who have expressed its merit, and urge passage.

Mr. MCGOVERN. We all know that breakfast is the most important meal of the day. We also know that it's nearly impossible to learn on an empty stomach. These are two of the most important reasons why the school breakfast program is so important.

I'm pleased to be a cosponsor of this important resolution recognizing the importance of school breakfasts. I want to commend the gentlewoman from Wisconsin, Congresswoman MOORE, for introducing this important resolution and I want to recognize and honor the members of the School Nutrition Association who are here in Washington, DC, this week for their national conference.

The school breakfast program allows qualified students to eat a meal at school for either free or for a reduced price. Together with the school lunch program and after school meal programs, the school breakfast program allows America's school-aged children to receive nutritious meals while at school.

Unfortunately, there are shortcomings in the school meal program that need to be addressed in the future.

One issue is the underfunding of summer feeding programs. The Federal Government does not fund summer meals at the same level as it funds meals delivered at school. Any child who receives a meal at school shouldn't have to go without a meal during the summer months simply because Congress doesn't properly fund that part of the program.

Another is obesity and nutritious foods. Obesity is a real crisis and we need to ensure that our children are eating the most nutritious foods available. School meals must meet rigorous nutritional standards and they should be consistent nationwide. We also have to be conscious about the rising cost of food and the impact of these rising costs on the school meal programs.

A third issue is the difference between free and reduced price meals. Unfortunately, some qualified children receive free meals at school while others must pay a portion of the meal price.

Finally, I want to express my strong support for school breakfast programs that begin when class starts, or ''at the bell.'' Most children who eat school breakfast must arrive at school before class starts. That can be both a hardship for the children and their families in trying to get them to school in time to eat. But it can also be a social stigma for these children who arrive early to eat because it's clear which children must arrive early to eat. We can eliminate that social stigma by serving school breakfasts at the bell.

The Child Nutrition Act will be reauthorized next year, and we will have an opportunity to make substantive improvements in these important school meal programs. But today, we are recognizing the importance of the school breakfast programs and honoring the people who administer and work on these programs in school districts across the country.

Mr. KIND. Mr. Speaker, I rise today in honor of National School Breakfast Week and in support of a resolution that recognizes how providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

It is often stated that breakfast is the most important meal of the day, and yet a great number of children begin their school day without access to a nutritious breakfast. As a former member of the House Education and Labor Committee and the father of two young boys, I understand the vital link between a healthy diet and successful performance in school. We must ensure that schools have the resources necessary to provide each student the nourishment necessary to get them through their day.

With over 8.1 million students participating in the school breakfast program, schools recognize the benefits of making sure that all children have a healthy breakfast to start their day; however, there are still many students not at the table and their academic progress may be suffering. It has been shown that school breakfast programs have led to a drastic reduction in school tardiness and provide students with the vital nutrients they need for remaining attentive in class and processing the information. They receive. We can simultaneously improve the physical well-being of our students while also improving their performance in the classroom.

The National School Breakfast Program provides students with the healthy start to the day that they need to succeed. I ask my fellow Members to join me in offering their full support of this resolution. Together we can ensure that our commitment to the physical health of our students matches our commitment to their academic progress.

Ms. JACKSON-LEE of Texas. Mr. Speaker I rise today in support of H. Con. Res. 1013 Expressing the sense of the Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

Research shows that eating breakfast affects a child's overall performance during school. A nutritious breakfast provides students with the energy needed to start the day. Students who eat breakfast before school do not face hunger symptoms such as headache, fatigue, sleepiness and restlessness. In turn eating breakfast helps students to think faster when doing school work and respond more clearly to teacher questions.

A good balanced breakfast has been linked to causing an increase in mental performance, helping to keep students from ''drifting'' during class, causing them to be calmer and less anxious. Those are things that are important for success in class.

Studies also show that eating a solid breakfast is a major way to fight child obesity. Because this is an easy way to fight obesity breakfast helps not only in the area of health but in academics as well. It is hard for our children to have their minds on school when their stomachs are empty. Because of this reason and the important link between adequate nourishment and educational performance I stand in support of H. Con. Res. 10l3.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 1013.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 1424, PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

Ms. CASTOR. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1014 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1014

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1424) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans. The bill shall be considered as read. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. In lieu of the amendments recommended by the Committees on Energy and Commerce, Ways and Means, and Education and Labor, the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) two hours of debate equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce, the chairman and ranking minority member of the Committee on Ways and Means, and the chairman and ranking minority member of the Committee on Education and Labor; and (2) one motion to recommit with or without instructions.

SEC. 2. In the engrossment of H.R. 1424, the Clerk shall—

(a) add the text of H.R. 493, as passed by the House, as new matter at the end of H.R. 1424;

(b) conform the title of H.R. 1424 to reflect the addition to the engrossment of H.R. 493;

(c) assign appropriate designations to provisions within the engrossment; and

(d) conform provisions for short titles within the engrossment.

SEC. 3. During consideration of H.R. 1424 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to such time as may be designated by the Speaker.

□ 1400

POINT OF ORDER

Mr. BROUN of Georgia. Mr. Speaker, I make a point of order against the consideration of the resolution because it is in violation of section 426(a) of the Congressional Budget Act.

The resolution provides that ''all points of order against consideration of the bill are waived except those arising under clause 9 and 10 of rule XXI.'' This waiver of all points of order includes a waiver of section 425 of the Congressional Budget Act which causes the resolution to be in violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Georgia makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

The gentleman has met the threshold burden to identify the specific language in the resolution on which the point of order is predicated. Such a point of order shall be disposed of by the question of consideration.

The gentleman from Georgia and a Member opposed, the gentlewoman from Florida, each will control 10 minutes of debate on the question of consideration.

After that debate, the Chair will put the question of consideration, to wit: Will the House now consider the resolution?

The Chair recognizes the gentleman from Georgia.

Mr. BROUN of Georgia. Mr. Speaker, I have both professional and personal interest in this bill. I'm a medical doctor, and for years I've treated depression, anxiety, a lot of panic disorders. I'm also an addictionologist. I've treated drug and alcohol addiction and eating disorders. And so I've had many patients over the years that have had these kinds of problems.

My mom has been involved in dealing with her own depression all the way up until she died of metastatic breast cancer, and she worked with the mental health society in our home community.

I also have personal interest in this bill because my wife has suffered from depression. She has an eating disorder and has dealt with this in her history. She has suffered from depression to the point that several years ago she even tried to take her own life, and except for the grace of God she should have died. And so I do have a very personal interest in this bill. Mr. Speaker, this is why I have a vested interest in how Congress addresses health care, and especially mental health coverage.

CBO estimates that the cost of the mandates to the private sector in this bill would be at least $1.3 billion in 2008; and this would rise to $3 billion in 2012. The Unfunded Mandates Reform Act, or UMRA, establishes an annual threshold that cannot be exceeded, at least without Congress waiving this rule. For 2007, that threshold amount is $131 million, a great deal of money. This bill exceeds the $131 million threshold by over $1 billion, and it will place a crushing burden on private health insurers and millions of Americans seeking affordable health insurance. These mandates will directly harm businesses and Americans' ability to obtain affordable health insurance.

This legislation is very well intended. It is also rash and very poorly drafted and I assure you that if this mental health parity bill is signed into law in its current form, it will result in at least three things:

H.R. 1424 will increase health insurance and mental health costs;

H.R. 1424 will result in Americans losing their mental health coverage due to the mandates and the increased costs of those mandates;

H.R. 1424 will result in a myriad of lawsuits.

I testified before the Rules Committee last night and offered two amendments that would have drastically improved this legislation. Well, the Democratic majority, instead of choosing to allow an honest dialogue and an open debate on an extremely important issue of mental health, they chose to deny all amendments to this legislation. Not only that, the majority changed the underlying bill's language late last night and inserted the text of the Genetic Information Non-Discrimination Act. This legislation will further erode mental health parity and jeopardize affordable group health insurance in America.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield myself such time as I may consume.

I strongly oppose the gentleman's point of order.

This point of order is being raised today for one purpose and one purpose only, that is, to block this rule and ultimately the underlying bill, an underlying bill that prohibits discrimination against Americans with mental illness.

I'm heartened by the fact that I do not believe the gentleman's point of order comes from a unanimous opinion of the other side of the aisle because the underlying bill is a bipartisan effort cosponsored by 274 Members of the House of Representatives. Yet there are opponents of this bill, and they will raise these dilatory tactics. The opponents don't even want to allow a debate or a final vote on this critical measure. They simply want to stop the process and kill the bill through this procedural maneuver.

So despite whatever dilatory procedural devices the other side tries to use to stop this bill, we will stand up for the millions of Americans who need parity in mental health coverage, and we will vote to consider this important legislation today.

We must consider this rule, and we will pass the Paul Wellstone Mental Health and Addiction Equity Act today.

Mr. Speaker, I reserve the balance of my time.

Mr. BROUN of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. I thank the gentleman for yielding.

I could hardly believe my ears when I heard my friend from Florida say that this is a dilatory tactic, and the idea was to, what was it, to deny a vote on this bill? For goodness sakes. Last night there were several attempts, several attempts to try to improve this bill in a way that would make it more palatable to more people in this House, and they were turned down every time by the majority, Democrat majority, in the Rules Committee. And so for my friend from Florida to stand up and say that that is an attempt to kill this bill, when last night she participated in an exercise to do exactly that, is just beyond me.

