that my Democrat colleagues do is they demonize all of us who want to try to fix it. The Patient Option Act will fix it, and that's what we need to do. We need to have

policies to give patients, give people a whole lot more options, and that's exactly what I'm trying to do with my Patient Option Act.

So how does it make it cheaper for everyone? The first thing it does is it provides 100 percent tax deductibility for all health care expenses, including insurance. What's this do? Well, most people in this country get their health insurance through their employer—at least working people do. And what this does is it will allow a business to just give the money to their employees and let the employees go out and buy the health insurance that makes the most sense for them and their families. So the employer is not dictating what kind of insurance the employee gets. It's a normal business expense to the employer to give that money to the employee, and then the employee can go out and buy whatever kind of insurance that they want to. In doing so, they can buy health insurance across State lines.

What this will do is it will get rid of all the State mandates because somebody in Georgia can go to Ohio and buy a basic policy without State mandates that are given to the insurance companies in Georgia. Plus, this issue breaks up the monopolies. In every State there are only just a very few health insurance companies that are providing health insurance within that State. They have what's tantamount to a monopoly. By allowing people to work with the insurance agents, they can buy health insurance anywhere in the country and can have a whole lot more options in health insurance—those kind of insurance policies that fit their families' needs the very best at a much lower cost.

It also increases the contribution limits and does patient reforms to the health savings accounts. What my bill does is it allows everybody to contribute up to \$10,000 a year into their health savings account, and the employer can help provide the funds so that the employee can fund their health savings accounts. Actually, the employee will own that health savings account, manage it themselves.

Now, my Democrat colleagues seem to think that nobody can manage their own health insurance or their own economic affairs, that we have to have the Federal Government telling all of us how to manage all of our affairs. That seems to be their philosophy. But I trust the American people. I think people can manage their own affairs if we give them the ability to do so, and expanding health savings accounts will do just that. It's not a use-it-or-lose-it situation under the Patient Option Act. That can continue to grow over the lifetime of the individual. And when they die, when they pass it, that health savings account will actually go into their estate and go to their heirs.

So this puts competition into the health insurance industry. It takes away all those mandates and lets patients have multiple options where

they can purchase the health insurance at a lower cost that makes sense to them, and their employer will not dictate it and neither will the Federal Government. So it will be a whole lot cheaper for everyone.

Now, it also offers coverage for all Americans. Well, in repealing ObamaCare, the thing about ObamaCare is we were told we need to have health care for everybody. Well, the thing is what is confusing to most Americans is we haven't been talking about health care. We're just talking about health insurance. When ObamaCare says "provide health care for everybody," what they're saying is health insurance for everyone that is mandated by the Federal Government. In fact, the President went on a national address over TV just prior to passing ObamaCare, where he said he wants everybody in this country in one pool. One insurance pool.

What's that mean? That means the Federal Government provides all health care coverage and all health care for everybody. That's socialized medicine. Socialized medicine. And that's exactly what ObamaCare is all about. It's geared towards forcing people out of their private insurance—we already see that happening today—and forcing everybody into a national pool run by the Federal Government, which in itself is going to destroy the quality of health care, and Federal bureaucrats are going to be making decisions for everybody about the kind of surgery that everybody can or cannot have, whether you can get a certain medication or not, whether you can go in the hospital or not. The doctor will not be able to make those decisions.

Already, as a physician, a primary care doctor, the health management corporations as well as the government entity, CMS, determine today whether a patient can go in the hospital or not or whether they can get a certain treatment or not. We've got to stop that. We've got to put patients in control, where they can work with their doctors and get the kind of health care that they need without some bureaucrat—insurance company bureaucrat or government bureaucrat—making the decisions.

But what this does, my Patient Option Act, H.R. 4224, allows businesses or individuals to come together and form an association and have huge insurance pools all across the country. That association could offer multiple insurance products—a Cadillac plan or bare-bones plan or something in between. Whatever the members of that association want to purchase, the association can offer multiple products. Since you will have such huge pools across the land, then the cost is much lower. It spreads the liability across many more people, and so health insurance is a whole lot less expensive for all of us.

