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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Eternal God, through Whom we see what we could be and what we can become, thank You for giving us another day.

Send Your Spirit upon the Members of this people's House to encourage them in their official tasks. Be with them and with all who labor here to serve this great Nation and its people.

Assure them that whatever their responsibilities, You provide the grace to enable them to be faithful to their duties and the wisdom to be conscious of their obligations and fulfill them with integrity.

Remind us all of the dignity of work and teach us to use our talents and abilities in ways that are honorable and just and are of benefit to those we serve. May all that is done this day be for Your greater honor and glory.

Amen.

THE JOURNAL

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

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

Mr. POE of Texas. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Speaker's approval of the Journal.

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

Mr. POE. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Illinois (Mr. DOLD) come forward and lead the House in the Pledge of Allegiance.

Mr. DOLD 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.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five 1-minute requests on each side.

IPAB MUST BE REPEALED

(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. Mr. Speaker, every American should be given the freedom to make his or her own decisions regarding health care. When the government takeover health care bill was passed, the liberal control of Congress took away this right and instead created the Independent Payment Advisory Board, IPAB. This board is comprised of 15 unelected and unaccountable bureaucrats who will be responsible for making major cuts to Medicare which are likely to lead to waiting lists, deferral of service, and denial of care.

Today, House Republicans will vote on a bill that will eliminate IPAB and help strengthen our Medicare system for a doctor-patient relationship.

Our country cannot afford to spend $1.8 trillion on an unconstitutional government mandate which the NFIB reveals will destroy 1.6 million jobs.

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

REPEAL OF IPAB WRONGLY TIED TO MEDICAL MALPRACTICE

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

Mr. HOLDEN. Madam Speaker, I rise today in support of repealing IPAB. However, I speak in opposition to tying this repeal to H.R. 5. This is another act of political theater and disingenuous at best.

IPAB relinquishes congressional responsibility to care for our seniors. Passing these decisions off, whether it is to insurance companies or an unelected commission, undermines Congress' ability to represent the needs of our seniors and make decisions on health care policy for Medicare beneficiaries.

We must preserve access to quality Medicare while containing costs and replacing the flawed payment system. Simply cutting reimbursements is not the answer. If we truly want to rein in the cost of Medicare and repeal IPAB, we should do it as a stand-alone bill.

The Senate has no intention of bringing H.R. 5 up for a vote. Why then are we wasting our time on legislation that has no chance of becoming law?

Americans want their elected leaders working together to find solutions to the problems facing our country, not to be active participants in political theater.

I urge my colleagues to have an open and honest debate on Medicare reform by bringing an independent IPAB repeal bill to the floor.

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HEALTH ACT OF 2011

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

Mr. FLAKE. Madam Speaker, I rise today in support of the legislation we'll vote on shortly to repeal the Independent Payment Advisory Board created under the Patient Protection and Affordable Care Act. This is something that simply should not have been done. These are unelected board members, 15 of them, appointed by the President, tasked for finding savings and making recommendations.

Unfortunately, because of the limitations of what the board can cut, the majority of spending reductions will come from cutting reimbursements for doctors and those who care for Medicare patients. The ultimate result will be fewer options for patients when doctors are driven out of the Medicare system.

We were told when the Affordable Care Act was passed that it would lead to a reduction in premiums. It's done exactly the opposite.

This kind of board and these kinds of decisions made by unelected officials will simply drive the cost up further, and we cannot afford to do that.

My only regret in today's action is that we're not repealing the entire act. I hope that comes soon.

WOMEN'S HEALTH

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

Mr. BACA. Madam Speaker, today I rise to speak of the need to protect the health care of American women.

Last week, I hosted a women's conference focused on the benefit of the Affordable Care Act for women. The historic health care reform is a step in the right direction for the health of mothers, sisters, daughters, and granddaughters.

Thanks to affordable health care, women can no longer be dropped from insurance coverage when they get sick or become pregnant. Twenty million women have already used free preventive services offered through health care reform, including mammograms and colonoscopies.

Beginning in 2014, women will no longer be denied coverage for having a preexisting condition. The health care law finally ends gender rating, in which women are forced to pay higher premiums than men for the same coverage.

American women are the foundation of our families. We must protect the benefit of health care reform and ensure that all women have better access to health care.

□ 1010

THE NATIONAL DEBT

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

Mr. DOLD. Madam Speaker, our national debt now exceeds $15.5 trillion. I think it's fair to say that Washington has a spending problem. Republicans and Democrats alike have overspent over the years.

In the past 4 years, Washington has spent over $5 trillion of taxpayer money that we don't have. The degree of how much this actually means to the American public, I think, is incomprehensible. Most people that I talk to just say that's a heck of a lot of money. I talk about the deficit of $1.5 trillion that we spent this last year and they say I just think it's a lot of money. It works out to be about $3.4 million a minute in deficit spending.

But if we take eight zeros off these numbers, to put it in perspective for the American family, I think it gives them a good idea about what their budget would look like. The annual family income would be about $22,280. The money the family would spend in a given year would be $37,080. New debt on the credit card would be $14,800. The outstanding balance, which I think is important, is $155,000, and the total discretionary budget cuts that were put in for 2011 for this family, $398.

Madam Speaker, that's what we're facing. We must pass a budget that takes the step necessary to rein in the out-of-control spending that our country has today and put ourselves on a path to economic prosperity. We have no other choice.

THE ADVANCES FOR WOMEN IN HEALTH CARE REFORM

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

Ms. TSONGAS. Madam Speaker, tomorrow marks the second anniversary of the landmark health care reform bill being signed into law by President Obama.

Many of the important reforms under the new law benefit women, who for years have faced discriminatory practices by insurance companies and borne higher health care costs simply as a result of their gender.

Because of the new law, women can no longer be denied coverage or charged more for such preexisting conditions as breast or cervical cancer, pregnancy, or, of all things, being a victim of domestic abuse.

Women no longer have to share the cost of critical and potentially lifesaving preventive services such as mammograms and colonoscopies.

These reforms for women not only make care more equitable, but they also help to reduce the cost of care by insuring that many diseases are detected early or prevented before their onset through vaccinations and regular screenings.

While additional reforms will be implemented in stages, many advances, as a result of health care reform, are already making a difference in the lives of women across this country.

JOEL SHRUM

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

Mr. PITTS. Madam Speaker, on Sunday in the Yemeni city of Tah-izz, al Qaeda terrorists viciously gunned down American Joel Shrum.

Joel grew up in Lancaster County, Pennsylvania, in Mount Joy and was a football star at Donegal High School.

He leaves behind a wife and two young sons who lived with him in Yemen.

Joel worked as a teacher at the International Training Development Center, which focused on giving vocational training to the poor.

Joel was a Christian, but he was not in the country to proselytize. According to his father, Joel was there to teach and break down barriers. The organization he worked for is staffed by both Christians and Muslims and has worked in the country for over 40 years.

The people of Yemen are appalled at this violence. Hundreds of activists took to the streets yesterday to demand justice for the killers. They carried photos of Joel and chanted: ''Yemen is not a place for terrorism'' and ''We love you, Joel.''

Joel Shrum selflessly served the poor in a country far from home. He will be dearly missed by his family and by the people he came to serve.

CHARLES DARWIN WOULD BLUSH

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

Mr. CONNOLLY of Virginia. Madam Speaker, yesterday by one vote the Republican Budget Committee passed a fend-for-yourself budget that gives Darwinism a bad name. It breaks a bipartisan compromise not even a year old. It voucherizes Medicare, in effect jeopardizing health care for tens of millions of American seniors. It essentially guts Medicaid and jeopardizes nursing home care for millions more. It block-grants the safety net programs led by food stamps, threatening to reverse decades-old progress in lowering poverty and malnutrition rates in America.

This is a budget that needs to be rejected, Madam Speaker. It is a budget that would make Charles Darwin blush.

IT'S UNCONSTITUTIONAL

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

Mr. POE of Texas. Madam Speaker, the nationalized health care bill will soon go before the Supreme Court.

The issue: Does the Federal Government have the constitutional authority to force Americans to buy government ordained and approved health insurance, or else? Or else face the wrath and punishment of government.

The government does not have the authority to force citizens to buy any product, whether it is health insurance, a car, or a box of doughnuts.

If the Supreme Court allows this government invasion of choice, what is next?

Is the government, under the guise of it knows best, going to force citizens to buy only government approved green cars, only government houses, only government food?

The health care individual mandate is a denial of liberty.

Yes, we need to fix health care, but does anyone really want to turn over the Nation's health care to the government? The government seldom does anything better.

If you like the compassion of the IRS, the efficiency of the post office, and the competency of FEMA, you will love the unconstitutional, nationalized health care bill.

And that's just the way it is.

TRAYVON MARTIN

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

Mr. AL GREEN of Texas. Madam Speaker, I rise this morning to thank the many persons across the length and breadth of this country who have spoken up with reference to the injustice that has occurred in Florida with reference to the young man, Trayvon Martin.

I want to single out two people, however. The first, Joe Scarborough of MSNBC Morning Joe. When he spoke this morning, I literally had tears to well in my eyes as he took a strong position on this injustice. I beg that others would do likewise.

I would also like to thank the Reverend Al Sharpton. He has lost his mother; and I along with other people of goodwill would like to extend our condolences and our sympathies. But I am so grateful to Reverend Sharpton. He has indicated that he will be at the rally tonight in Sanford, Florida. And I thank him for what he has done and is doing.

May God continue to bless you, Reverend, and I look forward to being there with you.

Mr. CONYERS. Will the gentleman yield?

Mr. AL GREEN of Texas. I yield to the gentleman from Michigan.

Mr. CONYERS. I would like to proudly associate myself with your remarks.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. POE of Texas). Members are advised to address their remarks to the Chair.

PROTECTING ACCESS TO HEALTHCARE ACT

Mr. GINGREY of Georgia. 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 H.R. 5.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 591 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 5.

□ 1019

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, with Mrs. MILLER of Michigan (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose on Wednesday, March 21, 2012, all time for general debate had expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendments recommended by the Committees on Energy and Commerce and the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112–18 is adopted and the bill, as amended, shall be considered as an original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

H.R. 5

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 ''Protecting Access to Healthcare Act''.

TITLE I—HEALTH ACT

SEC. 101. SHORT TITLE.

This title may be cited as the ''Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2012''.

SEC. 102. FINDINGS AND PURPOSE.

(a) FINDINGS.—

(1) EFFECT ON HEALTH CARE ACCESS AND COSTS.—Congress finds that our current civil justice system is adversely affecting patient access to health care services, better patient care, and cost-efficient health care, in that the health care liability system is a costly and ineffective mechanism for resolving claims of health care liability and compensating injured patients, and is a deterrent to the sharing of information among health care professionals which impedes efforts to improve patient safety and quality of care.

(2) EFFECT ON INTERSTATE COMMERCE.—Congress finds that the health care and insurance industries are industries affecting interstate commerce and the health care liability litigation systems existing throughout the United States are activities that affect interstate commerce by contributing to the high costs of health care and premiums for health care liability insurance purchased by health care system providers.

(3) EFFECT ON FEDERAL SPENDING.—Congress finds that the health care liability litigation systems existing throughout the United States have a significant effect on the amount, distribution, and use of Federal funds because of—

(A) the large number of individuals who receive health care benefits under programs operated or financed by the Federal Government;

(B) the large number of individuals who benefit because of the exclusion from Federal taxes of the amounts spent to provide them with health insurance benefits; and

(C) the large number of health care providers who provide items or services for which the Federal Government makes payments.

(b) PURPOSE.—It is the purpose of this title to implement reasonable, comprehensive, and effective health care liability reforms designed to—

(1) improve the availability of health care services in cases in which health care liability actions have been shown to be a factor in the decreased availability of services;

(2) reduce the incidence of ''defensive medicine'' and lower the cost of health care liability insurance, all of which contribute to the escalation of health care costs;

(3) ensure that persons with meritorious health care injury claims receive fair and adequate compensation, including reasonable noneconomic damages;

(4) improve the fairness and cost-effectiveness of our current health care liability system to resolve disputes over, and provide compensation for, health care liability by reducing uncertainty in the amount of compensation provided to injured individuals; and

(5) provide an increased sharing of information in the health care system which will reduce unintended injury and improve patient care.

SEC. 103. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

The time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first. In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of manifestation of injury unless tolled for any of the following—

(1) upon proof of fraud;

(2) intentional concealment; or

(3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.

Actions by a minor shall be commenced within 3 years from the date of the alleged manifestation of injury except that actions by a minor under the full age of 6 years shall be commenced within 3 years of manifestation of injury or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider or health care organization have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

SEC. 104. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit a claimant's recovery of the full amount of the available economic damages, notwithstanding the limitation in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit, the amount of noneconomic damages, if available, may be as much

as $250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same injury.

(c) NO DISCOUNT OF AWARD FOR NONECONOMIC DAMAGES.—For purposes of applying the limitation in subsection (b), future noneconomic damages shall not be discounted to present value. The jury shall not be informed about the maximum award for noneconomic damages. An award for noneconomic damages in excess of $250,000 shall be reduced either before the entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law. If separate awards are rendered for past and future noneconomic damages and the combined awards exceed $250,000, the future noneconomic damages shall be reduced first.

(d) FAIR SHARE RULE.—In any health care lawsuit, each party shall be liable for that party's several share of any damages only and not for the share of any other person. Each party shall be liable only for the amount of damages allocated to such party in direct proportion to such party's percentage of responsibility. Whenever a judgment of liability is rendered as to any party, a separate judgment shall be rendered against each such party for the amount allocated to such party. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant's harm.

SEC. 105. MAXIMIZING PATIENT RECOVERY.

(a) COURT SUPERVISION OF SHARE OF DAMAGES ACTUALLY PAID TO CLAIMANTS.—In any health care lawsuit, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants. In particular, in any health care lawsuit in which the attorney for a party claims a financial stake in the outcome by virtue of a contingent fee, the court shall have the power to restrict the payment of a claimant's damage recovery to such attorney, and to redirect such damages to the claimant based upon the interests of justice and principles of equity. In no event shall the total of all contingent fees for representing all claimants in a health care lawsuit exceed the following limits:

(1) Forty percent of the first $50,000 recovered by the claimant(s).

(2) Thirty-three and one-third percent of the next $50,000 recovered by the claimant(s).

(3) Twenty-five percent of the next $500,000 recovered by the claimant(s).

(4) Fifteen percent of any amount by which the recovery by the claimant(s) is in excess of $600,000.

(b) APPLICABILITY.—The limitations in this section shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution. In a health care lawsuit involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section. The requirement for court supervision in the first two sentences of subsection (a) applies only in civil actions.

SEC. 106. PUNITIVE DAMAGES.

(a) IN GENERAL.—Punitive damages may, if otherwise permitted by applicable State or Federal law, be awarded against any person in a health care lawsuit only if it is proven by clear and convincing evidence that such person acted with malicious intent to injure the claimant, or that such person deliberately failed to avoid unnecessary injury that such person knew the claimant was substantially certain to suffer. In any health care lawsuit where no judgment for compensatory damages is rendered against such person, no punitive damages may be awarded with respect to the claim in such lawsuit. No demand for punitive damages shall be included in a health care lawsuit as initially filed. A court may allow a claimant to file an amended pleading for punitive damages only upon a motion by the claimant and after a finding by the court, upon review of supporting and opposing affidavits or after a hearing, after weighing the evidence, that the claimant has established by a substantial probability that the claimant will prevail on the claim for punitive damages. At the request of any party in a health care lawsuit, the trier of fact shall consider in a separate proceeding—

(1) whether punitive damages are to be awarded and the amount of such award; and

(2) the amount of punitive damages following a determination of punitive liability.

If a separate proceeding is requested, evidence relevant only to the claim for punitive damages, as determined by applicable State law, shall be inadmissible in any proceeding to determine whether compensatory damages are to be awarded.

(b) DETERMINING AMOUNT OF PUNITIVE DAMAGES.—

(1) FACTORS CONSIDERED.—In determining the amount of punitive damages, if awarded, in a health care lawsuit, the trier of fact shall consider only the following—

(A) the severity of the harm caused by the conduct of such party;

(B) the duration of the conduct or any concealment of it by such party;

(C) the profitability of the conduct to such party;

(D) the number of products sold or medical procedures rendered for compensation, as the case may be, by such party, of the kind causing the harm complained of by the claimant;

(E) any criminal penalties imposed on such party, as a result of the conduct complained of by the claimant; and

(F) the amount of any civil fines assessed against such party as a result of the conduct complained of by the claimant.

(2) MAXIMUM AWARD.—The amount of punitive damages, if awarded, in a health care lawsuit may be as much as $250,000 or as much as two times the amount of economic damages awarded, whichever is greater. The jury shall not be informed of this limitation.

(c) NO PUNITIVE DAMAGES FOR PRODUCTS THAT COMPLY WITH FDA STANDARDS.—

(1) IN GENERAL.—

(A) No punitive damages may be awarded against the manufacturer or distributor of a medical product, or a supplier of any component or raw material of such medical product, based on a claim that such product caused the claimant's harm where—

(i)(I) such medical product was subject to premarket approval, clearance, or licensure by the Food and Drug Administration with respect to the safety of the formulation or performance of the aspect of such medical product which caused the claimant's harm or the adequacy of the packaging or labeling of such medical product; and

(II) such medical product was so approved, cleared, or licensed; or

(ii) such medical product is generally recognized among qualified experts as safe and effective pursuant to conditions established by the Food and Drug Administration and applicable Food and Drug Administration regulations, including without limitation those related to packaging and labeling, unless the Food and Drug Administration has determined that such medical product was not manufactured or distributed in substantial compliance with applicable Food and Drug Administration statutes and regulations.

(B) RULE OF CONSTRUCTION.—Subparagraph (A) may not be construed as establishing the obligation of the Food and Drug Administration to demonstrate affirmatively that a manufacturer, distributor, or supplier referred to in such subparagraph meets any of the conditions described in such subparagraph.

(2) LIABILITY OF HEALTH CARE PROVIDERS.—A health care provider who prescribes, or who dispenses pursuant to a prescription, a medical product approved, licensed, or cleared by the Food and Drug Administration shall not be named as a party to a product liability lawsuit involving such product and shall not be liable to a claimant in a class action lawsuit against the manufacturer, distributor, or seller of such product. Nothing in this paragraph prevents a court from consolidating cases involving health care providers and cases involving products liability claims against the manufacturer, distributor, or product seller of such medical product.

(3) PACKAGING.—In a health care lawsuit for harm which is alleged to relate to the adequacy of the packaging or labeling of a drug which is required to have tamper-resistant packaging under regulations of the Secretary of Health and Human Services (including labeling regulations related to such packaging), the manufacturer or product seller of the drug shall not be held liable for punitive damages unless such packaging or labeling is found by the trier of fact by clear and convincing evidence to be substantially out of compliance with such regulations.

(4) EXCEPTION.—Paragraph (1) shall not apply in any health care lawsuit in which—

(A) a person, before or after premarket approval, clearance, or licensure of such medical product, knowingly misrepresented to or withheld from the Food and Drug Administration information that is required to be submitted under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or section 351 of the Public Health Service Act (42 U.S.C. 262) that is material and is causally related to the harm which the claimant allegedly suffered

(B) a person made an illegal payment to an official of the Food and Drug Administration for the purpose of either securing or maintaining approval, clearance, or licensure of such medical product; or

(C) the defendant caused the medical product which caused the claimant's harm to be misbranded or adulterated (as such terms are used in chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C 351 et seq.)).

SEC. 107. AUTHORIZATION OF PAYMENT OF FUTURE DAMAGES TO CLAIMANTS IN HEALTH CARE LAWSUITS.

(a) IN GENERAL.—In any health care lawsuit, if an award of future damages, without reduction to present value, equaling or exceeding $50,000 is made against a party with sufficient insurance or other assets to fund a periodic payment of such a judgment, the court shall, at the request of any party, enter a judgment ordering that the future damages be paid by periodic payments, in accordance with the Uniform Periodic Payment of Judgments Act promulgated by the National Conference of Commissioners on Uniform State Laws.

(b) APPLICABILITY.—This section applies to all actions which have not been first set for trial or retrial before the effective date of this title.

SEC. 108. DEFINITIONS.

In this title:

(1) ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.—The term ''alternative dispute resolution system'' or ''ADR'' means a system that provides for the resolution of health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) CLAIMANT.—The term ''claimant'' means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity, or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.

(3) COMPENSATORY DAMAGES.—The term ''compensatory damages'' means objectively verifiable

monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities, damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature. The term ''compensatory damages'' includes economic damages and noneconomic damages, as such terms are defined in this section.

(4) CONTINGENT FEE.—The term ''contingent fee'' includes all compensation to any person or persons which is payable only if a recovery is effected on behalf of one or more claimants.

(5) ECONOMIC DAMAGES.—The term ''economic damages'' means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities.

(6) HEALTH CARE LAWSUIT.—The term ''health care lawsuit'' means any health care liability claim concerning the provision of health care goods or services or any medical product affecting interstate commerce, or any health care liability action concerning the provision of health care goods or services or any medical product affecting interstate commerce, brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider, a health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, regardless of the theory of liability on which the claim is based, or the number of claimants, plaintiffs, defendants, or other parties, or the number of claims or causes of action, in which the claimant alleges a health care liability claim. Such term does not include a claim or action which is based on criminal liability; which seeks civil fines or penalties paid to Federal, State, or local government; or which is grounded in antitrust.

(7) HEALTH CARE LIABILITY ACTION.—The term ''health care liability action'' means a civil action brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider, a health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action, in which the claimant alleges a health care liability claim.

(8) HEALTH CARE LIABILITY CLAIM.—The term ''health care liability claim'' means a demand by any person, whether or not pursuant to ADR, against a health care provider, health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, including, but not limited to, third-party claims, cross-claims, counterclaims, or contribution claims, which are based upon the provision of, use of, or payment for (or the failure to provide, use, or pay for) health care services or medical products, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action.

(9) HEALTH CARE ORGANIZATION.—The term ''health care organization'' means any person or entity which is obligated to provide or pay for health benefits under any health plan, including any person or entity acting under a contract or arrangement with a health care organization to provide or administer any health benefit.

(10) HEALTH CARE PROVIDER.—The term ''health care provider'' means any person or entity required by State or Federal laws or regulations to be licensed, registered, or certified to provide health care services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation.

(11) HEALTH CARE GOODS OR SERVICES.—The term ''health care goods or services'' means any goods or services provided by a health care organization, provider, or by any individual working under the supervision of a health care provider, that relates to the diagnosis, prevention, or treatment of any human disease or impairment, or the assessment or care of the health of human beings.

(12) MALICIOUS INTENT TO INJURE.—The term ''malicious intent to injure'' means intentionally causing or attempting to cause physical injury other than providing health care goods or services.

(13) MEDICAL PRODUCT.—The term ''medical product'' means a drug, device, or biological product intended for humans, and the terms ''drug'', ''device'', and ''biological product'' have the meanings given such terms in sections 201(g)(1) and 201(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321(g)(1) and (h)) and section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)), respectively, including any component or raw material used therein, but excluding health care services.

(14) NONECONOMIC DAMAGES.—The term ''noneconomic damages'' means damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature.

(15) PUNITIVE DAMAGES.—The term ''punitive damages'' means damages awarded, for the purpose of punishment or deterrence, and not solely for compensatory purposes, against a health care provider, health care organization, or a manufacturer, distributor, or supplier of a medical product. Punitive damages are neither economic nor noneconomic damages.

(16) RECOVERY.—The term ''recovery'' means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the plaintiff and the attorneys' office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

(17) STATE.—The term ''State'' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States, or any political subdivision thereof.

SEC. 109. EFFECT ON OTHER LAWS.

(a) VACCINE INJURY.—

(1) To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a vaccine-related injury or death—

(A) this title does not affect the application of the rule of law to such an action; and

(B) any rule of law prescribed by this title in conflict with a rule of law of such title XXI shall not apply to such action.

(2) If there is an aspect of a civil action brought for a vaccine-related injury or death to which a Federal rule of law under title XXI of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this title) will apply to such aspect of such action.

(b) OTHER FEDERAL LAW.—Except as provided in this section, nothing in this title shall be deemed to affect any defense available to a defendant in a health care lawsuit or action under any other provision of Federal law.

SEC. 110. STATE FLEXIBILITY AND PROTECTION OF STATES' RIGHTS.

(a) HEALTH CARE LAWSUITS.—The provisions governing health care lawsuits set forth in this title preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—

(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or

(2) prohibits the introduction of evidence regarding collateral source benefits, or mandates or permits subrogation or a lien on collateral source benefits.

(b) PROTECTION OF STATES' RIGHTS AND OTHER LAWS.—(1) Any issue that is not governed by any provision of law established by or under this title (including State standards of negligence) shall be governed by otherwise applicable State or Federal law.

(2) This title shall not preempt or supersede any State or Federal law that imposes greater procedural or substantive protections for health care providers and health care organizations from liability, loss, or damages than those provided by this title or create a cause of action.

(c) STATE FLEXIBILITY.—No provision of this title shall be construed to preempt—

(1) any State law (whether effective before, on, or after the date of the enactment of this title) that specifies a particular monetary amount of compensatory or punitive damages (or the total amount of damages) that may be awarded in a health care lawsuit, regardless of whether such monetary amount is greater or lesser than is provided for under this title, notwithstanding section 4(a); or

(2) any defense available to a party in a health care lawsuit under any other provision of State or Federal law.

SEC. 111. APPLICABILITY; EFFECTIVE DATE.

This title shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this title, except that any health care lawsuit arising from an injury occurring prior to the date of the enactment of this title shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

TITLE II—REPEAL OF INDEPDENT PAYMENT ADVISORY BOARD

SEC. 201. SHORT TITLE.

This title may be cited as the ''Medicare Decisions Accountability Act of 2012''.

SEC. 202. REPEAL OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Effective as of the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148), sections 3403 and 10320 of such Act (including the amendments made by such sections, but excluding subsection (d) of section 1899A of the Social Security Act, as added and amended by such sections) are repealed, and any provision of law amended by such sections is hereby restored as if such sections had not been enacted into law.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in House Report 112–416. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall

be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

□ 1020

AMENDMENT NO. 1 OFFERED BY MR. WOODALL

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in House Report 112–416.

Mr. WOODALL. Madam Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 1, strike line 9 through page 3, line 8 and insert the following:

SEC. 102. PURPOSE.

It is the purpose of this title to implement reasonable, comprehensive, and effective health care liability reforms designed to—

The Acting CHAIR. Pursuant to House Resolution 591, the gentleman from Georgia (Mr. WOODALL) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Georgia.

Mr. WOODALL. Madam Chairman, my amendment is a very straightforward amendment. But before I actually talk about the text of it, I want to speak about the real accomplishment of my friend from Georgia, who is the sponsor of the underlying legislation, H.R. 5.

The Washington Times did an article on this Congress and called it one of the most ineffective Congresses in history because they looked at how many laws we passed. But then they went on, and they looked at how many days of debate we'd had, how many votes we'd had, how many issues that were important to the American people have we been able to expose in this Congress that we have not been able to expose in Congress before Congress before Congress before Congress in the past, and, Madam Chair, that's what we have today.

This bill, introduced by my good friend from Georgia, gives the American people an opportunity to discuss something that is on every single family's mind in this country when it comes to health care, and that is controlling the cost of medical malpractice litigation.

Now, in this body, I'm sure we could disagree about the myriad ways there are to control it, but we can agree, I suspect—man and woman, Democrat and Republican—that it has to be controlled. And I thank my colleague from Georgia for having the courage and the stick-to-itness to bring this bill to the floor after so many years of silence on this issue.

Madam Chair, my amendment simply strikes the findings section of the bill. As you know, findings are nonbinding parts of the legislation that speak to the intent of Congress. And this issue is, again, such a passionate one, not just for the 435 Members of this House, but for the 300 million Americans across this country. I choose to let the legislation speak for itself.

This legislation has been carved out with states' rights provisions in it, to make sure the States have the flexibility that they need. It has been carved out with input from physicians, from attorneys, from families, from providers all across the board.

So my amendment, Madam Chair, would not change the substance of the bill but would simply eliminate the findings section to allow the substance of the bill to speak for itself.

And with that, I reserve the balance of my time.

Mr. CONYERS. I rise in opposition to the Woodall amendment.

The Acting CHAIR. The gentleman from Michigan is recognized for 5 minutes.

Mr. CONYERS. Madam Chair, we're striking the findings. By striking statements of constitutional authority for the bill, the amendment recognizes that many Members of the House question Congress' constitutional authority to pass H.R. 5. So for that reason, my colleagues, the findings are all important. Supporters of states' rights ought to take the next step and eliminate the section of the bill that preempts State law. Indeed, many supporters of the underlying bill have spent years arguing that decisions about health care are fundamentally prerogatives of the State.

So I have only 18 conservative or Republican scholars and leaders that agree with me, including the Heritage Foundation; the Virginia attorney general, Mr. Cuccinelli; the constitutional law professor at Georgetown Law Center; the distinguished Senator from Oklahoma, Mr. COBURN; some of our colleagues, including Judge TED POE of Texas, our colleague from Nebraska, LEE TERRY, former judge LOUIE GOHMERT, in particular, RON PAUL; the founder of the Tea Party Nation, Judson Phillips.

It goes on and on, where we are all in agreement that the findings are, indeed, critical and ought to be left in the bill. To take the findings out is incredible because we say that the Federal Government shouldn't be involved, that it's a State matter, and tort law, itself, is a State matter.

So for those reasons, Madam Chair, I am pleased to represent a bipartisan group of Members and scholars that very strenuously object to the findings being removed in this Woodall amendment.

Here's what conservative scholars and leaders have to say about this hypocrisy:

Heritage Foundation: Despite H.R. 5's reliance on the Commerce Clause, Congress has no business (and no authority under the Constitution) telling states what the rules should be governing medical malpractice claims.

Ken Cuccinelli, Virginia Attorney General: Senate Bill 197 takes an approach that implies ''Washington knows best'' while trampling states'' authority and the 10th Amendment. The legislation is breathtakingly broad in its assumptions about federal power, particularly the same 1 power to regulate commerce that lies at the heart of all the lawsuits (including Virginia's) against the individual mandate of the 2010 federal health-care law. I have little doubt that the senators who brought us S. 197 oppose the use of the commerce clause to compel individuals to buy health insurance. Yet they have no qualms about dictating to state court judges how they are to conduct trials in state lawsuits. How does this sort of constitutional disconnect happen?

And if [S. 197, a medical malpractice bill] it were ever signed into law—by a Republican or Democratic president—would file suit against it just as fast as I filed suit when the federal health-care bill was signed into law in March 2010.

Randy Barnett, Constitution law professor at Georgetown Law Center and senior fellow at the Cato Institute: This bill [H.R. 5] alters state medical malpractice rules by, for example, placing caps on noneconomic damages. But tort law—the body of rules by which persons seek damages for injuries to their person and property—have always been regulated by states, not the federal government. Tort law is at the heart of what is called the 'police power' of states. What constitutional authority did the supporters of the bill rely upon to justify interfering with state authority in this way?

Constitutional law professors have long cynically ridiculed a 'fair-weather federalism' that is abandoned whenever it is inconvenient to someone's policy preferences. If House Republicans ignore their Pledge to America to assess the Constitution themselves, and invade the powers 'reserved to the states' as affirmed by the Tenth Amendment, they will prove my colleagues right.

Senator Tom Coburn (R–OK): What I worry about as a fiscal conservative and also as a constitutionalist, is that the first time we put our nose under the tent to start telling Oklahoma or Ohio or Michigan what their tort law will be, where will it stop? In other words, if we can expand the commerce clause enough to mandate that you have to buy health insurance, then I'm sure nobody would object to saying we can extend it enough to say what your tort law is going to be. Then we are going to have the federal government telling us what our tort laws are going to be in healthcare, and what about our tort laws in everything else? Where does it stop?

One of the things our founders believed was that our 13 separate states could actually have some unique identity under this constitution and maybe do things differently, and I think we ought to allow that process to continue as long as we are protecting human and civil rights.

Congressman Lee Terry (R–NE): If you're a true believer in the 10th Amendment, then why are we not allowing the states to continue to create their own laws and decide what's in their best interest for their residents?

Congressman Ted Poe (R–TX): The question is: does the federal government have the authority under the Commerce Clause to override state law on liability caps? I believe that each individual state should allow the people of that state to decide—not the federal government. . . . If the people of a particular state don't want liability caps, that's their prerogative under the 10th Amendment. . . . but I have concerns with the current bill as written.

Congressman Louie Gohmert (R–TX): The right of the states for self-determination is enshrined in the 10th Amendment . . . I am reticent to support Congress imposing its

will on the states by dictating new state law in their own state courts.

Congressman Ron Paul (R–TX): The federal government shouldn't be involved. It's a state matter; tort law is a state matter.

Congressman John Duncan (R–TN): I have faith in the people—I have faith in the jury system. It's one of the most important elements of our freedom, and it was so recognized in the Constitution, was felt to be so important, it was specifically put into the Constitution in the Seventh Amendment. And I'll tell you, it's a very dangerous thing to take away rights like that from the people.

Senator Mike Lee (R–UT) on tort reform: Congress needs to be very careful when it enters into a uniquely state law area like tort. So tort reform needs to be undertaken very carefully insofar as it done at the federal level.

Judson Phillips, founder of Tea Party Nation: Some conservatives complain opposing unconstitutional tort reform rewards the trial lawyers. The trial lawyers may benefit from stopping unconstitutional tort reform, but we fight to protect the Constitution. In this case, the trial lawyers are with us supporting the 10th Amendment.

Robert Natelson, senior fellow at the Independence Institute: To be blunt: H.R. 5 flagrantly contravenes the limitations the Constitution places upon Congress, and therefore violates both the Ninth and Tenth Amendments. . . . During the debate over ratification of the Constitution, leading Founders specifically represented that the subject-matter of H.R. 5 was outside federal enumerated powers and reserved to the states.

