

that comes from Los Angeles, California:

"It took 3 hours, but Andrew Stryker managed to be among the first people to purchase health insurance through ObamaCare's new insurance markets. Stryker is 34 years old and lives in Los Angeles, where he now does freelance work." He pays premiums of \$600 to keep his COBRA plan that he had on his job, which he left 4 years ago. He is diabetic and has been denied insurance because of a preexisting condition. Mr. Stryker says, although it took him 3 hours, this plan is now saving him over \$6,000 a year. And in his words, "For that, I would have waited all day."

A lot of us would.

EXCHANGE LAUNCH

(Mrs. BROOKS of Indiana asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today to remind the American people why we are here. We are here because the President and the Senate Democrats have refused to negotiate.

We learned yesterday and even today about the challenges of signing up for ObamaCare. Information technology, I believe, will be ObamaCare's Achilles' heel. Many people went on healthcare.gov. They were greeted with messages, "Please wait here until we send you to the login page," or, "The system is down at the moment."

Yes, glitches can be expected whenever a new system is started, but ObamaCare is simply not ready. Americans aren't ready. They weren't ready for the employer mandates. They are not ready for the individual mandate. We are not ready for IPAB. We are not ready for the medical device tax. We are not ready for the cuts to Medicare or to our providers. It will harm the economy. It already has.

What we are ready for is for the Senate and the President to negotiate, and we are ready to reopen our government when they do.

OBAMACARE

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, ObamaCare, on its first day, is emblematic of what we can expect from ObamaCare in the future, already proving to be a logistical as well as an economic disaster.

Businesses are cutting back on full-time employees. Some people are losing their jobs. Many are losing their hours as well. For businesses with less than 50 employees, ObamaCare has become a massive disincentive for growth.

The cost of health insurance premiums are skyrocketing. One report says people in Louisiana who don't get Federal subsidies will see dramatically higher rates for average coverage. In

fact, they will now be paying more for health insurance than the cost in most other States.

The implementation of ObamaCare is proving to be the train wreck that even Democrats have come to expect. And that is leaving our economy on edge, with job creators wondering how they will make it through more taxes, more mandates and regulations.

ObamaCare is a devastating threat to our economy, and it needs to be stopped now.

□ 1900

OBAMACARE DISCRIMINATES

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, ObamaCare discriminates. It gives special treatment to special friends of the administration—1,200 waivers of special folks, but not waivers for everybody.

It also treats Big Business better than it does individual Americans. It delays ObamaCare 1 year for Big Business, but not individuals. That is discrimination.

Treat everybody the same. Waivers for all or no waivers for anyone. You've delayed implementation for 1 year for Big Business; delay it for individuals as well.

It's interesting. If ObamaCare is good for everybody, why isn't Obama under ObamaCare, and his staff, and the Cabinet?

Put everybody in ObamaCare. That is why we have this fight, because ObamaCare discriminates, and it's a fight worth having.

Defund it until everybody is treated fair. No discrimination.

And that's just the way it is.

THIS BODY MUST DO BETTER

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, it shouldn't come as a surprise that we have different ideas on the different sides of the aisle here.

Republicans believe in a smaller government, a less intrusive government, and so it shouldn't be a surprise when we step forward with ideas on budgeting, on spending, that we would want to pick and choose things that we think are appropriate for the government to do, and not fund the things that are inappropriate.

That's the situation, as we view it, with the Obama health care takeover. We see that it doesn't work. We see it's going to be horrendously more expensive.

What really disappoints me though, observing the last few days, as a newer Member here, is the decorum on this House floor, the yelling, the name-calling, the pointing, even the way the desk was addressed here earlier today.

I mean, I think the American people expect a discourse that is a little more honorable than all the yelling and the name-calling.

So if we want to have a discussion, which Republicans do, with our colleagues on the other side of the aisle, with the Senate, with the White House, we need to do it in a way that actually makes it attractive to talk to each other.

I like to watch motor sports. And if everybody on the racetrack was bashing each other off the track, you wouldn't have a race anymore. There'd be nothing to watch. You wouldn't have a sport. You wouldn't have a game.

This is much bigger than those types of games here, yet we don't have a discussion, we don't even have a way to have a discourse with all the name-calling.

So I'd ask for this body to do better.

OBAMACARE IS A CIVIL RIGHT

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, yesterday, I heard the story of a mother who had lost her son, who had a preexisting condition and was not able to get insurance—only when a benevolent hospital took him in and determined, at the time, that he had Stage 3 cancer, because he had no insurance, because he had needed a colonoscopy.

