

from Northampton to Greenfield, and we need to do the right thing.

#### NEGATIVE EFFECTS OF THE IMPLEMENTATION OF OBAMACARE

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

Mrs. ROBY. Mr. Speaker, I rise today to share some of the stories of Alabamians who are being negatively affected by the implementation of the Affordable Care Act.

Over the last several weeks, thousands of health insurance policy holders in Alabama have received notice that their plans have been canceled or altered, and their costs have risen, some quite dramatically. This, despite President Obama's often-repeated and unmistakable promise to the contrary.

He promised of the Affordable Care Act:

If you like your doctor, you will be able to keep your doctor. Period. If you like your health care plan, you will be able to keep your health care plan. Period. No one will take it away, no matter what.

Mr. Speaker, we now know this wasn't true. To make matters worse, the disastrous rollout of the ObamaCare Web site has made it nearly impossible for those affected to search for alternatives. The President didn't tell the truth, and the Americans who took him at his word are paying the price.

I recently reached out to Alabamians, asking those who have experienced health care plan cancellations or rate increases because of ObamaCare to tell me their stories. The response has been overwhelming; and, Mr. Speaker, I would like to share just a few of those stories here in the House this morning.

Allyson Strickland, a wife and a homeschooling mother of four from Dothan writes:

We are a family of six with one income, and our premiums doubled from \$420 to \$940 a month. We are already under great financial strain, and this is not helping relieve any of the tension. At this point we are unsure about what we are going to do. With four growing children, we know insurance is vital, but at what cost to the daily needs of our family? We are very disappointed in the Obama administration.

Shaun Cunningham of Montgomery writes:

I am a married father of two beautiful little girls. My jaw dropped when I found out my family's premium was going from \$400 a month to \$722. I called BlueCross first thing Monday morning, but I was told I needed to contact healthcare.gov for assistance. After 6 hours on the phone with them trying to apply for a subsidy, I did manage to find out that there was a cheaper premium. I could choose the Blue Saver Bronze at a rate of \$545 per month, which was still an increase over the plan I liked. The other problem? My individual deductible would be \$6,350 and my family deductible would be \$12,700. I fail to see anything "affordable" about this.

Chris Vuccovich of Montgomery:

Was notified that my policy was not ACA compliant. Paying \$390 for family coverage, just found out comparable plan, "Silver,"

would be \$704, my out-of-pocket went up, so did deductibles and copays. We make too much money and will not qualify for, nor do I want, a subsidy.

Leigh Hayes Wiatt of Montgomery:

Our premium went up to \$1,374 a month.

Angela Zacchini of Greenville:

Our family of four is paying \$417 a month, and it is going to \$765 a month.

Jim Harrell of Prattville:

My doctor retired and told me that he was not going to deal with the changes in the Affordable Care Act. So I could not keep my doctor. Both of my adult daughters got letters indicating their policies were canceled due to not meeting all the requirements of the new law. New policies being issued will be about 33 percent more expensive. One has a specialist doctor who is now going to charge patients a costly fee up front each year, and then pay for services rendered. All of these effects are negative to my family.

Mr. Speaker, these individuals and families are not statistics. They are real people from Alabama's Second Congressional District whose lives are being made more difficult because of ObamaCare.

I don't know why the President repeatedly misled the country about the true implications of this health care law. This is the kind of Washington doublespeak, political doublespeak, people are so fed up with; and this time it is hurting people in a very real way.

We have an opportunity here in the House this week to make it right by acting to protect Americans from these rate hikes and plan cancellations. So that is why I am a cosponsor of Keep Your Health Plan Act, which will allow health care plans currently being offered to continue next year, just like the President promised.

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This bill also ensures that Americans choosing to maintain their health care plans will not face a tax penalty under ObamaCare.

I appreciate the leadership of Chairman FRED UPTON of Michigan in bringing forth this legislation. The Keep Your Health Plan Act won't fix every problem with ObamaCare, but it will offer real changes and peace of mind to Americans affected by these changes.

Mr. Speaker, this isn't a partisan issue. Republicans and Democrats alike recognize the basic unfairness that has occurred here. So I urge my colleagues on both sides of the aisle to support the Keep Your Health Plan Act.

#### AFFORDABLE HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey (Mr. PAYNE) for 5 minutes.

Mr. PAYNE. Mr. Speaker, for millions of Americans, the dream of access to affordable health care is becoming a reality, thanks to the Affordable Care Act.