John Baker, Catholic University law professor: House Republicans hope to nationalize medical malpractice law, which is traditionally a matter of state tort law, by passing H.R. 5, a bill that would wipe out all state medical malpractice laws and complete the nationalization of healthcare. Passage of H.R. 5 would undercut arguments that Obamacare is unconstitutional.

Carrie Severino, chief counsel and policy director at the Judicial Crisis Network: Among other things, S. 197 sets a statute of limitations for claims, caps damages and creates standards for expert witnesses . . . but they are not within the constitutional powers granted to the federal government for the very same reasons Obamacare is not.

The law's own justification for its constitutional authority should be chilling to anyone committed to limited federal power. The bill's findings state that health care and health insurance are industries that 'affect interstate commerce,' and conclude that Congress therefore has Commerce Clause power to regulate them—even when it involves an in-state transaction between a doctor and patient, governed by in-state medical malpractice laws.

I yield back the balance of my time.

Mr. WOODALL. Madam Chair, I yield myself such time as I may consume to say that, as a freshman in this body, I've had to learn a few things over the last 15 months here serving in this body, and what I have learned is that I haven't been able to get every bill that I want out of this House the exact way I want it when it leaves here. It has been much to my chagrin. I thought I was going to be able to come here and make every bill perfect before it leaves here. But not only can I not make it perfect before it goes, but then I have to deal with that United States Senate, and that has proved to be the most complicated part of this process.

There are absolutely, as the gentleman has listed, folks who have concerns about the underlying nature of this bill. But if not for this Gingrey bill, we wouldn't be able to have this conversation at all. If not for the courage of folks to step out on the ledge and begin this conversation, we wouldn't be able to have it at all.

If we are to advance the cause of litigation reform in this country, if we are to control the inaccessibility of health care that comes from rising costs, then we have to be willing to come to the floor of this House and have the kinds of debates that my friend from Georgia has made possible today. That's true.

I may disagree with some of the ways that we've gotten here—and by striking the findings, we make no conclusions today about why we're here—but we make the certain conclusion today that if we don't begin this process, we will never bring it to conclusion. If we don't have this discussion today, Madam Chair, we will never solve these issues.

Mr. CONYERS. Would the gentleman yield?

Mr. WOODALL. I would be happy to yield to the ranking member.

Mr. CONYERS. I thank the gentleman for his courtesy. But why, as a new Member—and we welcome you to this body—why would we strike all the findings from H.R. 5?

Mr. WOODALL. Reclaiming my time, and I thank the ranking member for his question. And that's a good way to conclude, Madam Chair.

The reason is because the language of the bill speaks for itself. The language of the bill speaks for itself. When this bill passes the House today, Madam Chair, we will have the U.S. House of Representatives on record about solutions to the malpractice challenges that face this Nation. But there is no need to be on the record today, Madam Chair, about all of the different ways that we got here. Because I might disagree with my friend from Georgia about how we got here. I would certainly disagree with my friend from Michigan about how we got here.

But what is important is that we begin to take those steps forward. And with the removal of these findings, we are going to be able to let that language stand on its face for this House to have the free and open debate that I'm looking forward to today.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Georgia (Mr. WOODALL).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. CONYERS. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Georgia will be postponed.

□ 1030

AMENDMENT NO. 2 OFFERED BY MS. BONAMICI

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in House Report 112–416.

Ms. BONAMICI. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, line 22, strike ''date of enactment'' and insert ''effective date''.

Page 23, line 24, strike ''date of enactment'' and insert ''effective date''.

Page 24, line 2, insert after ''the injury occurred'' the following: ''This title shall take effect only on the date the Secretary of Health and Human Services submits to Congress a report on the potential effect of this title on health care premium reductions.''.

The Acting CHAIR. Pursuant to House Resolution 591, the gentlewoman from Oregon (Ms. BONAMICI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Oregon.

Ms. BONAMICI. My amendment to H.R. 5 simply requires the Secretary of Health and Human Services to submit a report to Congress detailing the effect that the tort reform provisions in this bill would have on health care premiums and delays the effective date of title I of the bill until that report is submitted.

For years, proponents of tort reform have tried to convince Americans that skyrocketing health care costs are entirely attributable to greedy plaintiffs and runaway jury awards. They recite anecdotes about doctors closing their practices, refusing to deliver babies or perform surgeries, for fear of being sued. But, Madam Chair, we should not be making Federal policy based on anecdotes.

If recent independent research is any indication, the report that the Secretary submits to Congress under this amendment is unlikely to find that the bill will have any meaningful effect on health care premiums. Recent analysis in States adopting restrictions similar to those in this bill has found no substantial impact on the consumer cost of health care, nor has access to health providers improved as a result.

Proponents of tort reform claim that capping damages will drive down the cost of medical malpractice insurance and that doctors will pass this savings along to patients. But 2 years ago, CBO found that malpractice insurance premiums, settlements, and awards account for just a tiny fraction of total health care expenditures. In 27 States where damages have been capped, the medical malpractice premiums are not lower on average than in States without caps.

My amendment asks for data on how this bill will affect the cost of health care for all Americans. Now, I want to be very clear—no one should be compensated for a frivolous lawsuit. But there are ways to address frivolous

lawsuits without infringing on the rights of those who truly have been injured by medical mistakes.

What this bill does accomplish ought to frighten anyone who believes in the rights of States to govern themselves and the rights of individuals to be compensated for loss. This bill tramples over the rights of States to enact laws governing their own tort systems, and it severely restricts individuals' rights to be compensated for all the losses caused by health care providers.

In my home State of Oregon, for example, our supreme court has held that most statutory caps on noneconomic damages are unconstitutional. And Oregon is not alone. At least 12 other States have some constitutional prohibition against these types of restrictions. This bill not only overrides State laws and constitutions governing punitive and noneconomic damage awards; it also addresses States' statutes of limitations, pleading standards, attorney-fee provisions, and joint liability. But it does not stop there.

Although this bill is being presented as medical malpractice reform, it reaches far beyond professional malpractice against doctors to include product liability cases against drug and device manufacturers, bad-faith claims against HMOs and insurance companies, and negligence suits against nursing homes. And it would take away all of the State and individual rights in far-reaching areas of the health care industry without evidence that doing so will lower the premiums for Americans. This is an unwarranted intrusion in personal liberty and a giveaway to insurance companies. So we should know if it's going to lower health care premiums.

If this Congress is going to enact a sweeping bill nullifying longstanding State law and trampling on State constitutional rights, it's not too much to ask that we arm ourselves with the knowledge of how this will actually affect American families. This amendment simply requires the Secretary of Health and Human Services to submit a report to Congress with that information before title I of this bill takes effect—a reasonable requirement.

I reserve the balance of my time.

Mr. GINGREY of Georgia. Madam Chair, I rise in opposition to the Bonamaci amendment.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. GINGREY of Georgia. I rise in opposition to the Bonamici amendment because it would indefinitely delay critical medical liability reforms that will save American taxpayers tens of billions of dollars and save our health care system upwards of $200 billion a year in unnecessary spending.

The amendment before us would delay enactment of the tort reforms outlined in H.R. 5 until the Secretary of Health and Human Services submits a report to Congress on the potential effects of medical liability reform on health care premiums. However, the amendment does not require the Secretary to produce a report by a date certain. In fact, the Secretary could simply choose to never issue a report and forever delay the reforms at the heart of this underlying bill.

Regardless of what one thinks about H.R. 5, I do not believe it is appropriate to vest the Secretary of Health and Human Services with the authority to permanently block enactment of a law based on the inability to produce a report. I realize that there are some who might disagree because they would like to provide the Secretary with the authority under IPAB to unilaterally dictate the medical choices of seniors. Given the track record of this administration on liability reform and their failure to address the issues in ObamaCare, HHS should not be given the power to bob and weave on this issue once again.

I do find the amendment somewhat ironic, and I actually wish the author of the amendment was in Congress during debate over PPACA. Maybe if we had this type of amendment then, we would not be saddled with a law that has taken away people's health care choices and raised their health care premiums. We were promised that the law would reduce health care premiums by $2,500 a year. During debate on PPACA we knew that that was not true, and the CBO told Congress that it was not true. What was common sense is coming to fruition now. The law has given us a billion-dollar new bureaucracy, and it's fueling ever-increasing health care and premium costs.

In this case, Madam Chairman, this amendment is not needed because we have seen that real medical liability reform can and will reduce costs. It will stop the vicious cycle of frivolous lawsuits and defensive medicine. It will make our health care system more efficient and actually reduce unnecessary spending in the health care system, another thing the health care law failed to do. We do not need this amendment.

With that, Madam Chairman, I yield 1 minute to the distinguished majority leader, the gentleman from Virginia (Mr. CANTOR).

Mr. CANTOR. I thank the gentleman.

Madam Chair, I rise in opposition to this amendment, which would simply delay the implementation of what we know is a cost-savings measure to so many millions of seniors—and so many millions of Americans, not just seniors.

Madam Chair, today we will vote to repeal one of PPACA's most harmful provisions, the Independent Payment Advisory Board. IPAB is emblematic of the two very different visions held by Republicans and Democrats about the path to quality care and how to control costs in our health care system.

Madam Chair, the President and his party want a centralized board of bureaucrats to control decisions about how health care is allocated to our Nation's seniors. He proposes to restrict health care choices in order to lower cost. Our American system of free enterprise, innovation, and ingenuity has made our health care centers the best in the world. Our doctors transform dire health care conditions into promising outcomes and healthy lives. We produce the world's lifesaving drugs, disease-prevention regimens, biologics, and devices. But IPAB hamstrings the best available care for our seniors by imposing artificial and arbitrary constraints on cost.

Neither the President nor congressional Democrats have proposed a solution to strengthen Medicare. Instead, the President gives 15 bureaucrats the power to make fundamental decisions about the care that seniors will have access to. Not to be deterred, the President has proposed expanding this board numerous times over the past year, vastly growing the board's scope and ability to fix prices and ultimately ration care for our Nation's seniors.

Madam Chair, the President and I do agree on this: the current Medicare reimbursement system is broken. But we don't need a board of unelected bureaucrats to control costs. As we have proposed today, there is a better path forward.

During the health care debate, the President agreed with our Nation's doctors that defensive medicine practices are driving up costs. Yet meaningful medical liability reform was not included in the 2,000-page health care law.

Madam Chair, as my colleagues have proposed today, we can model medical liability reforms on State-based laws. California, Texas, and Virginia have all implemented working solutions that drive down the cost of care. We can even propose more creative medical liability reform solutions. We're always open to new ideas and suggestions. But not delay. Moving forward with commonsense medical liability reforms will mean that doctors can continue serving patients.

□ 1040

It means that injured patients will be compensated more quickly and fairly. It means health care costs will go down.

Madam Chair, you don't need a new rationing board to save $3 billion. You simply need to enact liability reform policies that are so commonsense even States like California and others have had them on the books for decades.

When the entire medical community stands opposed to an idea, I would hope that our colleagues on the other side of the aisle and the President would listen. ObamaCare's IPAB is not the solution our seniors are expecting us to deliver. Our seniors deserve better.

Madam Chair, I thank Dr. PHIL ROE, the gentleman from Tennessee, and Dr. PHIL GINGREY, the gentlemen from Georgia, for sponsoring the PATH Act. I'd also like to recognize Chairman FRED UPTON, Chairman DAVE CAMP, and Chairman LAMAR SMITH for working to strengthen Medicare for our seniors. Under their leadership, our House

committees are advancing policies that will deliver the quality of health care the American people deserve.

Ms. BONAMICI. Madam Chair, I yield 15 seconds to my colleague from Michigan (Mr. CONYERS).

Mr. CONYERS. Just to get the facts into this debate, I rise in strong support of the Bonamici amendment. I include for the RECORD the Congressional Budget Office letter to Chairman DREIER on March 19 in which the CBO estimates that enacting the provision will increase the deficits, if you use IPAB, by $3.1 billion.

CONGRESSIONAL BUDGET OFFICE,
U.S. CONGRESS,
Washington, DC, March 19, 2012.

Hon. DAVID DREIER,
Chairman, Committee on the Rules, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has reviewed H.R. 5, the Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011, as posted on the Web site of the House Committee on Rules on March 12, 2012. CBO estimates that enacting the bill would reduce direct spending and increase revenues; therefore, pay-as-you-go procedures apply. Together, the changes to direct spending and revenues would reduce future deficits by $13.7 billion over the 2013–2017 period and by $45.5 billion over the 2013–2022 period.

Federal spending for active workers participating in the Federal Employees Health Benefits program is included in the appropriations for federal agencies, and is therefore discretionary. H.R. 5 would also affect discretionary spending for health care services paid by the Departments of Defense and Veterans Affairs. CBO estimates that implementing H.R. 5 would reduce discretionary spending by $1.1 billion, assuming appropriations actions consistent with the legislation.

H.R. 5 would impose limits on medical malpractice litigation in state and federal courts by capping awards and attorney fees, modifying the statute of limitations, and eliminating joint and several liability. It also would repeal the provisions of the Affordable Care Act (ACA) that established the Independent Payment Advisory Board (IPAB) and created a process by which that Board (or the Secretary of the Department of Health and Human Services) would be required under certain circumstances to modify the Medicare program to achieve certain specified savings.

CBO estimates that the changes in direct spending and revenues resulting from enactment of the limitations on medical malpractice litigation would reduce deficits by $48.6 billion over the 2013–2022 period. CBO also estimates that implementing those provisions would reduce discretionary spending by $1.1 billion, assuming appropriations actions consistent with the legislation. The basis for that estimate is described in the cost estimate CBO transmitted on March 10, 2011, for the HEALTH Act as ordered reported by the House Committee on the Judiciary on February 16, 2011. The estimated budgetary effects have been updated to assume enactment near the end of fiscal year 2012 and to reflect CBO's current budgetary and economic projections.

CBO estimates that enacting the provision that would repeal the Independent Payment Advisory Board would increase deficits by $3.1 billion over the 2013–2022 period. The basis for that estimate is described in the cost estimates CBO transmitted on March 7 and March 8, 2012, for H.R. 452 as ordered reported by the House Committee on Energy and Commerce and by the House Committee on Ways and Means, respectively.

H.R. 5 contains an intergovernmental mandate as defined in the Unfunded Mandates Reform Act (UMRA) because it would preempt state laws that provide less protection for health care providers and organizations from liability, loss, or damages (other than caps on awards for damages). CBO estimates the cost of complying with the mandate would be small and would fall well below the threshold established in UMRA for intergovernmental mandates ($73 million in 2012, adjusted annually for inflation).

H.R. 5 contains several mandates on the private sector, including caps on damages and on attorney fees, the statute of limitations, and the fair share rule. The cost of those mandates would exceed the threshold established in UMRA for private-sector mandates ($146 million in 2012, adjusted annually for inflation) in four of the first five years in which the mandates were effective.

Mr. GINGREY of Georgia. Madam Chair, I respect my colleague from Oregon, and I know she is well meaning and very thoughtful, but I must oppose her amendment. At this time, I urge my colleagues to vote against the amendment, and I reserve the balance of my time.

Ms. BONAMICI. Madam Chairman, this is a reasonable amendment. It simply asks that before we make sweeping Federal policy that overrides State and individual rights we know what we're getting in return.

I urge my colleagues to support this very reasonable amendment. I yield back the balance of my time.

Mr. GINGREY of Georgia. Madam Chair, I yield back the balance of my time as well.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Oregon (Ms. BONAMICI).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. BONAMICI. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Oregon will be postponed.

The Chair understands that amendment No. 3 will not be offered.

AMENDMENT NO. 4 OFFERED BY MR. DENT

The Acting CHAIR. It is now in order to consider amendment No. 4 printed in House Report 112–416.

Mr. DENT. Madam Chair, I rise for the purpose of offering an amendment.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, insert the following:

TITLE III—HEALTH CARE SAFETY NET ENHANCMENT

SEC. 301. SHORT TITLE.

This title may be cited as the ''Health Care Safety Net Enhancement Act of 2012''.

SEC. 302. PROTECTION FOR EMERGENCY AND RELATED SERVICES FURNISHED PURSUANT TO EMTALA.

Section 224(g) of the Public Health Service Act (42 U.S.C. 233(g)) is amended—

(1) in paragraph (4), by striking ''An entity'' and inserting ''Subject to paragraph (6), an entity''; and

(2) by adding at the end the following:

''(6)(A) For purposes of this section—

''(i) an entity described in subparagraph (B) shall be considered to be an entity described in paragraph (4); and

''(ii) the provisions of this section shall apply to an entity described in subparagraph (B) in the same manner as such provisions apply to an entity described in paragraph (4), except that—

''(I) notwithstanding paragraph (1)(B), the deeming of any entity described in subparagraph (B), or of an officer, governing board member, employee, contractor, or on-call provider of such an entity, to be an employee of the Public Health Service for purposes of this section shall apply only with respect to items and services that are furnished to an individual pursuant to section 1867 of the Social Security Act and to post stabilization services (as defined in subparagraph (D)) furnished to such an individual;

''(II) nothing in paragraph (1)(D) shall be construed as preventing a physician or physician group described in subparagraph (B)(ii) from making the application referred to in such paragraph or as conditioning the deeming of a physician or physician group that makes such an application upon receipt by the Secretary of an application from the hospital or emergency department that employs or contracts with the physician or group, or enlists the physician or physician group as an on-call provider;

''(III) notwithstanding paragraph (3), this paragraph shall apply only with respect to causes of action arising from acts or omissions that occur on or after January 1, 2012;

''(IV) paragraph (5) shall not apply to a physician or physician group described in subparagraph (B)(ii);

''(V) the Attorney General, in consultation with the Secretary, shall make separate estimates under subsection (k)(1) with respect to entities described in subparagraph (B) and entities described in paragraph (4) (other than those described in subparagraph (B)), and the Secretary shall establish separate funds under subsection (k)(2) with respect to such groups of entities, and any appropriations under this subsection for entities described in subparagraph (B) shall be separate from the amounts authorized by subsection (k)(2);

''(VI) notwithstanding subsection (k)(2), the amount of the fund established by the Secretary under such subsection with respect to entities described in subparagraph (B) may exceed a total of $10,000,000 for a fiscal year; and

''(VII) subsection (m) shall not apply to entities described in subparagraph (B).

''(B) An entity described in this subparagraph is—

''(i) a hospital or an emergency department to which section 1867 of the Social Security Act applies; and

''(ii) a physician or physician group that is employed by, is under contract with, or is an on-call provider of such hospital or emergency department, to furnish items and services to individuals under such section.

''(C) For purposes of this paragraph, the term 'on-call provider' means a physician or physician group that—

''(i) has full, temporary, or locum tenens staff privileges at a hospital or emergency department to which section 1867 of the Social Security Act applies; and

''(ii) is not employed by or under contract with such hospital or emergency department, but agrees to be ready and available to provide services pursuant to section 1867 of the Social Security Act or post-stabilization services to individuals being treated in the hospital or emergency department with or without compensation from the hospital or emergency department.

''(D) For purposes of this paragraph, the term 'post stabilization services' means, with respect to an individual who has been treated by an entity described in subparagraph (B) for purposes of complying with section 1867 of the Social Security Act, services that are—

''(i) related to the condition that was so treated; and

''(ii) provided after the individual is stabilized in order to maintain the stabilized condition or to improve or resolve the condition of the individual.

''(E)(i) Nothing in this paragraph (or in any other provision of this section as such provision applies to entities described in subparagraph (B) by operation of subparagraph (A)) shall be construed as authorizing or requiring the Secretary to make payments to such entities, the budget authority for which is not provided in advance by appropriation Acts.

''(ii) The Secretary shall limit the total amount of payments under this paragraph for a fiscal year to the total amount appropriated in advance by appropriation Acts for such purpose for such fiscal year. If the total amount of payments that would otherwise be made under this paragraph for a fiscal year exceeds such total amount appropriated, the Secretary shall take such steps as may be necessary to ensure that the total amount of payments under this paragraph for such fiscal year does not exceed such total amount appropriated.''.

SEC. 303. CONSTITUTIONAL AUTHORITY.

The constitutional authority upon which this title rests is the power of the Congress to provide for the general welfare, to regulate commerce, and to make all laws which shall be necessary and proper for carrying into execution Federal powers, as enumerated in section 8 of article I of the Constitution of the United States.

The Acting CHAIR. Pursuant to House Resolution 591, the gentleman from Pennsylvania (Mr. DENT) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. DENT. Madam Chair, I'm pleased to join my colleague, PETE SESSIONS from Texas, on the floor this morning to support a very important amendment that we've introduced that would address the crisis in access to emergency care by extending liability coverage to on-call and emergency room physicians.

The underlying bill we're debating here today is about patient access to care. Now I recognize that ideology may divide the House on the underlying bill. But common sense should unite the House on this particular amendment. Our former colleague, Bart Gordon of Tennessee, had introduced this legislation with me last year. In this session, we have bipartisan support for this concept. Mr. MATHESON, Mr. LANGEVIN, and Mr. RUPPERSBERGER all have cosponsored this legislation that I am offering as an amendment. They cosponsored the original bill.

There's a growing shortage of physicians and specialists willing to work in emergency rooms. We've seen it all over the country. A 2006 Institute of Medicine report, ''The Future of Emergency Care,'' noted that the availability of on-call specialists is an acute problem in emergency departments and trauma centers. Emergency and trauma care is delivered in an inherently challenging environment. Every day, physicians providing emergency care make life-and-death decisions with little information or time about the patients they're treating.

I've spoken with surgeons who've told me they dread a Code Blue out of fear of a lawsuit. They want to serve these people who are coming into these emergency centers but are fearful for their families of a lawsuit. That's what medicine has become, unfortunately, because of this out-of-control litigation system.

As a result, these physicians providing emergency and trauma care face extraordinary exposure to medical liability claims. Forty percent of hospitals say the liability situation has resulted in less physician coverage for their emergency departments. According to a report from the GAO, soaring medical liability premiums have led specialists to reduce or stop on-call services to emergency departments. This trend threatens patients' access to emergency surgical services. Neurosurgery, orthopedics, and general surgery are the most impacted. They also are the services that emergency departments most frequently require. Trauma centers across the country have closed. In my home State of Pennsylvania, this has been a very serious problem.

This is an urgent issue that needs to be addressed. This amendment would protect access to emergency room care and reduce health care costs by allowing emergency and on-call physicians who deliver EMTALA-related services medical liability protections. EMTALA, the Emergency Medical Treatment and Active Labor Act, ensures that any person who seeks emergency medical care at a covered facility is guaranteed an appropriate screening exam and stabilization treatment before transfer or discharge, regardless of their ability to pay. EMTALA is a Federal mandate that protects all our citizens, the insured and the uninsured alike. This amendment will provide a backstop for the doctors who provide these critical services.

Specifically, the amendment would ensure medical services furnished by a hospital, emergency department, or a physician or on-call provider under contract with a hospital or emergency department pursuant to the EMTALA mandate are provided the same liability coverage currently extended to community health centers and health professionals who provide Medicaid services at free clinics.

This amendment will not impact the rights of individuals who have been harmed to seek redress. What this amendment will do is ensure medical professionals are available to provide critical, timely, lifesaving emergency and trauma medical care to all Americans when and where it is needed.

Please join me and Representative SESSIONS in supporting this amendment. If an accident ever happened to any of us, Heaven forbid, we want to make sure that there are people in these trauma centers and those emergency rooms ready to deal with us and who have nothing on their mind but saving our lives, not worrying about lawsuits. So I urge adoption of this amendment.

At this time, I reserve the balance of my time.

Mr. CONYERS. Madam Chairman, I rise in opposition to this amendment.

The Acting CHAIR. The gentleman from Michigan is recognized for 5 minutes.

Mr. CONYERS. To my colleague, Mr. DENT, hold up. You're giving complete immunity to hospitals, physicians, and providers for any emergency activity. Do you want to do away with all liability whatsoever because it's in an emergency room? Of course, you don't. But this amendment requires the Federal Government to pay for the medical errors committed and denies our government any ability to address or reprimand those who commit medical errors. You don't want to do that. You don't want to go that far.

The Federal Government would be responsible for all occurrences of negligence in an emergency room. Please. Ninety-eight thousand patients die every year due to preventable medical errors.

I reserve the balance of my time.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Members are advised to address their remarks to the Chair.

Mr. DENT. Madam Chair, just very briefly in answer to my colleague's comments, I want to say very briefly that this does not waive liability. It simply says that when care is federally mandated under EMTALA that there will be Federal liability protection provided to those who are providing the care. That's only fair. People still can bring action, but there will be Federal liability protection, as there should be, because this care is being required under Federal law. I think it's completely reasonable.

At this time, I reserve the balance of my time.

Mr. CONYERS. But what we're doing in the amendment is to provide immunity to all hospitals and physicians and require the Federal Government to pay for medical errors committed by them.

Look, we have 98,000 patients dying every year due to preventable medical errors. I'm not slamming the docs and the hospitals. I'm saying that we don't want to provide complete immunity.

□ 1050

This Dent amendment, Madam Chairman, does just that: it provides complete immunity.

So I'm asking my colleagues to please slow down and realize that irreparable harm due to negligence in the emergency room—and we've got pages

and pages of examples—would be not subject to adjudication because of this amendment. It's a very dangerous amendment. It goes way too far. It's overbroad. And I urge my colleagues to carefully examine the consequences of this provision.

I reserve the balance of my time.

The Acting CHAIR. The gentleman from Pennsylvania has 30 seconds remaining.

Mr. DENT. The only thing I would like to say in response, once again, is this immunity protection only applies to care provided under EMPALA, and that's federally mandated care. Other activities going on in that emergency room or trauma center would not be given this exemption from liability, only federally mandated care. It can't be any more clear.

I reserve the balance of my time.

The Acting CHAIR. The gentleman from Michigan has 2 minutes remaining.

Mr. CONYERS. Madam Chairman, this amendment would actually lower the incentive to practice safe medicine, and I say this on careful examination.

I'm surprised that my colleague, the leader on the other side, himself a distinguished doctor, would be silent on this provision because it shields hospitals, employed physicians, even physicians who are already covered by private insurance; and physicians working in an emergency room setting will never be held accountable when they wrongfully injure their patient. That is my only reservation and objection to what is otherwise an honorably intended revision of this measure.

When hospitals and emergency room departments are not held accountable for medical errors and for negligence, then they have no incentive to offer quality care or hire competent physicians. Please, I beg you to carefully examine the dangers implicit in the Dent-Sessions amendment.

I yield back the balance of my time.

The Acting CHAIR. The gentleman from Pennsylvania has 15 seconds remaining.

Mr. DENT. In conclusion, this amendment has bipartisan support. As I said, our former colleague, Bart Gordon, who was a cosponsor, introduced this bill along with me last session. Mr. LANGEVIN is a cosponsor of the bill, Mr. MATHESON, Mr. RUPPERSBERGER. It makes sense. This is important to make sure our citizens have access to emergency care should they ever need it.

At this time, I urge support of the amendment, and I yield back the balance of my time.

Mr. SESSIONS. Madam Chair, I rise to support the amendment to H.R. 5 that I have cosponsored with my good friend Congressman CHARLIE DENT of Pennsylvania. The amendment extends critical liability coverage to emergency room and on-call physicians and physician groups.

Madam Chair, we are at a crisis point in this country. In these difficult economic times, our emergency rooms have become a source of primary care to many of our fellow citizens. At the time that we need them the most, nearly half of all emergency rooms in medical liability crisis states are under staffed. We face this shortage not because of a lack of trained specialists, but because liability coverage costs too much due to the unique set of medical challenges that are seen in emergency situations.

By law, emergency rooms must treat anyone who needs care regardless of if they have insurance or can afford it. Over the past several years, emergency rooms have seen an increase in patients due to the number of unemployed and/or uninsured people needing care. We have found that our emergency room cases are becoming more complicated and frequent, and our doctors do not have the luxury of a complete patient history.

Our emergency physicians are the first line of defense for the health care community. As such, we must provide basic liability protections to these emergency and on-call physicians. This liability protection is critical to maintaining the state of the art emergency facilities that we have at our disposal today.

The Dent-Sessions amendment would deem hospitals, emergency rooms, physicians and physicians groups that provide emergency care to individuals to be employees of the Public Health Service for purposes of any civil action that may arise due to health care items and services provided under the Public Health Service Act.

I commend Congressman DENT for his leadership on this issue and would ask my colleagues to support this amendment which is critical for patient care.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. DENT).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. GOSAR

The Acting CHAIR. It is now in order to consider amendment No. 5 printed in House Report 112–416.

Mr. GOSAR. Madam Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, add the following (and make such technical and conforming changes as may be appropriate):

TITLE III—RESTORING THE APPLICATION OF ANTITRUST LAWS TO HEALTH SECTOR INSURERS

SEC. 301. SHORT TITLE.

This title may be cited as the ''Health Insurance Industry Fair Competition Act of 2012''.

SEC. 302. APPLICATION OF THE ANTITRUST LAWS TO THE BUSINESS OF HEALTH INSURANCE.

(a) AMENDMENT TO MCCARRAN-FERGUSON ACT.—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act, is amended by adding at the end the following:

''(c) Nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance. For purposes of the preceding sentence, the term 'antitrust laws' has the meaning given it in subsection (a) of the first section of the Clayton Act, except that such term includes section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition. For the purposes of this subsection, the term 'business of health insurance' shall—

''(1) mean 'health insurance coverage' offered by a 'health insurance issuer' as those terms are defined in section 9001 of the Patient Protection and Affordable Care Act, which incorporates by reference and utilizes the definitions included in section 9832 of the Internal Revenue Code (26 U.S.C. 9832); and

''(2) not include—

''(A) life insurance and annuities;

''(B) property or casualty insurance, including but not limited to, automobile, medical malpractice or workers' compensation insurance; or

''(C) any insurance or benefits defined as 'excepted benefits' under section 9832(c) of the Internal Revenue Code (26 U.S.C. 9832(c)), whether offered separately or in combination with products described in subparagraph (A).''.

(b) RELATED PROVISION.—For purposes of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent such section applies to unfair methods of competition, section 3(c) of the McCarran-Ferguson Act shall apply with respect to the business of health insurance without regard to whether such business is carried on for profit, notwithstanding the definition of ''Corporation'' contained in section 4 of the Federal Trade Commission Act.

(c) LIMITATION ON CLASS ACTIONS.—

(1) LIMITATION.—No class action may be heard in a Federal or State court on a claim against a person engaged in the business of health insurance for a violation of any of the antitrust laws (as defined in section 3(c) of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act).

(2) EXEMPTION.—Paragraph (1) shall not apply with respect to any action commenced—

(A) by the United States or any State; or

(B) by a named claimant for an injury only to itself.

The Acting CHAIR. Pursuant to House Resolution 591, the gentleman from Arizona (Mr. GOSAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. GOSAR. Madam Chair, I rise to address the House today in support of my amendment to H.R. 5 to amend the McCarran-Ferguson Act. This act exempts the business of insurance from many Federal antitrust laws. In this modern day and age, it is hard to see why this exemption still persists.

One of the original reasons to carve this exemption for the industry, which dates all the way back to 1945, was that insurance companies needed to share actuarial information in order to balance risk when setting premiums. However, since 1945, our Federal law has evolved to include safe harbors to permit companies to share this data as needed. I believe that violations of antitrust law cannot always be dealt with on the State level anymore as cash-strapped States lack the resources to enforce the law against these large, multi-state insurance companies. Therefore, it is time for this exemption to be repealed so that we can empower health insurance companies to compete more aggressively for the consumer dollar, increase competition, increase

insurance options, empower patients to a patient-centered system, and they decrease premiums. Therefore, we all win.

Lowering the cost of health insurance is a goal we should all share. That is why the House passed a very similar measure, H.R. 4626, with over 400 votes in 2010.

There is one key difference between H.R. 4626 and this amendment, a difference of which I am proud. My amendment includes a prohibition on class action lawsuits in Federal court against these health insurance companies.

The FTC should have the power to investigate bad actors in the health insurance industry, but it helps no one if these companies—or for that matter, any American businesses—get mired in lawsuits that will cost millions. Class action lawsuits often result in big bucks in attorney fees for greedy trial attorneys, while leaving only pennies in the hands of plaintiffs who are allegedly wronged in the first place.

For example, let's take the Cobell settlement. Fifteen years ago, a group of Native Americans sued the Federal Government and Secretary of the Interior, Bruce Babbitt, for mismanagement of their funds and won a $3.4 billion settlement only to find out that their attorneys were petitioning the judge for over $200 million in fees. This is outrageous.

When the poorest of poor are wronged in this country and are awarded a settlement in court, they shouldn't have to split pennies amongst themselves as their lawyers walk away with a big fat check. That is the spirit behind the tort reform piece of my amendment. I am pleased to see this House ready to pass significant tort reform today and encourage all my colleagues to support my amendment as well as the underlying bill.

I reserve the balance of my time.

Mr. CONYERS. Madam Chairman, I rise in strong opposition to this amendment.

The Acting CHAIR. The gentleman from Michigan is recognized for 5 minutes.

Mr. CONYERS. It is my position that within the good that this does is a poison pill. The good is that consumers would also benefit from a repeal of McCarran-Ferguson. We salute you. But the poison pill is that this measure would ban class actions on a claim for violation of antitrust law, which is the cleverest way of ending antitrust law. Unless you have a class action—well, my doctor-Congressman is not a lawyer, but without class actions, you can't bring a claim because nobody's going to file a suit on a $30 issue, 1 million people suing for $30 each. So it's a poison pill.

I'd like to yield such time as he may consume to the gentleman from Oregon (Mr. DEFAZIO), who had an amendment that had huge bipartisan support.

Mr. DEFAZIO. I thank the gentleman for yielding.

We had, at the end of last Congress, a tremendous bipartisan vote—406–19—on repealing straight up the antitrust immunity of the insurance industry.

The American people, no matter where they are on the Affordable Care Act, agree on one thing: insurance companies should not be able to get together and collude to either exclude people from coverage or drive up prices. Yet they do. They have an exemption under a law from the 1940s.

