

With that access and mobility comes sad statistics.

An August 2012 report by the National Highway Traffic Safety Administration indicated that 839 drivers under the age of 21 were killed in drunk driving crashes in the United States during 2010. Several thousand were seriously injured, some with permanent disabilities. These tragedies are 100 percent preventable. But as every parent knows, our teens do not always make the best decisions, and some simply need more active supervision.

Back in 2006, when bipartisanship was still a hallmark of this body, our colleagues on the Appropriations Committee, LUCILLE ROYBAL-ALLARD and FRANK WOLF, teamed up to enact the Sober Truth on Preventing Underage Drinking Reauthorization Act, better known as the STOP Act. They are still committed to reauthorizing that legislation, which has helped align the policies of several Federal agencies involved in reducing and preventing underage drinking. The reauthorization bill introduced this year is H.R. 498. I urge my colleagues to support the legislation to sustain momentum in efforts to combat underage drinking.

In the district I represent, an organization that has benefited from the STOP Act grant is the Brighton Park Drug-Free Community Coalition. Their efforts embody the spirit of the We Don't Serve Teens initiative. Civic-minded adults have organized "block clubs" to monitor neighborhood conditions that can contribute to illegal underage drinking and other substance abuse. They also enlisted neighborhood retailers for assistance and a shared commitment to prevent illegal underage sales to minors.

In many metropolitan areas around the Nation, those who sell and serve alcohol beverages have been supportive of the We Don't Serve Teens initiative. I mentioned that Crown Imports is leading the effort in Chicago with a media campaign that includes outdoor advertising, radio, and television messages that will be seen by millions of adults. Other brewers and importers are taking the lead in New York, Milwaukee, St. Louis, and other metropolitan areas.

I commend the FTC for its leadership on the We Don't Serve Teens and all who support this valuable program. It is worth the effort.

AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Colorado (Mr. GARDNER) for 5 minutes.

Mr. GARDNER. Mr. Speaker, when the President began his push to pass the partisan Affordable Care Act, he did so with two primary promises: the promise that if you like your health care plan, you will be able to keep your health care plan, period. No one will take it away. That was the plan that this Chamber voted for when they passed the so-called Affordable Care

Act. That was the plan the United States Senate voted for when they passed the so-called Affordable Care Act: If you like your health care, you can keep it.

In 2011, Richard Foster, the Chief Actuary of Medicare, testified before Congress that this promise would not come true, the promise that if you liked your health care, if you liked your health insurance plan, you would get to keep it. The Chief Actuary of Medicare—he is not a Democrat or Republican appointee—said that this promise, the promise that was made when this bill passed, won't come true.

Over the past several months, my office has received countless letters, emails, tweets and Facebook comments from people around this country and around my district in Colorado who have said thanks to ObamaCare they are losing their health insurance, they are losing their family's plan. This promise for them is not coming true.

When I first got elected to Congress, I made a decision that I would reject congressional health insurance, that I would reject the Federal health care plan, because I wanted to be in the same boat as my constituents. Just a couple of weeks ago, I too received a letter in the mail from our insurance plan, our private provider, in Colorado for our family, and it said this: We notify you about the upcoming discontinuation of your plan. This letter right here that says my family's plan is being canceled.

Mr. President, where is the promise? Mr. President, if you like your health care plan you'll be able to keep it—tell that to the thousands of people in my district who are losing their health insurance, to my family, to millions of people around this country for whom this promise that you made when you sold this bill is not coming true.

The plan that my family had was an affordable plan. We shopped for it. We worked hard to find a plan that met our needs in rural Colorado. We found a plan that is now being canceled. The plan that replaces it—the plan that replaces it—now increases in cost by over 100 percent. In fact, the plan that is most similar to the one we had is now going up to \$1,480 a month. It is a 100 percent increase from the plan that we had.

But the President said if you had your health insurance that you liked, you would get to keep it. The President also said the second primary promise, though, was that if you had your plan and you got to keep it, we're going to make sure that this bill, the Affordable Care Act, brings down your cost. Yet we know that that's not coming true either, as people around this country are facing higher insurance costs, higher plan costs, canceling their plans, forcing them to go to other alternatives.

