

spending on tax handouts to millionaires, billionaires, and corporate special interests, while we give \$4 billion to the oil industry while they're making the most money they ever made, and they still come down here and scream, oh, don't take away our subsidies.

The American people know that the best way to cut spending is to cut spending on big special interests like Wall Street and Big Oil. But instead, Republicans would rather make the rest of us pay for tax giveaways for millionaires and Republican corporate donors like big oil and pharmaceutical companies.

So we want an America where the burdens are shared and where the benefits are also shared. We want an America where there is true economic opportunity and inclusion. We want an America where it doesn't matter whether if you're born here or you came here, it doesn't matter what color you are, it doesn't matter what religion you are, it doesn't matter whether you're male or female or who you want to be married to, that all of us can have a good, prosperous life based on an economy that works for everybody.

And so I just want to say, Mr. Speaker, as I begin to wind up my remarks, that this Progressive Caucus is going to be here standing up for the American people. We will be there for the 99 percent. We will work to get money out of politics, as we're pushing constitutional amendments to do so. We will stand up to Citizens United. We believe that corporations are not people, money is not speech. And in America, democracy is not for sale.

We believe unemployment insurance should be there for people who have fallen on hard times. And we believe that the social safety net is something that's important so that when people need help, they can get back up on their feet.

Mr. Speaker, as I wind down, I just want to point out that, with nearly 14 million people unemployed today, they deserve an opportunity in an America that really works for them. They deserve leaders who care about their plight. They need leaders who care about their plight and are willing to stand up and push policy that will make the American Dream attainable for anybody who wants to work for it.

I just want to say, as I close out, America is a wonderful idea. And the American Dream should be in the grasp of every American. And great Americans have overcome some of the bad things in the past as they reached out to build the American Dream for all.

And when I say liberty and justice for all, Mr. Speaker, I mean it. And I just don't mean social equality, I mean economic opportunity too. And it's going to have to start with asking everybody to pay their fair share, recognizing that trickle down never worked and never will, and that we've got to invest in America, educate America,

and protect America so we can get this economy working again.

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

□ 1910

REPEALING OBAMACARE

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

Mr. BENISHEK. Tonight, my colleagues and I have come to the floor, both as Members of Congress and physicians, to discuss the urgent need to repeal and replace the Patient Protection and Affordable Care Act.

Like many of my fellow Members here this evening, I've spent the last decades of my life as a physician, a surgeon. Unlike our President, I was on the front lines of medicine. I went to medical school in Detroit, Michigan. I did a family practice internship in Flint. I returned to Detroit to do a surgical residency, and then moved to the upper peninsula of Michigan, where for the last 28 years until I took this job, I was taking care of patients in a rural general surgical practice.

I know what it's like to be in a small town where people depend on their local physician, and it's 2 hours in an ambulance to get to the nearest hospital. And the Patient Protection and Affordable Care Act is affecting rural hospitals to such a degree that many of these hospitals are going to close. And I just want to bring to your attention, Mr. Speaker, the seriousness of this problem.

It's been a pleasure being a surgeon. It's a pleasure being here in Congress. As a matter of fact, sometimes patients of mine still call the congressional office inquiring about scheduling a case. One of the very reasons I ran for Congress was because I felt those with real health care experience needed to contribute to the national discussion on health care reform. Tonight, along with other members of the Doctors Caucus, I'd like to dispel some of the myths associated with the President's health care bill.

It's time to set the record straight. It isn't enough to just say this bill must be repealed, we must tell you why it has to be repealed, explain to you the really bad aspects of this bill. I'm proud to say that one of my first votes as a Member of Congress was to repeal it. Tonight, we're going to go through some of the provisions of the bill which make it so onerous.

While I disagree with the President's health care bill for a number of reasons, I'm particularly appalled at the recent regulation issued by the United States Department of Health and Human Services as a result of the bill, requiring all employers, even if they have a religious or moral objection, to offer health insurance that includes

sterilization, abortion-inducing drugs, and contraception.

I offer for the RECORD an excerpt from a letter from Bishop Sample of the Catholic Diocese of Marquette, one of my constituents. Here is a quote from Bishop Sample's letter:

In so ruling, the Obama administration has cast aside the First Amendment to the Constitution of the United States, denying to Catholics our Nation's first and most fundamental freedom, that of religious liberty. And as a result, unless the rule is overturned, we Catholics will be compelled to either violate our conscience or drop health care coverage for our employees and suffer the penalties for doing so.

The Obama administration's sole concession was to give our institutions 1 year to comply. We cannot, we will not comply with this unjust law. People of faith cannot be made second-class citizens.

Mr. Speaker, as a fellow Catholic and a physician, I agree with Bishop Sample. It's my belief that the government has no right to mandate that employers purchase health insurance for their employees in the first place. But this law is made even worse by demanding that those who support life, regardless of their particular religion, provide coverage for abortion-inducing drugs.

Mr. Speaker, Federal conscience laws have existed since 1973 and have protected many health care providers from discrimination due to religious and moral values. Unfortunately, President Obama's health care bill contains no language protecting the conscience of health care providers.

I recently cosponsored H.R. 1179, the Respect for Rights of Conscience Act, which was introduced by my colleague, Mr. FORTENBERRY of Nebraska. If signed into law, this bill would amend the Affordable Care Act to permit a health plan to decline coverage of specific items and services that are contrary to the religious beliefs of the sponsor of the plan without suffering consequences. While I and other Members of Congress continue our efforts to repeal the President's health care plan in its entirety, bills such as H.R. 1179 are necessary while the Affordable Care Act is still law to ensure that the Federal Government does not mandate any American citizen to defy their own religious principles.

