

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 223, nays 186, answered “present” 1, not voting 18, as follows:

[Roll No. 99]
YEAS—223

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

NAYS—186

Aderholt	Bishop (UT)	Burton (IN)
Akin	Blackburn	Buyer
Alexander	Bonner	Calvert
Bachmann	Bono Mack	Camp (MI)
Bachus	Boozman	Campbell (CA)
Barrett (SC)	Boustany	Cannon
Bartlett (MD)	Brady (TX)	Cantor
Barton (TX)	Broun (GA)	Capito
Biggert	Brown (SC)	Carter
Billbray	Buchanan	Castle
Bilirakis	Burgess	Chabot

Coble	Jordan	Pryce (OH)
Cole (OK)	King (IA)	Putnam
Conaway	King (NY)	Radanovich
Crenshaw	Kingston	Regula
Cubin	Kirk	Rehberg
Culberson	Kline (MN)	Reichert
Davis (KY)	Knollenberg	Reynolds
Davis, David	Kuhl (NY)	Rogers (AL)
Davis, Tom	Lamborn	Rogers (KY)
Deal (GA)	Lampson	Rogers (MI)
Dent	Latham	Rohrabacher
Diaz-Balart, M.	LaTourette	Ros-Lehtinen
Doolittle	Latta	Roskam
Drake	Lewis (CA)	Royce
Dreier	Lewis (KY)	Ryan (WI)
Duncan	Linder	Sali
Ehlers	LoBiondo	Schmidt
Emerson	Lucas	Sensenbrenner
English (PA)	Lungren, Daniel E.	Sessions
Everett	E.	Shadegg
Fallin	Mack	Shays
Feeney	Manzullo	Shimkus
Ferguson	Marchant	Shuster
Flake	Marshall	Simpson
Forbes	McCarthy (CA)	Smith (NE)
Fortenberry	McCaul (TX)	Smith (NJ)
Fossella	McCotter	Smith (TX)
Fox	McCrery	Souder
Franks (AZ)	McHenry	Stearns
Frelinghuysen	McHugh	Sullivan
Galleghy	McKeon	Tancredo
Garrett (NJ)	McMorris	Terry
Gingrey	Rodgers	Thornberry
Gohmert	Mica	Tiahrt
Goode	Miller (FL)	Tiberi
Goodlatte	Miller (MI)	Turner
Granger	Miller, Gary	Upton
Graves	Moran (KS)	Walberg
Hall (TX)	Murphy, Tim	Walden (OR)
Hastings (WA)	Musgrave	Walsh (NY)
Hayes	Myrick	Wamp
Heller	Neugebauer	Weldon (FL)
Hensarling	Nunes	Weller
Herger	Pearce	Westmoreland
Hobson	Pence	Whitfield (KY)
Hoekstra	Peterson (PA)	Wilson (NM)
Hulshof	Petri	Wilson (SC)
Hunter	Pickering	Wittman (VA)
Inglis (SC)	Pitts	Wolf
Issa	Platts	Young (AK)
Johnson, Sam	Porter	Young (FL)
Jones (NC)	Price (GA)	

ANSWERED “PRESENT”—1

Johnson (IL)

NOT VOTING—18

Blunt	Diaz-Balart, L.	Renzi
Boehner	Gerlach	Rush
Brown-Waite,	Gonzalez	Saxton
Ginny	Johnson, E. B.	Woolsey
Conyers	Keller	Wynn
Cuellar	Poe	
DeFazio	Rangel	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in the vote.

□ 1922

Messrs. JORDAN of Ohio, HALL of Texas, McCOTTER, and PLATTS changed their vote from “yea” to “nay.”

Mr. LYNCH changed his vote from “nay” to “yea.”

So the motion to table was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 289. Concurrent resolution honoring and praising the National Association for the Advancement of Colored People on the occasion of its 99th anniversary.

The message also announced that pursuant to the provisions of S. Con. Res. 67 (110th Congress), the Chair, on behalf of the Vice President, appoints the following Senators to the Joint Congressional Committee on Inaugural Ceremonies:

The Senator from Nevada (Mr. REID).
The Senator from California (Mrs. FEINSTEIN).

The Senator from Utah (Mr. BENNETT).

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007—Continued

MOTION TO RECOMMIT OFFERED BY MR. KLINE OF MINNESOTA

Mr. KLINE of Minnesota. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. KLINE of Minnesota. In its current form I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Kline of Minnesota moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SEC. 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Mental Health Parity Act of 2008”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Mental health parity.
- Sec. 3. Effective date.
- Sec. 4. Federal administrative responsibilities.

Sec. 5. Asset verification through access to information held by financial institutions.

SEC. 2. MENTAL HEALTH PARITY.

(a) AMENDMENTS OF ERISA.—Subpart B of part 7 of title I of the Employee Retirement Income Security Act of 1974 is amended by inserting after section 712 (29 U.S.C. 1185a) the following:

“SEC. 712A. MENTAL HEALTH PARITY.