□ 1640

In doing so, it will help cover a lot of people who are uninsured today be-

cause they can't afford it, and it will also allow people who have preexisting conditions to join those associations and be able to buy health insurance at a price where they can afford it, so it will help cover those people with preexisting conditions. So this will allow those groups to make these associations as well as individuals or businesses to buy the health insurance across State lines. It will provide coverage for virtually everybody.

Well, what about Medicare? And I'm going to come back to coverage for particularly poor people that can't afford insurance even with the lower prices. And I'll tell you what the bill, the Patient Option Act, H.R. 4224, does.

My bill will save Medicare. It will save it from going broke and make it so that our senior citizens not only today, but these children that I see, young people I see in the gallery today, they'll be able to have insurance in the future through Medicare if that's what they want to do. It allows seniors to opt out of Medicare if they want to.

I've got a constituent that worked for a large cable company here in this country. When he retired, the cable company wanted to provide health insurance for him for the rest of his life as an executive of the cable company. But they couldn't do it and he couldn't do it because, under the current law, everybody has to go into Medicare once you turn 65, at least part A. You don't have any option about that. It's mandated.

Of course, mandates like that, I don't think that's freedom, frankly, Mr. Speaker. Everybody is mandated to go into Medicare when they turn 65. Well, my bill will allow them to say, No, I want to buy private insurance; I don't want Medicare; I don't want to be involved in it. So they can use their own insurance, whether it's provided through a company or whether it's something they've bought all along, and it moves Medicare into a more flexible program.

It actually sets up a Medicare health savings account that Medicare will fund. The patient will own that health savings account and will manage the dollars. It won't be managed by some Federal bureaucrat. And if the patient doesn't utilize all those funds before they pass away, those funds actually go into the Medicare recipient's estate and the heirs will get the dollars.

The Medicare recipient will control the money, will control the decisions, can work with their doctor, and it gives the Medicare recipient a lot of options. And it also gives premium support on top of the Medicare health savings account so that the Medicare patient will have comprehensive coverage for any medical emergency or even very costly medical treatments.

So it takes care of Medicare patients. It gives them good quality care. It puts the Medicare patient in control of those decisions, and it will save Medicare from going broke, which it's going to in just a very few short years.

The other thing my bill does, and this will help with those poor people who can't even buy the much-reduced-cost health insurance, even bare-bone policies, and, unfortunately, there are some people in this country that are in that category. In my over four decades of practicing medicine, I have literally given away hundreds of thousands of dollars of my services. That's what most doctors do, particularly in my generation. A lot of the younger doctors aren't doing that as much because of the government diktats to them and because of the requirements that CMS puts upon their practices that they don't have time to give to their patients. They don't have time to try to develop relationships with their patients. They don't have time to give good quality care anymore because of the Federal Government.

If I was accepting Medicare as a physician and I was a preferred provider—that's the providers that are accepting Medicare as a payment. And Medicare, by the way, sets the prices but says you cannot publish those prices. There's no transparency because of Federal diktats, by the way, Federal law.

If I was a preferred provider and a patient came in to see me that was really struggling and trying to make ends meet, they didn't have health insurance, they're trying to pay their bills, and they came in to see me, and I said, Don't worry about the bill—and I have done that to thousands of patients over my four decades of practicing medicine. I said, Don't worry about it. Forget it. I'm glad to give you these services for free. If I did that and I was a preferred provider, Medicare could literally throw me in jail for treating somebody for free. They could throw me in jail and they could fine me.

Doctors today cannot give away their services to somebody who needs, desperately, to get their services. So what my bill does is it stops that, and it gives a physician a tax credit between \$2,000 and \$8,000 a year for giving away their services. It gives them a tax credit.

I talked to a lot of doctors throughout Georgia and asked them, if we did this, how many doctors would actually see patients for free. Every single one in every single doctors' meeting has held up their hands. And I'll give you an example.

I talked to a urologist who basically practices in a very upscale, wealthy community. He's in his office 4 days a week. It's a retirement community with high-price real estate and homes. And he told me, if I would do this in a bill, he would set aside 2 of the 4 days he's in his office to see nothing but indigent patients. Let me repeat that. This doctor who is working in this area will give half of his time to see indigent patients in his office if we would just give him this tax credit.