I certainly have many other issues with the President's health care bill, but I'd like to give some time to my other colleagues here tonight a chance to speak as well.

Mr. HARRIS. Will the gentleman yield for just a question?

Mr. BENISHEK. I yield to the gentleman from Maryland.

Mr. HARRIS. You know, the gentleman's been talking about the President's health care bill. I assume you don't mean President Reagan's health care bill, you don't mean President Bush's health care bill. You're talking about—because a lot of people at home might be a little confused, you're talking about ObamaCare, I take it?

Mr. BENISHEK. Right.

Mr. HARRIS. And when you talk about the conscience protection that

has been infringed in the last week, is it correct that that is directly a result of the ObamaCare legislation?

Mr. BENISHEK. That's correct.

Mr. HARRIS. And in fact, as you well know, you're a surgeon, I'm an anesthesiologist, as physicians, when we were trained, the whole idea behind that part of the law would treat pregnancy as a disease. Because in my understanding, isn't that correct, that part of the law dealt with preventing disease? And in some strange way, shape, or form, what a lot of Americans think about as a thing of wonder, pregnancy—you know, the ability to bring a new life into the world—for the first time is treated as a disease to be prevented using taxpayer dollars to the point where, and correct me if I'm wrong, the Secretary of Health—because that's her title, the Secretary of Health and Human Services—is treating pregnancy as a disease. And not only saying that, but that it's so important to prevent this disease that every American employer should be forced to pay every penny of the prevention. Is that what I understand the Secretary's decision to mean?

Mr. BENISHEK. That's correct, as I understand it.

Mr. HARRIS. Well, Mr. Speaker, as the doctor has said, this is a very strange path to go down, from a bill that was brought to the American public as a bill that will help the uninsured get insurance has now gone to the point of not dealing about whether someone has insurance, but whether every employee should pay what we call first dollar coverage—that is, no copay, no deductible—free treatment to treat what the Secretary of Health now I guess considers a disease, pregnancy. Now, if that's true, you know, I've got five children, I guess my wife was struck with that disease five times.

But I will tell you, as a physician who's treated patients, Mr. Speaker, as the other gentleman from Michigan has, with diseases, to put pregnancy in the same category as breast cancer, as colon cancer, as prostate cancer, as leukemia, as other diseases that have screens that can be done, where, yes, maybe to prevent those life-threatening diseases—because, doctor, if you can correct me, I don't think it says that this is only for life-threatening pregnancies. I think this dictate from the Secretary of Health and Human Services of the United States is to prevent and treat, in whatever fashion someone decides to treat this disease—it doesn't have to be life-threatening; it's not a cancer, it's a pregnancy.

□ 1920

To place that in the same category and to use our precious health care resources to treat disease and a pregnancy is a very different objective than to pass a bill to provide basic important health insurance. And I think the gentleman, as I say, you're being very generous and perhaps confusing to the

American public, because I think they've come to understand this bill. It's ObamaCare.

I'll tell you what's interesting. Most of the time, when someone here has a piece of legislation, signature legislation that passes, they're thrilled if the legislation is referred to by their name, and there are plenty of examples. But interestingly enough, as the doctor may know, when we write a letter to our constituents and refer to the Affordable Care Act, we've actually been told we can't use the name that all Americans know this bill by. They call it ObamaCare. For some reason, someone's sensitive. I guess the President's too sensitive. Why wouldn't he want—if he is so proud of this bill, why, every time we refer to it by the name all America knows it by and, I might add, dislikes it by, is ObamaCare.

We know what the public polling says. A majority of Americans know it was a mistake. Interestingly enough, a third of Americans don't realize it's still the law of the land. But they did get a rude awakening last week when, if you happened to be a member of a religion that doesn't believe that pregnancy ought to be treated as a disease, that doesn't believe that you ought to be forced to fund sterilizations with no copay or deductible as part of your insurance policy you provide to your employees, that that comes under the ObamaCare legislation that is still in effect.

Mr. Speaker, you know that if you travel through your district and you talk to the small business men and women in your district, you know how afraid they are of this bill being fully implemented. They understand that it will break the bank in their business, it'll break the bank in their State, and it'll break our bank here in Washington.

We have a \$15 trillion debt, and everyone knows, when you add 14 million new people to a government entitlement, as this bill did, all that you're going to do is make that situation worse. And our small business men and women realize this. They know that cost is going to be born to them.

We know what the unemployment rate is. It's not under 8 percent like the President had promised when that stimulus bill was passed in this very Chamber 2 years ago, I will say, when the other side was in charge. The unemployment rate's over 8 percent. The Congressional Budget Office, just this week, projected it will be 9 percent by the end of the year.

Times are tough. Gasoline is \$3.60 a gallon. And what is the President's administration doing? Going full steam ahead on implementing a bill, ObamaCare, that Americans don't want and can't afford.

So I'm going to thank the gentleman from Michigan for yielding the time to me and thank the gentleman for bringing this up to the American people once again, to remind them ObamaCare is with us. It may not be after the next

election. We don't know. But we know that America agrees, this was a bad idea at a bad time, and due to what happened last week with the conscience protection that's always been present in Federal law being abridged by our Secretary of Health.

Mr. BENISHEK. Thank you, Dr. HARRIS, for being here tonight. We certainly appreciate your comments.

Let me add, at a town hall in New Hampshire in August of 2009, President Obama stated: If you like your health care plan, you can keep your health care plan. The President made this statement several times as he attempted to gain support for his health care overhaul.