“(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

“(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

“(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

“(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan)

that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

“(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

“(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

“(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

“(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

“(d) SMALL EMPLOYER EXEMPTION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

“(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

“(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

“(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

“(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

“(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

“(e) COST EXEMPTION.—

“(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connections with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and sur-

gical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

“(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

“(A) 2 percent in the case of the first plan year in which this section is applied; and

“(B) 1 percent in the case of each subsequent plan year.

“(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

“(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

“(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) and shall be subject to the applicable notice requirements under section 104(b)(1).

“(6) NOTIFICATION TO APPROPRIATE AGENCY.—

“(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election.

“(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

“(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

“(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

“(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

“(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous

itemization of such notifications, that includes—

“(i) a breakdown of States by the size and type of employers submitting such notification; and

“(ii) a summary of the data received under subparagraph (B).

“(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

“(f) MENTAL HEALTH BENEFITS.—In this section, the term ‘mental health benefits’ means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

“(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.”

(b) PUBLIC HEALTH SERVICE ACT.—Subpart 2 of part A of title XXVII of the Public Health Service Act is amended by inserting after section 2705 (42 U.S.C. 300gg-5) the following:

“SEC. 2705A. MENTAL HEALTH PARITY.

“(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

“(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

“(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

“(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

“(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

“(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity

and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

“(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

“(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

“(d) SMALL EMPLOYER EXEMPTION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

“(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

“(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

“(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

“(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

“(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

“(e) COST EXEMPTION.—

“(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

“(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

“(A) 2 percent in the case of the first plan year in which this section is applied; and

“(B) 1 percent in the case of each subsequent plan year.

“(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

“(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

“(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) of the Employee Retirement Income Security Act of 1974 and shall be subject to the applicable notice requirements under section 104(b)(1) of such Act.

“(6) NOTIFICATION TO APPROPRIATE AGENCY.—

“(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election. A health insurance issuer providing health insurance coverage in connection with a group health plan shall provide a copy of such notice to the State insurance department or other State agency responsible for regulating the terms of such coverage.

“(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

“(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

“(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

“(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

“(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

“(i) a breakdown of States by the size and type of employers submitting such notification; and

“(ii) a summary of the data received under subparagraph (B).

“(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

“(f) MENTAL HEALTH BENEFITS.—In this section, the term ‘mental health benefits’ means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

“(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.”

SEC. 3. EFFECTIVE DATE.

(a) IN GENERAL.—The provisions of this Act shall apply to group health plans (or health insurance coverage offered in connection with such plans) beginning in the first plan year that begins on or after January 1 of the first calendar year that begins more than 1 year after the date of the enactment of this Act.

(b) TERMINATION OF CERTAIN PROVISIONS.—

(1) ERISA.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended by striking subsection (f) and inserting the following:

“(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.”

(2) PHSA.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg-5) is amended by striking subsection (f) and inserting the following:

“(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.”

SEC. 4. FEDERAL ADMINISTRATIVE RESPONSIBILITIES.

(a) GROUP HEALTH PLAN OMBUDSMAN.—

(1) DEPARTMENT OF LABOR.—The Secretary of Labor shall designate an individual within the Department of Labor to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under group health plans in accordance with this Act.

(2) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Secretary of Health and Human Services shall designate an individual within the Department of Health and Human Services to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under health insurance coverage issued in connection with group health plans in accordance with this Act.

(b) AUDITS.—The Secretary of Labor and the Secretary of Health and Human Services shall each provide for the conduct of random audits of group health plans (and health insurance coverage offered in connection with such plans) to ensure that such plans are in

compliance with this Act (and the amendments made by this Act).

(C) GOVERNMENT ACCOUNTABILITY OFFICE STUDY.—

(1) STUDY.—The Comptroller General shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on the cost of health insurance coverage, access to health insurance coverage (including the availability of in-network providers), the quality of health care, the impact on benefits and coverage for mental health and substance use disorders, the impact of any additional cost or savings to the plan, the impact on out-of-network coverage for mental health benefits (including substance use disorder treatment), the impact on State mental health benefit mandate laws, other impact on the business community and the Federal Government, and other issues as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of Congress a report containing the results of the study conducted under paragraph (1).

(d) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor and the Secretary of Health and Human Services shall jointly promulgate final regulations to carry out this Act.

SEC. 5. ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS.

(a) ADDITION OF AUTHORITY.—Title XIX of the Social Security Act is amended by inserting after section 1939 the following new section:

“ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS

“SEC. 1940. (a) IN GENERAL.—Subject to the provisions of this section, each State shall implement an asset verification program described in subsection (b), for purposes of determining or redetermining the eligibility of an individual for medical assistance under the State plan under this title.

