

Mr. THOMPSON of Pennsylvania. Mr. Speaker, the President, in his remarks to the country yesterday, demonstrated a willingness for diplomacy and negotiations. Sadly, any leadership he reflected in his remarks was a willingness to communicate and negotiate with the terror-states of Iran and Syria and not the United States House of Representatives. What the President also made clear was his unwillingness to serve the will and the concerns of a majority of American citizens, families, and businesses when it comes to their health care.

Health care is one of the more intimate issues in America. There should be no surprise of the emotional reaction and rejection by the majority of the country when this legislation is passed unilaterally by one party without adequate debate or vetting and is mandated on 311 Americans.

The September 4 to 23 Real Clear Politics compilation of seven major national polls show that an average of 52 percent of Americans are opposed or against the Affordable Care Act, while only 38.7 percent are for or in favor of this law.

Mr. Speaker, I understand the political divide that unfortunately exists in Washington, but what I do not get is how the President ignores the will of the majority of the American people. We expect leadership from the President, but there is no leadership when the direction you want to take the country is rejected as the wrong direction for the majority of American citizens.

Now, some have said that the Affordable Care Act is the law, so just implement it. Well, that makes a dangerous assumption that Congress never gets it wrong. History has certainly shown precedence that Congress can and has corrected the mistakes that it has made. The Prohibition, which was repealed in 1933, had been fairly unpopular—probably more disliked than even ObamaCare. More recently, the Medicare Catastrophic Coverage Act of 1988, a bipartisan bill, was intended to provide supplemental health care insurance for the elderly. But it also included a surtax on middle- and upper-income seniors which was quickly repealed when the will of a majority of Americans was taken into consideration.

Now, what is more dangerous than a government that may err on occasion or supposed leaders that are incapable of recognizing an error and taking a course of correction?

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Mr. Speaker, the Senate Democrats yesterday recklessly voted to disregard the will of the American majority and essentially endorse a government shut-down rather than take any course of correction on what is a fundamentally flawed law that is raising premiums and already limiting access.

In my home State of Pennsylvania, countless children in disadvantaged

homes are covered under the Children's Health Insurance Program, or CHIP. The CHIP program originated in Pennsylvania and provides support to parents of these children to allow them to buy health insurance for their children from the commercial insurance market. The CHIP program provides access to quality health care, not with government-run programs, but through a partnership with the private sector. Under ObamaCare, these children are being ripped out of CHIP and placed in medical assistance where the parents will be hard-pressed to find a pediatrician even willing to see, let alone treat, their child.

Mr. Speaker, the unwillingness to admit the errors of ObamaCare and take corrective action is even throwing America's most vulnerable children, who are growing up in poverty circumstances, under the bus. They deserve better.

PRESIDENT OBAMA'S FAILURE OF LEADERSHIP

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Mr. Speaker, I want to give high praise to my colleagues on this side of the aisle who have been here this morning talking about the really, really important issues that are facing our country these days.

Why are we here in Washington, D.C., on a Saturday? We should be at home in our districts. Republicans believe that the wisdom of the world is not in Washington, D.C.; it is back in our districts; it is back with the American people. But we're here because of a failed policy that was passed without bipartisan support but strictly on behalf of liberals in this body, in the Senate, and the failed policies of a very liberal President. So we wouldn't have to be here today if it weren't for that failed policy.

Unfortunately, our colleagues on the other side of the aisle are trying to put the blame on us for saying that we're here because we're fighting what we see as a failed policy. The American people see it as a failed policy also. The majority of the American people are opposed to what we have come to call ObamaCare. It was not passed by bipartisan vote. Our colleagues keep talking about bipartisanship. It was passed purely on a partisan basis. No Republican has ever voted for ObamaCare, and every Republican who has had the opportunity to vote against it, has voted against it. Why? Because we believe we represent the American people. We don't want to shut down the Federal Government. In fact, we've passed bills to keep the government running; but we want to have the policy right.

My colleague from Connecticut talked about the need for compromise and he said, erroneously, this is the first time that we would shut down the

government over a policy. He must have forgotten that the Federal Government has shut down 17 times before—sometimes when Democrats were totally in control, sometimes when there was split government, but it has happened 17 times before.

