

the wealth generated in this Nation between 2009 and 2012, something is terribly wrong with the policies of this Nation. That is what happened.

That is what Americans have labored for, so that 95 percent of the wealth generated by the men and women who work in America winds up in the hands of 1 percent of this population.

We have got some policy problems. We have to deal with this.

If you believe what Bill Clinton said about the American Dream, being able to provide for your family, being able to provide that education, being able to make things better not only for yourself but for the next generation, then this kind of issue has to be dealt with.

This is a fundamental economic problem. The growth of this economy is dependent upon the ability of the American workers to have an income so that they can pursue their dream, and when the wealth winds up with this kind of a skewed situation, the 95 percent are not able to become the consumers to buy the home, to buy the car, to develop the opportunities that they need for their family.

How can we deal with this?

Well, one way we heard about today. We heard from Mr. BLUMENAUER about the necessity of building our transportation system so that the foundation for economic growth is in place, the transportation system. We need to do that, and doing so will put Americans back to work with those good, middle class jobs for working American families.

We need to put in place a Make It In America policy. Trade, taxes, energy, labor, education, research infrastructure, that is our agenda. That is our agenda for growth in America.

It is also our agenda for dealing with the deficit. You want to deal with the deficit, put Americans back to work. Watch that tax money come into the coffers of this Nation's treasury. It will happen.

But you keep a large percentage of Americans out of work, you keep them at low wages, and you keep them unemployed, you are not going to be able to deal with the deficit. Go back to work Americans—and you deal with the deficit.

□ 1545

How do you do that? Infrastructure, trade policy, make sure your tax policy is in place that encourages economic growth and investment and all the rest.

We can do this. We can do this. We are America. We have done this in the past. We have had leaders in the past that have talked about these things and done them. We have had a Congress in the past that has listened to their own leadership, to those among their caucuses that said, Let's get on with it. Let's build for the future. Those leaders are here—not at this moment, but they are here on this floor day after day. They know. They understand, if you want to deal with the deficit, put

Americans back to work. If you want to deal with the American Dream, give them a good job. Raise the minimum wage so that every working person at least can provide food on their table and shelter for themselves and their families. It is all possible.

This isn't something new to America. This is what America has done before. And this is our job. This is our job. The Congress of the United States, the Senate, the administration, that is what we are here for. That is our job.

Mr. Speaker, before I yield back, first I have got to talk about one other thing, and that is another challenge that we face, and that challenge is about climate change. This is real, folks. This is not something that a bunch of scientists have dreamed up. This is a very, very real issue for this world. Many of the policies we talk about here can directly go to the issue of climate change.

I represent 200 miles of the Sacramento River Valley, from the very beginning of the Sacramento River at the beginning of the San Francisco Bay, 200 miles up, past the city of Sacramento, past the cities of Yuba City, Marysville, all the way to Chico. It is an area that is one of the most flood-prone areas in America.

Climate change is going to increase rainfall—maybe not the total rainfall throughout the year, but the incidence of extraordinary, heavy downpours will increase.

Not too many people want to ascribe the recent typhoon in the Philippines to climate change, but there is ever-increasing evidence that extreme storms are a result of climate change. And it figures: more heat, more moisture, more storms, more precipitation—it is all there.

So as we go forward, dealing with these issues of economic development, of infrastructure, we need to keep in mind the issue of climate change and its immediate effect: droughts in some areas, where there weren't droughts before; floods in other areas, where there is a need to put in the infrastructure.

In the case of my district, the infrastructure of levees. My constituents are at risk. My constituents need the Federal Government to pass a Water Resources Development Act that provides the foundation and the authorization for levee improvements, and they need the appropriations. They need the money.

It is our task to keep America safe, whether that is from some military threat from somewhere in the world or from some natural threat, for example, extreme storms, extreme flooding, making sure the infrastructure, the levees, and the protections for our citizens are in place.

I want us to deal with that; and as we put together the Water Resources Development Act, where I have the privilege of being on the conference committee, we intend to do our best to make sure that the authorization for those projects necessary for water de-

velopment, as well as flood protection, are in place. And then we must go about the task of finding a way to pay for it.

Mr. BLUMENAUER is introducing a bill tomorrow to find a way to pay for the transportation systems. We need to do the same for the water infrastructure systems. We cannot neglect this task. It is our job.

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

OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you for the recognition, for this time to spend talking to my colleagues on behalf of the Republican majority in the House of Representatives about the continued problem with ObamaCare and with the www.healthcare.gov Web site.

The promise to Congress and to the American people was that by the end of November, November 30, the Web site would be fixed and that people would not have any problems whatsoever getting enrolled for ObamaCare on the government-created www.healthcare.gov Web site.

Well, the administration has said, Mr. Speaker, that the problems that people had been faced with for the last 2 months—of course the rollout was October 1—had been essentially solved, that 80 percent of folks now could get health care, could complete their application, and would not get kicked off the system with an error message.

But what they don't say is it is 80 percent of what. They go on to admit that 40 percent of the Web site, Mr. Speaker, has yet to be developed, and the law was signed into effect—and my colleagues all know this—was signed into effect on March 23, 2010. Well, today is, what, December 3, 2013. They have had over 3 years, 3½ years, essentially, to get this done. And it wasn't ready. The rollout was a colossal failure on October 1, even though \$600 million, Mr. Speaker, had been spent to create this Web site; and that is what you get when you have a massive 2,600-page bill that was rushed through almost in the dark of night at the 11th hour in December of 2009 when the bill was not ready for prime time, and obviously this Web site was not ready for prime time.