In New Jersey, 2.2 million people have already gained access to free preventative care. Premiums will be 20 percent lower in 2014. Seniors on Medi-

care already received a 50 percent savings on prescription drugs, and more than 70,000 young adults in New Jersey are able to see a doctor because they can stay on their parents' insurance.

Sadly, though, out of purely selfish political motivation, my Republican colleagues are obsessed with making this law fail and are working overtime to take away the benefits millions of people are already enjoying. I challenge my Republican colleagues to channel that same energy into making the law work so that millions can get the lifesaving care that they deserve.

Look around your districts. How many of your constituents could benefit from access to lifesaving health care, to free cancer screenings and reduced prescription drug costs? They don't need a 47th, 48th, or 49th vote to repeal the law. They need the affordable, quality care that the ACA provides. And they are counting on their leaders to make it work, not to work against them to make it fail.

#### RECOGNIZING DR. TOM KIM AND THE FREE MEDICAL CLINIC OF AMERICA

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

Mr. DUNCAN of Tennessee. Mr. Speaker, I rise today to honor a Tennessean who has helped thousands of people in need across my district. Dr. Tom Kim came to America after escaping North Korea at the age of 6. Through a strong Christian upbringing and faith in God, he was led to a lifelong devotion of helping others.

Many years ago, I had lunch with Dr. Kim, and he shared with me his wish to open a clinic that provides free health care to the working poor in my district. The clinic would operate with a mission based on the Bible verse Matthew 25:40, "Whatever you did for the least of these, you did for Me." From that vision came The Free Medical Clinic of America, which this year celebrated its 20th anniversary and 11,000th new patient. What started as a small clinic alongside Dr. Kim's own practice in Knoxville has grown to facilities in four other counties.

Most recently, the FBI office in Knoxville gave Dr. Kim the Director's Community Leadership Award. This yearly honor is given to citizens who go above and beyond in service to their communities.

Mr. Speaker, Dr. Tom Kim is one of the most selfless and kindest men I have ever known and is a man who possesses a contagious energy to help others. I wanted to bring his devotion to others to the attention of my colleagues. I hope The Free Medical Clinic of America continues to be an example of humanity and Christian service for many years to come.

While I came here primarily to honor a health care hero, I also want to make a few additional comments about health care.

The more we learn about the so-called Affordable Care Act, the worse it gets. It should be called the "Unaffordable Care Act" since cost estimates are already double or triple the estimated cost when it was passed, and Federal health plans have always been lowballed on the front end. According to the nonpartisan Congressional Research Service, Medicare was supposed to cost about \$12 billion after 25 years. Instead, CRS reports that it costs almost 10 times that much, and this year, it will cost six times that amount, or over \$600 billion.

Premiums are going way up for most people in preparation for the requirements of the new law.

The Associated Press reported on August 8:

One casualty of the new health care law may be paid coverage for families of people who work for small businesses.

Employers are either not hiring as many workers as they ordinarily would, with many trying to stay under 50 employees so as not to be hit by the new law, or are switching people to part-time work. The State of Virginia notified 10,000 part-time workers they would not be allowed to go over 30 hours a week, and some have said the new norm all over the country is two 20-hour-a-week jobs.

One leading supporter of the act was famously quoted as saying that we would have to pass the law before we could find out what was in it. Now we are finding out all of the promises about keeping your plan if you liked it, keeping your doctor if you liked him, and that premiums would go down by as much as \$2,500 a year were all false, exaggerated, or at least incorrect. Millions have lost or will lose their coverage. Millions more are facing huge increases in their premiums.

In our offices, we have helped many people with Medicare and Medicaid problems, and no one wants to see anyone denied medical care. However, before we start another program that we can't afford, we need to do more to eliminate the tremendous waste, fraud, and abuse that exists in Medicare and Medicaid today.

More significantly, some people and companies have become rich off of these two programs. The administrators of Medicare and Medicaid need to crack down on those who are turning Medicare and Medicaid into monetary bonanzas. One place to start is in the huge discrepancies in charges by hospitals.

A May 8 New York Times article reported that one hospital in Dallas billed Medicare \$160,832 for lower joint replacements while another just 5 miles away and on the same street billed the government an average fee of \$42,632. Two hospitals in New York City varied by 321 percent what they charged for complicated asthma treatment, one billing an average of a little over \$34,000 while the other charged an average of a little over \$8,000.