After the last Congress passed the Affordable Care Act, the Obama administration began its job-killing regulatory spree. Instead of allowing Americans to keep their health care plans if they're happy, this new law could cause as many as 87 million Americans, nearly a third of the population, to lose their coverage.

As a physician, I understand the importance of consumer choice when it comes to health care. Personally, I don't think government should be in the business of mandating the purchase of health care insurance at all. Why in the world would you pass a bill that mandates the purchase of health care insurance and then potentially kicks 28 percent of the population off their plans?

I can tell you from experience, this has nothing do with affordable care. Again, this is just not another reason to replace President Obama's Affordable Care Act with real health care reform.

I look forward to replacing this plan with a bill that expands health care choice, like H.R. 3000, a measure introduced by my colleague, Dr. PRICE, that I cosponsored. This bill expands health care access and availability, making provisions for selling insurance across State lines and addressing medical liability reform. This is a real step forward in health care reform, unlike the previous Congress's attempt.

With that, I'd like to introduce Dr. GINGREY of Georgia for his comments.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Michigan's First Congressional District for yielding the time, and I thank him for putting together this Special Order hour. And, indeed, I thank our leadership for making this the designated leadership hour for the Republican Conference this evening and all of my colleagues that are participating.

The gentleman spoke about some of the things in ObamaCare. As the gentleman from the eastern shore said, the name of the bill that the patients know it for—or dislike it for, I think is the way he put it. And certainly 60 percent or more still, 2 years after its passage—I guess when former Speaker PELOSI said they'll have to find out what's in it and I think they'll like it, well, they found out what's in it and they don't like it.

And one thing that was in it, still in it, unfortunately, that nobody really likes, yet our Democratic colleagues fought tooth and nail yesterday on the House floor to keep the CLASS Act in this ObamaCare, Affordable Care Act. We call it the "unaffordable care act." And the CLASS Act was a provision that was inserted, Mr. Speaker, on the Senate side in the latter stages just before, in fact, they voted on the Senate side to approve the bill.

In the CLASS Act is this so-called long-term care provision that former Senator, God rest his soul, Senator Kennedy had worked on for years, and this was something that his staff wanted to have in the bill as a legacy to his memory. I understand that. But not only was it half-baked, I think it was about quarter-baked, and it was a bill, a section of the bill, 2,700 pages, so it was just one section, but one of the most egregious provisions in regard to what it's going to cost our poor, burdened American taxpayer, this CLASS Act, in regard to long-term care provisions.

And thank goodness for our former Senator, Judd Gregg, who was chairman of the Budget Committee on the Senate side, is now retired. But he was on the Health Committee in the Senate and proffered an amendment that said you couldn't go forward. The Secretary would not be allowed to go forward with this CLASS Act provision on long-term care unless she could certify that it was fiscally solvent in the out-years.

And another Member, the current—in fact, the current Budget Committee chair on the Senate side, Democrat KENT CONRAD, said in 2009 that it was a Ponzi scheme of the highest order. In fact, he even said it would have made Bernie Madoff proud. I couldn't have said it any better than that, because what it called for, or what it calls for is something that absolutely is a Ponzi scheme. It requires people that sign up for this CLASS Act, long-term care insurance, to pay premiums for 6 years before they would be eligible to have a benefit if they were disabled and they needed care with daily living activities in their home.

□ 1930

So it looked like this part of the bill was going to generate \$80 billion in cost savings, and boy did they ever proffer that point. Eighteen months later, the secretary of Health and Human Services finally says we can't make this work, we have looked, turned it upside down, inside out, backwards, eight ways to Sunday.

In fact, they had a flowchart that had an algorithm of how they could possibly make this program work. It included things like saying that people with preexisting conditions had to wait 15 years before they were eligible for a benefit, that these preexisting exclusions would go away. Then they said, no, maybe we ought to eliminate anybody. Our colleagues on the other side

of the aisle yesterday said you mean you're going to deny coverage to people with Alzheimer's and with metastatic cancer and with type 2 diabetes and renal failure, and all this stuff? These are the things that the Secretary wanted to say, We are going to have to not allow them to participate with these preexisting conditions; not us, not our side of the aisle.

In fact, let me make this point before I yield back to Dr. BENISHEK so he can yield to others that are here on the floor.

The only thing that they could come up with, Secretary Sebelius, that would make this program work was the ninth thing, and that was to make it mandatory, say everybody has to sign up for long-term care insurance whether they want to or not.

I think they already know they have a little bit of a problem in regard to mandating health care in regard to the case that is before the Supreme Court now. They will have 5½ hours of testimony in March and a decision probably in June. I don't think they wanted to go down that road again, and so she threw up her hands and said, We are not going forward with it.

We voted on the House floor yesterday to strike that bill from the law, remove it from the books because, if we don't, here is the problem with the CLASS Act still being kind of inactive, sitting there in the statute, in law, even though the Democrats say you don't need to remove it because the Secretary says she is not going to go forward.

But the law says very specifically that she will have a program for people to participate in by October 1, 2012. That is less than 9 months from now, if my math is correct. Someone could simply say, You didn't provide this and the law requires it, and therefore I'm going to bring suit against the Federal Government. This could go on and on and on.

Then the people who are trying to develop a long-term care insurance policy so that folks could afford it and it would work, they are not going to work on that until they know that the Federal Government is not continuing to mess with the system and cause more and more delay. I wanted to mention that because I thought it was very important.

The vote yesterday to repeal had 26 of our colleagues on the Democratic side of the aisle. That is pretty darn good in this body in regard to bipartisanship.