Mr. BROUN of Georgia. Mr. Speaker, I want to say that I resent my sincerity on this being questioned by the gentlelady from Florida. I am very sincere about this.

Ms. CASTOR. Will the gentleman yield?

Mr. BROUN of Georgia. No, ma'am.

I am very sincere about this. I talked to the Rules Committee last night. I have talked on this floor here tonight. And for you to make these charges that I'm not sincere about this bill is absolutely incorrect. Maybe the gentlelady didn't hear me, but I have very personal interests in mental health. It is an extremely important issue to me, to my wife, to my family. And for you to say I'm not sincere about this, I am just very shocked about that. But I am sincere.

This bill, the way it's written, is going to actually deny people mental health coverage. We tried to fix it last night, make it better. And those attempts were denied over and over and over again.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I am pleased at this time to yield 2 minutes to my colleague from Tennessee (Mr. COHEN).

Mr. COHEN. I thank the gentlelady from Florida for making this time available.

My father was a physician. After being a pediatrician for many years, he chose to change his specialty and go into psychiatry, and then child adolescent psychiatry. As a result of that, I was exposed to mental health issues and mental health treatment and the need for mental health professionals throughout this country.

There has been a misconception in this country about people needing mental health treatment and their being adequately covered by insurance. In the same way that a physical illness affects people, mental illnesses do. And mental health treatment has been woefully undercovered and underserved, people who suffer from that in our country.

I am proud to be a cosponsor of this bill and to join with the gentleman from Minnesota and the gentleman from Rhode Island who brought the bill and other cosponsors, because I think it shows that this Congress understands that mental health treatment needs to be covered, that diseases of the mind are similar to diseases of the body, the effect they can have on a person's overall well-being, but that their mental health and their physical health are also intertwined, and if mental health is not treated, physical health is affected.

We need to be concerned about all of our fellow citizens, our brothers and sisters who might suffer from any illness. And it's time that we came out from the cloak of an ancient time when we looked upon mental health treatment as something to be shunned, to be embarrassed about if it was somebody

in our families, our friends, or even ourselves. And so I wholeheartedly endorse this bill and feel that the passage of this bill will be a great day for Americans and for science.

Mr. BROUN of Georgia. Mr. Speaker, in addition to the concerns that I raised earlier regarding the provisions of the mental health parity bill, that it will actually decrease mental health coverage and increase health insurance costs, let me share several additional concerns I have with the Genetic Information Non-Discrimination Act that was inserted late last night.

Title I of the GINA legislation imposes Federal mandates on health plans regarding insurance coverage, while title II imposes mandates on employers regarding employment and related hiring decisions. However, there is no explicit language in this legislation clarifying that group health insurance plan sponsors may not be subjected to the more expansive remedies provided by title II.

Why is that a problem? Because title II provides for rulemaking by the EEOC, the Equal Employment Opportunity Commission, and remedies before the EEOC and, ultimately, Federal courts.

During floor debate on H.R. 493, Congressman ROB ANDREWS suggested that ''employers, including to the extent employers control or direct benefit plans, are subject to the requirements of title II of this bill,'' including the much broader definition of genetic testing and tougher penalties associated with that title.

I believe that this lack of clarity could and will lead to additional lawsuits through the use of broader remedies available in title II that are intended to be reserved for employers who violate their employees' civil rights, not for employees seeking to litigate group health plan disputes.

Further, section 502 of ERISA says that all lawsuits must go through Federal court, which is not addressed in the mental health parity legislation. Nothing in this bill states that section 502 is preserved, so lawsuits can and will be brought in State court.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. At this time I will reserve the balance of my time.

Mr. BROUN of Georgia. Mr. Speaker, I want to go through just a list of some things that this bill will do.

It's going to increase health care costs. CBO estimates that H.R. 1424 would impose mandates on private insurance companies, a total of $3 billion annually by 2012. These costs will ultimately be borne by employers offering health insurance and employees seeking to obtain coverage.

Number two, it will increase the cost of business due to private sector mandates. The bill contains multiple new Federal mandates on the private sector, affecting the design and structure of health insurance plans.

The bill also increases the threshold level at which employees suffering increased claim costs as a result of implementing the new Federal mandates can claim an exemption from the provisions of H.R. 1424.

Number three, I think this will decrease the mental health coverage. While the bill imposes several new Federal mandates on those employers who choose to offer mental health coverage, there is nothing in H.R. 1424 that would require plans to cover these conditions. Thus H.R. 1424 could have the perverse effect of actually decreasing mental health coverage by encouraging an employee who is frustrated with the bill's onerous burdens to drop mental health insurance altogether.

Four, I think it will increase the number of uninsured. It will erode the Federal preemption for employers. This codification of treatment mandate for health plans, they are going to use DSM-IV to codify that. And this book, DSM-IV, was generated for physicians to use just to be able to classify mental health. It has a whole lot of things in here that most employers would not want to cover.

□ 1415

It will increase an intergovernmental mandate. It is a violation of UMRA. It has a lack of conscience clause, and it has a lack of medical management tools.

The SPEAKER pro tempore. The gentleman from Georgia's time has expired.

Ms. CASTOR. Mr. Speaker, I urge a ''yes'' vote on the consideration of the resolution so we can move forward on the rule and to consider the bill.

Those that oppose our efforts to end discrimination when it comes to mental health services will get their opportunity to debate the bill and to vote against these measures.

So with that, Mr. Speaker, I urge a ''yes'' vote to consider the rule.

The SPEAKER pro tempore. All time for debate has expired.

The question is: Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. CASTOR. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 215, nays 192, answered ''present'' 1, not voting 20, as follows:

[Roll No. 94]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—192

Abercrombie
Aderholt
Akin
Alexander
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter

McCrery	Putnam	Smith (NE)
McHenry	Radanovich	Smith (NJ)
McHugh	Regula	Smith (TX)
McKeon	Rehberg	Souder
McMorris Rodgers	Reichert	Stearns
Mica	Reynolds	Tancredo
Miller (FL)	Rodriguez	Terry
Miller (MI)	Rogers (AL)	Thornberry
Miller, Gary	Rogers (KY)	Tiahrt
Moran (KS)	Rogers (MI)	Tiberi
Musgrave	Rohrabacher	Turner
Myrick	Ros-Lehtinen	Upton
Neugebauer	Roskam	Walberg
Nunes	Ross	Walden (OR)
Paul	Royce	Walsh (NY)
Pearce	Ryan (WI)	Wamp
Pence	Salazar	Weldon (FL)
Peterson (PA)	Sali	Weller
Petri	Saxton	Westmoreland
Pickering	Schmidt	Whitfield (KY)
Pitts	Sensenbrenner	Wilson (NM)
Platts	Sessions	Wilson (SC)
Porter	Shadegg	Wittman (VA)
Price (GA)	Shimkus	Wolf
Pryce (OH)	Shuster	Young (AK)
	Simpson	Young (FL)

ANSWERED ''PRESENT''—1

Bachmann

NOT VOTING—20

Blunt	Johnson, E. B.	Rangel
Boehner	Keller	Renzi
Brown-Waite, Ginny	Kucinich	Reyes
Cole (OK)	Meek (FL)	Rush
Conyers	Murphy, Tim	Sullivan
Gonzalez	Ortiz	Udall (CO)
	Poe	Woolsey

□ 1440

Messrs. KING of New York, DUNCAN, WITTMAN of Virginia, HOBSON, WOLF and RODRIGUEZ changed their vote from ''yea'' to ''nay.''

Messrs. RUPPERSBERGER, LYNCH and KIRK changed their vote from ''nay'' to ''yea.''

Mrs. BACHMANN changed her vote from ''nay'' to ''present.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

Stated against:

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I was unavoidably detained and missed rollcall vote No. 94.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 94: "nay" (On Question of consideration on the Rule to provide for consideration of H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007).

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 1 hour.

Ms. CASTOR. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my colleague from the Rules Committee, the gentleman from Washington (Mr. HASTINGS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. CASTOR. Mr. Speaker, I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1014.

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

There was no objection.

Ms. CASTOR. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1014 provides for the consideration of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which expands the Mental Health Parity Act of 1996 to provide for equity in the terms of employer-sponsored health benefits for mental health and substance-related disorders compared to medical and surgical disorders.

Mr. Speaker, this is an anti-discrimination bill, this is a health care bill, this is a pro-business economic development bill, this is also a pro-family bill, and this is a bill that supports our veterans. This is a bipartisan effort, with 274 cosponsors in the House, of which I am proud to be one.

Unfortunately, Federal action is necessary because Americans who suffer from illnesses like depression, postpartum depression, severe anxiety, bipolar disorder, and many other diseases are being discriminated against. You see, HMOs and many health insurance companies have been more focused on their bottom lines than on the health of our families. Mental health is just as critical to our lives and well-being as any physical ailments or disease. And yet health insurers continue to treat mental illness differently from physical illness.

In America, more than 50 million adults, at least 22 percent of the U.S. population, suffer from mental health issues or substance abuse disorders. In addition, one out of every 10 children or adolescents has a serious mental health problem and another 10 percent have mild to moderate problems. Untreated mental illness harms our families and children, emotionally and financially. Untreated mental illness results in higher costs for businesses in lost productivity. Untreated mental illness often leads to criminal activity, which is very costly. Mental disorders are the leading cause of disability for individuals aged 15 to 44 in the United States.