“(b) ASSET VERIFICATION PROGRAM.—

“(1) IN GENERAL.—For purposes of this section, an asset verification program means a program described in paragraph (2) under which—

“(A) a State requires each applicant for, or recipient of, medical assistance under the State plan under this title to provide authorization by such applicant or recipient (and any other person whose income or resources are material to the determination of the eligibility of the applicant or recipient for such assistance) for the State to obtain (subject to the cost reimbursement requirements of section 1115(a) of the Right to Financial Privacy Act) from any financial institution (within the meaning of section 1101(1) of such Act) any financial record (within the meaning of section 1101(2) of such Act) held by the institution with respect to the applicant or recipient (and such other person, as applicable), whenever the State determines the record is needed in connection with a determination with respect to such eligibility for (or the amount or extent of) such medical assistance;

“(B) each such applicant or recipient (or other person) shall provide such authorization directly to the financial institution involved as a condition of eligibility for such medical assistance; and

“(C) the State uses such authorization to verify the financial resources of such applicant or recipient (and such other person, as applicable), in order to determine or redetermine the eligibility of such applicant or recipient for medical assistance under the State plan.

“(2) PROGRAM DESCRIBED.—A program described in this paragraph is a program for verifying individual assets in a manner consistent with the approach used by the Commissioner of Social Security under section 1631(e)(1)(B)(ii).

“(c) DURATION OF AUTHORIZATION.—An authorization provided to a State under subsection (b)(1) shall remain effective until the earliest of—

“(1) the rendering of a final adverse decision on the applicant’s application for medical assistance under the State’s plan under this title;

“(2) the cessation of the recipient’s eligibility for such medical assistance; or

“(3) the express revocation by the applicant or recipient (or such other person described in subsection (b)(1), as applicable) of the authorization, in a written notification to the State.

“(d) REQUIRED DISCLOSURE.—The State shall inform any person who provides authorization pursuant to subsection (b)(1) of the duration and scope of the authorization.

“(e) REFUSAL OR REVOCATION OF AUTHORIZATION.—If an applicant for, or recipient of, medical assistance under the State plan under this title (or such other person described in subsection (b)(1), as applicable) refuses to provide, or revokes, any authorization made by the applicant or recipient (or such other person, as applicable) under subsection (a)(1)(B) for the State to obtain from any financial institution any financial record, the State may, on that basis, determine that the applicant or recipient is ineligible for medical assistance.

“(f) USE OF CONTRACTOR.—For purposes of implementing an asset verification program under this section, a State may select and enter into a contract with a public or private entity meeting such criteria and qualifications as the State determines appropriate.

“(g) TECHNICAL ASSISTANCE.—The Secretary shall provide States with technical assistance to aid in implementation of an asset verification program under this section.

“(h) REPORTS.—A State implementing an asset verification program under this section shall furnish to the Secretary such reports concerning the program, at such times, in such format, and containing such information as the Secretary determines appropriate.”

(b) STATE PLAN REQUIREMENTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (69) by striking “and” at the end;

(2) in paragraph (70) by striking the period at the end and inserting “; and”; and

(3) by inserting after paragraph (70), as so amended, the following new paragraph:

“(71) provide that the State will implement an asset verification program under such section.”

(c) WITHHOLDING OF FEDERAL MATCHING PAYMENTS FOR NONCOMPLIANT STATES.—Section 1903(i) (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (21) by striking “or” at the end;

(2) in paragraph (22) by striking the period at the end and inserting “; or”; and

(3) by adding after paragraph (22) the following new paragraph:

“(23) if a State is required to implement an asset verification program under section 1940 and fails to comply with the requirements of such section, with respect to amounts expended by such State for medical assistance for individuals subject to asset verification under such section.”

(d) REPEAL.—Section 4 of Public Law 110–90 is repealed.

(e) ADJUSTMENT TO PAQI FUND.—Section 1848(1)(2) of the Social Security Act (42 U.S.C.

1395w–4(1)(2)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–73), is amended—

(1) in subparagraph (A)(i)—

(A) in subclause (III), by striking “\$4,960,000,000” and inserting “\$4,360,000,000”; and

(B) by adding at the end the following new subclause:

“(IV) For expenditures during 2014, an amount equal to \$1,000,000,000.”

(2) in subparagraph (A)(ii), by adding at the end the following new subclause:

“(IV) 2014.—The amount available for expenditures during 2014 shall only be available for an adjustment to the update of the conversion factor under subsection (d) for that year.”; and

(3) in subparagraph (B)—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new clause:

“(iv) 2014 for payment with respect to physicians’ services furnished during 2014.”

Mr. KLINE of Minnesota (during the reading). Mr. Speaker, I ask unanimous consent to waive the reading of the amendment.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Minnesota is recognized for 5 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, I rise today to offer this motion to recommit on H.R. 1424 with instructions forthwith, to substitute the Kline amendment for the underlying bill.

