

two budget proposals, the Senate and the House budget proposals both passed. The Senate appointed conferees. To this moment, the House has not appointed conferees to the budget conference committee.

Mr. TONKO. And the leader of the minority has named the conferees for the Democrats in the House. So you're right, just about everyone named those individuals that will be part of the team at the conference table, getting work done.

Mr. GARAMENDI. So the Republican leadership refused to establish the conference committee by refusing to name the conferees.

Mr. TONKO. Right. And, again, every effort has been made to advance letters, to speak from the floor, to notice the leadership of our request, our urging, our challenge to name these people. That's the way the business gets done.

It was avoided, for whatever reason, perhaps not believing in your own budget that you put together as a House. Otherwise, why would you not bring it forward?

Why would you not vote on your own budget in a way that would have us at the conference table?

Mr. GARAMENDI. Well, there you have it. And we have a shutdown.

Mr. Speaker, may I inquire as to how much time we have left.

The SPEAKER pro tempore. The gentleman from California has 5 minutes remaining.

Mr. GARAMENDI. Mr. TONKO, let us split that time. Would you like to close, or would you like to continue on?

Mr. TONKO. I will just make mention of this, that I think the muddying up, if you will, of a CR, a continuing resolution, first, calling it a bill on the floor several times over is disingenuous. People place trust in us. You should honor that trust, and not, nomenclature-wise, change the outcome here.

We have an act of Congress that was signed into law. This is a law of the land, in this case, to provide for affordable, accessible, quality health care. If you didn't like that result, there were opportunities to change it.

Candidate Romney, Governor Romney, Representative RYAN, as the Vice President, they ran to repeal the Affordable Care Act. The people of this great Nation decided in that Presidential election for the re-election effort of President Obama, that they were going to stay with the President. So that statement was made.

The highest court in the land reviewed it for constitutionality. They approved that, gave it a thumbs-up.

Why are we still dwelling on this situation?

Why are we bogging down the process, where you either defund, deny, repeal, whatever the course may be. We have seen it over and over again, so that 45, 46, 47 votes in a row to repeal were all denied.

When you do the same thing over and over and over again, expecting different results, people have defined that as insanity.

So we have not provided the sort of integrity this process needs. We have not shown the respect to the individuals and families that are automatically showing today, with the very aggressive, very involved activism today to sign up with the Affordable Care Act. We are disregarding that. We're disrespecting that.

And I think the polling that was done, I saw a poll today that said 71 percent of the American public does not believe we should hold up and fold the government, shut down the government because of an effort to repeal the Affordable Care Act. So the public is speaking. They're telling us, do it better.

And thank you, Representative GARAMENDI, for the opportunity to join you.

Mr. GARAMENDI. Mr. TONKO, thank you so very much for joining me once again.

I'm going to wrap this up with a note of sadness. The American Government is shut down. It is shut down because of the conflict that has developed between the Democrats and the Republicans here in the House and on the Senate side.

It's a conflict that didn't have to happen. We could have worked this out in a conference committee, had Speaker BOEHNER chosen to appoint conferees. It didn't take place.

A continuing resolution—the Democrats compromised seriously and accepted a continuing resolution at the sequestration level, far less money than we think is necessary, but we wanted to keep the government running.

We refuse to abandon the Affordable Care Act and the millions upon millions of Americans that have benefited from that and are benefiting today as the exchanges are going into place.

California's had an enormous success, and it will work. And as it works, I think we'll find that those Americans, some 40 million that do not have health insurance, will, in the next months ahead, get their health insurance at an affordable cost. And this is already bending the cost curve for American health care. It's a good thing.

But it's also a very sad day. There is absolutely no reason that this government was shut down, except for the intransigence of our Republican colleagues demanding the repeal of things like the Patients' Bill of Rights, demanding that we go back on a promise that America has tried to have for some 60 years now, providing health insurance to all Americans. We're moving towards that with the Affordable Care Act, or ObamaCare.

