

made a positive impact on the lives of those he has served, and who leaves a legacy worthy of this institution. I wish him, his wife Georgia, and his family well on their future endeavors.

Mr. RAHALL. Mr. Speaker, it is my distinct honor to rise and salute my friend and colleague, the distinguished gentleman from Illinois' 12th district, JERRY COSTELLO, as he prepares to conclude 24 years of service to his country and the people of southern Illinois as a Member of the House of Representatives. I have worked with JERRY regularly over the years on a number of bills and issues, but he and I collaborated especially closely these past two years on the Committee on Transportation and Infrastructure as we worked to pass a long-term Federal Aviation Administration (FAA) reauthorization bill. And at every juncture, I never failed to be impressed by his earnest and apparent desire to do right by his constituents and the American people.

JERRY first came to Congress as a freshman Member of the Illinois Delegation after his election in 1988, but, even before he took the oath of office, he had already distinguished himself as a faithful public servant of the people of Illinois through his service in the state court system and then as chief executive of one of Illinois' largest counties. JERRY came to Congress—and this was apparent to me from some of my earliest collaboration with him—with a strong sense of duty to his constituents and to the public at large. For 24 years, this has been reflected in the strong spirit of bipartisanship in which JERRY works with our colleagues across the aisle. He finds compromises where others cannot.

Whether working with JERRY to advance clean coal or to make our aviation system safer and stronger, I always got the sense he was practically an expert in the subject matter. And, indeed, he was. In 2007, he was instrumental in helping write and secure House passage of a \$68 billion FAA reauthorization. He worked to pass the bill again in 2009, and he negotiated tirelessly with the other body to enact a final bill before the clock ran out last Congress.

Moreover, in the aftermath of the tragic crash of Colgan Flight 3407 in 2009, JERRY wrote and worked in a bipartisan manner to pass an airline safety bill that called for the strongest aviation safety improvements in more than 40 years. The bill made sweeping airline safety and pilot training reforms that have made the traveling public safer. JERRY'S vision, knowledge, and leadership resulted in those reforms becoming law.

This Congress, JERRY and I worked very closely as we negotiated with our House and Senate colleagues on a long-term FAA bill. Before that process began, there were probably some who thought "slots" are something you might find in Vegas or Atlantic City. But JERRY would patiently explain the other type of "slots" that loomed large over the FAA bill: slots for airlines to fly to Washington National Airport. Explaining slots—or any complex aviation issue, for that matter—JERRY would boil down years of legislation, rulemaking, and airline mergers and bankruptcies into a few simple words that reflect his good Midwestern common sense.

When JERRY retires at the end of this Congress, we will lose the benefit of his institutional memory, his knowledge of aviation issues from top to bottom, and his bipartisan

approach to solving problems and finding common ground. I have no doubt that JERRY'S family—his wife, Georgia, his daughter and two sons, and his eight grandchildren—are looking forward to having him closer to home for longer periods of time. On behalf of my colleagues, I would like to thank them for sharing JERRY with us for these 24 years. His good work has made a tremendous difference not only for the people of his district, but for every American who flies, drives, or takes a train in this country.

Mr. Speaker, with great admiration, I salute my friend as he prepares to retire from this body, and I join with my colleagues in extending to him every best wish in his future endeavors.

#### GOP DOCTORS CAUCUS

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. Mr. Speaker, as many of you may know, before coming to Congress, I was a physician in northern Michigan for nearly 30 years, and tonight I want to spend a little time talking to you about Medicare, the President's health care bill, and just health care in general.

In practice, many of my patients were on Medicare, and I know how important medical care is to our seniors. It's an important part of their ability to take care of themselves as they get older. Really, the reason I'm here today is to explain that the GOP and the Republicans want to preserve Medicare for our current seniors and for the youth that are coming up because right now the way Medicare is organized, the trust fund will be out of money within 10 to 12 years. Different accountants have different numbers. But basically, unless we do something, we're going to run out of money. We just don't want that to happen. I want to see people still have access to their care.