Now, what the gentleman is offering sounds pretty good, but it won't get us there because 90 percent of the antitrust cases are private, and almost every single one of those cases is a class action. So if you preclude class actions, you can pretend you're being tough with the insurance industry while you can wink and nod and say, hey, don't worry about it because there really won't be any litigation under this; and you're still going to be able to skate, and you're still going to be able to collude, and you're still going to be able to drive up prices.

Think of the context in which we're doing. We're talking about IPAB today, but they've already voted to repeal the entire Affordable Care Act. That means no more restrictions on rescissions—the dirty little practice where you've been paying your premium for years and you get sick and the insurance company says, sorry, we're not going to renew your policy. That's been outlawed.

□ 1100

They're going to do away with the prohibitions on age discrimination. They're going to do away with the prohibitions on preexisting conditions. So now we're going to have an insurance industry that is, essentially, free from antitrust law, that can take away your policy when you get sick, that can discriminate against you because you're old, can discriminate against you because you're sick or you have been sick, and it would take away the protections and the review of excessive rate increases.

So if we were doing a straight-up, take away their antitrust immunity, make them play by the same rules as every other business in America, except for professional sports, who are exempt from antitrust law, that would be fine. But let's not have this phony fig leaf so you can wink and nod to the insurance industry and say, ''Hey, don't worry about it; it won't have any impact,'' but we can say to consumers we're with them.

Mr. GOSAR. We failed to realize that what we did here in repeal of McCarran-Ferguson is the FTC. It is the FTC. It is the FTC and the Department of Justice.

Right now, privately, yes, you're right. Without the repeal of McCarran-Ferguson, there is more coming from the private aspect, but that's because we have limited the Federal oversight in the FTC and the Department of Justice.

This compromise is weighted very carefully to make sure that we get back to a balance, both Federal and State, and does not oversee the states' rights as well.

I reserve the balance of my time.

Mr. CONYERS. Madam Chairman, I yield myself the balance of my time.

We are here debating an overwhelming proposition offered by the gentleman from Oregon (Mr. DEFAZIO), which would have corrected this problem so beautifully. But now comes the poison pill, which says no more class actions. If you can't bring class actions in this matter, then there's no way people with small, valid claims can go into court and sue for 30 bucks.

Now, I think most people understand this without going to law school. If you eliminate class actions, you have effectively destroyed the McCarran-Ferguson repeal that we are bragging about. So it's a kind of undercover scheme. We pretend we're doing something good. We ignore DEFAZIO's overwhelmingly bipartisan supported provision, and we let the insurance company through, and they live to continue the vile practices that have been revealed and discussed in this debate.

I yield back the balance of my time.

Mr. GOSAR. Once again, I want to make sure that everybody understands that you're giving Federal oversight of collusion and monopoly. In class action lawsuits, what you're doing is not giving it all away, but you're limiting the vast improprieties that occur right now with class action.

This is carefully manipulated so that we're moving the balance down the field and it balances it out with competition and having some oversight over our jurisdiction of judgements that are impugned with class action. Class action has gotten way out of line, and most American people do understand that classification.

I yield back the balance of my time.

Mr. SMITH of Texas. Madam Chair, 2 years ago, during the debate over the Obama administration's unconstitutional health care bill, this House considered a measure similar to this amendment.

During that debate, I argued that the repeal of the McCarran-Ferguson antitrust exemption for health insurers had "all the substance of a soup made by boiling the shadow of a chicken." However, I reluctantly supported that bill because I believed that it would have no meaningful effect. Compared to the administration's health care bill, a bill that does nothing looked like a great idea.

As I noted during the debate 2 years ago, the repeal of the McCarran-Ferguson exemption for health insurers will not bring down premiums.

The Congressional Budget Office (CBO) says that "whether premiums would increase or decrease as a result of this legislation is difficult to determine, but in either case the magnitude of the effect is likely to be quite small."

The effects of the repeal of this exemption will be small. The CBO says, "State laws already bar the activities that would be prohibited under Federal law if this bill was enacted." Every State's insurance regulations

ban anticompetitive activities like bid rigging, price fixing and market allocation. Every State has insurance regulators who already actively enforce these prohibitions.

This amendment, like the bill we considered 2 years ago, will have no meaningful impact and may have minor negative unintended consequences.

But I will once again reluctantly support this measure because this amendment takes important steps to limit its unintended consequences and to reaffirm the McCarran-Ferguson exemption for non-health lines of insurance.

This amendment contains language that clearly limits its application to the business of health insurance. While the repeal of the McCarran-Ferguson exemption for health insurance does essentially nothing, repealing it for other types of insurance could be disastrous.

One of the main benefits of the McCarran-Ferguson exemption is that it allows insurance companies, subject to state regulation, to share historical and actuarial data.

The antitrust laws generally frown on competitors that share data. But in the insurance market, sharing data improves competition. This is because a shared pool of data about the risks and loss rates of various kinds of insurance allows small and medium-sized insurers to enter the market and compete.

If insurance companies did not pool data, only the largest insurers would have access to enough data to account for risk and price their policies.

For a number of reasons, which include the size of most health plans, the availability of health care data from various public and private sources, and the relative predictability of health care costs, health insurers rely much less on sharing data than other insurers.

This amendment contains a clear definition that limits its application to the business of health insurance. It clarifies that the McCarran-Ferguson exemption continues to apply to life insurance, annuities, property and casualty insurance, and other non-health types of insurance. It is an improvement over other proposals that are not so limited, defined and clear about their intent.

This amendment also prevents private class action antitrust lawsuits against health insurers. This limits the possible unintended negative effects.

Because this amendment is much improved in ways that will limit its unintended consequences, and because it reaffirms the importance of the McCarran-Ferguson exemption to non-health lines of insurance, I support the amendment.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Arizona (Mr. GOSAR).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. STEARNS

The Acting CHAIR. It is now in order to consider amendment No. 6 printed in House Report 112–416.

Mr. STEARNS. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, add the following:

TITLE III—PROTECTIONS FOR GOOD SAMARITAN HEALTH PROFESSIONALS

SEC. 301. SHORT TITLE.

This title may be cited as the ''Good Samaritan Health Professionals Act of 2012''.

SEC. 302. LIMITATION ON LIABILITY FOR VOLUNTEER HEALTH CARE PROFESSIONALS.

(a) IN GENERAL.—Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by inserting after section 224 the following:

''SEC. 224A. LIMITATION ON LIABILITY FOR VOLUNTEER HEALTH CARE PROFESSIONALS.

''(a) LIMITATION ON LIABILITY.—Except as provided in subsection (b), a health care professional shall not be liable under Federal or State law for any harm caused by an act or omission of the professional if—

''(1) the professional is serving as a volunteer for purposes of responding to a disaster; and

''(2) the act or omission occurs—

''(A) during the period of the disaster, as determined under the laws listed in subsection (e)(1);

''(B) in the health care professional's capacity as such a volunteer; and

''(C) in a good faith belief that the individual being treated is in need of health care services.

''(b) EXCEPTIONS.—Subsection (a) does not apply if—

''(1) the harm was caused by an act or omission constituting willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the health care professional; or

''(2) the health care professional rendered the health care services under the influence (as determined pursuant to applicable State law) of intoxicating alcohol or an intoxicating drug.

''(c) STANDARD OF PROOF.—In any civil action or proceeding against a health care professional claiming that the limitation in subsection (a) applies, the plaintiff shall have the burden of proving by clear and convincing evidence the extent to which limitation does not apply.

''(d) PREEMPTION.—

''(1) IN GENERAL.—This section preempts the laws of a State or any political subdivision of a State to the extent that such laws are inconsistent with this section, unless such laws provide greater protection from liability.

''(2) VOLUNTEER PROTECTION ACT.—Protections afforded by this section are in addition to those provided by the Volunteer Protection Act of 1997.

''(e) DEFINITIONS.—In this section:

''(1) The term 'disaster' means—

''(A) a national emergency declared by the President under the National Emergencies Act;

''(B) an emergency or major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act; or

''(C) a public health emergency determined by the Secretary under section 319 of this Act.

''(2) The term 'harm' includes physical, nonphysical, economic, and noneconomic losses.

''(3) The term 'health care professional' means an individual who is licensed, certified, or authorized in one or more States to practice a health care profession.

''(4) The term 'State' includes each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, and any other territory or possession of the United States.

''(5)(A) The term 'volunteer' means a health care professional who, with respect to the health care services rendered, does not receive—

''(i) compensation; or

''(ii) any other thing of value in lieu of compensation, in excess of $500 per year.

''(B) For purposes of subparagraph (A), the term 'compensation'—

''(i) includes payment under any insurance policy or health plan, or under any Federal or State health benefits program; and

''(ii) excludes—

''(I) reasonable reimbursement or allowance for expenses actually incurred;

''(II) receipt of paid leave; and

''(III) receipt of items to be used exclusively for rendering the health services in the health care professional's capacity as a volunteer described in subsection (a)(1).''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—This title and the amendment made by subsection (a) shall take effect 90 days after the date of the enactment of this title

(2) APPLICATION.—This title applies to any claim for harm caused by an act or omission of a health care professional where the claim is filed on or after the effective date of this title, but only if the harm that is the subject of the claim or the conduct that caused such harm occurred on or after such effective date.

The Acting CHAIR. Pursuant to House Resolution 591, the gentleman from Florida (Mr. STEARNS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. STEARNS. I yield myself such time as I may consume.

I have a very simple amendment today. It's the Good Samaritan Health Professionals Amendment. This amendment would allow trained medical professionals to volunteer across State lines to assist in Presidentially declared Federal disaster sites.

My colleagues, in the aftermath of Hurricane Katrina, we saw firsthand how much of a demand there is for trained professionals at disaster sites and how there is a need to provide liability protection for these very experienced individuals.

According to the Council of State Governments, the most pressing need immediately after Katrina was the availability of medical volunteers. However, out-of-state practitioners providing medical treatment face the real possibility of noncoverage under their medical malpractice policies. Those that volunteer and treat the sick are at risk of violating existing statutes and potentially facing criminal or administrative penalties or civil liabilities.

A Baton Rouge newspaper, The Advocate, ran a story in September 2005 that talked about Dr. Mark Perlmutter, who was in the midst of giving a woman chest compressions when FEMA asked him to stop because of issues of liability protection.

CNN ran a story about a doctor who was evacuated to the New Orleans' airport. The doctor was amazed to see hundreds of sick people and wanted to help them. He wanted to ply his professional talents and heal the sick, but

was prevented from doing so because of legal liability. ''They told us, you know, you could help us by mopping the floor,'' and that's what he was forced to do. And so he mopped the floor while people died all around him.

What was the cost of inaction because of the litigious society that we have? It's incidents like these, my colleagues, that's why I introduced the Good Samaritan Health Professionals Act, H.R. 3586. It's a very simple bill, and its the foundation for this amendment to the PATH Act.

This amendment would allow medical professionals to volunteer at disaster sites. It would provide limited civil liability protection to medical volunteers who act on a good faith effort.

This is limited protection. It still allows victims to sue for serious acts such as criminal misconduct, reckless misconduct, or gross negligence. It does not cover criminal acts by health volunteers.

You shouldn't have someone that spent years in college, years in medical school, through residency, spent years as a practicing physician, push a mop when there's clear need for their services. This is wrong, and my amendment will correct that.

My colleague from Utah Mr. MATHESON and myself have a very simple amendment today. It is the Good Samaritan Health Professional Amendment. This amendment would allow trained medical professionals to volunteer across State lines to assist at presidentially declared disaster sites.

In the aftermath of Hurricane Katrina, we saw first hand how much of a demand there is for trained professionals at disaster sites and how there is a need to provide liability protection.

According to the Council of State Governments, the most pressing need immediately after Katrina was the availability of medical volunteers.

However, out-of-State practitioners providing medical treatment face the real possibility of non-coverage under their medical malpractice policies. Those that volunteer and treat the sick are at risk of violating existing statues and potentially facing criminal or administrative penalties or civil liability.

A Baton Rouge newspaper, The Advocate, ran a story in September 2005 that talked about Dr. Mark Perlmutter, who was in the midst of giving a woman chest compressions when FEMA asked him to stop because of issues of liability protection.

CNN ran a story about a doctor who was evacuated to the New Orleans airport. The doctor was amazed to see hundreds of sick people and wanted to help. He wanted to ply his profession and heal the sick, but was prevented from doing so because of legal liability. ''They told us, you know, you could help us by mopping the floor.'' And so he mopped the floors while people died around him.

What was the cost of inaction because of our litigious society?

Its incidents like this, that's why I introduced the Good Samaritan Health Professional Act, H.R. 3586. It's a very simple bill, and it's the foundation for this amendment to the PATH Act.

This amendment would allow medical professionals to volunteer at disaster sites. It would provide limited civil liability protection to medical volunteers who act on a good faith effort.

This is limited protection. It still allows victims to sue for serious acts such, as criminal misconduct, reckless misconduct or gross negligence. It does not cover criminal acts by health volunteers.

But for everyone working in good faith and doing the right thing, it will provide this basic protection to any trained medical volunteer. It will protect:

Doctors, nurses or physician assistants that treat the injured;

The psychiatrist, psychologist or therapist that provide emotional assistance to those grieving, and;

The pharmacists or respiratory therapists that helps treat chronic conditions like diabetes or COPD.

You shouldn't have someone that spent years in college, years in medical school, been through residency, and spent years as a practicing physician, push a mop when there is a clear need for their services.

This is wrong, and my amendment will correct this.

The Good Samaritan Health Professional Amendment has a broad coalition of supporters. They include:

The American College of Surgeons
The American Medical Association
The American Hospital Association
The College of Emergency Physicians
The Neurologists
The Physician Insurers Association
The Roundtable of Critical Care

These are just a sample; there are more medical groups that support this amendment. I also would like to submit these letters of support into the RECORD.

This is a good amendment. It will save lives.

AMERICAN COLLEGE OF SURGEONS,
March 21, 2012.

Hon. JOHN BOEHNER,
Speaker of the House of Representatives, Washington, DC.

DEAR MR. SPEAKER: On behalf of the more than 78,000 members of the American College of Surgeons (ACS), I would like to express our support for amending H.R. 5, the Protecting Access to Healthcare (PATH) Act of 2011 to include H.R. 3586, the Good Samaritan Health Professionals Act of 2011 (Stearns/Matheson Amendment). The ACS supports this amendment which would ensure disaster victims' access to medically necessary care in a declared emergency.

Rapid medical response in a disaster can greatly decrease loss of life and improve outcomes for patients who desperately need assistance. Surgeons in particular, with their training in trauma and critical care, play a major role in the health care community's response to most disaster situations. Properly trained volunteers are critical in such circumstances.

However, due to inconsistent state laws and lack of federal policy, it is often unclear whether protections against unnecessary lawsuits exist for medical volunteers who cross state lines. Sadly, this lack of uniformity has greatly hindered the ability of volunteer health professionals to provide care; in some cases, volunteer health professionals have even been turned away due to uncertainty about potential liability.

Enactment of the Stearns/Matheson amendment would provide volunteer health professionals with the same level of civil immunity that they have in their home state when they provide urgently needed care in a declared emergency. Removing barriers that prohibit licensed surgeons and other qualified health care professionals from voluntarily administering medically necessary care during disasters will ensure citizens access to high-quality surgical services in the event of a crisis.

Again, we strongly support the Stearns/Matheson amendment to H.R. 5 and look forward to working with you to ensure its enactment.

Sincerely,

DAVID B. HOYT, MD, FACS,
Executive Director.

MARCH 21, 2012.

DEAR MEMBER OF CONGRESS: The undersigned organizations strongly support the Stearns/Matheson amendment to the Protecting Access to Healthcare Act (H.R. 5) and urge you to vote for the amendment when it is considered on the House floor.

The Stearns/Matheson amendment will provide liability protections to health professionals, including physicians, who volunteer to help victims of federally-declared disasters. The medical profession has a long history of stepping forward to assist disaster victims. Rapid medical response in a disaster can greatly decrease loss of life and improve outcomes for patients who desperately need care.

Thousands of health professionals volunteered in the aftermath of Hurricanes Katrina and Rita to help the hurricane victims with their medical needs. Unfortunately, much needed medical volunteers were turned away due to inconsistent Good Samaritan laws as well as confusion and uncertainty about the application of these laws. Sadly, this lack of uniformity has greatly hindered the ability of volunteer health professionals to provide care; and in many cases, health care providers could not provide these critical services, even if they wanted to, due to lack of liability protections.

The Stearns/Matheson amendment will help ensure that health professionals who volunteer their services in future disasters will not face similar uncertainties, thereby allowing them to focus on providing aid to victims. We urge a ''Yes'' vote on the Stearns/Matheson amendment.

Sincerely,

Advocates for EMS, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American College of Emergency Physicians, American College of Surgeons, American Medical Association, American Trauma Society, Congress of Neurological Surgeons, Orthopaedic Trauma Association, Physician Insurers Association of America, The Roundtable on Critical Care Policy, Trauma Center Association of America.

I reserve the balance of my time.

Mr. CONYERS. I rise in opposition to the Stearns amendment.

The Acting CHAIR. The gentleman from Michigan is recognized for 5 minutes.

Mr. CONYERS. Madam Chairman, the problem here is we don't have a problem. The 1997 law, which is called the Volunteer Protection Act, which I don't recall being mentioned, already provides immunity to all volunteers, not just doctors, to everybody, all volunteers, and has worked very effectively to ensure that nonprofit or government entities remain responsible for background checks.

I remind my colleagues of the Tenth Amendment to the Constitution, which is violated in H.R. 5, which preserves our system of federalism that allows States to legislate their own State tort laws and the qualifications of health care professions. What could be more simple than that?

This is one of the least debated provisions of our great Constitution. And so amendments that limit liability of health care professionals by our Congress and provide a virtual blanket immunity to any individual for any harm while acting in a volunteer capacity during a disaster violates the Tenth Amendment to the Constitution.

Madam Chairman, I reserve the balance of my time.

Mr. STEARNS. Madam Chairman, how much time do I have left on my side?

The Acting CHAIR. The gentleman from Florida has 2 minutes and 15 seconds remaining, and the gentleman from Michigan has 3 minutes remaining.

□ 1110

Mr. STEARNS. The one thing I would say to the gentleman, this is not unlimited. As I pointed out, there are provisions to allow for stipulations.

I yield 1 minute to the cosponsor on the Democrat side, Mr. MATHESON from Utah.

Mr. MATHESON. Madam Chair, I stand in strong support of this amendment, as I do to the underlying bill.

The amendment before us will provide much-needed liability protections to medical professionals to ensure that they are able to do what they are trained to do, which is save lives.

As Mr. STEARNS indicated, in the aftermath of Hurricane Katrina, it became clear that a uniformity of Good Samaritan laws is needed in this country. In several instances, qualified and certified physicians and other medical professionals from across the country were turned away from providing much-needed and critical care to victims of this disaster even when it was plainly apparent that the medical resources in the communities that were affected by the disaster were far beyond the capacity to provide adequate emergency care.

Yet doctors from Utah who volunteered to provide emergency care in situations such as this shouldn't fear unnecessary lawsuits and, above all else, should not be turned away due to uncertainty about liability protections.

I want to thank my friend and colleague, Mr. STEARNS, for his work and his partnership on this amendment. This commonsense measure to provide sensible protections to those Good Samaritans who volunteer their medical services to help those struck by disaster is an amendment we should all support. I urge colleagues on both sides of the aisle to support this bipartisan amendment.

Mr. CONYERS. Madam Chair, I raise a question to my good friend from Florida.

If you feel strongly about this, why don't we modify the Volunteer Protection Act of 1997 rather than go into the business of a constitutional violation by changing all of the State laws with this wholesale limitation of liability? Why not do it in a more appropriate way, which we would be bound to consider with you?

I yield to the gentleman if he cares to make a comment on that.

Mr. STEARNS. Mr. CONYERS, the point is this is a Federal disaster, and a Federal disaster like Katrina, in which the Federal Government is involved, you want to have a bill that's a Federal bill.

Mr. CONYERS. The Volunteer Protection Act, I say to my colleague from Florida, is a Federal bill enacted in 1997, and that's the one that I would urge you to want to join with me and others to modify if there is a problem.

What you're doing by Stearns-Matheson is that you are now changing the law in all 50 States without going through the Volunteer Protection Act over which we have jurisdiction. That's the reason that I urge my colleagues that there is no need to upend existing State laws to provide unnecessary immunity.

I reserve the balance of my time.

Mr. STEARNS. Madam Chairman, I'd just say that the 50 State laws are not allowing a physician to help. He has to mop the floors.

I yield 45 seconds to Mr. FRANKS from Arizona. He's chairman of the Constitution Subcommittee of the House Judiciary Committee.

Mr. FRANKS of Arizona. Madam Chair, I just rise in strong support of this very commonsense amendment by my friend, Mr. STEARNS from Florida.

This amendment is to provide liability protection to health care workers who volunteer to help in disaster response for their fellow human beings.

Madam Chair, rescue efforts often can be chaotic; and without the help of volunteers, government Agencies cannot always help everyone effectively. Many State tort laws, including those of Louisiana, the State hardest hit by Hurricane Katrina, are unclear in regards to who is covered under State Good Samaritan protections.

Madam Chair, this is a country of Good Samaritans. We should encourage our fellow human beings to help their fellow human beings and not offer impediments to them. I think this amendment does that, and I support it with the strongest conviction.

Mr. CONYERS. Madam Chair, that's what we're doing under the Volunteer Protection Act is protecting our volunteers, our good citizens that come forward.

Please, I would like to focus on the amendment here that provides a lesser degree of liability protection while allowing weaker State standards to remain in place.

What we need to do is to preserve our system of federalism and support the Volunteer Protection Act which is constitutional, which does not violate the prerogative of the States to manage and legislate on their own tort laws and determine the qualifications of health care professionals.

The Acting CHAIR. All time for debate has expired.

The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. STEARNS. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Florida will be postponed.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in House Report 112–416 on which further proceedings were postponed, in the following order:

Amendment No. 1 by Mr. WOODALL of Georgia.

Amendment No. 2 by Ms. BONAMICI of Oregon.

Amendment No. 6 by Mr. STEARNS of Florida.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

AMENDMENT NO. 1 OFFERED BY MR. WOODALL

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Georgia (Mr. WOODALL) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 234, noes 173, answered ''present'' 2, not voting 22, as follows:

[Roll No. 122]

AYES—234

Adams	Broun (GA)	Culberson
Aderholt	Buchanan	Davis (KY)
Akin	Bucshon	Denham
Alexander	Buerkle	Dent
Amash	Burgess	DesJarlais
Amodei	Burton (IN)	Diaz-Balart
Bachmann	Calvert	Doggett
Barletta	Camp	Dreier
Bartlett	Canseco	Duffy
Barton (TX)	Cantor	Duncan (SC)
Bass (NH)	Capito	Duncan (TN)
Benishek	Carter	Ellmers
Berg	Cassidy	Emerson
Biggert	Chabot	Farenthold
Bilirakis	Coble	Fincher
Black	Coffman (CO)	Fitzpatrick
Blackburn	Cole	Flake
Blumenauer	Conaway	Fleischmann
Bonner	Costa	Fleming
Boustany	Cravaack	Flores
Brady (TX)	Crawford	Forbes
Braley (IA)	Crenshaw	Fortenberry
Brooks	Cuellar	Foxx

Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
Lipinski
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Petri
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ruppersberger
Ryan (WI)
Scalise
Schilling
Schmidt
Schweikert
Scott (SC)
Scott, Austin
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—173

Altmire
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bilbray
Bishop (GA)
Bishop (NY)
Bonamici
Boren
Boswell
Brady (PA)
Butterfield
Campbell
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costello
Courtney
Critz
Crowley
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Dold
Donnelly (IN)
Doyle
Edwards
Ellison
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Luján
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schock
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Terry
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

ANSWERED ''PRESENT''—2

Griffith (VA)
Sensenbrenner

NOT VOTING—22

Ackerman
Austria
Bachus
Bishop (UT)
Bono Mack
Brown (FL)
Chaffetz
Davis (IL)
Engel
Gonzalez
Jackson (IL)
Kinzinger (IL)
Lee (CA)
Lowey
Manzullo
Marchant
Marino
McIntyre
Paul
Platts
Rangel
Thompson (MS)

□ 1145

Messrs. BRADY of Pennsylvania, BARROW, GEORGE MILLER of California, BERMAN, KEATING, BUTTERFIELD, NADLER, and TONKO changed their vote from ''aye'' to ''no.''

Mr. PETRI, Mrs. CAPITO, Messrs. HUELSKAMP, HERGER, Mrs. LUMMIS, and Mr. YODER changed their vote from ''no'' to ''aye.''

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT NO. 2 OFFERED BY MS. BONAMICI

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Oregon (Ms. BONAMICI) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 179, noes 228, answered ''present'' 1, not voting 23, as follows:

[Roll No. 123]

AYES—179

Altmire
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Braley (IA)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Fudge
Garamendi
Gibson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Harper
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Luján
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McHenry
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

NOES—228

Adams
Aderholt
Akin
Alexander
Amash
Amodei
Bachmann
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Black
Blackburn
Bonner
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Peterson
Petri
Pitts

Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

ANSWERED ''PRESENT''—1

Sensenbrenner

NOT VOTING—23

Ackerman
Austria
Bachus
Bishop (UT)
Bono Mack
Brown (FL)
Chaffetz
Davis (IL)
Frank (MA)
Gonzalez
Jackson (IL)
Kinzinger (IL)
Lee (CA)
Lowey
Manzullo
Marchant
Marino
McIntyre
Paul
Platts
Rangel
Terry
Thompson (MS)

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

□ 1150

Messrs. JOHNSON of Georgia and WALZ of Minnesota changed their vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 6 OFFERED BY MR. STEARNS

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Florida (Mr. STEARNS) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 251, noes 157, answered ''present'' 1, not voting 22, as follows:

[Roll No. 124]

AYES—251

Adams
Aderholt
Akin
Alexander
Amodei
Bachmann
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Berkley
Biggert
Bilbray
Bilirakis
Black
Blackburn
Bonner
Boren
Boustany
Brady (TX)
Brooks
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Cardoza
Carson (IN)
Carter
Cassidy
Chabot
Coble
Coffman (CO)
Cole
Conaway
Connolly (VA)
Costa
Cravaack
Crawford
Crenshaw
Cuellar
Culberson
Davis (KY)
DeFazio
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fattah
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Green, Gene
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Hochul
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Larsen (WA)
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Lynch
Mack
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Perlmutter
Petri
Pitts
Platts
Polis
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Reyes
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ruppersberger
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schrader
Schweikert
Scott (SC)
Scott, Austin
Sessions
Shimkus
Shuler
Shuster
Simpson
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—157

Altmire
Amash
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Braley (IA)
Broun (GA)
Capps
Capuano
Carnahan
Carney
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costello
Courtney
Critz
Crowley
Cummings
Davis (CA)
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Filner
Fudge
Green, Al
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Luján
Maloney
Markey
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Peters
Peterson
Pingree (ME)
Poe (TX)
Price (NC)
Quigley
Rahall
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

ANSWERED ''PRESENT''—1

Sensenbrenner

NOT VOTING—22

Ackerman
Austria
Bachus
Bishop (UT)
Bono Mack
Brown (FL)
Chaffetz
Davis (IL)
Gohmert
Gonzalez
Jackson (IL)
Kinzinger (IL)
Lee (CA)
Lowey
Manzullo
Marchant
Marino
McIntyre
Paul
Rangel
Terry
Thompson (MS)

□ 1156

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

So the amendment was agreed to.

The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

Mr. KINZINGER of Illinois. Madam Chair, on March 22, 2012, I was unavoidably detained because fog delayed my return flight from Illinois and I was unable to cast a vote on H.R. 5, the Protecting Access to Healthcare Act. Had I been able to I would have cast an ''aye'' vote in favor of final passage of this legislation. I would also have cast an ''aye'' vote in favor of Amendment No. 1 by Representative WOODALL; a ''no'' vote against Amendment No. 2 by Representative BONAMICI; and an ''aye'' vote in favor of Amendment No. 6 by Representative STEARNS.

The Acting CHAIR. There being no further amendments, under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. YODER) having assumed the chair, Mrs. MILLER of Michigan, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, and, pursuant to House Resolution 591, she reported the bill, as amended by that resolution, back to the House with sundry further amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any further amendment reported from the

Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. LOEBSACK. Mr. Speaker, I have a motion to recommit at the desk.

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

Mr. LOEBSACK. I am opposed, in its current form.

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

The Clerk read as follows:

Mr. Loebsack moves to recommit the bill H.R. 5 to the Committees on Ways and Means and Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

Add at the end the following new section:

SEC. 203. PROHIBITING ELIMINATION OF MEDICARE PROGRAM AND INCREASED COSTS OR REDUCED BENEFITS TO SENIORS AND PEOPLE WITH DISABILITIES.

(a) The repeal of section 1899A of the Social Security (42 U.S.C. 1395kkk) pursuant to section 202 of this Act shall not, with respect to the Medicare program under title XVIII of the Social Security Act, be construed as furthering or promoting any of the following:

(1) Eliminating guaranteed health insurance benefits for seniors or people with disabilities under such program.

(2) Establishing a Medicare voucher plan that provides limited payments to seniors or people with disabilities to purchase health care in the private health insurance market or otherwise increasing Medicare beneficiary costs.

(b) The repeal of section 1899A(c)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395kkk(c)(2)(A)(ii)) pursuant to section 202 of this Act shall not, with respect to seniors or people with disabilities, be construed as providing for or promoting any of the following:

(1) Rationing health care.

(2) Raising revenues or premiums for seniors or people with disabilities under section 1818 of the Social Security Act, section 1818A of such Act, or section 1839A of such Act.

(3) Increasing cost-sharing (including deductibles, coinsurance, and copayments) under the Medicare program for seniors or people with disabilities.

(4) Otherwise restricting benefits or modifying eligibility criteria under such program for seniors or people with disabilities.

Mr. ROE of Tennessee (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the motion.

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

There was no objection.

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

Mr. LOEBSACK. Mr. Speaker, while I oppose the underlying bill, I'm offering this final amendment on a topic that I know is important to all of us here in this Chamber: our Nation's seniors. I grew up in poverty, and my grandmother took care of my siblings and me during my childhood. She relied on Social Security survivor benefits to put food on the table, and because of her, I know firsthand how important programs like Social Security and Medicare are to our seniors. In my grandmother's case, it meant the difference between putting food on the table and my family going hungry.

□ 1200

Before these historic programs were enacted, far too many seniors struggled just to meet their basic needs, let alone access the appropriate medical care to keep them safe and healthy. These important safety net programs have been incredibly successful as well in lowering senior poverty rates in America.

Just like my grandmother, today's seniors made sacrifices big and small to pave the way for a better life for future generations. Our country is what it is today because of them. That is why I believe that seniors who worked hard all of their lives should have access to the best medical care available. We need to care for them just like they cared for us.

If my colleagues join me in passing this amendment, it will be incorporated into the bill and the bill will be immediately voted on. It would ensure that the underlying bill does not eliminate guaranteed health insurance benefits for seniors or people with disabilities on Medicare. It would also ensure that the underlying bill does not lead to a voucher system, ration health care, raise premiums and copayments, or otherwise restrict Medicare benefits.

I recently held senior listening sessions around my district in Iowa. When I talk to Iowa seniors, I hear far too often that many of them are struggling just to make ends meet. That is unacceptable. No hardworking American should ever have to retire into poverty, and they certainly shouldn't see their hard-earned savings wiped out because of medical bills.

During my listening sessions, I heard time and again from seniors about how much they rely on Medicare in order to stay healthy and stay afloat financially. Seniors' medical and prescription drug costs already eat up a growing portion of their income, and many of them are stretched thin even without rising gas prices, utility costs, and an economic downturn that has hit savings hard. They pay attention to what is happening here in Washington—we should all be reminded of that—and they're upset about proposals to cut and weaken Medicare.

Our seniors did not get us into the fiscal mess that we're in today in the first place, and I think it's unfair to punish them for Washington's irresponsible behavior. They cannot and they should not bear more of this burden. Unfortunately, the Republican plan for Medicare would force seniors to do just that. It would end the Medicare guarantee, replacing it with a voucher system. The voucher would not keep up with health care inflation, and it would force seniors to pay more and more of their health care costs out of pocket.

In these tough economic times, we need to find ways to be more efficient while maintaining quality of care. There are ways to do that, such as moving Medicare from a fee-based to a value-based payment system, something that I have supported all along since I've been in this Congress. However, the Republican plan for Medicare ignores these options and, instead, undermines traditional Medicare while doing nothing to reduce health care costs. This would shift costs to beneficiaries.

For low-income seniors like my grandmother was, enacting this plan could be disastrous. That is why my final amendment would ask the Members of this Chamber simply to uphold their commitment to America's seniors.

From my listening sessions, I know that seniors don't want a voucher that forces them to buy insurance in the private market. They don't want higher costs or reduced benefits, and they don't want some newfangled program. They want to keep Medicare the way it is: a guaranteed benefit they can count on when they need it.

Seniors in my district and across the country know we have big problems, but we can strengthen and preserve Medicare without ending the guarantee—a guarantee, by the way, that is neither Republican nor Democratic, but it's an American guarantee. I think we all need to keep that in mind and remember that.

Mr. Speaker, I urge all of my colleagues in the House to join me in voting for this final amendment to preserve and to strengthen the most successful health insurance program our Nation has ever created, namely, Medicare.

Our grandparents have stood by us, folks; I think it's time that we stand by them.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I rise in opposition to the motion to recommit and strongly support H.R. 5.

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

Mr. ROE of Tennessee. Mr. Speaker, 2½ years ago in this body, we debated the Affordable Care Act, and I remember being part of that debate here on the House floor. Part of that debate was to increase access for American citizens and to maintain the physician-patient relationship.

I have a letter here that was signed by 75 of us, both Democrats and Republicans, opposing, in part, because in the House version of the Affordable Care Act the Independent Payment Advisory Board was not there.