Columnist Charles Lane of The Washington Post wrote that Medicare reim-

burses power wheelchair suppliers \$4,000 to \$5,000 for a basic chair that costs the supplier \$700. Just yesterday, in the Oversight and Government Reform Committee, we had a hearing about the botched rollout of the Affordable Care Web site. Already, over \$600 million has been spent on this messed up, convoluted, confusing system. It is going to cost billions to straighten it out and keep updating the technology. None of this is going for actual health care. It is just going to some well-connected government contractors who are getting rich at great expense to American taxpayers.

What a great law this is, destroying jobs for average Americans but wonderful for lobbyists and government contractors. Pete Sepp of the National Taxpayers Union said:

How ironic that while the Affordable Care Act is being blamed for slowing job creation outside the beltway, the law is offering plenty of job opportunities to firms inside the beltway willing to promote it.

How sad this is.

#### ARTICLE 32

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. SPEIER) for 5 minutes.

Ms. SPEIER. Mr. Speaker, recently, a courageous 21-year-old female Naval Academy student was bold enough to report that three men on the Navy football team raped her while she was drunk. Little did she know that when she came forward, she would be put on trial, forced to testify, and be cross-examined for more than 30 hours. She was harangued by the defense team and asked humiliating and abusive questions for hours, with the clear objective to intimidate her and destroy the case.

What is so unbelievable is that her case hadn't even made it to trial. This was only the equivalent of a preliminary hearing, called an Article 32 hearing under the Uniform Code of Military Justice. It is supposed to be used to determine if a case should go forward to trial. The truth is that Article 32s have mutated and now serve to put the victim on trial, not the accused.

Her experience of not only being sexually assaulted but revictimized by the judicial system is all too common in the military. In Article 32 proceedings, it is standard operating procedure for the defense team to subject the victim to every irrelevant, indecent, and outright degrading question you can imagine.

In the Naval Academy case, the victim was asked by one of the defense attorneys, "How wide do you open your mouth for oral sex?" Another question was asked of her, "Did you feel like a 'ho' the next morning?"

These questions would simply never, ever be permitted in a civilian criminal trial, let alone in a preliminary hearing. None of this is in pursuit of the truth, of course. It is all an effort to make victims think twice about even coming forward or pursuing a case.

At one point in the Naval Academy proceedings, the victim asked for a recess because of fatigue. Lawyers for the alleged rapists scoffed, "What is so stressful about this?"

In the civilian world, a preliminary hearing is used to determine if there is probable cause and if a case should go to trial. Oftentimes, the victim is never even called, and the victim is certainly not berated for hours about their previous sexual history. These proceedings are very brief, and the scope of the hearing is limited to the question of probable cause.

The 5-day, 30-hour proceeding is such a glaring example of the difference between what justice looks like in the civilian courts and what it looks like in the military justice system. Simply put, Article 32 hearings are rigged in favor of the accused. The scales are so tilted in favor of the accused, the system is upended.

The proceedings also have a significant chilling effect on sexual assault reporting. Although the numbers have climbed, only 10 percent of the estimated 26,000 annual assaults are actually reported. Now, think about this: 26,000 assaults every year in the military of both men and women—and mostly men, I might add—with only 3,000 reported. Are we at all surprised that the numbers of reports are so small? Less than 1 percent of the offenders are ever convicted. This is called military justice?

After Air Force Lieutenant General Richard Harding testified that 30 percent of the victims drop out during the investigative process, it is time for us to do something meaningful about Article 32 hearings. That is why I am introducing the Article 32 Reform Act along with my cosponsor, the gentleman from Pennsylvania, Congressman PAT MEEHAN, which will align these proceedings with what happens in a civilian preliminary hearing and will give victims the option of whether or not to testify at all.

Ironically, civilian victims are currently afforded this right in military courts but not servicemembers. That is right. We allow civilian victims not to testify in Article 32s but force the brave servicemembers who are victims to be subjected to this abusive process.

This bill has bipartisan support in both the House and the Senate and will finally put an end to these open-ended, abusive hearings that revictimize those who come forward and prevent others from reporting for fear of being savaged by defense attorneys who have only one goal: to shut up the victim and sully their reputations. The proposed reform will put prosecutors in charge. It will shift the focus to probable cause, and the threshold will be what it should be: whether there is sufficient evidence to go to trial.

It is time that we give the same rights to brave servicemembers who come forward to report a crime, the rights that the rest of us have in civilian society. If we are serious about addressing the epidemic of sexual assault,