In discussing this issue, it seems as if we've been attacked for trying to end Medicare. But if you see that there's a problem with a system that is running out of money and you don't want to address it, that's just not right.

The Doctors Caucus in the House is 18 physicians, nurses, and dentists that represent different areas of the country, and we have a good understanding of health care as it exists right now in America. Certainly, there are problems with health care and access to it. And although we have great health care in America, the problem is it's too expensive. Frankly, the President's health care bill makes it more difficult to keep Medicare viable. Those are a few of the things I want to talk to you about this evening, just touch on to let you understand what I think about how the system is working and how we can improve it.

I don't think it's a partisan issue. I think it's something that we need to discuss. Frankly, I just don't think

that some of the people that have passed these laws in Congress really understood what they were doing. They admitted the fact that they passed the bill without really knowing what was in it. I just don't think that's really a good idea.

What is really the problem with Medicare? The problem is that the population of our country is changing. There are more older citizens than there were; in other words, there are 10,000 new Medicare beneficiaries being added each day. Right now, a little over three people are paying into the system for every person that is collecting. Because of the large numbers of people that are being added to the roles, within a few years there are only going to be two people paying in for each person collecting. That creates a problem in the fact that there are not as many people paying in as are receiving benefits. With the cost of health care going up, it makes it a fiscal cliff.

The other big problem that we see with the Medicare situation is the fact that the President's health care law, in order to pay for it, takes \$700 billion out of Medicare. That's a lot of money to take out of Medicare and still expect it to provide care for our seniors, more and more of which are coming on to it every day. I think that there is certainly some waste, fraud, and abuse that can be eliminated, and that will help, but it's just not enough. We have to change the system.

The system that I think we should change to, frankly, is the system of PAUL RYAN and Mr. WYDEN of Oregon, who brought together a program where we can put some changes in for those people under 55 that will allow them to choose between different private insurance plans similar to what Federal employees and Members of Congress have. These private plans would be inspected and reviewed by the government to be sure that they're adequate and give people some flexibility in how they spend their money.

One of the problems I see with Medicare is that the government ends up deciding how to spend the money rather than the patient. The patient, to me, is the one whose money it is. The people who are spending the money should be the ones who are deciding how it's spent, not some government person or bureaucrat in Washington.

Show me the slide on the \$700 billion. I just want to show people the slide that demonstrates what's happened to this money. I represent the northern half of Michigan. We have many small towns and small hospitals in my district. Every little town has their community hospital, and it's hours sometimes to the next facility.

□ 1820

This slide here shows the \$716 billion coming out of the Medicare program, and \$294 billion of that money is payments to hospitals. The President describes the Medicare cuts as cutting waste and overpayments to providers.

Well, these hospitals are the ones that are providing the care; and as a doctor, I'd be a provider as well.

But when you cut \$294 billion from our local hospitals, I know, I served on the board of a hospital. Our hospitals are operating at a razor-thin profit margin. They have to stay in the black, otherwise they go out of business. They can't make their payroll. We've recently had a hospital in our district go bankrupt because of their problems with payments from Medicare.

This is going to continue to happen as we go forward if we allow this President's health care bill to continue with \$156 billion cut from Medicare Advantage, \$111 billion to be cut by IPAB and other provisions, \$66 billion cut from home health care agencies, \$39 billion cut from skilled nursing, \$33 billion from FFS Medicare providers and \$17 billion from hospice care.

These are crucial programs for our seniors. With more and more seniors coming into the program, how are they going to be provided care with less money? I don't see it happening.

What's going to happen is there are going to be fewer hospitals, fewer places for patients to get care, so it's going to be difficult; and in my district we may have to travel hundreds of miles to get seen. I think it's pretty darn scary, to tell you the truth.

Dr. HARRIS, another member of the Doctors Caucus, is here with us tonight. He's from Maryland, and he's an anesthesiologist.

Mr. HARRIS. Will the gentleman yield?

