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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mrs. CAPPS).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 18, 2010.

I hereby appoint the Honorable LOIS CAPPS to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Draw near, O Lord, our God. Graciously hear us. We know You as ultimately powerful, ultimately wise, and ultimately good. By Your power, we believe, our weakness is helped. By Your wisdom, our ignorance is corrected; and by Your goodness, our iniquity is washed away.

Turned to You in prayer and with expectations throughout this day, may both our intentions and our behavior give You glory. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from California (Ms. HARMAN) come forward and lead the House in the Pledge of Allegiance.

Ms. HARMAN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 1789. An act to restore fairness to Federal cocaine sentencing.

S. 2865. An act to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 10 requests for 1-minute speeches on each side of the aisle.

HEALTH CARE REFORM

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

Ms. HARMAN. Madam Speaker, in a few hours, the House leadership will finally introduce a rescission package on health care which will reduce our deficit over the next two decades to lower numbers than would either the House-passed or Senate-passed health bills. As a Blue Dog, I commend this.

But I stand here this morning specifically to say that information just released by the Energy and Commerce Committee, on which I serve, shows a very favorable impact on my district from the bill, which I intend to support.

I have received thousands of calls and emails from constituents. I will post this information on my Web site immediately after speaking this morning. But in a nutshell, the bill improves coverage for 427,000 of my constituents who already have health care. It gives tax credits and other assistance to up to 137,000 families and 15,100 small businesses. It improves Medicare coverage for 81,000 constituents by helping to close the doughnut hole. It extends coverage to 67,500 uninsured, guarantees coverage for people with preexisting conditions, and permits kids under 26 to stay on their parents' policies.

I ask my colleagues to support the bill.

HEALTH CARE TAKEOVER COSTS TOO MUCH

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

Mr. WILSON of South Carolina. Madam Speaker, as backroom deals and threats continue to force a health care takeover vote, the costs from the Congressional Budget Office have just been released of nearly $1 trillion. State leaders across the country have recognized that this takeover could bankrupt our great Nation.

Just yesterday, the State treasurer for Massachusetts, Tim Cahill, said, ''If President Obama and the Democrats repeat the mistakes of the health insurance mandate in Massachusetts on a national level, they will bankrupt this country within 4 years.''

Other State leaders have expressed great concerns about unfunded mandates. South Carolina is one of 36 legislatures considering barring individuals from being compelled to purchase health insurance. I applaud State leaders who are fighting Big Government mandates which the NFIB estimates will kill 1.6 million jobs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

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HEALTH CARE REFORM

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

Mr. HEINRICH. Madam Speaker, each of us faces a question about whose side we are on today. Will we continue to protect the insurance companies, or will we stand up for the American people? Protect the insurance companies, or stand up for people like Rebecca Gentry, small business owner, whose bottom line is suffering as the cost of health insurance for her employees continues to skyrocket.

Protect the insurance companies or stand up for people like Joseph Crumb, an educational assistant, who can't get health care coverage for his neck and back injuries because his insurance company said they were preexisting conditions.

Protect the insurance companies or stand up for people who are uninsured like Elise Perez-Alford, who will soon have only the emergency room to care for her seriously ill 2-year-old daughter because she can no longer afford the copayments.

The time has come for us to stand up for the American people and to hold the insurance companies accountable.

HEALTH CARE REFORM

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

Mr. BACA. Health care reform is needed now. Not tomorrow, not yesterday, but now.

After decades of working hard, the Hernandezes from my district now struggle to pay for prescription drugs with disability payments and unemployment checks. This is wrong.

With the fourth highest foreclosure in the Nation and 15 percent unemployment in my district, my constituents cannot wait any longer. We need health care reform now. Health care reform will lower the costs and hold health insurance companies accountable; provide new coverage for 31 million people; end discrimination based on preexisting conditions; close the doughnut hole for thousands of seniors; allow 75,000 young adults in my district under the age of 27 to stay under their parents' coverage; provide millions of dollars for funding for seven community centers in my district; cut the national deficit by a hundred-and-some billion over 10 years; and produce 4 million new jobs in the coming decade.

Health care reform is good for seniors, good for adults, good for women, good for families, good for America. Let's support health care reform now.

HEALTH CARE REFORM

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

Mr. SAM JOHNSON of Texas. You know, even while the President tours the country saying it's time for an up-or-down vote on health care, the Speaker is attempting to bypass a vote altogether. As Newt Gingrich said, This Congress has gone from voting on bills without reading them to passing bills without voting on them. That is unconscionable and unconstitutional.

It's time for an open and honest vote on health care.

Let's vote on how the bill cuts Medicare, let's vote on how the bill actually hikes health costs. Let's vote on how the bill uses taxpayer dollars to fund abortions.

But the Speaker can't do that. She's faced with the unfortunate inconvenience that some of her Members actually want to listen to their constituents and vote ''no.'' So now she intends to muscle through health care reform without an actual vote. That is just wrong.

I will say it again: Congress has gone from voting on bills without reading them to passing bills without voting on them. America deserves better.

HEALTH CARE REFORM

(Ms. KILROY asked and was given permission to address the House for 1 minute.)

Ms. KILROY. Madam Speaker, I believe that a great strength of our democracy is in our First Amendment. It allows for the robust exchange of ideas and opinions. I welcome that. I want to hear what my constituents are thinking, what concerns they have, concerns about how health care will work for them. I want to listen to them discuss the lack of health care and how that affects their life, the high cost of health care and how they are coping with that.

I have held town halls, roundtables, small groups, over 20 meetings in my district over health care. And this week demonstrations for and against health care reform were held in front of my district office.

Unfortunately, some of those opposing health care reform went too far. Instead of making their arguments against the bill, they engaged in abusive language directed at one of my constituents who suffers the terrible ravages of Parkinson's disease. They treated him like a beggar. They threw dollar bills at him. They did not respect his humanity, did not respect his right to give his opinion on the health care bill. This type of protest goes too far. It has crossed a line.

The health care legislation is about respecting each other's rights as human beings. And when it comes to needed medical care, it should respect our rights as citizens to express our opinions.

HEALTH CARE REFORM

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

Mr. PENCE. This is a remarkable moment in the life of our Nation. After years of runaway Federal spending, deficits, debt, borrowing, bailouts, and takeover, against the opposition of a clear majority of the American people, the Democrats in Congress and in this administration are prepared to ram through a $1 trillion government takeover of health care. And it's just hard to believe.

Ignoring the will of the American people, twisting the rules of the House and the Senate into a pretzel, we're headed for a showdown this weekend.

But I've got to tell you, I like our chances. The reason House Democrats don't have the votes is because the American people know this is a government takeover of health care. Mandating that every American purchase health insurance, whether they want it or need it or not, passing hundreds of billions of dollars in job-killing tax increases, providing public funding for abortion, and setting into motion government-run insurance that will cause millions to lose the insurance they have is a government takeover of health care.

Let's have the debate. A minority in Congress plus the American people equals the majority. America, we can win this fight.

□ 1015

HEALTH CARE REFORM

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

Mrs. CAPPS. Mr. Speaker, I rise in recognition of March as Women's History Month. Throughout history, women have been at the forefront of our Nation's most important struggles; the abolition movement, support for people with disabilities, efforts to enact child labor laws, civil rights, and environmental causes, to name a few. And now we are again at the forefront of one of the most historic efforts of our time, the fight for affordable health care coverage.

It's not coincidence that we are finally making progress on health care reform with the first woman Speaker of the House at the helm, a woman in charge at the White House Office of Health Reform, as well as several Cabinet Secretaries.

Finally, with all due respect to our male colleagues, I believe it is very appropriate during Women's History Month that we pay special tribute to the women of the House as we continue fighting for the causes our mothers and grandmothers fought for before us. Together, we will continue to make history and will do so next with the passage of health care reform.

HEALTH CARE REFORM

(Mr. SMITH of Texas asked and was given permission to address the House

for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, a true bipartisan health care bill would have included real lawsuit abuse reform that provides savings for the American people. The administration refuses to consider lawsuit abuse reform because they want to protect their political piggy bank, which is filled by trial lawyers. The legal industry contributed $43 million to President Obama's 2008 campaign. More than 78 percent of the money given to Congress by lawyers, mostly from trial lawyers, went to Democrats, almost $100 million.

By bankrolling Democratic politicians, trial lawyers have succeeded in preventing any lawsuit abuse reforms from becoming part of the health care legislation, despite the overwhelming support for lawsuit reform by a great majority of the American people.

HEALTH CARE REFORM

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

Ms. WOOLSEY. Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women, women who face discrimination and insult at the hands of the broken status quo.

We all know that the current system allows insurance companies to deny coverage based on preexisting conditions, but I wonder how many of my colleagues realize that, essentially, being a woman is a preexisting condition. Pregnancy, for example, or C-sections can be deemed preexisting conditions. And most unbelievably of all, insurance companies can legally turn their backs on women who have suffered injuries due to domestic violence, because that, too, can be defined as a preexisting condition.

We should all be ashamed of a system that puts insurance company profits ahead of healthy American women. It's time for women to no longer be a preexisting condition. Pass the health care bill.

HEALTH CARE REFORM

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

Mr. BUCHANAN. Mr. Speaker, Speaker PELOSI recently said that we have to pass the health care bill so we can find out what's in it. I can tell you what's in it. It does nothing for cost.

I'm not a career politician. I have been in business for myself for 30 years and created thousands of jobs. Small businesses are dying. We need to bring down the cost of health care. Today it is $12,000 for a family of four. A recent study said it's going to take it to $28,000 for a family of four in the next 10 years. We are doing nothing about lowering the cost of health care. It's killing small businesses. It's killing jobs.

What also is in the bill, $740 billion in tax increases. Small businesses are going to be the ones that feel it the most. Most of them have pass-through income. It will be another big, job-killing opportunity for small businesses.

The third thing is that it really hurts seniors; $500 billion worth of real cuts, not just waste, fraud, and abuse. I have looked at the cuts. They are very serious cuts.

And now we have learned that the Speaker wants to pass the bill without actually taking a vote that will cover at-risk Members. No wonder the American people are fed up with Washington.

HEALTH CARE REFORM

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

Ms. CASTOR of Florida. My colleague from Florida, my good friend, is incorrect: health care reform is great news for small business owners and middle class families. For folks that already have insurance, there are important consumer protections. If you are paying your premiums and copays, these insurance companies will no longer be able to cancel you if you get sick. If you switch jobs, you will no longer be barred if you have a preexisting condition like asthma or diabetes. For parents, now your children will be able to stay on your policy until age 26, and we will ensure that the bulk of your payments and copays will actually go to health care rather than CEO salaries and bonuses.

My colleague is incorrect. Medicare will get stronger. Our parents, our grandparents, and our neighbors will see substantial improvements in their benefits. Not one benefit will be cut. Instead, we are going to pay Medicare doctors more to stay in Medicare. We are going to close the doughnut hole and make prescription drugs more affordable, and we are going to emphasize preventive care so they don't skip their checkups.

And for small businesses owners and families who don't have insurance, they will have a new shopping exchange and new tax credits to ensure you can afford your health care.

FALLEN MARINE LANCE CORPORAL ERIC LEVI WARD

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

Mr. REICHERT. Mr. Speaker, I am humbled and honored today to recognize the sacrifice of a fallen marine from my district, Lance Corporal Eric Levi Ward from Redmond, Washington, who was killed in Afghanistan on February 21.

Soon he will be buried at Arlington, the final resting place for those who so honorably sacrificed their lives for this country. When I talked to Eric's mom the other day, she said she understood her son's dedication to his country. She was a proud marine mom despite the sacrifice her family has made and the sense of loss and grief that they now bear.

It's important that we remember today that our country, the government, the people, our very way of life would not exist without those who sacrifice so willingly, who put on the uniform and sacrifice their lives, marines like Eric Ward, who gave their lives to honor our country to have freedom.

To Eric's family and to his friends, know that we will never forget Eric's sacrifice nor all those who have gone before him. His memory will live on, and we will continue to remember Eric's service to this country.

HEALTH CARE REFORM

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

Mr. CARNAHAN. Mr. Speaker, thousands of my constituents have shared their health care stories with me about America's broken health care system, like Christopher from St. Louis. He said, I stayed in a job that I hated for 5 years just for the insurance. Or like Stacy, also from St. Louis. Her grandmother died without preventive coverage 2 years ago, she said, leaving her grandfather broke due to medical debt and her family wondering why her medical problems couldn't have been detected sooner. She wrote, Please vote for health care reform for my grandmother.

Well, Stacy and the thousands of others that I represent, I want to tell you I will. The American people have had it with the partisan bickering here, and so have I. The folks who want to play partisan political games with your health care need to get out of the way. The insurance companies have made record profits during this economic recession and are sticking us with higher premiums all across the country.

Enough with the obstruction and the delay. This bill has already passed the House. A bill has already passed the Senate with a supermajority. It's time for every Member of this Congress to stand up and be counted, to have a final up-or-down vote. It's time to stand up for millions of Americans. I know where I stand. It's time for an up-or-down vote on health care now.

HEALTH CARE REFORM

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

Mr. GOHMERT. Mr. Speaker, I want to address some of the misstatements that have been made. I am also tired of the partisan bickering. I came in thinking that the Democrats who said, We want to work together, were serious.

We have been locked out of every single discussion except when the President came to preach to us, and he misrepresented it. Not intentionally, not lying, perhaps somebody who gave him the information was, but he wasn't. This bill that we're going to vote on starts with a lie. It says, This is an act that will modify first-time homebuyers credit in the case of members of the Armed Forces and other purposes. It started with deceit.

Telling people they are going to have insurance, man, if that's true, if we can save money by adding 30 million people to our rolls, we need to go insure everybody in China and then we will be done with the deficit. This bill is a disaster. Seventy-plus percent of the American people want us to throw it out and start over. Let's listen to the people.

HEALTH CARE REFORM

(Mrs. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY. Mr. Speaker, as we contemplate a historic vote to reform health care, I would like to emphasize how critically important this bill is to the women of this country. According to a report prepared by the Joint Economic Committee, which I chair, an estimated 64 million women in this country lack adequate health care; over one-quarter of our daughters between the ages of 19 and 24 lack health care, and women between the ages of 55 and 64 are particularly vulnerable. That's because so many women depend on their spouse's employer-based health care, and, all too often, they discover they are not age eligible for Medicare when their older husbands retire. A staggering 39 percent of all low-income women lack health care.

Ultimately, this is a vote about who we will be as a country. For our sisters, our daughters, and our mothers, yes, vote ''yes'' for them.

HEALTH CARE REFORM

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, it occurs to me that one of the strangest things that happens on this floor is when you bring the gavel down and say, The time has expired, and then people keep on talking and then turn to you and they say, I yield back the balance of my time. That is sort of a metaphor for the problem here in Congress. When we announce a tax cut, we say we are giving something back to you as if we had the call on your money in the first instance.

It's just one of the fictions we deal with, such as the fiction that this bill isn't going to cost us any money, or the fiction that the American people don't know what's in the bill, or the fiction that the American people will love it once we pass it.

Let's remember August. It did occur. It's something that is a manifestation of the American people and how they feel. Let's not ignore the American people. Let's be the House of Representatives.

MOURNING THE PASSING OF ALEX CHILTON

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

Mr. COHEN. Madam Speaker, today I come before you with a heavy heart, for a friend of mine and a great friend of music in the world, and particularly from my hometown of Memphis, Tennessee, passed away last night. Alex Chilton, who was a rock-and-roller, who was an indie music alternative producer, songwriter, and guitarist, passed away. Alex Chilton, at age 16, had a number one hit with a group called the Box Tops, a song called ''The Letter.''

Gotta get a ticket for an airplane.

Ain't got time to catch a fast train.

Lonely days are gone. I'm a-going home.

My baby just wrote me a letter.

That was number one when he was 16. He went on with the Box Tops to do other songs.

And then he had a group called Big Star. Big Star wasn't well known. They did three albums. But ''Rolling Stone'' put all three albums in the top 500 albums ever produced in America, and two of his singles were among the top 500 singles ever done in America.

Alex Chilton was like so much in Memphis. He grew up at a time when Elvis Presley was our emissary to the world. He wanted to play music, and he did it, and he did it in his own way: independent, iconoclastic, innovative.

He never cared for the critics. He didn't have that much acclaim at the box office or in record sales, but he did with others. REM was a group that he influenced greatly, and the Replacements did a song called ''Alex Chilton.''

He was supposed to play at South By Southwest this week in Austin. They are mourning him. He was supposed to play in Memphis on May 15 with the reunion of Big Star at the Overton Park Shell. He won't do that.

His music will live on forever. He is an embodiment of Memphis music: hard, different, independent, brilliant, and beautiful. We are lucky he came our way.

He leaves a wife and a daughter.

□ 1030

HEALTH CARE REFORM

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Madam Speaker, the people of this country like to have simple truth; and the simple truth about the bill that we are probably going to vote on this week is that Americans are opposed to the health care bill. But the Democrats in charge of the Congress think they are smarter than the average American and are going to cram through this bill with tricks, and the people do not want it. It takes away individual freedom and puts the government in charge.

Even the President admitted at the Republican retreat that you would not be able to keep your health insurance if you like it, despite the fact that he had been saying that for months.

Even some Democrats don't like the Senate bill or didn't like the Senate bill that is what is going to be voted on. And the chair of the House Rules Committee said last year the Senate should, ''go back to the drawing board,'' and that the Senate bill, ''will do almost nothing to reform health care but will be a windfall for insurance companies.''

Vote ''no'' on this bill.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. MCGOVERN. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1190 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1190

Resolved, That it shall be in order at any time through the calendar day of March 21, 2010, for the Speaker to entertain motions that the House suspend the rules. The Speaker or her designee shall consult with the Minority Leader or his designee on the designation of any matter for consideration pursuant to this resolution.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from North Carolina (Ms. Foxx). All time yielded during consideration of this rule is for debate only. I yield myself such time as I may consume.

GENERAL LEAVE

Mr. MCGOVERN. I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1190.

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

There was no objection.

Mr. MCGOVERN. Madam Speaker, H. Res. 1190 authorizes the Speaker to entertain motions that the House suspend the rules at any time through the calendar day of Sunday, March 21, 2010.

This rule is necessary because under clause 1(a), rule XV, the Speaker may entertain motions to suspend rules only on Monday, Tuesday, or Wednesday of each week. The rule also provides that the Speaker shall consult

with the minority leader on the designation of any matter considered for suspension. In order for suspensions to be considered on other days, the Rules Committee must authorize consideration of these motions.

And I want to remind my colleagues that any legislation passed under suspension of the rules still must receive at least a two-thirds vote. This rule will help us move important bipartisan legislation before we recess for the upcoming district work period.

A list of suspension bills will be provided by the majority leader at the appropriate time. We expect a number of important bills to be considered. Additionally, we expect the Rules Committee to meet again to make several other rules in order.

Before I reserve my time, let me just state the obvious. We are waiting for the health care bill to ripen and be ready for floor consideration. While we wait, there is business that this House must attend to, and this rule helps us do that.

But let me be clear. We will vote on the health care bill in the next few days. We will do so with a publicly released CBO score that shows the health care bill does not increase the deficit; in fact, it reduces the deficit. And we will do so while allowing 72 hours for anyone who wants to read and analyze the bill before we vote on it, and we will do so knowing that we will insure 32 million people, 32 million people who currently lack health insurance today.

Madam Speaker, this rule simply allows the House to conduct business until that health care bill is ready to come to the floor for a final vote, a vote which I am confident will prevail.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I thank my colleague for yielding time.

Madam Speaker, we are on the cusp of voting on legislation to permit a Federal Government takeover of one-sixth of the Nation's economy.

This is the most significant piece of legislation in our generation. The American people get that, and they do not want this bill. They want health reform that makes sense and that will make health care more affordable and accessible.

When the chairwoman of the Rules Committee, Ms. SLAUGHTER, floated the proposed Slaughter solution last week, the outcry was immediate. You would think that my colleagues would take their title of ''Representative'' seriously and want to listen to the American people and have an open process. That is why I urge my colleagues to vote ''no'' on the previous question today, so that we can amend this rule to allow the House to consider H. Res. 1188.

This resolution, sponsored by Mr. GRIFFITH, will ensure an up-or-down vote on the Senate's health care takeover by preventing the Speaker from using the Slaughter solution to ram the Senate health care bill through the House, bypassing regular order. The American people do not want the Senate bill, and neither do most Members in this Chamber.

The American people deserve an open process and an up-or-down vote. Voting ''no'' on the previous question, Members will be on the record opposing the Slaughter solution and voting to allow for consideration of a remedy aimed at protecting against this attempt to ram through the Democrat plan to socialize medicine.

Madam Speaker, I ask unanimous consent to insert the text of the amendment and extraneous materials immediately prior to the vote on the previous question.

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

There was no objection.

Ms. FOXX. I reserve the balance of my time.

Mr. McGOVERN. Madam Speaker, let me just state for the record that this has been an incredibly open process. And when I contrast it to the way my friends on the other side of the aisle handled a similar bill related to health care, and that was the prescription drug bill, I don't know what they are complaining about.

When they brought up the prescription drug bill, this is what it looked like, and it was given to the Rules Committee less than an hour before we were asked to vote on it, and then it was rushed to the floor a total of 27 hours between the time it was brought to the Rules Committee and the time Members were asked to vote on this bill. Contrast that to what we have done on this health insurance reform effort.

President Obama began with a health care summit at the beginning of 2009. Republicans and Democrats were invited and participated. Over the past year and a half, the House held nearly 100 hours of hearings and 83 hours of committee markups. We heard from 181 witnesses, both Democrat and Republican. Two hundred thirty-nine amendments were considered, 121 amendments were adopted. You know, this is the big lie that we are hearing from the other side that somehow this has been a closed process. The Rules Committee will convene on the health insurance reform bill with C–SPAN cameras present.

So this has been an incredibly open process. And I want to commend the Speaker of the House and the chairwoman of the Rules Committee for this open process, in contrast to the way they did their prescription drug bill, and just shoved it before the Rules Committee without anyone being able to read it. So I think that this has been an open process, and we stand by it.

But do you want to talk about process? Let's talk about the process by some of the big insurance companies in this country that routinely deny people coverage for the most silly reasons. They do it because they can.

In some States, Madam Speaker, believe it or not, insurance companies consider domestic violence as a preexisting condition. I mean, does anybody here think that is acceptable? And the gentlelady's home State of North Carolina, they are one of the States that still allow domestic violence against women to be used as an excuse to deny somebody health insurance. That is unconscionable, and the bill that we are talking about will fix that.

They were in charge for a lot of years, too many years, if you ask me. They drove this economy into a ditch. And during all that time, they did nothing, nothing, to deal with the rising cost of health insurance that families and small businesses face each and every day. They did nothing about the insurance companies denying people insurance because of preexisting conditions. They did nothing to deal with this issue that domestic violence in some States, including the State of North Carolina, can be used as a preexisting condition to deny somebody health care.

So we need to do what is right for the American people, and enough of the misinformation and enough of the lies and enough of the distortions. We need to do what the people want, and that is, fix this health insurance industry that we have in this country that, quite frankly, has denied millions and millions of people in this country insurance.

And even those who have insurance have found out as they have been wheeled to the operating room that their insurance didn't cover what they thought.

The time is now for reform, and we are going to do that.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, my colleague across the aisle talks about what the State of North Carolina does and does not do.

This insurance should be a State issue; it should not be a Federal issue. Maybe changes need to be made in the State of North Carolina, but that is up to the State of North Carolina. This is a Federal Government takeover, which is inappropriate.

Let me talk about the AARP and what they do about preexisting conditions, because our colleagues have put a special carve-out in this bill for the AARP. They deny access with preexisting conditions by imposing waiting periods on Medigap plans. They have a tremendous turn-down on preexisting conditions. Medicare turns down more people, twice as many people as the insurance companies do, and they want to put us all in Medicare-type plans. My colleague is a little disingenuous when he brings up selective situations like this.

I now would like to yield such time as he may consume to my distinguished colleague from California, the ranking member of the Rules Committee, Mr. DREIER.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Madam Speaker, I thank my friend for yielding, and of course congratulate her on her fine management of this extraordinarily important rule because of what we are going to be doing when we deal with the previous question.

Now, before I get to that, I would like to engage in a colloquy, if I might, with my good friend from Worcester, and say that we have had this constant drumbeat of us versus them, class warfare. The Democrats are for the people; the Republicans are only for the insurance companies. I mean, we continue to hear that over and over and over again. So what I would like to do, Madam Speaker, is to disabuse my friend and others on the other side of the aisle and many people in the media who continue to put forth this argument by saying or making the charge that we have tried to do nothing to deal with this issue out there, and that is crazy. And, Madam Speaker, I would like to go through a few of the things that we have done that have been designed to bring the cost of health insurance down to make sure, to make sure that more Americans have access to quality health insurance.

Let's begin by something that I introduced, and I am happy to say we have put into law. I introduced it 23 years ago in 1987, the first bill to call for the establishment of medical savings accounts, which incentivize Americans to put more dollars aside to save for direct health care costs or health insurance costs.

The second thing that we have done, I am very proud of the work product of Medicare part D by ensuring that more seniors have access to affordable prescription drugs.

But, Madam Speaker, what I would like to do is talk about a couple of things that we have worked on and when we were in the majority that we passed through this House, but, unfortunately, were blocked by my friends on the other side of the aisle in the other body. Those two things are, number one, associated health plans.

Now, President Obama has said that he believes that the notion of allowing small businesses to come together to pool so that they can have the benefit of lower insurance rates is something that he finds somewhat appealing; and yet, when we passed that in this House, sent it to the other body, my colleagues on the other side of the aisle chose, unfortunately, to block that measure.

And what is it that has happened? Well, we have seen an increase in the number of people who don't have health insurance in this country because of the fact that Democrats in the other body chose to block our establishment of associated health plans so that small businesses out there can come together.

And the second issue, which, again, the President stood here in his address to the joint session of Congress, Madam Speaker, and talked about and he believed was important for us to utilize, and that is real lawsuit abuse reform.

Now, unfortunately, one of the reasons that we see this dramatic increase in health care costs is that—what has happened? Many doctors—and listen to this: Many doctors have to engage in what is described as defensive medicine. They have to constantly prescribe all kinds of tests which are unnecessary, but they do it for one reason, Madam Speaker, and that is they do it because they are afraid of being sued.

Now, Madam Speaker, in the last Republican Congress, in our attempt to bring the cost of health insurance down we passed out of this House real lawsuit abuse reform legislation. It was blocked in the other body by our Democratic colleagues.

So this notion that was put forward by my friend from Worcester that we somehow have done absolutely nothing to deal with the plight of those Americans who don't have access to quality health insurance is preposterous.

Now, Madam Speaker, we have heard about this issue of transparency, and disclosure, and accountability, and I listened to my friend from Worcester argue that we have had this great deal of transparency. Then I ask you, Madam Speaker, why is it that the American people are saying that we should start over and we should in fact have a process that is transparent and open?

□ 1045

Never before, never before in the history of the Republic have we seen the process that is being contemplated used on such a massive issue and on the signature issue of an administration. We all know that this is the signature issue that has been put forth, argued for more than a year; and now what we've had is the Speaker and the majority leader and the distinguished chairwoman of the House Committee on Rules say that it is acceptable for us to completely deny accountability, to avoid accountability, and to prevent Members from actually being responsible for the votes that they cast.

Well, Madam Speaker, the American people get it. No matter how diligently they work overtime in the back rooms in this Capitol to block any opportunity for transparency, the American people are able to see through what it is that they're doing. It's one of the great benefits of the new technology that exists today and the fact that there are Democrats as well as Republicans who are decrying this.

I joke with my friend from the Grandfather community that sometimes I watch some of the programs on television that may be a little left of center. And I'm proud to do that. I watch them with regularity. And I have listened to a number of their commentators who would in no way be considered supporters of the Republican vision that is out there actually say that it is wrong. It is wrong for Democrats to go down this road of self-executing this massive, massive bill. They're arguing for transparency and disclosure and accountability, and I believe that it makes a great deal of sense.

When we defeat the previous question—I hope, Madam Speaker, we will be able to do that—we will take the initiative that has been launched by our newest Republican colleague, PARKER GRIFFITH, who has come forward and offered a proposal to say that if we're going to debate this health care bill, we should have an up-or-down vote and we should have extended debate, because the process that's being contemplated right now, Madam Speaker, would not allow one single minute of debate on the floor of the people's House to debate the health care bill. The only thing that we would debate is 30 minutes on either side on the special rule that would come to the House floor.

And so, Madam Speaker, I urge my colleagues to vote ''no'' on the previous question. And when we do that, we will bring up and allow a vote on the Griffith proposal that will ensure that we will have an up-or-down vote on the health care issue and the kind of free-flowing debate that the American people deserve.

Mr. MCGOVERN. Give me a break. That somehow Republican ideas have helped anybody in this country dealing with the high cost of insurance, it's ridiculous. In California alone, 8 million people last year went without health insurance. That's about 25 percent of all Californians under the age of 65; 25 percent in California, where they have some of the strongest malpractice laws in place.

I mean, this is crazy. The fact is that people are struggling to pay for their health insurance. And people who pay for it ought to be able to get the insurance that they think they're going to get. We have a situation now where it's not just we have to worry about the uninsured; we have to worry about people with insurance who all of a sudden find themselves sick or a loved one sick and find for crazy reasons that they are somehow going to be denied coverage. This is the United States of America. We could do better. We can have the best for everybody. Why not?

At this point I'd like to yield 3 minutes to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Let me thank my colleague from the Rules Committee for yielding me some time. The beauty of sports—you know, we're entering into March Madness; we just witnessed the Olympics. When you get to sports, there's a scorecard. All the talk and all the bravado really doesn't matter. You kind of look at what the score is. And we had a Republican President, we had a Republican House, a Republican Senate for 6 years. And on the question of providing insurance to tens of millions of Americans who didn't have it, they did zero. On the question of reining in

insurance companies in terms of excess costs, they did zero. In terms of dealing with the practices of insurance companies taking away coverage on a preexisting condition, because they say pregnancy is a preexisting condition or acne or domestic violence, the Republican President and the majority in the House and the Senate for 6 years did zero.

Now we have a Democratic President and a Democratic House and a Democratic Senate. In less than 16 months, we have provided health care to over 10 million children, even against the tobacco lobby and all of our Republican colleagues, many of whom voted against it. We prevailed. We in this House voted to take away the antitrust exemptions from insurance companies. Within just a few hours, some 72 hours from almost this moment, we are going to provide over 32 million of our fellow citizens with health insurance coverage through a health care reform proposal. We're going to rein in the worst practices of insurance companies. We're going to eliminate lifetime caps and yearly caps. We're going to make sure that children with preexisting conditions can't be denied coverage, and then down the road, adults.

So we are moving to look now at the scorecard. All of the talk is wonderful. I heard my colleague say, Well, they've done this and they tried to do this. Whatever the Republican President and majority did over those 6 years is overwhelmed by what was left undone. And we have begun this work. We're going to finish this work. And we're going to make sure that in this country we join the rest of the industrialized world in providing insurance for all of our citizens. We began this fight, and we're prepared to vote about it in just some 72 hours, all of this talk notwithstanding.

Ms. FOXX. I want to say that, again, our colleagues across the aisle are in the business of picking winners and losers. They do love one insurance company. They love the AARP, which in 2008, from their financial statements, had royalty fees of $414 million. Pure profit on their bottom line. I raised this issue with Mr. RANGEL when he was at the Rules Committee before, because I am very concerned about the way AARP is being represented to the people. Their profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008. So we find, again, that they want to pick the winners and losers instead of allowing individuals in this country to make their decisions on what they should be doing.

I'd like now to yield 2 minutes to my distinguished colleague, the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank Ms. FOXX for yielding. I want to ask three questions of my Democratic colleagues: Are you so arrogant that you know what's best for the American people? Are you so ignorant to be oblivious to the wishes of the American people? Three-fourths of America does not want this bill. Are you so incompetent that you ignore the Constitution; that you have to use tricks and deception to ram down the throats of the American people something that they absolutely do not want?

I hope and pray and I call upon the American people to speak louder, and I hope and pray that our Democratic colleagues will listen to the American people, listen to their constituents, and stop this government takeover of health care. I hope you will listen to President Obama when he says that the American people deserve an up-or-down vote.

I hope that I can encourage my Democratic colleagues to defeat this previous question so that Democrats and Republicans can work together, so that we can find some commonsense solutions to literally lower the cost of health care, so government doesn't take over the health care system that's going to drive a million people out of work, that's going to run the cost of everybody's health insurance up, if they have private insurance. It's going to destroy the private health insurance system. As a medical doctor, I'm not a proponent of the health insurance system. But please listen to the American people. Let's defeat this PQ and let's work together to find some commonsense solutions. This is in the best interest of America.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman from Georgia and all Members are reminded to direct their remarks to the Chair.

Mr. MCGOVERN. I think the gentleman from Georgia nicely summed up the tone of the opposition. They'd rather engage in name-calling than at finding solutions. Grand Old Party, indeed.

Let me tell you what I think incompetence and ignorance is, Madam Speaker. That's allowing 46 million Americans to go without health insurance. It's putting profits over patients. It's allowing insurance companies to discriminate for preexisting conditions. We can do better. This is the United States of America. We can do better for our people.

At this time I'd like to yield 3 minutes to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. I thank my colleague. You know, it's fascinating to have been engaged in this discussion for the better part of a year now as we talk about the things that we know the American people are demanding. They want us to act. They want us to act now in a comprehensive way to solve some of the problems facing the delivery of health care in this country.

We know because we've seen polls, just as our colleagues on the other side have seen, that when you ask the American people do they want competition and choice in their health care insurance system, they say, by margins approaching 75 or 80 percent, Yes, we do. Do they want an end to the insurance practices of ending prejudice, discrimination because of preexisting conditions; by overwhelming margins, they say, Yes, we do. When we say, Do you want protection against having your insurance canceled just because you happen to get sick, they say, by overwhelming margins, Yes, we do. When you work through all of the elements of the legislation we're considering and will approve this weekend, the American people overwhelmingly say, Yes, we want that.

I know our colleagues like to throw out these national poll numbers now and say, Well, these polls show that—now it's about 50–50—but the American people really don't want this. Well, there's one poll recently that asked those people who said they were against President Obama's reform plan, the congressional plan, they said, How many of you who say you're against it are against because it doesn't go far enough? And nearly 40 percent of those said, That's why we're against it. And that's kind of what I've been hearing in my district. Just like the shop owner I spoke to over Christmas who said, You know, I'm against what you're doing. I said, Really, why is that? She said, Because I have diabetes and I can't wait until 2014 to get the help I need. Is she against reform? Not on your life. Not on her life either. She wants reform. She wants it faster and she wants more of it.

And that's what I'm hearing all over in my community. I don't know what is going on in some of our Republicans' communities, but what I hear by overwhelming margins, people say, Do it. Do it now. We are desperate.

And you know what's interesting? As we've gone through this debate, and my friend Mr. DREIER was down here just a few minutes ago talking about how much they did when they were in control of Congress, well, they say they were for having insurance companies being able to sell insurance across State lines. Did they do anything when they had control of the Congress for 12 years? Did they make that possible? No. They say they're for ending preexisting conditions. Did they do anything about that? No. How about the rescission issue? Did they do anything about that? No. Yes, they passed the prescription drug plan. For some people, that's working out very well. For those who are in the doughnut hole, that middle portion where they pay 100 percent of the cost, it's not working out very well.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. I yield the gentleman 1 additional minute.

Mr. YARMUTH. Did they do anything about that? Yes, they did. They passed the bill, but they didn't pay for it. And now the CBO says that's going to add $8 trillion to our debt.

□ 1100

So while the Republicans say they've been concerned about solving America's health care problems, they really

haven't done anything about it. And the one thing that sticks with me throughout this entire debate, 1 year long, nobody on the Republican side has ever said in any discussion that they had any interest in insuring the uninsured. Those 47 million people, many of whom are going bankrupt, some of whom are dying, 18,000 a year are dying, almost a million a year are going bankrupt, did they say anything about insuring the uninsured? Not a word.

So we're committed to providing the health care system America needs, wants, and demands. We're going to do it this weekend. And as I said before, this will be the proudest vote I ever cast on the floor of the House of Representatives.

Ms. FOXX. Madam Speaker, I want to say to my colleague from Kentucky, even his own President has said that Americans will not have competition and choice in terms of what they are able to keep. He said that people will not be able to keep the insurance plans they like under this plan. So I wanted to make a correction of that.

With that, I yield 2 minutes to my distinguished colleague from South Carolina and the next Governor of South Carolina, Mr. BARRETT.

Mr. BARRETT of South Carolina. I thank the gentlewoman for yielding.

Madam Speaker, I urge Members to vote ''no'' on the previous question so the rule can be amended and the House can consider H. Res. 1188. If passed, this bill will ensure a straightforward up-or-down vote on the Senate-passed health care bill.

From the moment this bill was introduced, Madam Speaker, this government takeover of health care has been on life support, kept alive only by closed-door processes and sweetheart deals. Over the past several months, I have spent a tremendous amount of time in South Carolina talking to folks about health care, and, quite frankly, the American people are tired of the games, the gimmicks, and they've been tired of us trying to muscle this bill through the legislative process. It's time we pull the plug on all these secretive schemes, Madam Speaker.

The cure is real and true transparency. The American people deserve an honest debate and an open vote by Congress on this legislation. Therefore, I urge all of my colleagues to vote ''no'' on the previous question. Madam Speaker, let's give the American people a true up-or-down vote on this legislation.

Mr. MCGOVERN. Madam Speaker, can I inquire how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from Massachusetts has 16 minutes remaining. The gentlewoman from North Carolina has 15 minutes remaining.

Mr. MCGOVERN. Madam Speaker, I yield myself such time as I may consume.

I want to make something clear, and that is the President has said over and over and over again that if you like what you have in terms of your insurance, you can keep it. No matter what my friends on the other side say, no matter how much they don't like the fact that people can keep their own insurance—and the President has assured that over and over again—no matter what you say, the facts are the facts, and that is a fact.

The other facts are: what will health insurance reform do starting the first day it becomes law? On day one, on day one annual caps on coverage would be eliminated. On day one, rescissions, the practice of dumping people even if they have paid their premiums, would be eliminated. On day one, preexisting conditions, exclusions for children would be eliminated, and, over time, all preexisting condition exclusions would be eliminated. On day one, parents would be allowed to carry their children on their health insurance policy until their 26th birthday. On day one, a down payment toward completely closing the doughnut hole for seniors would be met with a $250 rebate for those in Medicare part D.

This is all what will happen on day one when we pass it. These things here are important to the American people. These are the things that when they were in charge, they didn't have time to do. We had to do tax cuts for people who were wealthy. We had to give corporations more tax cuts and more subsidies. Well, the time has come for us to care about the American people and do something for the American people, and this is it.

I reserve the balance of my time.

Ms. FOXX. Would the gentleman yield for a question?

Mr. MCGOVERN. On your time, I will.

Ms. FOXX. Let me say, Madam Speaker, that the gentleman obviously did not pay attention to what the President said at the Republican retreat, because he said he had made a mistake in saying that people could keep their insurance plans if they liked them, that a few stray cats and dogs had gotten into the Senate bill. And what I wanted to ask my colleague is: Can he guarantee the American people that, in the Senate bill that they are going to vote on under a trick being used by the Rules Committee, that the American people will be able to keep their insurance plan if they like it? Because the President has said that isn't the case, and I think it's really important that we get that said here.

With that, I yield 3 minutes to my colleague from Texas (Mr. GOHMERT).

Mr. GOHMERT. Madam Speaker, I do appreciate my friend across the aisle earlier saying that all lies and distortion must stop, and I am glad that he has finally agreed with us on that proposition. It is important, because, for one thing, people have been misled about what this bill does and doesn't do. I heard one of my friends across the aisle yesterday saying, Gee, great news. I've got 25 names of religious leaders who are pro-life who have now taken a look, and they've said this is okay.

As a pro-life person, I don't believe this changes existing law. They look at page 119, and they see under subparagraph capital B, little I: Abortions for which public funding is prohibited. The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, and based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

So they look at that and say, Oh, okay, that doesn't change existing law. That's great. And they don't look over to page 124 that says, Under this bill you have to provide insurance policies that will actually cover—it says here—there is at least one plan that provides coverage of services described in clause little I of subparagraph B. That's the one that says you can't use Federal funds to pay for abortion. And a few pages over it says you have to provide these policies that will fund abortions from the paragraph we said we won't fund. That's the kind of gamesmanship that's in here, and people will suffer as a result. That's just a small example.

Now we hear over and over that you guys are killing people by not letting them have this plan that we've got for them. Well, we heard the President say in 2007, Gee, the first step will be—this bill is actually what we're talking about passing here. That will be the first step, and then there will be the transition basically into full socialized medicine.

He said Canada had to start with this kind of bill and then go to the full socialized medicine. Well, let's look at what they did. Here you find out that if you want to die quicker from cancer than any other country, don't come to the United States because you'll live longer here. Folks, that's just not right.

I have a bill that does the things that we're talking about, and Newt Gingrich told me back in June, Man, that will revolutionize the discussion of health care. I've been trying since June to get that scored, and I can't get it scored. I'm shut out. Oh, yeah, they're objective. They'll snap their fingers. They'll get you a CBO score the next day, but not for this Republican, even with the support of all the people they said I needed to get it scored. Let's get fair for a change.