So it is incredibly concerning that the Obama administration has continued, Mr. Speaker, full speed ahead on the rollout of the system even after numerous warnings from vendors and from Members of Congress on both sides of the aisle in both Chambers—the House and the Senate.

The Web site has led to confusion in the insurance marketplace as well as putting customers and consumers—patients, really. I say that as a practicing

physician for over 30 years in the great State of Georgia. The Web site has led to confusion and has put consumers' personal information at risk due also to lax security protocols. It is not just this health care information, which is sacrosanct under HIPAA law, but also the security of the information—financial information, as an example.

So I am still extremely concerned about the security risk inherent with this Web site that is 80 percent fixed; but 80 percent of 60 percent is 48 percent. So it is 52 percent not fixed after 3½ years.

In last month's House Energy and Commerce Committee www.healthcare.gov data security hearing—I am a member of that committee, Mr. Speaker, the Health Subcommittee—other members and I heard testimony on the Obama administration's efforts to protect private citizens' sensitive health care data in the online marketplace. Hearing recent concerns that the site would become a central target for these so-called genius hackers and online thieves, we must make the protection of personal data one of the top priorities going forward.

www.healthcare.gov's rollout has been completely unacceptable, and we must work to ensure that the site's data security operations aren't fumbled, as well. It would be an even bigger disaster for the American people already faced with the other consequences of the law, including higher premiums and the likelihood that they will be unable to see the doctors who they are accustomed to, the hospitals they are accustomed to going to.

This disruption is unbelievable, Mr. Speaker. And it is probably why Senator ORRIN HATCH from Utah, back when this bill was signed into law by President Obama, said that, in his experience—and he has got lots of experience; he has been in both Chambers for years—that it was probably the worst bill that he had ever seen in his lifetime as a Member of Congress and as a Senator. And I definitely agree with him.

The Obama administration claimed just this past Sunday that it had “met the goal” for www.healthcare.gov, and the online exchange would work smoothly for the vast majority of users.” But upon closer examination, Mr. Speaker, this is not the case. In fact, “meeting the goal” checked a political box, rather than fully repair the faulty Web site.

These are a few of the problems that still remain, Mr. Speaker. Get this: site engineers have created a disguised gimmick for these error messages that were frustrating people so much. Consumers will now be placed in what they call a queuing system, a line—queuing up—rather than receive an error message if the site is unavailable. That, supposedly, would make people less frustrated if they know they have got a place in line, rather than seeing this big old error message that I just saw probably 30 minutes ago, Mr. Speaker,

when I tried to go online to www.healthcare.gov. I put in all the information that they asked me to put in.

And as you know, all Members of Congress have to go into the District of Columbia Health Benefit Exchange. We have to. As of January 1, we are no longer eligible to be on the Federal Employee Health Benefits plan. I don't really mind that because I thought from the very beginning what is good for the goose is good for the gander. I think the President, himself, will go on the D.C. Health Benefit Exchange Web site; and I had recommended that with an amendment back when the bill was first being debated.

But as I said, the White House claims that the site can now handle—all of the site—a 50,000-person capacity limit. But the number is untested, and it is still far short of the volume needed to be on track to reach President Obama's 1-year 7 million people sign-up goal—7 million people that, heretofore, have not had health insurance or maybe they got kicked off their health insurance plan because the promise of, if you like your health plan, you can keep it, has not been kept. Unfortunately, there are very many people—something like 5 million—who have already been notified that they are not going to be able to keep their health care insurance even though they like it.

Many health insurance professionals and public officials have gone public. They have reported that the site isn't anywhere near ready for prime time; and as much as 40 percent, as I said earlier, of the site has yet to be built.

My hometown newspaper in Atlanta, Georgia, the Atlanta Journal-Constitution, included a headline today: “New and improved? Not so much, some Georgians find.” And they went on to highlight three of the most glaring examples. Mr. Speaker, I am going to give you just a couple of examples in the interest of time.

Robert Shlora from Alpharetta, Georgia, in Fulton County: shopping online and over the phone, Shlora has faced roadblock after roadblock in his quest to sign up for coverage through the marketplace. Shlora is paying nearly \$2,800 a month for health insurance for himself, his wife, and their son—three people—and hasn't been able to shop around for years because he has a preexisting condition. The health law was expected to offer him much more affordable options.

The Atlanta Journal-Constitution has been closely following Shlora's experience since the marketplace opened on October 1.

□ 1600

Colleagues, you are not going to believe what I am going to tell you. Just listen to this. It is a comedy of errors, Mr. Speaker.

On Saturday, the marketplace Web site still failed him—just this past Saturday—but he believed he had a break-

through after a telephone operator said she could process the application that he had been working on for 2 months and sent his information over to Humana. He could call Humana Monday to arrange payment, she said.

And this is a quote from him: “They told me, ‘You're good—you're all set,’” Shlora said. When he called Humana Monday morning, however, the insurer said it had no record of his application. The insurer's phone rep said she had researched the issue and called him back. She did call him back, but with bad news. After further research, she still found no record of his application.

Shlora called healthcare.gov back and the telephone rep, Mr. Speaker, insisted he was enrolled with Humana, but could offer him no way to prove it. “Humana said to check with them by the end of the week and maybe it will mysteriously appear,” Shlora said.

Let me give you another one, colleagues.

Greg Paulauskis from my hometown of Marietta, Georgia. Paulauskis, an early retiree who buys his own health insurance, has also been trying to shop for coverage for himself and his wife since the day the health insurance marketplace opened. Again, October 1. What is it today? December 3.

