

energy security, and optimism. This is the story of America's natural gas revolution.

THE RYAN BUDGET AND MEDICARE

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

Ms. DUCKWORTH. Mr. Speaker, the Ryan budget once again places the burden of deficit reduction on working Americans while failing to stop the frivolous spending of subsidies for oil and gas companies that cost the American people billions of dollars every year.

I'm especially concerned that the Ryan budget will end the guarantee of Medicare for hardworking Americans who have paid into it. Medicare was created precisely because the private market failed to provide seniors with affordable and quality health care.

Even if senior citizens are able to find decent health insurance, they would still have to pay \$1,000 more a year for prescription drugs after the Ryan budget reopens the doughnut hole. Overall, their budget will force seniors to pay \$59,500 more in health care costs during their retirement. My neighbors, who work so hard to pay their mortgages and send their children to college, can't afford to spend another \$59,500.

Rather than ramming through a partisan budget that will never become law, I encourage Congress to work together on a budget that can preserve Medicare, reduce the deficit, and grow our economy.

MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from California (Mr. BERA) is recognized for 60 minutes as the designee of the minority leader.

Mr. BERA of California. Mr. Speaker, over the past several weeks, I've been talking to my constituents and I've been talking to former patients about the importance of Medicare and how Medicare has impacted their lives, how they've relied on it.

As a doctor, I've taken care of thousands of patients, patients who have worked their whole life paying into a system so that they could rest easy at a time when they needed their health care. They wouldn't have to worry about it.

This is a value and a program that has served millions of Americans for decades. They've come to rely on Medicare. It is a program that works. It is a program that we've come to rely on as doctors.

Let me make it even a little more personal than that. Let me tell you the story about my parents, who came here as immigrants over 50 years ago.

My mom was a public school teacher and my dad was an engineer and a

small business owner. They got up every day. They went to work. They paid into a system over a lifetime so that when they needed their health care, they could rest easy. They knew they had a Medicare system.

Let me even make it more personal. Over these past few years, my dad is in his late seventies and he has needed knee replacements. He was able to get them. His doctor was able to order the care that was necessary to take care of him.

A few months ago, my mom suffered a mild stroke. My dad didn't have to hesitate about whether she could get health care or not. My dad could pick up the phone, call 911 and get her to the hospital. She was able to get the care that was necessary that millions of Americans count on. Her doctor was able to come and see her. Her doctor was able to order the postoperative care that was necessary.

□ 1730

That is why millions of Americans rely on Medicare—so they can rest easy at a time when they need that security of health care. It is a system that works. It is a system that working men and women in America pay into over their lifetimes so that, when they're at their most vulnerable, they're able to get the care that they need. I've seen it time and time again as a doctor. Let me share a story with you.

As a young intern in my training as a doctor in internal medicine, one of my first patients was a Roman Catholic priest, Father Mike. It was my first month working in a hospital and doing my rounds in the intensive care unit. Now, Father Mike was afflicted with ALS, more commonly known as Lou Gehrig's disease. Father Mike would be in and out of the hospital, and would be devastatingly sick. For those of you who know about Lou Gehrig's disease, it is a progressive illness that slowly deteriorates and eats away at your body. It takes away your muscles and your ability to breathe. So, over the course of 2 years, I would see Father Mike repeatedly going in and out of the intensive care unit. He needed that care to keep him alive. Without Medicare, he wouldn't have been able to afford the care.

Now, let's ask ourselves as Americans: What are our values?

Our values are that we take care of our seniors, that we take care of our parents and grandparents, and we want to honor them after a lifetime of work. That is who we are. Those are our morals as Americans, and that is why I'm on the floor of the House of Representatives today to talk about how important Medicare is, not only for my parents but for parents throughout this country, for grandparents throughout this country, and also for that next generation that is currently paying into the system. I'm not alone. My fellow colleagues in medicine care about this deeply.

With that, I would like to recognize my colleague, a fellow physician from California, Dr. RAUL RUIZ.

Mr. RUIZ. Thank you, Dr. BERA.

This Congress has a responsibility and an opportunity to work together to grow our economy and to set this Nation on a fiscally responsible path. However, the Ryan budget is irresponsible, and it places the burden of the deficit on hardworking American families and seniors. This plan ends the guarantee of Medicare. As an ER doctor, I know that many of my senior patients are struggling financially and rely on Medicare in the moments of their lives when they need it the most.