Last night the Rules Committee issued its 50th closed rule of this Congress and did not allow consideration of the Wilson-Kline-Camp substitute amendment. This motion to recommit gives us the opportunity to pass a mental health parity bill that has both bipartisan and bicameral support, and it does so immediately, allowing the House to approve a real mental health parity bill this very night.

My motion is a viable, commonsense alternative that, contrary to H.R. 1424, achieves real parity in the treatment of employer-sponsored coverage for mental and behavioral illnesses. The motion to recommit substitutes H.R. 1424 with the version similar to the mental health parity legislation S. 558 that passed the U.S. Senate last year under unanimous consent.

During the markup of H.R. 1424 before the Committee on Education and Labor, I offered a version of the compromise Senate bill as an amendment, believing that if Congress intends to move forward with mental health parity legislation, this compromise language is the most sensible alternative and our best chance of enacting legislation on this issue this year.

Unlike H.R. 1424, this motion is a product of over 2 years of bipartisan negotiations between mental health advocates, health care providers, and business groups representing virtually all sides in this debate. The motion accomplishes what it sets out to do. It

provides parity for mental health and substance abuse benefits. It provides parity while preserving the foundation of the ERISA benefit structure, protecting the ability of group health plans to medically manage their claims and providing plans with the flexibility to determine and administer on a voluntary basis the benefits provided to working men and women and their families. By steering clear of the benefit mandates and litigation traps contained in H.R. 1424, this motion makes it possible for employers to continue to provide high-quality affordable benefits, and it does so while responsibly offsetting the cost.

This motion to recommit includes an important provision that will save the American taxpayers billions of dollars by reducing the fraud in the Medicaid system by requiring all States to implement an electronic asset verification program within their Medicaid eligibility systems. Many States have balanced budget requirements and thus have limited dollars to allocate for the Medicaid programs. These new State-level Medicaid asset verification systems would ensure that Medicaid applicants are not intentionally hiding significant amounts of funds in undisclosed bank accounts in order to fraudulently enroll in a State's Medicaid program. This is a responsible way to pay for mental health parity benefits.

Finally, this motion to recommit includes language to clarify that the bill does not require a group health plan to cover abortion as a treatment. For these reasons, I strongly urge my colleagues to support this motion to recommit and vote in favor of this commonsense alternative.

I yield to the gentlewoman from New Mexico (Mrs. WILSON).

□ 1930

Mrs. WILSON of New Mexico. Mr. Speaker, I would ask my colleagues to remember only three things about this motion to recommit:

First, it happens immediately. This is "forthwith" so we can do this tonight. Don't send it back to committee. We can do it right now.

Second, it substitutes the Senate bill that is supported by 245 different organizations, including the National Alliance for the Mentally Ill, the American Psychological Association and numerous others. It's a bipartisan bill that passed unanimously in the United States Senate. It has the parity provisions very similar to the ones that Mr. KENNEDY and Mr. RAMSTAD have brought forward, but an important policy difference. The Ramstad-Kennedy bill does not require employers to cover mental health care. It says, if they do offer it, it must include every diagnosis in the DSM-IV manual, everything. No other, including the Federal employees health plan, goes that far. I think that the likely result of that will be what we all don't want to see, which is employers drop mental health coverage completely. That's

why organizations like the National Alliance on Mental Illness support the Senate bill and not the House bill. They want to see an expansion of coverage for the mentally ill, not a loss of coverage for 18 million seriously ill Americans.

The third thing that I want you to remember is this: There's been a lot of discussion about the pay-for in the bill we're asked to vote on here on the floor tonight. This motion to recommit would defeat the provision that will close physician-owned hospitals, including a lot of them in rural areas of America as a different pay-for that extends a successful pilot project for electronic verification of assets for Medicaid eligibility.

So three things. We can do it tonight, it doesn't go back to committee. It is better policy which will extend greater coverage for those who are mentally ill. And the pay-for doesn't hurt our rural, physician-owned hospitals.

Mr. PALLONE. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would yield initially to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act and against this motion to recommit.

My friends, this is a cynical attempt by the Republican leadership to kill a bill that they never liked from the start. Too many people worked too hard and for too long on this legislation to let it be derailed now.

274 Members have cosponsored the bill. Three committees have passed it. And my two good friends, PATRICK KENNEDY and JIM RAMSTAD, have worked for years to reach this vote today. I will not let their hard work be for nothing.

Mr. Speaker, I know what it's like to live every day with a disability and how important it is to have the care and the resources that allow me to live a normal life. See, you can see my disability. It's obvious. But with a wheelchair, with adaptive equipment, it really levels the playing field. With other support I can live a very fulfilling and normal life.

But, Mr. Speaker, there are millions of people across this country who live with a silent disability, a hidden disability, struggling day in and day out with substance abuse, mental illness, chemical imbalance, other mental illness challenges, and they don't have the support that they need, and they struggle day in and day out. They don't have the support they need because they don't have mental health parity. We have the opportunity to change that and give them the care and the support that they need to live a normal life.