This bill is very simple. H.R. 5 is to repeal the Independent Payment Advisory Board and to vote for malpractice reform, a very simple bill, one that should be easy to support. Let's just discuss and see what occurred.

Based on the Independent Payment Advisory Board—most seniors don't

know about this—after the $500 billion has been taken out to pay for a new benefit. The Independent Payment Advisory Board are 15 unelected bureaucrats, appointed by the President and approved by the Senate to oversee Medicare spending.

Why does this bring angst to a physician? I practiced medicine for 31 years in Tennessee. My concern is I've already seen two examples of this, and this will be the third.

The first is a sustainable growth rate, a formula based on how to pay doctors in Medicare. This was established in 1997. Each year—almost every year since then—the Congress has had the ability to change this because, why? We were afraid if reimbursements to physicians were cut, access to our patients would be denied.

Let's look at what's going on right now.

Two weeks ago in this body, we extended the SGR for 10 months, preventing a 27 percent cut to physicians. Well, as a doctor, what would this mean for me in providing care for my patients? Well, what this would mean is you couldn't afford to see the patients. With IPAB, a formula based on spending, not quality or access, what would happen, I believe, is that this would occur, this 27 percent—at the end of this year, a 31 percent cut, which would be catastrophic for our Medicare patients.

So it's a very simple bill. We don't want Washington-based bureaucrats getting in between the physician-patient relationship. Medical decisions should be made between not an insurance company, and certainly not 15 unelected bureaucrats in Washington. It should be made between a patient, the doctor, and that family.

The second part of this bill, very simply, is medical-legal malpractice reform.

When I began my medical practice in Tennessee, my malpractice premiums were $4,000 a year. When I left 4 years ago to come to Congress, $74,000 a year. During that time, from 1975 until I left to come here, there's basically one insurance company in Tennessee, and over half the premium dollars that were paid during that time went to attorneys, not to the injured party. Less than 40 cents of the malpractice premium dollar in that State have gone to people who have actually been injured. It's a very bad system.

The tort system we have for medical liability now is a very bad system. It needs to be reformed. No one has ever argued about paying actual damages. No one has ever argued about paying medical bills. It's the unintended consequences of this bill that have run the cost up at no value to patients.

I strongly encourage my colleagues to support this bipartisan bill, and I yield back the balance of my time.

CONGRESS OF THE UNITED STATES,
Washington, DC, December 17, 2009.

Hon. NANCY PELOSI,
Speaker, House of Representatives, Capitol Building, Washington, DC.

DEAR MADAM SPEAKER: In July, 75 members of the U.S. House of Representatives wrote to express strong opposition to proposals, such as the ''Independent Medicare Advisory Council (IMAC) Act of 2009'' and the ''Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009'' (H.R. 2718, S. 1110, S. 1380), that would divest Congress of its authority for Medicare payment policy and place this responsibility in an executive branch commission or board. This letter clearly stated opposition to the inclusion of these or any other similar proposals in health reform or any other legislation, but with recent developments, we, the undersigned members, believe it is imperative to restate our strong opposition to any proposal or legislation that would place authority for Medicare payment policy in an unelected, executive branch commission or board.

Consistent with the July letter, on November 7, 2009, the House passed the ''Affordable Health Care for America Act'' (H.R. 3962) did not include provisions to create an unelected Medicare board. Yet, at present, the Senate is considering the ''Patient Protection and Affordable Care Act of 2009,'' which includes provisions to create an ''Independent Medicare Advisory Board'' (IMAB) that would effectively end Congress's authority over Medicare payment policy.

To create an unelected, unaccountable Medicare commission as envisioned in the Senate's IMAB proposal would end Congress's ability to shape Medicare to provide the best policies for beneficiaries in our communities around the country. Through the legislative process, and from Medicare's beginning, Members have been able to represent the needs of their communities by improving benefits for seniors and the disabled, affecting policies that fill the health care workforce pipeline, and ensuring that hospitals are equipped to care for diverse populations across our individual districts. Such a responsibility is one that is not taken, nor should be given away, lightly.

These proposals would severely limit Congressional oversight of the Medicare program, and to place this authority within the executive branch, without Congressional oversight or judicial review, would eliminate the transparency of Congressional hearings and debate. Without the open and transparent legislative process, Medicare beneficiaries and the range of providers who care for them would be greatly limited in their ability to help develop and implement new policies that improve the health care of our nation's seniors. An executive branch Medicare board would also effectively eliminate Congress's ability to work with the Centers for Medicare and Medicaid Services to create and implement demonstration and pilot projects designed to evaluate new and advanced policies such as home care for the elderly, the patient-centered medical home, new less invasive surgical procedures, collaborative efforts between hospitals and physicians, and programs designed to eliminate fraud and abuse.

The creation of a Medicare board would also effectively eliminate state and community input into the Medicare program, removing the ability to develop and implement policies expressly applicable to different patient populations. Instead, national policies that would flow from such a board would ignore the significant differences and health care needs of states and communities. Geographic and demographic variances that exist in our nation's health care system and patient populations would be dangerously disregarded. Furthermore, all providers in all states would be required to comply even if these policies were detrimental to the patients they serve. Such a commission could not only threaten the ability of Medicare beneficiaries, but of all Americans, to access the care they need.

Finally, as the people's elected representatives, we much oppose any proposal to create a board that would surrender our legislative authority and responsibility for the Medicare program to unelected, unaccountable officials within the very same branch of government that is charged with implementing the Medicare policies that affect so many Americans. Therefore, we must strongly oppose the creation of IMAB, IMAC, a reconstituted MedPac or any Medicare board or commission that would undermine our ability to represent the needs of the seniors and disabled in our own communities. Again, we urge you to reject the inclusion of these or any like proposal in health reform or any other legislation.

Sincerely,

Richard E. Neal; Mary Bono Mack; Patrick J. Tiberi; Phil Gingrey; Marsha Blackburn; Joe Courtney; Stephen F. Lynch; Michael C. Burgess; John Lewis; Jerry McNerney; James P. McGovern; G. K. Butterfield; Bill Cassidy; Jim McDermott; John W. Olver; Doris O. Matsui; Fortney Pete Stark; Timothy H. Bishop; Allyson Y. Schwartz; Shelley Berkley.

David P. Roe; Brett Guthrie; Mike Rogers; Henry C. ''Hank'' Johnson, Jr.; Linda T. Sánchez; Eric J. J. Massa; Michael E. Capuano; Donna M. Christensen; Susan A. Davis; Daniel Maffei; Michael M. Honda; Laura Richardson; John Hall; Sam Farr; John Fleming; Yvette D. Clarke; Kendrick B. Meek; Alan Grayson; Mike Thompson; Edward J. Markey.

Eliot L. Engel; Gary L. Ackerman; John F. Tierney; Edolphus Towns; Carolyn B. Maloney; Nita M. Lowey; Donald M. Payne; Gregory W. Meeks; Lynn C. Woolsey; Ken Calvert; Bob Filner; Pete Sessions; Steve Buyer; Jerrold Nadler; Dana Rohrabacher; Brian P. Bilbray; Gene Green; Barney Frank; Wm. Lacy Clay; Maurice D. Hinchey.

William D. Delahunt; Bill Pascrell, Jr.; Steve Kagen; Steve Israel; Joseph Crowley; Ginny Brown-Waite.

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

There was no objection.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered, and approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—ayes 180, noes 229, answered ''present'' 2, not voting 20, as follows:

[Roll No. 125]

AYES—180

Altmire
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boren
Boswell
Brady (PA)
Braley (IA)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

NOES—229

Adams
Aderholt
Akin
Alexander
Amash
Amodei
Bachmann
Barletta
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Black
Blackburn
Bonner
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

ANSWERED ''PRESENT''—2

Bartlett
Sensenbrenner

NOT VOTING—20

Ackerman
Austria
Bachus
Bishop (UT)
Bono Mack
Brown (FL)
Chaffetz
Davis (IL)
Gonzalez
Jackson (IL)
Kinzinger (IL)
Lee (CA)
Lowey
Manzullo
Marchant
Marino
McIntyre
Paul
Rangel
Thompson (MS)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1229

Messrs. CARNEY and BECERRA changed their vote from ''no'' to ''aye.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 223, noes 181, answered ''present'' 4, not voting 23, as follows:

[Roll No. 126]

AYES—223

Adams
Aderholt
Akin
Alexander
Amodei
Bachmann
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Black
Blackburn
Bonner
Boren
Boustany
Brady (TX)
Brooks
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Cardoza
Carter
Cassidy
Chabot
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duncan (SC)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Gerlach
Gibbs
Gibson
Gingrey (GA)
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Hochul
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Pompeo
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Scott, David
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—181

Altmire
Amash
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Braley (IA)
Butterfield
Capps
Capuano
Carnahan
Carney
Carson (IN)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Duncan (TN)
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Garrett
Gohmert
Green, Al
Green, Gene
Griffith (VA)
Grijalva
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono

Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Luján
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Pingree (ME)
Poe (TX)
Polis
Posey
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Terry
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Webster
Welch
Wilson (FL)
Woolsey
Yarmuth

ANSWERED ''PRESENT''—4

Broun (GA)
King (IA)
Sensenbrenner
Woodall

NOT VOTING—23

Ackerman
Austria
Bachus
Bishop (UT)
Bono Mack
Brown (FL)
Castor (FL)
Chaffetz
Davis (IL)
Duffy
Gonzalez
Gutierrez
Jackson (IL)
Kinzinger (IL)
Lee (CA)
Lowey
Manzullo
Marchant
Marino
McIntyre
Paul
Rangel
Thompson (MS)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1236

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. DUFFY. Mr. Speaker, on rollcall No. 126, I was unavoidably detained. Had I been present, I would have voted "aye."

PERSONAL EXPLANATION

Ms. LEE of California. Mr. Speaker, I was not present for rollcall votes 122–126. Had I been present, I would have voted "no" on No. 122, "yes" on No. 123, "no" on No. 124, "yes" on No. 125, and "no" on No. 126.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

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

□ 1240

LEGISLATIVE PROGRAM

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

Mr. HOYER. Mr. Speaker, I am pleased to yield to my friend from Virginia (Mr. CANTOR), the majority leader, for the purpose of inquiring of the schedule for the week to come.

Mr. CANTOR. I thank the gentleman from Maryland, the Democratic whip, for yielding.

Mr. Speaker, on Monday, the House will meet at noon for morning-hour and 2 p.m. for legislative business. Votes will be postponed until 6:30 p.m. On Tuesday and Wednesday, the House will meet at 10 a.m. for morning-hour and noon for legislative business. On Thursday, the House will meet at 9 a.m. for legislative business, and the last votes of the week are expected no later than 3 p.m. No votes are expected in the House on Friday.

Mr. Speaker, the House will consider a few bills under suspension of the rules, which will be announced by the close of business tomorrow. The House will also consider H.R. 3309, the Federal Communications Commission Process Reform Act, offered by Congressman GREG WALDEN of Oregon. And for the second year in a row, the House will consider and pass a budget resolution. Mr. Speaker, we also expect to take further action on our Nation's infrastructure, with authority expiring at the end of next week. Finally, I am hopeful that the Senate will clear the House's bipartisan JOBS Act today. This bill has been delayed too long, but I look forward to the President signing it into law.

I thank the gentleman from Maryland, and I yield back.

Mr. HOYER. I thank the gentleman for his information with respect to the legislation that is going to be considered next week.

I would note that he talks about the highway bill, the infrastructure bill that is pending. Obviously, we had expected to consider that bill on the House floor. On our side, at least, our expectation was that it was going to be considered a number of weeks ago. It has not come to the floor here. As I understand it, we are now talking about an extension of some period of time. We are concerned that you rightfully, personally and as a party, made it very clear that certainty was an important aspect of growing our economy. That's a proposition on which I agree. I think you are absolutely right. I think that we need to create certainty and, clearly, we need to create jobs.

I said this morning, Mr. Leader, to the press—and I'm sure you get it as well—that the public says to me: When are you guys going to start working together? When are you going to get something done in a bipartisan way?

The Senate has done that, I will say to my friend. The Senate has done it in an overwhelming fashion. They had 74—it would have been 75, but Mr. LAUTENBERG was absent but was for the bill. So 75 percent of the Senate, three-quarters of the Senate voted for what was a very bipartisan bill. And, as a matter of fact, half the Senate Republicans essentially voted for that bill.

As you know, it had a technical flaw in the bill in that it had revenues which need to be initiated in the House of Representatives. Representative TIM BISHOP of New York has introduced the Senate bill, which has overwhelming support in the United States Senate and, very frankly, in my view, would have at least 218 votes in this House if it were put on the floor.

The Speaker has said in the past that he is committed to letting the House work its will, obviously referring to the open amendments process. But if a bill doesn't come to the floor, we have no opportunity either to amend or to vote. That's been one of our problems, of course, with the jobs bill that the President proposed that we had hoped would have been brought to the floor which has not been to the floor.

But I ask my friend, rather than continue to delay—and both sides have done that on the highway bill—to give that confidence, of which you have spoken and others on your side of the aisle have spoken I think absolutely correctly, in order to give the confidence that we can, in fact, act, that we can work in a bipartisan fashion, I would ask my friend whether or not he, as the majority leader, would be prepared to bring the Bishop bill to the floor, which, again, is the Senate bill, supported by 75 Members of the United States Senate, half of the Republican caucus in the Senate, and which will give some degree of certainty for a highway program which clearly is also a jobs bill and will have an impact on almost 2 million jobs and maybe another million jobs along the way.

We think that's the way that would be good for our country to proceed, and it would send a message—because I think it would get bipartisan support if you brought it to the floor—that it would send a good message to the country that, yes, from time to time, we can work together. And, very frankly, Mr. Leader, if we did that, it would be consistent with every transportation bill that we have passed since 1956 under Dwight Eisenhower, where we worked together in a bipartisan fashion. This is the first time that I have experienced a partisan divide—I mean, people have had differences of opinion, but a partisan divide on the highway bill.

As you know, Senator BOXER and Senator INHOFE came together to agree. I think that's a pretty broad ideological spectrum of the United States Senate. They came together, they agreed, and they led the effort to pass that bipartisan bill.

I would very much hope that, Mr. Majority Leader, that you could bring that bill to the floor and see whether or not, in fact, it could pass. I think that would be good for the country.

And I yield to my friend for his comments.

Mr. CANTOR. I thank the gentleman.

And I would respond by saying to him that, no, I'm not prepared to bring that bill to the floor because I differ with him in his assumption that there would be enough bipartisan support to pass that bill in the House. And from all that I know about what's in the Senate bill, there is a lot of disagreement over how that bill was constructed, as far as House Members are concerned.

I would say to the gentleman, our plan is very clear. We have been outspoken on this. We do not want to disrupt the flow of Federal transportation dollars, which is why we will be bringing to the floor next week a bill to provide for an extension of 90 days so that perhaps, as the gentleman would like, as would I, we could come together as two bodies and two parties on an agreement to provide more certainty.

But as to the gentleman's suggestion that we need to be doing this to be consistent with what has been done historically, I would say to the gentleman, he knows, as well as I, that we are in very, very difficult economic times. We have never faced the kind of problems that we face today as a country, from a fiscal standpoint. Unfortunately, transportation funding is no different. We're just out of money. So we're trying to take the approach that most American families and businesses would take, that is, to try to spend within our means, to come up with some innovative ways to look at transportation needs and demands in the future and our being able to meet them, and we look forward to working with the gentleman in a bipartisan fashion to try to effect that end.

Mr. HOYER. I thank the gentleman for his comments. But I will say again to the gentleman, we've been down this path before. We've been down this path before where the Senate was able to reach a bipartisan agreement on legislation very important to jobs, to the economy, and to the confidence of America.

□ 1250

That bipartisan piece of legislation would have enjoyed the support, I think, of certainly the overwhelming majority, almost the unanimous support on our side on a bipartisan agreement. I don't mean a Democratic proposal from the Senate, but a bipartisan agreement that came from the Senate. That dealt, of course, with payroll taxes and extending those, and ultimately we did that. We took that bill.

But I would say to my friend that the Speaker indicated he wanted a bill on this floor. I've been asking you for approximately a month now if it was going to come to the floor. That bill hasn't come to the floor. We all know it hasn't come to the floor because there's very substantial disagreement within your party about that bill. The papers report that. Everybody talks about it. We understand that.

I say to my friend that he and I do have a disagreement. I think it would enjoy bipartisan support on this floor if you brought the Bishop bill, the Senate bipartisan bill, to the floor. But the only way we're really going to be able to find that out—it's not by me saying, I think it would and you saying, I think it wouldn't. There's a very easy way to see whether it would, and that is to bring it to the floor next week.

I don't think there is anybody, hopefully, that wants to disrupt and have literally hundreds of thousands of people thrown out of work or not have opportunities for work. We know the construction trades in particular have been very badly hit by the lack of construction that's going on.

You can have your opinion and I can have my opinion, but there is a way to determine whether or not, in fact, we can get bipartisan agreement; and that is, as I said, and as the Speaker has indicated, let the House work its will. The only way the House can work its will—having been majority leader—is for the majority leader to bring the legislation to the floor for a vote. Then you may be right, I may be right, but we will know and it won't have to be speculation. We will know.

If I'm right and we do pass that bill, then next week, before March 31, before the expiration of the current highway authorization, we can send a bill to the President of the United States, and he will sign the Senate bill. We don't know that he will sign a bill that's still languishing in your committee because we haven't seen the final parameters of that bill because it is obviously pretty controversial on your side of the aisle.

Again, if you want certainty, we have an opportunity for certainty. We have an opportunity with a bipartisan bill that the Senate has passed. I don't know why we're rejecting that bipartisanship. The gentleman says, well, this is a unique economic time. He's right. It seems to me that's a greater argument for trying to embrace a bipartisan agreement and move forward with giving certainty to the construction industry, to States, to municipalities, and to counties on what is going to be available to them to plan and to pursue infrastructure projects critical to commerce and to their communities.

I regret that the gentleman has indicated that's not an option that he will consider, but a short-term extension seems to be the continuation of uncertainty, not the allaying of uncertainty. I don't know whether the gentleman wants to make another comment on that or not.

Mr. CANTOR. Mr. Speaker, I would just say to the gentleman, I guess we are going to agree to disagree. We're dealing with the reality that we don't have the money, and we're trying to fashion a path forward that both sides can agree upon.

Obviously, we cannot agree upon that next week with all the differences that still exist, which is why we're creating the construct of a 90-day extension, which then gives us the possibility to get into conference with the Senate to try and produce a longer-term transportation funding bill.

Mr. HOYER. Well, I won't pursue it any further, Mr. Leader, but you've been unable to get agreement within your party on this side of the Capitol for well over a month. I hope you can get there. I would hope you would get there in a bipartisan fashion so that Mr. RAHALL and Mr. MICA could agree on a bill, which has been my experience in the 31 years I've been here. It's not my experience this year. That hasn't happened. But almost invariably—and I think for the years you've been here, you've experienced that as well.

Let me ask you now with respect to the budget. Do you expect the budget to come to the floor? You indicated that. If so, would that be Wednesday?

Mr. CANTOR. Mr. Speaker, the gentleman is correct. We will be beginning debate on the budget Wednesday and likely concluding that debate and vote on Thursday.

Mr. HOYER. Normally, as you know, we've had alternatives made in order. We, of course, want to make in order an amendment which will guarantee that Medicare will be available to our seniors and that we will not decimate Medicaid, which we think is appropriate for our seniors. We also want to make sure that we have revenues that can sustain health care for seniors, education for kids, help for our communities.

Will the gentleman be able to tell me whether or not, in fact, alternatives will be made in order by the Rules Committee that would be offered either by the minority ranking member of the committee and/or others as historically has been the case?

Mr. CANTOR. Mr. Speaker, I would say to the gentleman, yes, we expect that to be the case. Obviously, I disagree with his characterization of our budget. We are, in fact, saving the Medicare program in a bipartisan fashion.

Mr. HOYER. Was there a bipartisan vote in the committee on that? I thought it was a totally partisan vote in the committee. Was I incorrect?

Mr. CANTOR. Mr. Speaker, I would say to the gentleman that the gentleman knows very well what I refer to, that the disproportionate cause of our deficit has to do with health care entitlements. And actually, as the gentleman knows, last year and this year we are proposing a solution, a plan, that does not resolve the issue overnight, but it puts us on a path towards balancing the budget.

This year, our budget chairman has worked together with the Senator from Oregon on the gentleman's side of the aisle in the Senate to propose a solution that responds to some of the complaints about the path that was taken

before. Again, it is a bipartisan solution. It is a plan to save Medicare. Unlike the gentleman's party or his President, we are actually proposing a solution to the problem and saving the program for this generation and the next.

Again, I'm sure the gentleman disagrees with my characterization and I with his. But to answer his question, to get back on track as far as the schedule and the fashion in which these bills are going to be brought to the floor, yes, consistent with precedent, we will be allowing full substitutes to be offered on both sides of the aisle.

Mr. HOYER. I thank the gentleman for his comment.

The last thing I would ask the gentleman: Am I correct that the agreement that was reached between our parties, which led to the passage of the Budget Control Act in a bipartisan fashion, does not reflect the substance of that agreement as it relates to the discretionary spending number for fiscal year 2013? Senator MCCONNELL is quoted, as you know, as saying that that was an agreement that was reached and that he expected it to be pursued.

I want to make it clear that he was not referring to the action of the Budget Committee, but he was referring to the agreement on the discretionary number.

Am I correct that the agreement that was reached, in order to get a bipartisan vote on the Budget Control Act, which we passed, which made sure that this country did not default on its debts for the first time in history, am I correct that that number is not the number that is reflected in the budget?

I yield to my friend.

Mr. CANTOR. Mr. Speaker, I respond to the gentleman by saying it is our view that the agreement reached in August at the top line was that, a cap. We all know we've got to do something about spending in this country, and the top line, or 302(a), within our budget resolution will reflect that top line provided in the budget resolution for the second year of the budget that we posed last year.

□ 1300

Again, we view it very much that we need to continue to try—at least try—to save taxpayer dollars when we are generating over $1 trillion of deficits every year, and I think the taxpayers expect no less.

Mr. HOYER. I thank the gentleman for his comments, but I will tell the gentleman that if we're going to have negotiations, and we have one number and you have another number, and we agree on a number, and then we pass a bill which reflects that number, put it in law—it doesn't say it's a cap; it says that will be the number. As we pass the budget, we said that will be the number. Now this is the law. And as was observed by others on the other side of the Capitol, but I will observe it here as well, if we're going to have those kinds of negotiations, it's sort of like the guy who comes up to you and says, look, I've got something to sell you, do you want to buy it? And you say, yes, let's negotiate on price. And you come to a price of $100. And then you come to settle, and the guy says, well, that was my top number. I'm going to give you $92 for that item. You don't have a meeting of the minds as a contract requires.

Very frankly, nobody on our side, and frankly I don't think anybody on your side that negotiated the deal—I don't mean that didn't vote for it—and as a matter of fact, I know for a fact the Speaker, and I believe yourself, have been quoted that that was the number and we ought to stick with it. Clearly, Mr. ROGERS believes that's the number that was agreed to.

Now, we're not going to be able to agree on things if all of a sudden it becomes, well, that was a notional thing that we did, not an agreement. A lot of our people voted on that to make sure, A, we didn't go into default as a country, and, B, that was not the number we wanted. It clearly was not the number your side wanted. But it was a number we agreed upon. And it seems to me that if we're going to try to keep faith with one another and with the law that we passed that we should stick with what we agreed to.

I understand that we want to bring the budget deficit down. As a matter of fact, on this side of the aisle, I've made those comments, and I've been criticized by some on my side, as you well know. Yes, we do need to get a handle on the budget. We're going to have a real debate on the deficit and debt, and I've been working very hard on that. We're going to have a debate, a fulsome debate, hopefully, on whether or not your budget does that. We've had disagreements all the years I've been here on that, and performance has not reflected, from my standpoint, that the representations made have always worked out, perhaps on either side.

But I regret, I regret deeply, Mr. Majority Leader, that we've reached an agreement, and based upon that agreement, this House took an action, it took a bipartisan action, and it passed a piece of legislation that was critically important to make sure that America did not go into default. And now we see 7 months later, crossed fingers, well, we really didn't mean that, it was a cap. Nobody on our side—there was no mention in the law nor was there any mention in the negotiations that that was a cap, not a number.

Unless the gentleman wants to say something further, I yield to my friend.

Mr. CANTOR. Mr. Speaker, I'd just say to the gentleman this is somewhat of an academic discussion given that the Senate is not going to pass a budget. And I remind the gentleman, again, it takes two Houses to go and reconcile a budget, and it takes two Houses and two parties to actually go forward. So we look forward to working with the gentleman. I told him it is our belief that we need to respond to the urgency of the fiscal crisis and do everything we can to bring down the level of spending in this town. I look forward to working with the gentleman towards that end.

Mr. HOYER. I look forward to next week debating how we bring that deficit down, and I yield back the balance of my time.

ADJOURNMENT TO MONDAY, MARCH 27, 2012

Mr. CANTOR. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at noon on Monday next for morning-hour debate and 2 p.m. for legislative business.

The SPEAKER pro tempore (Mr. GRIMM). Is there objection to the request of the gentleman from Virginia?

There was no objection.

REPEAL IPAB

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

Mrs. BIGGERT. Mr. Speaker, I support H.R. 5, the legislation to repeal the Independent Payment Advisory Board, or IPAB. As we've heard, this unelected board of 15 was created under the administration's health overhaul to take critical decisions on Medicare spending and hide them under a bureaucratic veil. As a result, it has the power to step between seniors and their doctors with no accountability.

Even Medicare's Chief Actuary indicated that the payment reductions required of IPAB are unrealistic and could drive doctors out of Medicare and limit seniors' access to care. That's hardly an answer to rising costs.

Today's legislation repeals IPAB and reduces costs through bipartisan medical liability reform. This commonsense reform curbs junk lawsuits and stops forcing doctors to practice costly, defensive medicine. This important bill eliminates IPAB and protects health care for America's seniors. I'm really glad that it has passed this House, and I hope that the Senate will take it up.

JUSTICE FOR TRAYVON MARTIN

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

Ms. WILSON of Florida. Mr. Speaker, yesterday I promised that every day I would come to the floor of this House and announce to America just how long justice for Trayvon Martin has been delayed. As of today, Trayvon Martin was murdered 26 days ago, and still there has been no arrest. There has been no arrest, and everyone is suffering. His parents are suffering, his classmates are suffering, and his whole Miami community is suffering.

A psychologist once described to me what it feels like to lose a child. She

says it is as if someone cuts your chest open, rips out your heart, throws it on the ground, stomps on it, picks it up, places it back in your chest, and then sews you back up. She said the parents carry that pain inside of their heart forever.

So, today, this is for Sybrina and Tracy, Trayvon's parents. As they fight for justice, I stand with them. We demand justice for Trayvon. We demand justice for all murdered children. Stay strong, Sybrina and Tracy, stay strong. I'll be with you at the rally this evening just as soon as votes here are done. Keep one hand in God's hand, and stay strong, my friends, stay strong.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

REMEMBERING NORTH CAROLINA STATE SENATOR JIM FORRESTER

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

Ms. FOXX. Mr. Speaker, I rise today in remembrance of a friend, former colleague and public servant, North Carolina State senator Dr. Jim Forrester.

Jim was a lifelong public servant. He was a brigadier general with the U.S. Air Force and the North Carolina Air National Guard. He served as a flight surgeon during the Vietnam War.

He was a small town doctor and community leader. He and his wife of 51 years, Mary Frances Forrester, shared the values that made our country great, were committed to the community, and worked tirelessly for the betterment of their city and State. Together they sold Bibles to pay for his education at Wake Forest Medical School. He made time from his successful practice and family to serve on the Gaston County Board of Commissioners in 1982 before being elected to the State senate, where he served 11 terms.

Today we pay tribute to his life and service. My heart goes out to Mary Frances, his three daughters and son, and his eight grandchildren. May God's peace be with them and the many people who mourn his death and celebrate his life of service.

IN RECOGNITION OF DR. BYUNG WOOK YOON AND NATIONAL KOREAN AMERICAN DAY

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

Ms. WATERS. Mr. Speaker, I rise today in honor of Korean American Day. I would like to recognize the 109th anniversary of the first Korean immigrants to arrive in the United States and the achievements of the Korean American responsible for bringing both this day and the importance of the contributions of Korean Americans to light, Dr. Byung Wook Yoon.

In 2003, Dr. Yoon, then-president of the Southern California Centennial Committee of Korean Immigration to the United States, began the campaign to establish a National Korean American Day. In 2004, when Dr. Yoon became president of the Korean American Foundation, he formed the National Committee of Korean American Day. Under his leadership in 2005, the committee claimed victory when the United States Senate and U.S. House of Representatives passed resolutions supporting the goals and ideals of Korean American Day and established an annual celebration recognizing the many contributions of Americans of Korean descent to the life and cultural fabric of the United States.

Aside from spearheading the campaign to establish Korean American Day, Dr. Yoon has accomplished a great deal in his lifetime. He is the recipient of the Presidential Award from the Republic of Korea, the Grand Award for World Korean Day from the World Korean Interchange and Corporation Association, and the Grand Award for Korean American Day from the Korean American Foundation.

□ 1310

CONGRATULATING KRISTI HOUSE FOR ITS PARTNERSHIP WITH MIAMI INTERNATIONAL AIRPORT AND THE PORT OF MIAMI

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

Ms. ROS-LEHTINEN. Mr. Speaker, as a popular tourist destination, south Florida is known for its nightlife and sandy beaches, but unfortunately this has also made our area a destination for human trafficking. Thankfully, Kristi House has been a beacon of hope for our community by providing abused children the care they so desperately need.

Recently, Kristi House saw the need to try to identify and intercept traffickers and their victims as they use our air- and seaports. As a result, Kristi House has teamed up with Miami International Airport and the Port of Miami in an unprecedented partnership. MIA and Port of Miami employees will undergo special training that will allow them to identify child victims of human trafficking and hold their traffickers accountable. Approximately 750 personnel at MIA will be trained, as well as 1,500 trained by the Port Authority.

This unique collaboration is positioned to become a national model that will be invaluable in the fight against human trafficking. I again congratulate Kristi House on this tremendous achievement.

TRAYVON MARTIN

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

Mr. AL GREEN of Texas. Mr. Speaker, I am before the House with a very heavy heart. I am very much concerned about the circumstances in Florida involving Trayvon Martin.

We live in a world, Mr. Speaker, where it's not enough for things to be right; they must also look right. And it just doesn't look right for a 17-year-old child to lose his life under the circumstances that have been announced.

I would like to thank all of the many colleagues here for the bipartisan support that has been shown in calling for the Justice Department to investigate. I also thank those who say they support what the Justice Department is doing in terms of an investigation. It doesn't look right, and I believe it is not right.

REPEAL IPAB

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

Mr. CRAWFORD. Mr. Speaker, I rise today to voice my support for the Medicare Decisions Accountability Act that passed this body today.

The measure will repeal the controversial Independent Payment Advisory Board, or IPAB, that would limit seniors' access to Medicare.

In my rural Arkansas district, senior citizens rely on Medicare to see their doctor and get their prescriptions filled. Without the coverage, they would be in a world of hurt. IPAB has the real threat of limiting seniors' access to treatment. I won't stand idly by while the IPAB board of 15 unelected and unaccountable bureaucrats tries to deny Medicare services to my constituents.

Members of IPAB are not subject to any real checks and balances. A huge amount of power is being given to this Medicare-cutting board that will be tasked with deciding who can and can't receive health care benefits. I am committed to strengthening Medicare for today's seniors and the next generation of Americans for this program. The Independent Payment Advisory Board will not protect seniors; it will only deny care.

Mr. Speaker, the Medicare Decisions Accountability Act gives seniors in my Arkansas district the security of knowing that their Medicare benefits will not be denied by faceless bureaucrats. I hope the Senate will now take action and pass this important bill.

HONORING THE LIFE OF HIS HOLINESS POPE SHENOUDA III

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

Ms. KAPTUR. Mr. Speaker, this week, the world laid to rest in the Egyptian desert a holy and wise spiritual giant, Pope Shenouda III, the

117th Pope of Alexandria and the patriarch of all Africa of the Coptic Orthodox Church. He passed on March 17.

His Holiness Pope Shenouda III presided more than 40 years over a worldwide expansion of the Coptic Orthodox Church. During his papacy, he appointed the first-ever bishops to preside over North American dioceses. When His Holiness became Pope in 1971, there were only four churches in North America. Today, there are over 100.

He championed a deep commitment to ecumenism interfaith dialogue, not just with Catholic groups—meeting the Roman Catholic Pope of Rome for the first time in over 1,500 years in the year of 1973—but he joined with Protestant churches as well as Islamic leaders and Muslim clerics. He was a man for the world.

I had the honor of meeting the Pope at our local Coptic Christian church when it was being constructed. He was a man of immense faith, unforgettable. I never will forget his steady, strong, peaceful countenance when I asked him what it would take to achieve unity among the faith confessions, and he said: It would take love.

His contributions to world understanding and bridging horizons yet unmet will flower in decades ahead and progress will move forward in his memory.

[From the New York Times, Mar. 17, 2012]

COPTIC POPE DIES IN EGYPT AMID CHURCH'S STRUGGLES

(By Kareem Fahim)

CAIRO.—Pope Shenouda III, who led the Coptic Orthodox Church in Egypt for four decades, expanding the church's presence around the world as he struggled, often unsuccessfully, to protect his Christian minority at home, died on Saturday after a long illness, state media reported.

Pope Shenouda, who was 88, had suffered from cancer and kidney problems for years.

His death comes at a time of rising fears for Egypt's to million Coptic Christians, who have felt increasingly vulnerable since the fall of President Hosni Mubarak and amid attacks on churches by hard-line Islamists and repression by Egypt's security forces.

The rise to power of conservative Islamist parties has also raised concerns that Egyptian national identity is becoming more closely bound to Islam.