Our priority should be reducing health care costs in order to make Medicare stronger and more sustainable, but this budget transforms Medicare into a voucher program, shifting the costs of health care onto the shoulders of our seniors. We must, once again, work together to protect and preserve Medicare, reduce our deficit and decrease health care costs. I urge my colleagues to come together across party lines and put American families and our seniors first.

Mr. BERA of California. Thank you, Dr. RUIZ.

I urge Americans to share their stories. I urge them to share the importance of Medicare and how they rely on it. Share the stories about your parents and grandparents. I urge the Members of this body to share their stories. We all have parents and grandparents. We all care about this program, and we all have stories to tell.

Just today, in my office, I had a colorectal cancer survivor come to visit. She talked about how her cancer was diagnosed early because she was able to go get a colonoscopy—because she was able to get the preventive care services that were necessary. She would not have been able to do that had she not had access to Medicare, had she not had access to basic cancer prevention.

That is what's at stake here—making sure that our seniors, that our parents and grandparents, have access to that care when they need it the most. That's why I'm on the floor here today, because we have to protect Medicare—a program that has worked for decades. It is a program that we rely on, so I want to hear your stories about how we protect Medicare and make sure it's there for generations. This is a program that has worked time and time again. Let me even share another story of patients that I've taken care of.

I've taken care of hundreds of men and women who do physical labor—construction workers, folks who get up every morning and go to work. They don't make a lot of money, but they pay into a system. I'd encourage every American to pull out their paychecks and take a look at them, and you'll see right on there that you're paying into the Medicare system. Even those who are 25 or 30 years old are paying into the system.

Why do we do that?

We pay into the system so that, when we need our health care, we're able to

get it. That's what we do as Americans. We know we're in this together, that we care for one another. That is the beauty of Medicare. As I'm working today, I am paying to make sure that my parents and grandparents have the health care they need so that, when I need that health care in retirement, when I'm a senior, I can get it, and so that I can rest easy and not have to worry about that.

That's why we are encouraging you to share your stories. We want to hear your stories about how Medicare has impacted your life and why it is so vital that this body protect Medicare and strengthen Medicare. Share your stories with us on Facebook or Twitter.

I would like to now recognize my colleague, the distinguished gentlelady from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. Thank you, Congressman.

In listening to your talk, I've been inspired to share this personal story of my mom. I told this story a few minutes ago, but it's worth repeating.

About 20 years ago, my mom had just reached Medicare age. She was a widow on a fixed income, and she was diagnosed with breast cancer. I had a young son at the time. He is grown now, but he was 13 years old. Our family was blessed as my mother had Medicare, and she was able to get the good health care that she needed, and she's still with me today. I didn't have to choose between helping my mother with her health care treatment or saving money to send my son to college.

That's the kind of choice Americans are going to have to make under this Republican budget, because the Republican budget doesn't make seniors healthier, it just shifts the burden.

My district is filled with people from all walks of life, from all different professions, whether they be teachers or nurses or accountants. They've worked hard their whole lives, and they've saved up their Medicare accounts and can live with the comfort now of knowing that, if they get sick or if they get injured, the health care that they've earned will be there for them. They will not be a burden on their children, and they will not take the savings that their children have for their grandkids' college educations and use it for their health care.

But it's not enough, Congressman BERA, for us just to say that the Republican budget is bad, because the fact of the matter is the American people and my constituents want answers. They want us to be problem solvers, not problem creators, and they want us to get something done. The Democratic budget gets something done. Just on this issue of health care for our seniors, we secure Medicare for this generation and for generations to come because we focus on what the problem is, and that has been the growing costs of health care.

□ 1740

In the Affordable Care Act, we tackle the problem directly. We reduce over-

payments to health care insurance carriers. We look for efficiencies in the delivery of health care. We focus on prevention. We make health care more accessible to more people so that when they enter their Medicare ages, they're healthier. The Democratic budget has a solution, a solution to a challenge that all Americans recognize today.

Congressman BERA, I want to thank you for allowing me to spend some time to speak on behalf of not only my family, but so many of the families in my district in south Florida who depend on Medicare to live full lives.

Mr. BERA of California. Thank you, Congresswoman FRANKEL.

You know, I look at this whole issue from the eyes of a doctor. That's how I have to, that's how I was trained as a doctor. One of the first rules we take when we are sworn in as doctors, the oath and the promise that we make is to do good, benevolence. That is core to what we do, and that is core to what this body needs to understand.

This is not about Republicans versus Democrats. We need to come together to do good for our parents and grandparents, to do good for our seniors, to make sure that we honor the promise that we made to them that after a lifetime of work that they would be able to get the care when they needed it the most. That they could rest easy and not have to worry about getting the care that they needed.