PATRICK KENNEDY, my good friend, has had the courage to speak for all

those suffering from the hidden disability of mental illness. He's been a champion and a leader, and millions of people across this country are looking to him right now and they will be looking at all of us to pass this bill and allow them the access and the care and the treatment that they deserve. We can't let them down.

I urge my colleagues to support this bill and reject this cynical attempt and specious motion to recommit.

Mr. PALLONE. Mr. Speaker, I reclaim my time and I want to thank the gentleman from Rhode Island for what he said.

I yield the balance of my time to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I thank the gentleman for yielding.

Mr. Speaker, I urge my colleagues, and I ask them to vote "no" on this motion to recommit.

The House bill is stronger than the Senate bill. The House bill provides stronger parity protections than the Senate bill for the same cost. The House bill requires parity in out-of-network benefits. The Senate bill does not. Out-of-network care is important where plans cover a limited number of providers and there are long waiting lists to access the care.

The House bill requires coverage for all clinically significant disorders if the insurer chooses to provide coverage for mental illness. The Senate bill lets health plans pick and choose which diseases they will cover, so they could deny care for autism, eating disorders, alcoholism and more.

And also, on this motion to recommit, when it comes to protecting human life, I stand with my colleagues on both sides of the aisle. But this abortion provision in this legislation is a red herring. If this abortion provision was a problem, why would my colleagues, our colleagues, our friends in the Senate like Senator COBURN, Senator BROWNBACK, Senator DEMINT vote for it?

I sit on the Energy and Commerce Committee where this bill came from. The abortion issue never was raised.

Under the House bill, health care plans retain the right to make decisions about medical necessity, and nothing in this bill would overturn the ability of health care plans to impose a conscience clause and not cover certain services due to religious or moral objections. This was made part of Federal law in 2005 under the Abortion Non-discrimination Act authored by Congressman DAVE WELDON. That is the law today. Nothing in this bill would affect the Weldon amendment as we know it. Nothing in this bill would affect the ability of a plan to prohibit coverage of abortion either on medically necessary grounds or on a conscience clause.

The bill provides for treating mental health services and physical services with parity. It doesn't address how plans cover physical, i.e., abortion

services. The bill addresses the diagnoses plans must cover, but does not tell plans what specific benefits they have to provide for those diagnoses.

The SPEAKER pro tempore. All time has expired.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

RECORDED VOTE

Mr. KLINE of Minnesota. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered, and suspending the rules with regard to H.R. 5400.

The vote was taken by electronic device, and there were—ayes 196, noes 221, not voting 11, as follows:

[Roll No. 100]

AYES—196

Aderholt	Fallin	Matheson
Akin	Feeney	McCarthy (CA)
Alexander	Ferguson	McCaul (TX)
Altmire	Flake	McCotter
Bachmann	Forbes	McCreery
Bachus	Fortenberry	McHenry
Barrett (SC)	Fossella	McHugh
Bartlett (MD)	Fox	McIntyre
Barton (TX)	Franks (AZ)	McKeon
Biggart	Gallely	McMorris
Billray	Garrett (NJ)	Rodgers
Bilirakis	Gerlach	Mica
Bishop (UT)	Gingrey	Miller (FL)
Blackburn	Gohmert	Miller (MI)
Blunt	Goode	Miller, Gary
Bonner	Goodlatte	Moran (KS)
Boozman	Granger	Musgrave
Boren	Graves	Myrick
Boustany	Green, Gene	Neugebauer
Brady (TX)	Hall (TX)	Nunes
Brown (GA)	Hastings (WA)	Ortiz
Brown (SC)	Hayes	Paul
Buchanan	Heller	Pearce
Burgess	Hensarling	Pence
Burton (IN)	Herger	Peterson (PA)
Buyer	Hinojosa	Petri
Calvert	Hobson	Pickering
Camp (MI)	Hoekstra	Pitts
Campbell (CA)	Hulshof	Porter
Cannon	Hunter	Price (GA)
Cantor	Inglis (SC)	Pryce (OH)
Capito	Issa	Putnam
Carter	Johnson (IL)	Radanovich
Chabot	Johnson, Sam	Regula
Coble	Jones (NC)	Rehberg
Cole (OK)	Jordan	Reichert
Conaway	King (IA)	Reyes
Crenshaw	King (NY)	Reynolds
Cubin	Kingston	Rogers (AL)
Cuellar	Kline (MN)	Rogers (KY)
Cuberson	Knollenberg	Rogers (MI)
Davis (KY)	Kuhl (NY)	Rohrabacher
Davis, David	Lamborn	Ros-Lehtinen
Davis, Lincoln	Lampson	Roskam
Deal (GA)	Latham	Royce
Dent	LaTourette	Ryan (WI)
Diaz-Balart, L.	Latta	Sali
Diaz-Balart, M.	Lewis (CA)	Saxton
Donnelly	Lewis (KY)	Schmidt
Doolittle	Linder	Sensenbrenner
Drake	LoBiondo	Sessions
Dreier	Lucas	Shadegg
Duncan	Lungren, Daniel	Shimkus
Ehlers	E.	Shuler
Ellsworth	Mack	Shuster
Emerson	Manzullo	Simpson
English (PA)	Marchant	Smith (NE)
Everett	Marshall	Smith (NJ)