If he had had ObamaCare, he would have had the ability, at least, to get insurance without worrying about the preexisting condition.

Emotions are high, but for the right reason. There is no reason that eliminating ObamaCare, as is being discussed on this floor, should be tied to opening the government back up. All the Republicans have to do is to pass, with the Democrats, a clean CR so that people might live.

Their story is like taking away the civil rights laws that President Johnson helped pass because they did not like it. They would hold up the government and close the government.

For me, this is civil rights for all Americans—to have the right to live, to have the right to have health insurance. It is not a budget issue. It is an issue to be done down the road. Vote for a clean CR.

Mr. Speaker, there are a lot of emotions because this is about life and death.

IMPLEMENTATION OF OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentlewoman from Kansas (Ms. JENKINS) is recognized for 60 minutes as the designee of the majority leader.

Ms. JENKINS. Mr. Speaker, I am proud to be here this evening with my colleagues to host the Republican leadership hour. We are going to talk to

the American people about the damaging taxes levied against them by the President's health care law, the cost to consumers, the IRS' role in enforcement of these tax provisions, and the rocky implementation of the law.

The President's health care law contained 21 new taxes, many of which will impact low and middle-income earners. Together, these taxes represent a \$1 trillion tax hike at a time when American families certainly cannot afford it.

And although it became law in 2010, the two linchpins of the law, the employer mandate and the individual mandate, were not scheduled to be implemented until 2014. My colleagues and I have consistently expressed our concerns to the President and our Democrat colleagues that these two taxes would present both an undue economic burden on our constituents, and a logistical nightmare for the administration to implement.

On July 2, the administration announced in a Treasury blog post that it would delay enforcement of the employer mandate by a year, until 2015. One administration official said that the President justified this decision to delay this tax on business because it began, and I quote, "listening to businesses about the health care law."

I've been hearing from businesses about this tax for 3 years, and I'm sure the President has as well. I'm glad that he saw the light. I'm also pleased that the House came together, in a bipartisan manner yesterday, to pass a bill reaffirming the decision to delay the employer mandate tax for a year.

However, a delay of the employer mandate will not give any relief to individuals who do not have employer-sponsored health care, nor will it give any relief to employees who have already been converted to part-time status by their employers in anticipation of the employer mandate.

These American families will still face this excise tax, even though the President is giving Big Business an escape hatch. We believe the administration has set up a double standard for compliance with this unpopular law, and that is why the House is working to delay the individual mandate as well until 2015.

As things stand now, on Day 2 of open enrollment, the health care exchanges, in many cases, have simply not been ready. A report issued this summer by the Government Accountability Office found that many of the State health care exchanges will not be operational and will complicate individuals' efforts to comply with the law.

I know that many of the Members speaking today will share stories they've gathered so far, and my State of Kansas has been a good example of the confusion that these delays are causing. Officials are already counseling my constituents to wait to purchase benefits for a few weeks until the exchange's kinks are worked out. I find this unacceptable.

Additionally, the administration has announced that the subsidies available to individuals, when purchasing insurance, will not be verified by the Federal Government, and that individuals will have to self-report information regarding their income. This paves the way for fraud and abuse of taxpayer dollars.

Finally, at the heart of this law is the IRS' role in enforcement of the President's health care law. This is an agency we all agree is mired in scandal, or maybe even worse, a culture of incompetence. We do not think this is the appropriate time to be increasing the IRS' workload with enforcement of these new taxes, and questions abound about the security of taxpayers' information in the Federal data hub.

I look forward to spending time with my colleagues this evening discussing these issues.

At this point, I yield to my friend and colleague from Oklahoma (Mr. MULLIN).

Mr. MULLIN. Thank you for this opportunity to stand up and, not just represent our side of the aisle, but represent the business owners that are having to go through this struggle of the shifting sands constantly underneath their feet, and take time to maybe take a different approach that this House, this body, those that are sent up here to represent the American people, maybe we can look at a little bit different and take a business approach to it.

You see, I've been sitting, literally, at negotiating tables since I was 20 years old. Because of some family circumstances that came in, it forced me to, in a sense, grow up quick. I took over a very small plumbing company and at that time I had to immediately start going for work.

And when I started going to work, I'd show up at a table, a bid table, and I'd be going across other contractors, and we would be negotiating. The only problem is, I didn't know how to negotiate.

See, I'd sit down with my proposal and I'd say, this is what I'm going to do. And they'd said, okay, but we've got to talk about it. I'd say no, I'm not going to talk about it. This is what I'm going to do. You can take it or you can leave it.