We hope and pray, as this bill goes over to the other body and gets to the desk of the majority leader, Senator REID, that it won't just stack up like one more piece of cordwood as did the 30 bills that we've passed in the first session of the 112th Congress. Hope springs eternal. I think we did a good piece of work yesterday. I am proud to be here with my colleagues.

Mr. BENISHEK. Thank you very much. I really appreciate my colleague

from Georgia's comments, Dr. GINGREY. Excellent.

The minority leader, then-Speaker NANCY PELOSI, once promised that the President's Affordable Care Act would create as many as 4 million jobs. Despite these promises, over 13 million Americans have been unemployed for the last 31 months. Instead of creating jobs, the President's health care plan is working against America's economic heartbeat—small business. According to a study by the National Federation of Independent Business, new taxes created by the employer mandate provision in President Obama's health care bill may eliminate as many as 1.6 million additional jobs by 2014.

During his State of the Union address last week, President Obama stated:

Companies that choose to stay in America get hit with one of the highest tax rates in the world. It makes no sense, and everybody knows it. So let's change it.

I couldn't agree more with the President on that statement.

One easy place to start would be the passage of H.R. 1370, a measure introduced by my colleague, Dr. BOUSTANY. This measure repeals the annual fee, meaning a tax, that the President's health care plan places on health care insurance providers. Instead of raising taxes by \$500 billion on the American taxpayers to pay for the Affordable Care Act, President Obama should follow his own advice and encourage the Senate to repeal his health care plan.

With that, I would like to introduce my colleague from Louisiana, the former Louisiana doctor of the year, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman, Dr. BENISHEK. That was an unexpected recognition there. I thank you, sir, for that.

I'm just going to give a brief top-level overview of where we started with health care in this Nation and why we are here today.

I have to take you back to post-World War II, where we began to have the indication of a crisis protection form of insurance; that is, insurance that is there just to keep the family from going bankrupt over medical bills. That seemed to be well received.

Over time, it became obvious that there were other people, the people who were poor, people who were elderly, who could not get coverage in the normal marketplace of insurance. As a result, Congress in the mid-1960s, created Medicaid, health care coverage for the poor, and Medicare, health care coverage for those who are 65 and over.

That was all well and good; however, this was the first real foray of the government managing health care, that is, the financing of health care. The promises were great to the doctors to get them to go along with it. The promises were great to the patients. It has rocked along for a while pretty well.

People who receive Medicare benefits enjoy them. The problem is that we know in government that the cost has risen and risen and risen, and now what

we have is a situation where Americans who are on Medicare enjoy very good health care benefits, but the explosion in cost and the pressure it is putting on the rest of the health care system is becoming unsustainable. In fact, if left alone, Medicare will totally displace all discretionary spending in the government today; therefore, something has to be done about it.

We got about halfway through government-run health care, and our friends on the other side of the aisle have had this vision for many years of having government totally control health care for everyone. They attempted to do that with the passage of ObamaCare, which took us, I would say, to about 95 percent complete government control of health care.

What was the promise? The promise was that your insurance rates would go down, your coverage would go up, that your choices would go up, and things would be fine and dandy.

What have we found thus far? And it hasn't even been nearly fully implemented. That is that the cost of insurance premiums have gone up.

We now have a board called IPAB, which is 15 bureaucrats who will be appointed by the President, not necessarily health care workers. Everything that may affect you in your life with regard to health care may well rest in the hands of this 15, even usurping Congress itself when it comes to decisions such as what doctors you can see, what it will cost you, and certainly what the health care system itself will be paid.

What I would submit to you tonight is that any time government runs a system of economy—which certainly it has done in education, and we see the failures in secondary and primary education there, and now in health care—that costs skyrocket. They become very inefficient and they become unsustainable.

Remember that when it comes to Medicare that, for every \$1 that a recipient puts into the system in the way of premiums, they get \$3 in benefits.

□ 1940

That means that even the very wealthy—even the Warren Buffetts of the world—actually get subsidized health care. We just simply can't afford it. We'd love for our recipients—our voters—to get this, but we can't afford it. So now what do we have? We have ObamaCare, which is a fixed top of Medicare and Medicaid, and we have nearly a 100 percent government-run system.

You just heard my colleague from Georgia talk about the fact that one of the ways to fund it is by this CLASS Act, which is long-term health care. It's unsustainable. It will collapse. Actuaries tell us it's not going to work, so we're in the process of repealing it. We know that there is an amazing number of taxes that go with this—a tax on the sale of your home as an investment—and many other pieces. An-

other big piece toward funding it is by taking out a half a trillion dollars from Medicare, which only makes Medicare go out of business even faster. Right now, we're looking at about 10 years for that to happen; and our friends on the other side of the aisle, the Democrats, have no solution for that whatsoever.

So I would say, Mr. Speaker, that we have gone from the frying pan into the fire when it comes to health care by way of government. There are those who say, Well then, what is your solution? Mr. Speaker, our solution is very simple. Our solution is: Let's re-invoke the marketplace, the forces of the market—economic freedom and patient choice—back into the system, and let's get government out.

Government has a role. Government's role is to protect its citizens and to ensure there is an even playing field. Yet we know that no way will costs go down in any open economy, in any free economy, unless there is robust competition. But we do not have that today, not among insurance companies, not among large, vertically integrated governmental systems. It's not there—it never will be—and we will continue to have waste. No matter what any politician says that he's going to do to get rid of fraud, waste, and abuse in the system, he is incapable of doing that. Only a free market can do that.