Smith (TX)	Turner
Souder	Upton
Stearns	Walberg
Tancredo	Walden (OR)
Terry	Walsh (NY)
Thornberry	Wamp
Tiahrt	Weldon (FL)
Tiberi	Weller

NOES—221

Abercrombie	Grijalva
Ackerman	Gutierrez
Allen	Hall (NY)
Andrews	Hare
Arcuri	Harman
Baca	Hastings (FL)
Baird	Hereth Sandlin
Baldwin	Higgins
Barrow	Hill
Bean	Hinchoy
Becerra	Hirono
Berkley	Hodes
Berman	Holden
Berry	Holt
Bishop (GA)	Honda
Bishop (NY)	Hooley
Blumenauer	Hoyer
Bono Mack	Inslie
Boswell	Israel
Boucher	Jackson (IL)
Boyd (FL)	Jackson-Lee
Boyd (KS)	(TX)
Brady (PA)	Jefferson
Braley (IA)	Johnson (GA)
Brown, Corrine	Jones (OH)
Butterfield	Kagen
Capps	Kanjorski
Capuano	Kaptur
Cardoza	Kennedy
Carnahan	Kildee
Carney	Kilpatrick
Castle	Kind
Castor	Kirk
Chandler	Klein (FL)
Clarke	Kucinich
Clay	LaHood
Cleaver	Langevin
Clyburn	Larsen (WA)
Cohen	Larson (CT)
Conyers	Lee
Cooper	Levin
Costa	Lewis (GA)
Costello	Lipinski
Courtney	Loeb
Cramer	Loeb, Zoe
Crowley	Lowey
Cummings	Lynch
Davis (AL)	Mahoney (FL)
Davis (CA)	Maloney (NY)
Davis (IL)	Markey
Davis, Tom	Matsui
DeFazio	McCarthy (NY)
DeGette	McCollum (MN)
Delahunt	McDermott
DeLauro	McGovern
Dicks	McNerney
Dingell	Meeke (FL)
Doggett	Meeke (NY)
Doyle	Melancon
Edwards	Mitchell
Ellison	Mollohan
Emanuel	Moore (KS)
Engel	Moore (WI)
Eshoo	Moran (VA)
Etheridge	Murphy (CT)
Farr	Murphy, Patrick
Fattah	Murphy, Tim
Fey	Murphy, Tim
Filner	Murphy, Tim
Frank (MA)	Murphy, Tim
Frelinghuysen	Murphy, Tim
Giffords	Murphy, Tim
Gilchrest	Murphy, Tim
Gillibrand	Murphy, Tim
Gordon	Murphy, Tim
Green, Al	Murphy, Tim

NOT VOTING—11

Boehner	Johnson, E. B.
Brown-Waite,	Keller
Ginny	Poe
Gonzalez	Rangel

Westmoreland	Whitfield (KY)
Wilson (NM)	Wilson (SC)
Wittman (VA)	Wolf
Young (AK)	Young (FL)

Oberstar	Obey
Olver	Pallone
Pascarella	Pastor
Payne	Perlmutter
Peterson (MN)	Platts
Pomeroy	Price (NC)
Rahall	Ramstad
Richardson	Rodriguez
Ross	Rothman
Roybal-Allard	Ruppersberger
Ryan (OH)	Salazar
Sanchez, Linda	T.
Sanchez, Loretta	Sarbanes
Schakowsky	Schiff
Scott (GA)	Scott (VA)
Serrano	Sestak
Shays	Shea-Porter
Sherman	Sires
Skelton	Slaughter
Smith (WA)	Snyder
Solis	Space
Spratt	Stark
Sullivan	Sutton
Thompson (CA)	Tierney
Thompson (MS)	Towns
Tsongas	Udall (CO)
Udall (NM)	Udall (NM)
Van Hollen	Velázquez
Visclosky	Walz (MN)
Wasserman	Schultz
Waters	Watson
Watt	Waxman
Weiner	Welch (VT)
Wexler	Wilson (OH)
Wu	Yarmuth

□ 1956

Mr. SESTAK changed his vote from “aye” to “no.”