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

Mr. HARRIS. On those lists of questions of those \$716 billion that's basically going to be transferred from the Medicare program to pay for the President's new health care reform bill, that doesn't even include the over \$300 billion to cuts in physician and provider payments over the next 10 years under the payment form; is that correct?

Mr. BENISHEK. That's right.

Mr. HARRIS. So it's in addition to that \$700 billion. There's another \$300 billion that's going to get cut from payments to providers. Here's the problem. You know, I think the gentleman from Michigan points it out.

Medicare is going broke, and it's going broke not only because \$700 billion was taken out of it to pay for the President's Affordable Care Act, but another \$300 billion is going to be taken out in the physician payment formula.

Now, the CMS actuaries, and that's the department that runs Medicare and Medicaid, actually projects that the Medicare program could be bankrupt as soon as 2016. Four years from now, the Medicare program could be bankrupt.

Now, I'm glad that as part of November's elections we're going to discuss the future of health care for our seniors, because it is time to say that the emperor has no clothes. Our seniors know it.

They know that when, God forbid, their physician retires, and they go and try to find another physician, and they're on Medicare, they already know how hard it is to find a physician who can accept them because the reimbursements are already so low.

The payments to physicians are so low already, it's hard to find that primary care doctor. It's hard to find that specialist who needs to take care of you, whether it's for your blood pressure or your diabetes or whatever problem you have; and the problem is only going to get worse.

Now, the President in his budget doesn't deal with it at all. He pretends that Medicare will go on forever and ever just the way it is now. That's just not true.

The Centers for Medicare & Medicaid say it could go broke in as little as 4 years. The Medicare actuaries give it the longest lifetime, 10 more years.

Well, Mr. Speaker, if you're 55 now, that means by the time you're 65, it's broke. If you're 61, according to the Centers for Medicare, it's broke by the time you reach age 65. And if you're on it now and you're 70, it could be broke by the time you're 74.

So we have to stop pretending that the Medicare program is going to work forever the way it is now. It won't, because the President took \$700 billion from it to pay for the Affordable Care Act. There is a scheduled cut to physician payments and to provider payments of over \$300 billion over the next 10 years, and our seniors are already having problems finding those physicians.

But in the Medicare costs, if we don't do anything right now, we don't deal with the program and adjust it for people who are younger—and I have a son who is 27 years old. He is an accountant. He knows numbers, and he knows them backwards and forwards and up and down, better at math than I ever was. He's convinced he will never see a Medicare program because he's seen the books.

Medicare payments are projected to grow substantially from approximately 3.5 percent of our economy to 5.5 percent of our economy by 2035, and the President has no plan to pay for that growth. We know because of the maturing and retiring of the baby boom generation that this is coming.

This is predictable. We can project this. We know that if we don't change the Medicare program to preserve it for future generations and to keep it for the current generation of Medicare recipients, it goes broke. As I mentioned, the physician payment formula in Medicare needs to be fixed or, starting January 1, payments to physicians and providers may go down 30 percent.

Now, Mr. Speaker, if our seniors think it's hard to find someone to take care of them now on Medicare, what do they think it's going to be like when the government says to those physicians, we're going to pay you 30 percent less starting January 1, and this is all scheduled to happen.

The President has no plan. The President suggested no ideas to Congress on how to deal with that. What we need is leadership on health care, and we're not getting it from the other end of Pennsylvania Avenue.

Already access is an issue because back in 2008, 12 percent of physicians have said they have to stop seeing Medicare patients. We know now that a much larger number limit the number of Medicare patients they care for.

As the gentleman from Michigan knows, we didn't go to medical school to not take care of patients. We didn't go to medical school to have our staff answer a senior calling to say, I'm sorry, but we can't afford to take care of you. But that's exactly the position that the President's plan for Medicare is putting physicians and patients in right now. That's the sad fact.

This emperor has no clothes. The Medicare program is on a path to bankruptcy, and there is no plan from the White House to solve that problem. It merely kicks the can down the road.

We have heard a lot in the last few days and few weeks about Simpson-Bowles coming to the rescue. That's going to solve our fiscal problems; if we just adopt the Simpson-Bowles Commission, all our fiscal problems go away.