Mr. MCGOVERN. Madam Speaker, gamesmanship my foot. There is no Federal money in this bill for abortion. The Hyde amendment applies to this bill. That's the law of the land. To get up here and to try to——

No, I will not yield on that. There is enough misinformation being said on this floor. I will not yield.

And, Madam Speaker, in terms of scores, let me read the CBO score today from how it appeared in Roll Call. ''An analysis of the Democratic health care

overhaul by the Congressional Budget Office shows it would cost $940 billion over a decade and expand insurance to 32 million people. The package also will slice the deficit by $130 billion in the first decade and a whopping $1.2 trillion in the second,' a House Democratic leadership aide said Thursday. 'The CBO report, which will soon be published, will show that the plan cuts the growth of Medicare costs by 1.4 percent per year while eliminating the doughnut hole. Those cuts would extend the solvency of Medicare for at least an additional 9 years.' ''

If you want to talk about scores, that's one of the scores here. This bill will not only insure 32 million people, it will cut our deficit, which is something that everybody says they want to do. So let's stick to what's real here.

With that, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I think the thing that my colleague across the aisle fails to mention when he talks about the deficit is that, in order to do that, they raise taxes, and that's something they always leave out. They're never real about that.

I yield an additional 30 seconds to my colleague from Texas.

Mr. GOHMERT. I appreciate my colleague saying there is no money in here for abortion because the Henry Hyde amendment doesn't allow it. He is correct with regard to the appropriations through Labor and HHS. That's all the Hyde amendment applies to. It doesn't apply to the trillions of dollars that are appropriated in this bill around Labor-HHS. That is money the Hyde amendment doesn't apply to. My colleague asked us to get real. That's as real as you get. There's money that goes around the Hyde amendment.

Mr. MCGOVERN. I yield myself 30 seconds.

Again, just to reiterate that there are no Federal funds in this bill to cover abortion, there was an amendment in the Senate by Senator NELSON which made that clear. It is crystal clear. There should be no debate about it, and anybody here on the floor who is saying that somehow it does is just plain wrong.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I now yield 2 minutes to my distinguished colleague from Louisiana (Mr. SCALISE).

Mr. SCALISE. I thank the gentlewoman from North Carolina for yielding.

You know, here we're talking, and this is about the only opportunity we're going to have for real debate on this because Speaker PELOSI and her liberal lieutenants have decided that they're going to try to ram this down the throats of the American people without even having an actual vote on the House floor, which, of course, violates Article I, section 7 of the Constitution. There are a tremendous number of constitutional questions about the bill, but they keep talking about how good their bill is.

Let's just look at their credibility on this issue. Of course when Speaker PELOSI got the gavel in 2006 and became Speaker, she said, The Democrats intend to lead the most honest, most open, and most ethical Congress in history. Well, let's review the record. Of course, just a few weeks ago, Speaker PELOSI says, But we have to pass the bill so that you can find out what is in it. They don't even know what's in the bill. They won't even release the CBO score. There are rumors flying around. There are all these backdoor secret negotiations. They said all of this would be on C–SPAN. The President said it eight times. They're meeting behind closed doors this very minute cutting more sweetheart deals, and no C–SPAN cameras. They threw the public out of those hearings. They broke that pledge multiple times.

Now let's look at the latest on this Slaughter rule. Speaker PELOSI just said this the other day, But I like it because people don't have to vote on the Senate bill.

Now, do they really think the people of this country are stupid? Of course the people know what's going on. The people are watching this closely, and the people will not be fooled by this abomination of the process. But if their bill really was so good, why are they doing all of this behind closed doors?

They broke every promise they made along the way, but yet they want you to believe, Don't worry. It's still going to work out the way we want it. If you like what you have, you can keep it. We've seen multiple times where the President has said that, and that turned out not to be accurate. We know now—and it has been confirmed—that you will lose health care you have that you like under their bill. We have seen on abortion language, they keep saying even to this minute, Don't worry; no taxpayer funding for abortion.

Now, are you going to believe folks that broke every promise or are you going to believe the Catholic bishops and National Right to Life who confirm there is taxpayer funding for abortion?

The SPEAKER pro tempore. The time of the gentleman from Louisiana has expired.

Ms. FOXX. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. SCALISE. I thank the gentlewoman.

I will finish it up with this. Are you going to believe the people who have broken every other promise they have made about the bill or are you going to believe the Catholic bishops and National Right to Life who said this would be a career-defining pro-abortion vote? That was National Right to Life. Do you believe them or do you believe the folks who broke every other promise and are meeting behind closed doors right now, cutting more sweetheart deals that they don't want anybody to see?

If their bill was so good, why are they trying to pass it without an actual vote? Because they know the American people are sick and tired of this proposal to have a government takeover of health care, and they don't want it. The public will be heard on this issue. We need to defeat this bill.

Mr. MCGOVERN. Madam Speaker, I don't know how to respond to that tirade. Let me just say this. The reason why this bill is good is because it insures 32 million people right now in this country who don't have insurance. The reason why this bill is good is it's going to ultimately contain the costs that average families and small businesses have to deal with right now with the rising cost of health care. The reason why this bill is good is it prohibits insurance companies from discriminating against people with preexisting conditions.

We have heard story after story where people were denied insurance because their preexisting condition was acne. I mean, we have heard stories where insurance companies have cut people off from insurance because their weight was wrong on the application. I mean, we have heard stories where women have been denied insurance because their preexisting condition was they were a victim of domestic violence. I mean, give me a break. We are supposed to be the greatest deliberative body in this country. We should be talking about how we solve these problems, not all these rhetorical flourishes that are just misinformation, blatant misinformation.

□ 1115

Enough. Let's get down to what matters, and that is doing something for the American people.

I know it may not be convenient for your elections in November. I know, you know, you're all trying to figure out how do you deny President Obama any victory. How do we obstruct the process? You here in this House, your friends over in the Senate who used the filibuster over and over and over again.

People are sick of that. People want us to help deal with this issue that, quite frankly, is becoming an issue that they can not handle because the costs are going up and up and up. Small businesses aren't hiring people because their health insurance costs are going up. Average families are going bankrupt when someone gets sick. So let's do the right thing.

I reserve my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to others in the second person.

Ms. FOXX. Madam Speaker, I find it so interesting that our colleagues across the aisle talk about the problems with the filibuster in the Senate. But that is exactly why bills could not

get passed that Republicans in the House passed but couldn't get them passed in the Senate because Democrats filibustered.

And about misinformation, there probably has never been a bill that has been more misrepresented to the American people than what is going on here in terms of this bill. And I do think the American people understand the truth, and they're going to act on the truth later on this year. They're doing it now. They're telling them, don't vote on it. But they feel obliged to do it.

I want to say that while my colleague across the aisle keeps ranting and raving about corporate profits for insurance companies, he doesn't say a word about the corporate profits for the Big Pharma companies. And yet, these are, they are wholly-owned subsidiaries of the Big Pharma companies.

Of all the single industry lobbies in Washington, the largest is the Pharmaceutical Research and Manufacturers of America. PhRMA sent $26.2 million on lobbying last year. That's nearly three times as much as the insurance lobby, which spent only $8.9 million.

And let's talk about profits. Drugmakers' combined profit margin last year—this is from an article of The Examiner from March 17, 2010, yesterday—profit margin was 22.2 percent, compared with the insurers' 4.4 percent. Drugmaker Merck's net income, $12.9 billion, exceeds that of the 10 largest insurers combined. And I can go on and on. Madam Speaker, I'd like to put this article in the RECORD.

And the reason they don't talk about Big Pharma and the drug industry is because Big Pharma helped write this bill, because it protects them. They know that they are going to get a windfall out of this bill, and they, again, our colleagues across the aisle, are wholly owned subsidiaries of them.

Madam Speaker, our colleague, my colleague from Louisiana, brought up a very, very important point that I think needs to be mentioned again and again. What Chairwoman SLAUGHTER has proposed, and what will be done here, is to use a rule providing for consideration of both the Senate and reconciliation bills to deem the Senate bill passed, avoiding the political problem that stems from taking a true up-or-down vote on the horribly unpopular legislation.

If this legislation is doing so much good for the American people, then our colleagues should be proud to be voting for this in an up-or-down vote. They keep saying it, but you know, saying it doesn't make it so.

Even though, again, Speaker PELOSI said on page 23 of her ''New Directions for America'' document issued in the 109th Congress that ''Every person in America has a right to have his or her voice heard. No Member of Congress should be silenced on the floor.'' Then on page 24 she states that ''Bills should come to the floor under a procedure that allows open, full and fair debate, and Members should have at least 24 hours''—later expanded to 72 hours—''to examine the bill text prior to floor consideration.''

Yet, as Mr. SCALISE has said, all we've seen are broken promises. And now, Speaker PELOSI is advocating parliamentary trickery to avoid an up-or-down vote on the Senate health care bill. And he quoted her as saying, ''This is a great way to do it because it avoids an up-or-down vote.''

This is not what the American people sent us here for. They didn't send us here to undermine the rule of law and to do things with tricks. They know this is the wrong thing to do. That's why they have been jamming the phones and telling our colleagues, vote ''no.''

[From the Examiner, Mar. 17, 2010]

DEMS TAP DRUG MAKER MILLIONS FOR PHRMA-FRIENDLY BILL

(By Timothy P. Carney)

As they whip for the health care bill, Democratic leaders pack a mean one-two punch of populist rhetoric and the hefty financial backing of the drug industry.

In the heated yearlong health fight, President Obama has often accused his opponents of willful misrepresentation, even as he and his allies have endlessly repeated the biggest whopper of all—that the bill would rein in the special interests.

The Obama team regularly dismisses opponents as industry lackeys. The Democratic National Committee blasted out e-mails this week warning that ''for every member of Congress, there are eight anti-reform lobbyists swarming Capitol Hill'' and ''Congress is under attack from insurance lobbyists.''

But drug industry lobbyists, according to Politico, spent the weekend ''huddled with Democratic staffers'' who needed the drug lobby to ''sign off'' on proposals before moving ahead. Meanwhile, we learn that the drug lobby is buying millions of dollars of ads in 43 districts where a Democratic candidate stands to suffer for supporting the bill. The doctors' lobby and the hospitals' lobby are also on board with the Senate bill.

So the battle at this point is not reformers versus industry, as Obama would have you believe. Rather, it is a battle between most of the health care industry and the insurance companies.

(And the insurers are not opposed to the whole package. On the bill's central planks—limits on price discrimination, outlawing exclusions for pre-existing conditions, a mandate that employers insure their workers and a mandate that everyone hold insurance—insurers are on board. They object mostly that the penalty is too small for violating the individual mandate.)

Pharmaceuticals are a far more entrenched special interest than the insurers.

Of all the single-industry lobbies in Washington, the largest is the Pharmaceutical Researchers and Manufacturers of America. PhRMA spent $26.2 million on lobbying last year—that's nearly three times as much as the insurance lobby, America's Health Insurance Plans, which spent $8.9 million.

If you include individual companies' lobbying pharmaceuticals blow away the competition, beating all other industries by 50 percent, according to data at the Center for Responsive Politics.

Given this Big Pharma clout, it's unsurprising that the bill Obama's whipping for—Senate bill—has nearly everything the drug companies wanted; prohibiting reimportation of drugs, preserving Medicare's overpayment for drugs, lengthy exclusivity for biotech drugs, a mandate that states subsidize drugs under Medicaid, hundreds of billions in subsidies for drugs, and more.

PhRMA chief Billy Tauzin, who was vilified by Obama on the campaign trail, worked out much of this sweetheart deal in a West Wing meeting with White House Chief of Staff Rahm Emanuel. Tauzin visited the White House at least 11 times. He left his imprint so deeply on the current bill that it should probably be called BillyCare rather than ObamaCare.

Recall that pharmaceutical executives and political action committees dug deep trying to save the flailing candidacy of Democrat Martha Coakley in Massachusetts—a race that was explicitly a referendum on health care. She took in more than 10 times as much drug company cash as Republican Scott Brown.

This week, PhRMA, through a front group called Americans for Stable Quality Care, is rolling out millions of dollars in advertisements for the Democrats' jury-rigged package consisting of the BillyCare bill and some as-yet-undetermined ''budget reconciliation'' measure. The ads reportedly will target wavering Democrats.

But supporters of BillyCare will continue to attack opponents as shills for insurance companies, demonizing, as Obama puts it, ''those who profit from the status quo.''

Let's look at those profits. Drug makers' combined profit margin last year was 22.2 percent, compared with insurers' 4.4 percent. Drug maker Merck's net income, $12.9 billion, exceeds that of the 10 largest insurers combined.

Pfizer, which netted $8.64 billion last year, gave its CEO, Jeff Kindler, a 12.5 percent salary increase, bringing his compensation to $14.9 million. Pfizer, in a federal filing, attributed the raise partly to Kindler's work ''developing and advancing U.S. and global public policies that serve the overall interests of our Company,'' including his ''constructive participation in the U.S. legislative process.'' Kindler contributed the maximum to Obama's election, and Obama raised more money from the drug industry than any candidate in history.

On this bill, Republicans side with insurers, and Democrats mostly side with the richer and more powerful drug makers. The difference: Republicans didn't cut a backroom deal with the insurers. Obama will still play the populist card, even as the drug lobby is his ace in the hole.

Madam Speaker, I am going to reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, let me just yield myself 30 seconds to remind my colleagues that there's a cost to doing nothing. There's a cost to embracing the status quo, as my Republican colleagues have suggested. For middle-income families alone, the number of uninsured people in this income group would increase by 7.3 million people. That's in the middle-income categories. Is that the direction we want to go? To force millions and millions of more people into the ranks of the uninsured, which will ultimately add to our deficit and to our debt? I don't think so.

Madam Speaker, at this time I would like to yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy in permitting me to speak on this rule, and for his unequivocal call for being realistic about

some of the outrageous things that we've heard on the floor.

I just heard my friend from Texas talk about demonizing the Canadian system and calling it socialized medicine. It's really kind of ironic. First of all, Canada has basically Medicare for all. It is a government-funded insurance program, but Canadians pick who they want to be their doctor, just like Americans who are on Medicare pick their doctor. And I would say, frankly, that most Americans would be happy with the overall outcome of the Canadian health care system. They pay less, they get sick less often. When they do get sick, they get well faster, and they live longer than Americans.

The sad truth is that our nonsystem of health care, which is very good for veterans, it's pretty good for senior citizens, but for other Americans, particularly the uninsured now approaching 50 million, it's a problem. And increasingly, if we don't do something, the increasing premiums that we're seeing for private insurance, higher copays, higher deductibles, and coverage that is getting skinnier and skinnier puts us on a path that is disastrous for American families.

I hope that we'll be able to come forward, move past some of the outrageous rhetoric and the falsehoods, to look at the facts. Americans have, if they can afford it, some of the best health care in the world.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. I yield the gentleman an additional 1 minute.

Mr. BLUMENAUER. For those who can afford it, they have some of the best health care in the world. But Americans, overall, by any objective measure of performance, like life expectancy, or how soon babies die, we don't perform very well.

And increasingly, the pressure on small business to deal with the failing system, what's happening on families who are having more and more insurance bureaucrats trying to prevent them from getting coverage, is a prescription for disaster. That's why this year there will be more than 1,000 people that I represent who will go bankrupt from medical costs, and most of them have insurance.

Madam Speaker, that doesn't happen anywhere else in the world. And if we're able to move forward with this health care reform, it will no longer happen in the United States.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, at this time I yield 2 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Madam Speaker, I think it is so important for us to move forward and not be derailed in our efforts to reform what is important policy in this country. Health care, obviously, is something that needs to be provided in terms of insurance to our working families out there. We know the impact of delay and the impact of no reforms. Status quo simply does not cut it. We cannot afford to allow our families to continue with such gross injustice.

Obviously, the increase projected, $1,800 per year for family plans, is a train wreck waiting to happen. Today the average of some $13,000 for family plans would grow in the next decade to some $31,000. Which small business out there could afford to pay that or even a fraction of that for its employees?

We know that what we're trying to maintain here is an employee-based health care insurance system. Well, the employer-based system needs some sort of relief. We need to know that there are assurances for containing those costs, for making certain that into the future we'll have a safety net for our working families and for our business community. In the measure we're advancing there is assistance for small businesses. It's providing them the opportunity to make this sharing affordable.

We know that the benefits that come with reducing the deficit with our bill, having been scored by CBO, is looking at $130 billion for the first 10 years and some $1.2 trillion into the next 10 years. This is progress. This is a step in the right direction.

We also know of the reforms where those who are denied, for whatever bias—for gender, for preexisting conditions, for acne, almost a laughable concept, but used to deny people. Toddlers who are denied because of overweight, individuals who have perhaps been violated, sexually violated, or domestic violence, have been denied. These reforms are essential, and let's do them now.

Ms. FOXX. Madam Speaker, I'd like to yield 1 minute to my colleague from Arizona (Mr. FLAKE).

Mr. FLAKE. Madam Speaker, you know, it's often said around this place that nobody cares about process. It's only the substance of the policy. But the process lends itself to the substance. And bad process equals bad policy, especially when it's done over and over again.

Now we've seen over the past couple of years a shrinking of the ability of the minority party to actually come to the floor, offer the amendments it would like to offer, actually have an impact on the policy debate. Now, that's process. But it has an impact on the policy.

Over time, if a majority simply asserts its rights under the House rules to minimize debate or to have a vote without having a vote, to deem something through, if you do that kind of thing continually, you're going to get a bad product. And I would suggest that the health care reform bill that we will vote on, maybe, or we will deem later this weekend, is a bad product, and it's partly because of a flawed process.

Mr. MCGOVERN. Madam Speaker, I yield myself 10 seconds. You want to talk about process? Over the past year and a half the House held nearly 100 hours of hearings. In 83 hours of committee markups we heard from 181 witnesses, both Democrat and Republican. Two hundred thirty-nine amendments were considered, and 121 were adopted. I think that's a pretty good process.

I reserve my time.

Ms. FOXX. Madam Speaker, I continue to reserve.

Mr. MCGOVERN. Madam Speaker, I'm the final speaker, so I would yield to the gentlelady to give her closing, and I'll reserve my time.

Ms. FOXX. Madam Speaker, I want to say that what my colleague from Massachusetts just said about all those hours of hearings, it was a totally different bill. No hearings have been held on this bill; a totally different bill. That isn't the way we work around here.

What they're asking people not to vote on is a bill that came from the Senate. It isn't the House bill. So let's, again, get real here and let's talk about what we should be talking about.

You know, my colleagues across the aisle were against the Senate bill before they were for the bill, and I would like to quote my distinguished colleague who is the Chair of the Rules Committee when she said on December 23, 2009, ''Under the Senate bill, millions of Americans will be forced into private insurance plans which will be subsidized by taxpayers. That alternative will do almost nothing to reform health care, but will be a windfall for insurance companies.'' She went on to then say ''The Senate has ended up with a bill that isn't worthy of its support. Supporters of the weak Senate bill say, just pass it. Any bill is better than no bill. I strongly disagree.''

□ 1130

Now that very same person has done everything possible to get this bill passed in this House so that it will become law. It is no wonder that the majority is considering procedural tricks and sleight of hand, because the bill that they are proposing to pass doesn't provide true health care reform. And the process doesn't pass the sniff test.

Republicans will never accept the status quo for health care. We can do better. We need to have a bill that will lower the cost of health care in America. But you do not lower the cost of health care by creating new government-run programs. We can lower the cost by putting patients, average, everyday Americans in charge of their health care, not insurance companies and not the government. Lower costs will result from putting patients in charge of their health care through innovations like expanded health savings accounts and by making sure that trial lawyers are not driving up the cost of health care with a blizzard of frivolous lawsuits.

We should be revitalizing America's economy and promoting economic freedom. The nonpartisan Congressional Budget Office estimates that the Republican plan will reduce the deficit by $68 billion.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. MCGOVERN. Madam Speaker, I yield myself the balance of my time.

My friends on the other side of the aisle would have you believe that there won't be a vote on health care in the next few days. Nothing could be further from the truth. My friends on the other side of the aisle are very good at making things up.

Let me be clear: This House will vote to move the Senate bill forward. The process will work. The President will have a bill to sign and the Senate will have a set of corrections and improvements to the bill, much of what we have done here in this Congress. We will have corrections and improvements to the bill that President Obama will sign into law. This idea that the House will not vote on the health care bill is simply not true. It is I guess a good smoke screen, but it is simply not true.

Madam Speaker, our friends are using this previous question to hide the fact that they simply do not want to improve the health care system, that they prefer to leave 32 million people uninsured. Because that is what will happen if we do nothing. And that they are happy to have skyrocketing insurance premiums and health care costs drive our country into further economic distress.

No one in this Chamber, no Member of Congress has to worry about their health insurance. Why can't the American people have the same plan and the same choices and the same assurances as us? Why do my Republican friends think that somehow we should have some sort of special privilege? You know, if it is good enough for us, the American people ought to have the same thing. And that is what this bill would do.

For political purposes, Republicans have been against this important reform from the start. Remember, it was Senator JIM DEMINT, a Republican, who said that Republicans must oppose this plan at all costs, and that its defeat will be President Obama's, quote, ''Waterloo.'' The debate and votes that we are going to have are simple. You are either on the side of the patients or on the side of the big insurance companies. You are either on the side of people who no longer want insurance companies to discriminate against them because of preexisting conditions or you are on the side of the status quo and the special interests.

Let me close with one example. Eight States, including North Carolina and the District of Columbia, do not have laws that specifically bar insurance companies from using domestic violence as a preexisting condition to deny health coverage. Now, just think about that for a minute. In 2010 in the United States of America a woman can be denied health care because she has gotten beat up by a husband or a boyfriend. That is wrong. That is unconscionable. That has to change. And we are going to change it.

I urge my colleagues to do what is right. Stand with the American people who are sick and tired of waiting for Congress to act on health care. Vote ''yes'' on the previous question and ''yes'' on the rule.

Mr. COOPER. Madam Speaker, I will vote against the Previous Question Motion today because I think the American people deserve a clear, up-or-down vote on health reform. They deserve to know how their elected representative voted, without any parliamentary confusion or obfuscation. In addition to being a transparency and fairness issue, this may also be a constitutional issue because of the consensus that the House and Senate must pass identical bills before they can be sent to the President for signature.

With all the publicity surrounding the so-called ''self-executing'' rule, this procedure will not fool anyone back home, nor should it. It is, however, apparently designed to fool enough members of the House into believing that they did not support the Senate bill, even though, if they support the health reform package, they voted for it as the major component of the health reform.

Unless we return to regular House procedure, we will never know how members would have voted on the Senate bill, by itself, and/or the reconciliation amendment, by itself. Since the President is apparently planning on signing the Senate bill before the Senate can take up the reconciliation amendment (as the Senate parliamentarian insists), no one will know who in the House of Representatives, in fact, supported the Senate bill. In simplistic terms, the White House will not know whom to invite to the signing ceremony.

All this might be a parliamentary dispute if the possibility did not exist that a constitutional challenge would be brought against health care reform legislation. All it would take is one or two federal judges to void this law because of a procedural failing. Supporters of reform will then regret taking this procedural shortcut, while opponents will welcome the opportunity to overturn the law and reopen the debate.

I realize that both political parties have used self-executing rules dozens, even hundreds, of times. But, to my knowledge, these rules have never been used on an issue larger than banning smoking on airplanes, a $40 billion deficit-reduction measure, or raising the debt ceiling of the United States. None of these issues compares with the scope of health care reform. To my knowledge, no serious constitutional challenge has been mounted against these rules, but one is certain to be lodged against the passage of health reform.

Voting is the most important part of our job. We must vote honestly and openly on the separate issues that come before us.

The material previously referred to by Ms. FOXX is as follows:

AMENDMENT TO H. RES. 1190 OFFERED BY MS. FOXX OF NORTH CAROLINA

At the end of the resolution, add the following new section:

SEC. 2. Immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider in the House the resolution (H. Res. 1188) ensuring an up or down vote on certain health care legislation. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to final adoption without intervening motion or demand for division of the question except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit which may not contain instructions. Clause 1(c) of rule XIX shall not apply to the consideration of House Resolution 1188.

(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 foci 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.

Mr. MCGOVERN. 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.

Ms. FOXX. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

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

Accordingly (at 11 o'clock and 35 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1334

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BLUMENAUER) at 1 o'clock and 34 minutes p.m.

ROY WILSON POST OFFICE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4214, 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 Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 4214.

The vote was taken by electronic device, and there were—yeas 419, nays 0, not voting 11, as follows:

[Roll No. 128]

YEAS—419

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—11

Ackerman
Buyer
Capito
Costa
Hall (NY)
Hastings (WA)
Hoekstra
Lofgren, Zoe
Marshall
Stark
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1404

Mr. CLEAVER, Mrs. EMERSON, and Mr. MCCARTHY of California changed their votes from ''nay'' to ''yea.''

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.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on ordering the previous question on House Resolution 1190, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adoption of House Resolution 1190, if ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 203, not voting 6, as follows:

[Roll No. 129]

YEAS—222

Altmire
Andrews
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle

Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
Meek (FL)
Meeks (NY)
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Sutton
Tanner
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—203

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carney
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Cooper
Costello
Crenshaw
Culberson
Dahlkemper
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Herseth Sandlin
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kosmas
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris Rodgers
McNerney
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Stupak
Sullivan
Taylor
Teague
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—6

Ackerman
Hastings (WA)
Hoekstra
Lofgren, Zoe
Stark
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SALAZAR) (during the vote). There are 2 minutes remaining in this vote.

□ 1422

Ms. GIFFORDS and Messrs. LIPINSKI and SHULER changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

(By unanimous consent, Mr. CANTOR was allowed to speak out of order.)

LEGISLATIVE PROGRAM

Mr. CANTOR. Mr. Speaker, I yield to the majority leader to inform the House of this weekend's schedule.

Mr. HOYER. I thank the Republican whip for yielding. As previously announced, on Friday the House will meet at 9 a.m. for legislative business. On Saturday, Members are advised that the House will meet at 9 a.m., which is the custom, with recorded votes as early as 10 a.m. This is a change from the previously announced schedule.

For those Members who said they couldn't hear me, let me tell you a little story Senator Sarbanes used to tell. He was giving a speech once and a man in the back of the room said, ''I can't hear you.'' And immediately somebody in the front of the room jumped up and said, ''I can; and I'll trade places with you.''

Now back to this exciting weekend that we're about to have. On Saturday, as I said, we'll come in at 9 a.m., which is the custom, with recorded votes as early as 10 a.m. This is a change from the previously announced schedule. In addition, on Sunday, the House will meet at 1 p.m. for legislative business. On Monday, Members are advised votes could be earlier than 6:30 p.m. Now, many of you will be here on Sunday and not go home. We're going to try to work that out. I wanted to talk to the minority leadership, the Republican leadership, on this issue.

These are also changes that were not previously announced. We will consider several bills under suspension of the rules. In addition, we will consider H.R. 3644, the Ocean, Coastal, and Watershed Education Act; and H.R. 1612, the Public Lands Service Corps Act. In addition, we will consider the health care legislation, which is now posted on the House Rules Committee Web site. We will consider that with 72 hours notice to all the Members of that posting.

Mr. CANTOR. Mr. Speaker, I'd ask the gentleman if we are here on Monday, no matter what, is what I heard from the gentleman. Secondly, I'd ask the gentleman, Mr. Speaker, what time could Members expect votes to begin on Sunday?

Mr. HOYER. Votes will not begin before 2 o'clock. I don't know exactly. We come in at 1 o'clock. We may have votes at 1 o'clock in terms of procedural votes. But I want to make it clear we will have no vote on the health care bill until 72 hours after the posting that has just occurred.

Mr. CANTOR. I thank the gentleman, Mr. Speaker.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

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.

RECORDED VOTE

Mr. MCGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 232, noes 187, not voting 11, as follows:

[Roll No. 130]

AYES—232

Adler (NJ)
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich

Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Rahall
Rangel
Reichert
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NOES—187

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Costa
Costello
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Dreier
Duncan
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Herseth Sandlin
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Quigley
Radanovich
Rehberg
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—11

Ackerman
Diaz-Balart, M.
Ehlers
Eshoo
Hastings (WA)
Hoekstra
Kanjorski
Lofgren, Zoe
McMorris Rodgers
Stark
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1433

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.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

UPPER MISSISSIPPI RIVER BASIN PROTECTION ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3671) to promote Department of the Interior efforts to provide a scientific basis for the management of sediment and nutrient loss in the Upper Mississippi River Basin, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3671

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Upper Mississippi River Basin Protection Act''.

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

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Reliance on sound science.
TITLE I—SEDIMENT AND NUTRIENT MONITORING NETWORK
Sec. 101. Establishment of monitoring network.
Sec. 102. Data collection and storage responsibilities.
Sec. 103. Relationship to existing sediment and nutrient monitoring.
Sec. 104. Collaboration with other public and private monitoring efforts.
Sec. 105. Reporting requirements.
Sec. 106. National Research Council assessment.
TITLE II—COMPUTER MODELING AND RESEARCH
Sec. 201. Computer modeling and research of sediment and nutrient sources.
Sec. 202. Use of electronic means to distribute information.
Sec. 203. Reporting requirements.
TITLE III—AUTHORIZATION OF APPROPRIATIONS AND RELATED MATTERS
Sec. 301. Authorization of appropriations.
Sec. 302. Cost-sharing requirements.

SEC. 2. DEFINITIONS.

In this Act:

(1) The terms ''Upper Mississippi River Basin'' and ''Basin'' mean the watershed portion of the Upper Mississippi River and Illinois River basins, from Cairo, Illinois, to the headwaters of the Mississippi River, in the States of Minnesota, Wisconsin, Illinois, Iowa, and Missouri. The designation includes the Kaskaskia watershed along the Illinois River and the Meramec watershed along the Missouri River.

(2) The terms ''Upper Mississippi River Stewardship Initiative'' and ''Initiative'' mean the activities authorized or required by this Act to monitor nutrient and sediment loss in the Upper Mississippi River Basin.

(3) The term ''sound science'' refers to the use of accepted and documented scientific methods to identify and quantify the sources, transport, and fate of nutrients and sediment and to quantify the effect of various treatment methods or conservation measures on nutrient and sediment loss. Sound science requires the use of documented protocols for data collection and data analysis, and peer review of the data, results, and findings.

SEC. 3. RELIANCE ON SOUND SCIENCE.

It is the policy of Congress that Federal investments in the Upper Mississippi River Basin must be guided by sound science.

TITLE I—SEDIMENT AND NUTRIENT MONITORING NETWORK

SEC. 101. ESTABLISHMENT OF MONITORING NETWORK.

(a) ESTABLISHMENT.—As part of the Upper Mississippi River Stewardship Initiative, the Secretary of the Interior shall establish a sediment and nutrient monitoring network for the Upper Mississippi River Basin for the purposes of—

(1) identifying and evaluating significant sources of sediment and nutrients in the Upper Mississippi River Basin;

(2) quantifying the processes affecting mobilization, transport, and fate of those sediments and nutrients on land and in water;

(3) quantifying the transport of those sediments and nutrients to and through the Upper Mississippi River Basin;

(4) recording changes to sediment and nutrient loss over time;

(5) providing coordinated data to be used in computer modeling of the Basin, pursuant to section 201; and

(6) identifying major sources of sediment and nutrients within the Basin for the purpose of targeting resources to reduce sediment and nutrient loss.

(b) ROLE OF UNITED STATES GEOLOGICAL SURVEY.—The Secretary of the Interior shall carry out this title acting through the office of the Director of the United States Geological Survey.

SEC. 102. DATA COLLECTION AND STORAGE RESPONSIBILITIES.

(a) GUIDELINES FOR DATA COLLECTION AND STORAGE.—The Secretary of the Interior shall establish guidelines for the effective design of data collection activities regarding sediment and nutrient monitoring, for the use of suitable and consistent methods for data collection, and for consistent reporting, data storage, and archiving practices.

(b) RELEASE OF DATA.—Data resulting from sediment and nutrient monitoring in the Upper Mississippi River Basin shall be released to the public using generic station

identifiers and hydrologic unit codes. In the case of a monitoring station located on private lands, information regarding the location of the station shall not be disseminated without the landowner's permission.

SEC. 103. RELATIONSHIP TO EXISTING SEDIMENT AND NUTRIENT MONITORING.

(a) INVENTORY.—To the maximum extent practicable, the Secretary of the Interior shall inventory the sediment and nutrient monitoring efforts, in existence as of the date of the enactment of this Act, of Federal, State, local, and nongovernmental entities for the purpose of creating a baseline understanding of overlap, data gaps and redundancies.

(b) INTEGRATION.—On the basis of the inventory, the Secretary of the Interior shall integrate the existing sediment and nutrient monitoring efforts, to the maximum extent practicable, into the sediment and nutrient monitoring network required by section 101.

(c) CONSULTATION AND USE OF EXISTING DATA.—In carrying out this section, the Secretary of the Interior shall make maximum use of data in existence as of the date of the enactment of this Act and of ongoing programs and efforts of Federal, State, tribal, local, and nongovernmental entities in developing the sediment and nutrient monitoring network required by section 101.

(d) COORDINATION WITH LONG-TERM ESTUARY ASSESSMENT PROJECT.—The Secretary of the Interior shall carry out this section in coordination with the long-term estuary assessment project authorized by section 902 of the Estuaries and Clean Waters Act of 2000 (Public Law 106–457; 33 U.S.C. 2901 note).

SEC. 104. COLLABORATION WITH OTHER PUBLIC AND PRIVATE MONITORING EFFORTS.

To establish the sediment and nutrient monitoring network, the Secretary of the Interior shall collaborate, to the maximum extent practicable, with other Federal, State, tribal, local and private sediment and nutrient monitoring programs that meet guidelines prescribed under section 102(a), as determined by the Secretary.

SEC. 105. REPORTING REQUIREMENTS.

The Secretary of the Interior shall report to Congress not later than 180 days after the date of the enactment of this Act on the development of the sediment and nutrient monitoring network.

SEC. 106. NATIONAL RESEARCH COUNCIL ASSESSMENT.

The National Research Council of the National Academy of Sciences shall conduct a comprehensive water resources assessment of the Upper Mississippi River Basin.

TITLE II—COMPUTER MODELING AND RESEARCH

SEC. 201. COMPUTER MODELING AND RESEARCH OF SEDIMENT AND NUTRIENT SOURCES.

(a) MODELING PROGRAM REQUIRED.—As part of the Upper Mississippi River Stewardship Initiative, the Director of the United States Geological Survey shall establish a modeling program to identify significant sources of sediment and nutrients in the Upper Mississippi River Basin.

(b) ROLE.—Computer modeling shall be used to identify subwatersheds which are significant sources of sediment and nutrient loss and shall be made available for the purposes of targeting public and private sediment and nutrient reduction efforts.

(c) COMPONENTS.—Sediment and nutrient models for the Upper Mississippi River Basin shall include the following:

(1) Models to relate nutrient loss to landscape, land use, and land management practices.

(2) Models to relate sediment loss to landscape, land use, and land management practices.

(3) Models to define river channel nutrient transformation processes.

(d) COLLECTION OF ANCILLARY INFORMATION.—Ancillary information shall be collected in a GIS format to support modeling and management use of modeling results, including the following:

(1) Land use data.

(2) Soils data.

(3) Elevation data.

(4) Information on sediment and nutrient reduction improvement actions.

(5) Remotely sense data.

SEC. 202. USE OF ELECTRONIC MEANS TO DISTRIBUTE INFORMATION.

Not later than 90 days after the date of the enactment of this Act, the Director of the United States Geological Survey shall establish a system that uses the telecommunications medium known as the Internet to provide information regarding the following:

(1) Public and private programs designed to reduce sediment and nutrient loss in the Upper Mississippi River Basin.

(2) Information on sediment and nutrient levels in the Upper Mississippi River and its tributaries.

(3) Successful sediment and nutrient reduction projects.

SEC. 203. REPORTING REQUIREMENTS.

(a) MONITORING ACTIVITIES.—Commencing one year after the date of the enactment of this Act, the Director of the United States Geological Survey shall provide to Congress and make available to the public an annual report regarding monitoring activities conducted in the Upper Mississippi River Basin.

(b) MODELING ACTIVITIES.—Every three years, the Director of the United States Geological Survey shall provide to Congress and make available to the public a progress report regarding modeling activities.

TITLE III—AUTHORIZATION OF APPROPRIATIONS AND RELATED MATTERS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

(a) UNITED STATES GEOLOGICAL SURVEY ACTIVITIES.—There is authorized to be appropriated to the United States Geological Survey $6,250,000 each fiscal year to carry out this Act (other than section 106). Of the amounts appropriated for a fiscal year pursuant to this authorization of appropriations, one-third shall be made available for the United States Geological Survey Cooperative Water Program and the remainder shall be made available for the United States Geological Survey Hydrologic Networks and Analysis Program.

(b) WATER RESOURCE AND WATER QUALITY MANAGEMENT ASSESSMENT.—There is authorized to be appropriated $650,000 to allow the National Research Council to perform the assessment required by section 106.

SEC. 302. COST-SHARING REQUIREMENTS.

Funds made available for the United States Geological Survey Cooperative Water Program under section 301(a) shall be subject to the same cost-sharing requirements as specified in the last proviso under the heading ''**UNITED STATES GEOLOGICAL SURVEY—SURVEYS, INVESTIGATIONS, AND RESEARCH**'' of the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2006 (Public Law 109–54; 119 Stat. 510; 43 U.S.C. 50).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 3671, introduced by our colleague, Representative RON KIND of Wisconsin, would authorize the Secretary of the Interior, acting through the United States Geological Survey, to establish a sediment and nutrient monitoring network for the Upper Mississippi River Basin. The findings of the monitoring network would be used as a basis to assist public and private sediment and nutrient reduction efforts.

Mr. Speaker, I would note that this legislation has passed the House in previous Congresses, and I ask my colleagues to again support its passage.

I reserve the balance of my time.

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

The majority has adequately described the bill. Based on the history of this legislative proposal, we're not opposing the measure; however, Members should note that today's bill has been changed from prior versions. The 10-year sunset has been removed.

We were also concerned that the Federal Government would have unfettered access to private property under this program and that the data collected on this private property could be used against the landowner. However, after meeting with the affected parties, we've concluded that the U.S. Geological Survey regulations require prior written landowner permission for entry and for release of any data collected on an individual's property.

I would like to include in the RECORD the appropriate permission form that is used for these purposes. It's our understanding that the program authorized in this bill would follow this longstanding practice.

[From the U.S. Geological Survey Manual]

FORMAT FOR LETTER REQUESTING PERMISSION TO ENTER PRIVATE PROPERTY (TO BE PRINTED ON OFFICIAL LETTERHEAD)

(Insert Date)

(Insert Name of Private Landowner)

(Insert Address of Private Landowner)

Dear (Insert Name of Private Landowner):

The U.S. Geological Survey requires employees to obtain written permission from landowners in certain cases before entering onto private property to conduct new surveys or scientific sampling. Consequently, we are hereby requesting your approval to enter your land for the purpose described below. The data and/or samples collected will be used for scientific purposes and will be provided to you upon request.

Specific information regarding this request is as follows:

1. (proposed date and time of entry and departure, or period of time during which recurring visits will be necessary).

2. (kind and number of vehicles to be used).

3. (number of persons in the party).

4. (name, office address, and contact information of chief of party).

5. (purpose of the work).

6. (locations on the property where work is to be done).

7. (approximate frequency of aircraft flights along lines of sight for temperature and pressure measurements, in connection with geodimeter or similar work, if applicable).

We will make every effort to minimize disturbance or disruption to your property. However, in the unlikely event that property damage results, you are entitled to file a claim to recover your damages (tort claim). Please contact (insert name and telephone number of tort claims contact) immediately if property damage should occur.

If you have any questions about this program of the U.S. Geological Survey, you may contact (insert name of chief of project) at the following telephone number: (insert number).

If you consent to this request, please sign below and (list method of return, e.g., envelope provided, leave at a designated location, etc.). Thank you for your cooperation.

Sincerely,

(Signature and Printed Name of Requestor).

With that, I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, we agree with our colleagues on the other side of the aisle that proper protocol should be followed. I again ask our colleagues to support this legislation.

At this time, Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I want to thank the gentlelady for yielding me this time and also for her help and support with this legislation. I also want to thank the gentleman from California and the members on the Natural Resources Committee for their bipartisan support of the Upper Mississippi River protection bill.

As the gentlelady indicated, this has passed the previous Congresses. We're working with the Senate to finally get it to the President so it can be enacted.

And to address a couple other concerns—and we've worked in a bipartisan fashion on this bill—there is concern about privacy protection and data collection. We feel that what has been worked out is a reasonable compromise to ensure that privacy but also, more importantly, that there is buy-in of private landowners which will be crucial for the implementation of this legislation.

What we're trying to do is put the science in place in the Upper Mississippi River Basin. The greatest threat that this great national treasure that we have running through the middle of America, comprising roughly 50 percent of the landmass of our Nation, is the amount of nutrients and sediments that flow into the river basin doing incalculable ecological damage. We've heard of the stories of the dead zone being created in the Gulf of Mexico. Well, 40 percent of the nutrients that are flowing south through the river and ending up deposited in the Gulf, contributing to the dead zone, emanates in the Upper Mississippi River Basin.