I will refer you back to PAUL RYAN's budget, which actually gives Medicare recipients a free market choice, which is the same kind of choice that we in Congress have today. That is: We can go to a Web site or we can go to a book, and we can choose from one of hundreds of excellent health care systems out there by which we can be covered.

Why can't Medicare recipients and why can't Medicaid recipients have exactly the same thing? Why can't we tear down the State walls that exist that make, in most cases, one insurance company totally control the market in an entire State? Why can't we do this?

The answer is: This body right here has not allowed that to happen.

Mr. Speaker, that is what I submit to you this evening: Should we repeal ObamaCare?

I am convinced now that we will; that perhaps it will be H.R. 1 in 2013, the full repeal of ObamaCare; that we will quickly replace it with piecemeal pieces of legislation that do many things, including reforming liability insurance, re-invoking the free marketplace, patient choice; and that we will get on with making this a much more efficient system, one that is much more user friendly and one that we can all be proud of.

I thank the gentleman, and I thank my fellow physicians in the GOP Doctors Caucus. It is always an honor to serve with these ladies and gentlemen. It's not only physicians, but nurses and other types of health care workers. There are truly great things that are happening in this body.

Mr. BENISHEK. I appreciate that, Dr. FLEMING. Thank you for your comments.

I just thought I'd make a few comments of my own about your discussion of the IPAB board and make sure that the American people know what this is. The Independent Payment Advisory Board is a board of bureaucrats appointed by the President, without appeal, that will determine whether or not procedures, if they are overpriced, will be available to the American people.

I've talked to patients in many difficult situations, where I have had a very sick patient and have taken care of the patient myself and the patient's family, where difficult decisions are being made affecting the life or death of the patient. These decisions are not easy to make. You have to discuss the alternatives with the patient and with the patient's family; and usually, through the coordination of what the patient wants, with what the physician recommends and in discussion with the family, we come to a decision.

The Independent Payment Advisory Board may decide completely differently from what we decide. Certainly, some patients deserve different types of care: palliative care rather than aggressive care, comfort care measures versus complete major surgery. These are decisions that have to be made personally—on an individual basis—based on sound medicine, what the family needs, what the patient wants, and not with an unappealable bureaucratic decision made in Washington by someone who may or may not know the patient and who certainly may not be educated in medicine or compassion. From my eyes, it's really a scary thought for the American people, and I just wanted to put my perspective on your comments there.

Now we have my colleague here with us this evening, the gentlewoman from New York (Ms. BUEKLE), as a member of the Doctors Caucus. Ms. BUEKLE is actually a nurse, yet we have health professionals of all varieties here tonight, so I yield to the gentlewoman.

Ms. BUEKLE. I thank my colleague and friend from Michigan for yielding to me, and thank you so much for having this evening's Special Order regarding health care.

I think it is so important, Mr. Speaker, that the American people hear from health care professionals. There is such distrust of politicians in Washington, so for the American people to have the opportunity to hear from those who have invested their lives in health care and who really do care deeply about our health care system, I think it's so very important that we have this hour and this time together.

Mr. Speaker, I ran for Congress because I was so concerned with regard to the health care law. I thought that it was substantively flawed. I thought that it was procedurally flawed. It was passed in secrecy at all hours of the

night, and I thought that constitutionally it was flawed in that our government doesn't have the right to mandate our buying anything, let alone health care. So I ran on that. Now that time has unfolded—and we've been here a year now—what has come to light is how very flawed this health care law is. I speak to so many parts of it that are flawed, but I just want to focus on a couple of specific areas.

I am the daughter of a 90-year-old woman. My mother is alive and well and lives in a small town in Auburn. I know how much she cares about her Medicare coverage, and I know how important that is to her and for her. Then last April, when the Republicans put out a budget proposal, Mr. Speaker, we were demagogued; we were demagogued that we wanted to cut Medicare for seniors.

I am here tonight to reassure the American people, particularly our seniors, that this group—all the members of our caucus—and our conference understand and appreciate how important Medicare is to our seniors. We understand that. This budget proposal that was proposed last April and passed in the House is merely a proposal, a suggestion as to how we're going to save Medicare for those who are 54 years and younger. So I want to assure seniors that any changes we talk about with regard to Medicare have to do with only those who are 54 and younger. That's very important to emphasize.

What I do want to talk about briefly is that this health care law, which is the law of the land and which will go into effect in 2014, does cut Medicare. I've heard from many of the seniors in the country, and I've heard from the hospitals in my district, and I've heard from the physicians in my district. This health care law cuts Medicare by \$500 billion. Every senior is going to feel the impact of this health care law.

So I want to be here tonight with my colleagues and with members of the health care profession to assure our seniors that we are here to protect you. We want to keep Medicare intact, and we want to alert you that the law that was passed is flawed on so many levels. We voted to repeal it, but it's flawed primarily.

One of the biggest reasons is that it cuts Medicare, which will impact our seniors and the care they receive. We've heard about the IPAB, and you've heard about the CLASS Act; but this cut to seniors is something every senior should be concerned about, and they should be clamoring for the repeal of the law of this land because it will affect their care and their coverage.

I've heard from so many hospitals in my district, and I have a list here. I have five hospitals in my district. All of the Members have hospitals in their districts. There are cuts to our hospitals because of this health care law. Hospitals receive what's called a "disproportionate share" for services they give to folks who don't have insur-

ance—who are uninsured—or who maybe get Medicare or Medicaid. So hospitals get what's called a "disproportionate share."