Those are American values. Those aren't Democrat versus Republican. We need to start setting aside that partisanship. And as to the oath I took when I became a doctor and was sworn into the field of medicine, we need to do good. We need to have the courage to put our patients and American citizens first. That is what this is about. That is why I'm on the floor today talking as a doctor about the patients that I've cared for.

Now, I've heard from others that I represent. Tina shared a story with me. Her father died a few weeks ago after spending a month in the hospital.

Medicare meant her family never had to worry about what the cost of his care was during his illness. Medicare meant that her mother doesn't have to live a life in bankruptcy now, that she could rest easy that her husband was able to get the care that he needed. Medicare meant that they knew in her father's last days that he was getting good health care, that his doctors were able to give him the care that was necessary at the end of his life.

Tina has urged me to fight every day to make sure that every family has the same peace and the same support and the same security that her family had and that she felt at a time when her father needed the care. That's what this is about. This is about doing what we do as Americans. We care for one another. We build a system where we're all in this together, where those of us who are working are paying into a system over a lifetime so that the seniors of today are able to get that care and

that we pay it forward. Those are our values. Those are American values, and it's not Democrat versus Republican; and we have to get past this.

As we are on this floor, as we're making votes, we have to think about those who came before us, our parents, our grandparents, the seniors who built this country. That is who we are as Americans, and that's why we want to hear your stories about why Medicare is so important. Share those stories with us on Facebook. Share those stories with us on Twitter. Let your Representatives know why it is so important you want us to keep fighting for Medicare every day.

I'd now like to actually hear a story from my colleague, the distinguished gentlewoman from the great State of Ohio.

Mrs. BEATTY. Thank you so much, Congressman BERA. What a great opportunity for me to tell my story when I think about Medicare and what that means to me—but more importantly, what it means to this Nation, what it means to the citizens in the Third Congressional District that I represent, what it means to someone's mother, someone's grandmother, someone's spouse.

Medicare is something that was created and seniors have paid into it, oftentimes for a lifetime. And then they get to a point in their life when they want to be able to use something that they paid into. Medicare is something that you're going to hear about from people.

I agree with my colleagues that Medicare is not, nor should it be, a Democrat or a Republican issue. It should be something when you think about being able to provide health care for the same individuals who put so much money into it that they can now be able to use it. Medicare helps save lives. Medicare is part of what I think of as part of the American Dream. Medicare is something that we should be proud to be able to say that we're going to take care of our seniors.

You see, a few years ago my father was very ill; but it was because of Medicare that I was able to witness him getting quality health care. I'm fortunate, my mother is still living. And like many of my colleagues who have come here today and talked about the wonderful benefit that they had by being able to know that their parent was being taken care of, and they were going to be able to have quality health care, isn't that something that we all want? Isn't that something we want as a Democrat? Isn't that something that we want as a Republican?

Let me tell you what I know the citizens of the Third Congressional District want. Let me tell you what I really believe the citizens of this wonderful country we live in want. I think they want to see us working together. I think they want to hear solutions. I think they want to know that they can trust us, because they sent us here not to be in gridlock, not for us to be fighting, not for us to be arguing without

resolve, and that's what Democrats are saying to you today.

We have taken this issue that touches lives and reaches across America, and we are saying it is our responsibility as Members of Congress, Members of this 113th Congress, that we should make it one of our key responsibilities to stand on this floor and tell those stories, to tell those stories about Medicare, to tell those stories about the lady who lives down the street from me and how fortunate she was because Medicare saved her life. We should be able to stand on this floor and give speech after speech to say to America: you sent us here to protect those who are the most fragile citizens, those who have given so much that we stand here.

So you see, my story is quite simple about Medicare. It's about exercising our right to protect those who paved the way for us. It's about me saying proudly as a Democrat our alternatives to the budget as it relates to Medicare is the best solution. It's about saying we should not make it a voucher program. It's about me saying we should not take moneys from Medicare and give to other companies that don't need it.

You see, it's quite simple. It's a story about saving lives. It's a story about doing all the things that we say as public servants. It's about the oath that we took as an elected official that we would serve our communities, that we would come here and make a difference.

□ 1750

So, Congressman BERA, for me, it's about standing strong and saying to my colleagues on both sides of the aisle, Join us; join us in making a difference to help our seniors and protect and save Medicare. And that's my message and my story.

Mr. BERA of California. Thank you to my colleague from the great State of Ohio.