It's a sad day, but it's also a hopeful day. It's a hopeful day because the exchanges are working. There will be computer glitches, and there will be

some error in the mathematics; but across this Nation, the exchanges are working.

And the American public that is uninsured, not the insured, but the uninsured, they're going to the exchanges and they're saying, let me shop; let me shop in a rational market where I can compare prices and quality and providers. They're doing that in California, in New York, and in Texas, all across this Nation.

So it's hopeful. It's a hopeful moment, even though we have spent the last week battling out the fundamental question, Is America going to move forward and stay in business, or is the government going to shut down?

Republicans chose to shut down the government.

Are Americans going to get health care?

The Republicans said no, the Affordable Care Act must be repealed.

The Democrats said no way, no how.

It's in place, folks. The Affordable Care Act is in place, and the exchanges are working, and millions of Americans will find an opportunity to buy insurance in a competitive market, free market, not a government market, but a market structured by government so that the private sector can display its insurance policies, what their price is, what their quality is, which doctors they can go to.

It's a sad day, but it's also a hopeful day.

Mr. Speaker, with our 54 minutes, we thank you for the opportunity to explain this, and I yield back the balance of my time.

HOUSE GOP DOCTORS CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Georgia (Mr. GINGREY) is recognized for 54 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the Speaker of the House, JOHN BOEHNER, for allowing the House GOP Doctors Caucus to have the leadership hour tonight on this historic day, October 1, the ObamaCare exchange launch date. It's entirely fitting that the Speaker allowed our House GOP Doctors Caucus.

This group, Mr. Speaker, is made up of medical doctors, made up of registered nurses, dentists, hospital administrators, psychologists, optometrists, with over—now, get this, Mr. Speaker, and my colleagues—with over 600 years of clinical experience.

Who knows better, in this Chamber of 435, than these 21 men and women who have spent almost their entire professional lives before being elected to the House of Representatives in the health care sector.

So here we are, October 1, ObamaCare exchange launch date, and hearing about malfunctions nationwide. We have received warning signs for months now that ObamaCare

wasn't ready, my colleagues, for prime time.

Now, with exchange malfunctions in more than 30 States on opening day, the best HHS can do is tweet, I'm sorry?

On top of that, after having years to prepare for this disastrous law, the President informed us that we could expect these glitches for months to come.

ObamaCare was a bad law when it was signed 3½ years ago; and now that we know what's in it, I firmly believe it's even worse law today.

Someone trying to receive coverage in the exchange right here in Washington, D.C., reported this today, Mr. Speaker: After waiting on hold for 3 hours and 43 minutes, I was finally able to speak to a representative, who told me she could not help me find a health insurance plan or provide any plan pricing information because, and this is a quote, "the system is down and not currently working at this time."

She recommended I call back in a few days. I guess \$1.329 trillion in taxpayer funds no longer gets you a functional government takeover of health care.

Mr. Speaker, how can the administration expect people to believe that the exchanges are ready and that this bill is ready for prime time, with Americans facing this sort of experience today, October 1, the roll-out date?

Let me just take a moment and maybe play David Letterman. Top reasons why ObamaCare's exchanges aren't ready for prime time, colleagues:

Number one, your data isn't secure. Think about that. In the ObamaCare exchanges, Federal bureaucrats will have unprecedented access to your personal data. Thank the navigators that were hired. They will have not only access to your health care data, but also to your financial data.

And this raises a myriad of privacy questions, which are only further emboldened by the risk of human error. Recently, a Minnesota exchange employee accidentally leaked 2,400 Social Security numbers.

Number two, no eligibility verification to enroll. No eligibility verification to enroll. The Obama administration announced this summer that it will allow individuals to self-attest that he or she meets income requirements to get a tax credit, a subsidy.

Eligibility verification is not only required by the law, which the administration has chosen to ignore again; it ensures that aid reaches the most vulnerable Americans for whom it was intended.