I thank the Atlanta Journal-Constitution for their due diligence. They have been closely following his experience.

Like Shlora, he has run into a series of frustrating obstacles. On Monday, he noticed that the Web site was quicker. They said that it was quicker. It is now handling 50,000 people at a time, and its appearance has changed. Its icons looked different.

He tried to access his application that had been completed over the phone with a representative so that he could finally get to the step of actually selecting a plan, but the application wasn't visible on the site.

Now this was just Monday. What is today? Tuesday. That was yesterday.

He called and went through another lengthy process, to be told again what he has heard before. He can't see the plans on the site, but the operator could read plan information to him. Paulauskis isn't comfortable making a decision without seeing all the options in writing. The supervisor handling his call told him she could put in a work order and someone would call him back. She put in a work order. Paulauskis said he has made such a request five times since the marketplace opened and has yet, Mr. Speaker, to get a response.

Now, who is Mr. PAULauskis? Well, he is a former college professor and he has a doctorate degree. He is a Ph.D. Paulauskis said he has probably spent more than 80 hours on the ObamaCare application process without being able to actually shop for a plan.

That didn't change on Monday with the improvements to the marketplace Web site that you are hearing this administration, President Obama and

Secretary Sebelius, saying: We're there. We have spent \$600 million. It didn't work. So we brought in new, bright gurus, and they have been working 24/7 over the last 3 or 4 weeks, and now we have got it fixed.

And we don't have it fixed. Forty percent of it hasn't even been built. Twenty percent absolutely are going to be in a terrible bind come January 1 if they have lost their health insurance coverage that they previously had and they don't have any coverage; in other words, they are just going bare.

They don't intend to do that. They wanted to keep the insurance they had because they liked it. They found out that that was not true. I will be kind and use the word "mendacity," rather than a lie. But it was pure mendacity. They weren't able to keep it.

And so if you can't sign up during that 5-week period, which is over Monday, this coming Monday, you can't get signed up and have coverage by January 1. My goodness gracious, what if your child gets run over by a car or you have a heart attack in the week or month or however much time it takes after January 1, if you are in that 20 percent group, to finally get coverage? By that time, you are truly, if you survive, bankrupt because of medical expenses that are not covered.

These stories were printed in the AJC, Mr. Speaker. There are plenty of others that have not been published.

Let me share with you a few other stories from my constituents back in the 11th Congressional District of Georgia about the lack of affordable options ObamaCare offers them.

Mike told me that ObamaCare "has been a financial disaster for his family." It used to cost him just under \$300 a month to cover his wife and daughter on their insurance plan. Under ObamaCare, that lowest level plan is the bronze plan. There are four choices. Gold, I guess, is the most expensive and covers the most things. It probably has the highest deductible. But under that bronze plan, instead of \$300 a month, now he is going to pay, Mr. Speaker, \$700 a month. And guess what? His deductible is \$5,000. So he has to pay \$5,000 out of pocket before insurance kicks in. He is paying \$400 more a month. That is \$4,800 plus the \$5,000. His new plan under ObamaCare, because he is not eligible for any subsidy, is costing him about \$10,000 more a year.

Teresa and her husband from Cartersville, Bartow County, one of the great counties in the 11th Congressional District, told me that their premium is increasing from \$550 to more than \$900 per month. That is almost, Mr. Speaker, a 40 percent increase.

Robert from metro Atlanta told me that, even though they were underwritten in June, his wife's policy has increased from \$387 to \$557 a month. And that increase is 30 percent. It is getting a little better, but, gee, a 30 percent increase?

When President Obama talked about his great new health care plan, the Pa-

tient Protection and Affordable Care Act, he said that, on average, families would see a \$2,500 per year reduction in what they are paying for health care. Mr. Speaker, let's go back to the word "mendacity." Nothing could be further from the truth. The average increase is probably \$2,500 a year, not a decrease. This is truly unacceptable that with new mandates in insurance markets concerning essential health benefits premiums have to increase.

And now we finally find out that Ms. PELOSI was absolutely right. Wait until you read it and find out what is in it. Where she was wrong is when she said then you would like it. I think the latest statistics that I read, Mr. Speaker, show that 61 percent of people today are opposed to ObamaCare—61 percent. That is a lot. That means 39 percent either don't have an opinion either way or are not sure or maybe they approve of it. But those are dismal, dismal numbers.

We have seen more insurance policies canceled than created as consumers are faced with this sticker shock, all in the name of a bill that was sold to the American people as a way to lower the uninsured rate.

Another statistic that I read just recently, and this is verifiable, when this bill was being talked about—again, back in 2009, shortly after Mr. Obama became our 44th President—it was estimated that there were something like 47 million people in this country, Mr. Speaker, who, through no fault of their own except couldn't afford it, didn't have health insurance.

Well, go through those numbers. And I have a book with me that I am going to reference, and I want to give proper attribution. The name of the book is, "The Top Ten Myths of American Health Care: A Citizen's Guide." Maybe it could be "A Patient's Guide," and this is written by Sally Pipes.

She talks in this book about that 47 million. Something like 15 million of those 47 million make more than \$50,000 a year. Indeed, some make more than \$75,000 a year, Mr. Speaker. They have just decided that they don't want health insurance; they will pay as they go. And there is nothing wrong with that. I don't advise it. I think everybody should at least have catastrophic coverage. But be that as it may, this is America. We have to insist on enjoying our liberties to do what we want to do with our hard-earned tax dollars and our own money.