And that's what we did in this bill so that doctors are no longer under the threat of being fined and being jailed

for just having compassion on poor people, as the Federal Government has stopped that, prevented that and said it's against the law to have compassion on poor people. You have to charge them. You have to try to collect, and you cannot give away your services. This stops all that.

Medicare has no compassion. Medicaid has no compassion. It's all about money and government control.

Another thing that my bill does is it reforms EMTALA, the Emergency Medical Treatment and Active Labor Act. This is another law that Congress passed that requires every emergency room in this country to see whoever comes in and to treat them. In my area in Georgia, throughout my Tenth Congressional District in Georgia, a person can walk into any emergency room in my district and they will find the emergency room filled with patients who do not need to be in the emergency room, should not be in the emergency room.

I worked for 2 years before I moved to northeast Georgia. I was working at a hospital down in southwest Georgia as the director of emergency services. For 2 years, I worked full-time as an ER doc and directing those emergency services. Way over 90 percent of the patients that came in that emergency room, as they do in most emergency rooms, had no emergency. And, actually, emergency rooms all across this country are filled with illegal aliens that are going there and getting services, utilizing the emergency room in the hospital as their primary care provider; in other words, they're going to see doctors in the emergency room for stumped toes or colds, sore throats, headaches, any medical problem. And they don't have to pay because of EMTALA.

The Federal Government has required the emergency rooms to see and treat everybody who walks in. Whether they can pay or not, whether they are here legally or not, whether they are a citizen or they are an illegal alien, it requires them to do so.

What's happening with EMTALA is there is a tremendous economic burden upon hospitals. We have hospitals, particularly rural hospitals, going broke today so that nobody in their community gets services because of EMTALA.

□ 1650

It's not fair. It's not fair to the people in that community. It's not fair to people who really need to be in the emergency room. It's not fair particularly that we are forcing emergency rooms and hospitals to see illegal aliens. Actually, it's hurting people who have true emergencies because emergency rooms are filled with people who don't need to be there. People can come in with severe injuries or severe medical problems. If it's not blatantly apparent, then people have delayed administering of treatment that they desperately need to keep them well or to save their lives.

What my bill does is it allows hospitals to set up a basic screening process so that the hospital can set up somebody with basic medical knowledge and can screen patients and say to the patient, this is not an emergency, go see your doctor, go to a free clinic, we can't see you. So it reforms EMTALA and makes it so that hospitals don't have this economic burden that's been placed on them because of Federal law and Federal dictate.

I presented this bill to a lot of groups. In fact, I'm very pleased, I did an interview with Forbes magazine recently. They wrote up a blog and this article about my health care bill, the Patient OPTION Act, H.R. 4224.

They said this: Now a new plan has come forth, backed by one of the most influential Tea Party groups—that I'll mention in just a second—that contains some intriguing and original ideas for bringing cheaper health care to more people. This is from Forbes magazine.

BROUN's plan would revolutionize the insurance market by incentivizing companies, particularly smaller ones and startups, to pay their workers directly their wages—so that the wage earner will control their own money. They're earning it, they should get it, and they should make their own health care insurance decisions themselves—and let those workers decide how to pay for their own care.

Forbes magazine. It's not a Tea Party magazine; it's a magazine that I think most Americans know.

The Tea Party group—which a lot of people don't understand Tea Parties and what it's all about, but Freedom Works is a grassroots group, and it's been dubbed a Tea Party group. Actually, Freedom Works has been around for some time. But Freedom Works has endorsed my Patient OPTION Act, and this is what they said:

Congressman BROUN has authored a bold, timely, and principled plan that offers exactly what a majority of Americans want, a patient-centered health care so that patients can make their own decisions, along with their doctors. It makes health care cheaper for everybody. It provides coverage for all Americans. And it will save Medicare from going broke.

Americans need to contact their Senators and Congressmen and the leadership of the House and Senate and demand that we pass the Patient OPTION Act, H.R. 4224.

With that, I yield back the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members should not refer to occupants of the gallery.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Brian E. Pate, one of his secretaries.