I recently voted for the No Subsidies Without Verification Act, to correct, Mr. Speaker, this reckless policy. That law, that bill that I voted for, it's not law yet because the majority leader in the Senate is putting it in File 13, where he puts every other bill that the Republican House passes.

I'm very pleased that the author of this bill, Representative DIANE BLACK

from Tennessee, a member of the House GOP Doctors Caucus, is with us tonight; and I'll be yielding time to her momentarily.

Number three, Mr. Speaker, software glitches. Across the Nation, further implementation delays have been caused by several glitches in the health exchange software. One of these accounts even strikes at the heart of the law's coverage expansion, making it impossible to determine how much people need to pay for coverage.

Number four, system not prepared for small businesses. The Obama administration recently warned the small businesses, those companies that employ less than 50 people, sometimes maybe 10 or 15, that they won't yet be able to shop for health insurance for their employees through online exchanges, leaving them to rely on snail mail or faxes for at least another month.

Number five, plans advertised on the exchanges, Mr. Speaker are misleading. Early this month it was reported that many insurers, including Florida Blue and Aetna, were concerned that information offered on the exchange sites was misleading and, in some cases, not representative of plans that exist.

Well, I could go on, but at this point I would like to yield to the gentlewoman from Tennessee (Mrs. BLACK), my colleague and the author of that bill; and I know she wants to talk about that, Mr. Speaker.

□ 2115

Mrs. BLACK. I thank the gentleman from Georgia for yielding. I also thank you for having this tonight and giving us an opportunity to talk about the Patient Affordability Act.

Mr. Speaker, Americans didn't want a government shutdown and they don't want ObamaCare. Because of the Senate Democrats, today they're staring both in the face.

We in the House of Representatives offered the Senate Democrats three bipartisan continuing resolutions that would keep the government open and protect the American people from this onerous mandate and the President's disastrous health care law, only to see them quickly rejected along party lines with little opportunity for debate.

Now ObamaCare and the Senate Democrats' prized government shutdown are here. The reviews are in. They're not good.

Today, millions Americans experienced delays and technical glitches in trying to enroll in ObamaCare exchanges, leading the Associated Press to report that the program is "not working as planned."

Meanwhile, The Wall Street Journal tried unsuccessfully to apply online for ObamaCare in all 50 States. And on MSNBC, a reporter gave up trying to enroll in ObamaCare after 30 minutes, saying:

If I were signing up for myself, this is where my patience would be exhausted.

But, Mr. Speaker, this is only the beginning. Under ObamaCare's Navigator

program, thousands of unlicensed "in-person assisters" will be tasked with going across the country and propagandizing the President's health care law. They'll have as little as 20 hours of training and no background check, high school diploma, or prior experience required, despite having access to our very personal information, including our names, addresses, Social Security numbers, and tax returns.

But don't worry, says the Obama administration. They'll have a 207-page Navigator Standard Operating Procedures Manual. The size of a college textbook, this is the guide that navigators should be expected to learn in just 20 hours.

Now, Mr. Speaker, I've been working my way through this manual, hoping that it would provide these navigators with some insight on our complex health care system. Instead, I'm finding that this manual is filled with lessons like in section 2-2-1, Smiling. Yes, it says, "Smiles are contagious," the manual reads. "Usually, when you smile at somebody, they will smile back at you." The manual goes on to instruct navigators to "nod occasionally" when interacting with consumers and to maintain an "open and inviting" posture.

Addressing security concerns, the manual reminds navigators not to leave Americans' "tax return information on printers and fax machines."

Mr. Speaker, the Navigator program is an open invitation for misuse of taxpayer information. The American people should not have their most sensitive personal information in the hands of people who have not been, at bare minimum, subjected to background checks.

My House Republican colleagues and I remain committed to fighting this law and protecting Americans from widespread fraud and abuse in the ObamaCare Navigator program. The Senate has an open invitation to join us. The question is: When will they?