What we want to do is utilize the expertise that exists at USGS so that they can do better monitoring of sediment and nutrient flows and develop computer models so we can identify the hot spots, and then utilize the resources that are available to target those hot spots to prevent the increased flow of sediment and nutrients into the river basin.

This has received wide support in the Upper Mississippi River region. All five of the State Governors in the Upper Mississippi region have endorsed this. The Mississippi River Basin has endorsed it. Countless outdoor recreational groups, such as Ducks Unlimited, Trout Unlimited, the Nature Conservancy have endorsed this approach, because it is a vital national treasure that we must do more to preserve and protect.

The Mississippi River affects over 30 million people who rely upon it for their primary drinking source. It is North America's largest migratory route, with 40 percent of the waterfowl species using this corridor during their biannual migration in the spring and during the fall. It's a multiple use resource, with commercial navigation, recreation, tourism, bringing roughly $1.5 billion of direct economic activity to the Upper Mississippi region but, additionally, over $1 billion with tourism activity to the Upper Mississippi. But what's been lacking is the scientific data that this legislation will put in place so we can start collecting it, tracking it, and then be smarter with the use of the various public and private approaches that this bill calls for so we can maximize the resources to intercept the nutrients and sediments that would flow into it.

Again, I want to thank the chairman of the committee, the members on the committee. I want to thank the members of the U.S. Geological Survey, especially Mike Jawson and his team at the Upper Mississippi River Environmental Science Lab. I have worked very closely with them with regards to this legislation and their long-term resource monitoring program. They do have incredible competency to do the science that we're asking them to do in this bill.

I also want to personally thank my own river advisory group who has consulted me on all things related to river issues.

I would encourage my colleagues to once again support this much needed but also bipartisan piece of legislation. I ask my colleagues to support this bill.

Mr. McCLINTOCK. Mr. Speaker, I yield myself just enough time to wish a belated happy birthday to the gentleman from Wisconsin.

We have no further requests for time, and I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 3671.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

INLAND EMPIRE PERCHLORATE GROUND WATER PLUME ASSESSMENT ACT OF 2009

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4252) to direct the Secretary of the Interior to conduct a study of water resources in the Rialto-Colton Basin in the State of California, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4252

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Inland Empire Perchlorate Ground Water Plume Assessment Act of 2009''.

SEC. 2. RIALTO-COLTON BASIN, CALIFORNIA, WATER RESOURCES STUDY.

(a) IN GENERAL.—Not later than 2 years after funds are made available to carry out this Act, the Secretary of the Interior, acting through the Director of the United States Geological Survey, shall complete a study of water resources in the Rialto-Colton Basin in the State of California (in this section referred to as the ''Basin''), including—

(1) a survey of ground water resources in the Basin, including an analysis of—

(A) the delineation, either horizontally or vertically, of the aquifers in the Basin, including the quantity of water in the aquifers;

(B) the availability of ground water resources for human use;

(C) the salinity of ground water resources;

(D) the identification of a recent surge in perchlorate concentrations in ground water, whether significant sources are being flushed through the vadose zone, or if perchlorate is being remobilized;

(E) the identification of impacts and extents of all source areas that contribute to the regional plume to be fully characterized;

(F) the potential of the ground water resources to recharge;

(G) the interaction between ground water and surface water;

(H) the susceptibility of the aquifers to contamination, including identifying the extent of commingling of plume emanating within surrounding areas in San Bernardino County, California; and

(I) any other relevant criteria; and

(2) a characterization of surface and bedrock geology of the Basin, including the effect of the geology on ground water yield and quality.

(b) COORDINATION.—The Secretary shall carry out the study in coordination with the State of California and any other entities that the Secretary determines to be appropriate, including other Federal agencies and institutions of higher education.

(c) REPORT.—Upon completion of the study, the Secretary shall submit to the Committee on Energy and Natural Resources of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the results of the study.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 4252, introduced by our colleague, Representative JOE BACA of California, would authorize the Secretary of the Interior, acting through the United States Geological Survey, to study the health and quality of the aquifers in the Rialto-Colton Basin. This includes a study of any perchlorate concentration plumes within an aquifer and its possible contamination of other nearby aquifers.

□ 1445

The ground water constitutes about 79 percent of the drinking water supply in the entire Inland Empire area of California, and it is, as such, critical to understand any threats posed by contamination to this supply.

Mr. Speaker, I ask my colleagues to support passage of H.R. 4252.

I reserve the balance of my time.

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

Mr. Speaker, this well-intentioned bill tries to force the administration into making ground water cleanup in the Rialto-Colton Basin of California a priority. Everyone acknowledges that this bill is a restatement of current law, and that new funding is not authorized in this bill, but we all understand what the gentleman from California is trying to accomplish and, in the spirit of bipartisanship, Republicans supported his efforts in the Natural Resources Committee.

But I need to point out that this bipartisan gesture continues to go unreciprocated. We've been trying in vain for months now to get the same kind of bipartisan cooperation to restore full water deliveries to the Central Valley of California. The valley's economy has been devastated by the diversion of 200 billion gallons of water in order to dump that water into the Pacific Ocean to serve the left's pet cause, the 3-inch Delta Smelt.

Apologists for this policy argue that, well, it's the drought. Well, they ignore the fact that the drought we've had is a relatively minor one by historical standards, it appears to be over, and that in far more severe droughts in the past, far more water has reached the Central Valley. But that's before the environmental left took over our water policy and diverted 200 billion gallons of that water into the Pacific Ocean.

It's unfortunate that the majority actually rewrote this bill specifically to keep us from offering amendments that would address the agony of the Central Valley.

Time and again, the majority, using parliamentary gimmicks, has prevented any attempt to restore normal water deliveries to the San Joaquin Valley.

By the Obama administration's own numbers, it spent about $1.5 billion as part of the so-called ''stimulus'' in the Central Valley's six Congressional districts to save or create 1,600 jobs.

Well, today Congress has the power to restore tens of thousands of jobs lost because of water diversions at no cost to taxpayers. This House is in possession of a bill to do just that, H.R. 3105, by my colleague, Congressman NUNES. But still it studiously avoids exercising that power because this administration and this majority in Congress have chosen fish over people.

Farmers in the San Joaquin Valley are now faced with making planning decisions. Despite near record precipitation in the northern Sierra watershed—NOAA this week reported that precipitation is now 129 percent of normal—the Department of the Interior has just announced Central Valley farmers will be guaranteed only 25 percent of their normal allocations. Let me repeat that so it sinks in. Precipitation is 129 percent of normal; guaranteed water delivery is 25 percent of normal.

Even Senator FEINSTEIN tried to give the farmers a 40 percent water allocation, yet that effort has been opposed by the environmental left and its friends in Congress.

Perchlorate contamination in the Inland Empire is the indirect result of Federal policy, and the Federal government has a responsibility to assist the people of the Inland Empire with cleanup. But the agony of California's Central Valley is the direct result of policies that Congress could change in this very bill. It's disappointing to me that the majority chooses not to do so. I think it makes a mockery of any claims of bipartisanship, although we once again extend that offer of bipartisanship by supporting this bill, and invite the majority to join us.

I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, I yield to the gentleman from California (Mr. BACA) such time as he may consume.

Mr. BACA. Mr. Speaker, I rise today in strong support of H.R. 4252, the Inland Empire Perchlorate Ground Water Plume Assessment Act to direct the Secretary of the Interior to conduct a study of water resources in the Rialto-Colton Basin in the State of California, and for other purposes.

I would like to also thank Chairman RAHALL and Ranking Member DOC HASTINGS, and my good friend, chairwoman from the Water and Power Subcommittee, GRACE NAPOLITANO, and the ranking member, my good friend from the State of California, Representative TOM MCCLINTOCK, for their support of this legislation.

And I want to thank Representative BORDALLO from Guam for speaking in support of this much-needed legislation.

I also want to take the time to thank my colleagues in the House of Representatives for their bipartisan support on an important bill, not only the Inland Empire, but it will also give us a study in terms of the effects it has on many cities too as well.

In addition, I want to commend the city of Rialto and the Perchlorate Task Force, city Councilman Ed Scott and Rialto Mayor Pro Tem Joe Baca, Jr., for their hard work and dedication in protecting families.

The city realizes that the water from over 20 wells was contaminated by perchlorate. I state, 20 wells were contaminated by Perchlorate. Perchlorate is a rocket fuel additive, an unstable organic compound that has been found to be harmful to humans because it interferes with the thyroid function. And you know when it interferes with the thyroid function it affects many women and others in that area.

I'm very familiar with the water contamination. My family lives in the city of Rialto. My children, my friends and close neighbors know what it's like to live with water that is contaminated.

When we first learned that our water was not safe to drink, we were all very much scared in terms of the water and the quality that came out and the neighbors and the people in that area. We wondered how long this water was bad. We worried about the damage caused by poor quality water. We were nervous because we drank the water, cooked with the water, bathed our children with the water.

Therefore, I drafted this bill to make sure that other families and neighboring cities will not have to suffer or have that kind of fear.

This bill is requesting that the plume in the Rialto-Colton basin is studied, and I state studied. Plumes are underground pockets of water, and some are pools of water. Some travel like underground rivers.

In Rialto, the plume has perchlorate in it. We know that the water in this plume is moving. The contaminated water is traveling underground. We don't know how big it is or how fast the water is moving. We need to know more about the plume to permanently the fix the problem.

The research established by the study in H.R. 4252 will guarantee that the problem will be identified. A study by the U.S. Geological Survey is not something done lightly. It is an intense research endeavor.

As the Nation's largest water and earth and biological science and civilian mapping agency, the U.S. Geological Survey collects, monitors, analyzes and provides scientific understanding about the nature of the resource, the conditions, the issues, and the problems. The diversity of the scientific experts enables them to carry out large-scale investigations and provide impartial scientific information to resource managers, planners, and other customers.

As an unbiased science organization that focuses on biology, geography, geology, and water, they are dedicated to the timely, relevant, impartial study of the landscape, our national resources, and the natural hazards that threaten us.

The USGS study will reduce the perchlorate problems in my area that have caused heartaches, frustration, and fear. Fortunately, under the city council of Rialto's zero tolerance policy, the city does not blend any detectable level of perchlorate into the water system. They are all making sure that water is safe by conducting well-head treatment.

But what about the cities that do not have the policies or the treatment facilities to clean their water? How will those people be affected? How will the children be affected—how will those be affected by it?

We are very familiar with the wealth of water problems in California, as described by my colleague on that side, not only in the northern portion of California, where water is very much needed in that area. Apart from those problems, water contamination is one that can be prevented.

I ask that all Members vote in support of this legislation, not because it is a California issue, but because it is a national issue that could impact anyone. It is a way to help correct a wrong and to prevent further problems.

Commissioner Connor from the Department of the Interior stated that the directives in this bill are within the USGS's jurisdiction. The USGS has found that ground water constitutes about 79 percent of the drinking water supply in the entire Inland Empire. A study by the USGS is long overdue.

We have learned that perchlorate contamination began in 1940 through the actions of the U.S. military and continued to 1960 through the work of U.S. defense contractors, and was made worse by fireworks companies.

Some cities in the area discovered the high level of perchlorate contamination in drinking water in 1996. Since that time the USGS has not made the plume a priority. I state: It has not made the plume a priority.

Water managers need to know the source, and the fate, and the transportation of perchlorate within the Rialto Colton Basin and the adjacent basin in order to effectively mitigate the contamination. That is why I drafted this bill. That's why I'm grateful that we are here today.

In the administration's written statement regarding this legislation, they indicated that the citizens relying on water from the Rialto-Colton Basin would have to compete with other administrative priorities for funding.

The message you will be sending to USGS by voting in support of this study will be that families deserve clean drinking water throughout our country, and especially those areas like mine that are being affected. Families that rely on drinking water from the tap should not have to drink contaminated water, or wonder what's going to happen to their child or fear to give that water to their children or have to go out and purchase additional water to make sure that the thyroid does not affect that woman or that child or the individuals in that home.

This is a national issue, and it's a basic right for our citizens and their families. When someone has contaminated the only source of drinking water for the community, this issue becomes a national issue.

These families should not suffer from health problems associated with perchlorate. It is common knowledge that perchlorate affects the thyroid in our body. Women and infants are at greatest risk.

I want to let you know the hardship faced by people living in the area and why this bill is important. The people are innocent victims. Others misused the land and left us with a legacy of contaminated water.

The families in my area are living under a median household income of $41,254, very low for the State of California; and 17.4 percent of these citizens live below the poverty line. People in the area have had double-digit unemployment rates for many months. This area has ranked in the top five consistently for having the highest foreclosure rate. These families already shoulder too much of the cost associated with trying to find a solution.

H.R. 4252 moves beyond finding those at fault. We need to know and fully appreciate the extent of the damage. We must do this to help isolate the problems and prevent other cities from suffering.

The contamination plume is moving and many other areas will suffer. The hot spot for contamination is in Rialto, California, which has an area that in 2009 was designated as a Superfund site. That shows how bad the problem is because it is very difficult to obtain this designation.

This Superfund designation will help take care of the hot spot. But what about the water traveling? What about the water traveling underground in the plume?

□ 1500

What about other cities that are impacted? What about my neighboring city and the City of Riverside? The contamination is spreading and no one knows exactly how much of the contamination is moving or where exactly it is going. The well-head treatment alone will not solve the problem because of the contamination in the ground.

The Rialto-Colton basin has a plume that is contaminated by TCE, perchlorate, and other harmful chemicals. Without treatment, the water is dangerous. I fear for the communities that do not have well-head treatment facilities. The study will identify the extent of the damage underground.

The bill does not violate PAYGO. I state the bill does not violate PAYGO requirements, but serves to notice and highlight that there is a plume in the Rialto-Colton basin that must be reviewed. We have an opportunity to be proactive. Your vote in support of this bill is proactive and will help families.

Again, I want to thank Rialto City Council member Ed Scott for coming in September of 2009 to testify in support of H.R. 4252. He spoke not only for his residents in the city of 96,000 people, but also approximately 400,000 residents who reside in the neighboring cities that are affected by the chemicals which have polluted the Rialto-Colton basin.

I want to thank the Association of California Water Agencies for writing a letter in support of the legislation. What we learn from the study in H.R. 4252 will help other areas where there is the hardship of perchlorate. There are many States who have perchlorate issues. This study will help them be aware of what could be happening underground.

I urge my colleagues to support H.R. 4252.

Mr. MCCLINTOCK. Mr. Speaker, I yield whatever time he may consume to my friend and colleague representing the Central Valley of California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, I want to make sure that we have a clear record of what has happened in the House of Representatives regarding what is now called H.R. 4252. This bill actually was originally called H.R. 2316, and it was marked up in the Resources Committee and then altered later. Now, why did that happen? It happened because the Democratic majority cares about clean drinking water for their constituents, but could care less about providing water to the San Joaquin Valley of California.

So I really enjoy hearing people come down here and cry about how they have contaminated drinking water. And I would only say that there is one thing worse than contaminated drinking water, and that is having no water. What has really happened here is that the radical left and the radical environmental group has taken over the entire Democratic Party, so much so that they won't even allow free and fair and open debate on not only an easy California water bill, because they are afraid to have to actually consider any amendments, but they are also doing the same thing on the government takeover of health care bill, to

where they are going to try to deem a bill passed mysteriously.

This is a terrible abuse of power. It is a terrible facade that is being put up saying that people need clean drinking water. I don't have a problem with people having clean drinking water. I think this is a noble bill, a noble cause. But you should not choose some constituents in California over an entire valley in California that has 3 million people and hundreds of thousands of acres of farmland that has been idled to the point where tens of thousands of farm workers have been thrown out of work because the Democrats in this body choose to do funny little things and change bills like this, change the numbers and think that the American people won't figure out the games that you guys continue to play on that side.

The more that you play little games like this, the more that you play little tricks like this, the more that myself and other colleagues of mine will come down here and point out the hypocrisy of the Democrats in the majority.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WEINER). Members are reminded to direct their remarks to the Chair.

Mr. MCCLINTOCK. Mr. Speaker, in closing, I will simply appeal again to the majority, water might be controversial, but it needn't be partisan. We have done everything we can in good faith to support this bill for clean drinking water for Rialto and Colton. We would ask the majority again to reconsider its opposition to restoring the full water entitlement to the Central Valley. Again, there is something desperately wrong with our public policy when we are at 129 percent of normal in our Sierra precipitation and yet only 25 percent of the water deliveries to the Central Valley.

With that final appeal for bipartisanship, I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4252.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

HUDSON RIVER VALLEY SPECIAL RESOURCE STUDY ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4003) to direct the Secretary of the Interior to conduct a special resource study to evaluate resources in the Hudson River Valley in the State of New York to determine the suitability and feasibility of establishing the site as a unit of the National Park System, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4003

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Hudson River Valley Special Resource Study Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(2) STUDY AREA.—The term ''study area''—

(A) means the portion of the Hudson River that flows from Rodgers Island at Fort Edward to the southern-most boundary of Westchester County, New York; and

(B) includes any relevant sites and landscapes within the counties in New York that abut the area described in subparagraph (A).

SEC. 3. AUTHORIZATION OF STUDY.

(a) IN GENERAL.—As soon as funds are made available for this purpose, the Secretary shall complete a special resource study of the Hudson River Valley in the State of New York to evaluate—

(1) the national significance of the area; and

(2) the suitability and feasibility of designating the area as a unit of the National Park System.

(b) STUDY GUIDELINES.—In conducting the study under subsection (a), the Secretary shall—

(1) use the criteria for the study of areas for potential inclusion in the National Park System in accordance with section 8(c) of Public Law 91–383 (16 U.S.C. 1a–5(c));

(2) determine the effect of the designation of the area as a unit of the National Park System on existing commercial and recreational activities, including but not limited to hunting, fishing, trapping, recreational shooting, motor boat use, off-highway vehicle use, snowmobile use, and on the authorization, construction, operation, maintenance, or improvement of energy production and transmission infrastructure, and the effect on the authority of State and local governments to manage those activities;

(3) identify any authorities that will compel or permit the Secretary to influence local land use decisions (such as zoning) or place restrictions on non-Federal land if the area is designated a unit of the National Park System; and

(4) closely examine park unit models, in particular national river and recreation areas, as well as other landscape protection models, that—

(A) encompass large areas of non-Federal lands within their designated boundaries;

(B) foster public and private collaborative arrangements for achieving National Park Service objectives; and

(C) protect and respect the rights of private land owners.

SEC. 4. REPORT.

Not later than 36 months after the date that funds are first made available for this purpose, the Secretary shall submit to the Committee on Natural Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report on the findings, conclusions, and recommendations of the study authorized by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 4003, introduced by our friend Representative MAURICE HINCHEY of New York, would authorize the Secretary of the Interior to evaluate the resources in the Hudson River Valley and determine the suitability and the feasibility of establishing the area as a unit of the National Park System.

Mr. Speaker, for more than half a century various local, state, and Federal agencies have helped to protect, preserve, and celebrate this historic and significant landscape. The valley is home to numerous state and Federal parks that honor a variety of historic events. Representative HINCHEY is to be commended for his tireless efforts on behalf of his constituents and the outstanding historic and cultural resources found in New York State. We support passage of H.R. 4003, and urge its adoption by the House today.

I reserve the balance of my time.

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

Mr. Speaker, H.R. 4003 has been adequately explained by the majority. I do want to point out, however, that the committee wisely adopted an amendment by Congressman ROB BISHOP that requires the National Park Service to identify local activities that will be limited or eliminated if the study leads to a park designation. As Congress considers additions to the National Park System, the public is entitled to know which existing activities, such as hunting and fishing and boating and snowmobiling and energy production and transmission, will be restricted.

As we in the West painfully know, national park designation comes with an abundance of regulations and direct Federal management. It is important that people living in the affected area know ahead of time how much authority over their local affairs will be ceded to the Federal Government.

I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. HINCHEY).

Mr. HINCHEY. I want to express also my deep appreciation and gratitude to the chairman of the Natural Resources Committee, NICK RAHALL, for working with me to move this important piece of legislation. I also would like to thank Chairman GRIJALVA and the staff of the Natural Resources Committee for all the support and guidance throughout this process.

I would like to mention that there are no restrictions in the context of this legislation for any of the things that were just mentioned. None whatsoever. In fact, all of those kinds of activities will be enhanced and encouraged and be much more easy to achieve

and more beneficial to the communities.

H.R. 4003 would authorize the National Park Service to conduct a special resource study of the Hudson River Valley to evaluate the area's national significance and determine the suitability and feasibility of designating the area as a unit of the National Park System, a unit of the National Park System, not a national park.

This legislation is cosponsored by each of the Members whose district is within the proposed study area. And that in and of itself of course is very interesting. They have garnered strong support locally. Twenty-four local organizations have already endorsed the bill, and I expect to see that there will be more in the coming weeks and months.

The Hudson River Valley is one of the most significant river corridors in our country. The historical, natural, cultural, commercial, scenic, and recreational resources spread throughout the region, and in the way they do so they are absolutely unparalleled. The Hudson River Valley's landscapes are known around the world. In fact, the beauty of these great landscapes inspired the first and one of America's great artistic movements, the Hudson River school of art. Painters such as Thomas Cole and Frederic Church immortalized the region's scenery for generations to come. These works and others inspired the American preservationist movement and the movement to establish in our country national parks.

Today the region is home to a rich and sensitive ecosystem that also affords ample recreational opportunities, including hiking, canoeing, and other activities. One of the most recent additions is the Walkway Over the Hudson. Initially a rail bridge that was considered a marvel of the Industrial Revolution, it was abandoned in the 1970s following a fire on one of the trains that went across that bridge at that time. It recently was restored and reopened, however, over the course of this past October, and it is now the longest and highest pedestrian overpass in the United States. It is a remarkable bridge, where people get enormous amounts of joy walking across it, over a mile across it, and give them an opportunity to get a sense of the Hudson River Valley looking north and south as they walk across this marvelous now Walkway Over the Hudson.

From a historical perspective, the Hudson River Valley has played a central role in our Nation's narrative and our Nation's development. In 1609, of course, Henry Hudson first sailed up the river that now bears his name. And we just recently celebrated the 400th anniversary of that very important trip. During the American Revolution, the region bore witness to events that determined the course of that Revolutionary War and the establishment of the freedom and independence of our Nation.

In the 19th century, the Hudson River Valley helped foster the American Industrial Revolution and became one of the commercial corridors of our country. In 1807, Robert Fulton piloted the first successful steamboat voyage up the river. Later in the century, the Hudson and its estuary, the Mohawk River, connected the Nation's greatest port, New York City, with the entire western section of the United States through the Erie Canal network and the central Great Lakes. In the last century, the region was home to Franklin Delano Roosevelt at Hyde Park. Later, the region gave birth to the modern environmental and labor movements.

Preserving and promoting the Hudson River Valley's resources has been a top priority for me dating back to my time in the New York State Assembly. While in the State legislature, I authorized legislation to lead to the creation of the Hudson River Valley Greenway, creating a process for voluntary regional cooperation among 264 communities within 13 counties that border the Hudson River on both sides, east and west. When I came to the Congress, I authorized legislation that led to the designation of the Hudson River Valley National Heritage Area, which provides technical assistance to local communities or local managers to assist them in managing natural and historic sites of national importance up and down the Hudson River. These designations have provided tremendous benefits to the Hudson Valley region, but it is clear that more can be done to protect, preserve, and promote the area's unique resources and its dramatic contribution to the historic development of the United States.

□ 1515

I believe an enhanced National Park Service presence is warranted completely and would have a tremendously positive impact on our local economy while at the same time preserving and protecting the region's resources. The authorization of this special resource study will begin that process.

Just to be clear, no one believes the Hudson River Valley should be turned into a Yellowstone-type park. That would make no sense for the region. In fact, I firmly believe that any eventual park unit designation should and will protect private property rights and that local governments should retain local control of land-use decisions involving all of the property up and down the Hudson River that is not Federal property. There are civil existing park units, such as the Mississippi River and recreation area, a little bit we have heard about just recently, which fit these criteria and could be models for our region.

I believe the study should examine these models and the positive impact they have had on their local economies.

Passage of this bill and the subsequent study would position the Hudson River Valley to gain the full attention of the National Park Service for all of the significant and substantial historic contributions this region has made to the development, establishment, and the continuation of the United States, as well as for the area's pristine natural beauty.

For all of these reasons and more, we are offering this Hudson River Valley Special Resource Study Act, and we have gained enormous support from everyone who has heard about it internally here within the Government of the United States, but even more importantly, widespread endorsements of this up and down the Hudson River Valley, north and south and east and west.

And so I offer this bill.

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

I appreciate sincerely the gentleman's sensitivity to the property rights of the individuals in the Hudson River Valley and the prerogatives of local government control; and for that reason, I should think that he would welcome the amendment that was placed in the bill that would give all of the people notice of what existing activities may be restricted if the study concludes that the area should be designated as a unit of the National Park System and if in fact it does become a unit.

I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4003, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING 100TH ANNIVERSARY OF THE VERMONT LONG TRAIL

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1173) recognizing the 100th anniversary of the Vermont Long Trail, the oldest long-distance hiking trail in the United States, and congratulating the Green Mountain Club for its century of dedication in developing and maintaining the trail.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1173

Whereas James P. Taylor conceived of the idea of developing a long-distance hiking

trail in the Green Mountains of Vermont, and the Green Mountain Club was formed on March 11, 1910, in Burlington, Vermont, to make his dream of a Long Trail a reality;

Whereas the Long Trail is the oldest long-distance hiking trail in the United States;

Whereas the Long Trail extends 273 miles along the spine of Vermont's Green Mountains, from the Massachusetts border to the Canadian border;

Whereas the Long Trail provides pedestrian access to mountain peaks, waterfalls, wildlife, and foliage in all seasons;

Whereas the Long Trail traverses scenic valleys and the tallest summits of the Green Mountain State;

Whereas the Green Mountain Club continues to protect, defend, and promote the Long Trail and its 100-year history in Vermont;

Whereas the mission of the Green Mountain Club is to make the Vermont mountains play a larger part in the life of the people by protecting and maintaining the Long Trail system and fostering, through education, the stewardship of Vermont's hiking trails and mountains; and

Whereas the birth of the Long Trail is a testament to the hard work of many dedicated individuals and its continued existence is evidence of the perseverance of the Green Mountain Club and countless volunteers: Now, therefore, be it

Resolved, That the House of Representatives recognizes the 100th anniversary of Vermont's Long Trail, the oldest long-distance hiking trail in the United States, and congratulates the Green Mountain Club for its century of dedication in developing and maintaining the Long Trail.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, House Resolution 1173 sponsored by Representative PETER WELCH of Vermont is a commemorative resolution to mark the 100th anniversary of the Vermont Long Trail. This resolution also recognizes the contribution of the Green Mountain Club for its efforts to develop and maintain the trail over the last century.

The Vermont Long Trail is the oldest long-distance hiking trail in the United States. The trail runs 273 miles along the ridges of the Vermont Green Mountains and spans the State from the border of Massachusetts to the border of Canada.

On March 11, 1910, the Green Mountain Club was established to begin work on building the Long Trail. They have served as its stewards ever since.

Representative WELCH is to be commended for his efforts to protect and celebrate the stunning beauty of his home State and for providing his constituents some well-deserved recognition of their conservation efforts.

Mr. Speaker, we support the passage of the resolution, and I urge its adoption by the House today.

I reserve the balance of my time.

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

Mr. Speaker, the gentlelady from Guam has adequately explained this bill. Of course, it wouldn't be fair to compare the Vermont Long Trail to the magnificent trails of the Northern Sierra, but I'm assured that the Vermont Long Trail is a very nice one for Vermont.

The resolution sponsor has wisely avoided any references to sports teams and is not involved in any ongoing feuds that I'm aware of.

I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1173.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

DISTINGUISHED FLYING CROSS NATIONAL MEMORIAL ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2788) to designate a Distinguished Flying Cross National Memorial at the March Field Air Museum in Riverside, California.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2788

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Distinguished Flying Cross National Memorial Act''.

SEC. 2. DESIGNATION OF DISTINGUISHED FLYING CROSS NATIONAL MEMORIAL IN RIVERSIDE, CALIFORNIA.

(a) FINDINGS.—Congress finds the following:

(1) The most reliable statistics regarding the number of members of the Armed Forces who have been awarded the Distinguished Flying Cross indicate that 126,318 members of the Armed Forces received the medal during World War II, approximately 21,000 members received the medal during the Korean conflict, and 21,647 members received the medal during the Vietnam War. Since the end of the Vietnam War, more than 203 Armed Forces members have received the medal in times of conflict.

(2) The National Personnel Records Center in St. Louis, Missouri, burned down in 1973, and thus many more recipients of the Distinguished Flying Cross may be undocumented. Currently, the Department of Defense continues to locate and identify members of the Armed Forces who have received the medal and are undocumented.

(3) The United States currently lacks a national memorial dedicated to the bravery and sacrifice of those members of the Armed Forces who have distinguished themselves by heroic deeds performed in aerial flight.

(4) An appropriate memorial to current and former members of the Armed Forces is under construction at March Field Air Museum in Riverside, California.

(5) This memorial will honor all those members of the Armed Forces who have distinguished themselves in aerial flight, whether documentation of such members who earned the Distinguished Flying Cross exists or not.

(b) DESIGNATION.—The memorial to members of the Armed Forces who have been awarded the Distinguished Flying Cross that is under construction at March Field Air Museum in Riverside, California, is hereby designated as the Distinguished Flying Cross National Memorial.

(c) EFFECT OF DESIGNATION.—The national memorial designated by this section is not a unit of the National Park System, and the designation of the national memorial shall not be construed to require or permit Federal funds to be expended for any purpose related to the national memorial.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 2788 is sponsored by Representative KEN CALVERT of California. This bill would establish a national memorial at the March Field Air Museum in California to honor the recipients of the Air Force's Distinguished Flying Cross. This medal is awarded to members of the United States Armed Services who have demonstrated heroism or extraordinary achievement while participating in an aerial flight.

H.R. 2788 specifies that the memorial is not a unit of the National Park System and states that the designation as a national memorial shall not be construed to require or permit Federal funds to be spent on the memorial.

Mr. Speaker, we support the passage of H.R. 2788, and I reserve the balance of my time.

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

I want to begin by thanking Congressman CALVERT for introducing this

bill to designate a memorial in honor of the over 150,000 current and former members of the Armed Forces who have been awarded the Distinguished Flying Cross.

When this bill is enacted, a memorial under construction at March Field Air Museum in Riverside, California, will be designated as the Distinguished Flying Cross National Memorial. This designation honors these patriots and does not require or permit any expenditure of any Federal funds.

Mr. Speaker, I would yield such time as he may consume to the bill's sponsor, my friend from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise in support of H.R. 2788, a bill to designate a National Distinguished Flying Cross Memorial in Riverside, California. I'm honored to represent the Inland Empire chapter of the Distinguished Flying Cross Society, which is the primary sponsor of the memorial.

Last June, I introduced H.R. 2788, which would designate a memorial which is currently under construction at March Field Air Museum as the Distinguished Flying Cross National Memorial. It honors all current and former members of the Armed Forces who have been awarded the Distinguished Flying Cross.

The bill has strong bipartisan support from both the committee and with 48 cosponsors. The legislation is supported by the Distinguished Flying Cross Society, the Military Officers Association of America, the Air Force Association, the Air Force Sergeants Association, the Association of Naval Aviation, the Vietnam Helicopter Pilots Association, and the China-Burma-India Veterans Association.

I would like to point out language in the bill that specifically states that the designation shall not be construed to require or permit Federal funds to be expended for any purpose related to a national memorial. Funds have been and will continue to be raised through private means for these purposes.

Distinguished Flying Cross recipients have received the prestigious medal for their heroism or extraordinary achievement while participating in aerial flight while serving in any capacity with the U.S. Armed Forces. There are many people who have played a vital role in the history of military aviation and have received this award. This renowned group includes Captain Charles L. Lindbergh, former President George H.W. Bush, Brigadier General Jimmy Doolittle, General Curtis LeMay, Senator MCCAIN, Jimmy Stewart, and Admiral Jim Stockdale, just to name a few.

The March Air Reserve Base, which hosts the C–17As of the 452nd Air Mobility Wing, is adjacent to the location of the memorial at the March Field Air Museum. When completed, visitors will be able to witness active operational air units providing support to our troops in Iraq and Afghanistan, which is an appropriate setting that honors the many aviators who have distinguished themselves by deeds performed in aerial flight.

I would like to thank those who worked tirelessly to make sure this memorial is built and is properly designated in honor of the distinguished aviators that have served this great Nation. In particular, I would like to recognize Jim Chaplin, with the loving support of his wife, Trish, who just recently passed away, who have been instrumental in this effort.

Again, I hope you will join me in supporting the designation of the National Flying Cross Memorial at March Field Air Museum and H.R. 2788.

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

Mr. MCCLINTOCK. Mr. Speaker, I would like to say the Distinguished Flying Cross was also awarded to William Pittman for his service in flying B–29s in the Pacific during World War II. His daughter, Lisa, sits next to me staffing this bill today.

I yield back the balance of our time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 2788.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PARLIAMENTARY INQUIRY

Mr. MCCLINTOCK. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. MCCLINTOCK. Mr. Speaker, I am just wondering, which Members did you count standing on the floor a moment ago?

The SPEAKER pro tempore. The Chair's count in support of the yeas and nays is not subject to appeal.

□ 1530

ALPINE LAKES WILDERNESS ADDITIONS AND PRATT AND MIDDLE FORK SNOQUALMIE RIVERS PROTECTION ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1769) to expand the Alpine Lakes Wilderness in the State of Washington, to designate the Middle Fork Snoqualmie River and Pratt River as wild and scenic rivers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1769

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Alpine Lakes Wilderness Additions and Pratt and Middle Fork Snoqualmie Rivers Protection Act''.

SEC. 2. EXPANSION OF ALPINE LAKES WILDERNESS.

(a) IN GENERAL.—There is designated as wilderness and as a component of the National Wilderness Preservation System certain Federal land in the Mount Baker-Snoqualmie National Forest in the State of Washington comprising approximately 22,173 acres that is within the Proposed Alpine Lakes Wilderness Additions Boundary, as generally depicted on the map entitled ''Proposed Alpine Lakes Wilderness Additions'' and dated December 3, 2009, which is incorporated in and shall be considered to be a part of the Alpine Lakes Wilderness.

(b) ADMINISTRATION.—

(1) MANAGEMENT.—Subject to valid existing rights, the land designated as wilderness by subsection (a) shall be administered by the Secretary of Agriculture (referred to in this section as the ''Secretary''), in accordance with the Wilderness Act (16 U.S.C. 1131 et seq.), except that any reference in that Act to the effective date of that Act shall be considered to be a reference to the date of enactment of this Act.

(2) MAP AND DESCRIPTION.—

(A) IN GENERAL.—As soon as practicable after the date of enactment of this Act, the Secretary shall file a map and a legal description of the land designated as wilderness by subsection (a) with—

(i) the Committee on Natural Resources of the House of Representatives; and

(ii) the Committee on Energy and Natural Resources of the Senate.

(B) FORCE OF LAW.—A map and legal description filed under subparagraph (A) shall have the same force and effect as if included in this Act, except that the Secretary may correct minor errors in the map and legal description.

(C) PUBLIC AVAILABILITY.—The map and legal description filed under subparagraph (A) shall be filed and made available for public inspection in the appropriate office of the Forest Service.

(c) INCORPORATION OF ACQUIRED LAND AND INTERESTS IN LAND.—Any land or interests in land within the Proposed Alpine Lakes Wilderness Additions Boundary, as generally depicted on the map entitled ''Proposed Alpine Lakes Wilderness Additions'' and dated December 3, 2009, that is acquired by the United States shall—

(1) become part of the wilderness area; and

(2) be managed in accordance with subsection (b)(1).

SEC. 3. WILD AND SCENIC RIVER DESIGNATIONS.

Section 3(a) of the Wild and Scenic Rivers Act (16 U.S.C. 1274(a)) is amended by adding at the end the following:

''(____) MIDDLE FORK SNOQUALMIE, WASHINGTON.—The 27.4-mile segment from the headwaters of the Middle Fork Snoqualmie River near La Bohn Gap in NE ¼ sec. 20, T. 24 N., R. 13 E., to the northern boundary of sec. 11, T. 23 N., R. 9 E., to be administered by the Secretary of Agriculture in the following classifications:

''(A) The approximately 6.4-mile segment from the headwaters of the Middle Fork Snoqualmie River near La Bohn Gap in NE ¼ sec. 20, T. 24 N., R. 13 E., to the west section line of sec. 3, T. 23 N., R. 12 E., as a wild river.

''(B) The approximately 21-mile segment from the west section line of sec. 3, T. 23 N., R. 12 E., to the northern boundary of sec. 11, T. 23 N., R. 9 E., as a scenic river.

''(____) PRATT RIVER, WASHINGTON.—The entirety of the Pratt River in the State of Washington, located in the Mount Baker-Snoqualmie

National Forest, to be administered by the Secretary of Agriculture as a wild river.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair now recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 1769, sponsored by Representative DAVE REICHERT of Washington, would expand the Alpine Lakes Wilderness area and designate two rivers as components of the National Wild and Scenic Rivers System. The Alpine Lakes Wilderness area, originally designated by Congress in 1976, sits 45 minutes east of downtown Seattle and has became one of the most visited wilderness areas in the country.

The proposed wilderness additions are low elevation lands that provide important habitat for wildlife when high elevation lands are covered by snow. Elk, deer, cougars, and bobcats live in the mountain valleys that comprise the proposed wilderness additions.

Mr. Speaker, we support passage of H.R. 1769, and we urge its adoption by the House today.

I reserve the balance of my time.

Mr. MCCLINTOCK. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in a moment, I'm going to yield time to DAVE REICHERT, the lead sponsor and proponent of this legislation, but before doing so, I want to recognize what a diligent and persuasive advocate DAVE REICHERT has been for this bill. He developed it by working closely with local leaders. He introduced it and has gained the support of Washington State's two Democratic Senators.

While the bill does not take the approach that I personally believe is best for protecting our Federal forests and public lands, this bill only affects lands in Washington State's Eighth Congressional District, which DAVE REICHERT has been elected to represent.

Due to the leadership and hard work of Mr. REICHERT, this bill was advanced out of the Natural Resources Committee, and I fully expect it will pass the full House of Representatives today.

So to my friend and colleague from Washington State, I offer my congratulations on his success, and I yield him whatever time he may consume.

Mr. REICHERT. I thank the gentleman for yielding.

I am proud to stand here today on behalf of my constituents and my community throughout the region of western Washington, and especially those working hard in the Eighth District, to finally bring this legislation to the floor today. I just happen to be the conduit to bring this legislation to the United States House of Representatives, so all the hard work was really done by the people who live in our region.

The Alpine Lakes Wilderness Additions and Pratt and Middle Fork Snoqualmie Rivers Protection Act is the product of teamwork, 3 years of careful collaboration, consultation, and consensus building with local stakeholders. Since 2007, we've worked with scores of local officials, conservation enthusiasts, recreation groups, public safety advocates, and parties interested in land use issues to develop this bipartisan proposal.

And I would like to particularly thank King County Councilman Reagan Dunn, whose mother actually held this seat prior to my arrival here, who has always worked tirelessly throughout the State of Washington, and especially in our western Washington area, for our environment.

I thank the community for taking the long view and for not letting politics get in the way of doing what's right for Washington State. Because of these efforts, we will have a spectacular wild area to leave behind for our children and grandchildren to use and enjoy.

H.R. 1769 builds on the proud Washington State tradition pioneered by Senators Warren Magnuson, Scoop Jackson, and Dan Evans, who have all worked together over the years to protect our public lands and preserve our recreational opportunities for all Washingtonians.

This bill also builds on another important Washington State tradition, that of collaborative consensus-based, environmental stewardship. And I want to thank Senator PATTY MURRAY for introducing companion legislation on the Senate side.

My bill provides a unique opportunity to permanently protect key additions to the existing Alpine Lakes Wilderness, which reaches the crest of the Cascade Mountains just east of the Seattle-Bellevue metropolitan area in my district. It also preserves wildlife habitats, existing recreational opportunities, and local economies that rely on both.

Alpine Lakes was first designated by Congress in 1976, and it's one of the most visited and most popular wilderness areas in our country. My legislation embraces important lower elevation lands, completes watersheds, protects two rivers with wild and scenic designations, and provides clean water and flood control for the valleys those rivers run through.

The proposed additions have been carefully crafted, taking into consideration existing recreational opportunities for hiking, camping, rafting, kayaking, horseback riding, mountain biking, and wildlife viewing, also taking care to protect a large area to preserve for hunting and fishing opportunities.

These additions my bill makes to this Alpine Lakes Wilderness area do not infringe on any private property issues and will not cost the Federal taxpayers a single cent.

I hope today that we realize that protecting this wilderness will serve our future generations. And as a grandfather—now as my staff wrote this thing and I'm reading through part of this bill today, I noticed in this sentence right here they have shortened my life a little bit, because they have said that I won't have the opportunity to see my great-grandchildren enjoy this wilderness area. I have a 15-year-old grandson, so I'm hoping in the next, maybe, 10 years or so, I might be able to watch my great-grandchild walk through this park.