That's why we are asking folks today to share their stories. We would love to hear your story about how Medicare has affected you or a family member or a friend. Share it on Facebook or Twitter. We want to hear those stories. This body needs to hear those stories. This body needs to make sure, when we're taking votes, we're voting understanding those stories.

As a doctor, I took an oath to do good, to do no harm. Well, if Medicare becomes a voucher program, it will do irreparable harm to thousands of Americans, and that is not what we need.

The reason why I'm on the floor today is to talk about the good that Medicare has done for millions of Americans. Americans, like another one of my constituents, Pat. She shared with us a story.

Pat was a single mom. She worked hard her whole life and raised two kids on her own. Pat is now 77 years old. She has high blood pressure, diabetes,

and heart disease. She had to have open-heart surgery and afterwards was prescribed very expensive medications and cardiac rehabilitation. She had to get back on her feet because she wanted to be with her family.

There's no way Pat could have afforded that surgery if she didn't have Medicare. There's no way Pat could have afforded the medications that she needed if she didn't have Medicare. There's no way that the doctors that cared for Pat would have been able to prescribe the therapies that she needed to keep her alive. That is what's at risk here.

This is about protecting our seniors, making sure that after a lifetime of work, after a lifetime of paying into a system, that they can rest easy; that they don't have to worry about whether they can get the health care that they need when they need it the most, they can rest easy.

That's why we want to hear your stories. Please share your story about how Medicare has impacted your life or your family's life on Facebook or Twitter.

I would now like to yield to my dear friend and colleague from the great State of California, my home State, Mr. HONDA.

Mr. HONDA. I want to thank my friend, Dr. AMI BERA, for allowing me to speak for a few minutes.

Mr. Speaker, we are here today to dispel the oft repeated notion that Medicare is somehow the problem in the current fiscal crisis. Republicans have, in budget after budget, attempted to voucherize the program and end the Medicare guarantee as we know it. They would break the promise we made to our Nation's seniors decades ago, one in which we told hard-working middle class Americans that if they paid in through their wages and trusted in their government that they would be taken care of.

Medicare is the most efficient health plan in our country. It has a 2 percent overhead. Let me repeat that. It has a 2 percent overhead. More efficient than any private plan.

The problem isn't Medicare. The problem is the rising cost of health care and what it is we have to do to get that under control. It's a cost that has gone up exponentially in our country compared to the rest of the world.

Republicans want to do nothing about the real problem of rising costs. Rather than tackle the hard issue, they want to shift the costs on to seniors, people like my mom. She's 96 right now, and she depends on that important program.

Six years ago, she had to be checked up for a heart condition. She had had an aneurysm below her diaphragm and it was part of the arterial system. They said that it would be difficult to solve and that they would have to provide a stent because of her age, as she was 70 at that time.

Well, a few years later, that aneurysm grew a little larger, and it be-

came pretty critical that, if nothing was done, she would die. The doctors looked at her again at the advanced age of 90 and concluded that we could do this with her—she walked around acting like she was 70—and would have a 9 out of 10 chance of survival. If she did not do anything, the chance of survival would have been a lot less.

My mom thought about it, she pondered about it, and she said, I'm 90. I've lived a good life. Let's take this 9 out of 10 chance. And she put her faith not only in the hands of the doctors and the system, but also in the hands of her God. After a few hours of operation, she came out, and it was successful.

But none of this could have been possible without Medicare. We would not have been able to afford it, and neither could she have afforded it.

She grew up as a child of a businessman during prewar United States, and in her adult life as my mom, she worked as a domestic, so she had no pension plan. She had no other plans that would help her in her old age, except Medicare.

So, time and time again, when Congress was looking for an easy way out in dealing with these issues, leaving folks like my mom holding the bag, this whole issue is personal. And I'm sure that this is a story that could be shared by almost every family in this country in one way or another when we think about Medicare. So, having the middle class Americans and people like my mom holding the bag is absolutely unacceptable. It is wrong and it is quite cowardly.

One of the major reasons why our health care costs keep going up is because we have not changed the way patients and doctors see each other. We must be innovative and creative in tackling the traditional costs of health care.

As a Representative covering Silicon Valley, I have helped lead the way in this by promoting innovative technologies, such as telemedicine, personal health connected devices, and other tools. I will be reintroducing the Health Care Innovation and Marketplace Technologies Act later this year to continue this effort. Let's hope that folks on the other side will understand its importance.