A study sponsored by the National Institute of Mental Health revealed that mental and addictive disorders cost our country more than $300 billion annually. This includes productivity losses of $150 billion, health care costs of over $70 billion, and $80 billion for costs such as criminal justice.

Unfortunately, less than one-third of the people with a mental disorder who seek care receive adequate treatment. Despite the losses suffered in our society as a result of mental illness and all of the studies that demonstrate this, national employer survey data indicates that mental health coverage still is not offered at comparable coverage to other medical conditions.

□ 1445

Even after passage of the 1996 Mental Health Parity Act and all of the efforts of the States, the Government Accountability Office found that 87 percent of plans had more restrictive design features for mental health benefits than for medical and surgical benefits. In addition, many employers have adopted restrictive measures, such as limiting the number of covered outpatient visits for mental illness. This is so shortsighted. It is so costly.

Former Surgeon General Dr. David Satcher found that when health insurance plans unevenly impose higher costs for mental health services, the result, of course, is a reduction in treatment for those who need it, lost productivity and higher costs in the long run. Dr. Satcher stated that this is a true issue of fairness in coverage.

Similarly, another recent study found that deductibles and outpatient cost sharing were much higher for substance abuse than for general medical care. Well, this legislation addresses those inequities and provides a cost-effective way of providing increased access to mental health care. The bill prohibits discrimination by diagnosis by requiring coverage of all mental illnesses and substance-related disorders, just as we provide for Members of Congress and others covered by the Federal Employees Health Benefits Program. Treatment for mental illness is a proven money-saver. In fact, for every $1 spent on treatment, we save over $12.

Mr. Speaker, we all owe a debt of gratitude to Mr. KENNEDY of Rhode Island and Mr. RAMSTAD of Minnesota for their bipartisan leadership on this legislation and their work to provide for the mental health needs of our families, our neighbors, our veterans and our children. We also owe great thanks to the Wellstone family. But, most of all, we can't forget the families throughout America who have a modest request of their Congress, and that is that they be treated fairly.

Mr. Speaker, I reserve the balance of my time.

Mr. HASTINGS of Washington. Mr. Speaker, I want to thank the gentlewoman from Florida (Ms. CASTOR) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, history is being made today in the U.S. House of Representatives. Yesterday, Democrat leaders and the Democrat-controlled Rules Committee chose for a record-setting, a record-setting 50th time to consider legislation under a completely closed process that allows no amendments, no alternatives, no substitute proposals, and permits not a single Member of this House the opportunity to change or improve the underlying bill.

Last January, the new Democrat majority promised the American people a new era of openness in the U.S. House, but they have delivered the most restrictive and unfair process in the history of the House. It is only March in the first part of the second session of this Congress, but the Democrats have already exceeded the 49 closed rules of the entire 109th Congress.

Mr. Speaker, that is a historic low. We were promised change, and we have gotten it. Only it has been change, Mr. Speaker, for the worse.

Mr. Speaker, time after time, Democrat leaders have shut down any and all opportunity for Members of the House to amend, alter or debate legislation. This is a sad and disrespectful way to approach the business of the American people and the people's House. It doesn't have to be this way, and it certainly isn't what the Democrat leaders promised a little more than a year ago. That promise has been tossed out the window, along with any pretense to seek out bipartisan compromise in passing legislation.

Mr. Speaker, the Senate has passed a bipartisan bill on mental health parity, and, Mr. Speaker, it passed unanimously. Yet House Democrat leaders refuse to even allow the bipartisan Senate compromise to be voted on in the House. An amendment to allow a House vote on the Senate compromise was blocked by the Democrat Rules Committee, just as it blocked every other amendment offered by Members of this House, and that only happened last night.

Yet the reach of this bill goes far beyond mental health parity. The $1.3 billion cost it would impose on businesses providing health care to employees is an issue that, frankly, is not addressed, or any loss of care that may result from new government mandates that are contained in the bill is also not addressed.

The reach of this bill stretches deep into the ability of doctors to provide care to patients across this country through a $3 billion cut in health care to Americans served by doctor-owned hospitals. This is the second time in 7 months that the House will vote on legislation that seeks to ban doctor-owned hospitals by cutting funding from Medicare and Medicaid to these facilities, and, as such, Mr. Speaker, it imposes a very real and serious threat to some Americans' ability to access health care.

One of the hospitals threatened by this proposal is Wenatchee Valley Medical Center in my district in central Washington. The Wenatchee Valley Medical Center, Mr. Speaker, was founded in 1940 by three physicians. In the last 68 years it has grown, and now employs 1,500 people. It serves a population of 250,000 people in an area the size of the State of Maryland and it treats 150,000 patients a year. It has been designated by the State of Washington as a ''critical need hospital'' that is serving a rural underserved area.

Today, Mr. Speaker, it is 100 percent owned by 150 doctors. Apparently, that is a crime, because this bill would outlaw this facility as it has existed for 68 years, because this bill would prohibit any hospital from being more than 40 percent owned by doctors if they are to continue receiving Medicare patients for the care that they provide to their seniors.

Mr. Speaker, the Wenatchee Valley Medical Center has been treating and caring for patients longer than there has been even 50 States in our Union, and yet this bill could end that care.

When I discussed this threat to Wenatchee with the proposal sponsors last night in the Rules Committee, they said the simple answer was to sell the 60 percent stake in a government-ordered fire sale so it meets the 40 percent limit on doctor ownership. Not only is a fair price, Mr. Speaker, unlikely to be paid when selling under a threat of government action, but it is unfair and disruptive to any institution with a long record of excellent care.

Mr. Speaker, what is so nefarious about 100 percent doctor ownership, or 75 percent, or 50 percent, or even, Mr. Speaker, 41 percent? What is magically solved with the ownership of 40 percent? The answer is nothing, nothing when it comes to Wenatchee.

The irony is not lost on me that this bill only bans doctor-owned hospitals in an effort to supposedly target bad behavior. Consider this, Mr. Speaker: If a corporation engages in the exact, in the exact same practices that this bill tries to stop doctor-owned hospitals from doing, the corporation would pay no penalty. It wouldn't even be touched. So apparently patients are safer if corporations are in charge, but patients are in danger and taxpayers are being ripped off if doctors prosper from owning a hospital and are providing excellent care.

What is really happening in this bill is a push to move our country ever closer to a Canadian-style government-run health care system, as under this bill such a Canadian-style system will replace good, high quality care from down-home doctors with the extensive medical expertise of Congress. The Federal Government will decide where Americans will get care and what hospitals will be banned or shutdown. The Federal Government will also decide when Americans are allowed to get care, if they are allowed to get care at all.

If the Federal Government can ban doctors from owning a hospital, then the health care access of every American, Mr. Speaker, in my view, is at risk. I fundamentally disagree with those who believe that an all-knowing Congress and thousands of Federal bureaucrats can deliver Americans the best health care possible.

Keep in mind, this ban on doctor-owned hospitals, quote-unquote, saves $3 billion. Ironically, Mr. Speaker, this is accomplished by denying or reducing access to care for seniors and poor Americans on Medicaid and Medicare. Instead of growing the size and power of the Federal Government by taking decisions away from local doctors and removing freedoms from individual Americans, we should be allowing American patients to make more choices and free doctors to focus on their profession of healing.

Mr. Speaker, when it comes to Wenatchee Valley Medical Center, the accusations of negligent care and fiscal rip-offs that are leveled at doctor-owned hospitals simply don't apply to this facility. Wenatchee is not guilty of the sins of others simply because it is a doctor-owned hospital since 1940. It should not be targeted or threatened for the real or anecdotal failures of recently created doctor-owned hospitals.

The language in this bill is simply not ready for passage as it is currently written. It is too broad and imprecise. It would punish honest, well-performing hospitals and doctors and their patients for the actions of others. If there is bad behavior, Mr. Speaker, to be banned, then target that behavior. Don't impose an overreaching ban that harms innocent patients and doctors.

My constituents are not alone in facing this threat. Both Mr. HINOJOSA of Texas and Mr. KAGEN of Wisconsin have similar concerns about health care institutions in their districts.

Efforts to improve this legislation so that it doesn't threaten and harm our home-grown hospitals have not been met with openness. In fact, we have been denied on a bipartisan basis. Last night in the Rules Committee I made three separate attempts to try to offer an amendment to protect innocent hospitals. However, Democrats on the Rules Committee chose to deny each and every attempt to preserve the stricture of my hospital and the hospitals of Mr. HINOJOSA and Mr. KAGEN.

Mr. Speaker, there are legitimate bipartisan concerns about the toll this language would have on local hospitals that have done no harm and who provide important health care access to thousands of Americans.

This bill needs to be corrected, not forced through the House with zero opportunity for improvement or amendment. This record-setting closed rule denies any chance for help to be provided to Wenatchee Valley Medical Center or to patients in hospitals in Texas and Wisconsin. The rule deserves to be defeated and this House allowed to vote on correcting this flawed bill.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is truly a good-news story for American families today, because not only are we going to outlaw discrimination against those who suffer from mental illness, but we adhere to the pay-as-you-go rules that were adopted by this Congress, led by Democrats, at the beginning of this Congress. Pay-as-you-go means that this bill is paid for.

