

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.

This is something that we can achieve a positive solution on if the administration will open that door to dialogue rather than distrust. Let's work for the American people rather than for bigger government.

NO SPECIAL EXEMPTION FOR MEMBERS OF CONGRESS UNDER OBAMACARE

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

Mr. ROSS. Mr. Speaker, you know the only thing worse right now than having the implementation of this health care law known as ObamaCare on October 1 would be the implementation of this law with special consideration to Members of Congress. And some may say that's not going to happen because Members of Congress are subjected to and not exempted from ObamaCare; and the short answer to that is yes, but the real answer is no. And the real answer is no because there is a state of confusion over whether we, as Members of Congress and certain staff members, can continue to receive a 72 percent contribution to our health care benefits.

Now to understand this, let's go back to how this even became an issue. Senator GRASSLEY, at the time that the ObamaCare bill was being debated, wanted to make sure that Members of Congress and their staff were subjected to the pains and the ills and everything else of ObamaCare. He offered an amendment that said:

Notwithstanding any other provision of law, Members of Congress and congressional employees would be required to use their employer contribution to purchase coverage through a State-based exchange rather than using the traditional Federal Employees Health Benefits Plan.

That was offered. What became law is different. The language that became law specifically says that Members of Congress and congressional staff with respect to their service as a Member of Congress or congressional staff shall be health plans that are either created under this act or the exchanges. Then it went on to further say that staff is just considered those who are employed by the Members of Congress. It doesn't include staff of committee and staff of leadership.

Now why all the confusion? I don't know, but I know for a fact that when the Office of Personnel Management came out with their letter on August 7 and said, without any basis—any basis in law or fact—and said, you know what, we're going to let Congress continue to have their 72 percent contribution even though the law was clear when it was passed that we are not going to receive anything other than the subsidies allowed under the law, and those subsidies only are available to those who make 400 percent of poverty level or less.

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And so we're here on the eve of watching a health care plan go into

place when the American public has given us—and probably deservedly so—an approval rating in single digits, and say, There they go again. Congress has found a special provision for themselves so they will not feel the pain and the economic harm caused by this health care bill.

Mr. Speaker, we can correct this. We can stand up as a collegial body, Republican and Democrat, and say we believe we need to be subjected to the law 100 percent and we think OPM is wrong. And if we want the American public to have what they desperately need to have in this Congress, which is the credibility of this Congress, we need to pass my amendment to the continuing resolution being offered today that says that this OPM letter was wrong and that all Members of Congress, all staff, the President, the Vice President, and all political employees will be subjected to the laws of ObamaCare and not receive this contribution. My friends back home will not receive this contribution. We shouldn't carve out a specialty to ourselves.

Further, what is worse is that if we don't make some change to this law, people will say there will be a brain drain. I see more of a litigation train starting—a litigation train because we've already put in the law a special class of employees. My employees are now subject to the laws of ObamaCare, but the leadership and their employees aren't. I see litigation ensuing on employment discrimination cases that are absolutely unnecessary and could be avoided if we have the foresight, if we have the ability to say, America, we're going to correct this; we're going to make sure that we are subject to all the laws, 100 percent, the same way we ask you to be.

Therefore, Members, I ask, I implore you to please consider this amendment, consider doing what is right, not only under the law but in the eyes of our constituency.

FRAUD AND ABUSE IN OBAMACARE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Tennessee (Mrs. BLACK) for 5 minutes.

Mrs. BLACK. Mr. Speaker, in just 3 days, the ObamaCare exchanges are set to go live, and the security of millions of Americans' most sensitive personal information remains at risk.

For the purposes of enrolling people in the exchanges, the administration is building the largest network of Americans' personal information ever created, called the Federal Services Data Hub. This data hub will have the names, birth dates, Social Security numbers, taxpayer status, gender, email addresses, and telephone numbers of millions of Americans expected to apply for coverage in the exchanges. This poses an alarming and obvious risk for identity theft and cybersecurity attacks.

To date, there has been no independent certification that the information will be kept safe. We are simply supposed to rely on this administration's word that reliable security systems will be in place come October 1. This is the same administration that has already failed to meet half of their self-imposed deadlines for the implementation of this disastrous law.

Their word is simply not good enough, and this is why 13 States' attorneys general have sent a letter to HHS Secretary Kathleen Sebelius expressing their concerns over whether there are adequate safety measures to protect their constituents' personal data.

Making this situation even worse are the ObamaCare "navigators" that are tasked with assessing this information to help people enroll. These navigators are not required by the Federal Government to have background checks or to even have a high school diploma. And yet they will be tasked with handling Americans' most sensitive personal information, such as medical records and even tax returns. In fact, earlier this month, a navigator applicant in Minnesota recently received 2,400 Social Security numbers by mistake. This raises serious concerns about the lack of safeguards in place to protect our personal information.

Mr. Speaker, we know that ObamaCare is simply not ready for prime time. We cannot allow Americans' most personal information to be exposed to these threats. It is completely irresponsible for this President to be encouraging people to sign up when these threats exist.

The President has already delayed portions of this law to help Big Business and insurance companies. It is time for him to work with this Congress to stop this train wreck and to shield the American public from widespread fraud and abuse.

HOW WILL OBAMACARE AFFECT YOU?

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

Mr. POE of Texas. Mr. Speaker, I posted on my Facebook page the question, How has ObamaCare affected you or will it affect you in the future? I received almost 400 responses. I will just read a few of those. I certainly won't read the ones that were volatile, Mr. Speaker, because a lot of people are just mad.

It is true that about 20 percent of those responses like ObamaCare and about 80 percent, not so much.

Leisa says:

My son was lowered to 29 hours last week for a new full-time norm because owner doesn't want to pay ObamaCare.

Sharon says this:

My mother is diabetic and couldn't take insulin for 3 days because she couldn't get her test strip prescription filled due to a Medicare glitch because of ObamaCare.