I've had the opportunity to work with, again, as I said, all the people in our community, and it's just a joy to take my grandchildren today, my sons and daughters before that, walking through the wilderness, looking at wildlife and seeing the excitement in their eyes as they see wildlife pass right in front of them in some of our wilderness areas in Washington State. So, this wilderness area will be right in the backyard of Bellevue and Seattle, 40, 45 minutes away.

I urge my colleagues to support this legislation today.

Ms. BORDALLO. Madam Speaker, I reserve the balance of my time.

Mr. MCCLINTOCK. Madam Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. I thank the gentleman from California and the gentlelady from Guam.

Madam Speaker, I certainly rise in support of the legislation under discussion. I also rise today as a proud cosponsor of H.R. 2788, the Distinguished Flying Cross National Memorial Act.

The creation of a memorial to honor Distinguished Flying Cross medal recipients is long overdue. These brave men and women are being honored for their heroic and extraordinary achievements during flight.

This diverse group of service men and women includes pilots from all five military branches and veterans from every U.S. military conflict from World War I to the current wars in Iraq and Afghanistan. I'm honored to represent several of these heroes who have received the Distinguished Flying Cross medal.

One of the awardees is James Pressman of Clark, New Jersey. Born in Elizabeth and raised in Rahway, Mr. Pressman served as a U.S. Army pilot and has been decorated with three Distinguished Flying Crosses for his valiant efforts.

In 1967, he graduated from the Army ROTC program at Rutgers University, where he was enrolled in the Army

flight program. Upon graduation, Mr. Pressman attended Infantry Officer Basic School and Flight School and then served in Vietnam from March 1969 to March 1970.

Mr. Pressman flew UH–1H helicopters as a member of C Troop in the 1st Squadron, 9th Cavalry of the 1st Air Cavalry Division in Phuoc Vinh, Vietnam. After safely returning home, he taught for a year as a flight instructor at Fort Wolters, Texas. Once Mr. Pressman retired from the Army, he served 6 years in the Army National Guard in Westfield, New Jersey.

Mr. Pressman resides in Clark as a retired real estate agent and substitute history teacher at Westfield and Arthur L. Johnson high schools. It is my privilege, Madam Speaker, to recognize him today along with all of the other courageous servicemen and -women who have been awarded the Distinguished Flying Cross.

I thank the sponsor of the legislation, Congressman KEN CALVERT of California, as well as the chairman and ranking member of the Natural Resources Committee, for bringing this legislation to the floor.

With that, I encourage all of my colleagues to vote for passage of the legislation.

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

Ms. BORDALLO. Madam Speaker, I yield to the gentleman from Iowa (Mr. BOSWELL) such time as he may consume. And before he begins, I would like to mention that he is a recipient of the Distinguished Flying Cross.

Mr. BOSWELL. I do rise in support.

I understand you had the debate, but I would feel remiss if I didn't make a few comments for my fellow airmen that have served and serve with great distinction.

It has probably been said, but Congress established the Distinguished Flying Cross 80 years ago, and today it is America's oldest military aviation award. The medal was created to symbolize sacrifice and heroism.

I applaud Mr. CALVERT for introducing this legislation, which will finally give Distinguished Flying Cross recipients the national recognition they deserve. Many may know that I served in the U.S. Army for 20 years, including a couple tours in Vietnam. I had the opportunity to serve with many great aviators who were also awarded the Distinguished Flying Cross.

I was truly honored to not only serve with these aviators but, in some cases, to supervise them. I had the opportunity to recommend brave individuals for the Distinguished Flying Cross. Their heroism and valor oftentimes inspired me and kept me going in the face of adversity.

This bill today honors my fellow aviators I served with during my 20 years, in addition to the men and women who now are protecting us in the skies domestically and abroad. My experience in the Army has a strong influence on me and added to many positives in the rest of my life.

When I look back at that time, I remember those I served with who gave the ultimate sacrifice to our country, those who served and gave their lives for our freedom. And I feel honored I had the opportunity to serve. Because of this experience, I truly relish what a tremendous gift and what a privilege it is to be an American.

Today I am extremely pleased to honor those aviators and all aviators. I strongly urge my colleagues to join in supporting H.R. 2788.

Ms. BORDALLO. Madam Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 1769, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

REVISING BOUNDARIES OF GETTYSBURG NATIONAL MILITARY PARK

Ms. BORDALLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4395) to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Station, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4395

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. GETTYSBURG NATIONAL MILITARY PARK BOUNDARY REVISION.

Section 1 of the Act titled ''An Act to revise the boundary of the Gettysburg National Military Park in the Commonwealth of Pennsylvania, and for other purposes'', approved August 17, 1990 (16 U.S.C. 430g–4), is amended by adding at the end the following:

''(d) ADDITIONAL LAND.—In addition to the land identified in subsections (a) and (b), the park shall also include the following, as depicted on the map titled 'Gettysburg National Military Park Proposed Boundary Addition', numbered 305/80,045 and dated January 2010:

''(1) The land and interests in land commonly known as the 'Gettysburg Train Station' and its immediate surroundings in the Borough of Gettysburg.

''(2) The land and interests in land located along Plum Run in Cumberland Township.''.

SEC. 2. ACQUISITION AND DISPOSAL OF LAND.

Section 2 of that Act (16 U.S.C. 430g–5) is amended by adding at the end of subsection (a) the following: ''The Secretary is also authorized to acquire publicly owned property within the area defined in section 1(d)(1) by purchase, from willing sellers only, if efforts to acquire that property without cost have been exhausted. The Secretary may not acquire property within the area defined in section 1(d) by eminent domain.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

□ 1545

GENERAL LEAVE

Ms. BORDALLO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

Ms. BORDALLO. Madam Speaker, H.R. 4395, introduced by Representative TODD PLATTS of Pennsylvania, would authorize a boundary change at Gettysburg National Military Park to include the Gettysburg Train Station. Madam Speaker, it was here that President Lincoln arrived to honor the war dead on the field of battle and deliver the address that would forever define the Civil War as a battle for the freedom and the rights of all Americans.

Under the proposed legislation, the National Park Service would take over management of the train station from the Borough of Gettysburg, and community partners would staff it. The bill would also expand the park boundaries to include additional historic lands and would add protections for the resources of this hallowed site.

Madam Speaker, H.R. 4395 has broad bipartisan support, and we urge its adoption by the House today.

I reserve the balance of my time.

Mr. MCCLINTOCK. Madam Speaker, I yield myself such time as I may consume.

The legislation allows the National Park Service to accept the donation of a small parcel of land that will allow it to better interpret the historic battle for which the park was created. It also authorizes the Park Service to purchase the historic train depot where Abraham Lincoln arrived and departed from his historic visit in 1863.

I am told that there was a time when that historic train depot served as a pizza parlor. Today, it serves a much more fitting role as a museum, and under this measure the Park Service will take over its operation.

I yield such time as he may consume to the gentleman, Mr. PLATTS, the author of the measure.

Mr. PLATTS. Madam Speaker, I appreciate the gentleman yielding. And I certainly rise in support today of H.R. 4395, a bill to extend the boundaries of the Gettysburg National Military Park. I am honored to have introduced this legislation and certainly appreciate the support of the chairman and ranking member of the Natural Resources Committee in moving this bill to the floor.

Madam Speaker, Gettysburg is a unique and very special place. When I

travel around the country, I am always proud to talk to fellow citizens about my district in central Pennsylvania, including Carlisle, Pennsylvania, where the United States Army War College is located, and certainly my hometown of York, where the Continental Congress met for 9 months in 1777, and where the Articles of Confederation were adopted. No town, however, that I mentioned gets quite the reaction as Gettysburg. Not only did Gettysburg host the battle that marked the turning point of the Civil War in 1863, but it is also where President Lincoln gave one of the most historic addresses in our Nation's history.

H.R. 4395 would expand the boundaries of the Gettysburg National Military Park to include the historic Lincoln Train Station, as well as a 45-acre plot of land at the southern base of Big Round Top, in order to ensure preservation of these properties for generations to come. Both pieces of land are historically significant.

The Lincoln Train Station served as a hospital during the time of the 1863 battle and was the departure point for many wounded and deceased soldiers as they were returned to their homes. The station is also where President Lincoln arrived when he visited Gettysburg to give his historic Gettysburg Address in November 1863.

The 1858 structure is listed on the National Register of Historic Places and is currently owned by the Borough of Gettysburg. The Borough uses the station currently as a visitor's center. However, due to the lack of funding and available volunteers, it is unable to keep the center open on a regularly scheduled basis. The Borough of Gettysburg supports this legislation and wishes for the National Park Service to acquire this historic parcel and, as was referenced, be truly restored to its original beauty so it can be an added destination point for so many visitors to Gettysburg, Pennsylvania.

The 45-acre parcel of land at the base of Big Round Top hosted cavalry skirmishes in July 1863 as part of the battle and currently contains critical wetlands and wildlife habitat associated with Plum Run. The Gettysburg Foundation currently owns this piece of land and would like to donate it ''fee title interest'' to the National Park Service once it is added to the park's boundary.

As we all certainly appreciate, the National Park Service is tasked with preserving and maintaining a huge number of very important parks, over 400, I believe.

Like all Federal agencies, the National Park Service works within a constrained budget to allocate resources efficiently and effectively. I am sensitive to the current obligations of the NPS and believe that we should expand these commitments with thoughtfulness and without haste. I strongly believe that these two additions proposed by this legislation are truly historic in nature and would add great value to the park's already impressive resources. With that, I urge my colleagues to support this legislation.

Mr. McCLINTOCK. Madam Speaker, if the gentlelady from Guam has no further speakers, I yield back the balance of my time.

Ms. BORDALLO. Madam Speaker, I again urge members to support the bill, and I wish to thank my colleague, the gentleman from California (Mr. McCLINTOCK), for managing the bill with me this afternoon.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4395, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

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

Accordingly (at 3 o'clock and 50 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1645

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. JACKSON of Illinois) at 4 o'clock and 45 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3644, OCEAN, COASTAL, AND WATERSHED EDUCATION ACT AND PROVIDING FOR CONSIDERATION OF H.R. 1612, PUBLIC LANDS SERVICE CORPS ACT OF 2009

Mr. McGOVERN, from the Committee on Rules, submitted a privileged report (Rept. No. 111–445) on the resolution (H. Res. 1192) providing for consideration of the bill (H.R. 3644) to direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and adaptability for the likely impacts of climate change in coastal watershed regions and providing for consideration of the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service, which was referred to the House Calendar and ordered to be printed.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. FLAKE. Mr. Speaker, I rise to a question of the privileges of the House and offer the resolution previously noticed.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 1193

Whereas, the Committee on Standards of Official Conduct initiated an investigation into allegations related to earmarks and campaign contributions in the Spring of 2009.

Whereas, on December 2, 2009, reports and findings in seven separate matters involving the alleged connection between earmarks and campaign contributions were forwarded by the Office of Congressional Ethics to the Standards Committee.

Whereas, on February 26, 2010, the Standards Committee made public its report on the matter wherein the Committee found, though a widespread perception exists among corporations and lobbyists that campaign contributions provide a greater chance of obtaining earmarks, there was no evidence that Members or their staff considered contributions when requesting earmarks.

Whereas, the Committee indicated that, with respect to the matters forwarded by the Office of Congressional Ethics, neither the evidence cited in the OCE's findings nor the evidence in the record before the Standards Committee provided a substantial reason to believe that violations of applicable standards of conduct occurred.

Whereas, the Office of Congressional Ethics is prohibited from reviewing activities taking place prior to March of 2008 and lacks the authority to subpoena witnesses and documents.

Whereas, for example, the Office of Congressional Ethics noted that in some instances documents were redacted or specific information was not provided and that, in at least one instance, they had reason to believe a witness withheld information requested and did not identify what was being withheld.

Whereas, the Office of Congressional Ethics also noted that they were able to interview only six former employees of the PMA Group, with many former employees refusing to consent to interviews and the OCE unable to obtain evidence within PMA's possession.

Whereas, Roll Call noted that ''the committee report was five pages long and included no documentation of any evidence collected or any interviews conducted by the committee, beyond a statement that the investigation 'included extensive document reviews and interviews with numerous witnesses.' '' (Roll Call, March 8, 2010)

Whereas, it is unclear whether the Standards Committee included in their investigation any activities that occurred prior to 2008.

Whereas, it is unclear whether the Standards Committee interviewed any Members in the course of their investigation.

Whereas, it is unclear whether the Standards Committee, in the course of their investigation, initiated their own subpoenas or

followed the Office of Congressional Ethics recommendations to issue subpoenas. Therefore, be it

Resolved, That not later than seven days after the adoption of this resolution, the Committee on Standards of Official Conduct shall report to the House of Representatives, with respect to the activities addressed in its report of February 26, 2010, (1) how many witnesses were interviewed, (2) how many, if any, subpoenas were issued in the course of their investigation, and (3) what documents were reviewed and their availability for public review.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO REFER THE RESOLUTION

Mr. McGOVERN. Mr. Speaker, I move that the resolution be referred to the Committee on Standards of Official Conduct.

The SPEAKER pro tempore. The gentleman from Massachusetts is recognized for 1 hour.

Mr. McGOVERN. Mr. Speaker, this is a matter that properly belongs before the Committee on Standards of Official Conduct.

I yield back the balance of my time and move the previous question.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion.

There was no objection.

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to refer will be followed by 5-minute votes on motions to suspend the rules with regard to H.R. 3542, H.R. 3509, and House Resolution 1173.

The vote was taken by electronic device, and there were—yeas 397, nays 0, answered ''present'' 12, not voting 21, as follows:

[Roll No. 131]

YEAS—397

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Chaffetz
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
Delahunt
DeLauro
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

ANSWERED ''PRESENT''—12

Bonner
Butterfield
Castor (FL)
Chandler
Conaway
Dent
Diaz-Balart, L.
Harper
Latham
McCaul
Simpson
Walden

NOT VOTING—21

Ackerman
Barrett (SC)
Bishop (NY)
Bishop (UT)
Burgess
Cao
Cummings
Davis (TN)
Deal (GA)
Grijalva
Hastings (WA)
Hoekstra
Kaptur
Kosmas
Lofgren, Zoe
Radanovich
Rush
Sánchez, Linda T.
Stark
Sullivan
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1717

Mr. JORDAN of Ohio changed his vote from ''nay'' to ''yea.''

Messrs. WALDEN and LATHAM changed their vote from ''yea'' to ''present.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. CANTOR. Mr. Speaker, pursuant to clause 2(a)(1) of rule IX, I hereby notify the House of my intention to offer a resolution as a question of the privileges of the House.

The form of my resolution is as follows:

Whereas at least three members of the House Democratic Leadership have endorsed a procedural tactic for the sole purpose of avoiding an up-or-down vote, by the yeas and nays, on the Senate-passed health care bill;

Whereas on Tuesday, March 16, 2010 Representative James Clyburn, the House Majority Whip, stated, ''We will deem passed the Senate bill. . .'';

Whereas on Tuesday, March 16, The Washington Post reported, ''After laying the groundwork for a decisive vote this week on the Senate's health-care bill, House Speaker Nancy Pelosi suggested Monday that she might attempt to pass the measure without having members vote on it. Instead, Pelosi (D–Calif.) would rely on a procedural sleight of hand. . .'';

Whereas in the same Washington Post article, the Speaker declared, ''. . . I like it because people don't have to vote on the Senate bill.'';

Whereas on Tuesday, March 16, McClatchy Newspapers reported Representative John Larson, chairman of the House Democratic Caucus, stated, ''Many of our members would prefer not to have voted for the Senate bill.'';

Whereas on Tuesday, March 9, U.S. News and World Report reported, ''Pelosi gaffed, telling the local elected officials assembled 'that Congress [has] to pass the bill so you can find out what's in it, away from the fog of controversy.' '';

Whereas on Tuesday, March 16, The Washington Post editorialized, ''. . . what is intended as a final sprint threatens to turn

into something unseemly and, more important, contrary to Democrats' promises of transparency and time for deliberation. . . . [I]t strikes us as a dodgy way to reform the health-care system. Democrats who vote for the package will be tagged with supporting the Senate bill in any event.''

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to not traffic the well while another Member is speaking.

The gentleman from Virginia may continue.

Mr. CANTOR. Thank you, Mr. Speaker.

The form of the remainder of the resolution is as follows:

Whereas on Tuesday, March 16, the Cincinnati Enquirer editorialized, ''This disgusting process, which Democrats brazenly wish to bring to conclusion this week, is being done with little regard for the opinions of a clear majority of Americans who, while they may believe health care reform is necessary, think this particular approach will take our nation down the wrong economic path.'';

Whereas bipartisan members of the House and Senate have expressed their opposition to using the Slaughter Solution;

Whereas on Wednesday, March 10, Representative Joe Donnelly released the following statement, ''The process over the past few months has been frustrating, including the cutting of unacceptable special deals to assure a few senators' votes.'';

Whereas Representative Jason Altmire of Pennsylvania has characterized the exploitation of the Slaughter Solution by Democratic Leadership as ''wrong'' and unpopular among his constituents;

Whereas on Friday, March 12, POLITICO reported on a memo sent from Representative Chris Van Hollen, chairman of the Democratic Congressional Campaign Committee, to freshman and sophomore House Democrats that stated, ''At this point, we have to just rip the band-aid off. . . Things like reconciliation and what the rules committee does is INSIDE BASEBALL.'';

Whereas on Tuesday, March 16, Roll Call reported, ''Hoyer argued that the American public isn't interested in the process lawmakers use for approving reforms. . .'';

Whereas on Tuesday, March 16, Representative James Clyburn told Fox News, ''Controversy doesn't bother me at all.'';

Whereas the Democratic leadership of the House has conducted a calculated and coordinated attempt to willfully deceive the American people by embracing the ''Slaughter Solution'';

Whereas resorting to the ''Slaughter Solution'' in this circumstance, is being done to intentionally hide from the American people a future vote that Members of Congress may take on the Senate-passed health care legislation;

Whereas the deceptive behavior demonstrated by the Democratic Leadership has brought discredit upon the House of Representatives; and

Whereas the Democratic leadership has willfully abused its power to chart a legislative course for the Senate health care bill that is deliberately calculated to obfuscate what the House will vote on, in an illegitimate effort to confuse the public and thereby fraudulently insulate certain Representatives from accountability for their conduct of their offices: Now, therefore, be it

Resolved, That the House disapproves of the malfeasant manner in which the Democratic Leadership has thereby discharged the duties of their offices.

Mr. CANTOR. Mr. Speaker, I seek to offer the resolution.

PARLIAMENTARY INQUIRY

Mr. HASTINGS of Florida. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. HASTINGS of Florida. Mr. Speaker, does a privileged resolution lie against a rule as the gentleman's privileged resolution that he has read, does it lie when, in fact, no rule has been established or passed by the House with reference to this matter?

The SPEAKER pro tempore. The Clerk will first report the resolution, then the Chair will determine its privileged status.

The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 1194

Whereas at least three members of the House Democratic Leadership have endorsed a procedural tactic for the sole purpose of avoiding an up-or-down vote, by the yeas and nays, on the Senate-passed health care bill;

Whereas on Tuesday, March 16, 2010 Representative James Clyburn, the House Majority Whip, stated, ''We will deem passed the Senate bill . . .'';

Whereas on Tuesday, March 16, The Washington Post reported, ''After laying the groundwork for a decisive vote this week on the Senate's health-care bill, House Speaker Nancy Pelosi suggested Monday that she might attempt to pass the measure without having members vote on it. Instead, Pelosi (D–Calif.) would rely on a procedural sleight of hand . . .'';

Whereas in the same Washington Post article, the Speaker declared, ''. . . I like it because people don't have to vote on the Senate bill.'';

Whereas on Tuesday, March 16, McClatchy Newspapers reported Representative John Larson, chairman of the House Democratic Caucus, stated, ''Many of our members would prefer not to have voted for the Senate bill.'';

Whereas on Tuesday, March 9, U.S. News and World Report reported, ''Pelosi gaffed, telling the local elected officials assembled 'that Congress [has] to pass the bill so you can find out what's in it, away from the fog of controversy.' '';

Whereas on Tuesday, March 16, The Washington Post editorialized, ''. . . what is intended as a final sprint threatens to turn into something unseemly and, more important, contrary to Democrats' promises of transparency and time for deliberation. . . . [I]t strikes us as a dodgy way to reform the health-care system. Democrats who vote for the package will be tagged with supporting the Senate bill in any event.'';

Whereas on Tuesday, March 16, the Cincinnati Enquirer editorialized, ''This disgusting process, which Democrats brazenly wish to bring to conclusion this week, is being done with little regard for the opinions of a clear majority of Americans who, while they may believe health care reform is necessary, think this particular approach will take our nation down the wrong economic path.'';

Whereas bipartisan members of the House and Senate have expressed their opposition to using the Slaughter Solution;

Whereas on Wednesday, March 10, Representative Joe Donnelly released the following statement, ''The process over the past few months has been frustrating, including the cutting of unacceptable special deals to assure a few senators' votes.'';

Whereas Representative Jason Altmire of Pennsylvania has characterized the exploitation of the Slaughter Solution by Democratic Leadership as ''wrong'' and unpopular among his constituents;

Whereas on Friday, March 12, POLITICO reported on a memo sent from Representative Chris Van Hollen, chairman of the Democratic Congressional Campaign Committee, to freshman and sophomore House Democrats that stated, ''At this point, we have to just rip the band-aid off . . . Things like reconciliation and what the rules committee does is INSIDE BASEBALL.'';

Whereas on Tuesday, March 16, Roll Call reported, ''Hoyer argued that the American public isn't interested in the process lawmakers use for approving reforms . . .'';

Whereas on Tuesday, March 16, Representative James Clyburn told Fox News, ''Controversy doesn't bother me at all.'';

Whereas the Democratic leadership of the House has conducted a calculated and coordinated attempt to willfully deceive the American people by embracing the ''Slaughter Solution'';

Whereas resorting to the ''Slaughter Solution'' in this circumstance, is being done to intentionally hide from the American people a future vote that Members of Congress may take on the Senate-passed health care legislation;

Whereas the deceptive behavior demonstrated by the Democratic Leadership has brought discredit upon the House of Representatives; and

Whereas the Democratic leadership has willfully abused its power to chart a legislative course for the Senate health care bill that is deliberately calculated to obfuscate what the House will vote on, in an illegitimate effort to confuse the public and thereby fraudulently insulate certain Representatives from accountability for their conduct of their offices: Now, therefore, be it

Resolved, That the House disapproves of the malfeasant manner in which the Democratic Leadership has thereby discharged the duties of their offices.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO TABLE

Mr. HOYER. Mr. Speaker, I move that we lay the resolution on the table.

The SPEAKER pro tempore. The question is on the motion to lay the resolution on the table.

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

RECORDED VOTE

Mr. CANTOR. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adopting the motion to table will be followed by 5-minute votes on suspending the rules with regard to H.R. 3542, H.R. 3509, and H. Res. 1173.

The vote was taken by electronic device, and there were—ayes 232, noes 181, not voting 17, as follows:

[Roll No. 132]

AYES—232

Adler (NJ)	Barrow	Boccieri
Altmire	Bean	Boswell
Andrews	Berkley	Boucher
Arcuri	Berman	Boyd
Baca	Berry	Brady (PA)
Baird	Bishop (GA)	Braley (IA)
Baldwin	Blumenauer	Bright

Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Yarmuth

NOES—181

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (NY)
Kingston
Kirk
Kissell
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—17

Ackerman
Barrett (SC)
Becerra
Bishop (NY)
Cummings
Davis (TN)
Deal (GA)
Ellsworth
Hastings (WA)
Hoekstra
King (IA)
Lofgren, Zoe
Radanovich
Sánchez, Linda T.
Stark
Westmoreland
Wu

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1748

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.

STATE ADMISSION DAY RECOGNITION ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3542, 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 Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 3542, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 408, nays 0, not voting 22, as follows:

[Roll No. 133]

YEAS—408

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Dahlkemper
Davis (AL)
Davis (CA)
Davis (KY)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce

Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—22

Ackerman
Barrett (SC)
Bishop (NY)
Boehner
Cummings
Davis (IL)
Davis (TN)
Deal (GA)
Fallin
Gordon (TN)
Hastings (WA)
Hoekstra
Kaptur
King (IA)
Lofgren, Zoe
McDermott
Radanovich
Sánchez, Linda T.
Schiff
Stark
Welch
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1755

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. FALLIN. Mr. Speaker, on rollcall No. 133, I was unavoidably detained. Had I been present, I would have voted "yea."

Mr. SCHIFF. Mr. Speaker, on rollcall No. 133, had I been present, I would have voted "yea."

AGRICULTURAL CREDIT ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3509, 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 California (Mr. BACA) that the House suspend the rules and pass the bill, H.R. 3509.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 382, nays 26, not voting 22, as follows:

[Roll No. 134]

YEAS—382

Aderholt
Adler (NJ)
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Fleming
Forbes
Fortenberry
Foster
Frank (MA)
Frelinghuysen
Fudge
Gallegly
Garamendi
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stupak
Sullivan
Sutton
Tanner
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—26

Akin
Bean
Broun (GA)
Cantor
Chaffetz
Duncan
Flake
Foxx
Franks (AZ)
Garrett (NJ)
Gohmert
Hensarling
Inglis
Jordan (OH)
Lamborn
Manzullo
Mitchell
Myrick
Paul
Peters
Price (GA)
Rohrabacher
Royce
Sensenbrenner
Shadegg
Stearns

NOT VOTING—22

Ackerman
Barrett (SC)
Bishop (NY)
Boehner
Boyd
Cummings
Davis (TN)
Deal (GA)
Dicks
Hastings (WA)
Hoekstra
Kaptur
Kind
Lofgren, Zoe
McNerney
Radanovich
Rogers (MI)
Sánchez, Linda T.
Stark
Teague
Welch
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1802

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.

RECOGNIZING 100TH ANNIVERSARY OF THE VERMONT LONG TRAIL

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1173, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1173.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 1, not voting 20, as follows:

[Roll No. 135]

YEAS—409

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert

Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
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Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
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Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NAYS—1

Young (AK)

NOT VOTING—20

Ackerman
Arcuri
Barrett (SC)
Bishop (NY)
Boyd
Cummings
Davis (TN)
Deal (GA)
Hastings (WA)
Hoekstra
Johnson, Sam
Lofgren, Zoe
McNerney
Radanovich
Rush
Sánchez, Linda T.
Smith (NE)
Stark
Westmoreland
Whitfield

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute remaining in this vote.

□ 1811

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HEALTH CARE REFORM

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

Ms. MATSUI. Mr. Speaker, I rise today to recognize the significant benefits our health care bill will have on American women. Simply put, the health care bill will provide more security, higher quality care, and is a better deal for America's daughters, mothers, and grandmothers.

In the current health care system, women often face higher health care costs than men and multiple other barriers to obtain health insurance. Fewer women are eligible for employer-based coverage, and comprehensive coverage in the individual health care market is often unavailable, prohibitively expensive, or excludes key services that women need. As a result, many women are either uninsured or underinsured and simply cannot afford their health care costs. This affects individual women, their families, and their businesses.

For all these reasons, it is imperative that we pass health insurance reform legislation and provide all Americans with the quality health care they deserve at a cost they can afford. Mr. Speaker, I look forward to joining my colleagues in doing so this week.

HEALTH CARE REFORM AND FEDERAL STUDENT LOANS

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, competition used to be viewed as a way to lower prices and improve services. A rental car company's slogan was, We're number two, so we try harder.

Competition apparently is no longer a virtue under this administration. The health care bill seeks to put health care for Americans in the hands of government bureaucrats, but it also seeks to put guaranteed student loans solely into the same government hands. Unlike the car company, I'm not sure the government can say that it ever tried harder, sought innovation, or went out of its way to help a student.

The Federal Family Education Loan program is administered primarily by private companies today, and under the proposed change, private lenders will be barred from making government-guaranteed loans. Some 30,000 employees across the Nation will lose their jobs. So much for worrying about the Nation's unemployment.

Choice and competition will die, but the Democrats say it will save money, about $87 billion, money they have already spent on Pell Grants and $9 billion diverted to pay for health care reform. Instead of that savings, look for poorer service, increased defaults, and higher administrative costs—like dealing with the IRS.

□ 1815

WOMEN AND HEALTH CARE

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

Ms. DELAURO. Mr. Speaker, our long-overdue health insurance reforms will put women's health on an equal footing at long last. It will transform the lives of American women of all ages for the better.

Younger women will be able to remain on their parents' policy as dependents until they reach 26 years of age. That means affordable care for everything from regular checkups to unexpected illness or injury. It means if they decide to become pregnant, finally there will be coverage for maternity and well-child care.

Working women shopping for their family's coverage will be glad to know that the reforms will require insurance companies to have unprecedented

transparency about what really is and is not covered. The reforms will cap out-of-pocket expenses and give Americans sliding-scale affordability credits to help them buy coverage.

Older women on Medicare will benefit from closing the doughnut hole and ensuring important preventive services like mammograms and cancer screenings are free of charge.

And finally, all women will benefit from an end to the discriminatory practices of gender rating and from making prevention and wellness a critical part of health care at last. For themselves, their spouses, their friends, daughters, and mothers, I urge my colleagues to pass this legislation.

WHERE IS THE FLAG?

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

Mr. POE of Texas. Mr. Speaker, America is the most generous country on the face of the earth. Americans have given more in blood and treasure worldwide to help others than any nation in the history of the world.

But the Navy Times is reporting that the United States does not fly our flag at its main installation at Port-au-Prince in Haiti. The administration says flying the flag may give people in Haiti the wrong idea. Well, what is that supposed to mean? Is our government ashamed of Old Glory?

News reports say that every other nation involved in relief efforts is proudly flying their flag in Haiti. Americans in Haiti are a testament to the good intentions of our country. Why should the administration force the military to hide our flag as if it's ashamed of the red, white, and blue?

The flag represents everything that's good and right about America. American troops should be able to fly the Stars and Stripes wherever they are in this world serving our Nation. After all, isn't that what the flag is about?

But now it sounds like the administration is once again apologizing for Americans being American.

And that's just the way it is.

HEALTH CARE REFORM

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

Mr. INSLEE. Mr. Speaker, as we head to our health care reform decision, I think a story of a fellow I met the other day, a very unique American, bears repeating. His name is Gary Hall. He was in my office yesterday.

Gary Hall won five gold medals, three silver medals, and two bronze medals in swimming, over three separate Olympics, really an incredible achievement. He got his medical insurance through the Olympic Committee for 12 years, but after that he wasn't eligible. And guess what happened? No one would write him insurance because he has diabetes.

The insurance companies said, we don't care if you've won gold medals, silver medals, and bronze medals, we won't give you insurance.

Now, that has got to change. We have to pass a health reform bill. Whether you've won a gold medal in swimming or you're just an average Joe or Jane, you ought to be able to buy insurance, even if you've got diabetes.

We are going to have a bill on the floor shortly that we are going to vote on. The vote's going to be transparent. It's going to be recorded. Everybody knows what it's going to be. It's going to be constitutional. It's going to be just the way we've voted for years. We're going to make sure people get health insurance in this country.

SIMPLE TRUTHS

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

Mr. KINGSTON. Mr. Speaker, it's a simple truth that Republicans in Congress spent too much money. It's a simple truth, though, that in 12 years of Republican deficits, the Democrats in 1 year spent more money, with a deficit of $1.4 trillion in 1 year.

It's a simple truth you can't insure 30 million more people without costing more to the Federal Government. It's a simple truth that if the government rewrites all the health care laws, you can't keep the health insurance that you now have.

It's a simple truth that with millions of new bureaucracies, or thousands of new bureaucracies and billions more dollars, bureaucrats will come in between you and your doctor.

And it's a simple truth the government that brought you ''Cash For Clunkers'' is not going to deliver good health care policy.

And it's a simple truth if the bill was so good we wouldn't need the Cornhusker kickback; we wouldn't need the Gatorade payoff; we wouldn't need the Louisiana purchase, and we would not have to promise to all Members of Congress all kinds of things that are in this bill and other bills to come if it was a good bill.

It's a simple truth the American people want us to start all over, and that's what we should be doing.

HEALTH REFORM AND WOMEN

(Ms. SUTTON asked and was given permission to address the House for 1 minute.)

Ms. SUTTON. Mr. Speaker, health care reform is critical to ensure that women have access to affordable health care. Currently, women can be charged higher rates simply because of their gender.

The Joint Economic Committee has estimated that 64 million women do not have adequate health insurance coverage today. 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn, and 39 percent of all low-income women lack health insurance coverage.

Women are also more likely to deplete their savings accounts paying medical bills than men. The health reform legislation being considered by Congress will help address all of these critical issues, and more. It will eliminate insurance coverage discrimination based on gender, provide access to affordable policies to all Americans, it will prevent bankruptcies due to medical costs by capping out-of-pocket payments, and it will prohibit insurance companies from discriminating based on preexisting conditions, including the despicable practice of calling domestic violence victims preexisting conditions.

It's time to pass this.

WHAT THE HECK, AMERICA

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

Mr. BURTON of Indiana. You know, I just love to listen to my colleagues on the Democrat side. I love them so much. And they just don't mention some of the other things that are going on, like the budget this year is $3.8 trillion that we don't have. But the taxpayers are going to have to pay for it. They'll have to pay to for it with inflation or higher taxes.

And they don't mention that there's going to be $569.2 billion in new taxes. What the heck, we can afford that. And Medicare and Medicare Advantage is going to be cut by $520 billion. But what the heck, the seniors, they don't have to worry about that. They can, you know, ask their grandkids for some of that money.

And of course the total cost is not $980 billion. It's going to be about $1.3 or $1.4 trillion, and I really believe it's going to be more like $2.5 to $3 trillion. We don't have that money, and it's a new entitlement, but what the heck, America. You can handle that. This is just money, and we can always print more. Of course it causes inflation and higher taxes, but who cares. You can get it done.

THE IMPORTANCE OF HEALTH CARE REFORM TO WOMEN

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, it bears repeating, few Americans have more at stake in health care reform than women.

Forty States allow private health insurance companies to gender rate their premiums. As a result, a 25-year-old woman may pay between 6 percent and 45 percent more than a 25-year-old man to get the same coverage.

Fifty-two percent of women reported postponing or forgoing medical care because of cost. Only 39 percent of men reported having had those experiences.

Nine States allow private plans to refuse coverage for domestic violence survivors.

Eighty-eight percent of private insurance plans do not cover comprehensive maternity care. In many policies, a previous C-section and being pregnant are considered preexisting conditions.

Less than half of all women in America have employer-sponsored insurance. This is partly due to the fact that more women tend to work for small businesses or have part-time jobs where health insurance is not offered, certainly the case in Hawaii.

It's time for reform.

PASS THIS HEALTH CARE REFORM LEGISLATION NOW

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

Mr. CLAY. Mr. Speaker, I rise this evening as we prepare for this historic vote, and I'm here to tell you that the people of Missouri's First District want us to act and pass this health care reform legislation now. And here's why:

It will improve coverage for 331,000 residents who already have health insurance. And it will give tax credits to 168,000 families and 15,000 small businesses to help them afford coverage. It will improve Medicare for 96,000 seniors, including closing the doughnut hole. It will extend coverage to 45,500 uninsured residents. It will guarantee coverage for 10,000 residents with preexisting conditions. And it will protect 1,400 families from medical bankruptcy.

This plan ends gender-based discrimination by stopping insurance companies from charging women more than men for the very same coverage.

It is time to act, Mr. Speaker.

HEALTH CARE REFORM IS CRITICAL FOR WOMEN IN AMERICA

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

Ms. TITUS. Mr. Speaker, the need for health care reform is critical for so many in America, but for women, the need is even greater. With health care costs weighing heavily on our small businesses, and with women more likely to own or work for small businesses, it's critical that real reform help those businesses compete by lowering health care costs.

In Nevada, insurers are allowed to consider gender when setting premium rates in the individual health insurance market. And as a result of this gender rating, women are often charged more than men for the exact same coverage.

Insurers can also exclude coverage for certain preexisting conditions, such as having had a C-section and even being pregnant. And it can be difficult, sometimes impossible in certain markets for women to find coverage for maternity care in the individual health market.

I say it's time to tell insurance companies that being a woman is not a preexisting condition.

HEALTH CARE FOR WOMEN

(Mrs. NAPOLITANO asked and was given permission to address the House for 1 minute.)

Mrs. NAPOLITANO. Mr. Speaker, the facts are that, according to the National Institutes of Health, suicide is the leading cause of death for women. That is unacceptable.

Actually, adequate health care coverage is critical to the future of women who suffer in silence from mental illness, whether it is postpartum depression, or some of the military women whose families are not covered by VA who suffer loneliness, stress, depression, and everything that goes with it, especially if they're tending to a spouse who's got TBI or PTSD.

They're rejected by the insurance, denied coverage for preexisting conditions. There's articles by The L.A. Times, The Memphis Editorial, Minneapolis Star Tribune, Pittsburgh Post-Gazette, Dayton Daily News, Detroit Free Press, and The Missouri Herald, supporting health care reform.

We must vote for it. Let's get it done.

HEALTH CARE REFORM

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

Mr. BURGESS. I received a letter yesterday from a State senator in my State, Tommy Williams, who's from the Beaumont area, not my immediate area but he serves on their Senate finance committee in the State. He worked on the State budget last year and will work on it again next year.

He says: ''I am writing respectfully to ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform.'' He said: ''In a word, it will be devastating.''

The analysis provided to Senator Williams from their Health and Human Services Commission is roughly $4 billion to $5 billion for the 2-year budget if we implemented this plan in a State that is arguably in better shape than other States but still facing a significant budget shortfall for the next budget year, $11 billion to $17 billion.

He concludes with: ''I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the State we both love so dearly.

''Respectfully, Tommy Williams, State Senator.''

I will put Tommy Williams' letter into the RECORD.

MARCH 16, 2010.

Hon. MICHAEL BURGESS,
Cannon Office Building,
Washington, DC.

DEAR REPRESENTATIVE BURGESS: During the last session of the Texas Legislature it was my privilege to negotiate the Article II (Health and Human Services) provisions of the conference committee report on our state budget. In doing to I have become intimately familiar with the effects that state and federal mandates can have on health care-related costs in Texas and to Texans.

I am writing to respectfully ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform document released February 22, 2010.

Recently, the Texas Health and Human Service Commission (HHSC) provided me with an analysis of the impact of President Obama's proposal on our state budget. In a word, it will be ''devastating.''

As I am sure you are aware, our state is in much better fiscal shape than many of the others; however, we are facing a gap between projected revenues and expenditures of approximately $11–$17 billion for the next biennium. Health and Human Services expenditures already make up roughly 1/3 of General Revenue (GR) expenditures and are a significant cost driver in the state's budget.

HHSC's analysis estimates that the President's proposal would cost the State of Texas as much as $24.3 billion dollars over the next 10 years. This includes a $6.0 billion reduction in available DSH funding. Our state can simply not afford an additional average cost of $4.0–$5.0 billion per biennium over the 10 years it would take to implement this plan.

I appreciate your hard work toward health care reform we can all support. I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the state we both love so dearly.

Respectfully,

TOMMY WILLIAMS,
Texas State Senator, District 4.

□ 1830

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. HOYER) is recognized for 5 minutes.

(Mr. HOYER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. RICHARDSON) is recognized for 5 minutes.

Ms. RICHARDSON. Women comprise over 50 percent of the population. In the 2008 Presidential election, 53 percent of the people who voted were women. And indirectly, when women are involved in anything, any major decision, it impacts all family households

because women are becoming more and more the primary breadwinner.

On Sunday, this Sunday, a part of Women's History Month, we mothers, sisters, brothers, and dads will have the opportunity to cast an historic vote that will improve health care for all Americans and long-awaited gains for women in particular.

What women have to gain from this bill. Number one, no more gender ratings. Right now a gender rating system is used by many insurance companies in the current health care system to charge women more than men for the same health care insurance. Discriminatory practices are allowed in all but 12 States. With the health care reconciliation bill, women and men will be charged the same price for the same coverage. It only makes right sense.

What is the second thing we will do? You will no longer be able to see women struggling that they will be denied their coverage based upon preexisting conditions. Women are often denied coverage because of past pregnancies, C-sections, and domestic violence injuries. With the new health care reconciliation bill it will be illegal, and that only makes sense, to deny women coverage or charge them higher rates based upon any supposed ''preexisting conditions.''

And then what is the third thing? Expanding access to employer-provided health care insurance. Can you believe that right now less than half of American women receive health care through their employers? Why? Because more women work for small businesses, and they also work more part-time than most men. So because of that, their ability for health care insurance is hindered. With the health care reconciliation bill, small businesses will be able to afford health care and good choices. By joining with others in the exchange, they will have an increase in their purchasing power. And then most importantly, there will be tax credits to make it affordable for small businesses to have coverage.

And then what is the fourth thing? By this, when you look at currently, doing away with copays and deductibles for preventive care. Many women forgo preventive care such as mammograms because of the prohibitive high costs. With the health care reconciliation bill, which makes sense, we can emphasize the importance of preventive care and early detection. We can eliminate copays and deductibles for preventive care. And most importantly, we can encourage women to go to their doctors regularly, protect themselves from debilitating medical crises, and oh, by the way, save money too.