And while I certainly respect the gentleman from Washington for speaking up for a medical center which operates in his district, there is a bigger picture here. And to explain that bigger picture, I yield 2½ minutes to the gentleman from New Jersey (Mr. PALLONE), who chairs the Subcommittee on Health for the Energy and Commerce Committee.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Florida. She makes the point that this physician self-referral provision in the bill actually serves two purposes. On the one hand, it is about half of the pay-for for the cost of the legislation. The physicians self-referral basically generates about $2.4 billion over 10 years, which is about half of the pay-for in this bill.

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But beyond that, in addressing the gentleman from Washington's concerns, it is actually a good thing. It is a good government proposal. And what it does, it ends the ability of physicians to self-refer to a hospital in which they have ownership. This change is consistent with the original intent of the physicians self-referral laws. The loophole for whole hospital ownership was only there because of tiny rural hospitals that were then owned by one doctor who practiced there.

Now that structure is no longer commonplace and that is why the hospital associations all endorse our bill. The bill does provide a grandfather for hospitals that currently have physician ownership and had a provider agreement with Medicare as of July 2007, the date of introduction of the bill. Within 18 months of enactment, they need to meet a standard that no physician owned more than 2 percent of the facility individually and that aggregate physician ownership was 40 percent or less.

So it is possible for the hospital in the State of Washington to reconfigure and meet this provision. But I just want to understand why we are doing this. These physician-owned hospitals essentially are a problem because they are being overutilized. There is overutilization. In other words, physicians are referring patients to these hospitals in many cases for unnecessary procedures. The reason why CBO scores this and uses it as a pay-for is because we know that these unnecessary procedures or overutilization takes place and is not basically a good thing. So we are trying to end this practice of self-referral. We are not completely precluding a hospital from reconfiguring itself and staying open, but, generally speaking, we need to end the practice.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 15 seconds.

If the issue is to go after doctor-owned hospitals that are not doing the ethical thing, then why not go after them instead of writing a bill that covers everything carte blanche including this facility in my district? The gentleman has not answered that. He didn't answer it last night, and he probably won't answer it today.

I yield to my friend from Texas, a member of the Rules Committee, Mr. SESSIONS, 2½ minutes.

Mr. SESSIONS. I thank the gentleman for giving me this time.

I am shocked and stunned that we financed overutilization and that is why we are doing this. Yet we understand that utilizing these physician hospitals, these new hospitals, saved the government money and are all about patient choice and are all about making sure that people who utilize these new hospitals don't get infections, don't get sick, don't check into a hospital to have surgery where other sick people are. It is a concept that keeps America not only the leading health care provider in the world; it is done in an efficient and cost-effective way. I am surprised that we find out it is overutilization.

Mr. Speaker, rather than taking this opportunity to bring parity to our health care delivery system, the Democrat leadership today is using this legislation as a vehicle to restrict future health care choices for Medicare patients. That is what this is about. It is to further own the opportunity for Medicare patients to be able to get the choices that they want, and the Democrat leadership is taking that away. Instead of using this opportunity to focus on mental health parity, the Democrats have decided to pay for this bill by pushing patients and limiting their options that they can receive for their own care.

Mr. Speaker, we will be real honest about this. According to HealthGrades, which is a nationwide study to look at hospitals and how efficient they are and how safe they are, three of the Nation's top 10 cardiac programs and three of the Nation's top 10 programs for joint replacement are at physician-owned hospitals. And despite the fact that these physician-owned hospitals make up only 3 percent of the Nation's hospitals, they are among the most efficient and the safest hospitals for people, our seniors, to go in and receive care. What will happen here today is an absolute mistake.

Mr. Speaker, I submit for the RECORD the Statement of Administrative Policy on this issue and I will quote from that:

''First, the bill would place new restrictions on physician-owned hospitals. This administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs.''

That is right, it is going to be more expensive to argue about overutilization. Incredibly silly.

STATEMENT OF ADMINISTRATION POLICY—H.R. 1424—PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

The Administration supports passage of mental health parity legislation that does not significantly increase health coverage costs. However, the Administration has concerns with H.R. 1424, which would effectively mandate coverage of a broad range of diseases and conditions and would have a negative effect on the accessibility and affordability of employer-provided health benefits and would undermine the uniform administration of employee benefit plans. For example, the bill's confusing preemption provisions could be read to add a patchwork of remedies that vary from State to State. Therefore the Administration strongly opposes House passage of H.R. 1424 or any legislation that expands benefits and remedies beyond what is included in the Senate-passed S. 558.

H.R. 1424 also includes two provisions to offset the approximately $3 billion in on-budget costs associated with the bill. First, the bill would place new restrictions on physician-owned hospitals. The Administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs. HHS already has administrative policies in place to address concerns about physician-owned hospitals, including disclosure of physician ownership, patient safety measures, and revisions to Medicare's payment systems to better reflect patients' severity of illness and the resources needed to treat patients.

Second, the bill also would increase the Medicaid drug rebate. The Administration objects to any offset that would legislatively mandate an increase to the rebate percentage. As CBO has noted in its 2007 analysis of budget options, it is unknown how this change would impact non-Medicaid beneficiaries and other payers. The Administration is concerned that the proposal would have an adverse impact on private purchasers, including the uninsured, further distort the market for prescription drugs, and discourage innovation in the drug development process.

The Administration urges Congress to offer meaningful protections to American workers and their families by eliminating the disparities between mental health benefits and medical and surgical benefits, without broadly mandating new benefits. The Administration believes the Senate bill strikes the necessary balance of treating mental illness with the same urgency as physical illnesses without significantly increasing health care costs. The Administration would also urge the House to preserve uniformity in health plan administration as has been done in S. 558.

GENETIC INFORMATION NON-DISCRIMINATION ACT

The rule requires that the provisions of H.R. 493 as passed by the House be added to the Mental Health Parity bill after the House passes H.R. 1424. While the Administration strongly supports passage of legislation to prevent the misuse of an individual's personal genetic information and believes such legislation is critical to realizing the full potential of genomic medicine, the Administration has both substantive and process objections to the rule. The Administration is strongly opposed to the lack of a clear ''firewall'' between title I of the Genetic Information Nondiscrimination Act (GINA), which addresses genetic discrimination in health benefits provided by health insurers and plans, and title 11 of GINA, which addresses genetic discrimination in employment. The Administration is concerned that the bill fails to ensure that health benefits disputes are properly brought under the appropriate remedies in ERISA, the Public Health Service Act, or the Internal Revenue Code and that it could unintentionally permit ''forum shopping.'' The Administration also is concerned that unless the legislation is clarified, the bill could be construed to have the unintended effect of prohibiting health plans and issuers from using information about the manifested disease of a dependent covered under an individual's plan for appropriate and routine insurance purposes. The Administration also believes it is important that the legislation's relationship with other provisions of law, such as Health Insurance Portability and Accountability Act, be clearly defined. Finally, the Administration looks forward to working with Congress to address these concerns and pass Mental Health Parity and Genetic Nondiscrimination legislation this year.

Ms. CASTOR. Mr. Speaker, I am proud to yield 2 minutes to the gentlewoman from the powerful Rules Committee and the State of California (Ms. MATSUI).

Ms. MATSUI. I thank the gentlewoman from Florida for yielding me time.

Mr. Speaker, I would like to begin today by thanking my colleagues, Mr. KENNEDY and Mr. RAMSTAD. Their advocacy on this issue has been truly remarkable.

We held a field hearing in my district last year on mental health. It provided my constituents with a forum for important dialogue about an issue that affects millions of Americans.

Mr. Speaker, anyone who has had a family member with a mental illness knows how difficult living with the disease can be for everyone involved. They also know one thing above all else: physical illness and mental illness are equally painful and equally challenging. In many ways, mental health patients suffer more because our insurance system discriminates against them. That is why this legislation is so important, because it is about people, people who struggle with mental illness every day and every night, people who suffer in silence without a doctor's help because their insurance will not cover mental health or addiction treatments.

This House has the chance to demonstrate its compassion and commitment to these people, Mr. Speaker. With one vote, we can put behind us the false conception that mental illness is not as serious as cancer or diabetes or many other diseases covered by health insurance plans.

On the contrary, mental illnesses are some of the most serious health conditions we face. The battle against them has been enormously difficult for millions of families across our Nation.

It has been tough, but this is a battle that we must win, Mr. Speaker. With mental health parity, it is a battle we can and will win.

Again, I thank Mr. KENNEDY and Mr. RAMSTAD for their courageous commitment to this legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 4 minutes to the gentlelady from New Mexico (Mrs. WILSON), a member of the Energy and Commerce Committee.

Mrs. WILSON of New Mexico. Mr. Speaker, I will be asking for a recorded vote on the previous question today, and the reason is that the House majority leader, Mr. HOYER, has just announced that the House will not take up the electronic surveillance bill this week, further delaying any decisions in the closing of an important intelligence gap. We have now gone 18 days since the expiration of the Protect America Act. If the previous question is defeated, we will immediately bring up the Senate legislation to close that gap.