''It's an injection of uncertainty for Copts at a time of transition in the country,'' said Michael Wahid Hanna, a fellow at the Century Foundation. ''Whether people were fond of him or not, this will cause anxiety.''

On Saturday night, hundreds of Coptic Christians gathered at Cairo's main cathedral to grieve.

Samir Youssef, a physician, called the pope ''an intellectual, a poet—strong, charismatic.''

''On a personal level, I'm worried about the future. I think there will be a conflict, the same chaos that followed the 25th of January,'' he added, referring to the start of the uprising last year.

In a statement, President Obama praised Pope Shenouda as a beloved ''advocate for tolerance and religious dialogue.'' Egypt's interim rulers, the Supreme Council of the Armed Forces, called on Egyptians to ''come together in solidarity and be tolerant, to take Egypt toward security and stability.''

Pope Shenouda, who became patriarch in 1971, was known as a charismatic, conservative leader for Egypt's Copts, who make up about 10 percent of the population in the majority Sunni nation.

He filled a leadership vacuum as Copts—along with most Egyptians—retreated from public life under authoritarian rule, and he expanded the church's reach, especially in North America. At the same time, he was criticized for what were seen as his autocratic tendencies, which stifled internal church changes, and his support for Mr. Mubarak's government, given in return for a measure of protection that Copts increasingly felt was insignificant.

The failure to distance the church from Mr. Mubarak led to greater disillusionment with the pope after the revolution, especially among younger and more secular Copts.

Pope Shenouda was born on Aug. 3, 1923, as Nazeer Gayed in the city of Asyut, Egypt, according to a biography of the patriarch posted on the church's Web site. He attended Cairo University and became a monk in 1954.

In 1981, Pope Shenouda was sent into internal exile by President Anwar Sadat, with whom he clashed after complaining about discrimination against the Copts. Mr. Mubarak ended that exile in 1985, with an informal understanding that Pope Shenouda would be less vocal in pointing out discrimination, according to Mariz Tadros, a researcher at the University of Sussex and the author of a forthcoming book on the Copts.

That understanding was severely strained in the past decade after a series of deadly clashes between Copts and Muslims, and charges that the state, and especially its security services, stoked the sectarian divide. After 21 people were killed in a church bombing last year, some Copts criticized the pope for not confronting the government.

The Coptic Church's own policies, including its almost total ban on divorce, have also increased tensions. Some have left the church specifically to divorce, either choosing another denomination or officially converting to Islam, then sometimes converting back after the split.

The conversions have incited rumors that have led to episodes of Muslim-Christian violence.

The next pope will face a growing desire among many Copts to expand the community's leadership, analysts said. Under Pope Shenouda, ''the church became the de facto political representative of the Copts,'' Mr. Hanna said. ''That became increasingly problematic.''

OCTOBER BABY: EVERY LIFE IS BEAUTIFUL

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

Mr. ADERHOLT. Mr. Speaker, I rise today to call attention to one of the most important issues of our time and to remind my colleagues and my fellow Americans that ''every life is beautiful.''

This weekend, a film called ''October Baby'' will be in theaters across the country to tell the beautiful, heartfelt story of Hannah, a young woman who learns she was adopted after a failed abortion. While this film captures her journey to discover her hidden past and find hope for her unknown future, it takes a clear stand for life, something we often don't see at the movies.

I believe protecting unborn life is a universal issue and has become one of the most unifying causes in recent decades. I'm grateful to all those that are involved in the making of the movie, especially the Erwin brothers from Alabama for making ''October Baby'' and their willingness to put this important issue in the spotlight.

A FAREWELL TRIBUTE TO JOHN W. ROWE AS HE RETIRES FROM EXELON

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

Mr. SHIMKUS. Mr. Speaker, Mr. John Rowe, as the chairman and CEO of Exelon, is retiring upon closing of the company's merger with Constellation Energy.

John joined Unicom, the parent company of Commonwealth Edison, in 1998. He was hired to help fix its troubled nuclear fleet and prepare the company for deregulation.

In both 2008 and 2009, Institutional Investor named John the best electric utility CEO in America. In the 14 years of John's leadership, Exelon has been named by Forbes as one of ''America's Best Companies,'' a ''Global 2000 Company,'' the ''Best Managed Utility Company,'' to Fortune's list of the World's Most Admired Companies, one of Businessweek's Top 50 companies, and Utility of the Year by Electric Light and Power.

Throughout John's career, he has been an active leading voice in energy and environmental policy, delivering policy addresses and testifying before Congress, the Federal Energy Regulatory Commission, and State regulators.

John and his wife, Jeanne, are committed participants in civic and cultural activities. They are committed to a wide range of a variety of civic activities, with a focus on education and diversity. The Rowes are particularly proud of their substantial commitment to founding the Rowe-Clark Math and Science Academy. And he is a board of trustees chairman of the Illinois Institute of Technology.

Mr. Speaker, I have come to know John Rowe during my tenure in Congress. I can say that his impact on the energy industry will be long felt by both policymakers and Exelon customers. I wish him and his family well in their future endeavors.

Mr. Speaker, I rise today to talk about someone that I have come to know through my work on the Energy and Commerce Committee over the years, John W. Rowe. Mr. John Rowe, the chairman and CEO of Exelon, is retiring upon closing of the company's merger with Constellation Energy. His retirement marks the end of nearly 14 years at Exelon and his 28-year tenure as the longest-serving electric utility CEO. It also brings to a close a long career in the utility business in which Rowe has distinguished himself as both an industry and civic leader.

John joined Unicom, the parent company of Commonwealth Edison in 1998. He was hired

to help fix its troubled nuclear fleet and prepare the company for deregulation. He shepherded the merger of Unicom and PECO Energy and has led the combined company, Exelon, since it formation in 2000. The Unicom-PECO merger is widely regarded as the most successful merger in the industry's history. The combined company serves 5.4 million customers and operates the largest fleet of nuclear power plants in the country.

In both 2008 and 2009, Institutional Investor named Rowe the best electric utility CEO in America. He has also received the Edison Electric Institute Distinguished Leadership Award, Keystone Center Leadership in Industry Award, Chicagoland Chamber of Commerce Burnham Award for Business and Civic Leadership, induction into the Chicago Business Hall of Fame, University of Arizona Eller College of Management Executive of the Year Award and the Union League of Philadelphia Founder's Award for Business Leadership.

In the 14 years of John Rowe's leadership, Exelon has been named by Forbes as one of ''America's Best Companies,'' a ''Global 2000 Company,'' and ''Best Managed Utility Company'' to Fortune's list of the ''World's Most Admired Companies,'' one of BusinessWeek's ''Top 50'' companies, and ''Utility of the Year'' by Electric Light and Power.

Mr. Rowe served as chairman of the Nuclear Energy Institute, the Edison Electric Institute (EEI), the Commercial Club of Chicago, and the Massachusetts Business Roundtable.

Rowe and his management team succeeded in turning around the ComEd nuclear fleet—increasing the capacity factor from less than 50% in 1997 to more than 92% in every year since 2000 and average refueling outage days were reduced by half. Exelon today is the largest and widely regarded as the best nuclear plant fleet in the U.S.

Responding to massive reliability issues in ComEd's service territory in 1998 and 1999, Rowe spearheaded the effort to improve system reliability that has helped reduce the frequency and duration of customer outages by 20% since 2001. ComEd has spent more than $5 billion on improving the system since 1998. ComEd now performs in the top quartile of its peer companies for reliability.

Under Rowe's leadership, PECO has been an industry leader in reliability performance, moving from the top quartile to top decile in infrastructure modernization and the use of equipment to eliminate and reduce the length of outages for customers.

Throughout his career, John has been a leading voice on energy and environmental policy delivering policy addresses and testifying before Congress, the Federal Energy Regulation Commission, state regulators and other. He was a pioneer on industry efforts for utility restructuring and a fierce advocate for environmental stewardship and diversity.

Perhaps more than any other CEO, Rowe has made environmental stewardship a hallmark of his tenure at each of his companies. While at CMP, he refocused its energy procurement strategy to conservation, energy efficiency and cogeneration.

John and his wife Jeanne are committed participants in civic and cultural activities. They are committed to a wide variety of civic activities with a focus on education and diversity.

The Rowes have established the Rowe Family Charitable Trust. Over the past decade, the Rowes and the family Trust have contributed more than $19.7 million to organizations including the University of Wisconsin, the Illinois Institute of Technology, the Chicago History Museum, the Field Museum, Misericordia, the Chicago Shakespeare Theater, Metropolitan Family Services and Northwestern Hospital.

The Rowes are particularly proud of their substantial commitment to founding the Rowe-Clark Math and Science Academy, and is a Noble Street operated charter school and the Rowe Elementary School, a Northwestern University Settlement Association operated charter school. In addition, John Rowe serves as Chairman of New Schools Chicago, an organization that promotes and funds Charter Schools in the City of Chicago.

Rowe also serves as Chairman of the board of trustees of the Illinois Institute of Technology and as President of the Wisconsin Alumni Research Foundation. He is a Vice Chairman of the Field Museum and has previously served as Chairman of the Commercial Club of Chicago and its Civic Committee and as Chairman of the board of the Chicago History Museum. While CEO of CMP, Rowe served as the Chairman of the Fort Western Museum capital campaign. At NEES, Rowe served as President of the USS Constitution Museum, Chairman of the Mechanics Hall capital campaign, a member of the board of the Massachusetts Natural Conservancy and on the board of Trustees at Bryant University.

Under Rowe's leadership and strong belief that utilities can and must have a commitment to their communities, Exelon has become a major part of the social fabric of the communities it serves. Exelon companies granted over $270 million to non-profit organizations serving our communities over the last eleven years including a $70 million donation to fund the Exelon Foundation.

Since the program's inception in late 2005 Exelon employees have tracked over 318,000 hours of community service. Exelon employees serve on over 350 non-profit boards across the service area, making an impact at the community level.

In recognition of Rowe's dedication to the community he has received the Civic Federation of Chicago's Gage Award for Outstanding Civic Leadership, the Citizen of the Year award from the City Club of Chicago, and the Heart of Mercy Award from Misericordia. Under his leadership, Volunteer Match has recognized Exelon as the Corporate Volunteer Program of the Year. Exelon has also received the Ron Brown Award for Corporate Leadership and was named to Corporate Responsibility Magazine's Best Corporate Citizens.

Mr. Speaker, I have come to know John Rowe over my tenure in Congress and I can say that his impact on the energy industry will be long felt by both policy makers and Exelon's customers. I wish him and his family well in their future endeavors.

DOWN SYNDROME AWARENESS DAY

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

Mr. YODER. Mr. Speaker, I rise to call attention to a very special day in our country. Yesterday marked the seventh anniversary of Down Syndrome Awareness Day.

There are over 400,000 people living in the United States with Down syndrome. This equates to one out of every 700 new babies born in America.

Many of us personally know friends and loved ones with Down syndrome. Those with Down syndrome lead active and productive lives, attend school and work, participate in decisions that affect them, and contribute to society in so many wonderful ways. That's why I am a proud supporter of the Achieving a Better Life Experience Act, the ABLE Act, and I will continue to do my part to spread the word about this and other important legislation that will help those with Down syndrome have the tools to succeed.

Please help me celebrate the importance of Down Syndrome Awareness Day, and let's join together to champion every individual in this country, especially those with Down syndrome.

□ 1320

JUST SAY ''NO''

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

Mr. GOHMERT. Mr. Speaker, we've just had a vote on H.R. 5, something very important. It's one of the horrible parts of the ObamaCare bill that we would have a board that would dictate to people what they could or could not have in the way of treatment or care.

The Federal Government has no business getting between people and their doctor. They have no business taking over health care, because if the Federal Government has the right to take over people's health care, then they'll have the duty to tell people how to live, what they can eat, what they must do.

But I had to vote ''no'' on this bill for this reason: in order to pay for this bill, under our rules, they added a provision that has the Congress dictating to every State in the country what their State med-mal tort laws have to be.

In Texas, we did tort reform, and we have doctors coming back. Some say, well, LOUIE, other States don't have it. That's fine. It's their right. Their doctors can come to Texas.

But when Congress wants to usurp State law, I have to say, ''No.''

THE AFFORDABLE CARE ACT

(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, as the 2-year anniversary of the President's so-called Affordable Care Act approaches, we're reminded of the unkept promises. It almost seems like yesterday when we heard the line, ''We have to pass the bill so we can find out what's in it.'' That prediction

today stands as one of the few justifications for passage of the law to still hold much truth or credibility.

Then supporters said it wouldn't cost a dime; yet last week, the nonpartisan Congressional Budget Office stated they now expect the law to cost $1.76 trillion over 10 years. That's nearly double the $940 billion originally claimed.

Supporters said it would bring down costs; yet these new mandates have helped result in premium increases of up to 9 percent in my home State of Pennsylvania.

Today we remain committed to repealing and replacing this costly and dangerous law, piece by piece, if necessary. We take a great step today by repealing a provision that would otherwise cede the responsibility of Congress to an unelected and unaccountable Medicare rationing board. This measure is yet another facet of that commitment.

THE PRESIDENT NEEDS TO GET WITH THE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Indiana (Mr. BURTON) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURTON of Indiana. Mr. Speaker, last week President Obama was in an oilfield in New Mexico, and the President said:

> Under my administration, America is producing more oil today than at any time in the last 8 years. That's a fact. That is a fact.

He went on to say:

> You have my word that we will keep drilling everywhere we can, and we'll do it while protecting the health and safety of the American people.

And he said:

> A recent independent analysis showed that over the last 36 years, there's been no connection between the amount of oil that we drill in this country and the price of gasoline.

''There's no connection,'' he went on to say. And then the President added:

> Even if we drilled every square inch of this country, we'd still only have 2, 3, or 4 percent of the world's known oil reserves.

That's just not true. It's just simply not true. Today, on television, the former president of Shell Oil, John Hofmeister, said—and he ought to know, he was in the oil business. He says that there is a trillion—a trillion, get that; not a billion, but a trillion-plus barrels of oil in America, more oil than there is in Saudi Arabia, and it's not counted by the President, and he's misleading the American people.

The reason he said that is because when the President talked about the increase in oil production, he was talking about the increase in oil production on private land outside the Federal Government's grip.

When you talk about the Federal lands, where we know there's tons of oil, oil production fell by 11 percent last year. It went down. So we're not drilling for that oil. We're not drilling off the Continental Shelf. We're not drilling in the Gulf of Mexico. We're not drilling in Alaska and the ANWR. We're not using coal oil shale for oil.

And so we could have another trillion barrels of oil, much more than we'll ever need, more than in Saudi Arabia, if we just did what the President says that we're already doing. But we're not doing it.

I'm going to be down here on the floor next week, and I'm going to show that the applications for permits to drill in this country have gone down, gone down by 36 percent since President Obama took office in 2008. So he says we're drilling everywhere. The permits that have been requested by the oil companies and those who will produce gasoline in this country have gone down by 36 percent since the President took office.

Now, let me just end up by saying this: the price of gasoline, from 2000 to 2009, was an average of $2.09 a gallon. The average retail price of gasoline when President Obama took office was $1.85 a gallon. And the average price of gasoline today is $3.88 a gallon, and everybody in America knows that. That's an increase of 86 percent.

So when the President goes on these trips around the country to make statements to the American people about the great things they're doing for energy production in this country, he should get his facts correct. Either he's misleading us intentionally or somebody's giving him the wrong information. But we have an abundance of energy in this country that's not being tapped.

I have no problem with us looking at alternative energy sources like solar, wind, geothermal, all those things, nuclear, but those things are going to take a long time, and we're still going to have to depend on oil and fossil fuels for many years to come. And the President needs to tell the truth and get with the program.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. BURTON of Indiana. Mr. Speaker, let me just say, if I may, that I try my best not to direct any comments to the President. When I speak on the floor, I usually say, ''If I were talking to the President.'' So I always qualify that.

Thank you very much. With that, Mr. Speaker, I yield back the balance of my time.

THE 21ST CENTURY BATTLEFIELD

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Florida (Mr. WEST) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. WEST. Mr. Speaker, throughout the history of the world, there has always been conflict between nations and among people. Wars have been fought to conquer land. Wars have been fought to acquire resources. Wars have been fought to spread ideas.

What is constant is that with each succeeding battle, both the tools and the techniques of warfare have progressed. From the earliest days of using rocks and sticks to the advancement of bows and arrows to flintlock and then automatic weapons, to TNT, atomic and nuclear bombs, man has continued to find ways, new ways of inflicting greater destruction on each other.

My father served in World War II. My older brother served in Vietnam. I, myself, served in Operations Desert Shield and Desert Storm, Iraqi Freedom, and Enduring Freedom, and my nephew continues to serve in the United States Army and has already been deployed to Afghanistan twice.

The only thing we know for sure is that the enemies my nephew has faced and will face in the future are altogether different from the enemy my father found in Europe and my brother found in Southeast Asia. Unlike any conflict this Nation has ever undertaken, from Lexington and Concord to Gettysburg and Antietam, from Belleau Wood and the Marne to Normandy and Iwo Jima, from the Chosin Reservoir to Khe Sanh, to the Persian Gulf, this 21st century battlefield is not defined by columns, fronts, uniforms, or borders but, rather, about one ideology against another.

Today, Mr. Speaker, I want to speak about this 21st century battlefield, one that is vastly different from any we have faced before. If we are not as prepared to fight in this new virtual environment as we would be to fight in unfamiliar physical surroundings, it will be just as likely to effect our downfall as the jungles in Indochina were to the colonial French troops.

□ 1330

Mr. Speaker, it is clear the United States Congress, the media, and Americans are truly focused on the dire economic situation here at home, and I share those concerns.

I also recognize the importance of not turning our backs on the principal obligation vested in us as elected leaders to protect and defend the United States of America against enemies, foreign and domestic.

The wars that my father and brother fought in and the Cold War we were engaged in when we first put on those uniforms 30 years ago, all of them were clearly defined. We knew our enemy. We knew his tactics. We knew his weapons and the uniform he wore. We even, at times, Mr. Speaker, laid down our arms temporarily to observe religious holidays like Christmas and Tet. But with the advent of the 21st century battlefield, that paradigm no longer exists. If we are going to achieve our objectives, we must be ready to adapt to changing circumstances. We cannot

simply understand our enemy; we must define it.

In 2012, more than 10 years after the Twin Towers fell in the city of which you, Mr. Speaker, represent, there is still a debate in this country about whom we're fighting.

So today, let us set aside political correctness in order to fully define the enemy we've been at war with for decades, since years before commercial airliners slammed into the Pentagon, crashed in a field in Pennsylvania, and took the lives of over 2,000 citizens in New York.

Let me be perfectly clear: the free world is not engaged in a war on terror. Terrorism is a tactic, Mr. Speaker, and no nation or coalition of nations can go to war against a tactic.

For instance, the United States was not engaged in a war against the Blitzkrieg or the Kamikaze in 1941 through 1945. Al Qaeda and the Taliban are indeed our enemy, but we are not at war with al Qaeda or the Taliban. They are simply the regiments and battalions of the ideological army to which they belong.

The United States was not at war with the 12th German Panzer Division or the 55th Japanese Infantry Regiment from 1941 to 1945. In fact, before the rise of al Qaeda, the terrorist group that had inflicted the most damage on the United States was Hezbollah. And let us never forget the loss in the Beirut bombing of those 240-some-odd marines. Today, Hezbollah has evolved into a highly capable military force, albeit one without state or uniform. So capable, in fact, they have armed missiles within striking distance of every city in Israel. Yet several American Presidential administrations have failed to clearly identify Hezbollah as an enemy.

Until we as a Nation are able to correctly and openly identify our enemy, we will continue to put our men and women on the ground in harm's way without a clear mission for success.

On this 21st century battlefield, we are not fighting against a single organization, a single leader, or a single nation. We are, Mr. Speaker, fighting against a radical Islamic fundamentalism which knows no country, recognizes no borders, and wears no uniform. It is Islamism, a theocratic political totalitarian ideology, no different from Nazism, fascism, and communism, which threatens the free world. Our enemy does not distinguish between combatants, be them lawful combatants, unlawful combatants, or even noncombatants, as required by the Geneva Convention. Our enemy does not distinguish between military and civilian targets.

So, Mr. Speaker, how do we understand the complexities of this global conflagration in which we are engaged, and how do we make the changes necessary to defeat it? With the appropriate strategic level of perspective, because we will never lose at the tactical level on the ground because the United States has the best soldiers, sailors, airmen, marines, and coastguardsmen the world has ever known. But without the correct strategic and operational goals, we'll be on the proverbial hamster wheel. No matter how much effort we exert, we will not make forward progress.

So, now that we have defined the enemy, we must develop strategic imperatives.

Mr. Speaker, I believe that there are three strategic imperatives: to engage, to deter, and to strike. We must clearly, then, identify specific strategic level objectives, and there are four.

First, Mr. Speaker, we must deny the enemy sanctuary. The number one asset our military has is its strategic mobility. When that is curtailed by a focus on nation-building or occupation-style warfare, we eliminate our primary advantage and, worse, turn our military forces into targets, because this enemy truly indeed has no respect for those borders and boundaries. Therefore, we must be willing to take the fight directly to him.

Second, we must interdict the enemy's flow of men, material, and resources. We have to cut off the enemy's ability to fund, supply, and replenish his ranks. As my colleague just spoke, our own energy independence is a vital part of that goal.

Third, we must, Mr. Speaker, win the information war. Unfortunately, the enemy is far more adept at exploiting the power of the Internet, broadcast media, and dissemination of powerful imagery. In addition, I fear that there are some in our media who now see themselves as an ideological political wing. If we cannot fully utilize information as a resource and part of our national power, we will lose this battle, if not our country.

The great example of this occurred during the Tet Offensive, when the North Vietnamese used information to their benefit against a superior American fighting force. Despite their own troops being badly depleted in the attack, our enemies were able to paint the outcome as a devastating loss for the United States. A former Vietcong Minister of Justice, Truong Nhu Tang, would later write:

> It is a major irony of the Vietnam War that our propaganda transmuted this military debacle into a brilliant victory, giving us new leverage in our diplomatic efforts, inciting the American antiwar movement, and disheartening the Washington planners.

Today, the Islamic fundamentalist enemy collectively portrays themselves as the victims of imperialism. Just as the Axis and Communist powers defined the free world as aggressors in order to cover up their crimes and designs for global domination, totalitarian Islam seeks to replicate the exact same strategy.

The now-deceased Osama bin Laden incited violence against Americans by invoking just such language when he said:

> U.S. soldiers only fight for capitalists, usury takers, and the merchants of arms and oil, including the gang of crime at the White House. Under these circumstances, there will be no harm if the interests of Muslims converge with the interests of socialists in the fight against the crusaders.

Mr. Speaker, fourth, as far as strategic objectives, we must cordon off the enemy and reduce his sphere of influence. We have to shrink the enemy's territory and not allow any political, cultural, educational, and financial infiltration into the United States.

What happened with Major Malik Nadal Hasan at Fort Hood, Texas, should not have been possible in this country. We must not turn a blind eye to a bold enemy who is telling us exactly what he wants to do and who is willing to bring the battle to our doorsteps.

Furthermore, for us to classify this jihadist attack as workplace violence defies sanity.

It is important that we must not hamstring our troops through the rules of engagement. Let us trust our men and women who are fighting for the preservation of this great constitutional Republic, and that includes our domestic law enforcement.

These should be our goals: deny the enemy sanctuary, cut off his flow of resources, use information to our advantage, and reduce his sphere of influence.

We must recognize that Iraq and Afghanistan are not wars but combat theaters of operation. It is up to our elected leaders and strategic-level military officials to identify and agree on the correct goals and objectives.

Beyond identifying the enemy and defining our objectives in kinetic battle, we must also understand and recognize the truly nonkinetic conflicts of the 21st century battlefield. One need only review the collapse of the Soviet Union to understand great nations can be toppled economically as well as militarily.

In fact, one country paid particular close attention to the fall of the Soviet Union, and that was China. In fact, China's efforts to modernize its economy were taken explicitly from the playbook of Lenin during the period of the New Economic Policy.

Lenin sought to place market mechanisms in a Communist economy to preserve the rule of the party and modernize this war's industries. It also sought to deceive the West into believing that communism had been weakened and was, therefore, a less formidable opponent.

□ 1340

China, Mr. Speaker, has been mimicking this tactic for decades. It's time that we took notice. Currently, the United States is providing a great economic advantage to China by allowing them to have an incredible trade surplus and hold nearly 30 percent of our debt. We must recognize that China is not using that advantage to improve the standard of living of its citizens. Instead, it is taking its economic edge

to the 21st century battlefield. Within 10 years, the world's largest blue-water Navy will fly not under a United States but a Chinese flag.

Why is that important?

Because no matter how technology changes in the future, the Earth's surface will still be covered 70 percent by water. All of the great civilizations—from the Venetians, to the Romans, to the Portuguese, Spanish, Dutch, English, and the Japanese—understood that the power and reach of a nation is extended not through a great army but through a strong navy. In 1990, the United States possessed 570 naval war vessels. Today, we have 285—projected to go even lower. If we cannot protect the sea lanes of commerce, we leave ourselves vulnerable, not just militarily, but economically to a power in China that continues to seek world communism as its ultimate goal, irrefutably so.

Mr. Speaker, I could spend the entire Special Order talking about China, because I believe, in this century, China could become the premier dominant nation in the world. And while the relationship between China and the United States is based on mutual needs at this moment, I am concerned for the day when China realizes this relationship is more of a hindrance than a need, and we always need to prepare if that day is to come.

As a veteran of Operation Iraqi Freedom, who served during the initial battles of that conflict, I am proud to be among the more than 1 million Americans who served in Iraq. What my fellow comrades in arms achieved in that country is nothing short of historic. Together, we defeated one of history's most tyrannical dictatorships and replaced it with what could be a free and democratic Muslim government. American soldiers, sailors, airmen, and marines beat back a radical Islamic insurgency and helped create what we hope for—an ally and partner in freedom.

I will never forget those with whom I served and those who served after I left that battlefield. I will always remember the sacrifice borne by so many servicemembers and their families. However, I have to question the motives of President Barack Obama in announcing a full withdrawal of American forces in October of 2011. Did the President press the commanders on the ground before making that decision? What kind of message does our sudden withdrawal send to our allies, such as the Kurds in the northern part of Iraq? Do they feel abandoned yet again? My fear is that political expediency drove that decision, not recommendations from the military leadership, not a strategic understanding of the 21st century battlefield.

For over 10 years, our Nation has been on the offensive against Islamic totalitarianism, radical Islamic terrorism, and specific individuals who want to harm our country and kill our citizens. Ten years ago, a band of thugs declared war on the United States, our fellow Americans, and our way of life. The last decade in Afghanistan has seen peaks and valleys, triumph and tragedy, unspeakable horror and unimaginable bravery during our long and difficult march towards victory.

While a decade may seem like a long period of time, we must remember that our enemies have been at war with our way of life for nearly a generation. From Beirut to the Khobar Towers, from the USS *Cole* to the first bombing of the World Trade Center, from the total destruction of the United States Embassies in Kenya and Tanzania to September 11, we must never forget that we did not choose this fight—the fight chose us.

While we may not have executed this combat operation perfectly—but then no war ever has been—we cannot pretend that radical Islam does not exist. The killings of Osama bin Laden and other radical terrorist leaders are significant victories. However, the fight continues. There is evil in this world that must be confronted lest our Nation sees more of its citizens maimed and killed in acts of terror.

I will continue to urge our President and his administration, my colleagues on Capitol Hill, and our congressional leadership to pressure Pakistan to crack down on terrorists within their borders. A particular concern is the Haqqani network, which is responsible for so much violence and bloodshed. I urge our leaders on both sides of the aisle to finish what was started in this part of the world.

Ten years after September 11, it remains absolutely vital to our national security that we succeed in Afghanistan. And how do we define ''success''? We cannot grant the enemy another opportunity to use that country as a home base for planning strikes against our Nation. Deny the enemy sanctuary. Unconditional withdrawal from Afghanistan, as we have done in Iraq, without considering the ground situation or the advice of top military advisers, would be absolutely reckless. Allowing Afghanistan to revert to its previous condition under Taliban control overturns the progress made so dearly by our forces, and it creates new threats to all Americans and this world.

Let me be clear. If we exit without delivering a crushing blow to the Taliban and other extremists therein, they will bring the fight to us. And while I believe the men and women serving in Afghanistan are performing bravely, above and beyond, it is vital that they are given all the tools necessary to succeed. We must ensure that they have the proper equipment, the proper weapons systems, a clearly defined mission, but, most importantly, flexible rules of engagement that do not needlessly put their lives at risk.

Mr. Speaker, recently Prime Minister Benjamin Netanyahu was in the United States, delivering remarks that reinforce that the State of Israel is a bright light in a dark ocean of tyranny and oppression. Israel must be allowed to defend itself from external and internal aggression. The Israeli people must be allowed to continue to build within their own borders, and Jerusalem must be recognized, irrefutably, as the Nation's only capital. Furthermore, the United States must stand by Israel's side in the face of a United Nations which clearly views the State of Israel through a lens tinged with anti-Semitic hatred, which, unfortunately, we just saw played out in France.

Anything less than full support for Israel and its citizens at the United Nations by the United States Government is simply unacceptable. I am concerned that Israel, America's strongest and most loyal ally in the Middle East, has become more isolated and vilified since Barack Obama became President than ever before in its existence, and I believe the United States Congress has a solemn duty to ensure that the homeland of the Jewish people remains as such.

The United States and Israel share the common bonds of freedom, liberty, and democracy, and the right to worship in the name of any religion as you see fit. We share a common enemy, though, in radical Islam, and we have both seen our citizens murdered by these terrorist thugs. We are, indeed, each other's greatest ally, for without the United States Israel would not exist, and without Israel the United States would soon fall.

Today, the bonds between us must be stronger than ever because those bonds are threatened as never before. Israel, Mr. Speaker, is a small country surrounded by enemies. The United States, however, is a large country being infiltrated by the same enemies. Like us, the Israelis seek only to be one nation under God, with liberty and justice for all. And as the Bible makes clear in Leviticus, chapter 25, verse 10, our purpose is ''to proclaim liberty throughout all the land unto all the inhabitants thereof.''

The bottom line is this: our Judeo-Christian faith heritage calls us to duty to stand beside the modern-day State of Israel. Therefore, Mr. Speaker, if we discuss Israel, we must discuss the Palestinian Authority. It is quite simple. No entity that aligns itself with a group that calls for the complete and total destruction of another country should ever be granted statehood.

I will never support funding for the Palestinian Authority or the recognition of a Palestinian state as long as they are reconciled and connected with Hamas. Further, I have cosponsored House Resolution 394, to support Israel's right to annex Judea and Samaria, if the Palestinian Authority continues to press for the unilateral recognition of Palestinian statehood at the United Nations.

A United Nations-recognized Palestinian state could place Israelis under the sovereignty of a group that actively seeks their destruction. This is

unacceptable, Mr. Speaker, and in the absence of a negotiated peace agreement, Israel has the right to protect its citizens living in Judea and Samaria by annexing those territories.

□ 1350

There cannot be peace without a growing peace party. Now more than ever is a time to stand with our ally Israel. And thanks in large part to the so-called Arab Spring of democratic revolutionaries, Israel is beleaguered and surrounded by hostility on all sides. The Israeli Embassy in Cairo, Egypt, was almost seized. And Turkey, once a prominent ally, has even shown intimations of threatening Israel with war. All the while, Hamas terrorists in Gaza fire rockets into Israeli cities on a pretty much daily basis.

There is a realistic chance that many European countries will recognize a Palestinian state. Russia is already offering enthusiastic support for a declaration of statehood. And last year, President Obama expressed his hope for such an outcome. The Palestinians are now using that support as part of their media campaign.

Even the Democrat Party is opposing Congresswoman ILEANA ROS-LEHTINEN's commonsense legislation, House Resolution 2829. This bill seeks more transparency and accountability within the United Nations, an organization that allows countries like China, Cuba, Saudi Arabia, and others to control the Human Rights Council.

The bill also requires steps to be taken to dismantle terrorist infrastructures and arrest terrorists, control Palestinian security organizations, and end the incitement of violence and hatred in the Palestinian media, educational institutions, and mosques. And most importantly, it requires the United Nations to recognize Israel's right to exist as a Jewish state.

I am pleased to support this legislation and commend my Florida colleague, the chairwoman of the Committee on Foreign Affairs, for introducing this legislation.

Mr. Speaker, let's be clear: there is no greater threat to Israel and the United States today than the development of nuclear weapons by Iran. President Obama has tried to take the diplomatic route when negotiating with Iran, but that is an effort that has indisputably failed. Iran has twice sent their warships through the Suez Canal within the last year in a blatant message to Israel. And recently, an Iranian defense official threatened to send warships to the east coast of the United States of America.

I believe Iran poses a genuine threat to democracies around the world. Iranian President Mahmoud Ahmadinejad spouts hatred against freedom of speech and religion everywhere while opposing his own people at home. Further, he denies the Holocaust ever happened and has stated that anybody who recognizes Israel will burn in the fire of the Islamic nation's fury.

Iran continues to push for nuclear weapons and has the capability to enrich uranium. It remains a state sponsor of terrorism and has aided internationally recognized terrorist organizations like Hezbollah. Hezbollah, along with organizations like Hamas and al Qaeda, is committed to seeing the destruction of the democratic freedoms that we treasure, along with the State of Israel in its entirety.

As a Member of the United States House of Representatives, one of my objectives is to protect the safety and security of Israel. A stable Israel is important to a stable United States, and Iran is a constant threat to that stability. We must stop lying to ourselves about Iran, for we are barreling toward a point at which we won't be able to prevent that nation from acquiring nuclear weapons without a massive military strike. It must not come to that. Iran is merely months away from producing sufficient weapons-grade uranium for a 15-kiloton bomb, a development which will put American naval vessels and the Strait of Hormuz at risk.