Mr. Speaker, as you probably know, Simpson-Bowles decided not to do anything about Social Security and Medicare.

Now, Social Security, it turns out, is pretty solvent. It's going to be there for at least another 20 years, giving us a fair amount of time to solve the problem for future generations. But, again, the Centers for Medicare says we may only have 4 years to solve the Medicare problem before it goes bankrupt.

If our seniors right now think they have problems now getting their health care and finding those primary care doctors and those specialists to take care of them, imagine when the program goes bankrupt.

Now, we have a choice. We can deal with it, or we can kick the can down the road. I'm proud of the Vice Presidential candidate, one of our colleagues, Mr. RYAN, who has decided that the time to kick the can down the road is over. It's time to tell our seniors and Americans what they suspect.

□ 1830

We've been making promises we have no way of keeping. We have been spending money we don't have. And it has to stop. And as the gentleman from Michigan knows, we have some principles in our plan to deal with the bankruptcy of Medicare because, Mr. Speaker, it's not a question of if, it's only a question of when.

So there are a couple of principles. The first principle is: we don't change it for anyone over age 55. If you're in retirement or you're near retirement, you get to keep the very same program right now. But we deal with the fact that physician and provider pay would

be cut January 1. We solve that problem. We say you can't do that. That will limit access. So we deal with that issue. We say you have to stop taking \$700 billion from the program to transfer it to pay for the new President's health care reform; to cover Americans who don't have insurance now by taking it from Medicare patients who do have insurance.

So the first principle, no one over age 55 is affected. The second principle is: for those under age 55, Mr. Speaker, if they're listening now, the program is going to be bankrupt when you reach age 65 if we don't do something. We're going to make some commonsense adjustments. We're going to say that you should have access to the same kind of care Congressmen and -women have—a broad range of health care plans you can choose from with the guarantee that for at least two of those plans you will have 100 percent coverage.

We all turn on the TV. We hear the ads: Mr. RYAN's plan will cost \$120,000 for every senior, or \$200,000 in more costs. Here's the problem. People who made the ads didn't read the bill. The bill spells it out quite clearly. Our plan is that seniors—again, people age 55, when they reach age 65—will have a choice of plans just like we have here in Congress. The only difference is we have to pay a part of all our plans. They don't pay for the two lowest-priced plans. If they choose a plan with more options, they may pay something. But they will end up paying even less than they do now.

That's our solution. Let market forces come in and control the cost of health care, control that growth in cost, and allow real coverage for our seniors, for our people age 55, when they reach age 65, and preserve it for future generations so that my son, the accountant, can look at that plan and say, You know what? This balances. You don't have to borrow money from the Chinese to pay for this plan. We don't have to raise taxes to pay for this plan. We actually let market forces work, providing the same coverage that people in Congress get. And it will work.

So, Mr. Speaker, I'm very glad that we have the opportunity to talk about this tonight. I'm very glad that this November and in the months leading up to it we'll have an honest, frank discussion with the American people about the future of health care, the future of health care for our seniors, preserving it, and the future of health care for everyone else under the President's affordable care scheme. Because we know there are problems with it. Americans understand that when you put the government in charge of something so vital and personal as health care, real problems can occur. And as the gentleman from Michigan has pointed out, we know those problems. They're predictable problems. A majority of Americans have figured it out. Poll after poll after poll says we should deal with the President's Health Care

Reform Act by repealing it and replacing it, keeping elements that are good.

Every American either has a pre-existing condition or will have one in their lifetime. Every American. So our plan will have to deal with it. And it does deal with it. And for those people who want to have their children on their policies up until age 25, our plan can deal with it—and does deal with it. But we certainly don't need the Independent Payment Advisory Board, which the gentleman from Michigan is going to discuss, that is going to run health care for Medicare. We certainly don't need the Secretary of Health and Human Services prescribe what plans are going to cover what for every single American. Whether you want it or not, you're paying for it in your plan. Because we know that's only going to drive up the cost.

I'm glad that we're going to have that discussion with the American people because, Mr. Speaker, every American's health care is so important to them and their family. They deserve this discussion. They deserve the chance to go to the ballot box this November and make a choice about what their health care is going to look like in the future. And we're going to have a clear choice. It's going to be a government-run health care plan run by a bureaucrat where costs and access are controlled and rationed, or it's going to be one where the patient and their physician make the choice about their health care, with the government bureaucrat staying out of it, where they belong.

I thank the gentleman from Michigan for yielding.

Mr. BENISHEK. Thank you. I truly appreciate my colleague from Maryland taking a little time to be with us tonight and give us his insight as a physician here on the floor.

I would like to say a few words about IPAB. This is the Independent Payment Advisory Board. This is the mechanism that Mr. Obama's health care plan has for controlling costs. And really, what it is, it's 15 appointed bureaucrats, each making \$165,000 a year, with no congressional oversight, whose only purpose is to reduce Medicare spending. So if the Medicare budget goes up too much and is over the limit, these guys in Washington are going to decide what to cut. They're going to decide if you deserve a PSA prostate test or deserve a mammogram or you deserve a colonoscopy. They're going to decide that they may not pay for that. If we don't act, this board could be making these kind of decisions as soon as 2015. Denial of payment for care is going to really lead to denial of care for our seniors. I don't think it's fair for these Washington bureaucrats who know nothing about the patient to be making these decisions.

I'm used to taking care of patients, and sometimes we have to make some really difficult decisions. But those decisions have been made between the physician, the patient, and the family,

not some bureaucrat in Washington who doesn't know the patient and can't decide if this patient really qualifies for care and should not be denied. So I just think it's so wrong to allow bureaucrats that don't know the patient to be making these decisions, and I just want to make sure people understand the seriousness of this. There's no appeal from this board. There's no getting somebody off this board once they're appointed. It's really unbelievable.

Tonight, also, I have the pleasure of being joined by my colleague from New York, a nurse, Ms. BUERKLE of New York.

Thank you for joining us.

Ms. BUERKLE. Thank you very much to my friend and colleague from Michigan. Thank you for having this Special Order tonight. And I think it's so critical, Mr. Speaker, when the Docs Caucus has this event, and the people who are speaking are people are passionate about health care. Many of us actually came to Congress because we were so concerned regarding the Affordable Care Act. I spent my life as a nurse and later on as an attorney who represented a large teaching hospital. And so I am passionate about health care. As my colleague before me mentioned, there's nothing more personal than one's health care. And this Nation has the highest quality of health care, and we want to make sure we maintain the standard that we have.

I don't think anyone would disagree, Mr. Speaker, that this country needs health care reform. And while this law may have been the most well-intentioned, I disagreed with it philosophically when I decided to run for Congress. But now that I'm in Congress and I have had the opportunity to talk to so many folks in my district, this law, this Affordable Care Act that was supposed to decrease the cost of health care and increase access for Americans, is not going to do that. And let me, if I could, talk just briefly about what is going on in my district.

□ 1840

My district is heavy with "eds and meds," we call it. We have a lot of hospitals in my district, and they're the major employers.

Now, the hospitals have spoken to me. They're concerned because this Affordable Care Act, this ObamaCare law, will decrease the amount of disproportionate share moneys they give because they treat a population of patients who may not have insurance or who are underinsured. So they're concerned about their fiscal, their financial integrity. Those are the hospitals. Those are providers.

The Affordable Care Act doesn't address the SGR fix, the Medicare reimbursements for physicians. So I've got physicians who are concerned. It also creates a scenario where we will not have enough primary care physicians, internal medicine, psychiatry, those types of physicians who can even

render the care. So the providers are concerned, the actual people and facilities who render the care. They're concerned that this law is going to adversely affect them. That's my first concern.

My second concern are my seniors. And in all of this discussion and debate, I think the most disingenuous discussion that's going on out there is the denial as to what this law will do to seniors and their Medicare coverage. I think my colleague ahead of me talked about the moral obligation we have to our seniors. We have a contract with them that when you retire, when you turn 65, Medicare, you've paid into it all your life, and you will be able to have that benefit.