And I started leaving. And I started realizing, as I was leaving, I was going broke. Literally, I was going broke because I wasn't getting the jobs. Somebody else was getting the jobs.

And then I started figuring out, you know, I've got to figure out how to negotiate. There's a technique to negotiating, and that means you've got to know two things when you're going to a table to negotiate. You've got to know, one, what is it that you want. That's vitally important. But what's more important is, 2, what is it you can accept. And that's called negotiating.

Of course, we always want everything. But we've also got to know what

we can accept. And if I never figured out how to accept that certain amount, I would have went flat broke.

And what's going on with this country?

Let's think about the comparison between the two. This body of elected officials has forgotten how to negotiate. We are sitting there pointing fingers at each other while our country is literally going flat broke, because we all want something. But what is it that we can accept?

We've been so blinded by party politics that we forgot how to sit at a table and negotiate. I'm literally sitting back, as a business owner, thinking, are you serious?

Are we really putting our company, are we really putting America's best interests, at mind?

Here's what the Republican Party wanted. We wanted to repeal ObamaCare. We came to the table and we said, we don't want it. Take it back.

Sent it over to the Senate. The Senate says no. They say, we want a clean CR or nothing.

So we came back to the table, and we negotiated among ourselves and said, okay, let's delay it for 1 year. We know it's not ready for prime time. We know this thing's going to be disastrous. Let's delay this thing for 1 year. That's it.

Sent it over to the Senate and the Senate said no. We want a clean CR, or that's it.

Then we decided, okay, let's at least delay the individual mandate, the penalty to the individual. That's the heart of this. Let's not penalize those individuals that can't afford it. Let's not penalize those individuals that this administration is constantly saying he's trying to protect.

Let's not, at least let's not penalize them. If they don't want it, let's believe in the American freedoms that we have and not force it upon them, and delay it and make sure we get it right.

What did the Senate say?

No. It's my way or the highway.

At the same time, our country is going flat broke.

We have three legs of government. We have the House, we have the Senate, and we have the executive branch. But, unfortunately, the executive branch is leading the Senate, and they're giving them their marching orders. And they won't even come to the table with us to negotiate, even though they're constitutionally bound by that.

It says that if the House and the Senate can't come together, they're supposed to go to conference and talk it out. And the Senate says, no.

Who's losing here?

Who's losing is the American people. That's who's losing, while both sides are trying to figure out who's going to win.

And we're playing with real people's lives. We're playing with individuals' lives, and we think it's just politics.

It's not just politics. We have to drop the labels, and we have got to figure out what is best for this country.

If I never figured that out, I wouldn't be the largest plumbing service company in the State of Oklahoma today. I wouldn't employ over 120 people with just that one company. I wouldn't be that entrepreneur that is the backbone of this country. Instead, I would have been flat broke.

There are lessons to be learned, and we're not. We're going backwards. It's time we stand up and do what's right for this country.

It's time for the Senate to come to the table. Don't just tell us what you want; tell us what you will accept, and let's start a conversation, and let's negotiate.

Thank you so much for yielding the time to me. It's such an honor to represent the great State of Oklahoma.

□ 1915

Ms. JENKINS. Thank you for your words.

At this point I yield to Congresswoman RENEE ELLMERS from North Carolina.

Mrs. ELLMERS. Thank you to my distinguished colleague from Kansas, vice chair of our Republican Conference. Thank you for yielding time to discuss this situation that's at hand right now.

Right now, we're faced with this government shutdown. Right now, millions of Americans are thinking to themselves, What on Earth is happening in Washington? There's a shutdown. There's the implementation of ObamaCare exchanges that took place starting yesterday.

The interesting thing is that 47 States are receiving frequent error messages on the Web site. In my home State of North Carolina, the Obama navigators were grounded as the exchanges and the computer system was shut down. Americans across this country are faced with error messages on both exchanges run by the State and those run by the Federal Government.

Day one. Day two. Failure of ObamaCare.

So despite 3 years of time, countless dollars, countless administration officials testifying in hearing after hearing after hearing in the Energy and Commerce Committee and in the Ways and Means Committee that everything would be ready to go on October 1, for sure, right on track—those were the things we were told. We are moving right on track; consistently, we were told—and this is what the people of the country are seeing.

This is what we're seeing in North Carolina. This is day two of ObamaCare exchanges. They changed up a little bit from day one. They added some cute little icons here. It says:

We have a lot of visitors on this site right now. Please stay on this page.

As if you have nothing else to do. Just hang out. Just stay here.

We checked this site throughout the day just about every hour to just check and see if it would be up and running.

And it goes on. It says:

We're working to make the experience better.