So the motion was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

Mr. PALLONE. 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 268, nays 148, not voting 13, as follows:

[Roll No. 101]

YEAS—268

Abercrombie	Edwards	Lewis (GA)
Ackerman	Ellison	Lipinski
Allen	Ellsworth	LoBiondo
Altmire	Emanuel	Loeb
Andrews	Emerson	Lofgren, Zoe
Arcuri	Engel	Lowey
Baca	English (PA)	Lynch
Baird	Eshoo	Mahoney (FL)
Baldwin	Etheridge	Maloney (NY)
Barrow	Farr	Markey
Bean	Fattah	Matheson
Becerra	Ferguson	Matsui
Berkley	Filner	McCarthy (NY)
Berman	Fossella	McCollum (MN)
Berry	Frank (MA)	McDermott
Biggart	Frelinghuysen	McGovern
Bishop (GA)	Gallely	McHugh
Bishop (NY)	Gerlach	McIntyre
Blumenauer	Giffords	McNerney
Bono Mack	Gilchrest	McNulty
Boren	Gillibrand	Meek (FL)
Boswell	Gordon	Meeks (NY)
Boucher	Green, Al	Melancon
Boustany	Green, Gene	Mitchell
Boyd (FL)	Grijalva	Miller (MI)
Boyd (KS)	Gutierrez	Miller (NC)
Brady (PA)	Hall (NY)	Miller, George
Braley (IA)	Hare	Mitchell
Brown, Corrine	Harman	Mollohan
Buchanan	Hastings (FL)	Moore (KS)
Butterfield	Hayes	Moore (WI)
Capito	Hereth Sandlin	Moran (VA)
Capps	Higgins	Murphy (CT)
Capuano	Hill	Murphy, Patrick
Cardoza	Hinchoy	Murphy, Tim
Carnahan	Hirono	Murtha
Carney	Hobson	Nadler
Castle	Hodes	Napolitano
Castor	Holden	Neal (MA)
Chandler	Holt	Oberstar
Clarke	Honda	Obey
Clay	Hooley	Olver
Cleaver	Hoyer	Ortiz
Clyburn	Inslie	Pallone
Cohen	Israel	Pascarella
Conyers	Jackson (IL)	Pastor
Cooper	Jackson-Lee	Payne
Costa	(TX)	Pelosi
Costello	Jefferson	Perlmutter
Courtney	Johnson (GA)	Peterson (MN)
Cramer	Johnson (IL)	Pickering
Crowley	Jones (OH)	Platts
Cuellar	Kagen	Pomeroy
Cummings	Kanjorski	Price (NC)
Davis (AL)	Kaptur	Pryce (OH)
Davis (CA)	Kennedy	Rahall
Davis (IL)	Kildee	Ramstad
Davis, Lincoln	Kilpatrick	Regula
Davis, Tom	Kind	Reyes
DeFazio	King (NY)	Richardson
DeGette	Kirk	Rodriguez
Delahunt	Klein (FL)	Ros-Lehtinen
DeLauro	Knollenberg	Ross
Dent	Kucinich	Rothman
Diaz-Balart, L.	LaHood	Roybal-Allard
Diaz-Balart, M.	Langevin	Ruppersberger
Dicks	Larsen (WA)	Ryan (OH)
Dingell	Larson (CT)	Salazar
Doggett	LaTourette	Sanchez, Linda
Donnelly	Lee	T.
Doyle	Levin	Sanchez, Loretta

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Sarbanes Solis
Saxton Space
Schakowsky Spratt
Schiff Stark
Schwartz Stupak
Scott (GA) Sullivan
Scott (VA) Sutton
Sensenbrenner Tanner
Serrano Tauscher
Sestak Taylor
Shays Thompson (CA)
Shea-Porter Thompson (MS)
Sherman Tiahrt
Shuler Tierney
Sires Towns
Skelton Tsongas
Slaughter Udall (CO)
Smith (TX) Udall (NM)
Smith (WA) Upton
Snyder Van Hollen

NAYS—148

Aderholt Franks (AZ)
Akin Garrett (NJ)
Alexander Gingrey
Bachmann Gohmert
Bachus Goode
Barrett (SC) Goodlatte
Bartlett (MD) Granger
Barton (TX) Graves
Bilbray Hall (TX)
Billirakis Hastings (WA)
Bishop (UT) Heller
Blackburn Hensarling
Blunt Herger
Boehner Hinojosa
Bonner Hoekstra
Boozman Hulshof
Brady (TX) Hunter
Broun (GA) Inglis (SC)
Brown (SC) Issa
Burgess Johnson, Sam
Burton (IN) Jones (NC)
Buyer Jordan
Calvert King (IA)
Camp (MI) Kingston
Campbell (CA) Kline (MN)
Cannon Kuhl (NY)
Cantor Lamborn
Carter Lampson
Chabot Latham
Coble Latta
Cole (OK) Lewis (CA)
Conaway Lewis (KY)
Crenshaw Linder
Cubin Lucas
Culberson Lungren, Daniel
Davis (KY) E.
Davis, David Mack
Deal (GA) Manzullo
Doolittle Marchant
Drake Marshall
Dreier McCarthy (CA)
Duncan McCaul (TX)
Ehlers McCotter
Everett McCrery
Fallin McHenry
Feeney McKeon
Flake McMorris
Forbes Rodgers
Fortenberry Mica
Foxy Miller (FL)

NOT VOTING—13

Brown-Waite, Musgrave
Ginny Poe
Gonzalez Rangel
Johnson, E. B. Renzi
Keller Rush

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 2003

So the bill was passed.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1014, the text of H.R. 493, as passed by the House, will be appended to the engrossment of H.R. 1424.