□ 1950

Mr. Speaker, the health care law eliminates the disproportionate share. It's a problem for hospitals, and I've heard from my hospitals and I've had the privilege of representing my hospital for 13 years as a lawyer. I don't say that as much as I say that I'm a nurse.

The cuts to Medicare to our hospitals will really force them into a very bad situation. And I want to talk just briefly, and then I want to yield to my colleagues, how important our hospitals are to our districts. In my district alone it employs 18,000 people. So when we've enacted a law, this health care law in this country, it's going to impact our hospitals and how viable they are.

You can see the payroll and purchases from the hospitals. Just in my district, Mr. Speaker, over \$2.5 billion; and State and local tax and revenues, 105 million. So this health care law—and my hospitals have said to me, it's going to hurt us. One has said it will put us into bankruptcy because we can't afford to do business because of the health care law.

So a bill that was supposed to—a law that was supposed to increase access, decrease the cost of health care—as this bill and this law unfolds, we're seeing more and more that it's bad. It's bad for seniors, it's bad for hospitals, it's bad for our physicians. It's bad because it's the government telling the American people what they have to do.

I'm so proud to stand here with my colleagues who have voted to repeal this health care law, and we want to make sure that the American people understand. We do realize we need health care reform, but it needs to be market based, as my colleague mentioned, and it needs to be care that doesn't hurt our seniors, doesn't hurt our hospitals, doesn't hurt our physicians and really does increase access to health care.

Mr. BENISHEK. Thank you very much. I appreciate the gentlewoman's remarks, and thank you for taking the time to come up this evening.

We're nearing the end of our hour here, and I'd like to give the other Members that are here an opportunity to speak.

I yield to my friend from Arizona (Mr. GOSAR), who is a member of the dental profession. I'm looking forward to your comments.

Mr. GOSAR. Thank you, Dr. BENISHEK. Thank you for having this opportunity through these Special Orders.

I've got a unique perspective of looking at health care through a dentist's eyes, something that has stayed market based and stayed very inflationary neutral.

But before I do that, what I wanted to do is touch on my colleague, Ms. BUERKLE, in regards to hospitals.

I come from rural Arizona and more important aspects of hospital care is our rural hospitals and the solvency that we're seeing with them. They've taken an undue burden because we destroyed the patient-doctor relationship, the integral aspects of all the doctors with specialties and with the hospital.

Many of the hospitals that I've been working with are finding that it's going to be insolvent very, very quickly; and, therefore, our safety net is going to be gone.

We need to look no further to see government-run health care, particularly the longest-standing health care, and that's Native American health care. We see how detrimental it actually is. We have actually seen a group of people that are so despondent about the way government has taken care of their health care that they've invoked a clause called the self-determination act, in which they are taking back their health care needs within their communities, patient based, community based, preventive based.

These are some of the things that we as health care professionals really support and really tried to build upon. We can look no further than our Native American friends to see how we can actually start that capacity of rebuilding.

Second of all, we've talked about it briefly, and that is the modality of increased competition. This is a place that the Federal Government can actually help us and intercede. We all, as professionals, can work as collusive bodies, in unison, price fixing. But insurance companies certainly do that, and this is where we can actual level the playing field by our Federalist papers to allow open competition and vertical competition against each other across State lines.

This gives us the opportunity to have many more opportunities for the marketplace. That gives us the opportunity, consumer based, so that my needs may be different. For example, I'm allergic to wheat. I need to take care of myself. I need to be able to have an opportunity if I want wellness checks, if I want to see. I have different riders for lymphomas, all those different things I need to have the opportunity for. And that gives me the playing field on which I can play, particularly when there's more options out there. We're competing against each other and State lines.

Like my good friend from Louisiana talked about, State laws that almost give a monopoly to certain insurers within a State. This is the opportunity to open those doors and start to bypass the ERISA laws, opening up the competition model so that we all have an opportunity. You know, there was a conversation that was taking place, but we've lost it. Instead of a single-payer, how about a single-pool?

Here's our opportunity to make sure that we've got great competition within the marketplace. Dentist, no, because we compete that way. You know,

once upon a time insurance wanted to take over dentistry. There is an insurer called Delta Dental, and it was dentistry that was actually building insurers basically for the patients.

That's how we became the marketplace, opportunity. This gave us the opportunity that everybody got to choose and pick, and those are the things we have to look at.

Last but not least, all parts of this, this government-run health care, we need to really point at a vibrant economy. No closer do we have to look at this discussion than the withholding tax. Part of this money goes into the Social Security fund but also into Medicare. When we don't have a vibrant economy, we don't have the money going into our health care portfolio.

This is why it's all integrated. This isn't one separate entity. It's all integrated into a Nation that has a vibrant economy; and that's where we have to poignantly look, establish a new playing field, open up the rules, even get tort reform.

And we can learn from our States. This is one where one size doesn't fit all, but we can work with a value: what happens in Texas, what would happen in California. How about mediation that all medical malpractice cases have to go to mediation before they can go to court.

Isn't that magical? That's exactly what happens in Oregon. These are opportunities to take the brightest pieces across this country and putting them together and working it on the basis for patient preference, allowing them to pick. There's nothing more dear to somebody than their health care.

I'd like to thank my good friend, Mr. BENISHEK, for putting this together.

Mr. HARRIS. Will the gentleman yield?

Mr. BENISHEK. I yield to the gentleman from Maryland.

Mr. HARRIS. Gentlemen, I appreciate the very passionate discussion that you had about the way physicians interact with patients, and patients kind of expect that their care is going to be a personal decision between their health care provider and themselves and their family.