We don't want you to lose your place in line.

We'll send you to the login page as soon as we can.

Thank you for your patience.

Well, yes, America is going to need a lot of patience with ObamaCare. Because if this terrible law—and, yes, it is law, but there are bad laws that get passed—if this law is fully implemented, health care will be changed forever. You will have to have a lot of patience because you are going to be waiting at the doctor—if you can even find a doctor to go to. You will be waiting at the hospital, in the emergency room, or wherever you seek care, because the care will not be available. And the care that you will receive will be diminished.

Yes, we're all going to have to have a lot of patience.

One of the things that I've been doing in my office is trying to get firsthand accounts of what my constituents are experiencing as they're learning about their health care coverage; if they have health care coverage right now, what's happening to them. And I'd like to share a few of those with you.

A nice lady by the name of Judy emailed me saying she received a letter from Blue Cross & Blue Shield stating that the plan she currently has would no longer be available.

Now, if you can flash back a couple of years ago, our President—President Obama—said repeatedly, You will be able to keep the health care you have. You will be able to keep the doctor that you have.

Well, our worst fears are once again realized. Judy has had a change, and she didn't choose it—someone else did.

And she goes on to say that a new plan was chosen for her where her premiums will go up from \$151 a month to \$589 a month. My question is, Chosen by whom? It certainly wasn't Judy who chose that. It was someone else. It was Blue Cross & Blue Shield. Somewhere along the way, someone else dictated to Judy what she would be able to have.

The reason she was given—and this actually was stated in the letter:

While rates often change due to rising costs of health care, the new rules and regulations of the ACA, effective January 1, 2014, contributed to the majority of the increase.

It literally stated in the letter that the reason her premiums were going up so significantly was because of the implementation of the Affordable Care Act.

Another constituent wrote:

Our self-employed son's insurance went up from \$430 a month to \$900 a month.

That's almost double. That's almost a 100 percent increase.

We were promised lower costs and more competition. President Obama said our premiums would be decreased by \$2,500. Yet I am hearing the opposite from my constituents.

One of the other issues that's happening in North Carolina right now has

to do, again, with the exchanges. One of the things that we found out about a week ago was that the number of insurance companies that were going to be offering plans on the exchange is two—two insurance companies are offering plans.

There are 100 counties in North Carolina. One insurance company has a monopoly, essentially. They can offer plans throughout North Carolina; and in 61 of those counties, they have a monopoly. They're the only plan being offered. They're the only insurance company being offered.

To that, they counter by saying, We're offering multiple plans. But that's not competition. Competition is amongst the insurance companies that should be provided. We were promised lower rates. You receive lower rates with competition. It's very simple.

So only two insurance companies are providing health care coverage on the exchanges in North Carolina. One has a monopoly throughout. The other covers 39 counties. So you can see 61 counties having a monopoly. That's not fair. How is that fair?

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. That's the sad part. It is never going to measure up to what we were promised. Even as changes have been made to it, it still is lacking. It's filled with tax increases. It's filled with mandates. This isn't the plan that we should be following for health care.

I'm a nurse. I dedicated my life to health care. I came here to Washington to fight ObamaCare. I never wanted to run for office before; but in the summer of 2009, the President was on the road telling us all about the health care plan that he wanted for America. My husband is a general surgeon. We practice in our small town. We said we've got to go out, and we've got to speak on this.

One of the things that the President also said was that, overwhelmingly, doctors and nurses were in favor of this plan. We said, No, Mr. President, this is not true. And we started speaking out against it.

The same issues that I was raising with the people of North Carolina that I was speaking about back then are the fears and the realities that we're faced with now. The cost, the overreach, the inefficiency, all affecting health care, all affecting our economy.

The workforce alone, as we know, is going to be changed from a 40-hour work week to a 30-hour work week. We're going to become a part-time America. That's not what our country was built on. And yet that's what we're faced with with the implementation of ObamaCare.

That's why we've asked for a delay. That's why we believe that every individual, every American should be receiving the same options that Big Business has gotten with the 1,500-plus waivers given. Every American should be able to say, I think it's a good idea

and I'll take it; or, No, I don't. Why should we not have that choice? Why should every American not have that choice?

We need to delay it; but more importantly, we need to put a better system in place. And the system that I support, at least at this point, is the Republican Study Committee's plan for health care reform. It's an alternative plan. It's the American Health Care Reform Act that we rolled out a couple of weeks ago. It puts in place all of the pieces that we know, one, that the American people want, that the American people feel they need; but at the same time, it puts forward flexibility, affordability. It's patient-centered. It's not government-run.