SGT. MICHAEL M. KASHKOUSH
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. 5400, 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. 5400.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 402, nays 0, not voting 26, as follows:

[Roll No. 102]

YEAS—402

Abercrombie Cooper
Ackerman Costa
Aderholt Costello
Akin Courtney
Alexander Cramer
Allen Crenshaw
Altmire Crowley
Andrews Cubin
Baca Cuellar
Bachmann Culberson
Bachus Cummings
Baird Davis (AL)
Baldwin Davis (CA)
Barrett (SC) Davis (IL)
Barrow Davis (KY)
Bartlett (MD) Davis, David
Barton (TX) Davis, Lincoln
Bean Davis, Tom
Becerra Deal (GA)
Berman DeFazio
Berry DeGette
Biggert Delahunt
Bilbray DeLauro
Bilirakis Dent
Bishop (GA) Diaz-Balart, L.
Bishop (NY) Diaz-Balart, M.
Bishop (UT) Dingell
Blackburn Doggett
Blumenauer Donnelly
Blunt Doolittle
Boehner Drake
Bonner Dreier
Bono Mack Duncan
Boozman Edwards
Boren Ehlers
Boswell Ellison
Boucher Ellsworth
Boustany Emerson
Boyd (FL) Engel
Boyda (KS) English (PA)
Brady (PA) Eshoo
Brady (TX) Etheridge
Bralely (IA) Everrett
Broun (GA) Fallin
Brown (SC) Farr
Brown, Corrine Fattah
Buchanan Ferguson
Burgess Filner
Burton (IN) Flake
Butterfield Forbes
Buyer Fortenberry
Calvert Fossella
Camp (MI) Foxx
Campbell (CA) Frank (MA)
Cannon Franks (AZ)
Cantor Frelinghuysen
Capito Gallegly
Capps Garrett (NJ)
Capuano Gerlach
Carnahan Giffords
Carney Gilchrest
Carter Gillibrand
Castle Gingrey
Castor Gohmert
Chabot Goode
Chandler Goodlatte
Clarke Gordon
Clay Granger
Clyburn Graves
Coble Green, Al
Cohen Green, Gene
Cole (OK) Grijalva
Conaway Gutierrez
Conyers Hall (NY)

Lucas Pence
Lungren, Daniel Perlmutter
E. Peterson (MN)
Lynch Peterson (PA)
Mack Petri
Mahoney (FL) Pickering
Maloney (NY) Pitts
Manzullo Platts
Marchant Pomeroy
Markey Porter
Marshall Price (GA)
Matheson Price (NC)
Matsui Pryce (OH)
McCarthy (CA) Putnam
McCarthy (NY) Radanovich
McCaul (TX) Rahall
McCotter Ramstad
McCrery Regula
McGovern Rehberg
McHenry Reichert
McHugh Reyes
McIntyre Reynolds
McKeon Richardson
McMorris Rodriguez
Rodgers Rogers (AL)
McNerney Rogers (KY)
McNulty Rogers (MI)
Meeke (FL) Rohrabacher
Meeks (NY) Ros-Lehtinen
Melancon Roskam
Mica Ross
Michaud Rothman
Miller (FL) Roybal-Allard
Miller (MI) Royce
Miller (NC) Ruppertsberger
Miller, Gary Ryan (OH)
Miller, George Ryan (WI)
Mitchell Salazar
Mollohan Sali
Moore (KS) Sánchez, Linda
Moore (WI) T.
Moran (KS) Sanchez, Loretta
Moran (VA) Sarbanes
Murphy (CT) Saxton
Murphy, Patrick Schakowsky
Murphy, Tim Schiff
Musgrave Schmidt
Myrick Schwartz
Nadler Scott (GA)
Napolitano Scott (VA)
Neugebauer Sensenbrenner
Nunes Serrano
Oberstar Sestak
Obey Shadegg
Olver Shays
Ortiz Shea-Porter
Pallone Sherman
Pascrell Shimkus
Pastor Shuler
Paul Shuster
Payne Simpson
Pearce Sires

NOT VOTING—26

Arcuri Gonzalez
Berkley Holden
Brown-Waite, Johnson, E. B.
Ginny Keller
Cardoza McCollum (MN)
Cleaver McDermott
Dicks Murtha
Doyle Neal (MA)
Emanuel Poe
Feeney Rangel

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 2011

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PAUL WELLSTONE BILL

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