Women have much to gain with health care reform. Women, when you consider it, we also have much to lose for continued nonaction and status quo. What women stand to lose if reform does not occur, women will continue to be subjected to discrimination. Right now many women are being charged 48 percent more than men for the same health insurance. It doesn't make sense and it is not right. We cannot continue to condone this discrimination in America.

If reform does not occur, women will be denied coverage based upon preexisting conditions. And in eight States, including where we reside now, the District of Columbia, women are still being denied health care because they might have been victims of brutal domestic violence. If reform does not occur, some women will not receive health care even when they are pregnant and they need it most.

Women need the peace of mind that they and their baby will not have to worry about skyrocketing health care costs. Many companies today right now continue to not include maternity coverage. And as I close, this would mean that 79 percent of the women in individual markets today do not have maternity coverage.

Americans face discrimination. All Americans are currently facing discrimination with our failed health care policies. And women, their fate is even worse. The final reconciliation version of the health care bill includes equal access to affordable, quality health care for women and for all Americans.

THE JACK YATES BASKETBALL TEAM OF HOUSTON, NATIONAL CHAMPS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, tomorrow night starts what we call March Madness, college basketball playoffs for the national championship, and 65 college teams throughout the country will start competing tomorrow night. But there is one team that won't be there. And probably those 65 teams are glad this team is not there. It is not a college team. It is a high school team, and they are from Jack Yates Senior High School in Houston, Texas. They are now ranked the number one high school basketball team in the United States by USA Today and Rivals.com.

The Jack Yates Lions have won 58 consecutive basketball games in a row, going since last year, and two Texas State championships in 4A basketball. They have defeated their opponents by an awesome amount of points. They have won games by 88 points, 90 points, 98 points, 99 points, 115 points, and 135 points against the opposition. And that is just the margin of victory in those games.

In one game this year, on January 5, 2010, they scored 170 points in a high school basketball game, breaking the national record. That is an 18-year record set of scoring. And yes, they scored 170 points in one game. No wonder they weren't invited to the big March Madness starting tomorrow night in college basketball games.

They not only set the national record for consecutive games won over 100 points, they finished the season averaging 116 points per game, taking that title away that was 40 years old from a Hobbs, New Mexico high school team. They scored 100 points in 26 basketball games this year. They are a foe to be reckoned with. They have no competition in high school basketball anywhere in the United States.

They employ a strategy that is called ''38 minutes of hell.'' It is a run and gun offense where the coach, Coach Greg Wise of Houston, Texas, plays all 15 players. Five at a time he puts them in. They run and gun up and down the basketball court, he pulls them out, puts another five in, throughout the game. And by the end of the game of course the other team is dragging, they are out of breath, out of energy, and they are out of points. And of course the Jack Yates High School basketball team wins the game.

In the State championship this year going into the fourth quarter they were behind by 24 points. They had a little conversation with their coach before the fourth quarter started, and they won the game by 23 points.

I want to commend this wonderful group of young men who live in Houston, Texas, for their zeal, for their energy, and for representing really what is good about high school sports not only in the State of Texas, but throughout the United States, and congratulate them on being the number one high school basketball team in the United States. Way to go, Lions.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

(Ms. BERKLEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. CHU) is recognized for 5 minutes.

Ms. CHU. Mr. Speaker, women of America, Republicans want you to believe that our health care reform bill is poison, that doing nothing is better for the Nation. But the truth is doing nothing is poison for the women of America. Insurance companies are cheating women from getting the health care they need. It is women that need health care reform the most.

Women have a harder time getting the care they need, women like Holly from Georgia. Holly is 3 months into her chemotherapy treatment for cervical cancer. She works at a small business that does not offer insurance to its employees, and she makes too much to qualify for Medicaid. But she thought she would be okay because of her husband's insurance. Then the devastating news came: her husband lost

his job. They shopped around for private insurance but were turned away by the best plans because of her cancer. They are now stuck paying $850 a month to a private insurance company to cover their family of four, almost the same amount as her mortgage. It is just not fair.

It is so clear that women need health care reform. Did you know that women pay more for health care? Today they are forced to settle for less health care at a higher price. Insurance companies charge as much as 50 percent more to women over men for the exact same coverage. What is worse is that this blatant gender inequality is legal in 38 States. But health care reform will make this type of gender discrimination illegal. Insurance companies will be forced to do what is right: charge everyone the same rate for the same care.

Did you know that insurance companies make it hard for women to get preventive services even when it would save the insurance companies money? Today millions of women have trouble getting these kinds of services. They forgo important tests and screenings because they simply can't afford the copays. One-third of uninsured women go without preventive care for mammograms and pap smears, tests that could save lives if done today. But health care reform will require insurance companies to offer basic preventive services, reproductive health, and maternity care, and make these preventive tests free with insurance.

Did you know that women have less access to insurance? Today fewer American women have access to their own health insurance compared to American men. Without a spouse, women are twice as likely to be uninsured than men. And when women are denied adequate coverage or lose their jobs, their families are hurt, too. For single mothers, unemployment left this group skyrocketing with troubles, leaving almost one-quarter of all single mothers without insurance to cover their families, leaving 275,000 children without regular access to doctors' visits or medication. But health care reform will make insurance affordable for all women.

Did you know that insurance companies deny women health services? Today women are turned away by insurance companies because of supposed preexisting conditions. And what are those preexisting conditions? Believe it or not, they are domestic violence, pregnancy, and Cesarean sections. But health care reform will make it illegal to deny coverage due to any preexisting condition. Women will no longer be denied coverage for being mothers or finding a lump in their breast.

Insurance companies are cheating women every day, and women are suffering because of it. Health care reform will make sure that your mother, your sister, and your daughter will be able to afford the treatment that they need, the best insurance they can afford, one that won't turn them away. That is why I strongly support this legislation. The women of America need health care reform.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. It is so nice, Mr. Speaker, to see these fine looking young ladies out here today talking about health care. I really appreciate it. It's time that we saw all of you out here tonight. It's really nice to see you and I appreciate you taking the time to be here.

There are just a few things, ladies, that you really haven't talked about. You keep talking about this as if this is the only approach to solving the health care problem. You don't mention that for trillions of dollars less, trillions of dollars less, money that we don't have, the Republicans have proposed a bill that would allow people to buy insurance across State lines so they could get the very best rates.

We provided a bill that would deal with people to help them get medical savings accounts so they could put their money into a savings account tax-free, as well as their employers, and then they would use that money and they would decide when they needed to go to the doctor and when not. And if they didn't use it, it would build up in the bank account. And if they used it, there would be a major medical policy, also tax-free, that would take them up to an undetermined amount of money, maybe $100,000.

You didn't mention that our bill says that you can take your insurance with you from one company to another when you move. And that is what I think most people want. They want to make sure that there is portability.

You didn't mention that we want companies, small companies to be able to band together in our bill so that they can buy insurance at the rates that the major corporations do. That is a pretty good alternative.

You didn't mention that we want tort reform, which will definitely lower the cost of insurance because there won't be all these frivolous lawsuits by trial attorneys. Incidentally, you don't have any of that in your bill because the trial attorneys you like, because they support you and they support the President. And the trial attorneys have got this bill in their pocket.

□ 1845

You don't mention that our bill does cover preexisting conditions, and it doesn't cost as much money. You don't mention that our bill provides a safety net for the people who are uninsured which will deal with a lot of the problems you have been talking about tonight. You don't mention that we're going to have a safety net for indigent people, people who can't afford insurance.

And let me just say this: doctors across this country don't want this bill. Hospitals across this country don't want this bill. The people across this country overwhelmingly don't want this bill. Do you know why? Because it's going to cost trillions of dollars that we don't have. And you know who's going to pay for all of this? The budget this year, as I said earlier, is $3.78 trillion that we don't have. This is a new entitlement, and it's going to cost trillions of dollars that we don't have. And we're not going to be able to borrow that money from China and Japan and all of these other countries from around the world for very long.

So what are we going to do? We're going to print the money. And if America was watching tonight I'd say, Hey, don't worry about it. They're just going to print the money. So if you got a thousand dollars in the bank and we double the amount of the money in circulation, you still have the thousand dollars, but it's only worth $500 because it will only buy half as much. But who cares?

And then, of course, the legislation that's going to cost trillions of dollars in addition to the trillions of dollars that you're spending on everything else is going to cause higher taxes. But, then, what the heck? In fact, in your bill, the taxes are going to go up by $569.2 billion. Oh, that's chump change. Don't worry about that. The American people can afford it.

Heck, right now at 10 percent unemployment, I'm sure the American people are saying, Raise my taxes. The small businessman wants you to raise his taxes because if you raise his taxes, he won't be able to hire people, and he may even say, Well, I'm going to take a boat and take my business overseas because we can't handle this anymore because the taxes are too high. But what the heck. Who cares. It's just money.

The bottom line is we all want the same thing, and that is to solve our health care problems. But we don't want to give a hole that our kids and our grandkids will never get out of. They'll be paying higher taxes, and they'll be dealing with inflation. And they will look back on our generation and say, Why did you do that to us? Why did you do that to us?

And so when you tell the American people all of the things you're telling them tonight about these people are going to be covered and everything else, just tell them this: we have got a plan that will do it, too, and it will do it for a heck of a lot less money. It won't put the government in control of health care and have bureaucrats between people and their doctors, and it

won't cause socialized medicine. So tell them that, too, if you would.

And just remember this as I leave, I love you, ladies.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded to address their remarks to the Chair.

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Mrs. DAVIS) is recognized for 5 minutes.

Mrs. DAVIS of California. Mr. Speaker, I can remember when women couldn't get credit cards in their own names, when drug companies didn't run tests on women, and when women were told that secretarial school was about the only career option they had. Even as recently as a year ago, women didn't have the same fair-pay rights and protections in the workplace as men have until this Congress voted to change that.

It takes women speaking up to make unfair and discriminatory practices like those a thing of the past, which is why we must speak up for this health care bill.

I would ask opponents of this reform to think of a woman in their life—whether it's a mother, a grandmother, a sister, an aunt, a daughter, or even a friend—think about her and ask yourself, is it right that insurance companies can deny her coverage based on gender? Is it right that insurance companies charge her more because she's a woman? Should women be turned away by insurance companies for such preexisting conditions as pregnancy, giving birth by C-section, or being the victim of domestic abuse? Should 80 percent of mothers in my State of California not be offered maternity coverage in the individual market? Should women who often rely on a spouse's insurance because they are taking care of children be more vulnerable if they are divorced or widowed?

If you don't think these things are right, then you should support this bill.

The American Medical Association that represents professional caretakers of our country, they support it because it protects the health of the caretakers in our families.

So, Mr. Speaker, once it passes, insurance company penalties for the women in our lives will be a thing of the past.

Let's pass the bill.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE of California. Mr. Speaker, as we stand now on the cusp of history, we have never really been this close to assuring quality, affordable health care for all Americans. While health care reform is essential for everyone, women are in particularly dire need for major changes to our health care system. Too many women are locked out of the health care system because they face discriminatory insurance practices and cannot afford the necessary care for themselves and for their children.

In 40 States and in the District of Columbia, insurers are allowed to consider gender, mind you, when setting premium rates in the individual insurance market. This practice permits insurers to charge women more than men for the exact same coverage. Additionally, businesses with predominantly female workforces can end up paying significantly more for their coverage than for predominantly male businesses.

In the past 2 years, nearly 7 million Americans have lost their health care coverage. This is just not acceptable.

While we all know that the current health care reform bill has some flaws—unfortunately it does not have a public option, or an expansion of Medicare, or a single-payer option—it offers vitally important advances for women's health. The bill makes health care coverage more affordable and extends many health services that women need.

Without health care reform, family premiums will continue to skyrocket leaving more and more women unable to afford health care. The health care system is failing American women. We owe it to each and every woman to pass this health care bill.

When I cast my vote, I will be thinking of my mother who nearly died giving birth to me, my mother Mildred. When I cast this vote, I will be thinking of my sister, Mildred, who suffers from multiple sclerosis. I will be thinking of all of the women who are denied coverage because domestic violence is considered a preexisting condition by insurance companies. When I cast my vote, I will be thinking about so many of my friends who died prematurely because they did not have access to preventative health care.

And, Mr. Speaker, when I cast my vote, I'm going to be thinking about my granddaughters Jordan, Giselle Barbara Lee, and Simone Lee, because we, when we cast this vote, are going to ensure that my granddaughters and my grandsons live longer and healthier lives.

So if we do nothing, the health care system will continue to work better for insurance companies than it does for the American people. And that is why the President has put forward a plan that will give American families and small business owners more control over their own health care by giving them more consumer protections and shifting power away from the insurance companies.

But if we pass health care insurance reform, we also know that families and businesses will have control of their health care, the insurance industry will be prohibited finally from continuing its worst practices like denying coverage based on preexisting conditions, and we also will cut the deficit by up to $1 trillion over the next two decades. As the President said this past week, if not us, then who. If not now, then when. Now is the time.

I urge my colleagues to support this health care reform legislation for our women, for our families, for our children, for all Americans. This is a major first step in setting a strong foundation where finally health care becomes a basic human right for all rather than a privilege for the few, which it has been in the past. We are finally, mind you, finally catching up with the rest of the industrialized world.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON LEE) is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. I would like to thank our friend and colleague, Congresswoman WOOLSEY, for organizing this very important statement, historic statement. Women that come from all over America, Members of Congress who have no ax to grind, who have no representation of special interest other than the American people: we stand on this floor to answer our colleagues and those who have offered a negative perspective, all kinds of obstructions and poor commentary.

Like an email I received blaming people for their obesity and diabetes. Yes, we need to be a healthier country, but does anybody realize that insurance companies would never provide for preventative care so that we could be tested and that we could learn to eat differently, to watch our diets? That is why this country spends more time wasting dollars on those who are sick.

So I stand today to be able to say to all of the moms and nurturers who happen to be women that we have listened to your call. We have actually recognized that it is important to provide for preventative care. You know what you do.

As we were raised by our moms and grandparents and aunts and uncles, they told us wipe our nose with tissues, wash our hands way before this whole

concept has come with automatic hand washers and bottled water. They wanted us to be clean and to respect cleanliness. Why? It was a method of preventing disease. But we were sick anyhow. And when we got sick, we couldn't get to the emergency room. We couldn't get to a doctor. We couldn't get to a hospital because many times that required health insurance.

So today for the women of America, for all of the women who have been denied insurance because of pregnancy, of a C-section, of issues that deal with womanhood, we now stand up and declare freedom with the passing of this bill.

Now, Mr. Speaker, I might say to you that all that is in this bill I don't agree with. Frankly, I'm concerned about the position being taken on physician-owned hospitals, many of them who have come and saved neighborhoods by opening up hospitals, declaring desert areas where rural communities had no hospitals, they came in and opened them up on inner-city neighborhoods. We understand that all of them are going to be looking for long-term fixes down the road almost the same way when Medicare was passed in 1965.

That wasn't a perfect system, but I can tell you that of all the lives of women that it has saved since its passage in 1965, for one, it saved the life of Ivalita Bennett Jackson, my mom, who now lives and lives enthusiastically with a love of life because of the resources that came about through Medicare. And she worked. So this is not a handout.

So this bill, for example, is going to give women affordability. It's going to give women in States the opportunity to go into a health insurance exchange pool, pick the insurance that they need. It's going to give women the right of choosing, give women the right to have healthy bodies. It's going to focus the responsibility of insurance on employers.

It's going to make sure that Medicare is strong. If you're an elderly woman, it's going to close the doughnut hole for all of the insurance needs that you have. It's going to help my mother-in-law, E. Theophia Lee, who needs care as we speak. It's going to give her the opportunity to buy prescription drugs without going into the poorhouse.

It is going to provide for an expanded Medicaid, and it's going to work on our hospitals in our community, provide 100 percent Medicaid coverage in the first year, 95 percent, and then 90 percent.

□ 1900

Mr. Speaker, this is going to open the doors of opportunity for community health clinics so that women can be engaged in preventative care. Women are nurturers. They need to be able to take themselves to doctors and their children to doctors at the same time. That's what community health clinics will do. They will be set up in your neighborhood. They will have full service, geriatric care, pediatric care, and, yes, the care that will take care of women and their individual needs.

Mental health parity will be in this particular bill so individuals who are concerned about mental health needs will not have to hide, cover themselves up, go in the dark of night or not even get the care that they need. It is going to be there in this bill. There's going to be a demand for health insurance companies to cover mental health needs.

What a new day this will be to be able to allow women to take care of their children. Let me remind you that there are stories all across America. The mother whose son died because he did not have health insurance. A young man who believed in giving help to other people, a young lawyer who gave pro bono work, but he died because he had no health insurance. Or the mother who came to my town hall meetings, was crying because she couldn't get her child into school. Why? Because her insurance didn't cover a doctor's visit. Well, that will be cured. This is going to cure the ills of women across America.

Vote for this bill.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 5 minutes.

(Mr. LINCOLN DIAZ-BALART of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. I thank the gentlewoman from California, Congresswoman WOOLSEY, for calling us together tonight on such an important topic and rise to speak for decent health insurance for all of our people as essential to respecting life, to preserving life, and to protecting life from the very beginning to the very end.

The health system we have now does not adequately respect, protect, or preserve life. In fact, America doesn't even rank in the top 12 of global nations in terms of the quality of our health care. That is truly shocking. Yet we spend enormous amounts of money, and yet so many people are left out. There's not time to talk about all of them tonight in 5 minutes, so I am pleased to join my colleagues in focusing on women and children of this great Nation who need health care reform.

In our country, every year, more than a half million, 530,000 babies, one out of every eight, are born premature in our country. Premature birth is the leading cause of newborn death and a major cause of lifelong disability. These outcomes are morally wrong, and they are ultimately very expensive, very expensive to our society, most expensive to those children.

The March of Dimes reports that, in 2008, more than 20 percent of American women of childbearing age, more than one-fifth, 12.4 million American women, were uninsured. They also report that uninsured women receive fewer prenatal services and report greater difficulty in obtaining needed preventive care than women with insurance. Ohio, the State that I represent, is among the worst States for its premature birth rate. The primary reason for this is because we have among the highest rates of uninsured women.

If we think about some of the most gruesome aspects of what happens, in 2006, which was the most recent study conducted in the United States by the Centers for Disease Control, in our country, 846,181 abortions were reported. Studies have shown that for approximately three out of four women who have an abortion, their belief is they cannot afford a child, and that was one of the key reasons for having to make that life-changing decision. Economic hardship, lack of access to health insurance and to health care, and even the lack of medicines all play a part in the gruesome number of abortions and premature births in our country.

The women of our Nation, the children of our Nation, all people of our Nation deserve a better chance.

The bill that's working its way to the floor will ban preexisting conditions and help expand coverage and access to women's health care, prenatal health care, to all of our people. It provides financial assistance surely to women who want to bring their baby to term or put the child up for adoption but fear they simply cannot afford it. What a terrible choice that must be for any woman. We know that the bill before us will improve community health clinics. In so many of our communities, they are the only lifelines to any health care at all.

Importantly, the bill that is moving to the floor intends to leave no one out, even the smallest among us, even the most voiceless among us. The bill we will soon consider has some fine points yet to be perfected. There is no question that for women and children, finally, all will have access to decent health care coverage, and it will be a great day in America when that will be possible.

All of us have situations in our own families where we have seen relatives grow older. This was certainly the case in our family, and without Medicare our grandmother would have had a very different end. Lyndon Johnson gave her dignity. All the Democrats and some Republicans who created that program in the House back in those days made the end of her life one with dignity. We would hope that that would be the case for all of America's

families, the beginning of life to the end of life.

I thank the women of the House and Congresswoman WOOLSEY for making this evening possible.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

(Mr. SOUDER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, what this health debate boils down to is this question: Whose side are you on? Are you listening to and fighting for the American people or are you listening to insurance executives and fighting to line their pockets? I am listening to and fighting for the American people, and especially the Wisconsinites who will benefit so significantly from health care reform.

This evening, I rise to speak about how health care reform will help women. Women shoulder a disproportionate burden in today's broken health care system. Perhaps most shocking is the discrimination women face in health insurance simply because we are women. To some insurers, being a woman is a preexisting condition. In Wisconsin, as in many other States, if a woman and a man purchase identical insurance coverage in the individual market, the woman will be charged more even though the medical services covered are exactly the same.

In small businesses in Wisconsin and across the country, insurance companies are allowed to count how many male and female employees work at that small business. If the workforce is disproportionately female, the insurance company charges more. So, what sort of small businesses pay the most for health care? Child care centers, home health agencies, and other small businesses with female-dominated workforces.

Adding insult to injury is that we all know that women's pay still lags behind men. Nationally, women earn 78 cents to every dollar earned by a man. And in Wisconsin, that figure is even worse—73 cents to the dollar. So women who make less have the added burden of paying more for their health coverage.

Our health care reform measure will end this practice of gender rating, and that is just one reason why women have so much to gain in health reform.

So I ask again, whose side are you on? The hundreds of thousands of women that you represent or the insurance companies that get away with these practices?

We have talked during the debate a lot about people who can't get any insurance at all because of preexisting conditions, something in their medical history or health status that the insurance company points to and says, We are not going to cover you. Women also bear the brunt of these practices. Can you believe that women who have been the victims of domestic abuse have been denied health insurance because their victimization was considered a preexisting condition? Women who have given birth by C-section are also routinely either refused insurance or provided insurance that specifically denies coverage in the event they have a future C-section.

Our health reform efforts will prevent the insurance companies from denying coverage to women who have been the victims of domestic violence and women who have had C-sections. In fact, our measure will stop the practice of denying needed insurance based on preexisting conditions altogether.

So I ask, whose side are you on? I'm on the side of all Wisconsinites who have ever faced such denials, not on the side of the companies who refused to cover them.

Women also have trouble finding insurance policies that cover what they need when they shop for insurance in the individual market. In that market, it can be next to impossible to find insurance that covers maternity care. In a survey by the National Women's Law Center of plans offered in the individual market in my hometown of Madison, Wisconsin, they could not find a single plan that offered maternity care. I find this shocking. And health care reform will require all new plans to cover a wide set of benefits, including maternity care.

Mr. Speaker, Wisconsinites sent me to Congress to fight for them. I ran for Congress in order to fight for the people of Wisconsin who have been denied insurance based on preexisting conditions or had their coverage dropped in their very time of need. In order to prevent Wisconsinites from having to declare personal bankruptcy because of mounting medical bills from a serious illness, and in order to help families be able to afford their premiums and their deductibles and their copays, this health care reform effort addresses all those problems and then some. It's not perfect and it's not all I wanted it to be, but it is a darn good start.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of New Jersey addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

Mrs. MCCARTHY of New York. Mr. Speaker, I want to thank LYNN WOOLSEY and my colleagues here that came out tonight to speak about the issues that are going to be in this bill as we go forward for a vote sometime this weekend.

Many of us have talked about health care for years. I'm talking about years. I think all the time when we go out to dinner or anything, health care always comes up. So when I hear charges against this side of the aisle of why are we rushing through this, let me tell you something. I've been in Congress going into my 14th year. Before that, I was a nurse for over 30 years. So when I came to Congress, the first thing I started working on is how can we improve health care. And this day is coming.

Unfortunately, there's been an awful lot of information over the last several months that really is quite wrong. And a lot of my friends say, Well, why aren't the Democrats speaking out? I guess it's because, and I will speak for myself, many of us have been speaking up but, unfortunately, because we are not yelling and screaming, we are not heard.

So what I'm going to explain to many, hopefully, of the people who are listening to this, I just want to tell you how this bill is going to help my district back on Long Island. I live in a middle class suburban area. I've been there for 62 years living in the same house. It was the house of my parents. My family grew up there, and I went to the public schools there. My son went to the same schools that I went to and in some cases had the same teachers. And we also had the same doctors.

I have to say, going back to those days, we had a great family physician. Today, he would be called a primary care physician. And yet we are seeing a shortage of primary care physicians across this Nation. We are also going to see a shortage of nurses across this Nation. Those are two components that we have to make sure that we have in the health care bill.

But just in my district alone, it's going to improve coverage for 444,000 residents that already have health care. How can that be? Well, they are certainly going to have preexisting conditions taken away, so that when they go to the doctor and they find out they have a preexisting condition and they find out some of these preexisting conditions, which—I tell you, it's outrageous. Do you know if you're a woman of childbearing years, getting pregnant is a preexisting condition? A preexisting condition.

□ 1915

I have young people on my staff that have preexisting conditions. What are they? Well, apparently one went to a doctor and was being treated for asthma; he has a preexisting condition. My grandchildren since they were very, very young have had bronchitis. A lot of kids get bronchitis. Ear infections.

Lots of kids get ear infections. Preexisting conditions. These are things that we want to make sure the insurance companies—you know, we are not the bad guys here, and I think that needs to be understood. We are not the bad guys here. It is what we have let the insurance companies do over the years that is, unfortunately, a disgrace.

We are going to give tax credits and other assistance to 82,000 families in my district and 23,000 small businesses to help them afford coverage.

Now, it is important that you hear this about small businesses; because a small business, if they have two or three men in the company and then a woman that they want to hire to fill a position, and they happen to offer health care insurance, once that woman is hired their rates are going to go up higher. Their rates are going up higher. Why? Because there is discrimination against women on getting their health care, and that is wrong. That is something that we are going to change.

Medicare. You know, I hear from my seniors all the time, especially for the seniors that are single, widowed, don't have much except Medicare and Social Security, and we are going to take care of 102,000 of them. Mr. Speaker, this bill is going to help a lot of Americans.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment a bill of the House of the following title:

H.R. 4213. An act to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY. Mr. Speaker, as we face what may be one of the most important decisions Congress has made in our lifetime, I would like to highlight what a huge, positive impact the passage of health care reform will have on the lives of American women, on the health and the economic well-being of our mothers, daughters, your wives, and your sisters.

First and foremost, passing reform will expand dramatically the number of women and children who have access to quality health care throughout their lifetime.

The Joint Economic Committee, which I chair, has issued a report entitled ''Comprehensive Health Insurance Reform: An Essential Prescription for Women,'' which documents that, in America today, 64 million women lack adequate health insurance. Over one quarter of our daughters between the ages of 19 and 24 do not have any coverage; 39 percent of all low-income women lack health insurance coverage. Passing health care reform will expand the availability of care, improve the affordability of care, and will expand the minimums of care.

Today, due to costs, 1 in 5 women over age 50 has not had a mammogram in the past 2 years due to costs. The health care reform bill will require coverage of annual mammograms for women, including coverage for those under 50.

Passing health care reform will bring badly needed changes to a system that places a particularly unfair burden on women who seek to buy insurance in the individual market.

In a report by the National Women's Law Center titled, ''How the Individual Insurance Market Fails Women,'' investigators found there are huge and arbitrary variations in each State and across the country in the differences in premiums charged between women and men.

The report found that insurers who practice gender rating might charge a 40-year-old woman anywhere from 4 percent to 48 percent more than a 40-year-old man. Passing health care reform will put an end to that. Insurance companies will no longer be allowed to charge women higher premiums simply because they are women.

Health care reform will also put an end to discrimination based solely on the prospects of motherhood. In most States today, individual market insurers are allowed to deny health insurance coverage to an applicant simply because she is pregnant. A previous C-section can also be the basis for denying coverage.

Passing health care reform will put an end to discrimination based on preexisting conditions. And they call pregnancy a preexisting condition.

Reform is also urgently needed because, under the status quo, even if you are not pregnant now but at some point in the future you may become pregnant and so you may wish to buy maternity coverage now, coverage simply may not be available.

In the capital cities of four States, Hawaii, New Mexico, North Dakota, and South Dakota, the NOW Women's Law Center investigators were unable to find an offer of maternity coverage in the individual market at any price. It simply was not available.

Under the status quo, only 14 States require maternity coverage in policies that are sold on the individual markets. No wonder then that 79 percent of women with individual market policies don't have any maternity coverage at all. And if you don't have maternity coverage, heaven help you if you have a problem pregnancy because your insurance company will not be there to help.

Passing the health care reform will put an end to all of this and require that maternity care is a part of an essential benefits package.

And then there is the problem of rescission. Evidence presented to the House Energy and Commerce Committee told a story of a Texas woman who had a policy with WellPoint. After she received treatment relating to a diagnosis of a lump in her breast, the insurance company investigated her medical history. They concluded that she failed to disclose that she had been diagnosed previously with osteoporosis and bone density loss, and so they rescinded her policy.

Well, Mr. Speaker, I believe practically every woman alive has some form of bone density loss. They refused to pay for medical care for the lump in her breast.

According to the Committee's investigation, this case was not unusual. Under current practices, the majority of States do not require a showing of fraud or intent before insurance companies may rescind coverage.

A simple mistake, an oversight, a typo can result in a life altering denial.

Health care reform will put an end to such cruel and heartless practices.

While I strongly support the passage of health care reform, I must state my opposition to any restrictions on women's access to reproductive health services. At a time when we are making historic changes in the delivery of health care, we must not deprive women of the very health care they both need and deserve. We must work against any serious constraints on abortion coverage that could cause women to lose ground in health reform.

Mr. Speaker, we cannot and we must not turn our backs on the urgent need, on the call of history, on the millions of uninsured, on the tens of millions who cast their votes in the last election and on the promise the we made loud and clear: We will pass health care reform—and we will pass it now.

OFFICE OF SPEAKER NANCY PELOSI—FACT SHEET, MARCH 18, 2010

NEWSPAPER EDITORIALS SUPPORTING HEALTH INSURANCE REFORM

MEMPHIS COMMERCIAL APPEAL EDITORIAL (TENNESSEE)—DECISION TIME ON HEALTH CARE

There will be more options . . . for small businesses, the self-employed and the uninsured, who will have access to transparent information about plan provisions. It would mandate health insurance for almost everyone, making it financially feasible for insurance companies to carry out their mandates.

Insurance companies could afford, for example, to cover everyone who applies, with or without pre-existing conditions. They could afford to guarantee continued coverage for clients who get sick.

The legislation would help solve many of the other problems with health care that have grown increasingly frustrating in recent years . . .

MINNEAPOLIS STAR-TRIBUNE EDITORIAL (MINNESOTA)—RX FOR HEALTH CARE: POLITICAL COURAGE

f the legislation doesn't pass, the worst-case projection is that the number of Americans without coverage will climb from 49.4 million to 67.6 million in 2020, meaning that nearly one in four Americans too young for Medicare will be uninsured.

The best-case scenario doesn't exactly inspire confidence, either. Should economic conditions improve over the next decade, there will be 57.9 million people without coverage 10 years from now—about one in five Americans younger than 65 . . .

. . . let's put this procedural spat in perspective. It's a distraction from the real

issue: the catastrophic consequences of the health care status quo . . .

PITTSBURGH POST-GAZETTE EDITORIAL (PENNSYLVANIA)—TO OUR HEALTH: DEMOCRATS MUST SEIZE THE DAY AND PASS REFORM

One of the bogus assertions made in the health care debate—and that includes allegations of death panels and kindred nonsense—is the Republican idea that the bills passed by the House and Senate should be junked and Congress should start over.

Let everybody know this: Starting over is political code for doing nothing, or at least very little. It is the invitation to drag feet until another election cycle starts and the chance is lost. It is the siren call to put comprehensive health care reform forever on the rocks . . .

This legislation has been talked to death. It's time now to give it life by passing it, forthrightly and bravely, with as few gimmicks as possible.

DAYTON DAILY NEWS EDITORIAL (OHIO)—HEALTH CARE REFORM PARTLY IN OHIO'S HANDS

. . . Are we or aren't we going to extend affordable health care to nearly all Americans? And are we going to insist that Americans who can afford to buy insurance do so, while also requiring those who can't pay the full cost still pay something toward coverage? . . .

. . . does anyone believe that there isn't a lot wrong with the current system—50 million people without coverage; an insurance system that protects you when you're well, but kicks you to the curb when you get sick; cost structures that result in huge sums being spent on marketing and processing claims instead of services to patients? . . .

Republicans would have you believe that this legislation is so awful that the only solution is to start over. That is not a plan; it is a stalling strategy. But stalling for what?

The current system is unsustainable for everyone. Insurance rates keep going up both for businesses and individuals. Young people continue to choose not to buy insurance, sticking hospitals and those who do buy insurance with their bills. Medicaid rolls are soaring, forcing states to limit eligibility, cut spending elsewhere and reduce how much they reimburse doctors. People who want to buy insurance can't get it if they've ever had a serious illness . . .

Win or lose this vote, the president and Democrats are in for tough political times. At least if they win, some 30 million people will get health insurance and some immoral elements of a broken system will be no more.

DETROIT FREE PRESS EDITORIAL (MICHIGAN)—MESSY BILL OFFERS SIGNIFICANT HEALTH CARE PROGRESS

. . . So let's get on with it. Congress can continue to tweak the program through the years as its shortcomings become more obvious. In the meantime, people with preexisting conditions will get decent coverage again, Medicare won't have such a huge ''doughnut hole'' in its prescription plan, and many other benefits will accrue. Women, in particular, may find better coverage, especially for pregnancy—a huge plus especially for anyone who (mistakenly) thinks the Senate language is not strong enough on keeping federal funds separate from any insurance with abortion coverage. Good health insurance is probably the most life-affirming policy any Congress could enact.

What's pending before Congress hardly represents a government takeover of health care. It will attract more private dollars into the system and should spur competition among insurance companies to offer helpful and more effective care.

But the main point remains: Not just health insurance but health care itself will continue to deteriorate without decisive congressional intervention. Unless you welcome the day when America has the best health care in the world for the lowest percentage of people, you should look forward to a successful, history-making vote, no matter how messy the process.

LOS ANGELES TIMES EDITORIAL (CALIFORNIA)—REHABILITATING HEALTHCARE

Opponents of comprehensive healthcare reform have achieved something remarkable, if not necessarily admirable: Having stopped the legislation from being considered and passed in the usual fashion, Republicans have now ginned up a debate over the extraordinary procedural steps they've forced Democrats to take to complete the work. This ugly, gimmick-ridden process brings no credit to either side. Yet the fist-pounding over the shortcut being contemplated by House leaders shouldn't obscure the simple reality of the vote that House members are expected to cast this weekend. It may not be an up-or-down vote on the Senate's version of the bill, but it is an up-or-down vote on comprehensive healthcare reform.

. . . any House members who vote for reconciliation under a self-executing rule will be unmistakably voting to enact into law a sweeping change in the healthcare system, extending coverage to millions of the uninsured, outlawing abusive insurance industry practices, promoting higher-quality care and attacking the incentives that drive up costs. At the same time, they'll be voting to improve the Senate's approach by eliminating special deals and making insurance more affordable to the working poor. That's not an abuse of power, that's a win-win.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON. Mr. Speaker, an estimated 64 million women do not have adequate health insurance coverage. 1.7 million women have lost their health insurance coverage since the beginning of the economic turndown, which was somewhere around December 2007.

Nearly two-thirds lost coverage because their spouse's job was lost. Thirty-nine percent of all low-income women lack health insurance coverage. Women are more likely to deplete their savings accounts paying medical bills than men. Women are charged up to 48 percent more than men in the individual market.

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has insurance.

In a recent study, more than half of women reported delaying needed medical care due to costs compared with 39 percent of men. In many cases, even women and children with insurance do not receive key preventive care, from mammograms to well-baby and well-child care, because they can't afford the copays. Partly due to cost, 1 in 5 women over the age of 50 has not had a mammogram in the past 2 years.

Now, our health care reform stops insurance premium discrimination against women known as gender rating. It bans insurance companies from charging women higher premiums than men for the same coverage. Since 40-year-old women are charged up to 48 percent more than 40-year-old men with the same health status, we really need this bill.

It would end discrimination based on preexisting conditions such as domestic violence and previous C-sections, prohibiting insurance companies from charging higher rates for these conditions. The bill says that 79 percent of women with individual market policies will have the maternal coverage that they haven't had in the past.

Our health care reform bill requires maternity care to be a part of essential benefits. It requires all employer plans and gateway plans to have women's screening and preventive care provided at a minimum or no cost. This includes annual mammograms for women under 50.

It will allow women to visit their choice of community providers who offer the spectrum of essential benefits, including women's health clinics. It would allow OB–GYNs to be the center of a medical home supported by community health teams. It codifies offices of women's health via the Department of Health and Human Services to ensure that women's health issues will be comprehensively addressed, from basic research to awareness campaigns.

I would say, Mr. Speaker, to all of my colleagues that if we really want to make the United States a number one Nation in health delivery, let's start with the women who bear the children who will be the future of this country.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Massachusetts (Ms. TSONGAS) is recognized for 5 minutes.

Ms. TSONGAS. Mr. Speaker, I would like to thank Congresswoman WOOLSEY for organizing this evening. And I rise today because our health care status quo simply does not work for older women and must be changed.

The rising cost of health care and the lack of access to essential medical services is a problem for millions of Americans throughout our Nation, but it is uniquely so for older women. Times of economic hardship like we are now facing truly illustrate the impact that our inadequate health care system has on older women.

Older women disproportionately rely on their spouses for employer-based coverage in comparison to their younger counterparts and in comparison to older men. That is why over 1 million of them have lost health insurance due to a spouse's job loss during the economic downturn.

When an older woman loses her health insurance, it is even harder for her to find health insurance in the individual market, where there is little to no regulation, than her male counterparts. Older women, because of a combination of gender rating, age rating, and discrimination based on health

status, face premiums that are roughly four times greater than those who have employer-based coverage.

But it doesn't stop there. Women who are on Medicare who do have health insurance are disproportionately low income, have fewer resources, and suffer from more chronic conditions than men. As a result, they pay more in out-of-pocket costs than older men. Therefore, Medicare's ability to provide meaningful and protective health insurance coverage is critical to a senior woman's health and financial security. And that is exactly what health care reform does.

In 2007, over 8 million seniors hit the doughnut hole, and 64 percent of those were women. Health care reform permanently closes the Medicare doughnut hole.

Breast cancer is a leading cause of death for older women in the United States, yet, 1 in 5 women aged 50 and above has not received a mammogram in the past 2 years. Health care reform improves Medicare to ensure that all prevention, including mammograms, is fully covered.

Seventy-seven percent of Medicare beneficiaries living in long-term care facilities are women. Women are three-quarters of all nursing home residents. During a recent visit to a nursing home in my district in Lowell, Massachusetts, I was struck by a recent experience that truly illustrated this point for me.

In one meeting, I looked at the crowd of senior citizens who came to ask me questions and express their concerns about the direction in which our country is going and was struck by the fact that I saw only one man in the audience.

□ 1930

While I later met a number of very interested male residents, the fact is that the typical nursing home resident is an 85-year-old woman who enters a nursing home because she lives alone and has no available caregiver. It is no wonder then that women are more likely to need long-term care services. And that is why it is so important that we pass health care reform that provides voluntary, long-term insurance to help cover the costs associated with growing older for the millions of senior women who need it. No one should have to make decisions based on their finances rather that what is best for their health. We need health care reform in order to address the need that older women face for quality, affordable health care.

WHAT IS A WOMAN WORTH?

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SPEIER) is recognized for 5 minutes.

Ms. SPEIER. Mr. Speaker, I also want to thank Congresswoman WOOLSEY for her impassioned and principled leadership not only on this issue but so many issues facing Americans. To loosely paraphrase Judy Collins, We have looked at health insurance reform from both sides now—from insurance companies and consumers, from Wall Street and families, from Republicans and Democrats. But there has been something missing from the debate.

This evening I would like to ask the question: What's a woman worth? Just how important is it to make sure that quality, affordable health care is affordable to the grandmothers, the mothers, the daughters, and sisters who are responsible for 80 percent of a family's health care decisions; 64 percent of a families' budgets; who represent 79 percent of the health care providers in this country.

What is a woman worth? Is a woman worth as much as a man? One would think so, unless, of course, one was considering our current health care system, a system where women pay higher health care costs than men. Now, believe it or not, in 60 percent of the most popular health care plans in this country, a 40-year-old woman who has never smoked will pay more for health insurance than a 40-year-old man who has smoked. A lower percentage of working women receive employer-based health care. It is a system where health situations that affect only women, such as maternity care and mammograms, are less likely to be covered than common male procedures.

In fact, 90 percent of individual policies available to 30-year-old women don't cover maternity care. Now, believe it or not, that is true. Ninety percent of the health insurance policies in this country available to women 30 years of age don't cover maternity care.

Now think about this: this Chamber is filled with Members who claim to be pro-family and yet defend a system where women have to pay out of pocket to have a baby. Many more women are denied coverage due to preexisting conditions than men. Why are they denied? They're denied because they are women. If you are the one in three women in America who has had a C-section, that becomes a preexisting condition, and you're not going to get health insurance again.

If being one in eight of the American women who is diagnosed with breast cancer, that becomes a preexisting condition, and God help it if you have to go into the individual market and get health insurance, because you just won't; or even being the one in four American mothers, daughters, and sisters who is a victim of domestic violence. Imagine having been declined health insurance because your spouse or significant other has beaten you—and may do it again. And because that significant other or spouse may do it again, you can't get health insurance. As a result of these and other factors, women are more likely to be uninsured or underinsured. And more than half of the women have delayed or skipped needed medical care due to the high cost of treatment.