They're the reforms that have been necessary, complete with tort reform, liability reform that is such an essential piece, health care savings plans, tax credits for individuals who are buying health care insurance.

It is the answer to health care reform. You should be able to purchase insurance across State lines. You shouldn't have to be told that there are only two insurance companies that you can choose from.

These are the solutions in health care that we really should be looking for—not given something, not told you have to have something, not told that you will be penalized if you do not participate.

The whole point of an online marketplace was to provide options; but as we are seeing, this couldn't be further from the truth.

And I thank my colleague from Kansas for allowing me to speak my mind on this issue. It's so important to America, so important to these times, with this government shutdown.

Ms. JENKINS. Thank you, Congresswoman ELLMERS.

At this point I yield to my good friend from the great State of Kansas, Representative POMPEO.

Mr. POMPEO. Thank you for yielding. I appreciate the time.

I imagine, Ms. JENKINS, you're hearing some of the same things as I am as you return to Kansas and talk to our constituents.

This is serious business. We're standing here tonight with a partial government shutdown, and I don't think anybody thinks that's the best outcome for America. I think we all want America's essential vital services and systems to be functioning and up and running, but what we're dealing with in the Affordable Care Act is also a very serious matter. It's very real. It's not a game.

I've heard some across the aisle suggest that by trying our best to fund the pieces of the government that matter and not fund the Affordable Care Act, we're taking hostages. I find that language, in one sense, offensive. But most importantly, I find it inaccurate. It doesn't represent what we're trying to do. We're not taking hostages. What we're trying to do is take account of

what our constituents are telling us, and I want to talk about that just a little bit.

I tried to get online yesterday myself to enroll in the Affordable Care Act. I was met with a bit of a blank screen and a long pause. I did manage to get through to the 1-800 phone number that was provided on the screen. I was told if I stayed on the line, 20 minutes later I'd get a live voice. Some hour and 40 minutes later, I did manage to get a live voice. There was great music in the interim.

And I got a live voice. It was a young lady who told me she was from Louisiana. She said, Why did you call? I said, I'm calling to comply with the Federal law. She said, I'm not going to be able to help you with that today. My system is down, too.

She was a government contractor working out of Louisiana. I asked her how long she'd been working on this. She said, Quite a while.

In fact, yesterday wasn't the first day of the Affordable Care Act. We're now some 3 years into it. It's not the case that the bill was passed and there wasn't enough time to have this system ready. I imagine some of the kinks will get worked out. The President calls them hiccups. I hope the hiccups are the worst medical ailment that comes from the Affordable Care Act, but I fear that they won't be the worst ailment.

In fact, I've already heard countless stories. I'll recount just three of them.

Just today, I received an email from a small employer with about 60 folks throughout Kansas. He indicated to me that he just received this week a letter indicating that his health insurance premiums for his business—he's the number two guy in the company—were going to be up somewhere between 30 and 40 percent. He reminded that his health care premiums had gone up before, but he said he'd never seen anything like this.

□ 1930

A real impact, there will be a real impact. He's trying to figure out, what do you do? How much of that cost gets passed on in copays and deductibles to the employees? How much of that cost does the company eat, making them less competitive in the global environment in which they're trying to compete. A real story from a real Kansas business impacting real lives.

I spoke 3 weeks ago, when I was last back in Kansas, with a number of folks from some smaller hospitals in the rural part of south central Kansas. Those are called critical access care hospitals. They serve vital functions for less densely populated parts of our country.

I was talking about the impact of the Affordable Care Act and they said, you know, things have been tough at some of these hospitals before. There are times when it's difficult to make ends meet and to provide all the services that people need. Docs come in from

Wichita and from Kansas City and from other places to help part-time to provide these services in rural parts of the State. They said that after the Affordable Care Act it would be even more difficult, almost impossible, to keep these hospitals open and functioning and providing these valuable services. Real lives, real Kansans, real people with a real impact from the Affordable Care Act.

Finally, I met with a young couple during that same trip home. Both of them work. They work at jobs where they were working for 40 hours a week and have now been told it's likely that they won't. They were still working 40 hours a week at the time. Their employer had just put them on notice and had suggested then that they begin to look for second jobs, or that maybe one spouse should leave that company and go work someplace else. Of course the rationale that had been provided by these people's employer was that if they continue to have full-time employees—what America has always had, full-time employees, 40-hour workweeks—that there would be an enormous cost that would flow to that employer where they simply couldn't keep the business running with a full-time work staff.