I also rise today to oppose this rule. I commend Mr. RAMSTAD and Mr. KENNEDY for their work on mental health parity. In the past, I have been a cosponsor of their legislation. But I offered a substitute amendment in the Rules Committee last night which was not ruled in order. The alternative is supported by 285 organizations that support the Senate version of the mental health parity bill which passed the United States Senate unanimously in September. The differences are on policy, and my amendment was not made in order. Instead, we have the 50th closed rule of this Congress. No amendments. This floor can't stomach debate on policy issues, and I think that is a sad commentary on the way this House is being run.

This is a major bill, one of the most important, I think, we will consider this year. I believe very strongly that mental illness and a disease of the brain is a medical condition that should be treated as seriously as a disease of the heart or the liver or the lungs.

The amendment that I offered, the substitute, is a bipartisan compromise that was worked out in negotiations lasting over 2 years. It is supported by mental health providers, the mental health community, business and the insurance industry.

Mr. Speaker, I submit for the RECORD a list of 285 organizations supporting the alternative I offered.

285 ORGANIZATIONS SUPPORTING THE MENTAL HEALTH PARITY ACT OF 2007, S. 558, OR THE DOMENICI/KENNEDY/ENZI MANAGER'S AMENDMENT

Abilities in Motion.
ACCESS—DSPA Alliance.
Addictions Care Center of Albany (NY).
AFL–CIO.
Albany County Consumer Advocacy Board for Mental Health, Inc. (NY).
Alexander Graham Bell Association for the Deaf and Hard of Hearing.
Alliance for Children and Families.
Alliance for the Betterment of Citizens with Disabilities (ABCD) (Hamilton, NJ).
Alliance for Eating Disorders Awareness.
American Academy of Child and Adolescent Psychiatry.
American Academy of Cosmetic Surgery.
American Academy of Family Physicians.
American Academy of Neurology.
American Academy of Pediatrics.
American Academy of Physician Assistants.
American Association for Geriatric Psychiatry.
American Association for Marriage and Family Therapy.
American Association for Psychosocial Rehabilitation.
American Association of Children's Residential Centers.
American Association of Pastoral Counselors.
American Association of People with Disabilities.
American Association of Practicing Psychiatrists.
American Association of School Administrators.
American Association of Suicidology.
American Association on Health and Disability.
American Association on Intellectual and Developmental Disabilities.
American Board of Examiners in Clinical Social Work.
American College of Occupational and Environmental Medicine.
American Council of the Blind.
American Counseling Association.
American Dance Therapy Association.
American Federation of Teachers.
American Foundation for Suicide Prevention.
American Foundation for the Blind.
American Gastroenterological Association.
American Geriatrics Society.
American Group Psychotherapy Association.
American Hospital Association.
American Jail Association.
American Medical Association.
American Medical Rehabilitation Providers Association.
American Mental Health Counselors Association.
American Music Therapy Association.
American Network of Community Options and Resources.
American Nurses Association.
American Occupational Therapy Association.
American Orthopsychiatric Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Psychotherapy Association.
American Public Health Association.
American School Health Association.
American Society of Plastic Surgeons.
American Therapeutic Recreation Association.
American Thoracic Society.
America's HealthTogether.
Anorexia Nervosa and Related Eating Disorders, Inc..
Anxiety Disorders Association of America.
Arizona Council of Human Service Providers.
Aspire of Western New York. Inc.
Association for Ambulatory Behavioral Healthcare.
Association for Behavioral Health and Wellness.
Association for the Advancement of Psychology.
Association for Psychological Science.
Association of American Medical Colleges.
Association of Asian Pacific Community Health Organizations.
Association of Assistive Technology Act Programs.
Association of Jewish Family & Children's Agencies.
Association of University Centers on Disabilities.
Association to Benefit Children.
Autism Society of America.
Barbara Schneider Foundation.
Bazelon Center for Mental Health Law.
Behavioral Health/Consumers In Action, Inc. (Phoenix, AZ).
The Bridge, Inc. (Caldwell, NJ).
The Carter Center Mental Health Program.
Center for Disability Issues and the Health Professions.
C.H.E.E.E.R.S. Center 4 Health Enlightenment Enrichment Empowerment Renewal Services (AZ).
Chicago Children's Advocacy Center.
Child and Family Service (Ewa Beach, HI).
Child and Family Services of Yuma, Inc. (Yuma, AZ).
Child and Family Resources, Inc (Tucson. AZ).
Child Neurology Society.
Child Welfare League of America.
Children and Adults with Attention-Deficit/Hyperactivity Disorder.
Children's Aid and Family Services, Inc. (Paramus, NJ).
Children's Defense Fund.
The Children's Guild (Baltimore, MD).

Children's Home of Reading (Reading, PA).
Children's Hospital Boston.
Christian Family Care Agency (Phoenix, AZ).
Clinical Social Work Association.
Clinical Social Work Guild 49, OPEIU.
College of Psychiatric and Neurologic Pharmacists.
Connecticut Council of Family Service Agencies.
Cornerstones of Care (Kansas City, MO).
Corporation for Supportive Housing.
Council for Children with Behavior Disorders.
Council for Exceptional Children.
Council of Family & Child Caring Agencies (New York, NY).
Council of Parent Attorneys and Advocates.
Council of State Administrators of Vocational Rehabilitation.
County of Santa Clara, CA.
Dads and Daughters.
DePelchin Children's Center (Houston, TX).
Depression and Bipolar Support Alliance.
Disability Center for Independent Living.
Disability Rights Education and Defense Fund. Inc..
Disability Service Providers of America.
Division for Learning Disabilities (DLD) of the Council for Exceptional Children.
Easter Seals.
Eating Disorders Coalition for Research, Policy & Action.
Eating Disorder Referral and Information Center/EDReferral.com.
The Elisa Project.
Ensuring Solutions to Alcohol Problems.
Epilepsy Foundation.
Families For Depression Awareness.
Families USA.
Family & Children First, Inc. (Louisville, KY).
Family and Children's Association (Mineola, NY).
Family and Children's Center (Mishawaka, IN).
Family & Children First, Inc. (Louisville, KY).
Family & Children's Service of Niagara, Inc. (Niagara Falls, NY).
Family and Community Service of Delaware County (PA).
Family Means (Stillwater, MN).
Family Service Agency (North Little Rock, AR).
Family Service Association of New Jersey.
Family Service League (Huntington, NY).
Family Service of Chester County, PA.
Family Service of Lackawanna County, PA.
Family Service of the Piedmont (Jamestown, NC).
Family Services Centers, Inc. (Clearwater, FL).
Family Services of Greater Houston.
Family Services of Greater Waterbury, Inc. (CT).
Family Services of Northeast Wisconsin (Green Bay, WI).
Family Voices.
Federation of American Hospitals.
Federation of Behavioral, Psychological, & Cognitive Sciences.
Federation of Families for Children's Mental Health.
Feeling Blue Suicide Prevention Center.
First Focus.
Friends Committee on National Legislation (Quaker).
Gail R. Schoenbach/FREED Foundation.
Germantown Settlement (Philadelphia, PA).
Glove House, Inc (Elmira, NY).
Goodwill Industries International, Inc.
Gürze Books.
Hale Kipa, Inc. (Honolulu, HI).
Hamilton-Madison House, Inc. (New York, NY).
Hartley House (New York, NY).
Helen Keller National Center.
The Hillside Family of Agencies (Rochester, NY).
Hope House Inc. (Albany, NY).
Hudson Guild (New York, NY).
Human Rights Campaign.
Huntington Family Centers, Inc. (Syracuse, NY).
Institute for the Advancement of Social Work Research.
International Association of Jewish Vocational Services.
Jewish Board of Family and Children's Services (New York, NY).
Jewish Family Services of Greater Hartford.
Jewish Federation of Metropolitan Chicago.
Jewish Vocational Service of Metropolitan Chicago.
Kentucky Center for Mental Health Studies.
Khmer Health Advocates.
Kids Project.
Kristin Brooks Hope Center.
LDA, the Learning Disabilities Association of America.
Little Colorado Behavioral Health Centers (St. Johns, AZ).
Lutheran Services in America.
McHenry County Mental Health Board.
Mental Health America.
Methodist Home for Children (Philadelphia, PA).
Minnesota Council of Child Caring Agencies.
National Advocacy Center of the Sisters of the Good Shepherd.
National Alliance for Hispanic Health.
National Alliance for Research on Schizophrenia and Affective Disorders.
National Alliance on Mental Illness.
National Alliance on Mental Illness—New York City Metro.
National Alliance on Mental Illness—Clarion County of PA.
National Alliance to End Homelessness.
National Asian American Pacific Islander Mental Health Association.
National Association for the Advancement of Orthotics & Prosthetics.
National Association for Children's Behavioral Health.
National Association for Rural Mental Health.
National Association for the Dually Diagnosed.
National Association of Anorexia Nervosa and Associated Disorders—ANAD.
National Association of Councils on Developmental Disabilities.
National Association of Counties.
National Association of County and City Health Officials.
National Association of County Behavioral Health and Developmental Disability Directors.
National Association of Disability Representatives.
National Association of Mental Health Planning & Advisory Councils.
National Association of Pediatric Nurse Practitioners.
National Association of Psychiatric Health Systems.
National Association of School Psychologists.
National Association of Social Workers.
National Association of Social Workers—Louisiana Chapter.
National Association of State Directors of Special Education.
National Association of State Head Injury Administrators.
National Association of State Mental Health Program Directors.
National Center for Learning Disabilities, Inc.
National Center for Policy Research for Women & Families.
National Coalition for the Homeless.
National Coalition on Deaf-Blindness.
National Committee to Preserve Social Security and Medicare.
National Council for Community Behavioral Healthcare.
National Council of Jewish Women.
National Council on Aging.
National Council on Alcoholism and Drug Dependence (Phoenix, AZ).
National Council on Family Relations.
National Council on Independent Living.
National Council on Problem Gambling.
National Disability Rights Network.
National Down Syndrome Congress.
National Down Syndrome Society.
National Education Association.
National Hispanic Medical Association.
National Hopeline Network.
National Law Center on Homelessness & Poverty.
National Mental Health Awareness Campaign.
National Mental Health Consumers' Self-Help Clearinghouse.
National Multiple Sclerosis Society.
National Network for Youth.
National Organization of People of Color Against Suicide.
National Partnership for Women and Families.
National Recreation and Park Association.
National Rehabilitation Association.
National Research Center for Women & Families.
National Respite Coalition.
National Rural Health Association.
National TASC.
New Jersey Alliance for Children, Youth and Families.
New Jersey Association of Mental Health Agencies, Inc.
Newtown Youth and Family Services (Newtown, CT).
NISH.
Northamerican Association of Masters in Psychology.
Obsessive Compulsive Foundation.
Ophelia's Place.
PACER Center.
Paralyzed Veterans of America.
Pendleton Academies (Pendleton, OR).
People With Disabilities Foundation.
Personal & Family Counseling Services (New Philadelphia, OH).
PREHAB of Arizona (Mesa, AZ).
Presbyterian Church (U.S.A.) Washington Office.
Pressley Ridge (Pittsburgh, PA).
Puente de Vida Recovery Center—The Council on Alcoholism and Drug Abuse of Sullivan County (NY).
School Social Work Association of America.
Screening for Mental Health, Inc.
The Shaken Baby Alliance.
Sjogren's Syndrome Foundation.
Society for Research on Child Development.
Society of Professors of Child and Adolescent Psychiatry.
Somerset Home for Temporarily Displaced Children (Bridgewater, NJ).
Suicide Awareness Voices of Education.
Suicide Prevention Action Network USA.
TASH.
The Advocacy Institute.
The Arc of Salem County, NJ.
The Arc of the United States.
Title II Community AIDS National Network.
Toby House, Inc. (Phoenix, AZ).
Tourette Syndrome Association, Inc.
Union for Reform Judaism.