So I ask again: What is a woman worth? Is a woman worth a health care system that encourages preventative care by eliminating copays for recommended services such as mammograms and maternity care? Is a woman worth a health care system that bans annual and lifetime caps? Is a woman worth a health care system that prohibits insurers from charging us more than men? Is a women worth a health care system that covers maternity services, outlaws preexisting conditions, and dropping patients who become ill, and limits out-of-pocket expenses to prevent the 62 percent of bankruptcies caused by medical bills?

I think women are worth that and much, much more. As a matter of fact, women are worth their elected officials showing some backbone to stand up to the multimillion-dollar misinformation campaigns to do what's right and reform a health care system that is unfair, inefficient, and unavailable to far too many American women.

''AIN'T I A WOMAN?''

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. MOORE) is recognized for 5 minutes.

Ms. MOORE of Wisconsin. It's Women's History Month, and it's a great month for us to pass comprehensive health care reform. Here we are, again, women, in another epic battle for equality between men and women. As Alice Paul once said, When you put your hand to plow, you can't put it down until you get to the end of the road. And here we are now.

Staggering statistics on women and health care: 18 percent of women are uninsured; 26 percent of single mothers and 41 percent of low-income women are uninsured; 52 percent of women have foregone getting the care that they needed because of the cost, including not filling prescriptions, skipping a medical test, or not going to the doctor.

For decades, the health insurance industry has used every trick in the book, Mr. Speaker, to deny women the care that they need, to charge women more for the same services as men, and even to drop their coverage when they might need it most. Women face so many barriers in getting affordable health care, and our rights have been trampled on for too long.

This Women's History Month reminds me of the most famous speech that Sojourner Truth ever gave when she asked again and again, ''Ain't I a woman?''—asking when would it be her turn to have equal rights. With regard to health care, I would paraphrase Sojourner Truth and say, Ain't I a human being?

It's not an understatement to say that the lack of affordable health coverage has contributed to keeping women in poverty, not to mention keeping too many women in poor health. Women are more likely to be in

low-wage jobs or to have to work several part-time jobs to make ends meet, which means they're less likely to have health coverage offered by their employer. Less than one-half of women have health insurance through their jobs. And because women are more likely to be below the poverty level in the first place and only earn 78 cents for every dollar that a man earns, they're more likely to be completely unable to afford health care in the first place.

Isn't it about time we stood up and said, Ain't I a woman? Or, even: Ain't I a human being? Women are routinely denied care for having a preexisting condition, which could include being a potential, former, or actual mother; which could include being a victim of domestic violence; which could include having a serious illness or an operation, like a Cesarian section.

Health care reform here will provide women the care that they need; the economic security they need; prohibit plans from charging women more than men; ban the insurance practice of rejecting women with a preexisting condition; and include maternity services. Yes, we are women; and, yes, we are human beings.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the request for a 5-minute special order speech in favor of the gentlewoman from California (Ms. WOOLSEY) is hereby vacated.

There was no objection.

WOMEN FOR HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the majority leader.

Ms. WOOLSEY. After listening to 14 women come down here and speak for 5 minutes on why it is so important that being a woman is not a preexisting condition as a part of our health care system, and to change that—and to change it this weekend when we vote on the health care reform bills—I want to tell you I love women. We are so fortunate to have such an amazing group of Democratic women in the House of Representatives, and I thank every one of them for having come down here to speak and to represent their districts, womanhood, and, as Gwen Moore just said, humanity in general. We're on our way.

Tonight, we're going to have a Special Order. We may take an hour; we may not. JAN SCHAKOWSKY from Illinois has joined us. CORRINE BROWN from Florida has joined us. Others have said they're coming, but I think we may have taken a little bit more time on our 5-minute Special Orders than had been planned.

So I think we should start our conversation with JAN SCHAKOWSKY from Illinois, who was down here last evening talking about senior women.

Ms. SCHAKOWSKY. Thank you so much, Congresswoman WOOLSEY, for organizing us tonight. I appreciate it. I learned so much just sitting here listening to the women that have been talking about why this legislation is so important to women, why we need health care reform, and some of the facts of life about women. I learned from Congresswoman JACKIE SPEIER an amazing fact that I'm going to carry with me—that a 40-year-old woman, she said, who does not smoke, has to pay more for her insurance than a 40-year-old man who smokes. This makes absolutely no sense.

I think maybe it was put best by the Speaker of the House, Nancy PELOSI, who said, Being a woman is a preexisting condition. That pretty much sums it up. According to the Commonwealth Report—that's a very well known and reputable think tank on health care—says that 45 percent of women are uninsured or underinsured; 52 percent of women have foregone necessary care because of the cost, including not filling a prescription. We know that. We have all heard about that, about people who come to our office and they are cutting their prescriptions in half, how they're not taking them to the drugstore to fill them, skipping a medical test, or not going to the doctor. And we know that for young women, only about 12 percent of the plans on the private market cover maternity. That was talked about tonight.

And that's not just a problem for women. That's a problem for families. For heaven's sake, you expect that when you have health insurance, that if you get pregnant and you're going to have a baby, that your insurance company is going to cover it. It's kind of basic. But maternity can even be considered a preexisting condition, that a woman cannot get insurance because she was pregnant. Of course, having a Cesarian section, that's a preexisting condition. Or being a victim of domestic violence, that's a preexisting condition.

The insurance industry thinks women cost more. We do use more health care services. That's true. And so throughout our life we pay about 48 percent more for health insurance than men do. It's because we're women.

□ 1945

I think it's wrong, and that's why in this historic legislation that we're about to pass, we end gender discrimination. Women will not be discriminated against.

Ms. WOOLSEY. The gentlewoman from Florida is here with ideas and thoughts, and I would like very much to hear them.

Ms. CORRINE BROWN of Florida. Thank you. Before I begin, I just want to thank you for your leadership on this matter and thank you for night after night coming to the floor. After we do our day work, we can always count on you doing the night work, coming here, educating the American people. And I just want to personally thank you for your leadership.

Ms. WOOLSEY. Well, thank you very much.

Ms. CORRINE BROWN of Florida. And all of the women that have come out tonight.

Let me just make a few remarks, and then I have a series of questions that I want to ask you. But first of all, this is a fight that—I came here in 1992, and we started with Clinton, and just because we didn't pass health care does not mean it wasn't a serious problem. And we got a piece of the loaf. We were able to get programs that covered children. So that was step one.

But here we are on this historical event where we're going to have the opportunity to go to step two. And let me just say that this bill is not the perfect bill, but I have been elected 27 years, and I've been in this House for 18 years, and I've never seen the perfect bill. But this is the perfect beginning. I mean, there is so much that I would have included in this bill.

A public option, to me, is very important. I've been on VA for 18 years. VA is a public option. TRICARE is a public option, and that keeps the cost down. We made the Department of Veterans Affairs and the Department of Defense negotiate the price of the drugs to keep the costs down. We want to do that for all Americans. When we passed that hideous bill that helped people with the doughnut hole, one of the things in the bill that was against the law was that the Secretary did not have the option of negotiating the prices of drugs for all of us.

So I would like to discuss, when the President signs the bill, what are some of the things that would immediately come into effect? And one of them that I think is so important to families, particularly mothers who have kids in college, is that age for family coverage would go up to 26. Is that correct?

Ms. WOOLSEY. Twenty-six years old.

Ms. CORRINE BROWN of Florida. You know, that is so important. As a mother who had a kid in school, I mean, when they got to a certain age, the plan—even our plan dumped them. So with this, you will be able to keep the kids on the family coverage while they're in college. I think that is extremely important.

Ms. WOOLSEY. And something else, if the gentlewoman will yield. If that young person is employed, the employer cannot insist that the young person go on their plan because, you know, young people make plans cheaper because they don't get sick as often as older folks. So the young person can choose—if the parents agree—to be on the parents' plan, even if they're employed.

Ms. CORRINE BROWN of Florida. One other area, one lady came to one of

my town hall meetings, and she was a black female. She mentioned that she was educated, and she was concerned about the deficit. But I said, Concerned about the deficit? Well, President Obama said that—you know, I look at it like when you've got your head in the lion's mouth; you've got to ease it out. We were under the Bush administration for 8 years. What was it? Tax breaks, tax breaks. I used to call it a reverse Robin Hood—robbing from the poor and working people to give tax breaks to the rich. Our effort toward health care will bring down that cost.

Now, this young lady had a degree but could not get a job because she had a preexisting condition, epilepsy. So I told her, You are the poster child. The only reason she could not get a job is because she had a preexisting condition. Now, how would this work under this bill?

Ms. WOOLSEY. Well, for children, after 6 months, there will be no such thing as a preexisting condition. But I believe it's in 2014 that preexisting conditions will not be allowed for any coverage, including group plan coverage.

Ms. SCHAKOWSKY. Let me emphasize that. I think that is one of the most important things that's in our legislation. Because, after all, who does not have some kind of preexisting condition? And for the insurance companies, sometimes they'll call acne a preexisting condition that will preclude people from health care. This bill will say, when it goes into full effect—Congresswoman WOOLSEY is right. Children almost immediately will not be excluded for preexisting conditions. But for everyone else, in 2014, they will not be able to exclude you because you've been sick.

Ms. WOOLSEY. Or if you get sick.

Mrs. MALONEY. My colleagues, a great injustice is that they have considered a pregnancy as a preexisting condition. Now, you hear that children are our future, and they are our future; yet in health care plans, to cover the cost of having a pregnancy—really, in some States, they didn't even offer the coverage. So there are many fine parts about this bill. But I think one of the strongest is that it has very strong maternal health care coverage and treats health care as health care and does not treat, really, the necessities of life, of having a child as a preexisting condition.

Ms. WOOLSEY. To the Congresswoman from California, would you like to respond?

Ms. SPEIER. I just want to say how proud I am to be associated with all of you tonight, because this is one issue that has gotten very little attention in this health care debate—the bald-faced discrimination against women in health care—and it's been going on forever.

I just want to share a couple of stories that happened when I was serving in the California Legislature, trying to improve reproductive health for women. And it's all about our organs. It's all about our plumbing.

The first issue dealt with contraceptive pills and prescription drug benefits in California. Basically, the bill said that if you were offering a prescription drug benefit, you can't discriminate against one class of drugs, and only one class of drugs was discriminated against. It was contraceptive bills. I carried the bill 1 year. It got to the Governor's desk, and he said, Oh, it's too costly. And then by the insurance industry's own estimates, they found that it was $1 per month per employee. Then we rounded a second year and a third year, and finally in the fourth year, we were successful in getting contraceptive coverage included in prescription drug benefits.

But I can't take any credit for it. You know who I give credit to? Pfizer Pharmaceutical. Because in that year, they introduced VIAGRA. And guess what? Instantly VIAGRA was covered in prescription drug benefits in California, even though it was twice as costly or, depending on how many times a month you had to use it, far more costly. It was a lifestyle drug; yet that was covered immediately, and contraceptive pills, we had to fight for 4 years to get it into California law.

So there has consistently been discrimination against women in health care, and it's high time that we opened women's eyes wide so they see that, for the first time ever in this country, we're going to stop that form of discrimination.

I just want to applaud you for what you're doing here tonight.

Ms. WOOLSEY. Well, thank you for your input.

Ms. CORRINE BROWN of Florida. I want to share a couple of quick stories.

In one of my town hall meetings, a person came in and was telling a story that they had been in an abusive marriage for a number of years but stayed in that marriage because she needed the health care for her children. This should not exist in the United States. And in another case, a woman quit her job so she could take care of her mother. Her mother had insurance; she had not. For 6 years, she didn't go to the doctor. She had an emergency, had to go to the emergency room. Her bill was $10,000, and they think she's got cancer.

So if there is a better way to provide service—and of course women are always the ones that are—you know, they have the children, and because of a divorce or because they're working in minimum-wage jobs, they can't afford health care. So these bills will go a long way to help women that are single or divorced or married and their husband died or got a divorce.

So, I mean, this is so important for women in the Third Congressional District of Florida, women in this country and women in Florida. This is a step forward. It's not a perfect bill, but it's a perfect beginning.

Ms. WOOLSEY. A perfect beginning. And one of the reasons that women will be able to afford health care in low-wage jobs is the exchange that will be provided in the health care bill. Women will be able to select from a group of health care plans the best plan that will service them, because, I mean, even if they could afford health care, not all businesses provide health care. Many will be able to after this bill is passed.

All right. So a woman gets a catalog of what's available in her area. We call it an exchange. She chooses her plan. And if that plan is more expensive than she can afford, which it probably will be if she's on low wages, then this bill provides subsidies for that person so that the low-wage worker is subsidized. What a difference that will make.

Ms. CORRINE BROWN of Florida. Let me just say that we compete with companies all over the world, and the reason why we are losing the bids is because health care is a part of the bid. So when we compete with other countries—you know, 16 percent of our income goes toward health care.

You know, I had dinner with the French Ambassador a couple of nights ago. They spend 9 percent. So basically we're losing out as far as jobs for American workers because we don't have health care.

Ms. SCHAKOWSKY. The other thing is that—I don't know if the French Ambassador bragged at all, but France is considered number one in the world in terms of health care results. They have healthier people than anyone else in the world as a population, and they spend far less than we do, about half what we do per person.

Ms. CORRINE BROWN of Florida. Yes, 9 percent.

Ms. SCHAKOWSKY. And we're at about 17 percent.

Ms. CORRINE BROWN of Florida. That's right.

Ms. SCHAKOWSKY. And the United States of America ranks—what is it?—about 17th in the world in our health outcomes next to hardly developed countries, and the reason is simple. We have 30 million people who have no health insurance, and then we have millions and millions of others who think they're insured until they get sick, and then they find out that they're underinsured.

Ms. WOOLSEY. Or they lose their job, and then they have no insurance.

Ms. CORRINE BROWN of Florida. Let me give you a scenario. At one of my town hall meetings recently, a person came to me and said that they went to the hospital, and their bill was $77,000. They negotiated it down to $18,000, so, therefore, they didn't need health care. I said, Let me explain something to you. The hospital did not write that off out of the goodness of their hearts. They are charging it to us, a disproportionate share. We are paying the cost. There is a better way to provide services in this country, and it's not through the emergency room.

Ms. WOOLSEY. You are right. It's by providing health care for everybody and helping those who can't afford it and helping small businesses who find

it very difficult to provide health care for their workers, helping them bridge the gap between what it costs and what they can afford.

Let's talk about the argument that we hear that many people think we should hold out for the perfect plan that this isn't, and we know it.

Ms. CORRINE BROWN of Florida. What did I say? I said it when I started. I have never seen the perfect bill. It's a perfect beginning, and we're going to refine and massage this bill as we go on.

Like I said, in 1992, we went after health care under President Clinton. We didn't get it, but we came out with the children's portion. And, of course, that's where we are now, and this is the second step. I want more. But the point is, in this body where you're not going to have one Republican vote under any circumstances—and let me tell you something. As far as health care, it's not Democrat; it's not Republican. Everybody needs it. And people who say they don't need it need the mental health portion. Everybody needs health care, period.

Ms. WOOLSEY. Well, and some people believe that because they have coverage that they don't have to worry about it. Well, I'm telling you, everybody has to worry. Retired folks, their retirement plans are cutting back. Individuals with really nice, high-paying jobs are finding out even their employers are cutting back.

Ms. CORRINE BROWN of Florida. Under the last administration, what they did in many areas is they would come in, they would farm out the jobs, and you could be in that same job paying maybe the same amount of money but no benefits.

□ 2000

And that's what so many companies are doing.

Ms. SCHAKOWSKY. You know, you had talked about, and I think you were absolutely eloquent, that we've never seen a perfect bill. But, you know, Social Security and Medicare, which are not only the most popular but the most effective programs that we have in our country, to guarantee a dignified retirement, to make sure that people, that older Americans, people with disabilities don't do without, orphans don't do without if they lose a parent, those bills didn't start out as good as they are now. You know, we add people, we make some changes, we fine-tune the legislation.

But what we're doing now will rank right up there with the first passage of Medicare, with the first passage of Medicaid and Social Security. And then, we will—and I, you know, we were together, Congresswoman WOOLSEY, at the White House talking to the President, who himself recognized this isn't the be all and end all, but it's, as you said, the perfect beginning. It lays the foundation that we can work from. And I think the level of peace of mind and security that people will have—

But I wanted to make another point. You talked about how we compete in the world. And the cost of health care makes our businesses uncompetitive. The other thing it does it this locks down entrepreneurship and innovation because, you know, let's say you're a young person that has a great idea of how we're going to solve the energy crisis or how we're going to solve a health care, you know, a disease problem, wants to do great research, or a woman who wants to start her own business. But if she has a job that offers health care, she may be locked into that job as long as she can stay there. People are afraid to leave a job where health care is provided, and that is a very stifling factor.

We can liberate entrepreneurship, which is the hallmark of the American spirit, if people know they can leave their job and they'll still have access to health care.

Ms. CORRINE BROWN of Florida. That's correct.

Ms. WOOLSEY. Well, the entire Nation is counting on us to pass comprehensive health care reform. We know that. There's no question about it. The millions who have no coverage at all desperately need this legislation. But as we just said, so too do those Americans who are insured and are being squeezed out by outrageous premiums. And businesses that are less profitable because they are buckling under the weight of high health care costs are strapped, and it keeps them from being able to invest in innovation, as JAN said. And individuals cannot innovate when they're handcuffed to their health care policy.

But above all, American women need us to do the right thing this week and to overhaul the health care system because it is in ways both overt and beneath the radar. This current system—and we've heard it over and over and over tonight—discriminates against women.

Ms. CORRINE BROWN of Florida. Let me just share one other—because you sound like you're closing and I've just got——

Ms. WOOLSEY. Well, I actually didn't get to do my 5 minutes because I was doing this, so I thought I'd do it. Go ahead.

Ms. CORRINE BROWN of Florida. I'm sorry. It's the story of someone I know that worked with the Duval County school system for 25 years as a teacher. They quit the job. They had a breakdown, female. Had to go into the hospital, blood sugar went up 700. I mean, intensive care for a week. No health care. I mean, and these stories are over and over again throughout our country and throughout our district. And we can make a difference this week. And this is a giant step for mankind.

I mean, people are concerned, you know, what is going to happen if I vote for this bill? I mean, why are you here? You're here to provide service. You're here to make a difference. The Bible says, to whom God has given much, much is expected. It's a privilege to serve here, but we're not just here to vote on suspension bills.

Ms. WOOLSEY. Naming post offices.

Ms. CORRINE BROWN of Florida. And post offices. No, this is why we're here. And like you said, this bill will go down like Social Security, Medicaid, this will be one of the biggest bills ever passed by the United States House of Representatives and this Congress.

And certainly, I said it over again. The House bill is so much better than the other body's bill. However, we've got to work with what we've got. And I don't think either one of us is going to stop working to improve health care because we pass a bill. It will be just one more step, and it will give us more to work with.

Ms. WOOLSEY. Well, I've said it over and over. We have written the robust public option legislation, which will be introduced the day that we sign this health care bill into law.

Ms. SCHAKOWSKY. I just wanted to talk a little bit about older women because, and really all seniors, but the fact of the matter is that 80 percent of people over the age of 85 are women. Fifty-seven percent of Medicare beneficiaries are women. So when you talk about aging you really are talking about mostly women. And I think it's important to note some of the amazing things that happen in this bill.

Representative BROWN talked about, or maybe it was you, talked about the doughnut hole. What is that? That's a gap in coverage. You know, let me tell my example. I have a constituent who got on Medicare part D. She was told when she signed up that it was going to cover her prescription drugs. She looked over the list. One day she goes to the drug store, orders a refill of her prescription and she is told it's $120. She said, that's impossible. I paid $10 for it last month. It is impossible for it to be $120. I know. They said, no, no. You are now in this gap in coverage where you have to pay the next $3,600 out of your own pocket, and then you'll start to be covered again.

Ms. CORRINE BROWN of Florida. And that's why I did not vote for that bad bill, that doughnut, when I know so many people needed the coverage, but that was a bone that was thrown to the pharmaceuticals by the past administration, the Bush administration. That was a terrible indictment that was put on the seniors that needed the prescription drug coverage.

And I have a similar incident. I went to the drug store to pick up my mother's prescription. Well, they said it was $200. I said, okay, look again. She came back. Because I knew my mother had TRICARE. She came back, and I think it was $12 or $15. But can you imagine a senior going there, not knowing where in the world they're going to get the $200.

This is something that we are going to fix starting with this bill. This will make a difference for the seniors in this country.

Ms. SCHAKOWSKY. We're going to close the doughnut hole entirely over 10 years, but we're going to start right away. $250 it's going to be reduced and, for brand name drugs that are in the—

Ms. CORRINE BROWN of Florida. Formulary.

Ms. SCHAKOWSKY. Yeah. Fifty percent reduction in price. That's going to happen right away, so there's going to be help for seniors in that regard. We will no longer charge a copayment. They won't have to pay out of their pocket for preventive services in this bill when it's fully implemented. That means you can get a mammogram, you can get a colonoscopy. You can get a checkup. You can get preventive services without having to pay any out-of-pocket costs.

We provide more for home and community-based services so older people can stay in their homes. That's where they want to be. If they can, they don't want to have to go to a nursing home; they want to have services in their communities, in their homes.

And if they have to go to nursing homes, we improve nursing home quality. For example, we make sure that there are criminal background checks in nursing homes so that the employees will be safe for people and protect women's safety in the nursing homes.

We extend the life of Medicare for almost another decade. You know, oh, Medicaid's going to go broke. This is going to be a problem for Medicare doing this. No. The truth is, this bill will make Medicare solvent. That means that it won't go broke for yet another decade beyond its life right now.

So this bill does so much for older Americans. And yet, the other side's trying to scare the heck out of senior citizens, telling them that Medicare's going to be cut. There's not one benefit that's going to be cut under Medicare under this bill. We make Medicare better, more services, longer life, more prescription drugs. It's a great bill for older Americans, as well as younger.

Ms. WOOLSEY. And the great majority of seniors are women.

Ms. SCHAKOWSKY. That's right.

Ms. WOOLSEY. So again, tonight, for women, senior women, all women are going to be treated much better under this health care bill. And no woman will be considered, just because she's a woman, a preexisting condition.

I want to thank my colleagues for being down here tonight, for waiting to get to this Special Order, and for knowing how important what we're doing this week is to every single American. Thank you both very, very much.

Ms. SCHAKOWSKY. Thank you, Representative WOOLSEY.

Ms. CORRINE BROWN of Florida. I want to thank you all. And as I take my seat, remember, there's no such thing as a perfect bill, but this is a perfect beginning.

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HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the minority leader.

Mr. FLEMING. Mr. Speaker, I am going to be starting this hour on behalf of my colleagues from the GOP Doctors Caucus. Congressmen and Drs. MURPHY and GINGREY are our two cochairmen. We make up a group of 10 M.D.s and 4 other professional health care workers, including a dentist, a psychologist, an optometrist. We have been meeting on a very regular basis throughout this debate. Perhaps this weekend we will have a culmination of quite a debate. And what a debate it has been all year.

As I tell folks often, I ran in my election in 2008, my first election, on health care reform. I am a physician, a family physician of 30 years. I have enjoyed the practice of medicine. I still practice medicine when I go back to my district. And for this 30-year period I have learned a lot about the economics of health care, things that are so important. I have been through all phases. In the early days of Medicare, when we didn't have a lot of the restrictions and restraints that we have today; during the HMO days, where we had capitated care and the so-called gatekeeper; during the days when the CLIA laws came out that more or less outlawed laboratories for doctors' offices; of course the SGR days, sustained growth rate that we have been dealing with for the last 10 years. I have seen it all, and so have my colleagues. In fact, among us we have over 400 years of clinical experience. I would include our two physicians from the Senate in that group.

What I want to talk about this evening is a little bit of background, and also we will kind of get into where we are with the latest situation. One of the observations that I made early in my practice was that oftentimes economics actually controlled the decision-making more than the actual health care itself.

I will give you a good example. I had a patient who required monthly blood tests to check his clotting factor because he was on anticlotting drugs because of chronic deep venous thrombosis. And I could not for the life of me get him to get those blood tests on a regular basis, not because he was afraid of needles, but simply he didn't want to pay the price. However, once we were brought under an HMO, health maintenance organization, and all of a sudden he didn't have nearly the out-of-pocket expenses that he would have had, not only did he want to have the blood tests, but he wanted to have many other tests as well, things far beyond anything that I could conceive would be a benefit to him. So for him it was a value issue. Since he wasn't paying and somebody else was paying, well, let's utilize as much as we can so I get my money's worth for what I am getting.

One of the things I like to tell people when I speak to groups is think of health care consumption like a credit card. If I were to give you a credit card that has a limit of $10,000 on it and I said to you, buy whatever you need, but nothing that you just want. I often ask the crowd, ''What would you buy?'' And of course people come back with, well, I would buy probably a new shotgun to go hunting, or camo, or perhaps some physical fitness equipment, or a treadmill, something of that nature. Things that maybe I am not willing to pay out of pocket for, but if it's your money, then I'm willing to pay it.

This, Mr. Speaker, is really the core of the problem when it comes to cost. There are two areas of our economy in which cost has gone up more rapidly than inflation. One is education and the other is health care. And it just happens that those are the two areas in which a third party, in the case of education it is the government who pays for that, and in the case of health care it is both government and private insurance that pays the main balance of the bills.

So from that I have observed that if ever we are going to deal with increasing coverage, which is really what this is all about, how do we increase coverage, in order to do that we are going to have to find a way to lower the cost. I have agreement among all of my colleagues on the Republican side to just that. In order to have more coverage, we have got to lower the cost. And we have to do it fundamentally.

This bill that is before us that we may vote on within the next 3 days, it has a lot of things in it. It has 3,000 pages, it has over a hundred mandates and boards. It has three specific boards of unelected bureaucrats who make decisions about what doctors are going to be paid, what is going to be in your insurance policy, many things about your life that you would otherwise have control of. But the one thing it does not do, Mr. Speaker, is it does not address cost.

And so I can say to you that fundamentally if we are going to at some point in time address cost in health care, there is one of two ways: either we look at it on the doctor-patient level, where the doctor and the patient, who make the majority of decisions that impact cost, we either give them incentives and we also give them some responsibility, some accountability for cost, in which case if that cost is lowered as a result of accountability for them, then it lowers it for the entire system. That has been proven to work time after time.

For instance, as soon as health care insurance began to cover more and more out-of-pocket expenses, we began to see over the years the cost of insurance going up far faster than the inflation rate. In recent years, we have come up with a tool to counteract that,

and that is health savings accounts. I instituted that with my small businesses, which are apart from my medical practice, approximately 6 years ago. And it was considered to be sort of revolutionary. And there was a little angst among employees, what is this going to be like? Because our deductible is going to go up. But I committed to them that the incremental increase in what the policy costs would be, I am going to put it in their tax-free account which they can use for any health care purchase they like.

Despite their reticence at first, they quickly came on because what they found is that now instead of being free utilizers of health care and running costs up because it's a use-it-or-lose-it proposition, now they have money in the bank; and if they make good, wise, savvy consumer decisions, they can choose generic drugs instead of brand name and save hundreds of dollars. They can shop around costs for certain procedures, certain doctors. It works very effectively. In fact, I would love to see that in health care reform at some point. It is not contained in this bill.

We could even do that for Medicare and for Medicaid, put money in the bank on their behalf. Not out of pocket, mind you, but it is the insurance money or the Medicare money that goes in there to be spent on their behalf. Because if they are saving money for themselves, they are saving it for the system at large.

What we are going to see here with this bill if it comes to law is just the opposite. Nothing to commit the doctor and the patient into controlling cost. In fact, in many ways it lowers the out-of-pocket expenses to a point where the patient behavior, the consumer behavior is unaffected by cost. And yet the consumer and the doctor are making those choices.

Now, there will be, of course, layers and layers and layers of bureaucrats who will be controlling from Washington how things are paid. No question about it. And they will be attempting to control people's lives, what they eat, how they eat, what they weigh, whether they smoke or whatever. But unfortunately, there is no way that Washington, D.C. can micromanage human behavior. Attempts will be made with this bill, there is no question about it, but it will not work.

So then there will have to be plan B. How will we save money? And what we found in every case, whether it is Tennessee, which attempted this some years ago, Massachusetts, which has attempted this much more recently, Canada, the United Kingdom, most Western European countries, Australia, every one of them, this is what has happened. The plan works nicely at first. People get less out-of-pocket cost. They can go to the doctor they want. Everything works beautifully. But then all of a sudden the costs begin to explode and they go far beyond anything that has been predicted or budgeted.

And then what happens? Somewhere costs have to be controlled. And how do they do that? They do that through rationing and long lines. Every single case. Just the other day TennCare cut its Medicaid visits from unlimited down to eight visits a year. That is exactly the way it happens every time. Massachusetts, they are way over what their budget is. And as a result of that, they have come to a point now where they are actually reaching out to the Federal Government to control that.

So just to kind of conclude this discussion about cost itself, either you start with lowering costs by using commonsense methodologies of the free market, with transparency and with turning the patient into a savvy consumer who has all the choices before him or her and can make the best choices for quality and for cost, therefore improving the quality and lowering the cost, or you can go to a top-down, government-run, government takeover system in which a Federal bureaucrat will be walking with you every step of the way.

I have been joined here tonight by one of my colleagues, again as I alluded to a little earlier, Congressman Dr. PHIL GINGREY from Georgia, a cochair of the GOP Doctors Caucus. In fact, it was his leadership that led us here tonight for one of many doctor caucus discussions and debates. He ran a little bit late because he had a tele-town hall back to his district. But he has now joined us.

So I am going to yield to the gentleman, the obstetrician of many years from Georgia.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman, my colleague from Louisiana, Dr. FLEMING, for not only yielding a little time to me but also for being here on the floor to control the time. Mr. Speaker, as you know, each side of the aisle gets a leadership hour, and it seems that maybe our Democratic friends who had the previous hour and only took 35 minutes came to the conclusion that the less said the better about this health care bill. That seems to be the way things have been going, Mr. Speaker, in regard to how much we know about what is in the bill. We will be talking about that a good little bit tonight. I can assure you, Mr. Speaker, on our side of the aisle, we've got a lot to say. I think the more said the better.

The American people need to know. They need to be informed. Indeed they know already a lot, know enough to say, as 70 percent of them do, that they don't want this bill. Not this bill. As Dr. FLEMING said, Mr. Speaker, I was doing a tele-town hall meeting to my constituents in the 11th of Georgia, northwest Georgia, the nine counties that I represent, the 700,000 people, salt-of-the-earth folks, just as Dr. FLEMING represents the same kind of folks in Louisiana. Suffering folks, unemployed folks, struggling folks.

I did a poll question on this tele-town hall call that probably went out maybe to 25,000 households. And a lot of them were on the line and listening and asking questions and staying in the queue for the whole hour and 30 minutes, I think we went.

Mr. Speaker, the poll question was, if your greatest concern about this bill, the so-called Patient Protection and Health Accountability Act or whatever it is called, H.R. 3590, the Senate bill that is going to be deemed passed if the Democratic majority has their way, what's your greatest concern? If it's the economy, the effect that this bill will have on the economy, push ''1'' on your keypad. If your greatest concern is the effect it will have on your health or the health of your immediate family, press ''2.'' If your number one concern about this bill is the devastating effect that it will have on the Medicare program and our senior citizens, you, your parents, your grandparents, press ''3'' on the keypad. If your concern is all of the above, press ''4.''

Well, I am going to tell you, 65 percent of them, Representative FLEMING, 65 percent of them, Mr. Speaker, pressed ''4.'' That is what I would have pressed, too. It was equal, 10, 12 percent equally divided among the other three.

People are outraged, Mr. Speaker. It is just unbelievable to me. Let's refer to the first slide, this poster that I have got to my right, your left. What Americans Want. I wasn't surprised at all by the poll that I took tonight because the American people have been saying this for months and months. The first bullet point on the slide, 73 percent of Americans want Congress to start over on health care reform, or if they are unwilling to do that, this is a situation where it's better to do nothing. They don't believe we should do something even if it's wrong. No, if it's wrong, do nothing. Second bullet point, 56 percent of people want the Congress to tackle health care reform on a step-by-step basis, not a wholesale government takeover.

□ 2030

Mr. Speaker, when Senator LAMAR ALEXANDER a couple weeks ago at the Blair House went to the health care summit, when he could finally get a word in edgewise after our President finished filibustering, said the same thing. Said, Look, we can solve the problem. We can actually lower the cost of health insurance and, indeed, the cost of health care if we do it in an incremental, commonsense way.

And then when COBURN got to speak, Senator COBURN, Mr. Speaker, he said, Mr. President, let me just make it brief here. I know you're not going to give me a lot of time, and you're controlling the clock and who gets to speak. And you took already twice the time that we did in your opening statement. But that is okay. You're the President. But give me a couple of minutes. I will make two points. One, let's eliminate waste, fraud, and abuse. And Dr. COBURN had some great suggestions about that.

And then he went on to say—and, Mr. Speaker, this is almost unbelievable to us, to the physicians that serve in this House of Representatives, to the members of the GOP Doctor Caucus in the House and to our physician friends, Dr. COBURN and Dr. BARRASSO in the Senate—the President said to the American Medical Society last summer, at the annual meeting—they invited him to be the keynote speaker—and when they asked, Mr. President, you want us to endorse, and the AMA went on and did endorse based on the President's promise that there would be reform of medical liability, so-called tort reform, ending frivolous lawsuits and ending the necessity for doctors to protect themselves and their practices by ordering all of these tons of tests, expensive tests, sometimes even, Mr. Speaker, dangerous tests, just to cover their back so that some slick expert witness in a court of law wouldn't say that, oh, you know, you didn't order a fizzle phosphate level on this patient? That's below the standard of care in Louisiana or in Georgia, in Marietta or Athens. That is the kind of thing we're dealing with.

And to just complete the slide, Mr. Speaker, I refer back to this first poster, the last bullet point. Sixty percent of Americans think the Slaughter solution is unfair. I'm going to let my colleagues, if they want to—or maybe when they come back to me I will talk about that—but there are other Members, other physician members, Mr. Speaker, that are here; and I want to yield time to them.

The gentleman from Louisiana was so kind to control the time in my absence. I yield back to him so that he can yield back to other Members. And I yield back to my good friend, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. Great comments.

And my experience, Dr. GINGREY, is the same as yours. The teletown halls that I have done on this subject in the last 6 months started out that 85 percent of my constituents were against this. Now it's up to 92 percent. Unbelievable.

Let me just touch again on economics, and then I'm going to pitch this back. We have been joined by Congressman BROUN also from Georgia.

But first let me mention, let us talk about Medicare just for a moment.

We hear the other side of the aisle continuing to complain that you're seeing this catastrophic increase in insurance rates, private insurance, and it has been going on for years. And, yes, it has been. It has been faster than inflation. No question about it. But if you look within that, what you find is that because Medicare pays well below break-even for a physician or a hospital and Medicaid pays even half of that, that you have tremendous cost shifting. So you have to raise something; something is going to have to go up to offset the costs that are not being paid.

So, Mr. Speaker, in light of all of that, what we have in this bill is we're going to have a dramatic increase in Medicare and especially in Medicaid which is going to make those rates go up, that is, private insurance, even faster.

But let's look for a moment at what are the economics of Medicare in this bill.

This bill, at least the version we think we are talking about this evening, because we have not even seen the final draft of it and yet we are soon to vote on it, where does it raise revenue? It raises revenue first by taking a half trillion dollars out of Medicare. Speaker PELOSI today said—the way she was asked, How do you do that? And her answer was very simple: You get rid of fraud, waste, and abuse. We've had this program for 40 years and nobody has been able to figure out how to get any dollars out of fraud, waste, and abuse, much less a half a trillion dollars. So I don't believe that is going to happen.

Number two, the $500 billion that we're talking about is earmarked to extend the life of Medicare which is going to run out of money in 2017. That is really 7 years from now. But it's also going to be used to help subsidize private insurance.

The CBO wrote a letter last week saying, You're counting the same half trillion dollars twice, and to get it, you've got to take it out of something you can't take it out of. So really we're tripling down on the same money, which gives us an error of $1 trillion.

So the economics, Mr. Speaker, of this are crazy. They're smoke and mirrors. They don't add up, and there are many other parts of this that we can get into as we go forward. But that is the fundamental problem, as I talked before. Utilization is going to skyrocket, which is not even measured for by the CBO. And then you've got the same dollars counted not once, not twice, but three times.

So with that, I would like to welcome Dr. BROUN, also a physician, a fellow family physician from the great State of Georgia, and I yield to the gentleman

Mr. BROUN of Georgia. Thank you, Dr. FLEMING. I've listened to you talk about this economic game that they're playing. I call that zombie economics because you have to be a dead man walking around with no soul to believe the economic parameters and the games that the Democrats have played with CBO.

And people need to understand that when CBO, Congressional Budget Office, scores a bill, they can only score the bill according to the parameters that whoever writes that bill give them to score it on.

So all of these things where you're having double counting of money, it's just a good example of that zombie economics that the Democrats utilize and force CBO to use in scoring the bill so it doesn't look as bad as it really is going to be. And there is nothing about the marked cuts in doctors' reimbursement, how much the government under Medicaid, as well as Medicare, is going to be reimbursing the doctors.

And what's going to happen—and I think the American people need to understand this very firmly—they may give a government insurance policy card to people that they can stick in their pockets, but they're not going to be able to find a doctor that will accept that card and accept that insurance. So the American people need to understand that the access to a doctor is actually going to go down, in my opinion. And in fact, that card for many, many Americans is going to be as worthless as a Confederate dollar was after the War Between the States. It's going to be useless. We're going to have more people who have less access to doctors, less access to care, if ObamaCare is passed.

Another thing that policy after policy has shown is that the American people continue to overwhelmingly reject this government takeover of health care. Yet Speaker PELOSI has declared that a government takeover of health care should become the law of this land without even taking a vote on the bill. Well, that is unconstitutional.

I, as well as, I know, Dr. GINGREY, as I know Dr. FLEMING, carry a copy of the Constitution. I believe in this document as it was intended by our Founding Fathers. We have absolutely no constitutional authority for the Federal Government to take over health care. None. We have no constitutional authority to even do this deem and pass Slaughter rule. Deem and pass. That sounds like an old western movie. Deem and pass. The only people who are going to be ambushed are the American taxpayers and small businesses in this country. That is exactly what's going to happen. Deem and pass is being set up by our Democratic colleagues who want to raid small business's coffers and people's coffers.

In fact, we've got a lot of taxes on small business. A lot of taxes on individuals. The Ways and Means Committee just today has put out a report on this bill. We hear from the President if you make $250,000 and above, you have to pay extra taxes for the bill. And anybody making less than $250,000 will not be taxed. But the Ways and Means Committee just today set out the parameters on the taxes. Half of the new individual mandate taxes will be paid by Americans earning less than $66,150 for a family of four. Let me say that again: half of the individual mandate taxes are going to fall on the shoulders—not of the rich people; I don't think a family of four making $66,000 a year is rich—but half of those individual mandate taxes are going to fall on the shoulders of families making $66,000 a year or less.

And also the IRS is going to be markedly expanded. And, in fact, it's going to be up to the IRS to get all of these new taxes.

And I have got a little slide here. Because the IRS is going to be running ObamaCare. The IRS agents in this country are going to verify whether you have acceptable health care coverage. Now, who determines what's acceptable health care coverage? Well, it's a panel here in Washington, D.C., that is going to mandate every single insurance policy in this country.

So if you have health insurance today and you like it? Forget it. Forget it. That is another distortion, something that is not true that's been touted by our Democratic colleagues.

And the IRS agents in this country are going to be prying into your health care insurance, into your life, to see if you have acceptable coverage.

Also, the IRS is going to have to hire new agents to do all of this new work that they're being given by ObamaCare: 16,500 new IRS agents. There are going to be more audits of people's income taxes because the IRS is going to be in charge of making sure that individuals have this acceptable health care coverage that is mandated by the Federal Government.

The IRS can even confiscate your tax refund. And the IRS can fine you up to $2,250 or 2 percent of your income, whichever is greater, if you don't have the minimal, essential coverage. Again, the Federal Government is going to determine what that minimal coverage is. So forget your current insurance policy. The Federal Government is going to mandate it.

Mr. GINGREY of Georgia. Will the gentleman yield for a minute?

Mr. BROUN of Georgia. Absolutely.

Mr. GINGREY of Georgia. I appreciate my colleague for yielding because the gentleman points out an accurate statement in regard to the expansion of the IRS because there absolutely would be those that would be going through with a fine-tooth comb every tax return. And we're not too far from that date where people, if they don't put down and verify that they have that health insurance policy—and the gentleman was probably going to say this, but I will go ahead and say this—not just that they have a health insurance policy, but the type of policy.

□ 2045

In other words, a young person, a young, healthy person who exercises and takes care of himself, doesn't smoke, doesn't drink, runs marathons, and so he wants a health insurance policy that he can afford. He is just out of high school or just out of college. He is paying back student loans, trying to buy a car, trying to save up to get an engagement ring for his fiancee, whatever, paying for an apartment, yet he wants to have coverage. He wants to have catastrophic coverage, but he can't afford first dollar coverage, so he buys these high deductible but very low monthly premium—probably one-fourth of what the IRS and this bill is going to demand that they have. If he doesn't have it, he is going to jail.