So here's two folks that had pretty good health benefits, great jobs, 40-hour-a-week jobs, jobs they were very happy with, jobs that permitted them to take care of their families, and their life is going to be changed. Real Kansans, real lives affected by the Affordable Care Act.

We've seen this kind of thing all too often. I suspect that some of these glitches at the beginning will probably get worked out, but you can't fix provisions like that without fundamental changes to the Affordable Care Act. I think that's pretty evident.

The President had seen this all coming. The President chose to provide waivers for lots and lots of groups. Lots of folks who have come and said: This is harsh; this is penal; this is not working; and the President said: Here's a waiver. Here, you can have a change.

That's just not the American way. It's not the way that we operate here, where we try to provide health care systems that are the same and fair and equal for all American citizens and all American employers and everyone who is trying to make their way and take care of their own families. These are very real issues.

I have seen this fight over these last few weeks. It's no different than the same discussions that have been taking place for 3 years. I've been here almost that long in Congress where we've been talking about what we thought would happen when this day came, when, for the first time, people would have to begin to think about what real costs were, what it was really going to look like.

And I wish, I truly wish that we had overblown the risk, we had overdramatized what was really going to happen,

that we had falsely alerted the American people that the Affordable Care Act was going to be a train wreck or a disaster; but, sadly, I think the evidence, as it mounts, as it comes in, demonstrates that we may have underestimated the risk. We may have underestimated how badly this is going to impact the American economy. We may have underestimated how many primary care physicians are going to just say "I can't make a go of this anymore" and leave the practice. After all, right, it's not about insurance; it's not about having a piece of paper or a card that says you're entitled to health care. It's about receiving health care. It's about being fixed when you've got something broken. It's about being cured when you've got something that's made you sick.

This isn't about paper. This isn't about politics. This is about real lives and kids who need treatment. It's not enough to say: It's wonderful. I have this thing called ObamaCare, but I can't find a physician who will treat me.

These are the kind of things that we need to work on and need to try and fix.

I will say this lastly. There has been some suggestion that this is partisan, this is about Democrats versus Republicans. For me, this is not it at all. The President made a statement yesterday. He said this bill was popular; this is why the system was overcrowded and you couldn't get on. It's not popular; it's a law. These people didn't go on this health care system because they like it. They did so because they were required to do so on pain of penalty by the Federal Government.

I saw today someone who had been told that if they didn't comply, they might end up with a tax lien because they didn't pay a penalty. This is not the American way. This is not a health care system that's going to work.

I hope my colleagues will help us. I hope they will come to see that all we're asking for at this point in time is not what we'd really like—we've compromised already. What we would like to see at this point is we are happy to compromise and settle just for a short time, just for a delay, to try and make it better, to try and impact those real people, those real Kansans who are going to be really impacted by a law which won't do what it is the President promised it would do.

Ms. JENKINS, thank you for yielding the time.

Ms. JENKINS. Thank you, Congressman.

Speaking of Kansans, when President Obama originally touted this health care law, he promised that Americans would see their health care costs go down. With the rollout of the health care exchanges on Tuesday, Kansans in my congressional district have finally been able to see that their worst fears have been confirmed and this promise simply isn't true.

Healthcare.gov has a county by county breakdown of health insurance pre-

miums offered by the two insurance carriers who agreed to participate in the federally run exchanges. For a 27-year-old seeking the least expensive insurance option in Crawford County or Cherokee County in southeast Kansas, they will see over a 100 percent increase in their insurance premiums over the State average for this past year.

Things don't get much better in other parts of my district. The same person who lives in Topeka or Lawrence or Leavenworth will see a 62 percent premium increase over the State average for that same insurance plan for this past year.

These are examples that are happening all over Kansas and all over the country, and it makes it clear that the President's health care law will continue to fail to control out-of-control health care costs.

With that, I would be happy to yield to my esteemed colleague from Michigan (Mr. WALBERG).

Mr. WALBERG. I thank the gentlelady for yielding time and for leading this discussion of a way forward.

I appreciate the fact that we are now in a shutdown of government that I fear has been intentionally perpetrated in order to force something further on the American people.

I remember between my first term in office, after being defeated in 2008 to come back here and spending time for the next 2 years back in my district, and in watching my colleagues—my former colleagues and now my present colleagues—battle and debate on the floor of this great Chamber, in this great House, this great Capitol, in the people's House, the issue of what then was called the Affordable Care Act. I remember reading about it and listening and speaking with colleagues and asking what their impression was, and then ultimately hearing the Speaker of the House say: Let's pass this, let's pass it and then we can find out what's in it; and reading the comments of fellow legislators who had not even read this full bill and understanding that there was much in it, much that ultimately would be found out later on to be an extreme problem, not just to carry out, not just to regulate, not just to implement, as we've seen in the last couple of days—and we can certainly assume that there will be break-in problems to get something this massive, this intrusive, this complicated up and working—but more so the problem of looking at a takeover of one-sixth of our Nation's economy, the problem of challenging people with something so complicated that even experts and consultants wouldn't be able to tell them for sure what this would mean to them, but more importantly, the impact upon liberty, freedom, the American ideal.

