ObamaCare is really nothing more than catastrophic insurance priced like regular insurance.

''This year, ObamaCare's lower priced bronze plans have a $5,181 individual deductible and $10,545 dollars family deductible. The more expensive silver plan has a $2,927 individual deductible and $6,010 family deductible.

''On top of your monthly premiums, the deductible is the amount you have to pay out of pocket before your insurance kicks in. The last time I looked, if I enrolled in ObamaCare, my out-of-pocket expenses (premiums plus deductible) would exceed $8,000 before insurance started paying anything.

''One result of this has been an increase over the last 5 years of the percentage of people who put off treatment due to cost.

''Unless something catastrophic happens to you, in most cases, you are still paying out of pocket for all of your health care. On top of that, you are paying for premiums that are doing you absolutely no good. It is just free money for the insurance companies.

''Also, when you are insured, your out-of-pocket expenses are usually higher. Most health care outlets offer steep discounts for the uninsured.

''Basically, ObamaCare is nothing more than a massive tax increase disguised as insurance; a massive financial boon to the same big insurance companies Democrats have demonized for years; a massive redistribution of wealth that primarily soaks the middle class while diminishing their quality of health care.

''In summation: The ObamaCare victims vastly outweigh the beneficiaries. It is not even close.''

John Nolte, for the Record.

Then from the Weekly Standard, the Feds say that the cost of healthcare.gov is estimated at $1.7 billion.

Of course, when the disastrous rollout of this government Web site happened, we heard from people who really knew what they were doing that said: Gosh, we could have done this for just $6 million or so. Well, not if you are close friends with the occupants of the White House. If you are close friends with the occupants of the White House, you are going to run up a billion-dollar bill for a $6 million, $7 million Web site that doesn't have the security that is required.

So we are in big trouble here. Health care has not been helped, and we have more and more government workers who are telling people who know how to provide health care what they can or can't do all to the detriment of the patient.

I think about one of my constituents. He is no longer practicing medicine. He was there to help my wife when she first went into labor 8 to 10 weeks prematurely. He was telling me that he had done a surgery, one of the best he had ever done. Because of all his training and his many years of experience, he was good at what he was doing. A couple of days after the surgery, he got a call from somebody, I think he said in Pennsylvania. The guy had no kind of medical degree at all. He is a government worker.

He said: I was looking at your records of your surgery—it was one of the best he had ever done of this type. He said: Well, the average is over 3 hours, and you only took 59 minutes; and normally you lose over 3 to 4 pints of blood, and you only lost 10 CCs, so you are going to either have to change the records or we can't reimburse you.

As this honest, experienced, and excellent physician said: I am not going to change my records for anybody. He said: Well, then we can only reimburse you about one-quarter of what you should have gotten otherwise.

He said: I am not practicing medicine like this. Some idiot doesn't even know what he is doing is going to tell me, one of the best surgeries I have ever done, that I can't be reimbursed—and he is retired. He gave it up. He said: I planned to practice a lot longer, but I am not practicing medicine like this.

So who is hurt? His patients.

So what happens when you socialize medicine, as we are moving into here, well, you have fewer doctors that are as well trained. The best and brightest don't apply. We have already seen a drop in the quality of people and the numbers of people, I am told, for medical school. Good people are still applying, but eventually, as I saw in the Soviet Union when I was there, you have people who are physicians. Some are like Florence Nightingale, they do it out of a sense of service and dedication; but some just because, you know, hey, it is a job.

As people are finding out, if you are not going to get reimbursed, then you are not going to be able to pay back a quarter-million dollars of loans for college, medical school, and getting you through the internship and residency until you are actually out making good money because you are not going to make it as good; therefore, you can't afford to go through as many years. So you end up, over the years you see the college, the medical school, all these years of training and experience squished together.

What is the result? Well, you don't have as good physicians. But you also have wonderful nurse practitioners. You have physician assistants that start taking up the jobs that people went through college and medical school, internship, and residency, they start picking up the slack that you used to have quality, well-trained doctors to do. And they are doing a good job, but it lowers further and further the quality of care any time the government gets involved to the extent that it is now.

It is not too late. It is 5 years in. It has been a disaster. One broken promise after another, after another, after another. I hope and pray that people don't have to continue to suffer the indignity of much too high health insurance and not near the quality they were getting until we get a new President and can finally get a new health care system and have true reform. I hope and pray that this President does not end up being so stubborn that he will not hear the cries of the people across America who are saying: Please, let us have back our cheaper health care, our own doctors, and our better policies. That should be the conclusion after 5 years of this disaster.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 8 o'clock and 59 minutes p.m.), the House stood in recess.

□ 2205

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WOODALL) at 10 o'clock and 5 minutes p.m.

HOUR OF MEETING ON TOMORROW

Mr. CURBELO of Florida. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow for morning-hour debate and noon for legislative business.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. GRANGER (at the request of Mr. MCCARTHY) for today on account of a prior commitment in the district.

Mr. HULTGREN (at the request of Mr. MCCARTHY) for today on account of flight cancellations due to the weather.

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today.

Mr. PAYNE (at the request of Ms. PELOSI) for March 16 through 19 on account of foot surgery.

Mr. PAYNE (at the request of Ms. PELOSI) for today on account of foot surgery.

ADJOURNMENT

Mr. CURBELO of Florida. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 6 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 24, 2015, at 9 a.m. for morning-hour debate.