Mr. GINGREY of Georgia. I thank the gentlelady from Tennessee.

Let me, colleagues, point out to you this poster that I have on the easel before us. This is the official United States Government Web site to get information about the rollout of the exchanges. And that's today, as we said at the outset of the hour, October 1.

The Web site, healthcare.gov, if you went to it today, Mr. Speaker, my colleagues, here's the information you get:

The system is down at the moment. We're working to resolve the issue as soon as possible. Please try again later.

Three-and-a-half years ago, March 23, 2010, the Patient Protection and Affordable Care Act—the official name of this law—was signed by the President. It did become the law of the land. I don't think that the name of the law is very appropriate. Patient Protection? I doubt it. Affordable Care Act?

Listen to this: In my home State of Georgia, Mr. Speaker, the Aetna

Health Insurance Company has a number of policyholders. A recent letter was sent to those policyholders, Mr. Speaker. Let me read it, because I think this is so telling:

We're here to help you with your health insurance. We value our customers. We want to help you understand your health plan options for 2014.

Once again, Mr. Speaker, this is a letter from Aetna Health Insurance to their policyholders.

The Affordable Care Act is changing health insurance. This includes adding new preventive care and essential health benefit requirements.

In other words, mandated. The government is going to tell people and health insurance companies what has to be in the policies.

They go on to say:

The Affordable Care Act also ends medical underwriting. Due to these and other changes, some people will pay more for their health coverage and others less.

In other words, standard rates, whether you have a preexisting condition. You could have heart disease, you could have high blood pressure, you could have diabetes type 2, or you could be a 28-year-old man or woman, healthy, strong, athletic, no bad habits, enjoy the Methuselah gene in your family. And so you're going to pay the same thing that someone does that's 58 years old and with three or four preexisting conditions. Well, that's exactly the case, and that's why Aetna goes on to say to their policyholders:

The Affordable Care Act will affect your health insurance plan. Your current policy will end December 31, 2013. You need to buy a new plan now so that you do not have a gap in coverage on January 1, 2014.

And then they go on to say this, Mr. Speaker:

Here are your buy-in options. Buy a 2013 Aetna plan effective in December. This plan is identical to your current coverage, and it would continue for the next 12 months. Then, you will need to buy a new Affordable Care Act plan in 2015. If you choose this option, please take action by November 25, 2013.

Now, here's your other option, as they point out. Option number two:

Buy a 2014 Aetna Affordable Care Act plan—

"Affordable," I emphasize that again. —effective January 1, 2014. This plan meets all the Affordable Care Act requirements. If we don't hear from you or you don't take any action, we will automatically enroll you into the 2014 Affordable Care plan below.

Now, listen to this, Mr. Speaker. The current plan, the one that they're on, the 2013 plan, Georgia Managed Choice Open Access Value 2500—that's what the plan is called—if you go ahead, as they said, by November 25, 2013, and sign up, you re-up for that plan that you like—and the President said, If you like your plan, you can keep it; remember that one?—then your monthly premium will be \$364.

Your other choice, the 2014 Affordable Care Act plan, Aetna Classic 3500 PD, \$634 a month, Mr. Speaker. Remember, the 2013 plan, I said \$364. If

you buy the affordable care plan mandated by the government in 2014, it's double.

So anybody that thinks that the insurance commissioner, Ralph Hudgens, of the State of Georgia didn't know what he's talking about several months ago when he said that the Affordable Care Act, in some instances—and this is Aetna giving us their information—the premiums are going to go up as much as 100 percent, Mr. Speaker, that is exactly what we're talking about. We just absolutely cannot afford the Affordable Care Act.

The President assured us that this was paid for and that it was not going to cost more than \$900 billion over 10 years. The CBO now says, Mr. Speaker, that it's at least twice that much in cost.

Look, at midnight on October 1, as you heard my colleagues from the other side of the aisle just a few minutes ago in their leadership hour talking about the Federal Government shutting down, indeed, at midnight on October 1, appropriations for the Federal Government did expire. By law, Congress must agree on a funding measure or the government will shut down.