As you know, I have spent a lot of my adult life in uniform, some of it on that field of battle in Iraq. Those of us who fought in Operation Iraqi Freedom knew that our enemies received considerable assistance from the Islamic Republic of Iran. Many of the terrorist thugs who targeted American troops in that combat operation, just as many of those who target our troops in Afghanistan today, received guidance, training, weapons, money, and an untold number of explosives that have killed or terribly maimed so many of our Nation's finest, our comrades. We knew it without a doubt. We knew it because the components of those bombs bore irrefutable proof of Iranian manufacture. Yet to this day, most Americans are unaware of the support the Iraqi insurgency received from the Iranians.

Iran declared war on the United States of America nearly 33 years ago and has waged that war ever since. The Iranian war against America is not limited to our troops. Indeed, as we have recently learned from the Attorney General and the director of the FBI, the Iranians are prepared to kill American civilians right here in Washington if they happen to be in the same place at the same time as an intended target of assassination.

Our dealings with Iran are not a partisan political matter. A failure to respond to their murderous attacks is a national failure, not a failure of one party or another or one leader or set of leaders. This is a war, whether we decide to fight it or not.

They are waging war against us; yet our public discourse rarely, if ever, bothers to mention that fact. Every so often, someone will remind us that Iran is the world's leading sponsor of terrorism; but even that does not encapsulate the truth of the matter. They are killing us every single day.

If you want to see what the consequences of an Iranian victory would look like, just observe what life is like for the citizens of Iran. Anyone who voices opposition to the government or complains about the oppressive treatment of the Nation's women is arrested, tortured, and often killed. Independent newspapers have long since been silenced. Access to the Internet is blocked or filtered with the same technology used in the People's Republic of China.

The Washington Post editorialist writing about the Iranians' feverish efforts to construct atomic weapons put it very bluntly when they wrote:

> By now, it should be obvious that only regime change will stop the Iranian nuclear program, and only regime change will stop the Iranian war against America. Only regime change will bring an end to the mullahs' global dream.

The Washington Post thinks that sanctions can help, provided they are serious sanctions that strike at the heart of Iran's financial system. Mr. Speaker, I have no problem supporting such an effort, but I doubt that that will be enough because sanctions are only effective when a regime cares for its people.

Iran is a theocracy. An acquisition of a nuclear weapon will enable them to achieve their goal, the restoration of the Islamic caliphate.

We have another, even more powerful, weapon to aim at the Islamic dictatorship of Iran: the Iranian people. And it's time to use it. There can be no doubt that the people of Iran are yearning for new leaders; 2½ years ago, millions of them took to the streets to protest against election fraud and to call for an end to the Islamic dictatorship. There can be little doubt that, unlike so many of the uprisings in the Muslim world, the overwhelming majority of the Iranians do not want radical jihadist overlords. They want a separation of mosque and state, with the mullahs in the mosque, not running the state.

Of all the opposition movements in the Muslim Middle East, the Iranian one is the closest to us, the only one that surely wants to be part of the Western world. So why, then, Mr. Speaker, has the Iranian opposition movement not been explicitly endorsed by our government? Why do the President and the Secretary of State continue to talk about reaching an agreement with the Tehran regime? Why does the President not say that Ahmadinejad and Khomeini must go? If Qadhafi had to go and Mubarak had to go and Assad must go, why not the Iranian terror masters?

Since the President and the Secretary of State are unwilling to spell it out, I will offer my assistance. Ahmadinejad and Khomeini have to go, along with their evil henchmen. We need clear language from our leaders that states, Down with the Islamic Republic of Iran, which, Mr. Speaker, represents a clear and present evil in our world. We, hereby, call for a free Iran, and we are willing to support an effort

by the Iranian people to liberate their country.

President Ronald Reagan recognized the threat of inaction, and he laid out a road map on how to confront evil in our world three decades ago. First, tell the truth. Tell it often. Tell it everywhere. The truth is that Iran is in the clutches of evil people who kill Iranians and support the killing of Israelis and Americans every day and who will kill even more, if and when they get nuclear atomic bombs and warheads.

□ 1400

The truth is that we have tried to reach some sort of reasonable agreement with them for more than 30 years. The truth is they don't want it. They want to destroy us. And that's what they mean when they chant, ''Death to America.''

Second, our leaders and representatives must call for the release of political prisoners being persecuted in that country, to include the Iranian Christian minister being threatened with execution. When our diplomats attend international conferences, they should arrive with lists of victims in Iran, and they should read those lists. It's harder for totalitarian regimes to kill people with names than to slaughter faceless victims.

Third, we should broadcast the facts to the Iranian people. They need to know that we stand with them. They need to know what's going on inside their country. This is based on our experience during the Cold War when it turned out people inside the Soviet Union knew more about events in London and Paris and Washington than inside their own borders. That's why Radio Free Europe and Radio Liberty were such potent instruments of peace. Our broadcasts are often jammed by the Iranian regime. We must defeat their censorship.

Finally, we have to track down the killers of Americans and bring them to justice. The world must know anyone that takes an American life will be targeted and taken out in any country on the planet. Those who kill our citizens will not find safe haven in Iran.

Mr. Speaker, a majority of the America media did not feel it was important to report that Iranian President Ahmadinejad visited Cuba, Venezuela, Ecuador, and Nicaragua this past January. President Ahmadinejad threatened almost 200 years of precedent established by the Monroe Doctrine when he declared that ''from now on, Latin America will no longer be in the backyard of the United States.''

President Ahmadinejad is assisting Hugo Chavez with missile sites and has joked with that South American dictator about pointing a warhead at the United States. And, Mr. Speaker, there are Hezbollah camps in South America. Chavez himself has offered to send troops to fight with the Taliban and has reportedly funded al Qaeda. President Ahmadinejad has recruited the Mexican drug cartels for an attempted assassination of a Saudi ambassador in the United States.

Mr. Speaker, President Ahmadinejad's sphere of influence is not limited to the Middle East. He is entering our hemisphere and showing the influence that he has in this region. And that goes back to our fourth strategic objective.

President Obama seems to be uninterested in the principles of the Monroe Doctrine because, after all, he did take the wrong side in Honduras, and he has laughed it up with Hugo Chavez.

Mr. Speaker, the Syrian government, meanwhile, is continuing its vicious crackdown on innocent Syrian civilians seeking only freedom and democracy. According to available figures, almost 10,000 Syrians have lost their lives and thousands more have been injured. Many more have been forced to flee. The International Atomic Energy Agency also recently concluded that the secret Syrian facility destroyed by Israel in September of 2007 was ''very likely a nuclear reactor'' based on a North Korean model capable of producing plutonium for nuclear weapons.

The Syrian government has become a conduit in Iran's arming of Hezbollah Shiite forces in Lebanon and Hamas in Gaza. They have provided a safe docking station for Iranian warships, and they possess an arsenal of chemical weapons and missiles that I fear could end up in the hands of terrorists with which they are associated.

The threat posed by the Assad regime to the United States, to our allies, and the Syrian people is stark and growing. The time to increase pressure on that regime is now. That is why I joined other Members of Congress in sending a letter to President Obama requesting that he implement additional sanctions on Syria. The people of that country deserve a government that represents their aspirations and respects their basic human rights. It is clear that Bashar al-Assad is not willing to implement genuine reforms and that he lacks the legitimacy to lead the Syrian people.

The United States and all responsible nations must hold the regime accountable and the brutality must end. Additional sanctions would show the Syrian people that we stand with them in their struggle for democratic freedoms while also making it clear to the Syrian regime that it will pay an increasingly high cost for its gross violations of human rights and dignity, which is why, Mr. Speaker, UNESCO should expel Syria and strongly condemn them, and not repeatedly attack Israel. But, however, we must realize that there's an interesting turn in Syria with the Iranian and Russian presence evolving.

Mr. Speaker, it was not too long ago the American people watched a transition in Egypt, with this administration claiming we were witnessing a new dawn of democracy. Today, instead we are witnessing the nightmare of one of the greatest threats to the stability in the Middle East, a new Egyptian government under the Muslim Brotherhood. The Egyptian Parliament is now controlled by a majority of radical Islamists, and the Muslim Brotherhood is turning Egypt into a radical Islamic state. The Muslim Brotherhood also maintains active ties to Hamas, a terrorist organization that openly calls for the destruction of Israel.

Of course, America should stand with the Egyptian people. However, if the radical elements of the Muslim Brotherhood are left unchecked in that country, the security of the citizens of Israel, Egypt, and the United States all will be in jeopardy.

On July 19, 2011, I wrote a letter to the House Committee on Armed Services Chairman BUCK MCKEON on the troubling revelation of a possible U.S. military sale to the government of Egypt. It stated in my letter:

> It has come to my attention that the Defense Security Cooperative Agency notified Congress on July 1, 2011, of a possible foreign military sale to the government of Egypt for 125 M1A1 Abrams tank kits for coproduction and associated weapons, equipment, and parts, training, and logistical support.

America must continue to stand with the Egyptian people and encourage them to build their own democracy with new political parties and freedoms. However, we must exercise caution with regard to military sales and support to the Egyptian government until a government is formed absent of the radical elements of the Muslim Brotherhood that would maintain an active peace with Israel.

Speaking of the Muslim Brotherhood, Mr. Speaker, I would like to quote to you directly from a former Supreme Guide of the International Muslim Brotherhood. In December of 2005, Mohammed Akef said:

> The Brotherhood is a global movement whose members cooperate with each other throughout the world, based on the same religious world view—the spread of Islam until it rules the world.

Three years ago, a court found a Muslim charity right here in the United States guilty of funneling millions of dollars to the terrorist group Hamas. That was the Holy Land Foundation trial. The Council of Islamic Relations, CAIR, was named as an unindicted coconspirator. That case included testimony that Hamas' parent organization, the Muslim Brotherhood, planned to establish a network of organizations to spread the militant Islamist message right here in the United States. In its own ''Explanatory Memorandum'' for North America, the Muslim Brotherhood stated that its strategic goal is to establish an Islamic center in every city in order to ''supply our battalions.''

Through its various front organizations in the United States, the Muslim Brotherhood is succeeding in cultural ''whitewashing'' to eliminate all references to Islamist terrorism in our public discourse. After the 9/11 Commission identified ''Islamic terrorism''

as a threat in this country, the Muslim Public Affairs Council recommended the United States Government find other terminology. As a result, the FBI Counterterrorism Lexicon and the 2009 National Intelligence Strategy included not a single reference to Islam, Muslim, the Muslim Brotherhood, Hamas, or Hezbollah.

Furthermore, after Major Nidal Hasan's attack on Fort Hood, the Department of Defense Report used the terms ''violent extremism'' and ''Islam'' only once in a footnote. Again, that incident was officially classified as workplace violence.

Mr. Speaker, we must also be concerned about North Korea. I was stationed in North Korea in 1995 along the demilitarized zone. I stood on the 38th parallel and looked through the barbed wire and landmines. And there, Mr. Speaker, you can see a repressed Nation. I saw for myself what a ticking timebomb that country can be. Sooner or later, North Korea will either implode or it will explode. The situation in North Korea most closely resembles a street gang, where the leader of the gang is killed and a young guy must step up.

□ 1410

In that instance, it is critical for the newly appointed ''top dog'' to establish his credibility by proving himself. And today, North Korea is ruled by a 28-year-old appointed four-star general.

Now, Mr. Speaker, it took me 22 years to become a lieutenant colonel. You can begin to understand how dangerous a situation is brewing just west of the Sea of Japan. The tactics do not change, and the game is getting tired. Anytime North Korea finds itself in need of money, it saber rattles with the threat of a secret nuclear arms program. It has fired artillery onto the South Korea island and sunk five South Korean Naval vessels.

Again and again, the international community responds with misguided attempts to ''buy'' the country off. Threaten to go nuclear and get funding in exchange? I call that international extortion. The DPRK newspaper, Nodong Sinmun, and other mouthpieces for the Workers' Party of Korea sensed this policy of weakness and referred to the disbursement of food and aid as ''tribute.'' If there's one thing we've learned, it's that the North Koreans cannot be trusted to voluntarily disarm. They are playing our country and the entire Western world for fools. Sooner or later, we'll need to step up and stand up to this simmering menace just a few hundred miles from Japan.

Mr. Speaker, in conclusion, if we miss this opportunity to recognize the 21st century battlefield—and understand, we did not talk about Africa, we did not talk about Somalia, and we did not talk about our own border security. I thank my colleague from Indiana for speaking about energy independence. But if we miss this opportunity for understanding what this battlefield truly is, to understand the threats and to lay out a strategic vigil for victory, we will lose the opportunity to ensure that our children and grandchildren of America will have a secure future.

As a country, we must roll up our sleeves and devise a roadmap for security. We must be mindful of the wise words penned by Sun Tzu in the book ''The Art of War'' more than 25 centuries ago:

> To know your enemy and to know yourself and to know your environment, in countless battles, you will always be victorious.

If we do not understand this simple maxim, we face dark days ahead indeed. And that shadow could not only fall on this country, but on the entire world. Because no matter what our detractors may think, we are that beacon, we are that lighthouse. We are, as President Ronald Reagan said, ''the shining city that sits upon a hill.''

For the sake of our Nation and of all nations that seek freedom for their citizens, we must be prepared to fight on this 21st century battlefield, and we can settle for no less than victory upon it.

Mr. Speaker, those of us who have served in battle are the last to desire it. But as John Stuart Mill once wrote:

> War is an ugly thing, but not the ugliest of things. The decayed and degraded state of moral and patriotic feeling which thinks that nothing is worth war is much worse.

Policymakers and those of us here in Washington, D.C., should heed the wise words of George Santayana:

> He who does not learn from history is doomed to repeat it.

I will always stand by the men and women of the Armed Forces, and I am proud to represent them as a combat veteran in the United States Congress. I will always continue to protect our Nation, as I once did on the battlefield, and as I am now honored to do in this, the people's House, steadfast and loyal.

And I yield back the balance of my time.

APPOINTMENT AS MEMBER TO COMMISSION ON INTERNATIONAL RELIGIOUS FREEDOM

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 201(b) of the International Religious Freedom Act of 1998 (22 U.S.C. 6431 note), as amended, and the order of the House of January 5, 2011, of the following member on the part of the House to the Commission on International Religious Freedom for a term effective March 23, 2012, and ending May 14, 2014:

Mr. Robert P. George, Princeton, New Jersey

THE PROGRESSIVE MESSAGE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the minority leader.

Mr. ELLISON. Mr. Speaker, my name is KEITH ELLISON. I will claim the time over the next several minutes, and I want to talk about the issues before us today, namely, the budget. The budget is the issue today, Mr. Speaker.

As you may know, the House majority has come out with their budget, and, of course, the Progressive Caucus has come out with its budget, and that's what I want to talk about tonight.

The Congress, Mr. Speaker, is made up of a lot of diverse interests. We have people who span the spectrum of political thought. On the far right, those folks are present here and they allow themselves to be heard.

But we have other folks who have different points of view and believe that the best of America is the idea of liberty and justice for all. That's the Progressive Caucus—the idea that all Americans, no matter what their color is, no matter what their religion is, no matter whether they are male or female, no matter who they may be, have a right to live in a safe, free country with an opportunity to make a good, decent living with a retirement and with good, solid services like public schools, like police, fire and all these things, and we should live in a nation where we can really promote the common welfare. What that means is that the public sector and the private sector together—we have a mixed economy—need to work together to elevate the best interests of all American people.

To that end, the Progressive message, which I want to share tonight, is going to be about this budget, this Budget for All. The Progressive Caucus budget is called the Budget for All, and that's the Progressive Caucus message. Tune in at cpc.grijalva.house.gov to learn more about it, Mr. Speaker. Now, this is the hashtag for the Budget for All. It's #Budget4all. We want people to check it out and read about it.

It's very different from the Ryan budget. It's very different because we have a different vision for our country. It's very different because the Progressive Caucus believes that responsibility and the benefits of being an American should be shared; whereas, I think it's fair to say that the Ryan budget believes that if you give rich people a lot of money, maybe they'll start some businesses and maybe they'll hire someone and maybe people who are working class and middle class might benefit. It's called trickle-down economics, and I'll talk about that in a minute. But this is a very sharp contrast to the Progressive Caucus budget, which is the Budget for All.

Let me tell you a little bit about it, Mr. Speaker, because I think you're going to like it.

The Budget for All makes the American Dream a reality again. By putting Americans back to work, the Budget for All enhances our economic competitiveness by rebuilding the middle class and investing in innovation and education. Our budget, the Progressive

Caucus budget, Budget for All, protects the basic social safety net, which is Medicare, Medicaid, and Social Security.

Now, it's very important to protect these programs, Mr. Speaker, because these programs go to help the people who basically made America for those of us living now. Let America never be a nation where our senior citizens who literally forged a way for younger people like me and those younger will have to eat dog food, have to choose between their medication and their meal, won't have enough to make their basic ends meet.

We need to support Medicare, Medicaid, and Social Security. That's what the Budget for All does. The Ryan budget, which is really the Republican budget, does something very, very different, and we're going to talk about that in a minute.

Now, it's important, Mr. Speaker, to bear in mind that when you talk about the budget of a nation, what you're really talking about are the priorities of that nation, the values of that nation.

If you show me a family budget and that family spends a lot of money on potato chips and soda pop and none on the gym, I'll tell you what they value. If you show me a family that puts money into their kids' education and spends on making sure that they live in a neighborhood that's safe, then I'll tell you what their values are. If you show me a family that buys nutritious foods, I'll tell you what their values are.

Our budget is a reflection of what we believe, and our budget as a nation is also a reflection of what we believe.

□ 1420

Our Budget for All, here's what it reflects:

First of all, it puts Americans back to work. That is the number one thing the Budget for All of the Progressive Caucus does. Our budget attacks America's persistently high unemployment levels with more than $2.4 trillion over 10 years in job-creating investment. This plan utilizes every tool at the government's disposal to get the economy working again, including—and Mr. Speaker, this is important—direct-hire programs that create a School Improvement Corps; also a Park Improvement Corps, a Student Job Corps, and others.

So, right now, when we have literally 14 million people out of work looking for jobs, why don't we send them to our schools and make these schools top-quality institutions and make the facility well painted, well cared for, well taken care of so that when the boiler breaks, the principal doesn't have to say, oh, my goodness, do I take it out of the maintenance budget to fix the boiler? What do I do?

We've got aging infrastructure in this country, and our schools are part of that. They're crumbling, and we've got to do something about it. Under the Progressive Caucus Budget for All, we spend money to hire people to help rejuvenate and improve our schools, School Improvement Corps.

Also, in many districts where State and local governments have been cutting back, you have teachers who are trying to service 50 kids, 40 kids. This program can help teach kids and give the teacher some real help in the classroom so that they will not be overburdened.

Also, we invest in a Park Improvement Corps. Now, in my great city of Minneapolis—and I'm going back there today, I hope—you can walk around our beautiful lakes. One of the lakes we have is called Cedar Lake, and everybody loves Cedar Lake. You can walk through the paths there. And recently, Mr. Speaker, I stopped at a picnic table along the paths of Cedar Lake and stamped on this—Mr. Speaker, you'd be surprised to see—it said ''WPA 1934.'' Now, that's the Works Progress Administration, a great American institution that put people back to work at a time when Americans were, in high numbers, out of work.

I think that if that generation at that time could respond to the needs of Americans who weren't working back then in the Depression, given the high rate of unemployment, our generation should not do less. A Park Improvement Corps to help take care of the paths, take care of the parks, make sure that these great national monuments dedicated to the enjoyment of all Americans are cared for and we hire people in the process, this is a good idea.

Also, the Student Job Corps. Mr. Speaker, one of the things that our unemployment numbers reflect is that a lot of young people are out of work. A lot of people who just got out of college are still looking for their first job. A lot of young people who decided that they didn't want to go to college but wanted to just jump right into the workforce are having a very tough time. So the Student Job Corps would be a program to put students to work.

You know, Mr. Speaker, there's lots of work to be done around America. According to the American Society of Civil Engineers, there's $2 trillion worth of maintenance that needs to be done all across America. I'm talking about the roads, the bridges, the transit, all kinds of stuff. There's young people who need intervention. There's tutoring that needs to happen. There's all kinds of things that need to happen. And between the School Improvement Corps, the Park Improvement Corps, and the Student Job Corps, we will be able to literally hire millions of people. This would be great. It would spur our economy; it would increase aggregate demand; and it would give a lifeline to some people who've been out of work for a long time.

People would really rather work, Mr. Speaker. Of course, I'm a very firm believer in our social safety net for the non-elderly. I believe in it. I think Medicaid is very important. I believe that food stamps is a critical program. I believe in all these programs. But I do know—and everyone knows—that folks would rather work. So let's set up a work program so that people can do their job in jobs that need doing.

Also, Mr. Speaker, I talked about some of our direct-hire programs. But what about the other aspect of the Budget for All, which focuses on the targeted tax incentives that spur clean energy, manufacturing, and cutting-edge technological investment in the private sector?

Now, Republicans, if the economy is doing great, they want a tax cut. If the economy is doing bad, they say, Tax cut. If the economy is kind of up and down, they say, Tax cut. These guys think that we should always cut taxes all the time, except when working people want a tax cut. They really fought us tooth and nail over the payroll tax cut. But if ever some really rich people want a tax cut, they're all for that. And it's not that they're bad people. It's because they mistakenly assume that trickle-down economics works. They think that if you give rich people money, then rich people will maybe hire somebody, or at least that's what they're hoping for.

The tax cuts we're talking about are targeted so that we can spur clean energy, manufacturing and cutting-edge technological investment in the private sector. Of course, President Obama has presided over America now with 23 straight months with private sector job growth—long way to go, but definitely the right direction.

The third aspect that we need to spend on for jobs is in a surface transportation bill. We propose a $556 billion surface transportation bill spread out over a number of years. But when we think about the potholes, the roads, the bridges that are old—I mean, I was at a bridge recently in St. Louis Park in my district. This was a 73-year-old bridge. This bridge needed some care and needed to be refurbished to make sure that it stays safe. There are bridges like that all over my district, all over America. So this $556 billion surface transportation bill and the approximately $1.7 trillion in widespread domestic investment.

The Budget for All, Mr. Speaker, is all about putting Americans back to work first. But here's something about the Budget for All that people need to know, and it's that our budget is more fiscally responsible than the Republican budget.

Now, if you ask Republicans, they think, oh, well, liberals, you know, they may not be bad people, but they're not realistic. They just want to give all the money away; they don't want to hold people responsible. Well, you know what? Our budget is more fiscally disciplined than the Republican Ryan budget.

Unlike the Republican budget, the Budget for All substantially reduces the deficit and does so in a way that

does not devastate or set back our recovery. We achieve these notable benchmarks by focusing on the true drivers of our deficit—unsustainable tax policies, overseas war, and policies that help the recent recession—rather than putting America's middle class social safety net on the chopping block.

Our budget creates a fairer America.

We end tax cuts for the wealthiest 2 percent of Americans on schedule at the year's end, which are set to expire; and we let them expire for the top 2 percent.

Extends tax relief for the middle class households and the vast majority of Americans.

Creates new tax brackets for millionaires and billionaires in line with the Buffett Rule.

Eliminates the Tax Code's preferential treatment of capital gains and dividends.

Abolishes corporate welfare for oil, gas, and coal companies.

Eliminates loopholes that allow businesses to dodge true tax liability.

Creates a publicly funded Federal election system that gets corporate money out of politics for good.

Now, it has always bothered me, Mr. Speaker, that two-thirds of American corporations don't pay any taxes, because there's one-third that do. Because we have this system of loopholes everywhere, some corporations have to pay full freight and others don't have to. GE, for example, was said to have paid no or very low taxes, but there's a lot of big ones that didn't pay. Bank of America didn't pay. There's a lot of them that didn't pay. I don't think Boeing paid.

I'm saying that for the one-third of American corporations that do pay, we've got to make sure that everybody ponies up something. If more people pay, the burden on the ones that do pay will be lower. The Budget for All recognizes this important truth, unlike the Ryan budget, which protects coal, oil and those dirty polluting industries—oil, gas, and coal companies.

Now, another aspect of the budget driver, another big budget driver are these overseas wars.

□ 1430

Let's face it, in Iraq they told us that we were supposed to be getting rid of weapons of mass destruction. There weren't any. They told us that Saddam Hussein was connected to al Qaeda. He wasn't. They said that we had to go there to make sure that there would be peace. We're leaving now, and the Iraqis—it's their country, and they are managing the best they can. Still, it's not that peaceful, but the fact is 10 years couldn't solve that problem.

It was right to get out of Iraq, but it's also right to get out of Afghanistan. We need to responsibly and expeditiously end our military presence in Iraq and Afghanistan, leaving America more secure at home and abroad.

Our budget adapts our military to 21st century threats because we definitely believe that America should be strong, but we should be adapting ourselves to the reality that we're in.

One of the attributes of our bill, one of the very important components is a piece of legislation called the SANE Act. This excellent piece of legislation reduces our nuclear weapons arsenal because this is all Cold War stuff designed to fight the Soviet Union, and there is no more Soviet Union. What are we doing with these 20th century weapons systems in the 21st century? We need to bring some sanity to that. We reduce the budget so that it reflects the modern reality.

The Budget for All protects American families by providing a make work pay tax credit for families struggling with high gas and food costs. This make work pay tax credit for families that are struggling with high gas and food costs is the kind of thing that incentivizes work, which is what we want to do. We extend the earned income tax credit and child dependent care credit.

I'm very happy to say I've just been joined, Mr. Speaker, by a good friend of mine from the great State of Texas, SHEILA JACKSON LEE. Whenever she is ready, she can just stand on up and hold forth. But I'm looking forward to sharing some mike time with her, because her insights are always very important.

Moving forward on this issue of protecting American families, the Budget for All invests in programs to stave off further foreclosures to keep Americans in their homes. This is very important. A lot of the economists who look at the problems with our economy have concluded that until we get our hands around this foreclosure crisis, we're going to continue, Mr. Speaker, to have very slow growth.

The Budget for All addresses this problem. We deal with investing in programs that stave off further foreclosures. We also invest in children's education by increasing in education, training, and social services.

The Budget for All is a good budget. It's a budget that makes sense. It's a budget for America. It's a budget designed to help the middle class and to put Americans to work. It's a budget that really reflects what Americans want, which is to get out of Afghanistan and Iraq. And we're already out of Iraq, but we're still kind of there. But we don't have a military presence there; we've got contractors there.

This is a good budget that I hope that people will take a very strong look at. It is more fiscally responsible than the Ryan budget. We spend more upfront to get the economy moving, but then we save money on the back end, and we end up getting to primary surplus in the year 2016. This is an important thing that we need to do.

Let me just pass the microphone and yield to Congresswoman JACKSON LEE, who has distinguished herself in many areas, not the least of which is fighting for a fair budget for our Nation.

Ms. JACKSON LEE of Texas. I thank the cochair of the Progressive Caucus for once again reminding America of America's greatness. That's why over 90-plus Members join together to be members of the Progressive Caucus. We have a sense of optimism that reflects our commitment to investing in human capital.

Earlier today, I had the opportunity of listening to a discourse about the transportation bill, and I will point to what we've done with infrastructure. There was the representation by the majority leader that we're living in hard times, we don't have money, that we can't be looking, for example, at the Senate bill and we can't move forward. And I just listened as our minority whip spoke about the urgency of moving forward on an infrastructure bill.

What I think is important, and really the theme that I wanted to focus on as I listened to you in my office—I just left about 12 constituents who are the beneficiaries of community health clinics, one of the items that we've supported as a Progressive Caucus for a very long time and championed along with the Tri-Caucus, to put in the Affordable Care Act, which, by the way, the 2-year anniversary is tomorrow.

The point is that we have optimism. We have the sense that America can get it done. You've just put up a very telling poster that when our Republican friends begin to talk, we're headed toward a pathway of devastation: no Medicare, no Medicaid, allowing reckless investments or speculation to occur, jobs overseas, and not focusing on our recovery.

By the way, we understand a balanced budget. We are using war savings for the people of the United States of America. Our troops come home, and we realign our national security focus. I think most Americans will understand that, even national security experts will tell us that it is probably a challenge to think we will have a ground war invasion like we've had years past ever again, that we're now fighting a war on terrorism or acts of terrorism.

Certainly, as we look to tell others to, in essence, become unnuclearized, we too must join the world's family because it's only one-upmanship.

I would just say that we do not disarm our Nation. We believe in defending our Nation, but we believe in doing it in a smart way. What we have done is that we have these words, ''comprehensive economic recovery,'' but I'd like to say this is a smiley-faced optimistic pathway for Americans.

Don't you think young people who are now sophomores, juniors, and seniors in college looking for their bright day—does anyone remember as we come upon May how exciting it was to look forward to a college graduation, a trade school graduation? You were just tickled pink. You were making sure your invitations were out. You were hoping that all relatives could make sure they had no conflicts. You really

wanted Grandma there or your aunt there or your favorite brother there or Mom and Dad there or family there. This was an exciting time. The Progressive Caucus budget speaks to that excitement and optimism and hopefulness.

Our budget has an infrastructure bank that allows the private sector to come together and effectively bring about infrastructure projects in all manner of areas, from the hamlets that are so small, to the villages, to the county governments, to the city governments and State governments.

I introduced a surface transportation bill that has been slowed, another bill that would generate income and transportation security and recognize that we must secure our surface transportation. In this bill, we proposed a 6-year $556 billion reauthorization bill that, over 10 years, would lead to a $213 billion increase in transportation funding. What it would also do is create many jobs that provide for small contractors, minority-owned contractors, women-owned contractors. It would create work. It's an optimistic view.

The making work pay tax credit from 2013–2015 is about let's let folks who are working, let those get a benefit that makes sense. Then we have more than $2 trillion in domestic investment packaging.

Just let me mention the idea of when you work with emergency jobs to restore the American Dream, getting people out where improvement is needed—student improvement, park improvement, student jobs, neighborhood heroes, community health clinics, federally qualified clinics, and child care corps—getting folks to work.

□ 1440

In my town, Mr. ELLISON, in the Southwest as you well know, we had a great drought in the last year. Volunteers are trying to plant trees, but I tell you we could stand for a Heroes Corps, we could stand for a Community Corps to get out there and help us reseed America, if you will. We know that. We know the Job Corps. But this is a concept that gets folks out working.

I also want to congratulate the University of Houston-Downtown that is heavily minority that just won the distinguished honor roll recognition for the largest amount of community service done by a campus across the Nation, cited by the Department of Education. That means people are ready to put that to work.

Tax credits for investment in advanced energy. I've got a company right in my community that's been awarded for its new, innovative work on energy, manufacturing, capital access for entrepreneurs of small business.

Now, let me just say this. I am excited about the 3 million Apple 3s that were sold because I think that is optimistic, and it employs the genius of America and it goes against the sad, deflated concept.

Now, let me be very clear. I am not ignoring the unemployed Americans. I want to be very clear on that. I don't think the Progressive Caucus has for a moment. We did a job tour. We're going back out again. We have no reason to dismiss the person who is now sitting unemployed.

What I want to say is there is some optimism. We've got to get all of those folks to be part of this new surge of optimism which this Progressive Caucus budget, if passed, would generate.

But I want to just say this to my good friends at Apple. Bring the jobs home. You are manufacturing Apple 3 in China. I certainly believe in an international framework. I know that everything can't be made in America, made at home. But I do know that aspects of the talent that you're using in China can be found here in the United States. And the cost of shipment—I can tell you you can save some dollars. Let's put our thinking caps on for companies like Apple and find a way that you can balance those resources.

I'm just going to cite General Electric. I know that we had put a real heavy heat on General Electric. I am told by their employees they are bringing jobs home. I met with some employees in my district who have indicated that they have been bringing them on home. I looked at them. They were real. They were alive. So, they have jobs, and they said they work for General Electric. Let's have a number of companies looking that way.

Let me quickly just mention because this is all exciting, and I think people need to hear about excitement and opportunity.

We already talked about the manufacturing community's tax credit, tax credit for the production of advanced technology vehicles. Again, everybody is saying we're slow on the hybrid, we're slow on the electric car. But all of that can create opportunity, tax credits for alternative fuel commercial vehicles, which is very possible. Double the amount of expense startup expenditures. So that means that if you've got a startup, we're going to double what you can expense. I think that makes a lot of sense.

Young people are the ones that are always starting startups. We need to encourage that. Enhance and make permanent the research and experimentation tax credit. That is right in the line of the Texas Medical Center. Many of our medical research hospitals, MD Anderson in the 18th Congressional District, while it's our neighbor, is working on new technology. This fits an optimistic view on how we can cure the worst of the worst.

Let me also say that I want to make mention that we are dealing with tax brackets, and we are looking, I think, at sensible policies dealing with capital gains and State policy. What I would say to people who are listening to us: Get on our Web site and give us your input. We're interested in what you have to say.

As well, let me just put in a pitch that no one likes the season when April 15 comes around. But we've tried to make our tax reform palatable. As far as I can see, we have left alone the charitable tax exemption. I tell you there are those who are very concerned that we leave little room for those who have that on the table, have everything on the table; that they would attack the charitable tax exemption and not go to some of the ones that the Progressive Caucus has focused on, because this nonprofit, this foundation, said they would be stopped in their tracks.

I had one foundation, one nonprofit talk to me today and say how challenging it is to get funding for the disadvantaged and programs that deal with intercity. So I want you to know that the Progressive Caucus recognizes the value of the charitable tax deduction, and you don't find that on our table.

I want to say something to Mr. ELLISON. I wanted to mention, for a moment, Trayvon Martin.

Mr. ELLISON. By all means I yield time.

Ms. JACKSON LEE of Texas. He is certainly a lawyer who's practiced law, but I have met Mr. ELLISON's wonderful family of youth and young people, a young man. That's what happens. People don't realize that we have families on both sides of the aisle. Good Republican friends who've been with our families. So whatever you see us saying here on the floor of the House, we are particularly sensitive and warm toward Members' families because we are, in essence, despite our policy debates, we are a family here.