In the last 2 days, as we've debated the issue of a continuing resolution, because of the unwillingness of the Congress of the United States to ultimately get a budget in place to move

ourselves forward—we come to continuing resolutions to just move it forward a little bit longer. That's not the way we should be doing it. That's not the way this side of the aisle has requested and fought to make it happen. But when there is an unwillingness to come in alongside and negotiate, come to a table and work something forward, to put through appropriations bills that implement the programs and pay for them, we have a problem.

So now here we are in a shutdown, a shutdown in the making of an unwillingness of the Senate, yes, but I think more so the unwillingness of leaders to listen to their people.

We've read the reports in the polls. We've heard before we went into this battle the last few days that the American people want this government to fund its basic services and not to shut down. We've also read in those polls the same people, a majority, have said we want to delay or defund or repeal the Affordable Care Act. So we have that as our task and, at the very least, to delay to a point that we can see what's in it and take action to amend, to repeal, or to completely go to a plan that will work.

So we have veterans of the Second World War being locked out of going to their war memorial, except for the fact that Members of Congress have gone and opened up those gates.

I just got a call from a constituent of mine who is here in the Capital today and wanted to go over and see the 9/11 Memorial at the Pentagon. We assumed that that was open; it always is. There's no guard. You can walk into that memorial. But that's closed. Why? Is it because we want to make this problem harder for our citizens than it should be in order for them to get over the idea of reading the bill, knowing what's in it, and then asking for redress from their Members of Congress who represent them?

I went to the E-Verify site yesterday and I saw E-Verify, a computer program that's in place. It doesn't take a person to run it. It's operating. It's a system. It's connected to all sorts of data systems. Yesterday and today it says:

Alert. E-Verify is unavailable due to the Federal Government shutdown. For more information, please click here.

This is what is being done to the citizens of the United States to produce the pain through the shutdown experience in order to ultimately say: Uncle, I will give in to a law. Yes, it is a law, but a law can always be redressed and changed. And they're asking for us to take the time to look at the Affordable Care Act, now known as ObamaCare.

A lady in Jackson, Michigan, in the heart of my district, called in to our office, our local office and, in tears, said: Here's my problem. This morning, my employer, a local provider of home health care who I have worked for for a number of years for 35 hours, and then I make up the difference of my 40 hours that I need and beyond by working in a restaurant on the weekends,

this employer of mine told me today that they're moving me now to 25 hours instead of 35. And why? Because of the Affordable Care Act. She said: It's not affordable to me because now I will have less income, less hours. How do I pay my mortgage, and how do I buy health insurance?

Or it's the autoworker in Monroe, Michigan, on Lake Erie in my district, a hardworking guy who said to me at a town hall meeting just a week and a half ago: Mr. Congressman, I want you to know that times are tough. I have some great concerns. My wife is sick and I have a \$900 a month health care bill that I have to pay. But I want you to stand firm. And I said: Sir, what do you mean by "stand firm"? He said: Shut down ObamaCare. Give us back our choice, our freedom.

The 54-employee business in Adrian, Michigan, who told me last week that—and they're beyond the level of being able to just simply toss off the insurance to the employees. They're not wanting to cut from their 54 employees down to below 50. But they received a notice from their insurance company that they were being canceled, and when approached, they were told it was in preparation for the uncertainties of the Affordable Care Act.

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That shouldn't be the experience in the State of Michigan or any other place in this great country. That shouldn't be the experience—that employers are encouraged to downsize as opposed to continue to expand. I could go through testimony after testimony similar of the challenges that have come from the Affordable Care Act that has become unaffordable and unmanageable.

All we are asking for is the opportunity to work together to negotiate toward a compromise on the way forward, Mr. Speaker. That's possible.

We passed a bill the other day unanimously to fund our military. The Senate passed that. That shows that if we want to, it can get done.

This summer, 35 Democrats voted with Republicans to delay the employer mandate and 22 voted to delay the individual mandate. Seventeen voted to repeal the medical device tax last week, as recently as last week.