As Washington has been run by Democrats for the past 5 years, Mr. Speaker, it's become a dysfunctional disaster. Americans expect, and they deserve, their elected officials to work together to find solutions. President Obama and Senate Democrats have drawn red lines and they refuse to negotiate or even talk to those who disagree with them unless, of course, it's President Vladimir Putin of Russia or Hassan Rouhani of Iran.

In fact, House Republicans have passed three continuing resolutions, or temporary spending bills, to keep this government open and to either defund or to delay ObamaCare—which the majority of Americans support. They were against it 3½ years ago; they are against it today; and they support what we are doing in the Republican House of Representatives.

I praise and commend Speaker JOHN BOEHNER and the leadership of ERIC CANTOR and KEVIN MCCARTHY for the strength that they have had in regard to this and for being so inclusive for every single member of our caucus.

□ 2130

All of these proposals, Mr. Speaker, that were submitted to the Senate were rejected. They were rejected by HARRY REID and Senate Democrats.

This morning, in the wee hours of this morning, the Senate voted 54-46 against coming to the negotiating table with House Republicans. I'll refer my colleagues to this poster. I would like for all of you to take a close look at this poster because this says it all in these hashtags: Let's talk. If the President can talk to Putin and the President can talk to Rouhani, why in the world can't the President talk to conferees in the House of Representatives, just sit down and talk?

You've rejected not one, not two, not three, but four of our proposals without even a response, without even a counterproposal. And what the Speaker has said is: Let's talk. I have appointed—and he has appointed the best and brightest minds on the Republican side of this Chamber to discuss this issue with the conferees. But Mr. Speaker, HARRY REID, the majority leader, has refused to come to the table, has refused to appoint conferees.

In fact, look at hashtag number two in regard to what we have been asking as just some compromise in regard to passing a CR and keeping this Federal Government open. We have nobody on our side of the aisle—nobody, Mr. Speaker—wanted this government to shut down. But here is what was rejected by the House, by the Senate Democrats, by HARRY REID, the majority leader.

Look at this second hashtag: Fairness for all. Fairness for all. If the President, Mr. Speaker, can say to large employers across this country who went to him and lobbied—big lobbying shops with the ability to do this, that said, look, we're not ready; January 1, 2014 does not give us time to prepare the documents that we need to prepare that are required by the Affordable Care Act—and the President, by Executive order, granted them a year delay with no fines, no penalties, no nothing. Everything the same as it was prior to the passage of ObamaCare.

So we say: Fairness for all. Why not do that same thing for middle America, for the men and women that are struggling, working every day, sometimes two jobs, to support their families. You're going to say that for them, no waiver, no special treatment, no fairness. If you don't have a health insurance policy—and one that is dictated to you by the Federal Government in regard to what it has to entail—then we're going to fine you \$95 if you're an individual or \$295 if you're a family. That was one of the things that we asked of the Senate in regard to extending the CR, fairness for all—summarily rejected by HARRY REID.

Then the last point: no special treatment. You know, colleagues, Mr. Speaker, you know exactly what I'm talking about here. Members of Congress, by law—this was put in on the Senate side. But by law, Members of Congress and their staff no longer, come January 1, will be in the Federal Employee Health Benefit Plan. They will be part of ObamaCare. They will have to get their health insurance in the exchanges. By law, they're not eligible, unless their salary allows it—maybe some entry-level staff members would be eligible for a subsidy, but certainly no Member of Congress.

Well, the people in Georgia, the people in my district, when they found out about that, Mr. Speaker, and my colleagues, they were absolutely livid. This is a fairness issue. This is absolutely something that anyone can see is wrong.

We should be treated—we, the democratic majority, not we Republicans—but Congress enacted this law, and to say that we should get a dispensation from it and then cram it down the throats of the American people who never wanted it in the first place, that is grossly, grossly unfair.

Well, Mr. Speaker, I see that I've been joined by another colleague of mine in the House GOP Doctors Caucus. This is the gentlewoman from North Carolina, a registered nurse. Her husband is a general surgeon. She is a great Member of this body, and I'm proud to yield to Representative RENEE ELLMERS.

Mrs. ELLMERS. Thank you so much to my distinguished colleague from Georgia. This is such an important day. We have reached day one of the ObamaCare exchange being up.

If you look at the chart that we have up, very similar, Congressman GINGREY, to that same chart that you are showing, it is what North Carolina is seeing today. For any North Carolinian who is going on the Web site, it is not ready for prime time.

I rise today to talk about the failures of ObamaCare and why we have persisted for so long to remove this terrible law. It is law, we get that. We understand it. It was upheld by the Supreme Court. However, it is a bad law. It is bad for America, it is bad for the economy. It is bad for health care. And as it is right now, it will not be improved. There's no way that we can change it, that we can improve it at this point.

The exchanges being up, 32 States that are showing the same screen to those who are going online, those who have been promised this exchange so that they can check and see what kind of coverage they will have available to them, this is what they are seeing.

Coupled with the government shutdown—which we all tried to avoid with every effort possible—there again, the Senate not cooperating with us, the President staying committed to ObamaCare going forward when we know the structure is simply not in place.

You know, Mr. Speaker, I ran for office a couple of years ago. I was elected in 2010. My whole goal has been to repeal ObamaCare because it is not only, again, devastating to the American people, to our economy, but to health care itself. When you have devoted your life to something and you see that it is just being taken apart in front of you, you know that you have to act. Nevertheless, here we are, day one of ObamaCare, day one failure.

For 3½ years, countless administration officials have testified before us in subcommittee hearings in Energy and Commerce over and over and over again. The question has been posed to them: Will the exchanges be ready October 1, 2013? Repeatedly, consistently we heard from administrators of those agencies: Yes, we are right online; everything is moving completely the way

that we would envision it to move. Yeah, there may be some glitches here and there, but we are ready to go October 1. And this is what the American people are seeing.

Mr. GINGREY of Georgia. If the gentlelady will yield to me just for a second, I will yield right back to her.

Even the Hispanic language Web site is not available to these people that need to get that vital information. The Web site for the Hispanic is down.

Mrs. ELLMERS. You know, and that gets to the greater point that the gentleman points out. This objective, when President Obama put it forward—I go back to the summer of 2009. I was not in any position to ever considering running for office; working as a nurse with my husband in his general surgery practice, trying to take care of the patients back home. When we were learning about what the President was proposing, we said, you know what, we just can't simply sit back and watch this happen to us, we have to speak out. Because there were many in our medical community who said, you know, this is wrong, this is wrong. We know that there are reforms that are needed. We know that we have so much to fix in health care. But this approach, this government takeover of health care, is only going to lead to socialized medicine. We know that. And that's not a winning health care system, not when you have the best health care system in the world.

So we did, we started speaking out. We got on the road, we talked to people, we explained to them how dangerous this was. The very conversations I was having then are being realized today. The fears that we were discussing, the issues that we were discussing about where this would take us in health care, are now being realized.

The quote that's on the chart, "The system is down at the moment. We are working to resolve this issue as soon as possible. Please try again later." That is what the people who are in need of health care, that's what they're reading. And for the hardworking taxpayers of America, that is what you're paying for, a complete and total failure of the Federal Government.

We agree, the system is down. That is why we fought so hard for a delay. That is why we felt that that reform was a very essential piece moving forward. That is why we're fighting today for every American to have the same health care coverage, the same options that we in Congress have.

Every American should be treated fairly. Every American should have the same opportunities as everyone else. You cannot just simply hand out waivers to those that you pick and choose.

You know, when big businesses have the ability now to have that mandate put to the side for a year, why does the individual—the individual who needs it more than anyone, the one who's going to that site looking for health care, they can't even be helped by that right now. Meanwhile, we're telling them,

oh, and by the way, you're going to pay for this.

If you're a young adult male in North Carolina, your premiums are going to quadruple. If you're a young woman, your health care premiums are going to triple. That is who is going to pay for this. And the system is down; it isn't even working.

As my colleagues and I have been saying over and over again, this law is not ready for prime time, and it never will be. It is unworkable. It will continue to remain so. And for months, again, HHS, IRS, CMS, all of these agencies have repeatedly said that when today comes, October 1, it would be up and running.

I do want to share with you just one of many, but one phone call we received today from one of my constituents, Rachael Burt from Fuquay Varina, North Carolina. She called our office and spoke to one of my staff. And she was emotional, she was concerned, and she was afraid. She said: "My husband's premium is going up 155 percent. We are shocked. I am on maternity leave, and I am afraid to know how much mine will go up. I'm sure the letter is on its way though."

In anticipation of this, this poor woman is waiting to receive that information. And what she said was: "ObamaCare seems to be nothing but a punishment on those who are trying to do the right thing." Rachel, I can't agree more. That's what the problem is here. That's why we're working so hard to fix it.

We will remain committed to this issue. We will continue to pursue a delay. And by the way, we will continue to pursue avenues for health care coverage that really are truly affordable, that really do give more coverage to Americans, that really are patient centered, such as the RSC plan, the American Health Care Reform Act that Members of our own conference worked on—eight Members to be exact—to give the American people a choice other than this failure on October 1 of ObamaCare.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentlelady from North Carolina and the very fine points that she makes in regard to this law.

□ 2145

And the problems that the American people are facing here—as I say, 3½ years after enactment of the law—Mr. Speaker, I can't imagine it taking me 3½ years to get something right and not have enough time.

But just listen to this: it does not instill confidence that the administration was scheduled to certify the security of the health IT system—information technology—people's health information—just hours before millions of Americans are expected to upload their personal information—health care information, financial information. That is a pretty scary prospect, my colleagues, Mr. Speaker, to think just hours ahead of time.

What is more important than one's personal health care information? Not even their financial information. Because we are talking about life and death issues here, Mr. Speaker. It has given waivers and delays to politically favored friends, but left the rest of America to bear the full weight of the law. That is what we were talking about in this poster that I want my colleagues, once again, to focus on in regard to "fairness for all"—"fairness for all." We are not getting it.

To quell the public's growing discontent, the President is actually now marketing efforts to protect families from this looming train wreck as "crazy." The American people face costly and onerous mandates, small businesses struggle to keep up with the rising costs, doctors—my colleagues, my former colleagues in Georgia where I practiced for 26 years obstetrics and gynecology in Cobb County, Marietta, Georgia, the heart of the Eleventh Congressional District—doctors frustrated with the challenges of a government-run health care system, and the security of America's health and financial information is unknown.

Mr. Speaker, my colleagues, the doctors know, they know this is just a first salvo. They understand that the intent was to have a single-payer system, not unlike the UK or Canada or Australia. That is what the leading Democrats—the Democrats that have been in this body for 20, 30, 40, and in some cases 50 years—have been trying to literally force-feed to the American people who absolutely don't want it.

Add October 1 to the list of dates on which the Obama administration pretends an unworkable health care scheme is precisely what the American people were promised—an admission not yet made, but inevitable nonetheless. Mark down October 1, 2013, as a day in infamy, as a day in infamy.

This behavior, Mr. Speaker, is not what Americans deserve, and it is a reminder that we need new leadership. We need new leadership in the White House and in the Senate. We need a new Senate majority leader. After 2014, I think we are going to have one. House Republicans will continue working day and night to return the United States Government to business as usual—to business as usual.

I oppose a government shutdown. As I said at the outset of the hour, Mr. Speaker—as I conclude our time—I oppose a government shutdown, and I am fighting, yes, to repeal ObamaCare, as I have for the last 4 years.

In the meantime—in the meantime—I do agree with President Obama that implementation of this flawed and disastrous health care law must be delayed, it must be delayed. However, Mr. Speaker, the President has only delayed ObamaCare for his political friends—a few privileged Americans and big corporations.

That is where we disagree. If we cannot repeal the law, I believe that it must be delayed for all Americans. We

have spent the last 50 minutes, Mr. Speaker, talking about that, explaining to our colleagues in this Chamber and to the American people that this law is not and will never be ready for prime time.

It was flawed from the very beginning. Has it brought down the cost of health care? Is there anything in the law about medical liability reform that the President promised? Has it fulfilled the pledge from the President of the United States that "if you like your health insurance, you can keep it, nothing has to change"? Has it fulfilled the mandate that it has strengthened Medicare?

How, Mr. Speaker, can a law strengthen Medicare when \$750 billion was taken out of that program for our precious seniors—our parents and our grandparents—that are struggling, it is struggling. Statistics show that if we don't make some changes by as early as 2016 that claims will not be honored. When that happens and when we continue to cut reimbursement to our providers, there will be no primary care doctors to take care of our most precious seniors.

So these are the things that from the very beginning you are robbing Peter to pay Paul, you are taking money out of one entitlement program to create a whole new entitlement program—I guess you could call it, Mr. Speaker: Medicare for all from cradle to grave. But really what it is is national health insurance.

We are talking about health care in this country is one-sixth of our economy. Do we want the Federal Government—think about it, ladies and gentlemen of the House of Representatives on both sides of the aisle, think about it—do you want the Federal Government, that entity that runs Amtrak, that entity that is responsible for the U.S. Postal Service, do you want that entity to run one-sixth of the economy, and that one-sixth dealing with life and death and the health of a Nation? No, no, Mr. Speaker. We don't want that; the American people don't want that, just voted loud and clear.

It just astounds me that this Democratic majority in the Senate and this President won't even agree to basic fairness issues, like I have here on this poster, won't even agree to go to conference with the conferees that our great Speaker JOHN BOEHNER has appointed to just sit down and talk. The President goes all over the world talking to people that I wouldn't talk to. In a New York minute I wouldn't talk to them; I wouldn't trust them. But we can trust each other.

The men and women in this House on both sides of the aisle, the men and women in the Senate on both sides of the aisle, the leadership, these are honorable people. And to just stand in the way of sitting down and having a conversation and saying, look, you disagreed with our "fairness for all" issue; you disagreed with our "no special treatment." Please let's talk.

That is what Speaker BOEHNER is saying to Leader REID. I think, Mr. Speaker, I think if we do that, I think if we do that, we can solve this problem and move forward with the financial security of this Nation.

We are at a physical cliff. We owe \$17 trillion. On October 17, the Treasury says we are going to have to borrow another God knows how much. Is it \$1 trillion, is it \$2 trillion, is it \$3 trillion? I don't know. But we can't kick the can down the road anymore. This can won't even move, it is so crunched up.

It is time for us to come together, as the Speaker says, and let's talk.

Mr. Speaker, I yield back the balance of my time.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 1348. An act to reauthorize the Congressional Award Act.

ADJOURNMENT

Mr. GINGREY of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 59 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, October 2, 2013, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3163. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Medical, Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel [Docket No.: DOE-HQ-2012-0002] (RIN: 1992-AA40) received September 11, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3164. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Human Reliability Program: Technical Amendments (RIN: 1992-AA44) received September 12, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3165. A letter from the Secretary, Federal Maritime Commission, transmitting a report on New Federal Maritime Commission proposed systems of records subject to the Privacy Act; to the Committee on Oversight and Government Reform.

3166. A letter from the Acting Deputy Director, Office of Sustainable Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Reallocation of Pollock in the Bering Sea and Aleutian Islands [Docket No.: 121018563-3148-02] (RIN: 0648-XC803) received September 12, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.