So I simply wanted to indicate first to give good wishes to Congresswoman CORRINE BROWN, who is now with her constituents in a major protest in Florida on this sad and tragic incident. I wanted to say that we will gather on Tuesday to present an opportunity for the case to be heard on this issue and the Federal Government's responsibility or authority.

One of the things that in this budget we are very keenly sensitive to are the needs of the Department of Justice. Again, an optimistic budget, because the Department of Justice is the armor in many instances that will come in and help a community when they cannot get help locally.

Mr. Martin was killed on February 26. He was buried on March 1. Today is March 22. It was only when his parents came out or used their grief that they're still grieving to start asking why, law-abiding citizens who were waiting for the city attorney and waiting on the chief of police, waiting on the Governor of the State of Florida to say something. Nothing was said.

So, as the voices began to raise and the astonishment and outrage began to percolate, Mr. ELLISON, it was not isolated to Florida or Sanford. If you listen to the various media outlets, parents, no matter what their background,

were calling and asking, What about my child?

I think it is important that we show this young man. It could be any of our family members. Can we imagine our youngsters wearing the clothing of the day—hoodies, sneakers, jeans. Do I need to remind you that Mr. Trayvon Martin was simply getting some Skittles, on the phone with his girlfriend, walking back to where his father was and going to look at some games. In this instance, it was basketball.

I come from local government. You come from State government. We know about Neighborhood Watch. We champion Neighborhood Watch. We have this Community Night Out, Police Night Out, whatever it is, and all of us have gone to it. We tell neighbors to watch out for each other. It's important for it to be said this was not watching out for each other.

The basic 911 tape, if you frame it, the call came in, that's the right thing to do. The description I may not adhere to, some of the words in the description, but so be it, you described this individual as such. But it came back and asked the specific question, ''Are you following him?'' ''Yes.'' ''Do not do that.''

□ 1450

This youngster, football player, babysitter—likes to babysit, eating Skittles—a fun food to eat with a basketball game—was on the sidewalk. Not coming out of a window, not knocking on a door, not standing in front of a door, not on a lawn—walking on a sidewalk, which the Progressive Caucus has stood many times on that First Amendment right, we've stood many times. He was walking, and we are now in an abyss of darkness in terms of what next happened, but the description is, this young boy was shot point-blank in the chest.

We have to call upon the Federal resources. We've called for a Federal investigation. We've been joined by many colleagues. We have tapes of witnesses, meaning people inside their homes, saying they heard shouting and crying for help. We've heard people ask the question: Why didn't the neighborhood watcher stand down in the car? Move away? We've also heard the author of the ''stand your ground'' bill—which, by the way, is in 20 or so States—a Republican State representative, articulate in newspaper clips that it is not a pursue and attack. It is that you can stand your ground upon someone coming, but it is not a pursue and attack.

I just wanted to indicate that it is important for Members of Congress—and I believe there is a sense of outrage. We are not taking this to the level that does not respect the family that is mourning. We're not creating hysteria. We are only begging for the relief of others whose names have not come up. There are people calling in and telling us about cases from the west coast to the east coast, to the North and the South. So I wanted to indicate that we will be joining as Members of Congress in hearing the circumstances, as much as we can, on the theory of the Federal Government's responsibility or authority. I think that is the more appropriate approach to take.

I want to thank the gentleman for letting me articulate, I think, just the sheer horror of having our kids leave our home—for innocence—and not come back. As a mother, I believe that, and as one who sees this, I believe we owe that family a response.

Mr. ELLISON. It's funny you should make that particular point about your family tie, because, when I first heard about the case of Trayvon, I mean, my thought went immediately to my own 17-year-old son. We live in Minneapolis, and he could very well be running to go get some Skittles, and could be talking on his cell phone. It's horrifying to me, deeply disturbing and troubling, that somebody would think that, first of all, he was some sort of a problem because he was walking down the street, and then to follow him. Then even after 9/11, when people say don't follow, they still follow.

You're right. Much has been said about the Florida law, the ''stand your ground'' law, but this gentleman did not stand his ground. There is no evidence to suggest that that is what happened. He went after this kid. Then you hear the tape of the boy as he was screaming. Somebody said to me earlier today, Well, don't call Trayvon a boy. Hey, he was 17. He was a boy.

Ms. JACKSON LEE of Texas. He was a boy.

Mr. ELLISON. He was killed by a grown 28-year-old man. It's deeply disturbing. I wish the people who don't quite get it yet could feel how some of us feel about this case. I mean, I spent 16 years in the criminal justice system. I know that horrible things happen, and it's heartbreaking any time we lose anyone, but to think that law enforcement would operate and treat this person with impunity is absolutely an abandonment of every principle of serve and protect. If a cop did what this guy did, they would take his gun, they would make him give a urine sample, and they'd put him on administrative leave until this thing was sorted out. This guy walked away.

Here is another thing. As a criminal defense lawyer, I find it nothing short of shocking that this man's representation—shooting him in self-defense—was good enough. I mean, if you've got a self-defense claim, then after you're charged with murder, you can raise that and see if you can convince a jury of it. We have a dead young man here, and the chief of police is like, Well, these things happen. No, there needs to be accountability. Do you know what I don't want to see happen? I hope people don't think this is only because this kid is black. You know, this could be a kid of any color.

Ms. JACKSON LEE of Texas. That's right.

Mr. ELLISON. Any parent should be shocked. Any 17-year-old who's walking the streets ought to be worried that some overzealous wannabe police officer would just shoot him down. This case is a national outrage.

Do you know what? You know and I know, because we've both worked in the system, that if the police would have made the arrest and processed this case in the ordinary course, it probably wouldn't have even hit the national news. But because nothing was done—cold-blooded murder; it looked like first-degree murder—we're all horrified.

Ms. JACKSON LEE of Texas. You're speaking as a parent, and I think everyone can appreciate that. You really highlighted it. In this instance, of course, we have to look and see whether there was a hate crime or if his civil rights were violated.

But you're absolutely right. We had nothing to go on. We had a person walking. We have the police, themselves, and so many of us have worked to ensure that the guns on these streets don't go after our law enforcement officers because, obviously, there are many who believe the more guns the better off we are—guns, guns, guns. This has nothing to do with the Second Amendment. It's just guns, guns, guns. So he has a concealed weapon. I'm not here to cast any aspersions, but as the reports are coming out, he has some challenges—meaning Mr. Zimmerman—to his record. He has some challenges.

With that in and of itself, the officer should have brought him in, but there is no evidence of that. Maybe they did, but there is no evidence of that, and they should have done, as you indicated, the normal police work. He has a defense, so be it—that of a concealed weapon permit and ''stand your ground.'' But you have a dead person, and you have no witnesses, at least not that the police have offered to say Mrs. Jones, Mr. Smith, Mrs. Gonzalez said that they were in a knockdown, drag-out. There is not any glimmer of information that has come out. The young man happened to be a person of color. We have placed to a bipartisan vote both hate crimes laws, the 1964 Civil Rights Act, and other bills that have been voted on in a bipartisan manner simply because we don't want America to violate those very precious rights.

I want to just share with you, because, as I said to you, I've got a neighborhood watch, The Washington Post says, Experts say neighborhood watches shouldn't be police.

Mr. ELLISON. They should watch.

Ms. JACKSON LEE of Texas. That is correct.

What I don't understand, and what we will be, if you will, perusing is, where did this case go wrong and the fact that the Federal Government has to come in when things go wrong.

Someone said to me in my office that this case has riveted like Emmett Till's case riveted.

Mr. ELLISON. Yes.

Ms. JACKSON LEE of Texas. And you're right. There are cases across America. Members have raised cases in conversations that we've had, and we need to have all of that in an inventory so we can, out of this tragedy, say to those parents: Trayvon counts. We care. Young people count. Children count. Your community counts and our communities count.

I wanted to share that. I'm not going to let this go. As for the Judiciary Committee; the Congressional Black Caucus; the Tri-Caucus, which involves the Asian Caucus and the Hispanic Caucus; letters that have been written by a number of Members of Congress; the work of Congresswoman BROWN—and the Progressive Caucus, I know, is a willing partner when it comes to issues of justice—we are not going to let this rest without finding some relief and rest for this family.

□ 1500

And I thank the chairman for his personal story. I met the young man, and we've all traveled together, our family, at the Dem caucus events where families come together.

I will just conclude by simply holding up, again, this picture. And for those who don't know the terminology, let me just show. He is in football attire here; and we don't know what college he would have gone to or what football team, if that had been his choice, that he would have played on.

Let me just put this up. If you can see it, this is an innocent face. But he is wearing a hoody. And if anyone needs to know, I have a hoody. It's my local college's paraphernalia that you buy, and you wear it to the game, and it has a hoody. And it's something that I think everybody has seen in this country. I see nothing on here that says: Bad guy. Criminal. Shoot me. That's not what we do in America. I want to thank the gentleman for allowing me to share and to say that we will find some resolution to this.

I will simply conclude by saying that I do believe in an optimistic America. Revealing my pain about this young man is pain for all those whose names we have not called. But in believing in an optimistic America, I want to be a problem solver. I want to solve this problem or answer this problem with respect to Trayvon Martin.

I want to say that as I perceive this product that has been produced, this Budget for All, I am so grateful that over 90-plus members of the Progressive Caucus saw that the right route to take was the optimistic upturn, positive, open opportunity budget to give to all of America. That's what we should be supporting, not the downturn, the ''no way out,'' but really that there is a new day for America.

I yield back to the gentleman and thank him for his courtesy.

Mr. ELLISON. I thank the gentlelady for joining me tonight.

We talked about the Budget for All, and the hashtag again is #Budget4all. People can check it out on Twitter or on anywhere else. It will be on U.S. Progress. We want people to look at the Budget for All. We want your ideas.

But I think it's also important to draw a contrast. The recently released Ryan budget, the Republican budget, does some critical things that Americans should know about. It ends Medicare. It devastates Medicaid, rewards Wall Street, punishes Main Street, protects corporations that ship jobs overseas, threatens the recovery. It preserves tax breaks for the people who don't need them and actually cuts into the social safety net for America's everyday heroes, police, fire, job training, small business, infrastructure, college affordability.

I think the facts show that in the course of the last couple of months, I guess 18 months or thereabouts, I believe that the Republican majority really hasn't been working on solving problems.

People can say whatever they want about Dodd-Frank, or they can say whatever they want about the Affordable Care Act or the Lilly Ledbetter Fair Pay Act for women, or they can say anything they want about the credit cardholders' bill of rights. But in the last Congress, these are bills the Democratic House majority passed that were designed to try to solve problems for Americans.

Now, some people say, Well, it should have done this more. It shouldn't have done so much of that. Fine. That's what we do here. We debate stuff. But I'm not aware of any single piece of legislation we looked at since they took the majority designed to solve a problem. It's all been: cut everything; whack everything. Let's not take a surgical look at what should be cut, what's not working. Just cut everything.

They have created budget crisis after fiscal crisis after debt limit crisis. I mean, this is the Congress of crisis.

And the Speaker may be aware that because the Ryan budget basically goes below the nonmilitary discretionary in the Budget Control Act, which was a deal, when the Senate comes in with their budget and this bill and theirs don't match, we're going to have another standoff.

Oh, and by the way, we're going to have a standoff in 10 days because the transportation bill is expiring. The House majority, the Republican Caucus, will not agree with the Senate to pass a 2-year transportation bill. So the transportation bill within 10 days is looking to expire. They say, We'll only do a 3-month bill. Three months? This is putting everybody's lives in jeopardy. They just did it with the FAA not more than a few months ago. This is the crisis Congress, where they will not make long-term decisions because they are playing politics.

I believe that since the Republicans have put defeating the President as their primary goal, therefore, of course, they're not operating on the basis of trying to solve any problems.

But before any Republicans get upset with me for saying these things that I honestly believe to be true, don't get mad at me. Americans believe that that's what they're doing. Now here's a question put to Americans. Republicans would rather see President Obama lose than see America win. Half of Americans believe the Republicans are sabotaging the recovery to win an election. This is a Washington Post poll: fifty percent responded positively to that; 44 percent said no.

If you've got most people thinking that your main goal is to get rid of the President and not help them, that's a problem. And look, some folks might say, Oh, look, Keith, that's not true. That's just you politicians arguing again. Well, MITCH MCCONNELL said it. He said, Our main priority is to defeat the President, make the President a one-term President.

So at the end of the day, this budget reflects that politics-playing theme that they seem to be on. They are rigging the system even more heavily in favor of the richest 1 percent. Their budget gives generously to the rich and protects existing tax breaks for those at the top of the income scale.

Also, the reality is that the only way to pay for such huge tax cuts for the 1 percent is to make the 99 percent pay the tab. Their budget would weaken the middle class of America. First and foremost, the plan ends the Medicare guarantee of decent, affordable health insurance in retirement. It also slashes critical middle class investments, such as education and infrastructure by 45 and 24 percent. It cuts education by 45 percent, infrastructure by 24 percent. It includes not a single new measure to help the nearly 13 million unemployed. Though we've recently enjoyed several months of solid jobs growth, our current economic recovery is by no means assured; and we still have a long way to go.

Not only does the House Republican majority's budget fail to propose a single new idea for spurring job growth, but it would even force us to swerve into severe austerity. The Ryan budget, which is the Republican budget, cuts the following: it kills even more jobs by cutting the Federal workforce by over roughly 210,000 over 3 years, cuts food stamps and welfare, cuts retiree benefits from Federal employee pensions, cuts support for farmers, cuts antipoverty programs and uses the proceeds to give rich people even more tax cuts.

As I said before, the Republicans, who believe—and so many of them believe in it. They believe in trickle-down economics. This is the idea that rich people don't have enough money and poor people have too much. The problem is that that belief system has never succeeded.

□ 1510

One of the best economies since World War II was in the 1990s. One of the best. We had the Clinton-era tax

rates, which we hope we'll return to, at least for the top 2 percent. The top 2 percent were doing great during Clinton's time. And yet the Republicans say that unless we give rich people more money, the economy is not going to be good. Well, it's not good now, and they have been in charge for a long time.

So the bottom line is the Ryan budget proposal is bad for America, cutting basic criteria for seniors and not investing in jobs. The Budget for All invests in America and puts Americans as the top priority, not just winning some election.

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

BROKEN PROMISES IN OBAMACARE

The SPEAKER pro tempore (Mr. HULTGREN). Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Louisiana (Mr. FLEMING) for 30 minutes.

Mr. FLEMING. Thank you, Mr. Speaker. It is indeed a pleasure to come to the floor today to speak to this Chamber about a subject that I think is very important on the minds of the American people, and that is the 2-year anniversary of the Patient Protection and Affordable Care Act, also known as PPACA, and certainly more commonly known as ObamaCare.

I want to give you a little context, Mr. Speaker, of where I come from. I'm a Congressman from Louisiana in the 4th District, centered in Shreveport Bossier. I have been a family physician for 36 years. I still see patients when I have the opportunity. I also have businesses on the side that are not related to health care.

So in my world for many years, and in raising a family, the responsibilities of meeting payrolls have included not only running a small medical practice but also a growing business dealing with all of the regulations, the taxation, and the many different issues—personnel problems, human resource problems—that we must deal with. And certainly providing health care has been a great challenge over the years. And there's no question that the system has not been what it should be prior to this time.

In fact, one of the reasons why I ran for Congress—and many other of my colleagues who were physicians—we have 15 just in the Republican section alone, and I think we'll have more next year—the reason why we've become so activated, if you will, when it comes to Federal policy on health care is because of all the failures that we've seen over the years and the problems with government trying to micromanage health care.

So what I want to talk about today is broken promises with regard to ObamaCare. You may recall that Candidate Obama, Senator Obama, says you will not have to change your health care plan if his health care plan is brought into law. For those of you, he said, who have insurance now, nothing will change under the Obama plan except that you will simply pay less.

Another quote from him is this. This is President Obama in June of 2009:

> And that means that no matter how we reform health care, we will keep this promise to the American people. If you like your doctor, you will be able to keep your doctor. If you like your health care plan, you will be able to keep your health care plan.

Well, what is the truth of this? By the administration's own estimates, new health care regulations will force most firms and up to 80 percent of small businesses to give up their current plans by 2013. Grandfather plans would be subject to the costly new mandates and increased premiums under the President's health care plan.

Again, my own business is back home. We still cover our employees, and we would fall under the grandfather. But here's what we're up against. If we change just one dotted ''i,'' one crossed ''t,'' that totally nullifies the grandfather rule that applies to our plan. So what that means is if we change anything—the cost structure, anything—then simply we will fall into the government-mandated plan in which we have to choose among the three specified, certified government plans that would be chosen for us.

Now you could say, Well, we could keep exactly what we have without changing one scintilla of it. The problem is, what if the cost continues to go up—and it will—and we say maybe let's raise the deductible, raise copayments, cut some coverage someplace, change the way we cover pharmaceuticals, do something to lower that cost so we can afford it as a company and our patients can afford it. No. It then nullifies the grandfather clause and then it activates, of course, ObamaCare, and we will be required to be in it.

Let's go to broken promise number two. I have many broken promises but I'm going to focus on six today.

Broken promise number two. President Obama in September of 2009 says:

> First, I will not sign a plan that adds one dime to our deficits either now or in the future. I will not sign it if it adds one dime to the deficit now or in the future.

Well, is that true? An honest accounting of the health care plan finds that it will increase the deficit by hundreds of billions in the first 10 years alone. For instance, the law double-counts the Medicare savings.

It's interesting the way we have something in Washington, in Congress, called the CBO, the Congressional Budget Office. It uses a scoring mechanism. It works out of a 10-year budget window. So whatever we do, it either costs more or costs less, based on what happens for it in the next 10 years.

And so this was a big challenge for the Obama administration to get this bill passed because they saw what we saw, and that is it will add billions of dollars to the deficit. So what did they do? They manipulated the budget window to make it look like it paid for itself. And how did they do that? Well, for one thing, the way the bill is set in motion and the way it's implemented is that for the first 4 years—you've noticed that even though it passed in March of 2010, it hasn't been implemented. Why? A very good reason. Because the costs don't begin until it's implemented. However, the revenues already began soon after the bill passed. So the way it was scored is we have 10 years of revenue—that's income—and 6 years of costs.

Well, Mr. Speaker, I could run any business profitably that way if I have 10 years of revenue and only 6 years of cost. That's precisely what happened here. However, the law has been rescored and in fact what was supposed to be a $900-some billion bill over 10 years is now rescored at $1.75 trillion. And next year, which will then stretch it out the full 10 years, it will be well over $2 trillion.

Former CBO Director Douglas Holz-Eakin has written that:

> Under a realistic set of assumptions, the law will increase the deficit by at least $500 billion in the first 10 years and more than $1.5 trillion in the second decade.

Mr. Speaker, let's go back to where we are with government health care pre-ObamaCare. Back in the nineties, the last time that we balanced a budget was under President Clinton and after, of course, a Republican-controlled House and Congress in general sent a balanced budget three times in a row. He vetoed it twice and finally signed it the third time.

□ 1520

How did they do it and we can't do it today? Well, one reason is very important, and that is that at that time 30 percent of the budget was made up of mandatory spending, that's entitlement spending, which would be Medicare, Medicaid, Social Security, and other forms of mandatory spending such as welfare, section 8 and so forth. So that meant that 70 percent was discretionary spending, which means that you could cut budgets out of certain departments and agencies and you could begin to balance a budget once again.

Well, today it is 60 percent of the budget that's mandatory or entitlement spending—and growing—which means that we have certainly much less to work with in order to balance the budget, and it continues to grow. The largest piece of that is Medicare itself.

Mr. Speaker, I guarantee you that most Americans do not realize that today Medicare is very much a subsidized and entitlement program. Even though its recipients and those of us who are in the workforce paying into it, even though we pay premiums into it, the return on those premiums are threefold; that is to say, for every dollar you put into Medicare, you get $3

back in benefit. And that applies no matter what your income. Warren Buffett is old enough to be on Medicare, and as a result of that, Warren Buffett, with his $40 billion, gets the same subsidies as the little lady who barely gets by each month.

So it's important for us to understand that we already have a government-run health care system—that is, Medicare—that actuaries, the CBO and everyone says becomes insolvent, runs out of money in 4 to 8 years; it just depends upon which estimate you believe in. And to be honest with you, with each year that estimate comes closer and closer rather than farther and farther away.

So, I hate to say it, but promise number one was broken. The President promised that there would be nothing to change about your health care plan or your doctor. We know that not to be true.

Broken promise number two is it would not add one dime to the deficit. And we know now that it's going to be at least $500 billion, perhaps as much as $1.5 trillion over the coming decade.

So let's move to broken promise number three. President Barack Obama said in September 2009:

And one more misunderstanding I want to clear up. Under our plan, no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place.

Well, is that true? There was a whole lot of drama around here during the debate, the original ObamaCare bill—and, by the way, I want to point out something about the term ''ObamaCare.''

I'm often asked in my town halls, Why do you call it ObamaCare? Isn't that being derogatory or in some way denigrating to the bill itself or to the President? Of course the rhetorical response I have is, Well, if it's a law or a bill that you can be proud of, then why are you ashamed to name it after President Obama? If it were a bill I was proud of, a law I was proud of, I would love it if it were called FlemingCare.

But, quite honestly, I don't think even the President is proud of this bill. And how do I know that? Because on the 2-year anniversary, where are the cakes and the candles? Where's the celebration? Remember that Speaker PELOSI, when she was Speaker right here in this Chamber, said that we have to pass it to know what's in it.

Well, Mr. Speaker, we now know what's in it, and we're not happy about it. Fifty-seven percent of the American people say we want it repealed, and only 38 percent—and these are consistent numbers since the passage of the law. In fact, they've actually gotten a little worse over time. The vast majority of Americans do want it repealed.

But back to this. What about the funding of abortions?

When the bill first passed this House, we had protections and guarantees. We had a few pro-life Members from the Democrat side, we had a vast number of pro-life Members on the Republican side, and we came together and said, okay, they're not going to vote for this bill. No Republican voted for it. But the Democrats who were pro-life said, We're not going to support this bill unless it has protections not to prevent abortions but to prevent taxpayer funding of abortions.

Today we're in a divided Nation when it comes to the question of abortions. About half of Americans, 51 percent, are pro-life. They do not believe that we should take innocent life. Something near that say, Well, we think it's a woman's right to choose. But by a margin of around 75 percent, Americans say we do not want to pay for—through our taxpayer money, we do not want to pay for abortions.

And so we were given certain guarantees that that wouldn't happen. However, when the bill came back to us from the Senate, all the protections, conscience clause protections, protections against taxpayer funding of abortions, all of that was stripped away.

Now, the President would say, even today, and many Democrats would say, there's not any taxpayer funding of abortions. Well, again, is that true?

Just recently, the Department of Health and Human Services, under Secretary Sebelius, issued a final rule on the State health care exchanges providing for taxpayer funding of insurance coverage that includes elective abortion. The rule confirms that abortions on demand will be included in publicly funded insurance plans. This means that it is absolutely required that insurance companies provide abortion services.

Now, even among the pro-choice Americans, they would suggest to you and admit to you that while they think a woman should have the right to choose, they also would agree we need to reduce the number of abortions whenever possible. But while making abortions more and more convenient, more and more available and cheaper and cheaper, that's not going to be the case. Even though abortions have been coming down year after year because young ladies have been deciding for life instead of against life, we're going to be seeing those numbers go back up again because of the wholesale subsidy of the industry.

What do I mean by that?

To comply with the accounting requirement of ObamaCare, plans will collect a $1 abortion surcharge for each premium payer. The enrollee will make two payments, $1 per month for abortion and another payment for the rest of the services. As described in the rule, the surcharge can only be disclosed to the enrollee at the time of enrollment. Furthermore, insurance plans may only advertise the total cost of the premiums without disclosing that enrollees will be charged a $1 per month fee to pay and directly subsidize abortions.

Now, that's kind of technical jargon. What does it mean?

It basically means that in the most technical sense, the premium dollars will not be used to fund abortions. What will happen is that you, as Americans, will be charged an extra fee, a surcharge, if you will. It will be booked separately, but it still flows directly to abortion services. You'll be required to do that.

Under ObamaCare, all insurance plans must cover, at no charge—to the patient, that is; charged to the taxpayer, but not to the patient—abortion-inducing drugs, contraceptives, sterilization, and patient education and counseling for women of reproductive age. Religious employers such as Catholic hospitals, Christian schools, and faith-based pregnancy care centers will have to provide and pay for such coverage for their employees regardless of their religious beliefs.

Now, Mr. Speaker, that is a direct violation of the First Amendment to the Constitution. The First Amendment to the Constitution provides that government shall establish no religion and that you should have the freedom to practice religion in any way you see fit. And we've seen this played out over the many years of this country.

For instance, the Amish are against war. It's against their conscience to fight in a war. And if, indeed, an Amish person is asked to join the military, to pick up a rifle and go fight, if he declares that it's against his religious conscience, then he is not forced to fight. And that is a well-respected and a well-observed tradition, and it's certainly right down to the very beginning of the core of the Constitution.

But for some reason we're suspending that constitutional right. That is to say that a hospital owner, an insurance company owner, a physician, even, or nurse who may choose not to provide abortion-inducing pills, certainly provide abortions themselves, or perhaps for whatever fundamental religious reasons, such as in Catholicism it's against their religion to practice sterilization or even provide birth control pills, that they cannot refuse to provide those. Now the question, of course, comes from Democrats on this, well, that means that those services will be cut off from Americans.

Well, today these institutions are not required to produce that. And does anybody have a problem finding these services and in an affordable way?

Every State has a program—it's funded both by the State and federally—to get free services with regard to obstetrical, gynecological care and prevention of pregnancy. So it already exists today. It's completely available. There's no reason that we have to force health care providers to participate in something that is against their religious or moral convictions.

□ 1530

Now, we recently had a mandate, a rule provided by the President that said, look, doesn't matter who you are or where you are or what kind of religion you practice, you're going to have

to provide the abortion or abortion-related services that we dictate to you. Then, as a result of the pushback of the Catholic Church, they said, well, we'll make an accommodation. But, Mr. Speaker, that accommodation never occurred. That was only a statement made by the President. The actual rule that was propagated is still the rule today and, in fact, it's now been finalized. Nothing was changed. It was certainly just spin put on the entire discussion of the rule.

Let's move along to broken promise number four.

President Barack Obama, September 2009, in an address to a Joint Session of Congress—and I was here—says: ''I will protect Medicare.''

Now, did he protect Medicare? Well, the first thing that ObamaCare does is it cuts $500 billion—a half a trillion dollars—from Medicare itself. I repeat, ObamaCare, the first thing it does to finance the services that it provides, it cuts $500 billion from Medicare. Part of that is taken out of the so-called Medicare Advantage program, which is a private part of Medicare where private plans like Humana Gold are provided funds. But half or more of that is simply taken out of direct services, such as home health, hospice services, many other kinds of services. So I don't see how you can remove $500 billion from Medicare and begin to say that you're going to protect it.

In fact, we Republicans have been criticized in the last year that for some reason we want to end Medicare. Nothing could be further from the truth. Republicans want to save Medicare. But because Medicare—you heard me say Medicare will become insolvent in 4 to 8 years, the experts tell us. Don't take my word for it. Go to the experts, the actuaries and the CBO. They tell us that the system runs out of money, the checks start bouncing in 4 to 8 years.

So what have our Democratic colleagues done to save Medicare? Whenever you ask them, all you hear is crickets. What is the Republican's answer to that? Well, we submitted in 2011 a budget that would not only protect Medicare, but sustain it indefinitely by the use of premium support, means testing, and many other things, and opening up Medicare to market forces so it would drive costs down and increase services. So whether you like the Republican solution or not, we do have a solution. Our Democrat friends offer no solution.

So their plan is no plan. Their plan is sticking your head in the sand. And, therefore, their plan is the one that would end Medicare.

On to broken promise number five. Senator Barack Obama, Candidate Obama, said: ''Under my plan, no family making less than $250,000 a year will see any form of tax increase.''

Well, is that true? Well, let me go down the list and you decide for yourself, Mr. Speaker:

$52 billion in fines on employers who do not provide government-approved coverage;

$32 billion in taxes on health insurance plans—not a penalty, just, simply straightforward, an excise tax which adds up to $32 billion. Mr. Speaker, if you think that your premiums are going to go down when the taxes on those companies go up, then we need to sit down and talk about it;

$5 billion in taxes from limits on over-the-counter medication;

$15 billion in taxes from limiting the deduction on itemized medical expenses—and that's to everybody, not just people who make over $200,000, $250,000 a year;

$13 billion in taxes from new limits on flexible spending accounts;

$60 billion in taxes on health insurance plans;

$27 billion in taxes on pharmaceutical companies;

$20 billion in taxes on medical device companies. We already hear of medical device companies either going out of business or moving their business overseas;

$3 billion in taxes on tanning services;

$3 billion in taxes on self-insured health plans; and

$1 billion in new penalties on health savings account distributions.

Remember that one of the most useful tools in limiting cost that has been well received by beneficiaries of private insurance has been health savings accounts, which allows you to keep your own money and spend your own money and save the first dollar expenses to insurance companies, which ultimately lowers your premiums. I know that because we instituted that about 7 years ago in our companies; and instead of having 15 percent increase year over year in our premiums, they flattened out and have never been above 3 percent per year. That means more money we can pay our employees and more benefits that they can enjoy.

But here's a couple of really important ones I think everyone needs to understand, Mr. Speaker.

In 2013, the payroll tax will increase .9 percent going to Medicare for those making $200,000 to $250,000 a year—that is to say, single filers, $200,000; a couple, $250,000.

Now, Mr. Speaker, most people hearing this might say, Well, that doesn't apply to me because I don't make $200,000 a year. But this is not indexed, which means that in a few years, through inflation, Mr. Speaker, everyone will be included in this, virtually; certainly the middle class would be.

Already today we have a similar problem called AMT, alternative minimum tax. It was designed years ago to hit the wealthy, the high-income earners. Who is it hitting today? It's hitting the middle class because it hasn't been indexed.

But that isn't the worst of it when it comes to taxes. There is a 3.8 percent tax on the sale of your assets—again, for people who make $200,000 for singles, $250,000 for a couple. Again, the question is, Well, what do I care? I sell my house, I make some money on it, but I don't make $200,000 a year. I sell my stocks, maybe I sell a business, I sell some other sort of asset. Should I worry about that? Well, maybe today you don't. The average American doesn't make $200,000, $250,000 a year. But in a few years, through inflation—and the way we're printing money these days, that should be very soon—average Americans will easily be making $200,000, $250,000. As a result, they will be captured in that. The middle class will be hurt the most by this tax.

The law also forces people to buy insurance. Then the Federal Government taxes employer-provided plans at a 40 percent rate. This tax will hit middle-income families especially hard.

So, you see, Mr. Speaker, we have a bevy of taxes, at least 10 or more that I've listed here. The vast majority of them hit the middle class and even lower than that. There's no way that this promise was ever kept, and, in my opinion, it was ever intended to be kept.

Broken promise number six, Senator Barack Obama, February 2008—again, Candidate Obama—said in Columbus, Ohio: ''If you've got health insurance, we're going to work with you to lower your premiums by $2,500 per family per year.'' I think this is perhaps the cruelest promise of all.

What has actually happened?

The annual Kaiser Family Foundation survey of employer-provided insurance found that average family premiums totaled $12,860 in 2008, $13,375 in 2009, $13,770 in 2010, and $15,073 in 2011. Premiums have already risen by $2,213 since President Obama took office, and much of that increase was as a direct result from ObamaCare. Why? Because the mandates create more cost.

Oftentimes, Mr. Speaker, folks will say to me, Well, look, if you Republicans want to repeal ObamaCare, will you keep coverage for preexisting illness? Will you keep coverage for folks who are up to 26 years old and living in their household? My answer is this: We certainly can, and, in fact, we could have been doing that all along.

□ 1540

But if, Mr. Speaker, we add more mandates, we take caps off, all that does is raise the premium. The marketplace has to deal with that one way or another. So you have to decide for yourselves, as consumers, do you want more benefits, less caps, or do you want less benefits, more caps? You're going to have to pay for it either way.

So I would say, Mr. Speaker, yes, we would love to keep those. But what we'd rather do, more than that, is to make it a choice for the American citizens. They can choose whichever one they want. If you want a plan that, for instance, has no lifetime caps, fine. But you are going to have to pay incrementally more in your premiums in order to receive that benefit.

The CBO projects that the law's new benefit mandates will raise premiums

in the individual market by $2,100 per family. The increase is because people will be forced to buy richer coverage, which will encourage them to consume even more health care.

So, you see, Mr. Speaker, the President, when he was a candidate, promised that the cost of premiums would go down by $2,500 per year per family. It has already gone up that much, so that's a spread of about $5,000 per year, and it's expected to go up even another $2,100 as ObamaCare fully kicks in.

Mr. Speaker, these are the main six points that I wanted to bring out today. In closing, I would just like to say that we'll be posting, Mr. Speaker, on our Web site these promises and the others that have been broken. And I pledge, with many of my colleagues here in the House, that we will, hopefully, the beginning of next year fully repeal ObamaCare and replace it with something that's common sense, that's market-driven, that re-establishes the doctor-patient relationship and puts the choice back into the hands of the American citizen.

PRESERVING OUR RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, a couple of issues I want to address. I appreciate so much my friend, Dr. FLEMING, who has the adjoining district to mine, across the Sabine River over in Louisiana. He makes great points. We need to get the Federal Government out of the business of controlling people's health care. We need to get them back in the business of being a referee, making sure insurance companies and health care providers do the right thing, butt out of the business of dictating and controlling health care.

Very clear from ObamaCare, the IPAB, we got a board of 15 people going to dictate people's medical decisions for them, and, of course, all of the pandering back during the debate on ObamaCare how you can, as my friend Dr. FLEMING pointed out, the President, all those who mirror his comments, all those that read from the same teleprompter and say, oh no, you like your health care, you can keep it. You like your doctor, you can keep it. Well, we knew they were wrong. They were wrong.