But this law, this Affordable Care Act, cuts Medicare by \$716 billion. Now, there's no program in the world that will not be affected by the loss of that much funding and the funding that's being taken out of Medicare, and it's going to be used to fund the rest of the entitlement in this law.

So seniors really need to understand the threat to Medicare as we know it is this Affordable Care Act. And it has changed Medicare as we know it for our seniors, and this law will affect everyone who's on Medicare.

The discussion about the Ryan budget and the budget we passed out of the House, that discussion is only for those who are 54 and younger. So anyone who is 55 and above, with the Republican proposal for Medicare, can take a deep breath and they can say, My contract with this country, my benefit through Medicare will not be touched, and I can rely and count on that. That's a very important promise that we can make to our seniors.

But this Affordable Care Act can't make that promise to our seniors because it is cutting Medicare, and as my colleague from Michigan talked about, this IPAB board will also affect the kinds of services that our seniors receive.

So every American, especially our seniors, should be concerned about this law that is in place that will go into effect in 2013 and 2014.

So, we've heard from the hospitals and the physicians. They're not happy with this law. We've heard from the seniors. They're not happy with this law.

I hear from my businesses, my small businesses, those entities that we're trying to get this economy going, and they're concerned because they don't know how this law is going to affect them. They don't know whether or not they're going to have to pay the penalty or pay the tax. They're very concerned because of the uncertainty this creates in their businesses. So, they sit on cash and they don't invest and they don't hire. So my small businesses don't like this Affordable Care Act.

Now, just recently, and we've had a lot of debate about the tax on small medical devices that will occur to any small medical device producer in the

country. Now, that's a niche sort of industry. It's one of the only sectors of the economy that has grown. It requires R&D. It requires innovation. It requires real creative production of small medical devices.

I have a well-known company right in my district, and on Monday of this week, they announced that they will cut 10 percent of their workforce directly related to two things. The first is that 2.3 percent excise tax on small medical device producers. Ten percent of that workforce will be done away with because of this Affordable Care Act. The other reason they are cutting their workforce is because of the tax and also because of the fact that, with this Affordable Care Act, hospitals and physicians are not buying new equipment because they, too, are uncertain as to what the Affordable Care Act is going to do to them and their business. So they're not buying new equipment for their hospitals and their offices.

So, now we've got seniors, hospitals, physicians, small medical device companies, businesses very concerned as to how this law is going to affect them.

The Court ruled that it's a tax, and that's why it's constitutional. There's 21 new taxes in this Affordable Care Act. It's going to affect our jobs and our economy. It's going to affect our small businesses. It's not the right direction for this country. Only the practical listening to people over and over again in the district puts that out very, very clearly.

So I think the right thing to do for this Nation—and this House, I'm so proud we have voted to repeal this law twice. We also voted in June to repeal the tax on small medical devices. That's the right thing to do.

The responsible thing to do is enact true health care reform that will really reduce the cost of health care, that will allow patients choice, that will allow them to cross State lines to buy their insurance. It will allow them to keep their insurance even if they lose their job. It will have tort reform in it and bring down the cost of health care. It will repeal the excise tax on small medical devices. It will keep the good pieces.

The two things I hear over and over again: preexisting conditions—and my colleague from Maryland mentioned it. Preexisting conditions, along with keeping your child on your plan until they're 26. Those two could certainly be incorporated in a new truly reformative health care law in this Nation.

So I thank my colleague from Michigan for all of his good work, for his dedication to the health care profession. I'm proud to be a member of the Docs Caucus because we are a group of people who have committed our life to health care. We are passionate about making sure that the United States of America maintains its high quality of health care and also keeps costs and accessibility to the highest standard for the people who live in this country.

Mr. BENISHEK. I thank my colleague from New York for joining us this evening. I appreciate her insight.

I just want to say a couple more things about this tax that she mentioned on medical device manufacturers.