What are we doing here on our side of the aisle? We're fighting for the American people. We know this is a failed policy, and we do not want to see this failed policy go any further than it has gone. As my colleagues have said, the sad thing about it is our President is willing to negotiate with a country that we call a terrorist country but is not willing to negotiate on this. He said: What I haven't been willing to negotiate, what I will not negotiate, is on the debt ceiling. He doesn't want to negotiate on ObamaCare either. But we know that the President did negotiate in August 2011. We know that five other Presidents have negotiated on this issue. We also know that there are going to be people who are not going to be covered by this program that is supposed to be covering all Americans. And, Mr. Speaker, I include, for the RECORD, an article by Daniel Henninger in the September 25 Wall Street Journal, called, "Let ObamaCare Collapse," because it points out many, many of the problems with this program that haven't all been pointed out this morning.

And we have another issue that we're going to be facing in the next few days, and that is the raising of the debt limit. I want to quote someone who talked about the failure of leadership if we have to face raising the debt limit:

The fact that we are here today to debate raising America's debt limit is a sign of leadership failure. It is a sign that the U.S. Government can't pay its own bills. It is a sign that we now depend on ongoing financial assistance from foreign countries to finance our government's reckless fiscal policies. Increasing America's debt weakens us domestically and internationally. Leadership means that "the buck stops here." Instead, Washington is shifting the burden of bad choice today onto the backs of our children and grandchildren. America has a debt problem and a failure of leadership. Americans deserve better.

That was then-Senator Barack Obama on the floor of the U.S. Senate March 20, 2006.

Yes, indeed, Mr. President, we have a failure of leadership, and the buck stops with you.

[From the Wall Street Journal, Sept. 25, 2013]

LET OBAMA CARE COLLAPSE (By Daniel Henninger)

Congress can't kill the entitlement state. Only the American people can.

What the GOP's Defund-ObamaCare Caucus is failing to see is that ObamaCare is no longer just ObamaCare. It is about something that is beyond the reach of a congressional vote.

As its Oct. 1 implementation date arrives, ObamaCare is the biggest bet that American liberalism has made in 80 years on its foundational beliefs. This thing called "ObamaCare" carries on its back all the justifications, hopes and dreams of the entitlement state. The chance is at hand to let its

political underpinnings collapse, perhaps permanently.

If ObamaCare fails, or seriously falters, the entitlement state will suffer a historic loss of credibility with the American people. It will finally be vulnerable to challenge and fundamental change. But no mere congressional vote can achieve that. Only the American people can kill ObamaCare.

No matter what Sen. Ted Cruz and his allies do, ObamaCare won't die. It would return another day in some other incarnation. The Democrats would argue, rightly, that the ideas inside ObamaCare weren't defeated. What the Democrats would lose is a vote in Congress, nothing more.

A political idea, once it becomes a national program, achieves legitimacy with the public. Over time, that legitimacy deepens. So it has been with the idea of national social insurance.

German Chancellor Otto von Bismark's creation of a social insurance system in the 19th century spread through Europe. After the devastation of World War I, few questioned its need. In the U.S., Franklin Roosevelt's Social Security system was seen as an antidote to the Depression. The public's three-decade support for the idea allowed Lyndon Johnson to pass the Medicare and Medicaid entitlements even in the absence of an economic crisis.

Going back at least to the Breaux-Thomas Medicare Commission in 1999, endless learned bodies have warned that the U.S. entitlement scheme of Social Security, Medicare and Medicaid is financially unsupportable. Of Medicare, Rep. Bill Thomas said at the time, "One of the biggest problems is that the government tries to administer 10,000 prices in 3,000 counties, and it gets it wrong most of the time." But change never comes.

Medicaid is the worst medicine in the United States. It grinds on. Doctors in droves are withdrawing from Medicare. No matter. It all lives on.

An established political idea is like a vampire. Facts, opinions, votes, garlic: Nothing can make it die.

But there is one thing that can kill an established political idea. It will die if the public that embraced it abandons it.

Six months ago, that didn't seem likely. Now it does.

The public's dislike of ObamaCare isn't growing with every new poll for reasons of philosophical attachment to notions of liberty and choice. Fear of ObamaCare is growing because a cascade of news suggests that ObamaCare is an impending catastrophe.

Big labor unions and smaller franchise restaurant owners want out. UPS dropped coverage for employed spouses. Corporations such as Walgreens and IBM are transferring employees or retirees into private insurance exchanges. Because of ObamaCare, the Cleveland Clinic has announced early retirements for staff and possible layoffs. The federal government this week made public its estimate of premium costs for the federal health-care exchanges. It is a morass, revealing the law's underappreciated operational complexity.

But ObamaCare's Achilles' heel is technology. The software glitches are going to drive people insane.