So most people have already lost their health care exactly as they had it before if they liked it, and if they haven't yet, they will. That's why it was a good idea, not only to repeal the provision on that board that will dictate people's lives, what health care they can have, what they can't have. That was a good idea.

We need to repeal the whole bill. It is unconstitutional, and of course the President did us a wonderful favor by showing what many of us knew, that if ObamaCare is considered constitutional—it's not, but if the courts considered it that way—then it is very clear, the President believes, and I think, under the bill, he has the authority to step on, suppress, override people's individual liberties and freedoms.

We were assured by our Founders that we were endowed by our Creator with certain unalienable rights, among those, life, liberty, and the pursuit of happiness. Well, ObamaCare modifies that to the extent that you can have life, liberty, and pursuit of happiness only if it meets with the approval of the administration in power and the people they've put on IPAB, and what they have to say about whether you're too old to have a treatment, whether, or, like the President said in one of his town halls to a lady that said, will you at least consider the quality of life on people like my mother and whether she could get a pacemaker since she'd lived for 10 years with the pacemaker. And he said, ultimately, you know, maybe we're just better off telling your mother just take a pain pill. The part that he didn't say is take the pain pill and die. Don't live 10 years, because that's what ObamaCare will do for us.

So, hopefully, the Supreme Court Justices that will take this up and consider it will also realize that since ObamaCare gives the President the power to override the Constitution and prohibit the free exercise of religion—I'm Baptist, but, obviously, it does clearly restrict the free exercise of individual Catholics, of Catholic institutions, and that's because the President says so, because ObamaCare gives him the power to do that.

I hope that the Supreme Court Justices will take note of that. They could take judicial notice of what has been publicly done and by order, and take note of the fact that since our freedom of religion is clearly expressed in the first part of the First Amendment, and it's there in black and white, the government's not to prohibit the free exercise of religion.

And since the ''privacy rights,'' as the Supreme Court has come to call them, are not written in the Constitution, they were somehow found in the shadow of a penumbra somewhere and, gee, if ObamaCare gives the President the power to override people's constitutional rights, for rights that are put in stated words in the Constitution, then it's certainly going to give some redneck President down the road the right to just say, you know what, the privacy rights aren't even there, and so we're setting those aside too. Just like I set aside Catholics and other religious beliefs, now we have the power to set aside a right that's not even mentioned in the Constitution.

And it ought to scare every thinking liberal—we won't get the ones that don't think—but every thinking liberal ought to have that go to their core and give them goose bumps.

Oh, my goodness. I didn't think about some redneck person possibly getting—becoming—President because at some point the American people are going to get so fed up with having Washington dictate all of their individual decisions that they may just elect the biggest redneck they can get.

And because the Supreme Court, if it were to do the unthinkable and rule ObamaCare as constitutional, then the administration will have not only a right, they will have a duty to dictate to people how they can live, because if the Federal Government has the right, under the Constitution, to control all our health care, putting some providers out of business, picking winners and losers, telling who gets a pain pill, who gets a pacemaker, if they have the right to do that, the government has a duty to tell every person how they can live.

We're told that the Federal Government, if it wanted to, could look at every debit purchase, every credit card purchase. I mean, I got in this discussion with some government attorneys back before I ever got to Congress; and they were saying, look, if banks have the right to review all of your banking records, why shouldn't the government? I explained because the government can put us in jail and a bank can't. That's why there are protections against the government.

But ObamaCare will give the government control of our health care; and, therefore, at some point it will only make sense that they live up to their duty to say, you know what? Of course, under ObamaCare the Federal Government will have every person's health care records. It becomes the repository for everyone's most private information about their lives.

□ 1550

There's nothing in mine I'm worried about, but it is quite bothersome to think that there is nothing that can be private from the Federal Government once they have all of everybody's health care records.

Well, if they've got everybody's health care records, wouldn't it make sense at some point down the road to say: You know what? You're costing us too much money. You're not living properly. And we noted that in your health care records, you've got a 280 cholesterol level, and then we noticed you went to the grocery store and bought a pound of bacon this weekend, so we're going to have to change your health care, change the charges.

Folks, that is a reasonable conclusion of where ObamaCare has to take us if it's ruled constitutional. It's got to stop.

One other thing I want to mention, Mr. Speaker. It's been reported today in a couple of places, one in my friend Breitbart's online news blurb from A.W.R. Hawkins; another is from The Washington Post. Two different ends of the spectrum, perhaps. They're both reporting the same thing: that this administration, through Secretary Hillary Clinton, is going to announce that

it could care less what Congress has ordered about helping the enemies of Israel, about helping those who are terrorizing and persecuting Christians in Egypt and destroying churches and eliminating freedom of religion, and are saying they want to rethink their peace accord with Israel and setting themselves up to be the enemy of Israel. And now this administration, knowing that Congress passed a law that says you can't give people money in Egypt unless you can certify to certain facts—and they cannot, not honestly. If they do so now with what we know publicly, we know they will not be honest in doing so, and they're going to give $1.5 billion, not in humanitarian aid, according to this story, not food—military aid.

So forget all of those speeches that this President gave at AIPAC: Oh, gosh. We're Israel's best friend. We're going to help them. Because, oh, no, we're going to give people who have the power to destroy Israel, on the border with Israel, military aid, as they are planning—many there make it clear they hate Israel, they hate us, and I've said over and over: We don't have to pay people to hate us. They'll do it for free.

We have to quit funding the enemy of us and the enemy of our friends. This is insane. And I hope somewhere in this administration is a cooler head that will say, Mr. President, Madam Secretary, Israel is our friend. Remember the speeches you've both given about what a friend they are? And it's time that we do not provide military aid, abetting, and assistance to people that want to destroy Christians, that want to destroy Israelis, and that want to put the world in turmoil and have everyone living exactly as they dictate. We want to keep some freedoms here and in Israel, and the way to do that is not to fund and provide military assistance to anyone unless we know they are our friend, they're Israel's friend, they're the friends of our friends.

To do otherwise will bring calamity on this country like they will not realize until it's too late.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. JACKSON of Illinois (at the request of Ms. PELOSI) for today on account of travel delays.

Mr. MARCHANT (at the request of Mr. CANTOR) for today on account of the death of his father.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 886. An act to require the Secretary of the Treasury to mint coins in commemoration of the 225th anniversary of the establishment of the Nation's first Federal law enforcement agency, the United States Marshals Service.

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House reported that on March 08, 2012, she presented to the President of the United States, for his approval, the following bill.

H.R. 4105. To apply the countervailing duty provisions of the Tariff Act of 1930 to nonmarket economy countries, and for other purposes.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 3 o'clock and 55 minutes p.m.), under its previous order, the House adjourned until Monday, March 26, 2012, at noon for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5367. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Pyroxasulfone; Pesticide Tolerances [EPA-HQ-OPP-2009-0717; FRL-9334-2] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5368. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2012-0003] [Internal Agency Docket No. FEMA-8219] received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

5369. A letter from the Associate General Counsel for Legislation and Regulations, Department of Housing and Urban Development, transmitting the Department's final rule — Removal of the Indian HOME Investment Partnerships Program Regulation [Doc. No.: FR-5568-F-01] (RIN: 2577-AC87) received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

5370. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Final Priority; Safe and Healthy Students Discretionary Grant Programs received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

5371. A letter from the Deputy Director for Policy, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Paying Benefits received March 1, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

5372. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Weatherization Assistance for Low-Income Persons: Maintaining the Privacy of Applicants for and Recipients of Services [Docket No.: EEWAP0130] (RIN: 1904-AC16) received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5373. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Application, Review, and Reporting Process for Waivers for State Innovation [CMS-9987-F] (RIN: 0938-AQ75) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5374. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Medicaid Program; Review and Approval Process for Section 1115 Demonstrations [CMS-2325-F] (RIN: 0938-AQ46) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5375. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Medical Devices; Cardiovascular Devices; Classification of the Endovascular Suturing System [Docket No.: FDA-2012-N-0091] received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5376. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; District of Columbia, Maryland, and Virginia; Determinations of Attainment of the 1997 8-Hour Ozone National Ambient Air Quality Standard for the Washington, DC-MD-VA 8-Hour Ozone Moderate Nonattainment Area [EPA-R03-OAR-2010-0986; FRL-9634-6] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5377. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Arkansas; Regional Haze State Implementation Plan; Interstate Transport State Implementation Plan to Address Pollution Affecting Visibility and Regional Haze [EPA-R06-OAR-2008-0727; FRL-9637-4] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5378. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; New York; Motor Vehicle Enhanced Inspection and Maintenance Program [Docket No.: EPA-R02-OAR-2011-0687, FRL-9635-4] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5379. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; State of Missouri [EPA-R07-OAR-2011-0995; FRL-9634-8] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5380. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Tennessee: Prevention of Significant Deterioration; Greenhouse Gas Tailoring Rule Revision [EPA-R04-OAR-2010-0696-201202; FRL-9635-6] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5381. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Tennessee: Prevention of Significant Deterioration; Greenhouse Gases-Automatic Rescission Provisions [EPA-R04-OAR-2010-0696-201202(a); FRL-9636-8] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5382. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of Air Quality Implementation Plans; California; San Joaquin Valley; Attainment Plan for 1997 8-Hour Ozone Stanards [EPA-R09-OAR-2011-0589; FRL-9624-5] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5383. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of Air Quality Implementation Plans; California; South Coast; Attainment Plan for 1997 8-Hour Ozone Standards [EPA-R09-OAR-2011-0622; FRL-9624-6] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5384. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Delegation of National Emission Standards for Hazardous Air Pollutants for Source Categories; State of Nevada, Nevada Division of Environmental Protection [EPA-R09-OAR-2012-0117; FRL-9635-7] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5385. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Idaho: Final Approval of State Underground Storage Tank Program [EPA-R10-UST-2011-0896; FRL-9640-1] received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5386. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, Antelope Valley Air Quality Management District and San Joaquin Valley Unified Air Pollution Control District [EPA-R09-OAR-2012-0020; FRL-9634-3] received February 13, 2012, pursuant to a U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5387. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Transportation Conformity Rule: MOVES Regional Grace Period Extension [EPA-HQ-OAR-2011-0393; FRL-9636-5] (RIN: 2060-AR03) received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5388. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Women-Owned Small Business (WOSB) Program [FAC 2005-56; FAR Case 2010-015; Item I; Docket 2010-0015, Sequence 1] (RIN: 9000-AL97) received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5389. A letter from the Senior Procurement Executive, General Services Administration, transmitting the Administration's final rule — General Services Administration Acquisition Regulation; Acquisition-Related Thresholds [GSAR Amendment 2012-02; GSAR Case 2011-G502; (Change 54) Docket No. 2012-0003, Sequence 1] (RIN: 3090-AJ24) received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5390. A letter from the Chief, Branch of Endangered Species Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Determination of Endangered Status for the Rayed Bean and Snuffbox Mussels Throughout Their Ranges [Docket No.: FWS-R3-ES-2010-0019] (RIN: 1018-AV96) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5391. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Hawker Beechcraft Corporation Models 1900, 1900C, and 1900D Airplanes [Docket No.: FAA-2012-0014; Directorate Identifier 2011-CE-044-AD; Amendment 39-16915; AD 2011-27-51] (RIN: 2120-AA64) received February 11, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5392. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company Turbofan Engines [Docket No.: FAA-2011-0599; Directorate Identifier 2011-NE-19-AD; Amendment 39-16922; AD 2012-01-10] (RIN: 2120-AA64) received February 11, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5393. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Cirrus Design Corporation Airplanes [Docket No.: FAA-2011-1212; Directorate Identifier 2011-CE-034-AD; Amendment 39-16923; AD 2012-01-11] (RIN: 2120-AA64) received February 11, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5394. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; 328 Support Services GmbH Airplanes [Docket No.: FAA-2011-0995; Directorate Identifier 2010-NM-243-AD; Amendment 39-16920; AD 2012-01-08] (RIN: 2120-AA64) received February 11, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5395. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Airlines [Docket No.: FAA-2011-0219; Directorate Identifier 2010-NM-228-AD; Amendment 39-16921; AD 2012-01-09] (RIN: 2120-AA64) received February 11, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5396. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Marine Sanitation Devices (MSDs): Regulation to Establish a No Discharge Zone (NDZ) for California State Marine Waters [EPA-R09-OW-2010-0438; FRL-9633-9] (RIN: 2009-AA04) received February 13, 2012, 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. BONNER: Committee on Ethics. In the Matter Regarding Arrests of Members of the House During a Protest Outside the Embassy of Sudan in Washington, DC., on March 16, 2012 (Rept. 112–419). Referred to the House Calendar.

Mr. HALL: Committee on Science, Space, and Technology. H.R. 3834. A bill to amend the High-Performance Computing Act of 1991 to authorize activities for support of networking and information technology research, and for other purposes, with an amendment (Rept. 112–420). Referred to the Committee of the Whole House on the state of the Union.

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 Mr. MICA (for himself, Mr. CAMP, and Mr. DUNCAN of Tennessee):

H.R. 4239. A bill to provide an extension of Federal-aid highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment of a multiyear law reauthorizing such programs; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Ways and Means, Natural Resources, Science, Space, and Technology, and 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.

By Ms. ROS-LEHTINEN (for herself, Mr. BERMAN, Mr. SMITH of New Jersey, Mr. ACKERMAN, Mr. BURTON of Indiana, Mr. FALEOMAVAEGA, Mr. ROHRABACHER, Mr. MANZULLO, Mr. SHERMAN, Mr. ROYCE, Mr. SIRES, Mr. WOLF, Mr. DEUTCH, Mr. CHABOT, Mrs. SCHMIDT, Mr. POE of Texas, Mr. TURNER of New York, Mr. MCGOVERN, Mr. KELLY, Mr. FORTENBERRY, Mr. MEEKS, and Mr. ENGEL):

H.R. 4240. A bill to reauthorize the North Korean Human Rights Act of 2004, and for other purposes; to the Committee on Foreign Affairs.

By Mr. SAM JOHNSON of Texas (for himself and Mr. LARSON of Connecticut):

H.R. 4241. A bill to amend the Internal Revenue Code of 1986 to provide tax benefits to individuals who have been wrongfully incarcerated; to the Committee on Ways and Means.

By Mr. HECK:

H.R. 4242. A bill to repeal the Patient Protection and Affordable Care Act, to amend the Public Health Service Act to provide individual and group market reforms to protect health insurance consumers, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, the Judiciary, Natural Resources, Rules, House Administration, and Appropriations, 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. TURNER of Ohio (for himself and Mr. MILLER of Florida):

H.R. 4243. A bill to strengthen the North Atlantic Treaty Organization; to the Committee on Foreign Affairs.

By Mr. BILBRAY:

H.R. 4244. A bill to direct the Secretary of the Interior to issue a final decision whether or not to issue a permit under the Endangered Species Act of 1973 authorizing construction of an elementary school in San

Diego, California; to the Committee on Natural Resources.

By Mr. DEFAZIO:

H.R. 4245. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to reimburse eligible veterans who are entitled to Medicare benefits for Medicare deductibles and other expenses that are owed by the veterans for emergency medical treatment provided in non-Department of Veterans Affairs facilities; to the Committee on Veterans' Affairs.

By Mr. DEFAZIO:

H.R. 4246. A bill to amend title 38, United States Code, to provide for the expansion of eligibility for veteran reimbursement for emergency treatment provided in non-Department of Veterans Affairs facilities; to the Committee on Veterans' Affairs.

By Mr. ENGEL (for himself, Ms. NORTON, and Mr. NADLER):

H.R. 4247. A bill to amend the Communications Act of 1934 to prohibit mobile service providers from providing service on mobile electronic devices that have been reported stolen and to require such providers to give consumers the ability to remotely delete data from mobile electronic devices, and for other purposes; to the Committee on Energy and Commerce.

By Mr. FITZPATRICK:

H.R. 4248. A bill to authorize the burial at Arlington National Cemetery of members of the Army who served honorably in the Tomb Guard Platoon of the 3d United States Infantry Regiment, which provides the sentinels at the Tomb of the Unknowns at Arlington National Cemetery; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Ms. HOCHUL (for herself, Mr. KISSELL, Mr. PETERS, Mr. CARSON of Indiana, Mr. NADLER, and Mr. CARNAHAN):

H.R. 4249. A bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax as an incentive to partner with educational institutions to provide skills training for students; to the Committee on Ways and Means.

By Mr. DANIEL E. LUNGREN of California:

H.R. 4250. A bill to amend the Internal Revenue Code of 1986 to provide a 3-year extension of the exclusion of income from the discharge of indebtedness on qualified principal residences; to the Committee on Ways and Means.

By Mrs. MILLER of Michigan (for herself, Mr. KING of New York, Mr. CUELLAR, Mr. MCCAUL, and Mr. CLARKE of Michigan):

H.R. 4251. A bill to authorize, enhance, and reform certain port security programs through increased efficiency and risk-based coordination within the Department of Homeland Security, and for other purposes; to the Committee on Homeland Security.

By Mr. PALLONE:

H.R. 4252. A bill to amend the Internal Revenue Code of 1986 to expand and simplify the credit for employee health insurance expenses of small employers; to the Committee on Ways and Means.

By Mr. PAULSEN (for himself and Mr. GRIMM):

H.R. 4253. A bill to amend the Low-Income Housing Preservation and Resident Homeownership Act of 1990; to the Committee on Financial Services.

By Mr. STARK:

H.R. 4254. A bill to amend title XVIII of the Social Security Act to enhance Medicare Advantage program integrity; to the Committee on Ways and Means, and 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.

By Mr. WHITFIELD (for himself, Mr. BARTON of Texas, Mr. BARROW, Mr. SULLIVAN, Mr. COBLE, Mr. CARTER, Mr. GRIFFITH of Virginia, Mr. HARRIS, Mrs. LUMMIS, Mr. LONG, Mr. CRAVAACK, Mr. LATTA, Mr. BURGESS, Mr. MCKINLEY, Mr. ROGERS of Michigan, Mrs. CAPITO, Mr. GUTHRIE, Mr. POMPEO, Mr. WESTMORELAND, and Mr. BROOKS):

H.R. 4255. A bill to prohibit the Administrator of the Environmental Protection Agency from awarding any grant, contract, cooperative agreement, or other financial assistance under section 103 of the Clean Air Act for any program, project, or activity to occur outside the United States and its territories and possessions; to the Committee on Energy and Commerce, and in addition to the Committee on Science, Space, and Technology, 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. ADAMS (for herself, Mr. ROSS of Florida, Mr. WEST, Mr. KING of Iowa, Mr. SOUTHERLAND, Mr. NUGENT, Mr. AUSTIN SCOTT of Georgia, Mr. SCHILLING, Mr. BUCSHON, Mr. BARLETTA, Mr. REED, Mr. FLORES, Mr. GOHMERT, and Mr. AMODEI):

H. Con. Res. 110. Concurrent resolution expressing the sense of Congress that the President should not interpret or construe the Defense Production Act of 1950 to authorize the President or any Federal department or agency to confiscate personal or private property, to force conscription into the Armed Forces on the American people, to force civilians to engage in labor against their will or without compensation, or to force private businesses to relinquish goods or services without compensation; to the Committee on Financial Services.

By Ms. HOCHUL (for herself, Mr. SHIMKUS, Mr. MICHAUD, Mr. KIND, Mr. HARPER, and Mr. YOUNG of Indiana):

H. Con. Res. 111. Concurrent resolution expressing the sense of Congress that a site in Arlington National Cemetery should be provided for a memorial marker to honor the memory of the 14 members of the Army's 24th Infantry Division who have received the Medal of Honor; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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. ENGEL (for himself, Mr. GENE GREEN of Texas, Mr. YOUNG of Alaska, Ms. LEE of California, Mr. GRIJALVA, Mr. TOWNS, Mr. COHEN, Mr. SMITH of Washington, Ms. SCHAKOWSKY, and Mrs. MALONEY):

H. Res. 594. A resolution commending the progress made by anti-tuberculosis programs; to the Committee on Foreign Affairs, and 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.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. MICA:

H.R. 4239.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution, specifically Clause 1, Clause 3, Clause 7, and Clause 18.

By Ms. ROS-LEHTINEN:

H.R. 4240.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mr. SAM JOHNSON of Texas:

H.R. 4241.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. HECK:

H.R. 4242.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: The Congress shall have Power To . . . regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes;

and

Article I, Section 8, Clause 18: . . . make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof.

By Mr. TURNER of Ohio:

H.R. 4243.

Congress has the power to enact this legislation pursuant to the following:

Clauses 1, 14, and 18 of Section 8 of Article I of the Constitution

By Mr. BILBRAY:

H.R. 4244.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Powers of Congress

By Mr. DEFAZIO:

H.R. 4245.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution

By Mr. DEFAZIO:

H.R. 4246.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 the United States Constitution

By Mr. ENGEL:

H.R. 4247.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 1 of the Constitution. Congress has the power to enact this legislation, as well, under Article 1, Section 8, Clauses 1, 3 and 18.

By Mr. FITZPATRICK:

H.R. 4248.

Congress has the power to enact this legislation pursuant to the following:

Article 1, section 8 of the United States Constitution

(clauses 12, 13, 14, and 16), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia, and for governing such part of them as may be employed in the Service of the United States.

By Ms. HOCHUL:

H.R. 4249.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact the Workforce-Ready Educate America Act pursuant to Clause 1 of Section 8 of Article I of the Constitution of the United States.

By Mr. DANIEL E. LUNGREN of California:

H.R. 4250.

Congress has the power to enact this legislation pursuant to the following:

The amendment to the Internal Revenue Code to amend the Internal Revenue Code 1986 to provide a 3 year extension of the exclusion of income from the discharge of indebtedness on qualified principal residences is authorized by Article 1 Section 8 to Lay and collect taxes.

By Mrs. MILLER of Michigan:

H.R. 4251.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8, Clause 1; Article I, Section 8, Clause 3; and Article I, Section 8, Clause 18 of the Constitution of the United States.

By Mr. PALLONE:

H.R. 4252.

Congress has the power to enact this legislation pursuant to the following:

section 8 of article I of the Constitution.

By Mr. PAULSEN:

H.R. 4253.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8.

By Mr. STARK:

H.R. 4254.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 7.

By Mr. WHITFIELD:

H.R. 4255.

Congress has the power to enact this legislation pursuant to the following:

Clause 3 of §8 of Article I of the Constitution

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 9: Mr. SCHILLING, Mrs. BIGGERT, Mr. FRANKS of Arizona, Mrs. MILLER of Michigan, Mr. REED, Mr. CAMP, Mr. MCCAUL, Mr. GUINTA, Mr. LATTA, Mr. GRAVES of Missouri, and Mr. SCHOCK.

H.R. 14: Mr. JOHNSON of Georgia, Mr. CLEAVER, Mr. LEVIN, Ms. SCHAKOWSKY, Mr. SCHIFF, Mr. MARKEY, Mr. SARBANES, Ms. LEE of California, Mr. HEINRICH, Mr. SCHRADER, Mr. ELLISON, Mr. DAVIS of Illinois, Mr. KILDEE, and Mr. PETERS.

H.R. 104: Mr. REYES.

H.R. 198: Mr. BUCHANAN.

H.R. 324: Ms. LORETTA SANCHEZ of California and Mr. JOHNSON of Ohio.

H.R. 327: Ms. LORETTA SANCHEZ of California.

H.R. 329: Mr. HASTINGS of Florida.

H.R. 531: Mr. ISRAEL, Mr. HASTINGS of Florida, and Mr. COURTNEY.

H.R. 718: Mr. HINOJOSA, Ms. DEGETTE, and Mr. CONYERS.

H.R. 719: Mr. RAHALL, Mr. ALTMIRE, Ms. BROWN of Florida, Ms. SLAUGHTER, Mr. BOSWELL, Mr. SMITH of Nebraska, and Mrs. NOEM.

H.R. 750: Mr. ROONEY.

H.R. 885: Mr. GENE GREEN of Texas.

H.R. 890: Mr. BLUMENAUER and Ms. SPEIER.

H.R. 893: Mr. SCHRADER.

H.R. 927: Mr. MURPHY of Connecticut.

H.R. 1005: Mr. FITZPATRICK and Mr. DENT.

H.R. 1048: Mr. FATTAH, Mr. HINOJOSA, Mr. DOYLE, Mr. COHEN, Ms. BONAMICI, and Mr. REYES.

H.R. 1236: Mr. HINOJOSA.

H.R. 1265: Mr. BERG.

H.R. 1325: Mr. ALTMIRE.

H.R. 1339: Mr. BASS of New Hampshire, Mr. TIBERI, and Mr. CULBERSON.

H.R. 1340: Mr. GALLEGLY.

H.R. 1398: Mr. SCHILLING.

H.R. 1418: Ms. ESHOO.

H.R. 1479: Mr. THOMPSON of California.

H.R. 1483: Ms. KAPTUR.

H.R. 1505: Mrs. BACHMANN.

H.R. 1575: Mr. CONNOLLY of Virginia.

H.R. 1648: Ms. VELÁZQUEZ.

H.R. 1675: Mr. THORNBERRY.

H.R. 1739: Mr. BUCSHON.

H.R. 1742: Mr. WHITFIELD, Mr. SCOTT of Virginia, Ms. PINGREE of Maine, and Mr. ROTHMAN of New Jersey.

H.R. 1747: Mr. TERRY.

H.R. 1781: Ms. DEGETTE.

H.R. 1860: Mr. BOREN.

H.R. 1876: Mr. REYES.

H.R. 1895: Ms. WOOLSEY, Ms. DELAURO, Mr. WELCH, Mr. GONZALEZ, Mr. OLVER, and Mr. ELLISON.

H.R. 1917: Mr. STARK.

H.R. 1919: Ms. SPEIER, Mr. MORAN, Mr. THOMPSON of California, Mr. MCGOVERN, and Ms. BONAMICI.

H.R. 1960: Mr. LOEBSACK and Mr. FORTENBERRY.

H.R. 1996: Mrs. CAPITO.

H.R. 2020: Mr. DEUTCH.

H.R. 2033: Mr. ROTHMAN of New Jersey.

H.R. 2051: Mr. WALBERG and Ms. NORTON.

H.R. 2088: Ms. DEGETTE.

H.R. 2229: Mr. LUJÁN, Mr. MCDERMOTT, and Mr. HASTINGS of Florida.

H.R. 2248: Mr. TIERNEY.

H.R. 2310: Mr. COHEN.

H.R. 2311: Ms. JACKSON LEE of Texas.

H.R. 2335: Mr. HASTINGS of Washington and Mr. CAMP.

H.R. 2502: Mr. KILDEE.

H.R. 2541: Mr. COFFMAN of Colorado and Mr. SOUTHERLAND.

H.R. 2543: Mr. DEUTCH.

H.R. 2593: Mr. COHEN.

H.R. 2655: Mr. JOHNSON of Ohio.

H.R. 2659: Mr. GUTIERREZ and Mr. ELLISON.

H.R. 2688: Mr. QUIGLEY.

H.R. 2697: Mr. SCHRADER.

H.R. 2765: Mr. COSTA.

H.R. 2925: Mr. THOMPSON of California.

H.R. 2960: Mr. BISHOP of New York and Mr. TOWNS.

H.R. 2969: Mr. HASTINGS of Florida and Mr. DEUTCH.

H.R. 3059: Mr. SHUSTER, Mr. MARCHANT, and Mr. BUCHANAN.

H.R. 3098: Mr. GINGREY of Georgia, Mr. LAMBORN, Mr. LANKFORD, Mr. SAM JOHNSON of Texas, and Mr. WESTMORELAND.

H.R. 3145: Mr. RANGEL.

H.R. 3179: Mr. QUIGLEY Mr. LATOURETTE, Mr. GRIMM, Mr. CRENSHAW, Mr. OLSON, and Mr. RIGELL.

H.R. 3187: Ms. BERKLEY.

H.R. 3252: Mr. ENGEL.

H.R. 3264: Mr. SOUTHERLAND and Mr. LABRADOR.

H.R. 3269: Mr. GUTIERREZ, Mr. DOLD, and Mr. BARTLETT.

H.R. 3283: Mr. MEEKS and Mr. CARNEY.

H.R. 3286: Ms. SEWELL.

H.R. 3313: Ms. PINGREE of Maine.

H.R. 3364: Mr. BISHOP of New York, Mr. MICHAUD, Mr. CARNAHAN, Ms. ROS-LEHTINEN, Ms. LINDA T. SÁNCHEZ of California, Mr. OLVER, Mr. FILNER, and Mr. THOMPSON of California.

H.R. 3365: Mr. ROTHMAN of New Jersey.

H.R. 3395: Mr. MORAN.

H.R. 3461: Mr. CAMP, Mr. GIBSON, Mr. WILSON of South Carolina, and Mr. GERLACH.

H.R. 3486: Mr. SCHOCK.

H.R. 3523: Mr. ROSS of Arkansas, Mr. COOPER, Mr. PITTS, and Mr. RUNYAN.

H.R. 3596: Ms. SCHWARTZ, Ms. ROYBAL-ALLARD, and Ms. ESHOO.

H.R. 3609: Mr. POE of Texas.

H.R. 3612: Mr. AL GREEN of Texas.

H.R. 3661: Mr. KIND.

H.R. 3695: Ms. BASS of California.

H.R. 3713: Mr. PETERS, Ms. WOOLSEY, and Mr. FARR.

H.R. 3735: Mr. RIVERA.

H.R. 3767: Mr. WALBERG and Mr. COOPER.

H.R. 3783: Mr. GOWDY.

H.R. 3798: Mr. ACKERMAN, Mrs. CAPPS, Ms. NORTON, Mr. GRIJALVA, Mr. RIVERA, and Mr. MICHAUD.

H.R. 3826: Ms. VELÁZQUEZ and Mr. PERLMUTTER.

H.R. 3828: Mr. BACHUS and Mr. GOODLATTE.

H.R. 3831: Mr. BRALEY of Iowa.

H.R. 3849: Mr. CALVERT.

H.R. 3873: Mrs. MALONEY.

H.R. 4011: Mr. POLIS.

H.R. 4018: Mr. DENT, Ms. SCHWARTZ, and Mr. MICHAUD.

H.R. 4032: Ms. FUDGE.

H.R. 4040: Mr. BROUN of Georgia, Ms. BUERKLE, Mr. COLE, Mr. DESJARLAIS, Mr. DEUTCH, Mr. GARDNER, Ms. KAPTUR, Mr. LATHAM, Mr. MCNERNEY, Ms. MOORE, Mr. POE of Texas, and Ms. TSONGAS.

H.R. 4045: Mr. THORNBERRY, Mr. LATHAM, Mr. ANDREWS, Mr. SIMPSON, Mr. COLE, Mrs. EMERSON, Ms. BORDALLO, Mr. FORBES, Mr. WITTMAN, Mr. COFFMAN of Colorado, Mr. COOPER, and Mr. WILSON of South Carolina.

H.R. 4070: Mr. RUNYAN, Ms. SCHWARTZ, and Mr. FORBES.

H.R. 4076: Mr. GARY G. MILLER of California and Mr. STARK.

H.R. 4077: Mr. CARTER.

H.R. 4081: Ms. HERRERA BEUTLER.

H.R. 4089: Mr. WITTMAN.

H.R. 4094: Mr. FORBES.

H.R. 4099: Mr. BOSWELL, Mr. BRALEY of Iowa, Mr. LATHAM, Mr. LOEBSACK, Mr. MURPHY of Connecticut, Mr. PETRI, and Mr. WOLF.

H.R. 4103: Mr. FALEOMAVAEGA, Mr. COHEN, Ms. ROYBAL-ALLARD, Mr. GRIMM, and Mr. NADLER.

H.R. 4107: Mr. CRITZ.

H.R. 4120: Mr. BACHUS, Mr. MORAN, Mr. BOSWELL, Mr. MCGOVERN, Mr. OLVER, Mr. FRANK of Massachusetts, Mr. SCHRADER, and Ms. NORTON.

H.R. 4124: Mr. GERLACH.

H.R. 4125: Mr. FORBES.

H.R. 4132: Mr. BURGESS.

H.R. 4134: Mr. SCHRADER.

H.R. 4157: Mr. LUETKEMEYER and Mr. ROONEY.

H.R. 4158: Mr. AKIN, Mrs. BIGGERT, Mr. WALSH of Illinois, Mr. SESSIONS, and Mr. DOLD.

H.R. 4160: Mr. LAMBORN and Mrs. HARTZLER.

H.R. 4168: Mr. HECK.

H.R. 4169: Mr. GONZALEZ, Ms. BUERKLE, and Ms. PINGREE of Maine.

H.R. 4171: Mr. WESTMORELAND.

H.R. 4192: Mr. ROTHMAN of New Jersey, Mr. KEATING, Mrs. MALONEY, and Mr. DEUTCH.

H.R. 4196: Ms. LINDA T. SÁNCHEZ of California, Mr. BOUSTANY, Mr. PETERS, Mr. GINGREY of Georgia, Mr. SULLIVAN, and Ms. BERKLEY.

H.R. 4212: Ms. WILSON of Florida, Mr. RIVERA, and Mr. ROSS of Florida.

H.R. 4221: Mr. MCDERMOTT.

H.R. 4231: Mr. WELCH.

H.R. 4235: Mr. CRAWFORD and Ms. SEWELL.

H.J. Res. 80: Ms. ZOE LOFGREN of California.

H. Con. Res. 87: Mr. SABLAN.

H. Con. Res. 101: Mr. BONNER.

H. Con. Res. 107: Mr. DUNCAN of South Carolina.

H. Res. 333: Mr. PETRI.

H. Res. 484: Ms. ROS-LEHTINEN, Mr. WOLF, Ms. SCHAKOWSKY, Mr. CALVERT, Ms. ESHOO, Mr. OLVER, and Mr. GENE GREEN of Texas.

H. Res. 490: Mr. GUTHRIE.

H. Res. 560: Mr. KUCINICH.

H. Res. 583: Mr. SHERMAN, Mr. VAN HOLLEN, Mr. CAPUANO, Ms. BUERKLE, Mr. MILLER of North Carolina, and Ms. BASS of California.