You know, in my district as well, we have a couple of companies that make the drills for orthopedic surgeons where they put in the screws and that sort of thing. This tax is, I think it's a 2.3 percent tax, not on their profits, but on their gross. So even a small startup company that's trying to innovate, which we have in my district, and create a new device that will help people with care, even if they're losing money, they have to pay the tax on any gross receipts they have. That, to me, is like the most regressive part of that tax.

Besides that, it's forcing our medical innovators to move their companies overseas. I mean, you know, people aren't stupid. They realize that if they're going to be taxed here in this country even though they're losing money, they're going to move that manufacturing capability to Europe, and that's already been happening.

So this law is taking the medical innovators in this country—and everyone knows this country has been leading the way in the world in medical innovation for the last hundred years. It's forcing those people to go overseas to do business. That's not good for America. That's taking highly skilled people and asking them to go somewhere else to do business because we have a bad climate for that.

I want to talk just a little bit longer this evening about some real health care reform.

I mean, as I mentioned, the President's health care bill doesn't fix the problem with health care. The problem with health care is it's too expensive. This bill doesn't make it less expensive. It's becoming more expensive. When Medicare runs out of money, the way they're going to fix it is by decreasing payment to the hospitals and doctors that are providing you with care, so they're not going to want to take care of you either.

So let me just talk a little bit about a couple of, I don't know, commonsense ideas that we're talking about on this side of the aisle.

The first of those is health care insurance. I mean, the problem with insurance is it costs too much. So, what can we do to make it cost less? Well, I mean, I like to compare the difference between health insurance and car insurance.

□ 1850

In car insurance, you can choose from a thousand different companies in this country from Florida to California to Wisconsin to Michigan and pick a company that suits your needs, and if you don't like that company, you switch to another company.

Right now, employers control most of the health insurance. We need to

have a plan that, number one, gives the individual control over their health insurance so that you can pick a health insurance policy that you like even if the employee next to you chooses a different policy. Why should it have to be the same? Why should you have to carry insurance for acupuncture if you never use acupuncture? Some States actually mandate the coverage of acupuncture. This is why insurance costs so much.

Your car insurance does not pay for an oil change. It does not pay for new tires. It does not pay for routine, small expenses that you can expect because that's not what insurance is for. Insurance is for a catastrophic event. If you want your car insurance to pay for oil changes and new tires, it's going to cost a lot of money because that's not the purpose of insurance. The purpose of insurance is to protect you from a catastrophic event.

That's why the Health Savings Account is an important component of free market health care reform because then you have—for example, say you're working for somebody; instead of paying your health insurance, your employer pays into a Health Savings Account, which is then your money to use for health care. And it comes to you tax free, so you're not paying any taxes on it. It would be the same as if your employer was paying for a health insurance policy for you.

So with that money, then, you could be paying for your routine health care out of that. Now, this is money in your account now, so you may want to choose how you spend that a little carefully because that money is in your Health Savings Account, that's money that belongs to you now, and you can use that any way you want for your health care. Or maybe if you don't even use it all, that would be there for you in your estate once you die for your children. So you want to be careful with that.

So when you're going to go get an MRI for your shoulder, you may not just go to the place that your doctor may recommend, you may shop around for an MRI. Because I know, for example, that at some places you can get an MRI for \$2,500, at another place you can get an MRI for \$600, the same MRI. Unless you actually kind of look around for it, you're not going to be able to find that deal. You're not going to even know about it because right now you don't even care about it perhaps because your insurance pays it and you have a copay that doesn't affect you. But if you're taking this money out of a Health Savings Account, you're going to be shopping more. That's the power of transparency in cost.

So, looking around to see where you can save money to keep money in your Health Savings Account, and then shopping for insurance that suits your needs, not the needs of the person next to you, but suits your needs so that you may choose an insurance company,

like for your car insurance, that differs from our neighbor's but suits you just fine. You may have Chevrolet insurance or you may have Cadillac insurance, but it's your choice. Those are just two things that I think would really diminish the cost of medicine and not involve taking over everything by the government and actually decrease costs.