Mr. BROUN of Georgia. That's right.

Mr. GINGREY of Georgia. It's just unbelievable. And very quickly, before yielding back to my colleague, I want to say this.

If we were in charge, Mr. Speaker, I think the three of us on the floor right now, we would eliminate the IRS. We wouldn't add to them and add to that bureaucracy. We would get rid of the IRS and the Federal income tax, and we would replace that with a flat tax or a fair tax, a national retail sales tax that our colleague from Georgia, JOHN LINDER, has been such a strong proponent of.

Mr. BROUN of Georgia. I thank you for yielding back.

In fact, I want to point out something else that is going to happen with this bill the way it's set up. The tax-writing committee, the Ways and Means Committee, tells us an additional $10 billion is going to be needed to pay for this marked expansion of the Internal Revenue Service. And, Dr. GINGREY, I'm like you. I would like to totally get rid of the Internal Revenue Service. You and many people know I have been a very ardent supporter of the fair tax.

But it doesn't matter—well, it does matter how they get our taxes. The bottom line is that we have just got to stop this outrageous spending here in Washington, and we are going to increase spending of the Internal Revenue Service by $10 billion.

But something else the American people need to know is: Guess who has been left out? Guess who is not going to have all these mandates? Illegal aliens. That's what our Democratic colleagues have put in place. The illegal aliens in this country are going to get free taxpayer-funded health insurance, and they are not going to get all these fines. They are not going to be bothered by the Internal Revenue Service. It's just the American citizens and legal residents in this country that are going to be bothered by these folks.

Now, they are going to say, and I've heard them say over and over again, illegal aliens can't get free government health insurance, but Dr. GINGREY was in the Energy and Commerce Committee. Over and over again, Dr. GINGREY and many others fought to make sure that illegal aliens would not get free government health insurance by making the Federal Government verify the citizenship and the legal presence of these people here.

Mr. GINGREY of Georgia. If the gentleman would yield just for a second, he may want to yield back to Dr. FLEMING who is controlling the time. It is our colleague from our great State of Georgia, Congressman NATHAN DEAL, the ranking member on the Health Subcommittee of Energy and Commerce where this bill, by the way, originated as H.R. 3200, Mr. Speaker. We all remember that. But it was Congressman DEAL, NATHAN DEAL, 17 years, this is his 18th year, in fact, in this body, had the amendment to stop that, to make sure that people had to give adequate verification, just like they do for the Medicaid program in our States and the SCHIP program. It's called PeachCare in Georgia. It was Congressman NATHAN DEAL—who, by the way, I think is going to be the next Governor of Georgia—who very strongly advocated for that. But unfortunately, as all Republican amendments, if they get heard at all, they get voted down on straight party lines, good commonsense amendments.

Mr. BROUN of Georgia. I want to go to Congressman DEAL, too. He has been fighting for a long time to stop this birthright citizenship here in this Nation, which is actually a ruling by the Federal court system. It is an improper ruling on the 14th Amendment. It's an unconstitutional, actually, ruling on the 14th Amendment that we're giving birthright citizenship to these children who are born to illegal aliens in this country, and they are going to go on the Medicaid system. And we're going to have a magnet, a magnet to draw more of those illegal aliens in this country because they are going to get free government health care because of this ObamaCare bill that we're going to be voting on just in the next day or two.

I just want to say before I yield back, Congressman NATHAN DEAL, I hope he is our next Governor, and he has been right on the front line fighting this illegal alien problem that we have in this country. He lives in Gainesville, Georgia, and he has seen them there in Hall County, Georgia, how it's been a tremendous drain on the local economy and the local government for goods and services and things. And so he has been an ardent, ardent fighter to try to make these illegal aliens, who are criminals, to go home. Now we are going to give them free health care.

And the American people need to just say ''no'' to our Democratic colleagues, because it's just going to be disastrous. We are going to have an influx of illegal aliens just to come and have those anchor babies to get on Medicaid. We've already seen that happening, and that is one reason NATHAN DEAL has been doing it.

I yield back to Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. I thank both gentlemen from Georgia for your comments and, again, your many years of experience as physicians.

I would like to change the topic slightly, and that is to talk about process for a moment. Now, what I would really describe, this situation is one in which, as this debate continued, Mr. Speaker, as this debate continued through the year, it began to lose momentum almost immediately. We began to see the polls. At first, it was 50/50. Half America wanted this health care reform but didn't know much about it, the other half really didn't want it.

As this debate has gone on and on and on and the news gets out, the acceptance of this has dropped. In fact,

today it is at its lowest point that it's been. I think we are up to now 55 percent of Americans are against it and down in the 30s are actually for it. In fact, a CNN poll—and I'm sure that CNN wouldn't be considered as an extreme right-wing media outlet—shows that—they asked a question a little different way. What should we do with this bill? Seventy-five percent of Americans said either scrap it altogether and forget about it or start over again. And that's exactly where we are. We would like to start over again and pass commonsense reforms without the government takeover of health care.

Well, anyway, as this thing has been losing steam, it has caused more and more difficulty for the other side of the aisle to get things passed, vote after vote. And we saw that there was such a reaction across the country that our good friend, SCOTT BROWN, was elected to, believe it or not, Senator Kennedy's seat, something that no one could have imagined this time a year ago. And while he is an excellent candidate, something else had to be in play there, and we know what it is, and that is health care. Also, through the process to get it through the Senate, even with the 60 votes that already were there, it took special deals. I will just name them real quickly.

The Louisiana purchase; $300 million to go to my State of Louisiana, which would seem ostensibly to be a good thing, but by signing this bill, the President would actually cause costs that would be far greater than the $300 million that we would receive. So the net result is money lost, not money gained.

The Nebraska kickback, which everyone has hated. And, in fact, what it is going to do is probably it will pass in this reconciliation, if it is passed, will actually extend the same benefit to all States which is going to drive up taxes and cost.

A $10 million earmark for a Connecticut hospital for CHRIS DODD, our Senator, and certainly Gator aid, where every State will lose its Medicare Advantage except for the State of Florida.

But if that wasn't enough, Mr. Speaker, now that we're in the House, we've got another situation. We're talking about reconciliation; that is, instead of sending it to the Senate in the final form and have it passed and get past the cloture rules over there, they want to slide it in under reconciliation, a mere 51 votes. But all of that being as bad as it is, now we're talking about the Slaughter solution.

And I will pitch back to my friend, Dr. BROUN, for his comments.

Mr. BROUN of Georgia. Thank you, Dr. FLEMING. I appreciate your yielding.

In fact, I've wondered, and I'm sure the American people are wondering, why is it that Democrats don't want to have a vote on a bill? Well, you're just telling them right now today in this Special Order why the Democrats don't want to have a vote on the bill—because they don't want to face the fact. They don't want to face the voters that they are doing all these special deals, sweetheart deals.

You didn't mention the ones in there for the unions on their Cadillac plans. The unions have just cut a special deal, too, with the administration, with the leadership here in Washington. But why wouldn't they want an up-or-down vote? We've heard the President say over and over again this should have an up-or-down vote.

Well, just today, just today, as my colleagues know, the Democrats voted down, through a procedural method, voted down—what we are trying to do is to have an up-or-down vote on the bill, but they don't want their yeas and nays to be recorded as is required by the Constitution of the United States. Article 1, section 7, the second paragraph says that for a bill to be passed into law, it has to be voted on by both Houses. It has to be the very same bill, and then it has to be signed by the President or a veto has to be overridden, and the yeas and nays must be recorded. So it is totally unconstitutional what the leadership is doing.

And I have one question for the Speaker. If Democrats are confident that the American people want this new multitrillion dollar program, why are they avoiding a simple up-or-down vote? Well, the simple truth is that the House Democrats just don't want that because they don't want to face the voters. They don't want to face their constituents about these special deals. They don't want to face the zombi economics that they're using. But the jig is up for the Democrats trying to pull the wool over the eyes of Americans, because Americans get it. They understand that this is going to be disastrous.

As I mentioned before, we are going to have costs go out of the roof for everybody. And, in fact, experts tell us that people who have private insurance, private insurance today for a family, their insurance premiums are going to go up $2,100 a year because of ObamaCare if this is passed into law.

Mr. FLEMING. Those are all great. I appreciate your adding some of the things I left out. This list is getting so long of all the special deals. And the way that the Democrats are attempting to bypass the Constitution is just really unbelievable, and it's making Americans awfully mad. The emails I'm getting are really showing me either people are extremely mad or extremely terrified.

Now I would like to turn to the other gentleman from Georgia, Dr. GINGREY, and see, do you have other comments about the process?

And by the way, I must say that the President, NANCY PELOSI, and even HARRY REID say the process doesn't count, that the American people don't care about the process, only the finished product. Well, that tells me that the ends justify the means, and I just don't agree with that.

What say you, sir?

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding to me.

I agree with my colleagues that process does matter. We, physician Members in particular, are concerned mostly about the policy, and we are emphasizing policy tonight, and we will continue to do that. But the American people definitely care about process.

I want to go back, Mr. Speaker, to what my colleague from Georgia was just saying in regard to the insurance premiums are going to go up for those in the private market. There is no question about that. The CBO has said as much. And, Mr. Speaker, you wonder, maybe the American people wonder, if that's true, if the whole purpose of this reform plan was to lower the cost of insurance so more of the uninsured would have insurance, those that are not eligible for Medicaid and just don't realize it, that we have to lower the cost or they can't, we've wasted our time. We've spent $1 trillion and we have accomplished nothing.

But, Mr. Speaker, I would suggest that this may be intentional. This may, indeed, be intentional. If what you want, Mr. Speaker, ultimately is a socialized national health insurance system like other countries have, where rationing is commonplace and denial is commonplace and old people get thrown under the bus, if that is ultimately what you want, you want the Federal Government, and your mindset, your mentality is more government is better government, more control is better because the people are too dumb to run their own lives so we want to take over, we want to take over one-sixth of the economy, so you drive up the cost of health insurance in the 40 percent of the market that's private, eventually there is no private market. And everybody morphs into these public plans. That's why the Democratic majority insisted on a public option. They didn't get it, but that's coming next. That's coming next.

And I will yield back to the gentleman controlling the time to yield to Dr. BROUN.

□ 2100

Thank you, Dr. GINGREY. Let me add a couple points and then I will yield to the other gentleman.

You know, we have got two bills right now. We have the Senate bill which has all of these ugly, sleazy deals in them that even the Members on the other side don't want their fingerprints on, and that is why we are going through this deemed process, because they want to pass it without voting for it. Crazy.

Anyway, the reconciliation part, the so-called correcting bill that they are wanting to vote on is going to do this: It is going to increase taxes by $155.8 billion on top of the Senate bill. So it is increasing taxes. It also takes over the student loan program. So what?

Well, this is the so-what. It is a job killer. It is going to take all the profits from the private industries that have been loaning this money, it is going to unemploy 35,000 Americans, and it is going to skim that profit to dump into this to go down the sinkhole.

Mr. GINGREY of Georgia. On this point about the job killer, this student loan—Federal Government, once again, the Federal Government taking over the student loan program. Well, I don't know. Ten, 15 years ago they took over half of it, and that wasn't enough. Although that killed about 50,000 jobs, I say to my colleague from Louisiana, Dr. FLEMING. And now, as he points out, now they want it all, and that is going to kill another 30,000.

So, Mr. Speaker, we are talking about 80,000 jobs in the private market so that the Federal Government can have a 4-percent spread, borrowing money at 2.5 percent, lending it out to the students at 6.5 percent, 7 percent, and taking in $60 billion so this majority party can spend it on more social welfare programs. That is what we are talking about. And I yield back to my colleague.

Mr. FLEMING. Reclaiming my time. And then one other deal that just slipped in on the House side is the North Dakota deal. There are carveouts there.

So the sweet deals have not stopped even though the Senate bill is complete. I understand that there have been in fact ambassadorships, like an ambassadorship to NATO has been offered for a ''yes'' vote. We have Members of Congress being carted around in Air Force One and certainly asked out to dinner and all sorts of things like that.

Look, this is one-sixth of the economy. This is the future of our Nation for a century. Are we so lack of character that we are willing to sell our souls for just about nothing? I yield to the gentleman from Georgia.

Mr. BROUN of Georgia. I thank you, Dr. FLEMING, for yielding. We are here talking tonight amongst ourselves during this Special Order period that Dr. FLEMING is controlling—very well, thank you—and I am just honored to joining him and Dr. GINGREY here.

But the American people are asking, what can they do? They are asking, is this a done deal? In fact, I have talked to a lot of people not only in my district but around the State of Georgia and even some from other States, and the American people are saying, ''What can we do? Is this a done deal? Is this going to pass?''

I don't think it is a done deal. And it is up to the American people whether it passes or not, because the Democrats don't want their fingerprints on the Senate bill, they don't want their fingerprints on all the increase in the Internal Revenue Service and the increased taxes, the health care insurance police that is going to be put in place. They don't want their fingerprints on the increased costs; in fact, they are even denying the increased costs. Why? Because the Democrats know this is a bum deal. They know that.

In fact, I have talked to just in the last 2 or 3 days several Democrats, and I have been told by the Democrats that every one of them know it is going to raise premiums. Every one of them know that it is going to increase the cost of health care above doing nothing. Every one of them know that this is a government takeover of the health care system. And what do they do? They come down here and say we are in favor of the big insurance companies.

I don't like the big insurance companies. As a medical doctor, I have been fighting them through almost four decades of practicing medicine. I been fighting them for my patients. But they know that.

And we hear the President say, well, if the American people understood his plan, they would accept it and embrace it. Hogwash. The American people do understand his plan, and they reject it overwhelmingly. And I would yield back.

Mr. FLEMING. Reclaiming my time. I am sure that my other colleague from Georgia has a few choice comments as well.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, because I just happen to have a slide. I think my colleague from Louisiana noticed that slide. Maybe my good friend from Athens can't see it, but this is ''Notable Quotable.''

Look, Mr. Speaker, I respect the Speaker of the House of Representatives. We all do, of course. And anybody can misspeak and make a bad quote. But, gee, whiz, for the Speaker of the House to say—here is the quote: ''We have to pass the bill so that you can find out what is in it.'' I have got to repeat that for you, Mr. Speaker, in case you didn't hear and my colleagues, both sides of the aisle. The Speaker of the House just a couple, a few days ago. Here is the quote: ''We have to pass the bill so that you can find out what is in it.''

Now, that is why the American people are outraged. They know that. 2,700 pages, and then they come here with this reconciliation package. And, oh, they are going to give us 72 hours to study it. And then, as my friend from Georgia was talking about, the Scheme and Deem or the Slaughter solution.

Mr. Speaker, I am telling you, the majority party, if they do that, if they pass this bill, this Senate bill without really voting on it to trick the American people so they don't have to go home and face the irate voters, they are going to get slaughtered in November.

I yield back to the gentleman controlling the time.

Mr. FLEMING. Reclaiming my time. In the last few moments that we have in our discussion, which I think has been a great discussion, and once again I thank the gentlemen for joining me this evening.

You know, we are in the final hours of this, it would appear. And we don't know if it is going to pass or not. I suspect that if the votes were there, we would be voting on it today. So I do think that the American people still have an opportunity to reach out to those who have not committed, and even those who have.

You know, we don't have even one single Republican that has voted for any of this except for one, and even he is not going to vote for it this time.

So this is not a bipartisan bill except to the extent of its opposition. We have the Republicans, we have a good group of Democrats, and also particularly pro-life Democrats, and the American people. But, unfortunately, we have a big enough group, a large enough group, if you will, of Democrats who feel through their arrogance they can still trump the American people and those others.

And, you know, when you are talking about monumental legislation, Mr. Speaker, we are not talking about a small little bill that maybe it is a financial bill and maybe there are some little deals that have to be made in the back so that we can pull a couple more votes. We are talking about a fundamental bill, perhaps the most important that has been voted on in more than 40 years that affects every American in the most intimate way. Yet we are in the situation with this where we are still up to sleazy deals. Anyway we can get it done, even if you hate the bill, get it done. We can fix it later. That is the craziest thing I have ever heard of.

And I would be happy to yield to the gentleman, Dr. BROUN.

Mr. BROUN of Georgia. Well, it is the craziest thing because they are not going to fix taxpayer-funded abortions in reconciliation. We have got, I think it is, 41 Democrats that claim to be pro-life. They have whittled it down to 12. Those other 29 so-called pro-life Democrats cannot ever, ever again claim to be pro-life, because if they vote for this bill, they are going to be voting for taxpayers to fund killing unborn children.

Mr. FLEMING. And if you would yield back for one moment. This will be the biggest increase in abortions since Roe v. Wade. And I yield back.

Mr. BROUN of Georgia. And it is going to be a big boom for Planned Parenthood, which is the largest abortion provider in this country and in the world. So those 29 pro-life Democrats can never, ever claim to be pro-life again if they vote for the rule. If they vote for the rule, they can never, ever claim to be pro-life again because they are voting for abortion.

Also, the American people are smarter than what our Democratic colleagues evidently give them credit for, because the American people will know when we vote on the rule, which is what I think we are going to see on Sunday, a vote on the rule, whenever it is. When we vote on that rule, they are

going to be voting for the Senate bill with all the special deals, with abortion funded by taxpayer dollars, for cutouts so the illegal aliens won't be fined and taxed like American citizens will be, so that all of the bad things that are in the Senate bill that the American public overwhelmingly have rejected—when they vote for that rule, the American people need to take note, because they are going to be voting for the greatest government takeover of our economy ever in the history of this Nation because they have put in place a mechanism to socialize the health care system.

In the 1930s, the Socialist party of the United States said the fastest way to destroy freedom in America, the fastest way to change America from being a free Nation with free people into a Socialist Nation with government control, central control from Washington, D.C., is a government takeover of the American health care system.

The American people need to contact their Democratic members and say: ''No. Or, we are going to say 'no' to you.''

Mr. FLEMING. We have got only 1 or 2 minutes remaining, and I am going to turn the remainder of this over to Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding. As we conclude, I have got one last slide I want to share with my colleagues. The title of it, the Slaughter solution. My colleagues have already mentioned it. But it would indeed let Speaker PELOSI send the Senate bill to President Obama without an up-or-down vote. It would just be deemed passage when they vote for the rule.

Americans deserve an up-or-down vote. And listen to these quotes as we conclude our hour.

President Obama: ''I believe Congress owes the American people a final up-or-down vote.''

The Democratic National Committee chairman, his quote: ''There is going to be a vote, and it's going to be an up-or-down vote. Everybody is going to be up or down on the record and be accountable either for a 'yes' vote or a 'no' vote.''

Have the intestinal fortitude, Mr. Speaker, to stand up and be counted. Stand up and be counted. That is all we are asking. And I yield back to the gentleman from Louisiana.

Mr. FLEMING. I thank you gentlemen for joining me this evening. I thank our audience. This has been again another productive discussion about health care. I ask that everyone going forward in the next 3 days pray for us. And I yield to the gentleman.

Mr. BROUN of Georgia. One final word.

The American people can kill this bill by contacting their Democratic Congressmen and saying ''no'' to this government takeover of health care system that is going to ruin our economy.

□ 2115

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY of Georgia. We're going to continue during this hour to talk about health care, my colleagues in the previous hour: Mr. Speaker, Dr. JOHN FLEMING from Louisiana, a family practitioner of many years, with many years experience; Dr. PAUL BROUN, a family practitioner. A house-call doctor, one of the rare breeds of physicians in this country still willing to make those house calls; and indeed he continues to do it when he goes home to Athens and the 10th Congressional District, seeing patients out of the goodness of his heart, mostly.

We talked about a lot of things. We want to continue this discussion because, Mr. Speaker, you just cannot say it all adequately, I don't think, in an hour. We have been blessed. The good Lord gave us this opportunity for another hour. We gratefully accept it. We'll continue to talk about it.

The gentleman who was controlling the previous hour was talking about the magnitude, Mr. Speaker, of this bill. We're not talking about naming a post office or flags flying over the Capitol, for goodness sake. We are talking about one-sixth—one-sixth—$2.5 trillion of our overall economy in this country. One-sixth of it, the amount of money that's spent each year on health care. We're going to let the Federal Government take over that? I don't think so. My constituents say ''no.'' In fact, they say, Heck no.

This is, again, as Representative FLEMING said, Mr. Speaker, this is not just a little old bill. Bills have varying degrees of significance and importance, but this one is life or death, Mr. Speaker. This is life or death. And we don't want, our patients don't want, our constituents don't want the government in control of that. They don't trust the government. I don't blame them, Mr. Speaker. Why should they when this government is $1.6 trillion worth of red ink in the last fiscal year and has already spent something like $650 billion of red ink in this fiscal year, and we're not even halfway through it. It is unbelievable.

We're going to have a good time and try, Mr. Speaker, to enlighten our colleagues, to share our medical knowledge, maybe to show a poster or two. I think one of my colleagues has one up right now, so I'm going to quickly yield to the gentleman from Athens, Georgia, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I put up this slide here. People who have gone to school, as kids, in their basic civics class see the little cartoon with a bill. This is the bill. They have a little song that goes along with that cartoon that is kind of a catchy song. But under the Constitution, a bill to become law has to be voted upon. That's what article 1, section 7, paragraph 2 says. In fact, I think it's worth having a little civics lesson here.

Article 1, section 7, which lays out all the parameters for Congress in the U.S. Constitution, article 1, section 7, the second paragraph, it says: Every bill—in fact, I encourage people to get the Constitution and read it. Because it wasn't written by lawyers. It's understandable. This contains the Constitution as well as the Declaration of Independence and every single amendment to the Constitution in this little booklet. It's not a thousand pages, it's not a hundred pages, it's not 2,700 pages that this abomination of ObamaCare is all about.

Article 1, section 7, second paragraph: Every bill which shall have passed the House of Representatives and the Senate shall, before it becomes law, be presented to the President of the United States. If he approves it, he shall sign it. But if not, he shall return it with his objections to that House in which it shall have originated.

Mr. GINGREY of Georgia. Would the gentleman yield for just a second?

Mr. BROUN of Georgia. Yes, sir. Absolutely.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate the gentleman yielding, because I'm following along with him and he's quoting the Constitution accurately. The gentleman, I think, said—of course he did—if he approve, he shall sign it. It's not: if he deem, he shall sign.

Mr. BROUN of Georgia. Not if he deems it.

Mr. GINGREY of Georgia. Mr. Speaker, I think it's important we point that out. Approve, not deem. I yield back.

Mr. BROUN of Georgia. Let's go further and see if the House can deem it. Deem and pass. Western movie. The only outlaws in this particular movie are those who want to take over the health care system in this country. They're going to ambush small business.

But let's go on. Have a little civics lesson: He shall return it to the House where it originated, who shall enter the objections at large on their journal and proceed to reconsider it. This is how we overturn a veto: And if, after such reconsideration, two-thirds of that House agree to pass the bill, it should be sent, together with the objections, to the other House, by which it shall likewise be reconsidered, and if approved by two-thirds of that House, it shall become law. That's how a bill becomes law. That's how this guy becomes law. Both Houses pass the bill. Not deem it, but pass it.

Let's go on. It says: But in all such cases—and this is extremely important that the American people understand this, Mr. Speaker—But in all such cases, the votes of both Houses shall be determined by the yeas and nays. Let me repeat that: The votes of both Houses shall be—shall be—not may be,

not deemed—but shall be determined by the yeas and the nays. And the names of the persons—the names of the persons voting for and against the bill shall be entered on the journal of each House respectively. If any bill shall not be returned by the President within 10 days—and it goes on talking about—well, let's finish that paragraph.

If any bill shall not be returned by the President within 10 days, Sundays excepted, after it shall have been presented to him, the same shall be law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return, in which case it shall not become law. Period.

That's the only way a bill can become law. That's the only way that the kids see that cartoon about: I am a bill, I am a bill. I'm not going to sing it. I wish I could sing it.

Mr. GINGREY of Georgia. If the gentleman will yield back. Mr. Speaker, I'm going to ask the gentleman to yield his time back to me because the Lord knows we don't want to hear him sing. He's done a great job of reading the Constitution.

We're pleased to be joined, Mr. Speaker, by another of our colleagues, the gentleman from Iowa. I'm of course speaking of my mom's favorite Member of the body. I hope Mom's watching, Mr. Speaker. Mom is 92 years young, lives in Aiken, South, Carolina, in our good friend GRESHAM BARRETT's district, or possibly JOE WILSON's, but my mom watches intently to what is going on up here, and she's a big fan of the gentleman from Iowa, Representative KING. We're going to get to him in just a minute. Before I yield time to Representative KING, I want to yield back to my friend from Louisiana.

Mr. Speaker, I want to commend my friend from Louisiana, Dr. FLEMING, for being courageous in the first hour of speaking out against something that may purportedly—at least one of the Members of the other body who represents the State of Louisiana, who arranged for the Louisiana Purchase. Representative FLEMING, Mr. Speaker, is mighty courageous to stand up here—he's from Louisiana as well—to say, That's not right. That's not right. That's not playing fair. That's giving one State an unfair advantage. It's not a level playing field.

I yield back to my friend from Louisiana.

Mr. FLEMING. I thank the gentleman, and once again the Chamber this evening is filled with gentlemen that I admire and I'm learning from here in my first term in Congress. I certainly thank each one of you for your leadership.

I just want to hit one thing before we get back to the topic of the Constitution, which is so important, and the process. I listened some to the hour before last, the women. There was a women's leadership hour on the other side of the aisle. Attractive women, nice ladies. We see them every day. We work with them. We happen to have a different worldview. And much of what they talked about was the human element, how this affects human beings. How this affects folks. Individual situations where someone loses their insurance and they run into problems and so forth.

And I want to get back to that just for a moment. And here's why. We, the three physicians that are here, and our friend, Mr. KING, we've all seen situations—health care problems, situations where people develop cancer, heart disease, what have you. And we want the best. We want health care reform. In fact, I campaigned on health care reform, but of course I had no idea that health care reform could in any way be a takeover of the health care system, but simply using a scalpel to fix the problems.

But let me talk about, again, the human issue, and that is, let me remind my friends that coverage does not mean access. Coverage does not mean access to care. And I'll give you an extreme example. Look at Cuba today. In Cuba, 100 percent coverage. Care is free. The problem is you can't get care. They have one colonoscope for the whole country. Yeah, antibiotics are free. If you get pneumonia, you're still not getting any antibiotics. The same is true in North Korea. The same is true with the Soviet Union. Socialized, centralized economies do not work. They create spot shortages and sometimes extreme shortages.

So let's look at Western European countries and Canada. What do we see there? Again, government-run health care. We talked in the previous hour about the fact that there's two ways to control cost: either do it by investing the patient and the doctor into it or have the government sort of control it. But the only way the government can actually save money is to create long lines and rationing.

So if you look at Canada, we had both doctors and patients come and testify before us several months ago. I think some of the Members here were there. And what we heard was really, I think, spine-tingling. We heard the situation of a young mother who developed a spinal condition which left her wearing adult diapers. And there was a permanent treatment for her problem, a surgical treatment. Unfortunately, she had to wait years to get it. When she asked them, Why can't I have this surgery? I'm a young mother, I have a husband, and yet I have to wear diapers because I'm fully incontinent. The answer to her by her doctor was, You haven't suffered enough. You haven't suffered enough.

□ 2130

Yes, health care is free in Canada, but you have to wait as much as 2½ years to get an MRI scan, and then you have to wait in line to get whatever it is. And it's not unusual for doctors in Canada to say, Yes, you have cancer, Mrs. Smith. We'll watch it. You will not hear a doctor in the United States tell you, You have cancer, and we'll watch it. The doctor may say it's untreatable, but he's not going to watch it if he thinks that there's any chance at all that there's either a cure or at least palliative care.

Then finally we look at—let's go up a couple thousand feet and look overall. Two of the most important cancers in this country—prostate cancer and breast cancer. One in six women get breast cancer, and something like 60 percent of men over age 90 get prostate cancer. And look at the death rates. They're not comparable. The survival rates in the United States of America are far above those in Canada and the U.K. for two reasons. Number one, in the case of breast cancer, the government says it cannot afford mammograms, which are saving lives in the United States, and they cannot afford the more expensive and innovative chemotherapeutic drugs which are saving lives.

So I just wanted to bring this down to the human element because we're talking about process, as we should, and we're talking about the economics, as we should, and we know they don't work. But I hear what these ladies are saying, that there is suffering out there. But again, bankrupting our health care system is not going to save lives or to free people from pain.

Mr. GINGREY of Georgia. Dr. FLEMING, would you yield for just a moment? If the gentleman would yield back to me, and I will yield just for a moment to Dr. BROUN, and then I will yield to Representative KING.

But I yield just a moment to the gentleman from Athens, Dr. BROUN.

Mr. BROUN of Georgia. Thank you.

I just wanted to bring up, after Dr. FLEMING was talking, I think it was one of the other physicians from Louisiana that we were talking to today. In fact, the three us were there when he was talking. He is a gastroenterologist from Baton Rouge. But anyway, Dr. CASSIDY was talking about a patient being in Great Britain. Now, our President has held up Great Britain and their health care system as being where we need to go today. Y'all correct me if I'm wrong on this story.

Dr. CASSIDY spoke so quickly. I don't hear that quick, but he was saying that a lady that he was associated with went into the hospital in England and was having a bleed in her esophagus, right at the junction of the esophagus and stomach, and people can bleed to death very quickly with that kind of bleed. But the patient was told that the doctor was out at tea and she would have to wait until the tea was finished, because the doctors' union would not allow them to come and see this lady who's bleeding to death.

Now, this may sound—we're giggling and laughing about it, but it's really serious business, because that's where we're headed as a Nation, and people won't get the care. And I just wanted to add that on to what Dr. FLEMING was saying. What he was saying earlier

is that people, though they may have free government health insurance, they're not going to have access to care. People are going to be denied care, and we're going to have a government panel here in Washington, D.C., that's going to tell people whether they can go into the hospital or not.

I already fight that for my patients. I have to talk to Medicare about my patients to see if they meet criteria. We all do. But it's going to get much, much worse, and people are going to be denied medicines, lifesaving medicines, lifesaving treatments, and it's going to be disastrous for the quality of care that we have in this Nation.

Mr. GINGREY of Georgia. I wanted to just point out real quickly before yielding to my friend from Iowa, when I think about tea in this country, Mr. Speaker, I think about the Tea Party Patriots, God bless them.

Mr. Speaker, I wanted to correct something that I said a few minutes ago because I misquoted Mom. I said that Mom said that Representative KING was her favorite Member of Congress. That's not what Mom said. Mom told me that I was still her favorite Member of Congress. I think she even said that I was the best looking. But what she did say, Mr. Speaker, was that Representative KING was the best speaker, and I was highly offended by that, but he is a pretty good speaker. And Mom, here he comes.

I yield to the gentleman from Iowa, Representative STEVE KING, my classmate.

Mr. KING of Iowa. I thank my good friend from Georgia (Dr. GINGREY). I was prepared to correct that, because I was entirely convinced that you did misspeak and that Mrs. Gingrey's favorite Member of Congress has to be Congressman Dr. PHIL GINGREY, as every mother's son should be their favorite if she only has one. If she has several, then it starts with first favorite, second favorite and on down the line.

I'm pleased to be here with the Doctors Caucus and the friends that have done battle with me and others here in this Congress and across this country to kill this idea of taking over our health care and establishing socialized medicine. This is an American effort, an American endeavor to tell the liberals and the progressives in this Congress that we will not have them take away our liberty.

And Dr. GINGREY mentioned the Tea Party Patriots. They have come to this city and packed this Capitol. There are a number of Tea Party groups that are out there. A lot of other Patriots out there in other ways. The 9/12 Project people that have started, and then we saw the Patriots show up on April 15 and then again and again throughout the town hall meetings, and last August, the end of September came to this city, and 10,000 to 50,000 people packed this city on November 5 to say, Take your hands off of my health care. Two days later, on November 7, they filled us up again on the other side of the Capitol and said, Take your hands off our health care. Kill the bill.

The message, Mr. Speaker, and consistently for almost a year has been, Kill the bill. Kill the bill. The American people want this bill killed. Seventy-five percent of the American people do not support the idea that the government ought to step in and cancel everybody's health insurance policy in America. Not the first day, but over the course of 2 years, the Federal Government would cancel everybody's health insurance policy, and the policy you would get would be the policy then that the health choices administration commissioner decided was available to you or your employer or subsidized by some other taxpayer or fined if you don't buy it.

The idea that the Federal Government would cancel every health insurance policy and the health choices administration commissioner, whom I call the commi-czar-issioner, would be the one that would write the rules for the 1,300 health insurance companies in America and the 100,000 health insurance policies that exist as options among the 50 States in America today, and watch that happen where the Federal Government would then decide, Well, you have a policy that is catastrophic with low premiums. We can't have that because it doesn't have all the bells and whistles that somebody else's supermandated policy has. So your health insurance policy for a 25-year-old man in New Jersey, a healthy young man, would cost him about $6,000 a year compared to the $1,000 a year for a similar but not identical policy for a healthy young man in Kentucky the same age.

Why would this country not allow the young man from New Jersey to buy a health insurance policy in Kentucky? New Jersey has the mandates. Kentucky has significantly fewer mandates. I believe they have a higher percentage of the insured because when their premiums go up, if you raise premiums 600 percent, you aren't going to have as many people covered, unless you pay for that with the Federal Government.

Here's one of the flaws, Mr. Speaker, that came out this way. Some people believe that the highest ideal was to ensure that people could buy insurance that had preexisting conditions. So if we pass a law like that and tell insurance companies that you cannot consider preexisting health conditions when you decide to issue a policy, the health insurance companies then wouldn't be able to look at medical records or make that decision. The buyers would know that, and so they wouldn't buy insurance until they got sick. Then on their way to the emergency room or maybe on the gurney, they'd fill out an application and buy that insurance policy—the very same equivalent to, if you didn't buy your property and car casualty insurance for your house and you waited until your house was on fire, and while the fire truck was pulling up, then you would fill out the insurance policy and buy the insurance. You could save a lot of premiums that way, get the same coverage, except somebody has to pay.

And so the liberals—the progressives in this Congress, the people that are associating with the socialists, and some of them actually are—decided that you can't have a health insurance company that's denying people coverage because they have preexisting conditions. So they would impose that and say, No preexisting conditions can be considered, but the only way that you do that that way is you have to then—because people won't buy insurance until they get sick, then you have to mandate that everybody has to buy insurance. And when you mandate that you do that, you cross that constitutional line that was much objected to back in the nineties when Hillary Clinton was putting together HillaryCare.

And then there was a ruling, if I have it here. I will have to ad lib it. But the ruling was such that it said back then that never before in the history of America—and it didn't happen with HillaryCare, so it was just poised to be so—had the Federal Government produced a product or approved a product and required the American people to buy that product, whether they chose to participate or not. That is some authority that does not exist in the Constitution of the United States, and we have to be able to say ''no.'' When we break these principles that drain away our personal liberty, they drain away the American vitality at the same time. They diminish all of us, Mr. Speaker, and that's the difference.

This side of the aisle over here, the left, for more than 100 years in this country, have always driven to increase the dependency class in America. They looked around and took a little message off Otto von Bismarck's plan, who put together socialized medicine in Germany over 100 years ago. Bismarck's approach was to create a dependency class that knew that they had to have him in office in order to get their benefits that would be coming, and he created the idea of a national health care act then.

And the philosophy that's flowed from the non-English-speaking Europe, the post-Enlightenment, non-English-speaking Europe, has been a philosophy that has always created dependencies. And the expanding dependency class, the people who have had a nice safety net to be on for a long time now, now we've cranked that safety net up to being a hammock, and now this Congress wants to bring them the grapes and the drinks and the fan. So the safety net that's become a hammock diminishes our vitality. We don't get out of that hammock when it's comfortable. We need to have some reward for us working and taking care of our families.

Our side of the aisle is about American vitality. Their side of the aisle is

about supporting the dependency class because the dependency class supports them politically and expands their power. That's the motive, and all the things we talk about about the nuances of this policy are about the political configuration.

We watch people making decisions on whether or not they're going to vote for or against this bill. Today the people that are deliberating on whether or not to vote ''yes'' are deliberating on whether they can preserve their seat in this Congress, whether they're willing to essentially walk the plank that they are on, being nudged down that plank by the Speaker of the House to go off into Davy Jones' political locker if they vote ''yes'' on this bill, knowing the American people have completely rejected it and spit it out.

And this is a toxic stew that has been cooked up. It starts back with HillaryCare. HillaryCare got matched up with ObamaCare during the primary campaign as Democrats were deciding which Presidential candidate would be their nominee. Hillary brought together her 1994 HillaryCare bill and began to make that argument before the active Democrats, and then Barack Obama, Senator Obama, he had to catch up and play a health care challenge with HillaryCare. So he believed that he got a mandate on that from the American people because he was elected President. So in order to put this all together, they set this big pot out here on the political stove to make this stew, this socialized medicine stew. And they went back in the pantry of HillaryCare and got that old bone off of there with the meat stuck to it that was the meat of the HillaryCare and dropped that in the pot and turned the heat up. And there it sat, this toxic soup bone cooking, this HillaryCare socialized medicine.

And people didn't want that. It was tainted. It had a smell to it. The American people had rejected it just 15 years earlier. So what do they do? Instead of realizing the American people don't want this toxic stew, they started to throw more bells and whistles into it, more vegetables and things that they could encourage people to maybe take a taste because it might look a little better now.

Mr. GINGREY of Georgia. If the gentleman would yield.

Mr. KING of Iowa. I would be happy to yield.

Mr. GINGREY of Georgia. I just have to weigh in here just a minute because, Mr. Speaker, my favorite country singer, Merle Haggard, sung a song about that stew. I think he called it ''Rainbow Stew,'' if I'm correct.

Mr. KING of Iowa. I wish I knew the lyrics to ''Rainbow Stew.'' I looked those up here a couple of weeks ago when PHIL GINGREY's mother's favorite son was talking here on the floor.

□ 2145

And I just kind of played off of that a little bit and decided to call this a toxic stew. But you keep throwing things into this stew to try to add up the flavor to it and make it more attractive so that people will taste it. And eventually, no matter what you put in that pot of that toxic stew, it still started with a tainted old soup bone. It's still tainted meat in that stew, and you can't change that, no matter how much you add to it.

So we have this toxic stew, and the American people have decided that they reject it. They don't want a pot full of toxic stew or a bowlful or a ladleful or a spoonful. They want no measure of this toxic stew called Obamacare or Pelosicare or Troikacare, as I call it sometimes. The American people have spit it out. They have spit it out time after time after time, going clear back to last July and August. They let everybody know in this country. And then it had implications, the Governor's election in Virginia where President Obama went down to work for the Democrat candidate, and they were rejected down there. And Virginia elected a Republican governor.

And then the race, of course, was in New Jersey at the same time. President Obama went to New Jersey and again, the Democrat was rejected. And the new, fresh air, fiscally responsible, don't tread on me, I want to deliver and protect my liberty Governor Chris Christie was elected in New Jersey.

Now, we think about this, Mr. Speaker. President Obama twice went to Copenhagen, once for the Olympics, and once to be able to get his cap-and-tax approved at the Copenhagen Conference. President Obama went 0 for 2 in Copenhagen. He went to Virginia and went 0 for 1, he went to New Jersey and went 0 for 1. And on this great streak of lack of success, as the President's mojo was diminishing dramatically, he decided he was going to go all in in Massachusetts and go help Martha Coakley take Teddy Kennedy's vacant seat in Massachusetts for the United States Senate. And we all saw what happened. We saw the President go, well, let me say, well, what shall I call that? It's goose egg for one up in Massachusetts. He went zip, nada in Massachusetts. SCOTT BROWN serves in the United States Senate today, and his voice and his vote put an end to, we believed, Obamacare. We thought somebody would hear in the echo chamber of the White House. So far they haven't heard. They are still pounding away on the same failed agenda.

Mr. GINGREY of Georgia. If the gentleman will yield back to me, and I'm going to yield to my colleague in just a minute from Pennsylvania. But I appreciate the gentleman yielding.

And you know, while we're talking about songs, Madam Speaker, there was another one, one of my favorites by, I think it was Julie Andrews that sung this one. I don't know whether the movie was ''Mary Poppins,'' but I think it went by the title of ''Make the Medicine Go Down in the Most Delightful Way.'' You just add a little sugar. And maybe that's what my colleague is talking about, this stew, rainbow stew, toxic stew, whatever we call it. But add a little sugar, and it's going to go down a little easier in a most delightful way for Louisiana, for Florida, for Nebraska, for North Dakota, just add a little, little bit of sugar.

And add a little bit of sugar to recalcitrant Democratic Members, Madam Speaker, who are struggling to decide whether they go against their constituents, and vote for this thing, this toxic stew that the gentleman was talking about, or they have the courage to vote not only their convictions but the convictions of their constituents who overwhelmingly are saying to them, vote ''no.'' Have the courage to vote ''no'' no matter how much sugar they offer you to sweeten that toxic stew.