Creating really large software for institutions is hard. Creating big software that can communicate across unrelated institutions is unimaginably hard. ObamaCare's software has to communicate—accurately—across a mind-boggling array of institutions: HHS, the IRS, Medicare, the state-run exchanges, and a whole galaxy of private insurers' and employers' software systems.

Recalling Rep. Thomas's 1999 remark about Medicare setting prices for 3,000 counties,

there is already mispricing of ObamaCare's insurance policies inside the exchanges set up in the states.

The odds of ObamaCare's eventual self-collapse look stronger every day. After that happens, then what? Try truly universal health insurance? Not bloody likely if the aghast U.S. public has any say.

Enacted with zero Republican votes, ObamaCare is the solely owned creation of the Democrats' belief in their own limitless powers to fashion goodness out of legislated entitlements. Sometimes social experiments go wrong. In the end, the only one who supported Frankenstein was Dr. Frankenstein. The Democrats in 2014 should by all means be asked relentlessly to defend their monster.

Republicans and conservatives, instead of tilting at the defunding windmill, should be working now to present the American people with the policy ideas that will emerge inevitably when ObamaCare's declines. The system of private insurance exchanges being adopted by the likes of Walgreens suggests a parallel alternative to ObamaCare may be happening already.

If Republicans feel they must "do something" now, they could get behind Sen. David Vitter's measure to force Congress to enter the burning ObamaCare castle along with the rest of the American people. Come 2017, they can repeal the ruins.

The discrediting of the entitlement state begins next Tuesday. Let it happen.

The SPEAKER pro tempore. All Members are reminded to address their remarks to the Chair.

AFFORDABLE AND ACCESSIBLE HEALTH CARE

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

Mr. TIPTON. Mr. Speaker, let's begin with where we can all agree as Americans: at the very beginning of the debate when it came to health care in 2008, it was about affordability and accessibility when it comes to health care. We can't disagree about that. As Americans and small businessmen, we felt the pain of seeing ever-increasing premiums, but we also wanted to make sure that we had access to real doctors.

What are the results that are now coming out of the Affordable Care Act? Let me give you an example that was just emailed to me last night out of a small community church in my district in Durango, Colorado. They were just able to extend their plan before the Affordable Care Act takes effect. For six employees working at the church, their premiums are now going to be \$50,665 for the collective group this year. When the Affordable Care Act impacts them in the next cycle, those rates will rise for those same six employees to \$72,069, a 48.7 percent increase.

So the question we have to ask is: Has the Affordable Care Act achieved the goal that, as Americans, we can all agree that we desire to be able to have—affordability?

Let's talk to those six people working in that small church in Durango, Colorado, who are relying on charitable contributions to be able to have their jobs, to have affordable health care. The answer is no.

Let's talk to senior citizens that I visited with throughout the Third Congressional District of Colorado, many of whom just became senior citizens and are now required to sign up for Medicare under the law. Just because of a birthday over the last year or two, they are now finding that they cannot even find a doctor who will accept Medicare.

I just held a meeting with better than 20 physicians in Grand Junction, Colorado, several of whom expressed that by the year 2014 they're closing their practices. So have we addressed accessibility in America? We have not.

What the administration fails to understand is there's a quantitative difference between affordability and accessibility and just having an insurance card. We can insure every American, but does that mean you have access to quality health care at an affordable price?

The Republican Party is putting forward real solutions to be able to address this challenge. Let's let the free markets actually work. Let's have real competition. Let's allow businesses to be able to come together to be able to form real groups and to be able to negotiate lower rates. Let's incentivize rather than disincentivize, as the President's law does, those private medical health care savings accounts if we really care about health care. Let's, indeed, make sure that people with pre-existing conditions have access and affordable health care as well.

These are the plans that we are putting forward; but it's going to require that we work together. What is not helpful is when we hear an administration say it is nonnegotiable while at the same time saying we have to work together. We can't work together if we cannot have a dialogue. That is what this House of Representatives is putting forward—real solutions to be able to address the real problems to help real Americans that are struggling right now.

And the bottom line is, if we want health care, we also need jobs. If you talk to the people in my district, small businesses, they aren't able to hire right now simply because of the cost of the Affordable Care Act and the impacts that they're feeling. These are affecting real Americans, real people, and real lives. The solution cannot and should not be just bigger government, just a legacy piece of legislation.

I believe that the American people deserve a policy that will actually work for them. That can only be achieved if we work together. We are putting those ideas forward today. We are not about shutting down this government. We want to keep it open. That's the policy of our conference. But we also need to have a policy that's making sure that government laws are not hurting the American people. The Affordable Care Act is hurting the American people, will hurt the economy, will hurt jobs.