My understanding, and the gentleman from Louisiana mentioned this, Independent Payment Advisory Board, are 15 bureaucrats appointed by the President. Do either of the gentlemen know, correct me if I'm wrong, they are by law—cannot be a practicing physician.

You might want to check one of those 2,700 pages because I believe that the act by law says they cannot be a practicing physician.

Now, the gentleman from Michigan pointed out something that every senior in America ought to really care about, or those who take care of seniors or whose parent or grandparents are seniors. When your loved one is ill, do you really want the decision about whether they can receive care being

made in an office in Washington by somebody who's got to find a way to pay for that ObamaCare bill?

Because, Mr. Speaker, that's the whole purpose of that Independent Payment Advisory Board. They've got to find \$500 billion to take out of that Medicare program. Who among us doesn't believe that when that bureaucrat sits down, they're not going to be thinking about what's best for your loved one?

They're not going to be thinking about what that physician or that health care provider's decision is about what the best care is. They're going to be thinking how they're going to make that budget work.

To the gentleman from Michigan, I will tell you, I think that's the way America thinks that decision is going to be made. They're going to believe that when government runs health care, it's going to be run just like government runs a whole lot of other things it runs.

Ask a senior in your district, doctor from Louisiana, the doctor from Michigan, the doctor from Arizona, the doctor from Georgia, ask the next Medicare patient you take care of how long they have to wait on the phone when they call Medicare.

□ 2000

To the gentlelady from New York, my mother is 88, God bless her. And I have to tell you, she has made the mistake a couple of times of calling Medicare on the phone. My poor 88-year-old mother spent 90 minutes one time on the phone to get an answer. That's the kind of care we're going to get from the Affordable Care Act. It's not affordable care. It's not accessible care. It's not good care.

I want to thank the gentleman from Michigan for yielding and giving us the opportunity to remind the American public, we repealed ObamaCare in this Chamber. That repeal bill is sitting over in the Senate.

Mr. BENISHEK. I thank my colleague from Maryland, and I appreciate your bringing up those great points.

The President's health care act was to allow people to get more access to medicine. And as we've seen from multiple discussions here this evening, with the closure of many small hospitals throughout America due to the decreased payments under the President's health care bill, many small hospitals are facing closure.

I know, like the gentlelady from New York mentioned, I have many small hospitals that are on the razor's edge of being in the black or in the red. Recently, a small hospital in my district was just on the verge of bankruptcy. How is closing five hospitals in the 200-mile area increasing access to care? It isn't. It's making access to care more difficult, more impersonal.

Physicians, like ourselves, we're concerned about what's going to happen here because I'm concerned about my patients. And I'm concerned about my

colleagues who complain to me about their patients. I think it's folly to be able to regulate health care from above.

Health care needs reform. We have the best health care in the world. The problem is it costs a lot of money. It costs a lot of money because there's not enough market forces, as my friend from Louisiana mentioned. You know, once somebody pays their copay, they don't care what anything costs. I paid my copay, I don't care what it costs. It's all good. We need to have health insurance be more like car insurance. You can buy car insurance from multiple different companies, thousands of different companies. In Michigan, you can buy your car insurance from a company in Florida or Tennessee because there's a lot of open competition. And your car insurance doesn't pay for an oil change. It doesn't pay for new tires. It doesn't pay for the routine expenses. If your car insurance paid for your oil change and your new tires, it would be really expensive, just like our health insurance is today.

We need to have people understand that health care isn't free once they pay their deductible. I think the health savings account concept where people have to save money tax free in their health savings account, use that money for their routine medical care and have health insurance be what it should be, not complete coverage of everything medicine but insurance for catastrophic disease, for items that you choose to insure for, not to insure for things that the government makes you insure for, like, you know, abortions which you may not want, or pregnancy, which you may not—you know, if you've had a hysterectomy, why should you be paying insurance for a pregnancy? There should be choice in health insurance, to allow people to have a Cadillac plan if they want, if they can afford it, or a Chevrolet plan. Or a young person may have simply a catastrophic plan if they feel they will not have significant health issues.

That type of marketplace and that type of philosophy is what we need in the health insurance business in my view.

I want to ask my colleague from Louisiana if that view of medicine, a market-based insurance and then competition between physicians as well, is your view?

Mr. FLEMING. I thank the gentleman. I will just briefly respond to that.

The point I would like to make on that very question is that coverage is not the same thing as access. There are countries around the world that have 100 percent coverage, yet they have no access to care. And I'm not just talking about communist or socialist countries. Look at Canada today. It takes a year to get a CT scan; but yet everybody's covered. So that's the fine point that we need to understand and take away.

I will also add in response to the gentleman just a moment ago talking

about the Independent Payment Advisory Board is that it will have more power than Congress itself. It will take a two-thirds vote from both bodies to overturn their decisions, and I don't think that Americans are ready to put all of that power in the hands of 15 bureaucrats who may or may not be physicians.

Mr. BENISHEK. Thank you. Let me ask my colleague from Georgia if he has any other comments he'd like to make?

Mr. GINGREY of Georgia. Well, I thank the gentleman from Michigan.

Mr. Speaker, I would like to comment before we close tonight. The members of the House GOP Doctors Caucus, along with the health care providers that caucus on the Senate side, in the other body, have just recently sent a letter to the American Association of Retired Persons, AARP, the executive director Mr. Barry Rand, asking them and the 35 million seniors that they represent in their advocacy, and of course the definition of a senior for them is anybody who has reached the age of 50, so certainly they can reach a whole lot more seniors, and I'm sure membership is important to them, so we have sent a letter to them reaching out to the organization and asking AARP to meet with the Doctor's Caucuses in the respective bodies in a very bipartisan way to try to save Medicare.