Unitarian Universalist Association of Congregations.
United Cerebral Palsy Association.
United Community & Family Services. Inc. (Norwich, CT).
United Jewish Communities.
United Methodist Church—General Board of Church and Society.
United Neighborhood Centers of America.
United Spinal Association.
U.S. Psychiatric Rehabilitation Association.
Wisconsin Association of Family & Children's Agencies.
Witness Justice.
Working Assets.
World Institute on Disability.
Yellow Ribbon International Suicide Prevention Program.

BUSINESS AND INSURANCE SUPPORTING

Aetna, Inc.
American Benefits Council.
America's Health Insurance Plans.
AstraZeneca Pharmaceuticals—US.
BlueCross BlueShicld Association.
CIGNA.
Eli Lilly and Company.
National Association of Health Underwriters.
National Association of Manufacturers.
National Association of Wholesaler-Distributors.
National Business Group on Health.
National Federation of Independent Business.
National Retail Federation.
Retail Industry Leaders Association.
Society for Human Resource Management.
U.S. Chamber of Commerce.

There is one big difference between the House bill and the Senate bill that is important. The House bill requires that if a company insures any mental illness, they must provide coverage for all of the conditions listed in a diagnostic manual called the DSM–IV. That is highly unusual. Even the Federal employees' health plan that we have here in the Congress just says that you have to offer categories, like substance abuse. It doesn't say you have to cover every diagnosis, like caffeine addiction, which is a subcategory under substance abuse. This is unprecedented and, I think, would cause a lot of businesses to not offer mental health coverage at all.

So the risk here of unintended consequences, since no business is required to offer mental health insurance, is that 18 million Americans who suffer from serious mental illness may actually lose their coverage. That is the important policy choice that we are not having the opportunity to debate here today because an alternative has not been allowed.

Finally, I would say this. The alternative that I put forward was also paid for, but it wasn't paid for by closing physician-owned hospitals. It is paid for by extending an asset verification electronic system from a pilot project that exists in three States now to all 50 States. It is a fairly straightforward approach to getting fraud out of the Medicaid system and would pay for this mental health parity bill that has passed unanimously in the Senate.

The alternative that I offered is better for the mentally ill. It is widely supported by business, by insurance, and the mental health community. It does not close our physician-owned hospitals and is the kind of debate we should be having on this floor. For that reason, I would urge my colleagues to vote against the rule in front of us today.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Let me thank the gentlelady from Florida and the gentleman from Minnesota for yielding and their indulgence.

Mr. Speaker, I am rising to first of all take my hat off to Congressman PATRICK KENNEDY. This is a day in waiting, for he has worked without tiring in the tradition of my good friend, Senator Paul Wellstone, now deceased, who worked and committed themselves to changing the inequity, really, I would think, constitutionally wrong, to disallow mental health parity and those who suffered from mental health issues.

All of our family members, or all of our families, have faced these crises. We ask the question, what do we do? That is why I am so disappointed that we have taken the work of PATRICK KENNEDY and imploded it. We have dissolved the bipartisan allegiance to this bill, the commitment to mental health parity, by destroying hospitals in our districts, hospitals that are serving the poor of our districts. Why they would think that this was an important element of this bill, I don't know. And that is, of course, to end the growth of physician-owned hospitals in urban and rural areas for poor and those who are without access to hospitals.

This would restrict the ability and capacity of physician-owned hospitals. It doesn't matter if the hospital is rural or in the inner city, big or small. It punishes these hospitals. In Houston, in the 18th Congressional District, it punishes St. Joseph's, it punishes the Heights Hospital, and it does so without any reason.

We could pay for this by the tax cuts that we are taking away from those making over $250,000, or the tax cuts on the energy company. But why are you breaking the backs of those who clearly need an opportunity?

This bill should include a robust State license emergency care with doctors on call at all times to care for patients. That is what these hospitals need to have. Maintain a minimum number of physicians available at all times to provide service and provide charity care equal to at least 4 percent of its operating budget. We can put criteria on these hospitals. We don't have to destroy them. I am saddened by what we have done to this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SNYDER). Members are reminded to heed the gavel.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. GINGREY), a former member of the Rules Committee.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

We have heard, particularly from our side of the aisle, the objection to this bill, H.R. 1424, in regard to procedure and in regard to pay-fors, which basically I agree with. The fact is that this is the 50th time that the Democratic majority has brought forth a bill, an important bill, with a closed rule and no opportunity for our side. In the case of myself as a physician member, I think I had some good thoughts about this bill. In fact, I was proud to support the extension of the original Paul Wellstone Mental Health and Addiction Equity Act. I thought that was a good thing. But now my objection to the rule and the underlying bill, Mr. Speaker, is mainly about policy. I think they have taken this bill and adulterated it to an extent that it is unbelievable that the gentlelady from Florida in her opening remarks said that this is a business-friendly piece of legislation.

Now if we were talking about covering things like bipolar disorder, depressive disorders, anxiety disorders, post-traumatic stress syndrome, certainly this is very important that we have mental health parity. But as one of the previous speakers on our side of the aisle said, what you have done in expanding this to cover things on a mandated basis to our employees, diseases in the Diagnostic Statistical Manual of Mental Illnesses, jet lag fatigue, caffeine intoxication, sibling rivalry, substance induced sexual dysfunction, transvestite fetishism, can you imagine any employer being willing to cover things like that?

□ 1515

You are throwing the baby out with the bath water. You had a good bill. I was proud to support it, and I would proudly support it today, but to expand it to the point where no employer will offer mental health coverage, that means so many of these people, families with adult children, adult dependent children, who are suffering from some of these conditions that we know of that I mentioned, bipolar disorder, schizophrenia, they desperately need help, and they need health parity. I am in favor of that and I would support it. That is why I am supportive of the Senate version.

But I stand here, and I ask all of my colleagues to look at this and read it and understand why hardly any employer would accept this and provide health coverage when it provides all of these things that are totally unnecessary.

With that, I ask my colleagues to defeat this rule and this underlying legislation. Let's take it back to the drawing board and do probably what Paul Wellstone intended originally, and my friend PATRICK KENNEDY as well. We have ruined an otherwise good bill.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Mr. Speaker, it has been an honor for me to speak in support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I want to thank both Congressman KENNEDY and Congressman RAMSTAD for their dedication to ending the insurance discrimination and ensuring that all Americans have access to mental health and addiction services.

As a Minnesotan, I'm struck by the emotion of this day because the late Paul Wellstone's tireless efforts to ensure mental health parity might finally be realized. Paul Wellstone knew it was wrong for health insurers to place discriminatory restrictions on treatments, and I am honored to be part of this effort to finally guarantee that millions of Americans who need mental health and addiction services can obtain the services they deserve.

The urgent need for the Paul Wellstone Mental Health and Addiction Equity Act is surely best expressed by those who have seen a loved one in need denied coverage. I think immediately of Kitty Westin, a Minnesotan whose daughter Anna suffered from anorexia, a deadly disease that affects approximately 8 million Americans and ultimately claimed Anna's life. During her daughter's battle with anorexia, Kitty took Anna to the hospital. Anna was refused care by the insurance company because it did not consider access to mental health treatment important enough to cover.