There are probably 10 million, maybe, of these that don't have health insurance that are in this country illegally. There may be another 6, 8, maybe even 10 million of that 47 million who are eligible for a safety net program like Medicaid and they just have not gotten the proper information or not bothered to go find out if they were eligible. A lot of the people that are signing up now are those individuals.

So when you get right down to it, there will probably be not 47 million,

but about 15 million that were falling through the cracks.

What we have done has thrown out a market-driven health care system that is not perfect. I guarantee you, I agree with that. It is too expensive. And yes, indeed, we Republicans have some other ideas.

I am going to yield in just a minute, Mr. Speaker, to my colleague, the co-chair with me of the House GOP Doctors Caucus, the gentleman from Tennessee, fellow OB/GYN, Dr. PHIL ROE, and he is going to talk about some of those Republican alternatives, or maybe even Democratic alternatives, because I think that is what it is going to come to.

We have to repeal this law and not be embarrassed about it. If you made a mistake, you made a mistake. Own up to the American people that this is a bad law and repeal it and start over. But I am saying start over in a bipartisan way, and we can do that.

We have got some thoughts on that, and I am going to, at this point, yield to Dr. ROE for his comments.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

I appreciate the opportunity to be down here on the House floor today to discuss, Mr. Speaker, this extremely important issue of health care. One of the reasons that it is so important is that it affects every single American citizen in a personal way.

As Dr. GINGREY said, I spent 31 years practicing medicine and teaching in medical school in Johnson City, Tennessee. I know the thing that I saw as the biggest issue and problem in health care—and Dr. GINGREY did also—was the cost of care. I saw the cost going up, and I saw more and more people that didn't have access to affordable health insurance coverage.

And I say this as a joke, but it is true. I have never seen a Republican or Democrat heart attack in my life. I have never operated on a Republican or Democrat cancer in my life, and I have operated on many of them. These are people issues. And why in the world we passed a partisan health care bill makes no sense to me whatsoever, Mr. Speaker. I never understood that for now going on 5 years later.

□ 1615

We should have sat down in that bipartisan way and talked about, as Dr. GINGREY so eloquently explained, taking care of those 15 or 20 million people, whatever the number is. We could do that. Let me just give you some data from my own State.

In 2011, we had 2½ percent of our children in our State who didn't have health insurance coverage. We are not a wealthy State, and about 10 percent of the population—1 in 10 Tennesseans—didn't have access to coverage. Not everybody had a Cadillac plan, but they had basic health coverage. We did this massive, 2,700-page bill, which I have read. I almost hate to admit that I have read it all, but I

have. We did this with now tens of thousands of pages of rules that add absolutely no value for patients whatsoever. It doesn't pay for anybody's prescriptions. It doesn't pay for operations, hospitalizations, immunizations, and so on—none of those things.

So, Mr. Speaker, I certainly see the need for health care reform—I totally agree with that—but on the premise that if we repeal the Affordable Care Act we will go back to where we were is not true at all.

Again, let me say this—and I believe this to the core of what I did for 30-plus years, and I believe it today. It is that health care decisions should be made between a patient, that patient's family, and his doctor. They shouldn't be made by an insurance company. They shouldn't be made by a clerk at the insurance company. They shouldn't be made by the Federal Government.

I think one of the problems with the rollout of the Affordable Care Act—and it was absolutely predictable what would happen when you listed the Essential Health Benefits. Mr. Speaker, if you had read the bill and if you had ever run a business, as I had, you would know that you make some changes in your health insurance. Every year, we did this. It was, maybe, the copay or the out-of-pocket or something that changed in that bill. Maybe it was a new procedure. If you the read the bill, it said, if those things changed in any significant way, you lost your grandfathered status.

I apologize if Dr. GINGREY has already done this, but I want to read the Essential Health Benefits that are required for you to buy and purchase. There are 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn services.

Let me just point out that one of my friends who is a sheriff—Sheriff Seals in Sevier County, Tennessee—came to me the other day when I was visiting there. He said he had a friend who had just lost her insurance because she is 55 years of age and has had a hysterectomy. Her insurance plan, which met all of her needs, did not include maternity coverage, so she lost her health insurance, as almost 90,000 Tennesseans have done.

Mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services; devices; laboratory services; preventative and wellness services; chronic disease management; pediatric services, including oral and dental and vision care.

Those are things that you have to have in a plan or you lose your coverage.

Remember now that this is only affecting about 18 or 20 million people. Next year, when the employer mandate kicks in—the employer reporting requirement kicks in—many people on ERISA, or if you get health insurance through your job, through your work—

if you don't hit these benchmarks, guess what? You're going to lose grandfathered status. That is why these staggering numbers are 50 to 100 million people, because, right now, Mr. Speaker, about 160 million people and their families in our country get insurance through their employment. So that is what we are facing.

Now, we mentioned what the Affordable Care Act promised it would do, and Dr. GINGREY has pointed this out very well. He has pointed out the promises that were made:

Universal coverage, that we are going to cover everybody. It didn't do that;

No new taxes on the middle class. Boy, is that ever something that wasn't true;

An annual savings of \$2,500. We have heard the President say that on numerous occasions. That is not true;

No increase in the deficit. We already know that this bill is going to cost some two or three times what it was purported to cost;

Then I think the most famous one we have all heard now enough times is that, if you like your doctor, you can keep him. If you like your health insurance plan, you can keep it. Not true.

We were tasked on the Republican Study Committee, the health committee, to come up with a market-centered approach to health care, which would include no new taxes, no mandates, and would maintain the doctor-patient relationship. It is a very short bill of 180 pages. It had been reviewed, back during the Bush administration, to increase by 9 to 11 million people who would have health insurance and, we think, far more than that. There are six titles to this bill, and they are very simple to understand:

One is to overturn the Affordable Care Act. That is No. 1.