There are things that that organization, which I respect, indeed, I've been a member of, that we agree with, and there are things that we don't agree on. Now, AARP was opposed to what we had in the Republican budget last year, the so-called Paul Ryan budget in regard to how to strengthen, protect, preserve, the Medicare program, not just for our current seniors and recipients of that program, but for our children and grandchildren and great-grandchildren, indeed. So we want to ask them to sit down with us and say what they do like. We know what they don't like. I guess they didn't like the mandate of premium support in our budget last year. But Chairman RYAN this year is working very closely in a bipartisan way with Senator WYDEN, the gentleman from Oregon, in regard to this same idea of premium support. But instead of mandating it—and of course it was only mandated for those younger than age 55; everyone else was held harmless—now the idea is to say, Look, let's let everyone choose and decide. It's their option. Do they want to stay on Medicare as we know it, the legacy program, or would they prefer to go to the doctor and the hospital of their choice with their own premium support?

So I just wanted to mention that, and I'm looking forward to having a dialogue with the AARP and the 35 million seniors that they represent.

Back in 2003, my colleagues weren't here then, but I was, and I had an opportunity to vote in favor, as a physician Member, of the Medicare part D, the Prescription Drug Act, and AARP

supported that. And yet our Democratic colleagues on the other side of the aisle, many of them symbolically came to the well and tore up their membership card of the AARP. So we're going to work with them. I think it's very important.

Mr. BENISHEK. I thank the gentleman from Georgia and the gentlemen from Louisiana and Arizona, the gentlewoman from New York, and my colleague from Maryland as well for appearing with me tonight. We've been trying to explain to the Speaker and the American people some of the issues that we have with the President's health care bill that do not solve our problem with health care and why we want to repeal it.

□ 2010

I encourage you all to look further into this issue and become educated so that you can inform yourself and your friends how serious this problem is.

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

ASSAULT ON RELIGIOUS FREEDOM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Texas (Mr. GOHMERT) is recognized for 30 minutes.

Mr. GOHMERT. Mr. Speaker, it's wonderful to hear so many of not just colleagues but friends here on the floor discussing what is so important to this Nation—responsibility. And if you want to talk fiscal responsibility, it would certainly seem that the first place to start is with the repeal of ObamaCare. If you want to talk about freedom individually, once again, the best place to start is with repeal of ObamaCare.

There are so many ways the Federal Government has been encroaching into individual liberties and individual freedoms. It begins to get quite scary that we are encroaching on the very things that our original Founders were willing to fight and die for to ensure that we had the freedoms to do, that we would have the freedoms to avoid doing damage to our conscience.

It's so ironic that so many came to this Nation in its earliest days, and then through its history, seeking relief from persecution as Christians. So many groups came here believing that this could be a place, a promised land of sorts, where freedom could be experienced greater than anywhere else in the world. And that dream has been realized.

For far too long in our Nation's history, it was not extended to all men and women. Race and gender were problems. There were problems for some because there was racial and gender bias. But no one in those days ever anticipated we would get to the point in America where we are today, where people of faith who believe with all their heart that certain practices are just wrong in God's eyes would be

forced by their government to commit those acts of wrong.

We know that the President of Notre Dame University, back in 2009, endured a great deal of heat when he brought a man who had fought so hard in Illinois to allow late-term abortions, a man who had fought to prevent people of conscience from being allowed to be counseled on exactly what they would be doing. There were all kinds of efforts in Illinois to deal with the issue of abortion. And he's now President. So there were some that believed that bringing that individual to a Catholic university like Notre Dame and giving an honorary degree and bestowing this honor upon him was not a good idea. Yet the President took a great deal of chance.

Sarah Palin points this out in an op-ed, little piece that she wrote Tuesday, when she said:

Consider Catholicism's most prominent academic leader, the Reverend John Jenkins, president of Notre Dame. Jenkins took a serious risk in sponsoring Obama's 2009 honorary degree and commencement address—which promised a “sensible” approach to the conscience clause. Jenkins now complains, “This is not the kind of ‘sensible’ approach the President had in mind when he spoke here.”

As Sarah Palin notes, “Obama has made Jenkins—and other progressive Catholic allies—look easily duped,” because this administration appears to want to wage war on Catholic Christian belief.

It's amazing that someone would take those kinds of positions that the administration currently is, basically a war on religious freedom for Christians.

There is an editorial posted by Mike Brownfield today, entitled, “Morning Bell: ObamaCare's Latest Victim is Religious Freedom.” It says:

It has not even been 2 years since ObamaCare was enacted, and already the President's health care law has taken another victim—the religious freedoms Americans hold dear, as reflected by the First Amendment.

The Obama administration recently reaffirmed a rule under ObamaCare that requires many religious employers to provide health care coverage for all FDA-approved contraceptive methods, sterilization procedures, and related education and counseling. On the grounds that certain FDA-approved contraceptive methods can sometimes “cause the demise of embryos both after and before uterine implantation,” many groups also believe that the rule forces them to cover abortion.

As the article points out, it's not just Catholics affected by the rule. Leaders from other faith traditions have expressed their concern. This is deeply troubling.

Another article here from The Washington Post, entitled, “Obama Plays His Catholic Allies for Fools,” by Michael Gerson, published January 30. He says:

In politics, the timing is often the message. On January 20—3 days before the annual March for Life—the Obama administration announced its final decision that Catholic universities, hospitals, and charities will