I'd like to yield to our good friend from Pennsylvania. Madam Speaker, in the previous hour, our hour was, of course, about health care, and it was led by a physician group. But the gentleman from Pennsylvania, Representative THOMPSON, has been a hospital administrator during his professional career before being elected to Congress. And I would like—I think our colleagues need to hear from him from that perspective of what the hospitals are dealing with in regard to this toxic stew. And with that I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Well, I thank my good friend for yielding. I appreciate his references to songs. It's striking a tune with me tonight.

You know, you named a lot of States who are getting a lot of sweeteners. A lot of States are being paid off, bought out, you know, buyouts, it really comes down to corruption, I think. If we see this type of deal-making out in the private sector, you know, most people would wind up subpoenaed and in jail for this type of deal making.

There are three things that, you know, States like Pennsylvania—we don't have any of those sweeteners that I know of that have been, those deals have been made obviously. But I think there's a lot that we need to continue to look at in this bill and walk through it and find out, and not just this bill. I think part of what we have to look at—some time in months to come we're going to be dealing with an omnibus budget. And I have to say there's probably going to be some deals in there that folks who vote ''yes'' on this health care bill, we're going to be able to draw some lines and call—use the President's word from one of his joint sessions, and call folks out of deals that were made.

You know, there are three reasons that America needs to be alarmed. There are many reasons actually. But tonight I'm going to hit my remarks, first remarks on just three reasons of why this is not good for America. That's based on my experience, not 15

months in Congress, but 28 years working in health care, serving people who are facing life-changing disease and disability.

And frankly, my concerns tonight, I want to address just three basic areas: Cost, care, and corruption. And the cost? Well what's this going to cost us? Well, the President has said if you're in an individual plan, a nongroup plan, you can count on your premiums going up 10 to 13 percent. Well, I thought one of the ideas behind health care reform was to bring down the cost of health care for all Americans. But we're guaranteeing, the President has put his word on the line, that if you're in an individual plan, you can count on 10 to 13 percent increase in your premiums. And I think that's just to start with. Where it goes from there I don't think we really know.

We have costs in terms of cost to the States, the expanded roll is taking medical assistance to 133 percent of poverty. You know, States, there are States, many like Pennsylvania. Pennsylvania was the last State to settle its State budget this past year. And there were a lot of potholes, a lot of gaps in that budget, things that needed to be funded that they couldn't find resources to do. And now, the Federal Government's going to spend, reach into the Federal taxpayers, all Americans' pockets, and pay for expanded medical assistance rolls to start with. But guess what? That goes away within short order. And where are the States going to fill that gap? Because you expand that entitlement, it's not coming back, and it's going to create all kinds of problems for our States.

One of the costs I wanted to focus on because my good friend mentioned about my background as a manager within rural hospitals has to do with what does this do to rural hospitals? All hospitals. But I think the hospitals who will be hit first will be rural and urban underserved to begin. They'll feel the pain of this first. And one word, in short order, will be bankruptcy. Now let me explain why.

Today Medicare pays 80 to 90 cents for every dollar of costs. Medical assistance pays 40 to 60 cents for every dollar of cost. You know, the primary reason—there's a lot of reasons, actually, commercial health insurance is so expensive, including a lack of tort reform across the Nation. But I think the most pressing reason why it's so expensive is the Federal Government, the fact that the government creates these entitlements that they can't sustain, and then they're systematically underfunded. And so what do we do if have we have expanded medical assistance roles, if we have these, I know they're not calling it a public option but, frankly, if they're going to find for-profit and not-for-profit insurance companies and do this Federal nationwide negotiation with them to have them really compete with other insurance companies, well, I don't know anyone that competes with the Federal Government and wins.

And so the only way that they're really going to be able to provide premiums that will get the blessing of the health czar or whatever bureaucrat is now going to be overseeing our health insurance—today I found out somewhere that they're going to be hiring like 16,000 new IRS employees to determine whether our health insurance meets the criterion or not.

You know, the only way that they're going to get blessed is if the premiums cost less. The only way to have premiums cost less is to pay less, is to pay comparable to probably somewhere between Medicare and medical assistance rates. What that will do to all hospitals, but starting with rural and urban underserved, it will bankrupt those facilities.

You know, a hospital today, if it's healthy, if it's having a banner year, it's making a 1 to 3 percent margin. And out of that margin they're paying, hopefully they're giving some type of cost-of-living increase every year to keep the best and the brightest, because if somebody's going to use a scalpel on me, that's who I want, is the smartest person around. Or to invest in new lifesaving technology because we believe in innovation in this country. We are a country of innovators.

Now, you start cutting, taking those—and not all hospitals are making 1 to 3 percent margins. There are many hospitals across this country that are in the red and are not surviving now and are on life support. So we implement this Obamacare plan, and we're allowing them to bleed to death financially.

And if you want to impact access to quality care in a negative way, close rural hospitals. In my district, we have probably somewhere between 20 and 24 hospitals in my congressional district. You close any one of those and what you wind up with is a commute that makes a difference between life and death. And that's wrong. And that's just on the cost side.

And so I appreciate this opportunity tonight. I think it's very important that the American people continue to weigh in on this. This is not a done deal. We have the opportunity to stop this, to do what the American people are asking for, and that is to start over. And the more that we inform people about the problems in terms of the costs, the care, and the corruption with this proposal that the Democrats have, I think the safer the country will be. And I yield back.

Mr. GINGREY of Georgia. Madam Speaker, I think we're very, very fortunate to have heard from the gentleman from Pennsylvania. I think this is an aspect of this that we've not heard enough about and presented in the way that Representative THOMPSON just explained it. Even we physician Members can't do that. Maybe we can the next time. But I thank the gentleman from Pennsylvania. I thank him for being here tonight and sharing that with us.

I want to yield to my colleague from Georgia, Representative PAUL BROUN for his comments.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I was hopeful that Mrs. Gingrey had a second favorite congressman second to my good friend from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. If the gentleman will yield back, Madam Speaker, no pandering tonight, please. I will yield back to the gentleman if he promises not to pander.

Mr. BROUN of Georgia. I told Ms. Gingrey and all the people living over in South Carolina, I don't pay any attention to the rivers. The Savannah River divides where she lives from my district, and I'll be glad to represent her interests too.

But Mr. THOMPSON just brought up the issue of cost. The thing is, the American people get it. They really get it. They know that this toxic stew that Mr. KING was talking about is going to increase the cost of their insurance premiums. Experts have said that a family can expect a $2,100 increase cost to their health insurance.

We hear from our colleagues on the Democratic side, they say it's going to lower the cost of premiums. They know better than that. To me, this is just showing their arrogance, showing their ignorance, and showing their incompetence. It's their arrogance because they seem to want to ignore the American people, and they show their arrogance because they know best what's best for Mrs. Gingrey or for all Americans, for the rural hospitals in Pennsylvania. And in my district in North Georgia, where just this week some of the board members from Habersham Hospital in Habersham County came to talk to me about the struggles. I talked to folks in Elberton, Georgia, about how the Elbert County hospital is fixing to close up if we don't do something. And Obamacare is going to close rural hospitals all over this country because they're going to be bled to death. They're bleeding to death today. We see hospitals closing up all over the country.

So we mentioned in the previous hour where, even when people are given free health care, as they're promised by our Democratic colleagues, that that insurance card is not going to be accepted by doctors because the doctors just cannot afford to see patients because Medicare and Medicaid won't pay them enough to be able to see them, and for the doctors to be able to pay their own salaries for their own employees.

□ 2200

They won't be able to see those free government patients. If they're seen today and struggling—I've talked to many of my medical colleagues in Georgia, and they want to continue to see Medicaid patients. They want to continue to see Medicare patients. But if ObamaCare passes, that free insurance card that is in people's pockets is

going to be as worthless as a Confederate dollar after the War Between the States, the Great War of Yankee Aggression.

So the availability of health care is going to go down. And we are told by our colleagues that it's going to be better availability. And they're showing their ignorance. In my opinion, they're showing their ignorance of how disastrous this bill is going to be. And they're showing their incompetence because they're going against what the Constitution of the United States says. They're going against the rules of this House to try to pass a bill without anybody ever voting on it.

But the American people get it. They get it. They know that when Democrats vote for the rule, they're voting for the Senate bill that is going to be disastrous. They know that they are voting for a rule that is going to put in place, a reconciliation bill that we'll vote on secondarily, which is nothing but smoke and mirrors. And it's not going to fix all of these problems.

American people get it. The American people, Madam Speaker, need to call their Congressmen, their Democratic Congressmen because every single Republican is going to vote against this because we get it, too. We're fighting for the American people. We understand. We have listened to it. But our Democratic colleagues hopefully will open their ears and will hear the cries of the American people to save our great health care system.

Mr. GINGREY of Georgia. I concur with the gentleman. I think there is a certain amount of arrogance, a lot of arrogance, and maybe indeed a certain amount of ignorance. There's a certain amount of shrewdness, too.

I want to yield back to the gentleman from Iowa because as he was talking about Otto Von Bismark and the creation of that hammock and that sense of dependency and that toxic stew that I referred to as rainbow stew, I want to yield back to the gentleman because I think he was making some excellent points, and I want to let him continue.

I think we have maybe 15 more minutes or so, and I would like to yield back to the gentleman from Iowa

Mr. KING of Iowa. I thank the gentleman from Georgia, Mr. GINGREY. And in the interim here I thought I would take a look at the lyrics of ''Rainbow Stew,'' which I have here now. And parts of these lyrics echo to me pretty well. And it has—the message is that we will all be drinking free bubble-ubb and eating that rainbow stew. That is when we reach this utopia is the tone of Merle Haggard's country western song from years ago.

I'll take us down to this part. The President has promised the American people a whole string of things. He's promised that he won't sign a bill that costs over $900 billion. He's promised that the negotiations—eight times on national television he said negotiations will take place on C–SPAN. There won't be backroom deals. This will be all out in the open, and it's going to lower the cost of the health care. We know it goes the opposite, the whole string of things, that there isn't even a pretense that he is going to keep his word on.

And here's Merle Haggard's part of the song ''Rainbow Stew.'' It says: ''When a President goes through the White House door, an' does what he says he'll do, we'll all be drinkin' free bubble-ubb, eatin' that rainbow stew.'' They'd like us to eat the toxic stew, and the American people won't have any part of it.

What's going on here in this Congress is a unique thing. What the gentlemen in the Doctors Caucus talked about in the previous hour was about the idea of the Slaughter House rule. The idea that a bill would come to the House—not the floor of the House. It would go up there in the hole in the wall in the third floor in the Rules Committee, that tiny little room that hardly ever has any press in it, and only one time in the history of this country that I know of has there even been a television camera in there. And they make their deal up above.

It will be what the Speaker writes in her office by conferring with the people that she decides to confer with. She will give her directive to the Chair of the Rules Committee who will carry out that directive. And what they're threatening to do and what they will, I think, attempt to do is write a self-enacting rule that deems that the Senate bill has passed the House even though it would never be seen nor debated or voted on the floor of the House, just be the Rules Committee that will deem that. Send the rule down here and then Democrats can vote for the rule that doesn't necessarily mean they're for the Senate bill.

Then, whatever they do with their reconciliation, write another bill, which is apparently put together and may be out, this reconciliation bill that is what they call the House fixes, that is all the deals that have to be made to satisfy the Democrats in the House to get enough of them necessary to get enough votes for passage. That is 216.

So they'll write a bill, what they will call fixes, and they think they'll pass it off the House and pass it off to the Senate where the Senate probably will take it up. But it would be impossible for the Senate to put all of the fixes in that the House wants. And they can't do this unless the Senate bill has gone to the President's desk, received his signature, and it becomes law.

So for the first time in American history—we will see if this happens, and I think they'll surely try it—we will see a bill that today cannot pass the Senate, that cannot be accepted by the United States Senate, one that can't be passed on the floor of the House, just deemed passed by a rule that would go to the President for the President's signature and become the law of the land.

That is a breathtaking thing to think that this great deliberative body, this constitutional Republic that we are could be so reduced that we wouldn't even have enough will to put a bill on the floor to vote it up or down so there is a recorded vote and the constituents and the voters in America could hold the people accountable that decided to come in here and take away our liberty.

If they're going to take our liberty, they ought to do it with the lights on, and they ought to do it with a recorded vote, not with a Slaughter House rule that deems that a bill passed—a bill that can't pass the floor of the House; a bill that would not be accepted by the United States Senate—could still become the law of the land under the Slaughter House rule.

I'll yield to the gentleman.

Mr. BROUN of Georgia. I just have a question of the gentleman.

If the Slaughter House rule is put in place, doesn't that mean that the President gets everything that he wants without the fixes because the Senate bill will be passed into law?

And I yield to the gentleman to answer the question.

Mr. KING of Iowa. Well, depending on what the President wants. We can't hardly go by what he says. So I think he is closer to the Senate than he is to the House because he served in the Senate. But I think the answer is probably, yes, but we have to qualify it. Yes, depending.

Here's what I think. I think the President will sign any bill that says National Health Care Act in it. I don't think the substance of it matters. I don't think if it costs more than $900 billion to them it matters. I don't think if he said that it's not going to fund abortion—and it does—he will sign it anyway. He says it doesn't fund illegals—and it does: 6.1 million according to the Congressional Budget Office. 6.1 million illegals would have access to American taxpayers' dollars' benefits under the Senate version of the bill, and the President says it doesn't have anything to benefit illegals.

And the Speaker pointed her finger at our leader, JOHN BOEHNER, on February 25 and said, This bill doesn't fund abortion, and we know it does.

So if people can't be held accountable to their word, and if the language, the plain language in the bill says one thing and people's word says another thing, I don't know what their intentions are or where they'd say ''no.'' I think he's salivating to sign a bill.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. KING of Iowa. Yes, I will.

Mr. BROUN of Georgia. I agree with you, but he has also said that he wants everybody in this country to be under one pool, a government total control of health care where the Federal Government is the insurance agent for everybody in this country, single-payer system where the government is the insurance system for every person in this country.

And the point I was making is if the Senate bill is passed into law, won't he have accomplished that purpose? And my contention is absolutely he will have what he wants. They'll put in place the mechanism for the Federal Government to take over the health care system to socialize medicine in this country.

The Socialist Party in the 1930s said the fastest way to take away our liberty and go from a free market economy to become a socialist nation for us to lose our freedom is for the government to take over the health care system.

And so the President will have what he wants when that bill is deemed passed by the Slaughter rule or the Slaughter House rule.

□ 2210

Mr. GINGREY of Georgia. We are getting very close, probably within 5 or 6 minutes of the end of our time.

I really appreciate, Madam Speaker, the gentleman from Iowa looking up some of the lyrics of ''Rainbow Stew,'' because, Madam Speaker, if this bill passes, this ''deem and scheme'' passage of this bill, if it passes, I'm sure the Democratic majority is going to think that they are drinking free bubble-ubb and eating that rainbow stew.

Well, I guarantee you, Madam Speaker, we referred to my mother a little earlier in the hour, and my mom knows what kind of stew they are going to be eating. And I would also suggest, Madam Speaker, that they're not going to be drinking free bubble-ubb. They're going to be drinking Jim Jones Kool-Aid. This is a toxic stew and a bad drink not only for Members of Congress and members of the Democratic majority who vote ''yes'' on this abomination, but it is horrible for the American people.

Madam Speaker, this is not a Slaughter House. No. This is the people's House, and that's what the gentleman from Iowa was talking about.

I want to yield a little bit more time to the gentlemen from Pennsylvania, and we have just a few minutes left, and let the gentleman from Iowa conclude.

I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. I just wanted to follow up with a little feedback that goes well beyond this Chamber.

Certainly we know that if ObamaCare passes, we won't start to see the benefits in any way, and I happen to believe they're not benefits until 2013, 2014. Outside feedback. What's happening out in the country beyond this Capitol Hill?

There are three States that have already—Virginia, Idaho, and Utah have already passed laws to nullify ObamaCare's mandate that everyone purchase health insurance. Other States are following suit.

Arizona has a referendum on the ballot for November saying ''no'' to a mandate that every American should have to be required to purchase health insurance; ''no'' to the fact that an IRS agent can come evaluate whether you have or have not purchased that and then fine you or tax you.

Virginia's attorney general has already threatened legal action against the deeming process that is being used and touted and so discussed in this process.

Washington has no idea now how to deal with Medicare, Medicaid, and Social Security, and now we are creating a new entitlement that will accelerate, frankly, our path to ruin.

I want to share one quick feedback from a gentleman, a businessman. He and his dad have a business in Port Allegany, Pennsylvania. They make a product they are just so proud of. It helps with the car industry, and they do a great job, and they want to expand. They want to hire new individuals. They want to create prosperity. They want to grow. But, in fact, what has happened is that so much uncertainty has been created with this health care that they can't do that. They compete with China. They compete with South America. And now they can't compete because of this uncertainty.

Mr. GINGREY of Georgia. The gentleman from Pennsylvania is absolutely right. In fact, I think the State of Virginia, the legislature just voted to say, We are not going to require, under the penalty of law, our people to have health insurance. We want them to have health insurance.

I thank the gentleman for pointing out the fact that this expansion of Medicaid is crippling States, not only the State of Pennsylvania, rural hospitals as he pointed out, inner city hospitals that are serving the most needy, but in my State of Georgia, our Governor is struggling, is struggling to find ways to pay for this expanded Medicaid and has just announced that it's possible that the reimbursement to the hospitals in Georgia, the rural hospitals, all the hospitals, indeed, and the providers in Georgia, will be cut 10 percent Medicaid reimbursement. The gentleman has already talked about the reimbursement is 60 cents on the dollar.

I want to yield back, Madam Speaker, to the gentleman from Iowa to conclude, and I yield to him at this time.

Mr. KING of Iowa. I thank the gentleman. I'll just try to close one point here in this narrow window that we have, and I know that it's narrow, and that is this: This bill does fund abortion. And ever since 1973, the argument has been made by people on this side of the aisle, women and men both, consistently and relentlessly, that the Federal Government has no business telling a woman what she can or can't do with her body. But today, the same people are saying the Federal Government has every right to tell everybody in America what they can or can't do with their body, and they don't see the hypocrisy in it. They don't see the conflict or the lack of rationale. You can't be right both times. You can't say one thing for two generations and then just flip and decide that, well, it's convenient now to expand the dependency class, so now we're going to use the logic that the Federal Government has the right.

The Federal Government does not have the right to take over our health care. There is no constitutional foundation. There is no constitutional authority. It's a violation of the equal protection clause. It's a violation of the commerce clause in the Constitution. There is no authority.

The American people have rejected it. And now what we have is a situation where we have the arrogance of power of people that have not heard yet from the American people. We need this. The center of America has decided they want to protect their freedom, their liberty, and their own health insurance policies. We just need to have an election to reset the Congress so that Congress reflects the will of the American people. Until then, we're going to stand and do battle until we can have a Congress that reflects the will of the American people.

And I point out again, this is a bill that takes away liberty, has no constitutional foundation. It funds abortion and it funds illegals to the tune of 6.1 million according to the Senate version of the bill and the Congressional Budget Office. And so I would just take it to this point. I know we are down very close to the wire, and I thank the gentlemen I have joined.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. ZOE LOFGREN of California (at the request of Mr. HOYER) for today.

Mr. CUMMINGS (at the request of Mr. HOYER) for today after 4:30 p.m. on account of official business in the district.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. HOYER, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. LEE of California, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. MOORE of Wisconsin, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Ms. BALDWIN, for 5 minutes, today.

Mrs. MCCARTHY of New York, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

Ms. WATSON, for 5 minutes, today.
Ms. TSONGAS, for 5 minutes, today.
Ms. SPEIER, for 5 minutes, today.
Ms. CHU, for 5 minutes, today.
Mrs. DAVIS of California, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes, March 20 and 21.
Mr. POE of Texas, for 5 minutes, March 20, 21, and 25.
Mr. JONES, for 5 minutes, March 20, 21, and 25.
Mr. MORAN of Kansas, for 5 minutes, March 20, 21, and 25.
Mr. FRANKS of Arizona, for 5 minutes, March 23, 24, and 25.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Ms. RICHARDSON, for 5 minutes, today.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1789. An act to restore fairness to Federal cocaine sentencing; to the Committee on the Judiciary; in addition to the Committee on Energy and Commerce for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

S. 2865. An act to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes; to the Committee on Education and Labor.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 17, 2010 she presented to the President of the United States, for his approval, the following bill.

H.R. 2847. Making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

Mr. BROUN of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 16 minutes p.m.), the House adjourned until tomorrow, Friday, March 19, 2010, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the first quarter of 2010 pursuant to Public Law 95–384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON FEB. 12, 2010

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Nancy Pelosi	2/12	2/12	Haiti		$0		(3)				
Hon. John Conyers, Jr.	2/12	2/12	Haiti		$0		(3)				
Hon. Charles B. Rangel	2/12	2/12	Haiti		$0		(3)				
Hon. James L. Oberstar	2/12	2/12	Haiti		$0		(3)				
Hon. Earl Blumenauer	2/12	2/12	Haiti		$0		(3)				
Hon. Sheila Jackson Lee	2/12	2/12	Haiti		$0		(3)				
Hon. Donna M. Christensen	2/12	2/12	Haiti		$0		(3)				
Hon. Wilson Livingood	2/12	2/12	Haiti		$0		(3)				
Wyndee Parker	2/12	2/12	Haiti		$0		(3)				
Jonathan Stivers	2/12	2/12	Haiti		$0		(3)				
Dew Hammill	2/12	2/12	Haiti		$0		(3)				
Committee total											

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. NANCY PELOSI, Speaker of the House, Mar. 5, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON FEB. 19, 2010

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Robert C. "Bobby" Scott	2/19	2/19	Haiti		$0		(3)				
Hon. Michael C. Burgess	2/19	2/19	Haiti		$0		(3)				
Hon. Dennis J. Kucinich	2/19	2/19	Haiti		$0		(3)				
Hon. Michael E. Capuano	2/19	2/19	Haiti		$0		(3)				
Hon. Gwen Moore	2/19	2/19	Haiti		$0		(3)				
Stacee Bako	2/19	2/19	Haiti		$0		(3)				
Bobby Vassar	2/19	2/19	Haiti		$0		(3)				
Robyn Wapner	2/19	2/19	Haiti		$0		(3)				
Committee total											

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. NANCY PELOSI, Speaker of the House, Mar. 5, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON MAR. 5, 2010

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Zoe Lofgren	3/05	3/05	Haiti		$0		(3)				
Hon. David Dreier	3/05	3/05	Haiti		$0		(3)				
Hon. Eliot L. Engel	3/05	3/05	Haiti		$0		(3)				
Hon. Donald M. Payne	3/05	3/05	Haiti		$0		(3)				
Hon. David E. Price	3/05	3/05	Haiti		$0		(3)				
Hon. Janice D. Schakowsky	3/05	3/05	Haiti		$0		(3)				

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON MAR. 5, 2010—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Mario Diaz-Balart	3/05	3/05	Haiti		$0		(3)				
Hon. Al Green	3/05	3/05	Haiti		$0		(3)				
Hon. Yvette D. Clarke	3/05	3/05	Haiti		$0		(3)				
Peter Quilter	3/05	3/05	Haiti		$0		(3)				
Ann Marie Chotvacs	3/05	3/05	Haiti		$0		(3)				
Ben Nicholson	3/05	3/05	Haiti		$0		(3)				
John Lis	3/05	3/05	Haiti		$0		(3)				
Committee total											

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. NANCY PELOSI, Speaker of the House, Mar. 12, 2010.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6654. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Grapes Grown in a Designated Area of Southeastern California and Imported Table Grapes; Change in Regulatory Periods [Doc. No.: AMS-FV-06-0184; FV03-925-1 FIR] received February 25, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6655. A letter from the Assistant Secretary, Department of Labor, transmitting the Department's final rule — Civil Penalties Under ERISA Section 502(c)(8) (RIN: 1210-AB31) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6656. A letter from the Acting Director, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Valuing and Paying Benefits received March 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6657. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification of an unauthorized retransfer of defense articles provided by the United States, pursuant to 22 U.S.C. 39, 36(c); to the Committee on Foreign Affairs.

6658. A letter from the Assitant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 09-153, certification of a proposed technical assistance agreement to include the export of technical data, and defense services, pursuant to section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

6659. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report required by the Omnibus Appropriation, Public Law 105-277, Section 2215 on ''Overseas Surplus Property''; to the Committee on Foreign Affairs.

6660. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Memorandum of Justification regarding the determination under Title II of the Foreign Appropriations, Export Financing and Related Programs Appropriations Act, 2002; to the Committee on Foreign Affairs.

6661. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report on the status of Data Mining Activities, pursuant to Implementing Recommendations of the 9/11 Commission Act, Section 804; to the Committee on Foreign Affairs.

6662. A communication from the President of the United States, transmitting a list of the sites, locations, facilities, and activities in the United States declared to the International Atomic Energy Agency (IAEA), under the Protocol Additional to the Agreement between the United States of America and the International Atomic Energy Agency for the Application of Safeguards in the United States of America; to the Committee on Foreign Affairs.

6663. A communication from the President of the United States, transmitting a report pursuant to the National Defense Authorization Act for FY 2010; to the Committee on Foreign Affairs.

6664. A letter from the Deputy Archivist of the United States, National Archives and Records Administration, transmitting the Administration's final rule — Researcher Identification Card [FDMS Docket: NARA-09-004] (RIN: 3095-AB59) received March 9, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

6665. A letter from the Chairman, Securities and Exchange Commission, transmitting the Commission's commercial activities inventory for FY 2009, as required under the Federal Activities Inventory Reform Act of 1998; to the Committee on Oversight and Government Reform.

6666. A letter from the Assistant Secretary for the Employment and Training Administration, Department of Labor, transmitting the Department's final rule — Temporary Agricultural Employment of H-2A Aliens in the United States (RIN: 1205-AB55) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6667. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A310-203, -221, -222 Airplanes; and Model A300 F4-605R and -622R Airplanes [Docket No.: FAA-2009-0615; Directorate Identifier 2009-NM-043-AD; Amendment 39-16206; AD 2010-04-13] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6668. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30710; Amdt. No. 3361] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6669. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30709; Amdt. No. 3360] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6670. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Tansportation Workplace Drug and Alcohol Testing Programs [Docket OST-2007-26828] (RIN: 2105-AD64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6671. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket No.: OST-2008-0184] (RIN: 2105-AD67) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6672. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Graford, TX [Docket No.: FAA-2009-0927; Airspace Docket No. 09-ASW-27] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6673. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket: DOT-OST-2008-0088] (RIN: OST 2105-AD84) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OBERSTAR: Committee on Transportation and Infrastructure. H.R. 4275. A bill to designate the annex building under construction for the Elbert P. Tuttle United States Court of Appeals Building in Atlanta, Georgia, as the ''John C. Godbold United States Judicial Administration Building''; with amendments (Rept. 11–444). Referred to the House Calendar.

Mr. POLIS: Committee on Rules. House Resolution 1192. A resolution providing for consideration of the bill (H.R. 3644) to direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and adaptability for the likely impacts of climate change in coastal watershed regions,

and providing for consideration of the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service. (Rept. 111–445). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mrs. DAHLKEMPER:

H.R. 4876. A bill to provide for the issuance of a Great Lakes Restoration Semipostal Stamp; to the Committee on Oversight and Government Reform, and in addition to the Committees on Transportation and Infrastructure, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POLIS (for himself, Mr. COFFMAN of Colorado, Mr. SCHAUER, and Ms. KOSMAS):

H.R. 4877. A bill to amend the Internal Revenue Code of 1986 to encourage investment in certain industries by providing an exclusion from tax on certain gains; to the Committee on Ways and Means, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska:

H.R. 4878. A bill to amend the Internal Revenue Code of 1986 to reduce the rate of tax on corporations that make certain education contributions; to the Committee on Ways and Means.

By Mrs. LOWEY (for herself, Mrs. CAPPS, Mr. CAPUANO, Mr. ELLISON, Mr. ENGEL, Ms. DEGETTE, Mr. FARR, Mr. GRIJALVA, Mr. HONDA, Mr. ISRAEL, Ms. LEE of California, Mr. MCGOVERN, and Ms. WOOLSEY):

H.R. 4879. A bill to prohibit the application of certain restrictive eligibility requirements to foreign nongovernmental organizations with respect to the provision of assistance under part I of the Foreign Assistance Act of 1961; to the Committee on Foreign Affairs.

By Mrs. KIRKPATRICK of Arizona:

H.R. 4880. A bill to secure Federal ownership and management of significant natural, scenic, and recreational resources, to provide for the protection of cultural resources, to facilitate the efficient extraction of mineral resources by authorizing and directing an exchange of Federal and non-Federal land, and for other purposes; to the Committee on Natural Resources.

By Mr. WITTMAN:

H.R. 4881. A bill to amend the Internal Revenue Code of 1986 to allow individuals a deduction for costs incurred to remediate the presence of drywall containing elevated levels of sulphur or strontium in the principal residence of the taxpayer, a deduction for alternative living costs incurred by reason of the need to vacate such residence because of such drywall, and a credit against income tax for the costs of moving to and from the temporary living quarters; to the Committee on Ways and Means.

By Mr. BACA (for himself, Mrs. BONO MACK, and Mr. LEWIS of California):

H.R. 4882. A bill to direct the Secretary of the Army to conduct a study to determine the feasibility of carrying out a project to address the water resource development and management needs of the Soboba Band of Luiseno Indians Reservation, California; to the Committee on Transportation and Infrastructure.

By Mr. BARTON of Texas (for himself, Mr. MARCHANT, Mr. GRAVES, Mr. BURGESS, Mr. SOUDER, and Mr. OLSON):

H.R. 4883. A bill to amend the Balanced Budget and Emergency Deficit Control Act of 1985 to establish a sequestration to reduce all nonexempt programs, projects, and activities by 2 percent each fiscal year in which the Federal budget is in deficit, and for other purposes; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GARRETT of New Jersey (for himself, Mr. KANJORSKI, and Mr. BACHUS):

H.R. 4884. A bill to establish a covered bond regulatory oversight program, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. MALONEY:

H.R. 4885. A bill to protect the civil rights of victims of gender-motivated violence and to promote public safety, health, and regulate activities affecting interstate commerce by creating employer liability for negligent conduct that results in an individual's committing a gender-motivated crime of violence against another individual on premises controlled by the employer, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE (for himself, Mr. BERMAN, Ms. ROS-LEHTINEN, and Mr. SCHIFF):

H.R. 4886. A bill to permanently authorize Radio Free Asia, and for other purposes; to the Committee on Foreign Affairs.

By Mr. LAMBORN (for himself, Ms. ROS-LEHTINEN, Mrs. SCHMIDT, Mr. SMITH of Texas, Mr. NEUGEBAUER, Mr. FRANKS of Arizona, Mr. OLSON, Mrs. BACHMANN, Mr. GRIFFITH, Mr. PITTS, Mr. CAMPBELL, Ms. FALLIN, Mr. SHADEGG, Mr. KING of Iowa, Mr. CONAWAY, Mr. GOHMERT, Mr. BISHOP of Utah, Mr. BARTLETT, and Mr. MARCHANT):

H. Res. 1191. A resolution urging the expedient relocation of the United States Embassy in Israel to Jerusalem; to the Committee on Foreign Affairs.

By Mr. FLAKE:

H. Res. 1193. A resolution raising a question of the privileges of the House; to the Committee on Standards of Official Conduct.

By Mr. CANTOR:

H. Res. 1194. A resolution raising a question of the privileges of the House.

By Mr. MARSHALL:

H. Res. 1195. A resolution amending the Rules of the House of Representatives to require a three-fifths majority to designate spending as emergency spending, except spending for the Department of Defense; to the Committee on Rules.

By Mr. MORAN of Kansas (for himself and Mr. BLUNT):

H. Res. 1196. A resolution supporting increased market access for exports of United States beef and beef products to Japan; to the Committee on Ways and Means.

By Mr. ROHRABACHER (for himself, Mr. MACK, Mr. BURTON of Indiana, and Ms. ROS-LEHTINEN):

H. Res. 1197. A resolution expressing support for democracy in Honduras and restoring normal relations between Honduras and the United States; to the Committee on Foreign Affairs, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. THOMPSON of Pennsylvania:

H. Res. 1198. A resolution congratulating Lock Haven University of Pennsylvania for 140 years of excellence in higher education; to the Committee on Education and Labor.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 24: Mrs. BONO MACK, Mr. PAULSEN, Mr. KLEIN of Florida, Mr. BRALEY of Iowa, and Ms. DEGETTE.

H.R. 43: Ms. WOOLSEY, Mr. SHUSTER, Mr. LARSEN of Washington, Mr. POMEROY, and Mr. BARRETT of South Carolina.

H.R. 211: Mr. MORAN of Kansas, Ms. GINNY BROWN-WAITE of Florida, Mr. LUJÁN, Ms. ROS-LEHTINEN, and Mr. CLEAVER.

H.R. 476: Mr. BERMAN.

H.R. 571: Mr. LATTA.

H.R. 690: Mr. BISHOP of Georgia, Mr. MCINTYRE, and Mr. PASTOR of Arizona.

H.R. 734: Ms. KOSMAS, Mr. CAMP, Mr. MAFFEI, Mr. GRIFFITH, and Mr. SCOTT of Georgia.

H.R. 866: Mr. FORBES.

H.R. 881: Mr. MICA and Mr. WHITFIELD.

H.R. 930: Mr. ETHERIDGE.

H.R. 948: Mr. KANJORSKI.

H.R. 1074: Mr. DEAL of Georgia and Mr. HERGER.

H.R. 1189: Mr. ELLISON and Mr. BACHUS.

H.R. 1237: Mr. BRALEY of Iowa.

H.R. 1310: Mr. INGLIS.

H.R. 1340: Mr. MARKEY of Massachusetts.

H.R. 1799: Mr. BRIGHT.

H.R. 1835: Mr. GALLEGLY.

H.R. 1957: Mr. CLEAVER.

H.R. 2109: Mr. PRICE of North Carolina.

H.R. 2262: Mr. WELCH.

H.R. 2351: Ms. NORTON.

H.R. 2429: Ms. LORETTA SANCHEZ of California.

H.R. 2483: Mr. LOBIONDO.

H.R. 2539: Mr. FORBES.

H.R. 2578: Mr. SCOTT of Georgia.

H.R. 2598: Mr. BRIGHT, Mr. HUNTER, Mr. CARSON of Indiana, Mr. LAMBORN, and Mr. HODES.

H.R. 2601: Mr. ROGERS of Kentucky.

H.R. 2692: Mr. ETHERIDGE.

H.R. 2746: Mr. LARSEN of Washington, Mr. RANGEL, Mr. KUCINICH, Mr. MEEKS of New York, Mr. GRAYSON, Mr. TIM MURPHY of Pennsylvania, and Mr. YARMUTH.

H.R. 2866: Mr. ROTHMAN of New Jersey.

H.R. 2981: Mr. MAFFEI.

H.R. 3012: Mr. BISHOP of New York.

H.R. 3189: Mr. BROUN of Georgia.

H.R. 3380: Mr. HOEKSTRA, Mrs. MCMORRIS RODGERS, Mr. BUTTERFIELD, Mr. GENE GREEN of Texas, and Mr. MILLER of Florida.

H.R. 3438: Mr. TAYLOR, Mr. SCHOCK, and Mr. BURTON of Indiana.

H.R. 3990: Ms. FUDGE.

H.R. 4004: Mr. CLAY.

H.R. 4014: Ms. WOOLSEY and Ms. ROYBAL-ALLARD.

H.R. 4021: Mr. KAGEN and Mr. WEINER.
H.R. 4090: Mr. SPRATT and Mr. BISHOP of Georgia.
H.R. 4109: Mr. WEINER.
H.R. 4149: Mr. BOREN.
H.R. 4241: Mr. STUPAK.
H.R. 4278: Mr. ROGERS of Michigan.
H.R. 4296: Mr. KILDEE.
H.R. 4360: Mr. COHEN, Ms. MARKEY of Colorado, Mr. MCCOTTER, Mr. ARCURI, and Mr. ROTHMAN of New Jersey.
H.R. 4375: Mr. CAPUANO.
H.R. 4376: Mr. HALL of New York.
H.R. 4469: Mr. ROGERS of Alabama, Ms. SHEA-PORTER, Ms. RICHARDSON, Mr. ROGERS of Kentucky, and Mr. THORNBERRY.
H.R. 4477: Mr. MICHAUD.
H.R. 4567: Mr. COHEN.
H.R. 4594: Mr. CONYERS, Mr. MARSHALL, Mr. BLUMENAUER, Mr. MCNERNEY, Mr. COSTA, Mr. MORAN of Virginia, and Mr. SNYDER.
H.R. 4596: Mr. POE of Texas, Ms. BERKLEY, and Mr. BILIRAKIS.
H.R. 4599: Ms. SCHWARTZ.
H.R. 4615: Mr. KUCINICH, Mr. GRAYSON, Mr. ENGEL, and Mr. FILNER.
H.R. 4632: Mr. MURPHY of Connecticut.
H.R. 4700: Mrs. DAHLKEMPER, Mr. PASCRELL, Mr. MURPHY of New York, and Mr. SARBANES.
H.R. 4701: Mr. HALL of New York.
H.R. 4710: Mr. MCINTYRE.
H.R. 4722: Mr. GUTIERREZ, Mr. MOORE of Kansas, and Mr. WEINER.
H.R. 4735: Mrs. MYRICK.
H.R. 4752: Mr. PERRIELLO.
H.R. 4781: Mr. CHAFFETZ.
H.R. 4788: Mr. SCHAUER.
H.R. 4789: Ms. RICHARDSON, Mr. HINOJOSA, and Mr. SCOTT of Virginia.
H.R. 4804: Ms. BERKLEY, Mr. LINCOLN DIAZ-BALART of Florida, and Ms. ROS-LEHTINEN.
H.R. 4805: Ms. SCHAKOWSKY.
H.R. 4812: Mr. CONYERS, Ms. BALDWIN, Mr. FARR, Mr. HINCHEY, Ms. JACKSON LEE of Texas, Ms. MATSUI, Mr. CAPUANO, Ms. KILPATRICK of Michigan, Mr. CLAY, Mr. JACKSON of Illinois, and Mr. FILNER.
H.R. 4850: Mr. POLIS, Ms. MARKEY of Colorado, Mr. ROGERS of Michigan, Mr. KILDEE, and Mr. MCMAHON.
H.R. 4856: Mr. BACA.
H.R. 4868: Mrs. MALONEY.
H.J. Res. 76: Mr. MELANCON and Mr. WESTMORELAND.
H. Con. Res. 98: Ms. PINGREE of Maine.
H. Con. Res. 169: Mr. MCCOTTER and Mr. JOHNSON of Illinois.
H. Con. Res. 198: Mr. RADANOVICH and Mr. WHITFIELD.
H. Con. Res. 201: Mr. MANZULLO and Mr. SOUDER.
H. Con. Res. 230: Mrs. MYRICK.
H. Con. Res. 252: Mr. MCMAHON.
H. Res. 173: Mr. WILSON of Ohio, Mr. YOUNG of Alaska, Mr. RYAN of Ohio, and Mr. PASTOR of Arizona.
H. Res. 351: Mr. PLATTS.
H. Res. 767: Mr. CASSIDY.
H. Res. 982: Mr. TAYLOR, Mr. CHAFFETZ, and Mr. CONAWAY.
H. Res. 987: Mr. OLSON.
H. Res. 1053: Mrs. MYRICK and Mr. RUSH.
H. Res. 1075: Mr. DUNCAN.
H. Res. 1104: Mr. MCCOTTER.
H. Res. 1116: Mr. COHEN, Mr. TERRY, Mr. BLUMENAUER, Mr. MCCOTTER, and Mr. ARCURI.
H. Res. 1132: Mr. WITTMAN, Mr. COURTNEY, Mr. BARTLETT, Mr. CONAWAY, Mr. WALZ, Mr. LANGEVIN, Mr. ELLSWORTH, Mr. KRATOVIL, Mrs. HALVORSON, Mr. INSLEE, Mr. ARCURI, Mr. PERLMUTTER, Mrs. DAVIS of California, and Mr. PATRICK J. MURPHY of Pennsylvania.
H. Res. 1157: Mr. JOHNSON of Georgia and Ms. CASTOR of Florida.
H. Res. 1181: Mr. INGLIS, Mrs. MILLER of Michigan, Mr. MCCAUL, and Mrs. MYRICK.
H. Res. 1182: Mr. GOODLATTE.
H. Res. 1188: Ms. ROS-LEHTINEN, Mr. LATTA, Mr. THORNBERRY, Mr. BARTON of Texas, Mr. KINGSTON, Mr. SMITH of New Jersey, Mrs. BACHMANN, Mr. GERLACH, Mr. BILBRAY, Mr. JONES, Mr. TIM MURPHY of Pennsylvania, Mr. WOLF, Mr. LUCAS, Mr. GARRETT of New Jersey, Mr. YOUNG of Florida, Mr. PETRI, Mr. DREIER, Mrs. BONO MACK, Mrs. MYRICK, Mrs. BIGGERT, Mr. MCCARTHY of California, Mr. GARY G. MILLER of California, Mr. DEAL of Georgia, Mr. MARIO DIAZ-BALART of Florida, Mr. BARTLETT, Mr. CALVERT, Mr. MACK, and Mr. TIBERI.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative CAPPS, or a designee, to H.R. 3644, the Ocean, Coastal and Watershed Education Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.