Most importantly, however, I will continue to stand with my friends here in the Chamber tonight to protect Medicare and the Medicare guarantee. We can fix our Nation's fiscal House by being innovative, rather than using the same old ideology. We can improve our Nation's standing by being courageous and standing by our Nation's seniors.

Mr. BERA of California. I thank my dear friend and colleague from California, Congressman HONDA.

The reason why we are here today, the reason why we are speaking on the floor today, is because of the importance of Medicare. This isn't a Democratic or a Republican issue. This is an issue that affects all Americans. It's an issue that is dear to all Americans, to

all American families. It isn't Democratic or Republican.

□ 1800

That's why I'm wearing this pin that says, "No Labels." Because we've got to move past these labels, Democrat versus Republican, and think about what our values are as Americans—the values of making sure we take care of our parents and grandparents, that we honor the foundation that they built for us, that those that came before us built; that we honor, after a lifetime of work, after a lifetime paying into a system, that they can rest easy, that they know they can get the health care that they need when they need it the most.

That's why we want you to share your stories with us about how Medicare has impacted you personally or your family. I think about this and the thousands of patients that I've taken care of, and what Medicare has meant to them; how it saved millions of lives, how it's kept millions of families from falling into poverty because they were able to get the health care that was necessary when they needed it the most.

Another one of my constituents, Katherine, shared a story with us recently. Katherine had a sister who was diagnosed with lung cancer and chronic lung disease. At first, she was hesitant. She was a little bit worried about using her Medicare because she didn't want to be a burden. She wanted to be independent. But she looked at it and she realized she had paid into this system her whole life and was grateful that it was there for her. She realized that she wasn't being a burden and that this is the system that she had paid into, and it was there for her. Medicare covered her bills and kept her alive. That's why we're here on the floor today talking about Medicare.

When I talk about this, it's personal. I talk about this as a doctor. I talk about this as a son whose parents are aging. I think about the people who live in my neighborhood, like my neighbor, Jerry. He's a widower. His wife passed away several years ago. Jerry's also a cancer survivor. He has to go in for routine blood transfusions and routine care. He doesn't have to worry about whether he can get that care or not because of Medicare. Because he paid into the system his whole life, now he can get the care that he needs.

Millions of families across this country depend on Medicare. That's why we're here talking about protecting Medicare. And that's why we want to hear your stories about how Medicare has impacted your life. I would love to hear those stories and want you to share them on Facebook or Twitter. Medicare allows patients that I've seen—patients with diabetes, with high blood pressure, with high cholesterol—to get the medications that they need. Medicare allows me as a doctor to write those prescriptions and know

that my patients are able to get the care that they need.

Medicare is not about Democrats versus Republican. It is about doing the honorable thing that we do as Americans. Because that's who we are. Those are our values as Americans. As Americans, we want to make sure that after a lifetime of work, we're going to protect the promise that we made to our parents and grandparents. And I know it's not Democrats versus Republican because you can see it in that picture of when the Tea Party first emerged in this country in 2009. They were holding up their signs saying, "Keep your hands off of our Medicare." You know what? I'd say the same thing.

As we go through these budget debates, let's keep our hands off of Medicare. Yes, we've got to address the cost of health care. But as my colleague, Congressman HONDA shared, Medicare works extremely well. It's a program that has worked for decades. It is a program that has allowed me as a doctor and has allowed countless doctors across this country to deliver the necessary care when we needed to and to do what we were trained to do—to be doctors.

That is why I'm on the floor today talking about how we protect that promise that we made to our parents and grandparents, and how we protect and honor the promises that we've made. Yes, we face challenges in this country. Yes, we have to address our debt and deficit. And we have to build for the future so our children grow up in the same vibrant world that we grew up in with a country that's leading the way. But we can't do that by breaking a promise that we made to our parents and grandparents. We can't do that on the backs of seniors, taking care away from them when they need it the most.

This has to be bipartisan. Because how we treat our elders, how we treat our parents and grandparents, is a direct reflection of who we are as Americans. We need to start talking about this in a bipartisan way. We need to shelve the idea of dismantling Medicare and we have to talk about the idea of strengthening Medicare, making it more secure so that it is there not only for today's seniors but that it is there for the generations, that it is there for our children and grandchildren. It is a system that works extremely well.

Yes, we have to talk about the cost of health care. We have to address the cost of health care. But Medicare isn't the problem. Medicare works extremely well. Ask any senior. Eighty percent of seniors love Medicare. They don't want to see it changed. They don't want to see this body messing around with Medicare. They want us to strengthen it, and they understand that we have to deal with the cost of health care. But the system of Medicare has delivered care extremely well.