In the letter that we received canceling my family's plan it said this: that I have options, I have options to

purchase another individual health plan from us, purchase a plan from another carrier, or go through the health care exchange in Colorado, an exchange that was just reported in the newspaper to have significant computer glitches even though it is supposed to be up and running on October 1. But not one of these options, not a single one of these options include being able to keep the plan that my family had, despite the President's promise, the promise that if you liked your insurance you would be able to keep it.

Mr. President, where is your promise today? Will you explain to the American people that neither of those promises—the primary reasons you pushed the health care bill—are untrue. Explain that to the American people.

In recent reports we've seen from Forbes an analysis that ObamaCare will increase underlying insurance rates for younger men by an average of 97 to 99 percent and for women by an average of 55 to 62 percent. HHS compared what the Congressional Budget Office projected rates might look like in 2016 to its own findings. What happened, of course, in this analysis was that premiums, according to Forbes, nationwide will be around 16 percent lower. That's what they said. But after the analysis, after the analysis by CBO, which looked at the projected rates in 2016 compared to its own findings, neither of those numbers tell you the statistic that really matters: how much rates will go up next year under ObamaCare relative to this year, prior to the law taking effect. Looking at families like mine, a 100 percent increase.

We've received stories from around the district—people who have seen their costs increase, people who have seen their insurance canceled. We received a message over Twitter that said: I lost my insurance because I can't afford the 100 percent cost increase. For the first time in 47 years I will have to depend on the government for health insurance. Another gentleman said he will be dependent on the taxpayers as well for the first time in his life.

Mr. President, explain to the American people why the promises that you made, the promises you made to the American people, are simply not true.

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

CONTINUING RESOLUTION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY. Mr. Speaker, I was sorry to hear that our colleague from Colorado has had his insurance canceled or threatened with a 100 percent premium increase. That is precisely what ObamaCare was designed to stop—the capricious actions of cancellation of coverage, especially when

you get sick, by insurance companies. That's exactly what it's going to do. It's going to end that kind of practice and give you more choices.

Mr. Speaker, the majority of Americans object to House Republicans holding hostage the basic government services our citizens expect and need just so they can poke the President in the eye once again by trying to repeal the signature health insurance reform law.

In a recent poll, 8 out of 10 respondents said it is unacceptable for Members of Congress to threaten to shut down the government in order to achieve narrow ideological goals. After last week's House vote on the Republican hostage plan, another poll found more than half of Republican respondents want Congress to keep the government open rather than shut it down over the Affordable Care Act.

So why can't House Republicans accept the Affordable Care Act, which was adopted by Congress and reaffirmed by the Supreme Court and reaffirmed in an election just 10 months ago in this country? They have held 42 votes to chip away or outright repeal this signature law, and they have failed in every one of those attempts.

Senator JOHN MCCAIN, a prominent and respected Republican, tried to counsel his Republican friends on the futility of this effort on the floor of the Senate yesterday by reminding them that elections have consequences. The man who lost the 2008 election to President Obama noted that a majority of Americans reaffirmed their support of this President and his agenda, and by extension his signature initiative, in last year's election.

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What is particularly disappointing in this protracted debate is this false narrative that the Affordable Care Act is not working, that it will somehow cause an economic calamity, as the majority leader claimed last week. What truly worries House Republicans, one suspects, isn't that the Affordable Care Act will fail, but precisely the opposite—they are frightened to death it will succeed.

Just this week, we received further confirmation that, in fact, it is delivering on its promise to reverse the skyrocketing costs of health care, unlike the narrative of my friend from Colorado. When the insurance exchanges open for enrollment next week, the Department of Health and Human Services says consumers will find an average of 53 health plans to choose from and premiums 16 percent lower—not higher—than expected, and that's before any tax credits are applied. In my district, for example, a family of four, earning \$50,000 a year, will be able to find a silver-rated insurance plan for less than \$300 a month, and they could pay a zero premium with that subsidy for a bronze-rated plan.

The Affordable Care Act is working for seniors. Premiums and deductibles for Medicare are lower, not higher, and

seniors have saved more than \$7 billion so far in prescription drug costs thanks to closing the doughnut hole of Medicare part D. Enrollment in Medicare Advantage plans has gone up 30 percent since 2010, and premiums have dropped 16 percent since that time. That's a far cry from the kind of demonizing and the "wolf's at the door" rhetoric of some of my friends on the other side.

Mr. Speaker, it is not the Affordable Care Act that puts America at risk of economic calamity, but the reckless actions of my friends on the other side of the aisle who are willing, once again, to hold the American people hostage because they don't like it. They have an ideological agenda that is going to create deep hardship in every one of those households my friend from Colorado just discussed and in every one of the households throughout America.

Let's get on with the business of America, and let's stop the practice of hostage-taking on the floor of the House.

MENTAL ILLNESS AND GUN VIOLENCE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Ohio (Ms. KAPTUR) for 5 minutes.

Ms. KAPTUR. Mr. Speaker, with the tragic mass shooting last week at the Washington Navy Yard, our country has again been ravaged by preventable gun violence. America must confront these events and their causes to prevent future tragedies.

Since 2007, according to the FBI, there have been 146 reported mass shootings. Far too often, a large contributing factor to this recent surge in violence is untreated mental illness; and in far too many instances, the perpetrators are former members of our military. Our Nation must bridge the gaps in our current mental health system to avoid more tragedies.

The President recently unveiled his BRAIN Initiative. It calls for \$100 million in funding to advance our understanding of the human mind. Supporting this proposal will go a long way to furthering our understanding of the causes and conditions that afflict those who wish to harm others and themselves.

Further, Congressman MCKINLEY of West Virginia and I have introduced H.R. 1615, the Examining America's Mental Health Services Act of 2013. The bill requires the Secretary of Health and Human Services and the National Academies' Institute of Medicine to conduct a comprehensive study on the gaps in our Nation's mental health services and to explore how these gaps increase the risk of violent acts. Experts such as former Army Vice Chief of Staff Dr. Peter Chiarelli, Dr. Joseph Calabrese of Case Western Reserve University, U.S. Army Colonel Carl Castro, and Dr. E. Fuller Torrey, head of the Stanley Foundation, would be prime candidates to lead breakthrough national initiatives on mental health.

Part of our comprehensive effort should focus on (1) accelerating funding for brain research and neuropsychiatric treatment; (2), reforming military enlistment, discharge procedures and integrating the Department of Defense and Department of Veterans Affairs' medical records systems; (3), instituting early childhood behavioral screening in schools; and, (4), restricting gun and ammunition access to those who have serious behavioral disorders.

Additional focus on mental illness and gun access is imperative. The Navy Yard tragedy resulted in the deaths of 13 of our citizens with eight additional people injured. The perpetrator, Aaron Alexis, was aged 34, a Navy Reserve veteran and a contractor to the U.S. Navy. He joined the Naval Reserve and began experiencing conditions that many would describe as related to PTSD, with demonstrable neuro conditions such as schizophrenia or paranoid schizophrenia. However, he was allowed to purchase a Remington 870 pump action shotgun and two boxes of ammunition. Individuals who suffer from these types of ailments should not have access to weapons and stockpiles of ammunition.

Unaddressed mental illness continues to be prevalent in many of our Nation's traumatic mass shootings, and they involve perpetrators who are private citizens as well.

We recall so sadly in Tucson, Arizona, when our own former dear colleague, Rep. Gabby Giffords, and current colleague, Representative RON BARBER, miraculously survived a mass shooting in which six others lost their lives after a deranged gunman, Jared Lee Loughner, opened fire at a meeting at a local supermarket at which Giffords and constituents were gathering.

We saw it at nearby Virginia Tech on April 16, 2007, when Seung-Hui Cho took the lives of 32 people; and we saw it at Sandy Hook Elementary School in December of 2012, when 20-year-old Adam Lanza ended the lives of 20 children and seven adults after taking his own mother's life and then his own.

How many more calls for attention—for help?—does America need to hear?

The killing of two Capitol Police Officers over a decade ago, here in our Capitol, was perpetrated by a man who had been diagnosed as a paranoid schizophrenic who was off his medication, alienated from his family and who got access to a gun.

Congress should be deeply concerned that civilians, as well as our brave men and women who serve or who have served in our Armed Forces, are not receiving the medical treatment required for diagnosing debilitating mental illness and trying to treat it better. An annual Department of Defense report on suicide has shown a precipitous increase in military suicides over the course of the last 5 years. In 2012, there were 349 suicides by military men and women from all branches of the Armed