



Congressional Record

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PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.

Mr. YOUNG of Florida. Mr. Speaker, four and a half months ago when the House first considered health care reform legislation I voted against it saying that it did not represent good public policy.

Nothing in the package of legislation we will consider today and tonight changes my mind. It is still not good public policy, it was not considered under an open process envisioned by the drafters of our Constitution, and it will drive up — not down — the cost of health insurance and medical care for individuals.

This bill cuts Medicare by \$523.5 billion. This cannot do anything but compromise the quality and availability of care for older Americans who depend upon the program for their medical care. The Chief Actuary for the Centers for Medicare and Medicaid Services confirmed that in December when he advised Congress that “ providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and, absent legislative intervention, might end their participation in the program (possibly jeopardizing access to care for beneficiaries).”

A large percentage of my constituents in the 10th Congressional District rely on Medicare for their health care coverage and a large number of medical providers in my area care for a high percentage of Medicare patients. In a survey I sent last fall in my Congressional District, and to which more than 31,500 responded, 83 percent of the respondents said they were opposed to paying for health care reform by cutting billions from the Medicare program. They are concerned about the cuts in this legislation for inpatient and outpatient hospital services, in-patient rehabilitation services, long term care facilities, skilled nursing programs, hospice services, kidney dialysis facilities, and medical laboratory services.

If this is not of concern enough to our nation's seniors, the legislation we consider today cuts \$200 billion from the Medicare Advantage program, through which an estimated 47,000 residents of the 10th Congressional District receive their medical care. The Chief Actuary for Medicare has said that cuts of this magnitude would force more than 60 percent of these Medicare Advantage beneficiaries from the program. Nationally, that totals 4.8 million Americans who would lose their current coverage.

Despite the fact that this legislation makes draconian cuts in Medicare, it will increase, not decrease, overall federal spending on health care. The non-partisan Congressional Budget Office (CBO) estimates that overall federal spending on health care will increase by \$390 billion over 10 years. This is at a time when proponents of this legislation say it will save money.

Supporters of this legislation also tout the expansion in health insurance coverage they claim it will bring about. However, this expansion is due in large part to increasing the Medicaid rolls. In fact, the CBO estimates that of the 32 million newly insured Americans under this legislation, half, or 16 million, will receive their insurance through the federally and state sponsored Medicaid program. At the same time, millions of people will be enrolled in subsidized plans on the government run health insurance exchanges and millions will lose their employer sponsored health insurance.

Mr. Speaker, the majority of people I represent like the health care coverage they currently have and do not believe this legislation will improve the quality of their coverage. In my Town Hall by mail survey last fall, 73 percent of those who responded said they are satisfied with their current coverage and 70 percent say this legislation would not improve the quality of their coverage. Furthermore, 75 percent say Congress should not raise taxes to pay for this legislation and 74 percent say individuals should not be required to purchase health insurance.

Many constituents have also expressed their grave concerns about the insertion of the federal government into the precious patient doctor relationship. A perfect example of this is the creation of 159 new boards, bureaucracies, and programs created in the 2,733 page health care bill.

For example, in an effort to keep Medicare spending below targeted levels the legislation creates the Independent Medicare Advisory Board. This new entity will be required to submit recommendations to Congress to keep Medicare spending below targeted levels. This could result in additional coverage decisions being made by unelected bureaucrats largely or exclusively on cost grounds.

Few issues have divided the American people as much as this health care debate and given the interest and passion they have shown on this matter demands that we give it serious consideration with a lot less politics. Many of us have suggested that we start with legislation in areas that we all agree we can fix now. That includes lowering health insurance costs by allowing small businesses and indi-

viduals to pool together in lower priced plans, requiring the coverage of individuals with serious pre-existing medical conditions, prohibiting insurance companies from canceling policies for those who become sick, prohibiting insurance companies from imposing arbitrary spending caps for policyholders, allowing families to purchase health insurance policies across state lines, closing the Medicare Part D doughnut hole, and providing for medical liability tort reform which the Congressional Budget Office says would save \$54 billion over 10 years in large part due to lower medical malpractice premiums and the reduction of defensive medicine practices.

In addition to Medicare cuts, the authors of this legislation pay for new big government programs by raising federal taxes by \$569 billion over a ten year period. Many of those taxes will impact middle class families. These are families who will pay a penalty if they choose not to carry health insurance, the owners of small businesses who will pay a penalty if they do not provide health insurance for their employees, a sales tax on medical devices, a tax on prescription drugs, and a tax on health insurance premiums.

This bill also violates the President's promise that if you like your insurance you can keep it. In addition to the 4.8 million seniors who will lose their coverage under the Medicare Advantage program, the CBO estimates that another 8 to 9 million people would lose their employer based coverage when their employers choose to drop their coverage or shift their coverage to the new subsidized policies on the health care exchange. This legislation would also contradict the President's promise that the cost of health care coverage would go down. Instead, the CBO estimates that the enactment of this legislation will raise private health insurance premiums from 10 to 13 percent.

Mr. Speaker, most Presidents make it a practice of trying to bring the country together in the face of difficult issues. We did this in bipartisan fashion when it came to ensuring the financial solvency of the Social Security system, reforming our nation's welfare programs, and in engaging in an international war on terrorism. Yet this administration has sought to do it their way whether the country agreed or not.

Tonight we are faced with legislation that affects every American, every American family, and every American business. The decision we make tonight could be irreversible and the changes to the Senate passed bill that are promised tonight may never take place. This is no way to conduct our nation's business. It engenders no level of confidence from the people of this great country.