That's why I'm on the floor asking you to share your Medicare story. I'm asking you to share that story on Twit-

ter or share it through Facebook. Because this body needs to hear those stories. This body needs to understand that Medicare is a vital program for millions of seniors, that our parents and grandparents depend on this program, and that our doctors and our hospitals depend on Medicare.

Now is not the time to be talking about dismantling Medicare. Now is the time to be talking about how we strengthen Medicare, how we make sure it's there for the generations. That's why I'm on the floor today, as a doctor but also as a son whose parents rely on Medicare. That's why I want to hear your stories, and I want you to share your Medicare story on Facebook or Twitter.

I now yield to my great friend and colleague from the great State of Oregon.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to a perceived viewing audience.

The gentleman from Oregon is recognized.

Mr. BLUMENAUER. I want to thank my colleague from California for being here this evening, for sharing the time, allowing me to speak with him. And I must say how excited I was that a friend who actually had a rewarding career was willing to jump into the political fray, which has been difficult at times, particularly as we've had the contentious issues surrounding health care, and that you would be willing to bring your expertise, time, and energy when you had other choices with your life and career. We really appreciate it. Because the experience you have had in the medical profession, the years of study, the actual experience with real-life people adds a dimension that is helpful here in ways that I don't know that you fully appreciate, but I certainly do. I also appreciate focusing on the critical nature of Medicare and where we're going in the world of health care reform.

I just spent last week dealing with my Republican friends' approach to the budget. It can only be described as an exercise in fantasy.

□ 1810

They start with the notion that somehow they're going to eliminate ObamaCare entirely; and they seek to transfer the burden of Medicare and Medicaid from the government onto the shoulders of some of America's most vulnerable poor and disabled, and our senior citizens. I really appreciate your focusing on the importance of Medicare in providing dignity and stability to millions of Americans.

Now, I think there have been, between the House and the Senate, about 50 efforts or more to repeal the health care reform. I must say I hope that finally people get it out of their system. I was surprised that we went in this direction, to turn Medicare into a voucher, a block grant for Medicaid, and put

this burden on our senior citizens and some of our poor and disabled Americans, because this was the centerpiece of their campaign for the last 6 months. This was part of what our friend PAUL RYAN and Governor Romney preached from coast to coast, advertised, campaigned; and all of a sudden it was rejected by the American public overwhelmingly. The President was comfortably reelected. In fact, there were more Democratic Senators added who support this effort. In the House of Representatives, not only did we gain seats, but more than a million voters—more voted for Democrats than Republicans.

So you would think that this canard would be put to rest; but it is important for people to know that it is still a viable option as far as our Republican friends are concerned. It's unfortunate because we are making some progress in reforming the health care system—not by turning our back on Medicare, not by transferring the risk and responsibility to seniors and the most vulnerable, but by making it more efficient, by taking some of the experiments that we've done in my home State of Oregon—and as you well know there are some health care systems in California that have already found ways to reward value over volume, to be able to extend care, and do so more efficiently, and squeeze the approximately one-third to 40 percent or more of our health care spending that is wasted.

We can do a better job. We start, I think, by protecting Medicare. We start by recognizing that a voucher—or premium support, or whatever they call it—that caps the investment does nothing to reform health care; but, instead, it puts seniors and our most vulnerable citizens out navigating the health care maze with fewer resources and more responsibility and actually making it harder. Because that's why we have Medicare in the first place. The private market did a terrible job meeting the needs of America's oldest and least healthy population.

I am hopeful that we're going to be able to continue this effort that you're spearheading here tonight, for people to understand the opportunities to continue reform, to note that we are actually seeing a gradual stabilization of health care spending right now, and that there are things in the hopper that we can do going forward without taking advantage of people who deserve the security of a solid, reformed health care system, not one that the Federal Government vouchers and turns their back.

I would yield back to the gentleman if there are comments. I look forward to hearing what you have to say, and perhaps there may be a little more interaction if it's useful.

Mr. BERA of California. Well, I appreciate my friend and colleague from the great State of Oregon.

We've heard wonderful stories from all across this country tonight as my

colleagues have shared their experience with Medicare, personal stories about what Medicare has meant to their parents. We want to hear your stories as well. Your Representatives on both sides of the aisle need to hear your stories of what Medicare means to you personally and to your families. Because Medicare is a promise that we've made to our parents and grandparents, to millions of seniors across this country. It is a promise that after a lifetime of work, after a lifetime paying into a system, you can rest easy. You don't have to worry about whether you'll be able to get the health care that you need at a time when you need it the most.