Kitty knows this is completely unacceptable and has been fighting selflessly to make sure that no other family experiences the same frustration and pain. I commend her for carrying on Anna's legacy so impressively through her advocacy efforts and community work. For Kitty and all of those who have encountered insurance discrimination, I carry Paul Wellstone's message that access to mental health and addiction services is imperative and must take place now.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, I thank my colleague from the State of Washington, and I rise in strong opposition to this closed rule. This rule gives the House no opportunity to engage in meaningful debate about this important issue.

I am disappointed that the majority did not make in order a substitute amendment I cosponsored to consider the bipartisan legislation that was unanimously approved by the Senate last year.

Let me be clear: I strongly support mental health parity. That is precisely why I am so concerned that the bill before us today could derail our efforts to pass mental health parity legislation altogether.

While the House bill could reduce access to care for the mentally ill, decrease the affordability for health care coverage, and even close a hospital in my State, the Senate measure represents some of the very best that can come from bipartisan collaboration and compromise. It reflects the interests of mental health advocates and providers while also respecting the rights of States like Washington to enact mental health laws that go beyond the Federal standard.

Mr. Speaker, I came to this House, this body, a little over 3 years ago. My previous profession was in law enforcement for 33 years, so I came here in a little bit different way than most Members of the House of Representatives. So today I make the statement not as a Republican but as a citizen of the United States of America. I am standing here today as an American saying that we need to stop the partisan bickering and we need to come together as Democrats and Republicans and we need to address this issue of not having opportunity, not having a voice, to share in the decisions that are being made in this House. It is time that we come together.

The Senate bill that passed unanimously needs to be considered on the House floor.

Ms. CASTOR. Mr. Speaker, I yield 1 minute to the gentlewoman from California, a champion for America's families, children, and veterans, and the Speaker of the House, Ms. PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentlewoman for yielding and for her leadership in bringing the rule to the floor, which will enable us to debate legislation that is very important to many people in America. I thank Mr. PALLONE for his leadership on the committee of jurisdiction, a House subcommittee of Energy and Commerce, and I thank Mr. HASTINGS as well for the opportunity to debate this important issue.

This is a very special day in the Congress of the United States. We are all very proud of our work, but there are some days that really stand out as historic, days that represent breakthroughs for America's families.

Today we are debating an issue that is relevant to the lives of so many people in our country. And we owe a great debt of gratitude to two of our colleagues, Congressman PATRICK KENNEDY of Rhode Island and Congressman RAMSTAD of Minnesota, for their great knowledge of the issue of mental illness and addiction, for their political astuteness of the political process here, and for their generosity of spirit to share their personal experience with us, to use their knowledge of issues relating to mental illness and addiction to benefit so many people in our country. It is painful, I know, and therefore very courageous of them to do so. And simply said, without their leadership, we would not have this opportunity today. So I am pleased to salute the leadership of Congressman KENNEDY and Congressman RAMSTAD. With this legislation, they have given hope to millions of Americans.

Mr. Speaker, I rise in support of the legislation also because illness of the brain must be treated just like illness anywhere else in the body. The Paul Wellstone Mental Health and Addiction Equity Act is a comprehensive bill to help end discrimination against those who seek treatment for mental illness.

There is no shame in mental illness. The great shame would be if Congress did not take action to ensure that individuals with mental health illnesses and addictions are given the attention, treatment, and resources they need to lead a healthy life.

This is an issue of national significance. Did you know, and I found the figure startling, every year mental illness results in 1.3 billion lost days of work or school; 1.3 billion days. That adds up to more lost productivity for mental illness than arthritis, stroke, heart attack, and cancer combined. Combined. Yet bipartisan and independent research shows that there is no significant cost to insuring mental illness like any other medical disease.

This legislation will be especially relevant for our returning veterans from Iraq and Afghanistan who later become employed in the private sector. This will be potentially life-saving for those brave men and women who served in the National Guard and Reserves but who don't receive VA care for their entire lifetime.

Mr. Speaker, to help remove the stigma against mental illness, for the millions suffering from mental illness and addiction, and because it is the right thing for our Nation, I urge my colleagues to support the Paul Wellstone Mental Health and Addiction Equity Act. It is legislation that is long overdue. It gives hope to millions of people in our country and their families.

I urge my colleagues to support the legislation and honor the leadership, the courage, the generosity of spirit of Mr. KENNEDY and Mr. RAMSTAD in making this day possible for us.

Mr. HASTINGS of Washington. Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentlewoman from Florida for yielding. I rise in strong support of this rule and the underlying bill. Like all of my colleagues, I want to commend Representatives Kennedy and Ramstad for their unrelenting advocacy for mental health. As a matter of fact, we have watched them travel all across the country, holding hearing after hearing, engaging people, trying to help them understand that mental illness, that mental health is just as important as any other aspect.

I have heard us debate cost. All of us know that insanity is doing the same

thing over and over again and expecting a different result. We know that education, early diagnosis and prevention can save us billions of dollars in mental health. And so I would urge passage of this rule and passage of the underlying bill.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, there are several parts to this bill. And obviously by the remarks that I made previously, I am worried about what we call the pay-for part of that because it would have a detrimental effect, as I mentioned, on doctor-owned facilities, particularly in my district, but also in other parts of the country.

Since this issue came up some 7 months ago, we discovered that there are very few doctor-owned facilities that are unique in the sense of what I was talking about today, and I think my colleagues from Wisconsin and Texas talked about last night in the Rules Committee, and so I want to ask my friend from New Jersey who is the sponsor of this legislation, and I will be happy to yield to him.

He talked about the issue of overutilization. Now, I simply have to bring this up because I doubt that the 150,000 patients of the Wenatchee Valley Clinic would say that they are overutilizing that clinic. I think they go there because they want to have their health needs taken care of. So I don't think that is applicable to that facility, and I mentioned that in my previous remarks.

I want to ask my friend from New Jersey a question.

As I mentioned, apparently there are just a few hospitals that fall in the category that I was describing.

□ 1530

But there are bipartisan concerns about the effects of this bill on good hospitals providing quality care. I made that point.

Will you work with me and other Members from both sides of the aisle to protect these hospitals and to exempt them totally from this ban on doctor ownership?

I yield to my friend from New Jersey.

Mr. PALLONE. The answer to that is that we believe that the legislation, as it is before you today, accomplishes that goal. In other words, as I said, these hospitals within 18 months of enactment, they can essentially reconfigure, so if no physician owned more than 2 percent—

Mr. HASTINGS of Washington. Reclaiming my time, I asked if the gentleman would work with me, and apparently the gentleman is saying that he won't work with me, even though this apparently is a very, very small universe, a universe of hospitals that deserve, I think, to have some sort of special consideration because if you have, for example, a government-mandated fire sale, what is the value of the enterprise that you're trying to sell? Yet that is precisely the language that you have in place.

So I'm asking you again. Since there are very few of these facilities, in three different States, would you work with us to exempt them totally from the ban that's imposed by this bill?

Mr. PALLONE. The answer is, no, if I could explain why just very briefly.

Mr. HASTINGS of Washington. The gentleman answered me yes. Now go ahead with your no. Please explain your no.

I yield to the gentleman.

Mr. PALLONE. I've been trying to explain that the reason that the money is saved pursuant to this provision is because physician self-referrals inherently are not a good thing. We are trying to discourage it as much as possible and not having it be the case in the future. Now there are some hospitals that, as you said, historically had this configuration. But we don't want to encourage it. We want to discourage it. That's why we're saying that we'll have a standard with the 40 percent and the 2 percent and we'll even allow some of them to grow if they meet certain standards. But we're not looking to have this continue because it inherently is not a good thing.

Mr. HASTINGS of Washington. Reclaiming my time, I appreciate the gentleman's explanation.

To me, Mr. Speaker, this sounds precisely as a look into the future, as we move towards what I would consider, I know that some would want, a government-style health care in this country, where conditions are going to be set forth on what kind of care, when that care is, what's the condition of ownership. All of these things apparently are on the horizon, and we are seeing an inkling into the future of how that would be effected.

Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Mr. Speaker, I rise today in support of the rule for the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

The time is long past due for Congress to, once and for all, act to end discrimination against patients seeking treatment for mental illness and addiction. More than 57 million Americans suffer from mental illness and more than 26 million suffer from addiction. Unfortunately, our Nation's investment in services for individuals with mental illness and addiction has not kept pace with the trend. Last year, untreated mental illness cost the U.S. economy over $150 billion, and untreated addiction cost over $400 billion.

H.R. 1424 reverses this trend by guaranteeing that plans cover the same range of mental illnesses and addiction disorders offered by the Federal employee health plan that Members of Congress use; prohibiting insurers and group health plans from imposing treatment of financial limitations when they offer mental health benefits that are more restrictive from those applied to medical and surgical services; and creating medical management tools that are based on valid medical evidence and pertinent to the patient's medical condition so that specific coverage is not arbitrary and is more transparent to the patient.

This is a piece of legislation that is critically important to our Nation and to my constituents.

Just the other day I received a letter from a Mr. Smith in my district, whose son, a 16-year-old, was diagnosed with attention deficit hyperactivity disorder.