We can get things to work if we are willing to sit down and negotiate toward a compromise that speaks to the concerns of our constituents. Seven of the more than 40 bills the House has approved to repeal all or part of the ObamaCare have been signed into law.

We could go on and on, Mr. Speaker.

But I get to a final point of concern for me. With the Affordable Care Act, otherwise known as ObamaCare, we also have crossed the line into the areas of our personal freedoms and our rights of conscience. Yes, I was a minister by training and background before going into politics. I understand there are religious beliefs, there are denominational beliefs, and there are a

lot of differences. But the beauty of this great country, Mr. Speaker, is that we have always espoused the opportunity for freedom of religion and rights of conscience regardless. We have truly had plurality in our country.

Yet this one act is tromping down on the individual rights of conscience and religious liberties, our First Amendment in the U.S. Constitution. A former Prime Minister of the Netherlands back in the 1900s by the name of Abraham Kuyper really made this point of where I am going, Mr. Speaker, when he said:

When principles that run against your deepest convictions begin to win the day, then battle is your calling and peace has become sin. You must at the price of dearest peace lay your convictions bare before friend and enemy with all the fire of your faith.

When we hear of the little Sisters of Mercy being told that they are not religious enough to carry on their rights of conscience in relationship to the Affordable Care Act, Mr. Speaker, we have a problem. When we have a devout Catholic business owner who employs several hundred employees in the west part of Michigan who, because of his rights of conscience, has chosen to say we will provide insurance for our employees under the Affordable Care Act or any act, but we cannot provide insurance that violates our long-standing, strong-held rights of conscience, and courts say, because of this act, no, you can't do that.

Mr. Speaker, it is time to identify the challenges here, to read what is in the bill, to implement the changes necessary or go back, I believe, to the first and foremost principle of this great country, and that is liberty and justice for all, and develop a program that expands choice, opportunity, responsibility, variety, competition, and ultimately the ability for our citizens, our constituents, the people we serve, to care for their lives, their health in the best way possible with their government standing on their side, not in their way.

I appreciate the opportunity to speak to this issue. It needs to be spoken to over and over and over again until ultimately we win the day and give back that liberty and opportunity to our American citizens.

Ms. JENKINS. Thank you, Congressman WALBERG.

Mr. Speaker, I would like to thank you for allowing my colleagues and I to speak to the American people about the destructive provisions of the President's health care law, the constant stream of delays that have come from the President's administration, the costly effect it will have on folks all over the country, and the rocky implementation it has experienced so far.

I believe we have made it clear that this law is simply not ready to meet the needs of the American people. It is unfair to punish regular folks while giving preferential treatment to big businesses, unions, and Members of

Congress. We hope our Democrat colleagues will work with us to provide fairness for all and say "no" to special treatment.

I yield back the balance of my time.

CONGRESSIONAL PROGRESSIVE CAUCUS

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

Mr. POCAN. Mr. Speaker, I am here on behalf of the Congressional Progressive Caucus in our Special Order hour to talk specifically about what is happening this week, or better yet what is not happening this week, in Congress.

Mr. Speaker, it has been almost exactly 48 hours since the GOP government shutdown in this country; 48 hours since 800,000 Federal employees have been furloughed; 48 hours since our national parks have been closed; 48 hours since the Small Business Administration is no longer issuing new loans; 48 hours since the Centers for Disease Control won't be able to monitor the influenza season coming up; 48 hours since the National Institutes of Health has essentially shut down; and 48 hours since we are costing the U.S. economy \$300 million a day.

This isn't a number that the congressional Democrats or the Progressive Caucus has come up with. This is coming right from an article from Bloomberg News.

According to Bloomberg News:

A partial shutdown of the Federal Government will cost the U.S. at least \$300 million a day in lost economic output at the start.

They go on further:

Government spending touches every aspect of the economy and disruption of spending more than the direct loss of income threatens to damage investor and business confidence in ways that can seriously harm economic growth.

It goes on to explain two major reasons why we are going to have this impact of \$300 million a day. The first is the fact that we have the furloughed workers:

Each day the shutdown drags on, the more Federal employees will discount the possibility that they will go back to work soon and they will pull back on their spending.

Specifically, one Federal employee is quoted saying:

The shutdown affects me greatly. I have a mortgage, and I'm the sole provider for my two daughters, one of whom is in college.

That is what we are doing right now to the U.S. economy by strangling our Federal employees who serve this Nation so well. But also, consumer confidence is directly impacted by this GOP shutdown of the government.

Again, from the article:

If a shutdown drags on, it would start to shake consumer and business confidence more broadly, economists said.

Household spending accounts for 70 percent of the economy.