This can't be a partisan issue. It can't be Democrats versus Republicans. Because we're all sons and daughters. We all think about our seniors. Those are our values as Americans. It isn't who we are as a Nation. We respect our elders. That's how we were raised.

As a doctor, we rely on the importance of Medicare. We rely on the ability that at a time when our patients are at their most vulnerable, when they need health care, that I can write that prescription, that I can do the treatment or order that surgery when it's needed. That is the promise that we've made, and that's why we're here fighting every day.

I urge this body, and I urge my colleagues, as we are looking to address the challenges of this Nation, we acknowledge and understand that Medicare is not one of those challenges. Medicare is one of the success stories of America. Medicare is a success story that has kept millions of Americans healthy and alive and giving them the care that they need.

Yes, we face challenges. Yes, we have to address the cost of health care. But Medicare is a success story, and it is something that we should be celebrating every day. That isn't Democrat versus Republican; that is a success story of this body, and let's celebrate that.

With that, I'll yield to my colleague from Oregon.

Mr. BLUMENAUER. Thank you, Dr. BERA.

I appreciate your focus on this and pointing out that this is something that shouldn't be a partisan issue, doesn't have to be a partisan issue, and it is in fact a success story that has made a huge difference in the lives of seniors from coast to coast. It's helped, in many cases, stabilize what's happened in terms of local health care economics.

The pattern that we have seen in escalating health care costs for the last 40 years, yes, there are concerns about health care as it relates to Medicare; but if you compare the rate of increase of private health insurance versus the rate of increase in Medicare, Medicare spending has not gone up as rapidly as what's happened with the private insurance sector.

No senior citizen under Medicare needs to go bankrupt because of med-

ical costs. The security that you mentioned, I find it embarrassing and shameful that the United States is the only major country in the world where there are still people going bankrupt for health care costs. Half of all bankruptcies are a result of health care emergencies. It doesn't have to be this way, and it is not that way for American seniors.

But if we're going to change our health care commitment to our senior citizens, taking away the guarantee of Medicare, flinging people into an uncertain private market that failed them in the past, which is why we had Medicare in the first place, that guarantee is not certain to be there.

No one thinks that we shouldn't have a health care system with a Medicare that is flexible going forward. We're open to reforms, absolutely. We want to reward value instead of volume. We want to be able to deal with the pattern of unnecessary medical readmissions for Medicare patients after they've been in the hospital. It's too high still.

□ 1820

But we are working on mechanisms in Medicare and with the hospitals to be able to reward keeping them out of the hospital with preventable conditions that require readmission.

We're in the process of looking at Medicare Advantage, which is growing dramatically. I come from the district that has probably the highest penetration of Medicare Advantage in the entire country, and it serves in many cases my constituencies pretty well, but there are wide variations across the country in Medicare Advantage. Not all Medicare Advantage programs are created equal.

Again, part of what we've done with the Affordable Care Act is not to turn our backs on potential opportunities to improve it, but to dive in and find ways to reward the most efficient and effective Medicare Advantage programs and, frankly, reduce the support for programs that aren't measuring up. That's what we should be doing.

We are moving in this direction. We don't have to take away the commitment that we have made to America's seniors to improve Medicare, Medicare Advantage, to be able to get even more value out of the system—not just tax dollar savings—but better quality care for our senior citizens, which should be our objective.

I know, Doctor, that is something you've practiced both as an elected official and as a professional; and I deeply appreciate it.

Mr. BERA of California. I genuinely appreciate my colleague from the great State of Oregon sharing these stories and the hard work that you've done on this.

I know I'm coming up on the end of my time, and I appreciate the opportunity to talk about Medicare as a doctor and as a son and talk about the success of Medicare. It's something that we should be celebrating.

I look forward to working with my Republican colleagues to hear their stories of how Medicare has impacted their lives, to work with them to strengthen Medicare, to make sure it is there, not only today, but it is there for the next generation and that it is stronger.

We can do this. We know how to do it. Over the coming weeks and the coming months, as we address our challenges, I'll be coming to this floor to share those stories and those ideas of how we move forward as a Nation and how we move forward as Americans making sure we honor the promise that we've made, that after a lifetime of work, after a lifetime paying into a system, that our parents and grandparents, that our seniors can get the care that they need.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 6 o'clock and 23 minutes p.m.), the House stood in recess.

□ 2008

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BISHOP of Utah) at 8 o'clock and 8 minutes p.m.

MAKING IN ORDER CONSIDERATION OF SENATE AMENDMENT TO H.R. 933, CONSOLIDATED AND FURTHER CONTINUING APPROPRIATIONS ACT, 2013

Mr. NUGENT. Mr. Speaker, I ask unanimous consent that it shall be in order at any time to take from the Speaker's table the bill (H.R. 933) making appropriations for the Department of Defense, the Department of Veterans Affairs, and other departments and agencies for the fiscal year ending September 30, 2013, and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chair of the Committee on Appropriations or his designee that the House concur in the Senate amendment; the Senate amendment and the motion shall be considered as read; the motion shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations; and the previous question shall be considered as ordered on the motion to adoption without intervening motion or demand for division of the question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

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

ADJOURNMENT

Mr. NUGENT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 9 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, March 21, 2013, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

771. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Declaration of Prion as a Pest Under FIFRA; Related Amendments; and Availability of Final Test Guidelines [EPA-HQ-OPP-2010-0427; FRL-9372-7] (RIN: 2070-AJ26) received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

772. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Acetochlor; Pesticide Tolerances [EPA-HQ-OPP-2012-0302; FRL-9377-6] received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

773. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Fenpyrazamine; Pesticide Tolerances [EPA-HQ-OPP-2011-0357; FRL-9373-9] received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

774. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Pyraflufen-ethyl; Pesticide Tolerances [EPA-HQ-OPP-2011-1002; FRL-9379-6] received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

775. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Pyrooxasulfone; Pesticide Tolerances [EPA-HQ-OPP-2012-0308; FRL-9379-9] received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

776. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Tetrachlorvinphos; Extension of Time-Limited Interim Pesticide Tolerances [EPA-HQ-OPP-2011-0360; FRL-9380-9] (RIN: 2070-AZ16) received March 13, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

777. A letter from the Secretary, Department of Defense, transmitting the Annual Report of the Reserve Forces Policy Board for Fiscal Year 2012, pursuant to 10 U.S.C. 113 (c)(2); to the Committee on Armed Services.

778. A letter from the Acting Under Secretary, Department of Defense, transmitting a letter on the approved retirement of General James N. Mattis, United States Marine Corps, and his advancement on the retired list in the grade of General; to the Committee on Armed Services.

779. A letter from the Under Secretary, Department of Defense, transmitting the Economic Development Conveyances Report to Congress; to the Committee on Armed Services.

780. A letter from the Executive Secretary, Board of Actuaries, Department of Defense, transmitting the Department's 2012 report on the Military Retirement Fund (MRF); to the Committee on Armed Services.

781. A letter from the Chairman, Occupational Safety and Health Review Commission, transmitting Buy American Act Report for Fiscal Year 2012; to the Committee on Education and the Workforce.

782. A letter from the Assistant Secretary, Employee Benefits Security Administration, Department of Labor, transmitting the Department's final rule — Filings Required of Multiple Employer Welfare Arrangements and Certain Other Related Entities (RIN: 1210-AB51) received March 13, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

783. A letter from the Assistant Secretary, Employee Benefits Security Administration, Department of Labor, transmitting the Department's final rule — Ex Parte Cease and Desist and Summary Seizure Orders — Multiple Employer Welfare Arrangements (RIN: 1210-AB48) received March 31, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

784. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled, "The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program Activities Report for Fiscal Years 2009 and 2010"; to the Committee on Energy and Commerce.

785. A letter from the Secretary, Department of Health and Human Services, transmitting the Evaluation Findings — Performance Improvement 2011-2012 report; to the Committee on Energy and Commerce.

786. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Patient Protection and Affordable Care Act; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014 [CMS-9964-IFC] (RIN: 0938-AR74) received March 1, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

787. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Delaware; The 2002 Base Year Emissions Inventory for the Delaware Portion of the Philadelphia Nonattainment Area for the 1997 Annual Fine Particulate Matter National Ambient Air Quality Standard [EPA-R03-OAR-2010-0141; FRL-9786-4] received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

788. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Regulation of Fuels and Fuel Additives: Identification of Additional Qualifying Renewable Fuel Pathways under the Renewable Fuel Standard Program [EPA-HQ-OAR-2011-0542; FRL-9686-3] (RIN: 2060-AR07) received February 27, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

789. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Federal Implementation Plan for Oil and Natural Gas Well Production Facilities; Fort Berthold Indian Reservation (Mandan, Hidatsa, and Arikara Nation), North Dakota [EPA-R08-OAR-2012-0479; FRL-9789-3] received March 8, 2013, pursuant to 5 U.S.C.