No. 2 is to equalize the tax treatment between an individual and a company. What does that mean? I will use myself as an example. When I worked for my medical group, my health insurance was deductible. I then retired from that group to run for Congress, and when I then had to go buy health insurance, I had to pay first dollar. I couldn't deduct it. This simply says, if you are an individual out there or a farmer or a small business person, you get to deduct your health expenses just exactly like a huge company like Dow Chemical can do. So it treats you the same as an individual. That is a mistake that was made 60 years ago in the tax law that we correct.

We massively expand health savings accounts. I use a health savings account. What is that? It is when you put pretax dollars away in your own account, and if you don't spend them on health care, you get to keep them. I will use myself as an example again. We had a health savings account for 2 years that we started 7 years ago. I still have \$6,000 in that account that I can use for preventative services, for buying prescription drugs—for lots of

things that my insurance doesn't cover. If it is above a \$5,000 deductible, my insurance is 100 percent covered—all the costs.

Guess who would have had that \$6,000 if I didn't have it? The insurance company would have had it as a profit. This allows you and your doctor to make those decisions. We expand those to veterans, to seniors.

We also do medical liability reform. Dr. GINGREY has a wonderful bill that we do that for.

We also allow you to buy across State lines. The only insurance you cannot purchase is health insurance across a State line. You can buy life, fire. I, personally, have never seen an insurance agent. I have always used the Web, and have bought my insurance across State lines. You can do that, and you can form association health plans. Let's say large church groups want to get together. Instead of small churches at which there is one pastor or two, you can join with larger churches and groups across, maybe, an entire region of the country and get thousands of people. That helps take care of preexisting conditions, and we also have a high-risk pool for preexisting conditions.

Lastly, there is no funding for abortion services.

So it is a very simple bill. It is patient-centered and market-oriented, and it will work.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Tennessee for being with us during this hour.

I want to hold up this card so our colleagues can see. Basically, this is the bill that Dr. ROE—Representative ROE from Tennessee—is the author of, and I am a proud cosponsor. It is called the American Health Care Reform Act. Dr. ROE described many of the aspects of this, I think, 180-page bill. It is not a 2,700-page bill but a 180-page bill.

As he points out—and I said this a little earlier, Mr. Speaker—this bill, the American Health Care Reform Act, a Republican alternative—and we do have alternatives—first and foremost fully repeals the President's health care law, ObamaCare. It ends billions in taxes. It eliminates thousands of pages of unworkable mandates and regulations that literally—and I am not kidding you—are 8-feet high. I am not barely 6-feet tall, so just imagine that. It forces millions of Americans to lose access to their health plans and gets Federal bureaucrats, like IRS agents, out of health care decisions.

What do they know about doctor-patient relationships? They don't know a thing about that.

There are just seven bullet points on here, but they are good, commonsense, market-driven reforms.

Dr. ROE talked about tax reform, which allows families to deduct health care costs. If they are sole proprietors—somebody who is a craftsman, who makes furniture in his or her basement, and maybe it is a husband and

wife team—they don't get this break on their health insurance that Dr. ROE said was kind of artificially created back in World War II, back in 1942 or 1943. When wage and price controls were put in place and when companies, big companies, couldn't attract new workers because they couldn't pay them enough—they couldn't give them a decent raise—they started providing free health care, but the individual didn't get that break.

So that is just one of the seven. I won't read all of them because we have been joined also by a great member of the House GOP Doctors Caucus, the gentlewoman from North Carolina. Her husband is a general surgeon, and she was a surgical nurse before Congress, and is, as I say, a member of the House GOP Doctors Caucus. She knows of what she speaks.

I yield to Representative RENEE ELLMERS.

Mrs. ELLMERS. Thank you so much for this opportunity to speak here with the Doctors Caucus on these very important issues.

You were bringing up a very important piece to this puzzle. As far as the American people are concerned with their health care, they want Washington bureaucrats out of the examining room and not between them and their doctors. Patients want to be able to have that relationship with their doctors.

Do you know what? I am sorry. If anything has played out over this very short period of time since October 1 with the failure of the Web site rollout, we have seen that Washington has absolutely no business in health care. This is only going to continue to play out, so I just want to take a few moments and speak on some of the issues that continue to remain in these failures of the Web site.

I think the administration has spent over \$630 million now, with 50 contractors, fixing this Web site—this Web site that we were promised for so long was going to be ready: online, on time, working great for the American people. We know that that is simply not the case. Once again, it is the tip of the iceberg when it comes to the failures that we will learn about in the future on health care.

I am here today to talk about how this is affecting American families and those who are reaching out to me in my district, the Second District of North Carolina.

ObamaCare is turning family budgets upside down and is inflicting unnecessary pain on millions of Americans. Millions of Americans now have learned that their health care policies have been canceled, and it clearly states: due to the Affordable Care Act. Nationwide, women in this country make the health care decisions. Over 80 percent of the health care decisions that are made are made by women. That means that wives, mothers, or single women who are choosing health care coverage for themselves have now

been told by the President and the Democrats who voted for this bill, and who knew full well that you wouldn't be able to keep your health care plan if you liked it: Do you know what? What you chose for you and your family—what was affordable to you—is not adequate, and we know better than you do for your family.

I think that is an incredible problem, and that it has been overlooked by this administration and our Democrat friends.

How many times do we hear that Republicans don't understand women's issues? How many times do we hear about the war on women that continues to be displayed by our friends across the aisle? This is truly the war on women. Taking away health care coverage for millions of women in this country is truly the war on women.

That is why we as Republicans have been working so hard to do everything we can to stop this process of ObamaCare's moving forward. Yes, we have voted over and over again to repeal it, and for good reason, and we are seeing how it is being played out now—for these very reasons. This is not patient-centered reform. This is not about good patient care. This is not only going to completely and totally—disastrously—affect the health care coverage in this country but also health care, itself, because, as you know, one plays into the other.

I am worried about what is going to happen to our physicians over time. We know that that part of the Web site hasn't even been built yet. Physicians aren't even sure what they are going to be paid, and patients aren't even sure what coverage they will be able to receive, what treatments they will be able to receive and which doctors they will be able to go to.

□ 1630

Think about the women in this country, the moms who are going to find out over the next couple of months that the pediatricians that they have come to know and trust they are no longer able to bring their children to. Think about our parents, the seniors who are receiving treatment right now at a different hospital system, in a different health care system that are going to find out they can no longer receive their treatment there because the networks have been narrowed so incredibly. This is what is going to play out over the next couple of months.

On the front page of today's Washington Post, it reads: "Healthcare.gov Makes Frequent Enrollment Errors." Right there. After, again, all the millions of dollars that have been spent and we still have errors.

This isn't what we have come to know in America. We know that 3-year-old children can get online and get on their iPads and go to town and understand computer systems and what-not, and we can't even build a Web site that will allow patients in this country, families in this country

to navigate to get basic health care coverage. That is a problem.

But there, again, that is why the Federal Government should not be in health care. That is why government bureaucrats should not be standing in between patients and their doctors.

This comes only days after the Obama administration claimed victory for fixing the disaster-prone Web site and rebranding the error messages that continue to pop up as a "queuing system." Since day one, ObamaCare has been a complete disaster, and it is only getting worse.

As The Washington Post points out, those who have enrolled through the online marketplace may soon discover that their application contains errors. These errors have been generated by the computer system, which means even if they were one of the few to successfully enroll, they can still find themselves without coverage over the next few months.

There, again, think about what is going to happen January 1 when there are patients that think they have health care coverage and they are going to go to the doctor only to find out that they are not even within the system. Those failures include the notification of insurers about new customers, duplicate enrollment and cancellations, and incorrect information about family members and the States involving Federal subsidies.

I thank my dear colleague for, again, allowing us to speak out on these issues because it cannot be stated enough how important it is that we be pointing out the inefficiencies that are created with ObamaCare—the Affordable Care Act—which we all know now is completely and totally unaffordable.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentlelady from North Carolina.

It is now my pleasure to yield time to the gentleman from Indiana, Representative and Dr. LARRY BUCSHON, a cardiothoracic surgeon, and also a member of the House GOP Doctors Caucus.

Mr. BUCSHON. Thank you, Dr. GINGREY, and thanks again for having this time for the Doctors Caucus to talk about health care reform.

What I want to focus on in my brief time is the Republican alternatives that we have had all along. When the Affordable Care Act was brought to the floor, there was only one amendment allowed, and that was a "motion to recommit" amendment, and guess what, the Republicans had an alternative health care plan which we put forth.

Since that time, we have had multiple plans, almost 200 other proposals from Republicans, to reform the health care system in a patient-centered way. As a physician, that is what we want. We want this to be focused around the patient, not around Washington bureaucrats, not around decisions made here in Washington. We want patients to have access to quality affordable care. We want everyone to have that,

just like the Democrats say that they do, even though with their plan, the Affordable Care Act, in 2023 the CBO says 31 million people will still be uninsured, which is a fact that not a lot of people are looking at in the media at this point. But we have had all kinds of alternatives.

Dr. TOM PRICE has had a bill that he has put up many times, H.R. 2300, in this Congress. The Republican Study Committee in this Congress, led by Dr. ROE, has a very good health care reform proposal, and, again, along with almost 200 other proposals to reform health care.

So I want to dispel this myth that Republicans don't have alternatives to a near-government takeover of the health care system. As Congresswoman ELLMERS just stated, that is the plan here. The plan is to have the government nearly control the system, and we can't have the government in health care because it doesn't work.

We are finding that out now with what is happening with the Affordable Care Act. Access is actually going to be inhibited by the Affordable Care Act. In some States, 80 to 90 percent of the people signing up for the Affordable Care Act are in the Medicaid program, a program already underfunded, a program already that is poor insurance that limits the very access to health care that we are all fighting for.

The exchanges, which are going to be overly costly, look at the deductibles you are seeing in some plans across the country, look at the price you are seeing on the monthly payments across the country. Again, over 5 million people had health care that they liked, but they have lost it. We may see 50 million people or so next year when the delayed employer mandate comes into place that was unilaterally delayed by the administration, I would argue, against the will of Congress because it was in the law and is in the law.

So I want to just focus on the fact that Republicans have alternatives. The GOP Doctors Caucus has been involved in all of these. I don't recall, but you probably can tell me, were you consulted in 2009, the doctors in Congress, when the health care law was passed? From what everybody tells me, no. The answer to that question is, no. If you were going to talk to anyone about what might be good health care reform, wouldn't you think you would actually consult with people that have been in the field practicing medicine for years—the doctors, the nurses, the other health care providers in Congress that could give you that firsthand experience that they have had in the health care system as part of the equation if you are going to do this right?

So, again, Republicans are for patient-centered health care reform. We realize that people were uninsured; we realize that the cost is too high. We want to bend the cost curve, get people insured by getting the cost of health care down and making sure that all of our patients have access to quality, af-

fordable health care in a timely manner without Washington, D.C., government bureaucrats telling them what is a good policy, what is a bad policy and, I will argue, in the future telling them what is good health care and what isn't.

With that, Dr. GINGREY, I yield back. Mr. GINGREY of Georgia. Mr. Speaker, I thank Dr. BUCSHON, the gentleman from Indiana, for those remarks.

I want to read a little bit from one chapter in Sally Pipes' book "The Top Ten Myths of American Health Care." The title of this chapter, Mr. Speaker, is "Solutions: Markets, Consumer Choice, and Innovation." That is really what Dr. ROE's bill is all about, the American Health Care Reform Act.

Listen to this. Listen to what Sally Pipes says:

None of the preceding chapters is meant to suggest that America's health care system is perfect. It is not. Costs are high, and too many Americans get left behind. Reform is desperately needed.

But true reform of the health care system requires less government interference—not more. Only with a freer market can we lower costs and achieve quality universal health care. If we have universal choice in health care, we will reach universal coverage—a goal supported by all of us.

Republicans and Democrats.

Now, consider this: Mr. Speaker, I know you are familiar with LASIK corrective eye surgery. Most insurance providers, including government programs, won't cover the procedure. The market isn't distorted by excessive regulations. Providers operate in a free market where technology is constantly advancing, price competition is fierce, and the consumer is the king. Companies rise and fall according to their ability to provide customer satisfaction.

In the past decade, more than 3 million LASIK procedures have been performed. During that time, the average price of LASIK eye surgery has dropped nearly 40 percent from \$2,200 per eye to \$1,350 per eye. Unfortunately, LASIK is a rare exception to the general rule.

In just about every other area of health care, the government is heavily—heavily—involved. So the key to lowering cost and expanding coverage is to expand the LASIK model. That means encouraging competition by decreasing the government's role in the health care marketplace, not increasing it.

Again, she goes on to mention many of these bullet points in Dr. ROE's bill, the American Health Care Reform Act—a better way, indeed a better way.

At this point, I have just a few more minutes remaining, and I want to yield back to Dr. ROE.

Mr. ROE of Tennessee. Just a couple of points I would like to make, Dr. GINGREY.

This bill is not perfect, and it is open for amendment, as opposed to the Affordable Care Act that was not open for amendment. As I recall—you and I were both here then; that was my first term—when we had that debate, some

80 amendments were brought to the Rules Committee here and none of them—none, zero—was ruled germane to the bill.

As Dr. BUCSHON was speaking, there were nine of us physicians in the Doctors Caucus 5 years ago. Not one of us was consulted about the health care bill. Really rather astonishing, I thought.

And to Congresswoman ELLMERS—she made a point a minute ago and wasn't as passionate about it as I am—I think one of the most arrogant things I have heard stated in this town was that what you have bought that you like is no good. I still find that amazing that somebody—a talking head—could be on television and say with a straight face, not knowing what I purchased that I am perfectly happy with, that it is no good. That is beyond arrogance. We have heard people over and over in this town say that very thing.

That is why people are turning against this. When you tell me when I have sat down with my family and worked out what I can buy, and it seems to work for me just fine, that it is no good, that I know what is better because I have got it right here that you have to buy, that is the height of arrogance. I just was a little more passionate about it.

Mr. GINGREY of Georgia. Well, reclaiming my time and yielding it back to Representative ELLMERS, let's hear some more passion from the gentleman from North Carolina.

Mrs. ELLMERS. Thank you to my kind doctor colleagues on that issue.

Dr. ROE, you hit on one of the very important parts, again, which is if you had something that works for you, if a mom was buying health care coverage for her family, she was the one that did the research, she was the one that did the time, she picked the appropriate plan. Maybe it was offered through an employer; maybe it was an individual plan. But she sat down at her kitchen table and decided what was working for her, and guess what, now the Obama administration says no.

And I agree with some of the talking heads that are out there on the 24-hour news cycles telling everyone that these plans were subpar, that they weren't adequate. The constituents who are reaching out to me are saying, I liked my plan.

I was having my hair done the other day and my hair stylist, Cindy, and her husband, Lee, they have a health care plan. She said, RENEE, I don't understand this. I had a health care plan that Lee and I picked. We have had this plan, we like our plan, it is affordable to us, it is providing the health care coverage that we need, and now I am being told that it is not adequate and the cost of my premiums every month are going to go up and my deductible is going up. For what?

Well, I will point out to you one of the issues. One of the flaws that the Obama administration and our President himself has made over time is saying that as people learn about this

thing—because if you remember when it was passed, and you were here, you both were here, they said, oh, well, let's just get it passed and then we are all going to find out what is in it. Some of our esteemed colleagues across the aisle had made that comment; and now when the American people are finding out what is in it, they don't like it. Things are changing. They are finding out what is in it, they don't like it, and they are rejecting it.

One of the reasons that those costs have gone up is the essential health benefits that have to be covered. For every American, there are 10 essential health benefits. My friend Cindy, she and her husband do not have children, and yet they are forced to purchase maternity coverage; they are forced to purchase pediatric coverage.

Now, these are wonderful things for families, young families, growing families; but they are not appropriate for every American. So what is lacking here in ObamaCare is choice, the ability to choose your plan. I am all for getting health care coverage for every American. I want every American to be able to have affordable health care coverage; but you can't do it by forcing individuals to buy something that they will never use, they will never need, paying a premium price, and costs out of pocket. I am sorry, it is just not affordable for American families.

□ 1645

Mr. GINGREY of Georgia. Reclaiming my time, as we draw to a close, I said earlier, 61 percent of the American people are opposed even today, 3½ years after passage of this law, and they can't even get on the Web site. They can't get signed up. Wait until they get signed up and find out what they are going to have to pay and the amount of the deductible. I guess I would call that sticker shock. I think instead of 61 percent, it will be 80 percent will be opposed to it.

I yield to the gentleman from Tennessee.

Mr. ROE of Tennessee. Just one comment. I tried today for the sixth time to get signed up, and I couldn't. So I am going back Thursday for the seventh time.

Mr. GINGREY of Georgia. Reclaiming my time as I close, I tried to get on today. I couldn't. I got the error message. I didn't even get put in the queue to make it a little softer. I got the error message and got kicked offline—and Monday is the last day. So I am going back to my office to try to get on once again. I am really feeling for the patients, the American people, the seniors who are in one heck of a mess because of this not well-thought-out, rushed bill that was totally partisan. You just can't do that in this Congress with a bill this important. We are talking about human lives here; life and death, and that is not the way to do it.

We will come back with a solution, and I hope we will do that in a bipartisan way. I love the American Health Care Reform Act. I am a cosponsor.

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

DON'T REPEAT NORTH KOREA MISTAKE WITH IRAN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, well, we got a notice: All House Member briefing: Iran, Wednesday, December 4, 9 a.m. The briefing team, right at the top of the list, Ambassador Wendy Sherman, Under Secretary of Political Affairs.

So that was thrilling. I recognize that name, Wendy Sherman, who is going to give the House a briefing in the morning at 9 a.m. on how good things have gone in the dealings with Iran.

As The Wall Street Journal article from November 20 points out, the Clinton administration's policy coordinator for North America, Wendy Sherman, is now the Obama administration's lead negotiator for the Iran nuclear talks.

In a 2001 New York Times op-ed, Ms. Sherman urged President Bush to cut a deal, writing that Kim Jong Il "appears ready to make landmark commitments because to ensure the survival of his regime, he has to improve the country's disastrous economy by reducing the burden of a vast missile program and opening the doors to trade."

Well, Ms. Sherman was wrong about that in her op-ed she wrote in 2001. Kim Jong Il needed to help his economy, she was right about that, but she thought it meant that he was ready to get rid of his ballistic missile program and open the doors more to trade. Well, certainly they were willing to open the doors to trade. But just as she had been wrong in 1994 when she helped the Clinton administration work out an amazing deal with North Korea, and to recap the highlights of that deal with North Korea, Korea was believed to be pursuing nuclear weapons so Ms. Sherman was the policy coordinator for North Korea involved in this process. She, Madeleine Albright and President Clinton thought, what a great thing, we will give you nuclear reactors, nuclear power plants, give you some fuel, and in return, you have to renounce nuclear weapons and you have to promise not to pursue nuclear weapons.

Wow. Oh, there was one other thing. The Clinton administration, Wendy Sherman, Madeleine Albright agreed to a provision which would have prevented them and did prevent them from inspecting the North Korean nuclear facilities for at least 5 or so years, which ended up being enough time for them to pursue their nuclear weapons. I mean for President Clinton, Madeleine Albright and Wendy Sherman kind of remind me of the repossession guy that Jeff Foxworthy talked

about coming to his house when he was poor telling him he hadn't made his payment in months and so he had to take his car, and Foxworthy begging him not to take the car, and he has to have it to make a living. He said the guy said I have to leave with the car or cash or a check, to which Foxworthy said he replied, "You'll take a check. Well, why didn't you say you will take a check. Sure, I can write you a check."

Well, that is what the North Koreans did. Oh, you mean in return for new, sophisticated nuclear power plants and fuel, you will take just a promise from us that we won't pursue nuclear weapons? Well, why didn't you say that. Sure, we will promise anything you want in return for nuclear weapon fuel and nuclear power plants that we can use for our own benefit. Sure, we will make those promises. Any other promises you want?

I mean, how gullible does an administration have to be to believe that a promise from a rogue regime is worth basing the future safety of your citizens upon? Well, we don't have an answer to how gullible you have to be because this administration is now doing the same thing. It wasn't enough that Wendy Sherman was wrong in 1994 and wrong in 2001 in her op-ed; now she is the lead negotiator with Iran, and she is going to brief Members of the House here tomorrow.

How gullible are we? There is no requirement that we have to be as gullible as this administration. I mean, sure maybe you believe an administration when they say if you like your insurance, you can keep it. Maybe you believe that administration when they say if you like your doctor, you can keep your doctor, period. Maybe the House is gullible enough, or maybe the majority at one time was gullible enough to believe that, and did. In fact, people in this room actually repeated those promises, making them themselves. But how many times do you have to be shown that people making the promises are wrong before you get skeptical?

Now on top of all of the broken promises about ObamaCare, we have an administration promising us that we can trust Iran, that we have made a great deal. They have made us some promises, just like North Korea did, and we know we can trust them because the only thing at stake is the existence of the nation of Israel and the existence of the United States without nuclear weapons going off in it. That is all that is at stake. Or perhaps an EMP caused by a nuclear weapon that is shot off from an intercontinental ballistic missile. It doesn't even have to be that accurate. If it goes off near the middle of the United States, certain range of elevation, then it will fry most every computer chip, and we are going to be in trouble. Grocery stores cannot operate appropriately without their computer systems. Wal-Mart. There are all kinds of places that won't be able to