The other thing that nobody really talks about much in the cost of medicine is the cost of malpractice. Malpractice is something that doctors can be very uncomfortable with, but sometimes injuries do occur. Is it a good result for a patient who's been injured to have to go to court for 5 or 6 years and then have to pay fees for attorneys of 50 to 60 percent of the judgment after 5 or 6 years in court? Is that justice for an injured patient? Frankly, it's not something that doctors want to see.

Doctors want to see, if there is actually an injury, let's have it dealt with in a reasonable fashion. Let's have it adjudicated in an administrative law situation when there has been an injury. A panel of people can decide, yes, there has been actual injury, let's make a judgment, and let's give that patient a judgment, and let's get it done with within several months. That would be better. It would eliminate the entire cost of a trial, the attorney fees and all that, and physicians would like it. Patients would like it, I think, because it would give them speedier access to justice. I think that by doing that we would eliminate a lot of the extra costs that come into medicine.

Right now, if you come into the emergency room for something, a pain in your belly, you're going to get a CAT scan pretty much automatically because the doctor is afraid of being sued. And it doesn't cost him anything, it doesn't cost the patient anything, he's going to order a CAT scan, he's going to order the x-ray, he's going to order a lot of tests just to protect himself. These are some of the hidden costs of malpractice that people don't really think about. They just think about the cost of malpractice as simply the cost of the doctor's insurance, which can be expensive.

Right now, different States will have different abilities to attract physicians because they have different means of dealing with malpractice. But I think that for the patient, really, we need to have a better system where they get compensated faster and with less aggravation than the system we have now.

So, I think the main thing that we're talking about on this side, we talk about health care reform, is to talk about having a conversation with the American people. Maybe you don't agree with some of these ideas on how to make our health care system better and more efficient. Well, I can understand that. Let's have a conversation. Let's decide how we can do it better.

Let's try a pilot program in one State. Let's allow States to experiment

in how to do things. Let's not write a bill of 2,700 pages in the middle of the night that nobody read and then put it on the American people and say it's going to be great, but we don't know what's in it because we haven't read it, and then go through the next 2½ years realizing that it's a mistake. I mean, there definitely needs to be room for improvement in our system, but can't we have this conversation in an open fashion? I think a lot of people even on the other side would realize that, hey, we made a mistake, but isn't it more important to admit that we made a mistake and try to move forward in a fashion that actually cuts cost? We see it's not cutting costs. It's been devastating to the American economy.

I've talked to small business owners across my district over the past 2 years and they say the same things again and again: There's regulations cost us money and our health care cost us money; it's going to make us not be able to hire more people.

So I think we've made some real mistakes here in the past, but now is the time to address them and move forward and try to make some commonsense decisions. Frankly, I'm happy to hear from people with ideas. I hear ideas from people all the time in the district that really make some sense and are certainly worth trying out.

So with that, I want to thank the members of the Physicians Caucus that were here this evening for our evening hour, and I yield back the balance of my time.

#### PROTECT AMERICA

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

Mr. GOHMERT. Mr. Speaker, at this time I want to yield to my doctor friend from Texas, a former student of Texas A&M University, as myself, a guy who, as a junior in college when I was a senior in college, helped tutor me to make a 98 on the final exam of our accounting course. I yield such time as he may consume to my friend from Texas (Mr. FLORES).

RECOGNIZING AMERICAN HERO BRIAN BACHMANN AND ALL FIRST RESPONDERS ACROSS AMERICA

Mr. FLORES. I would like to thank my friend from Texas (Mr. GOHMERT) for allowing me a few minutes of his time.

Mr. Speaker, I rise today to recognize an American hero, Brian Bachmann, who served as Precinct 1 Constable of Brazos County, Texas, who was killed in the line of duty on August 13, 2012. Also, with yesterday being the 11th anniversary of 9/11, I also want to recognize first responders all across our country.

As I began to write my reflections for this conversation, which I originally delivered on August 18, the words that kept coming to mind to talk about were the words "home" and "celebration."