Last spring Mr. Smith's son started using marijuana and used it increasingly as the months progressed in what was described as self-medication. His grades dropped and he withdrew from his friends and showed other signs of substance abuse.

When his parents placed him in an outpatient counseling facility, Mr. Smith learned, to his surprise, that the necessary treatment was not covered under his employer-based health insurance. After that counseling proved ineffective, he sent his son to a facility for in-patient treatment which cost approximately $25,000.

This legislation is very important, and I would urge my colleagues to vote in favor of the rule and the legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I have the right to close, and we do not have any additional speakers, so I will reserve the balance of my time until my colleague has made his closing remarks.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, there's been a lot of discussion here today on the underlying bill, the subject of which has broad support. The issues are the PAYGO and the issues are the denial, denial of the Democrat leadership in this House to allow a vote on a bill that passed in the other body unanimously. So much for openness that was promised a little over a year ago.

Mr. Speaker, I want to focus my closing remarks on another issue, another issue that has not been taken up and needs to be addressed, and that's the FISA issue that we have talked about so many times.

It has come to my attention today, and it will be in a publication presumably tomorrow, that the distinguished majority leader said that the electronic surveillance bill, or the FISA bill, will not be taken up this week.

We are becoming unprotected in this country because we don't have all the capabilities that we need in our intelligence community.

With that, Mr. Speaker, in this rule, Democrat leaders have blocked the House from voting on a bipartisan compromise on mental health parity, as I had mentioned.

I want to talk now about modernizing the Foreign Intelligence Surveillance Act into the 21st century. The Senate has passed legislation that will

bring this 1970s Jimmy Carter-era law up to date to reflect today's age of disposable cell phones and the Internet. Yet for weeks now, House Democrat leaders have refused to allow Representatives to vote on this Senate bill. They've done this despite the public support given the bipartisan Senate compromise by 21 members of the Democrat Blue Dog Coalition.

House Democrat leaders are tying the hands of our intelligence professionals to make them jump through unnecessary red tape and paperwork to protect our country. If foreign persons in foreign places are conspiring and plotting to harm Americans and our country, then our intelligence personnel should be listening to them. They shouldn't have to waste precious time and energy on bureaucratic hurdles.

We can protect and are protecting the constitutional rights of Americans, but we also must protect their lives by recognizing the terrorist threat to our country and modernizing FISA.

I ask all my colleagues to join with me in defeating the previous question so that we can immediately move to vote on the bipartisan Senate FISA bill.

Mr. Speaker, I ask unanimous consent to have the text of the amendment and extraneous material inserted into the RECORD prior to the vote on the previous question.

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

There was no objection.

Mr. HASTINGS of Washington. Mr. Speaker, I urge my colleagues to oppose this 50th closed rule, record-setting 50th closed rule that denies every Member from offering an amendment on the House floor, and to vote ''no'' on the previous question and in favor of a bipartisan permanent solution that closes the terrorist loophole.

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

Ms. CASTOR. Mr. Speaker, back on the Paul Wellstone Mental Health Equity Act, I submit for the RECORD a letter of support from the Federation of American Hospitals along with a related letter from the American Hospital Association, Coalition of Full Service Community Hospitals and Federation of American Hospitals.

FEDERATION OF AMERICAN HOSPITALS,
March 3, 2008.

Speaker NANCY PELOSI,
U.S. Congress,
Washington, DC.
Minority Leader JOHN BOEHNER,
U.S. Congress,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER BOEHNER: The Federation of American Hospital (FAH), representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424). This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, H.R. 1424 will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field; threatens patient safety; fails low-income and uninsured patients; and, has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

We deeply appreciate Congress's ongoing commitment to mental health parity and strengthening the Medicare program.

Sincerely,

MARCH 4, 2008.

Hon. LOUISE MCINTOSH SLAUGHTER,
Chair, House Committee on Rules, House of Representatives, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: On behalf of our nearly 5,000 member hospitals, health systems, and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA), along with the Federation of American Hospitals and the Coalition of Full Service Community Hospitals, strongly opposes the amendment expected to be offered by Rep. HINOJOSA (D-TX) during Rules Committee consideration of H.R. 1424.

The amendment would seriously erode the investment provisions currently included in H.R. 1424 designed to ensure that physician ownership interests and their potential to cause conflicts of interest are limited and to ensure that physician investments are bona fide and not simply a means to buy physician referrals. Specifically, it would allow grandfathered facilities of 300 beds or more to maintain their current level of physician ownership without regard to the aggregate and individual physician limits. Currently, under H.R. 1424, physicians would be granted 18 months to adjust their current physician ownership level.

Furthermore, it would allow existing physician-owned facilities that had already provided loans or financing for physicians to purchase their ownership interest to continue to do so. Finally, it weakens the language in H.R. 1424 as it pertains to the needed limitations on growth.

Physician self-referral to hospitals in which they have an ownership stake presents an inherent conflict of interest. These arrangements create an uneven, anti-competitive playing field, threaten patient safety and have, according to independent research, resulted in over-utilization, siphoning precious resources away from the Medicare program.

The only way to protect the Medicare program and the seniors it serves, as well as ensure fair competition, is to place needed restrictions on self-referral. We urge the Committee to reject this amendment.

Sincerely.

RICK POLLACK,
Executive Vice President,
American Hospital Association.

Mr. Speaker, if anyone had followed the debate today, they might think that hospitals throughout the country are opposed to this. To the contrary. Please let me read a portion of the Federation of American Hospitals letter to the speaker and the minority leader.

''The Federation of American Hospitals, representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act. This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

''This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, it will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

''H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field, threatens patient safety, fails low-income and uninsured patients, and has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

''We deeply appreciate Congress' ongoing commitment to mental health parity and strengthening the Medicare program.''

Mr. Speaker, what a tremendous lifeline we provide to families of veterans today by ending the discrimination that exists under many group health plans for mental health treatment. Unfortunately, people struggling with mental illness and addiction are often denied coverage for mental health treatment. Insurers often increase patient costs for mental health treatment by limiting in-patient days, capping outpatient visits, and requiring higher copayments than for physical illnesses.

It is estimated that over 90 percent of workers with employer-sponsored health insurance are enrolled in plans that impose higher costs in at least one of these ways. This is unfair. The treatment is unfair, and it's a major barrier to receiving adequate health care. Consequently, many mental health and substance-related disorders go untreated.

Clearly, diseases of the mind should be afforded the same treatment as diseases of the body. That benefits us all. Today's bill will end this discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment and cost sharing.

Mr. Speaker, again this is an anti-discrimination bill. This is a health care bill. This is a pro-business and economic development bill. This is a pro-family bill. And this is a bill that supports our veterans. So today we strike a blow for fairness and equity and improved access to mental health treatment which will fundamentally improve the lives of millions of American families.

Mr. Speaker, I urge a ''yes'' vote on the previous question and on the rule.

The material previously referred to by Mr. HASTINGS of Washington is as follows:

AMENDMENT TO H. RES. 1014 OFFERED BY MR. HASTINGS OF WASHINGTON

At the end of the resolution, add the following:

SEC. 4. ''That upon adoption of this resolution, before consideration of any order of business other than one motion that the House adjourn, the bill (H.R. 3773) to amend the Foreign Intelligence Surveillance Act of 1978 to establish a procedure for authorizing certain acquisitions of foreign intelligence, and for other purposes, with Senate amendment thereto, shall be considered to have been taken from the Speaker's table. A motion that the House concur in the Senate amendment shall be considered as pending in the House without intervention of any point of order. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the Majority Leader and the Minority Leader or their designees. The previous question shall be considered as ordered on the motion to final adoption without intervening motion.''

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308–311) describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Democratic majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution .... [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's ''American Congressional Dictionary'': ''If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.''

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. CASTOR. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting House Resolution 1014, if ordered, and suspending the rules with regard to H.R. 4774 and H. Con. Res. 286.

The vote was taken by electronic device, and there were—yeas 215, nays 195, not voting 18, as follows:

[Roll No. 95]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costello
Courtney
Crowley
Cuellar
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—195

Abercrombie
Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Cramer
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Petri
Pickering
Pitts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson

Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—18

Brown-Waite, Ginny
Cole (OK)
Conyers
Costa
Cummings
Gonzalez
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on this vote.

□ 1606

Ms. PRYCE of Ohio and Mr. GARY G. MILLER of California changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 209, nays 198, not voting 21, as follows:

[Roll No. 96]

YEAS—209

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Cannon
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rodriguez
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Solis
Space
Spratt
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NAYS—198

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pastor
Paul
Pearce
Pence
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Salazar
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—21

Brown-Waite, Ginny
Cole (OK)
Conyers
Fallin
Gonzalez
Hunter
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Shea-Porter
Stark
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 1613

Mr. AL GREEN of Texas changed his vote from ''yea'' to ''nay.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I missed the first two votes in a series of four votes. I missed rollcall vote Nos. 95 and 96.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 95: "nay" (On Calling the Previous Question on the Rule providing for H.R. 1424); rollcall vote No. 96: "nay" (On the Rule providing for the consideration of H.R. 1424).

CYNDI TAYLOR KRIER POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4774, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 4774, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 0, not voting 24, as follows:

[Roll No. 97]

YEAS—404

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello