

Lew, in trying to get something done to make sure that America did not default, suggested to Mr. REID maybe putting that in the bill will get the Republicans' votes so that we will pay our debts.

The problem is, if you know the facts, you get a little frustrated with hearing this representation, the President was for sequester. Let's just, for the sake of argument, say that nobody here was for sequester. Then let's get rid of sequester. If you are for sequester, I get it. You don't want to change it.

There are a lot of your Members who certainly don't want to change it. I tell people all over this country when I talk to them that sequester is a complicated word. It starts with an S. It stands for "stupid." It is a policy unrelated to opportunities, to challenges, and to needs. It was a number pulled out of the air.

I would hope, Mr. Leader, that we don't talk about "you did it" and "you did it." Let's talk about how we solve the problems confronting our country. Ex-Im is one of them. Appropriations bills that we can agree on is another and highway bill funding to give confidence to our economy and to our entities that have to keep people moving and commerce moving.

Let's give them confidence. Let's sit down. Let's get these done. Let's bring it to the floor. As Speaker BOEHNER said, let this House work its will.

The gentleman referred to the 46 Democrats who voted with him and his party on the most recent bill, which was a tax reduction and which is, as are all of the tax reductions that you have brought to the floor, unpaid for.

Very frankly, as the father of three daughters, as the grandfather of three grandchildren, and as the great-grandfather of three great-grandchildren, I don't like the fact that the expectation is they will pay the bill. They don't vote, of course, so they can't vote for or against us.

My daughters can, notwithstanding the 46 people who voted for it on our side of the aisle because they are for the policy. I will tell you I have talked to a lot of them, and they are not for not paying for it, but they were put in the position of either being for something, therefore, or being against something because it is not paid for and is hurting future generations.

The only reason I mention that is the gentleman brought it up, and I will tell him that there is very broad, almost unanimous sentiment on our side that we ought to pay for things, and when that policy was in place, we balanced the budget for 4 years in a row.

I yield to my friend.

Mr. MCCARTHY. I appreciate the gentleman's comments. Hopefully, I can take from the gentleman's comments that he is willing to work with us on highways and on coming back to the table. I appreciate that.

We may disagree on whether the administration put it in the bill in se-

quester, but I think history will prove me right. I look forward to it just as we worked throughout this week and passed two bills today on a bipartisan level.

You may have disagreed with one, but 28 on your side of the aisle agreed with it, so did your President. We look forward to getting this work done for the American people. We work within the current law. That is what we look to do, and I look forward to continuing to work with you.

Mr. HOYER. I appreciate the gentleman's observations.

I would simply say, Mr. Speaker, that in that spirit, there are 240 people in this House who think the Ex-Im Bank ought to be extended and reauthorized. I hope we will follow that process. I would reiterate, yes, I am willing to work with the gentleman on highways or on anything else which will benefit the American people and our country.

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

□ 1300

—
 HOUR OF MEETING ON TOMORROW; AND ADJOURNMENT FROM FRIDAY, JUNE 19, 2015, TO TUESDAY, JUNE 23, 2015

Mr. MCCARTHY. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at noon tomorrow, and further when the House adjourns on that day, it adjourn to meet on Tuesday, June 23, 2015, when it shall convene at noon for morning-hour debate and 2 p.m. for legislative business.

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

There was no objection.

—
 PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, pursuant to House Resolution 319, I call up the bill (H.R. 1190) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 319, the amendment printed in part B of House Report 114-157 is adopted, and the bill, as amended, is considered read.

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

H.R. 1190

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 Seniors' Access to Medicare Act of 2015".

SEC. 2. 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) are repealed, and any provision of law amended by such sections is hereby restored as if such sections had not been enacted into law.

SEC. 3. RESCINDING FUNDING AMOUNTS FOR PREVENTION AND PUBLIC HEALTH FUND.

Section 4002(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11(b)) is amended—

(1) in paragraph (2), by striking "2017" and inserting "2016";

(2) in paragraph (5)—

(A) by striking "2022" and inserting "2026"; and

(B) by redesignating such paragraph as paragraph (7); and

(3) by striking paragraphs (3) and (4) and inserting the following:

"(3) for fiscal year 2017, \$390,000,000;

"(4) for each of fiscal years 2018 and 2019, \$487,000,000;

"(5) for each of fiscal years 2020 and 2021, \$585,000,000;

"(6) for each of fiscal years 2022 through 2025, \$780,000,000; and"

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided and controlled by the chairs and ranking minority members of the Committee on Ways and Means and the Committee on Energy and Commerce.

The gentleman from Wisconsin (Mr. RYAN), the gentleman from Michigan (Mr. LEVIN), the gentleman from Pennsylvania (Mr. PITTS), and the gentleman from New Jersey (Mr. PALLONE) each will control 15 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1190, Protecting Seniors' Access to Medicare Act of 2015, currently under consideration.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

What we are bringing to the floor today is Dr. ROE's bill to repeal the Independent Payment Advisory Board. This is a bill that came out of the Committee on Ways and Means with a bipartisan vote. This is an agency that Members on both sides of the aisle believe does not have the right to exist, should not exist, and does not follow our democratic process.

Let me explain why we are doing this. There is no greater example of the conflict of visions than this. ObamaCare created something called IPAB, the Independent Payment Advisory Board. It is a board of 15 people who are not elected or appointed.

They have the power to cut Medicare's payments for treatment. They have a quota which they have to hit in order to find the same number to actually cut. Every year, a formula kicks in, and the 15 unelected bureaucrats

find where they are going to cut Medicare payments to providers to hit that quota.

They can do all of this without Congress' approval. The idea, of course, is that unelected bureaucrats know best, unelected bureaucrats know better than patients, their doctors, or their representatives in Congress; they will know which treatment works the best because they are detached, they are distant, they are above the fray, they are not involved in the emotions or the personal relationships that such personal decisions like your health care ultimately involve.

That is the big problem. They are totally unaccountable. They are divorced from reality. Health care is not a statistic. It is not a formula. It is not uniform. It is not cookie cutter. It is personal. It is individual. It is distinct.

Every patient is different. This is why patients, along with their doctors, need to be put in charge of their health care. What IPAB would essentially do is ration health care. It would take control away from patients.

Now, the other side says, Hey, no, not so fast; Congress can override them—but that is only with a supermajority vote.

Mr. Speaker, we have seen this movie before. It never ends well. Seniors will suffer the consequences. Medicare is more than a program; Medicare is a promise. Seniors have worked hard; they have paid their taxes; they have planned on Medicare throughout all their working lives, and now that they are retired, it is something that they deserve, a secure retirement. It needs to be there, just like it has been for our parents.

Think about what a Member of Congress will do. This Board of unelected bureaucrats will say, We are cutting Medicare X, Y, and Z ways to these providers for Medicare, which will deny services to seniors; and they will do it according to this formula that is in law.

If Congress doesn't like it, then the law says Congress has to go cut Medicare somewhere else and overturn this ruling with a three-fifths supermajority vote in the House and the Senate—as if that would ever happen.

All this thing has done, it is designed to basically go around Congress, go around the laws, and have unelected and unaccountable bureaucrats ration care for our seniors.

This is wrong; it is undemocratic; it does not fit with our Constitution, and we think it ought to be repealed. That is why we are bringing this bill to the House.

I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 12, 2015.

Hon. PAUL RYAN,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN RYAN: I write in regard to H.R. 1190, Protecting Seniors' Access to Medicare Act of 2015, which was ordered reported by the Committee on Ways and Means

on June 2, 2015. As you are aware, the bill also was referred to the Committee on Energy and Commerce. I wanted to notify you that the Committee on Energy and Commerce will forgo action on H.R. 1190 so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce's jurisdictional interests over this and similar legislation are in no way diminished or altered. In addition, the Committee reserves the right to seek conferees on H.R. 1190 and requests your support when such a request is made.

I would appreciate your response confirming this understanding with respect to H.R. 1190 and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 9, 2015.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding the Committee's jurisdictional interest in H.R. 1190, the Protecting Seniors' Access to Medicare Act of 2015, and your willingness to forego consideration by your committee.

I agree that the Committee on Energy and Commerce has a valid jurisdictional interest in certain provisions of the bill and that the Committee's jurisdiction will not be adversely affected by your decision to forego consideration. As you have requested, I will support your request for an appropriate appointment of outside conferees from your committee in the event of a House-Senate conference on this or similar legislation should such a conference be convened.

Finally, I will include a copy of your letter and this response in the Congressional Record during the floor consideration of H.R. 1190. Thank you again for your cooperation.

Sincerely,

PAUL RYAN,
Chairman.

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

The real purpose of this bill at this time, indeed, is to take a further effort to repeal ACA. That is really what this is about at this particular moment. The Republican leadership is, yet again, taking aim at ACA. H.R. 1190 would repeal the Independent Payment Advisory Board, IPAB. This would really be the 59th vote to repeal or undermine ACA.

Since it passed, we have seen the slowest growth in healthcare prices over any period of that length in nearly 50 years. Growth in per enrollee healthcare spending across both the public and private sectors has been controlled.

The three slowest years of growth in real per capita national health expenditures on record were 2011, 2012, and 2013. The ACA, in essence, has changed the healthcare cost landscape, keeping cost increases down and keeping or helping, at least, to keep families out of debt.

While we know the Medicare delivery system reforms have been working to

deliver value and lower costs, the IPAB was created as a backstop—a backstop—only to come into effect if other efforts weren't successful. This should be clear. IPAB only comes into being if delivery system reforms aren't doing their job to manage Medicare.

According to the CBO, Medicare growth rates are projected to remain beneath IPAB targets throughout the entire budget window, thereby not triggering the Board's provisions until 2024. I think, when you subtract 2015 from 2024, you get 9 years; so here we are, on this date, at this time, 9 years, according to CBO, before the provisions would come into effect, asking this Congress to repeal the IPAB provision.

If the ACA's delivery system efforts continue to be successful, IPAB may never even need to be constituted. It is specifically prohibited from cutting benefits or raising costs on seniors.

What IPAB can do, however, is to make recommendations to go after overpayments, go after fraud and abuse, and try to improve, if needed, the way there is reform of the delivery system. IPAB will not take away Medicare benefits; it will not shift costs to seniors.

If we in Congress are doing our job as stewards of Medicare, we can manage cost growth while protecting beneficiaries on the front end. In the event IPAB makes recommendations, Congress always has the ability to disapprove or modify them. If we do our job, we won't need IPAB. If we fail to do our job, IPAB will prod us to action 9 years from now or perhaps even later.

Let me talk a few words about the offset. It is a significant reduction of funding for the prevention and public health fund. While the Republicans so far have come forth with their proposals that are never paid for, this time, they have decided to have a pay-for, but it would cut by half or more than that the current funding for the prevention and public health fund.

That fund was established in the ACA to provide expanded and sustained national investments in prevention and public health and will provide \$900 million this year alone for interventions that will reduce smoking, tackle heart disease, and help improve prenatal outcomes.

I have a listing of what it has meant for Michigan, just as one example: \$3.5 million for State health department efforts to prevent obesity and diabetes; \$3.8 million to address chronic disease risk factors among African Americans, American Indians, Latinos, and other minorities; \$3.3 million for community transformation grants in central Michigan to address heart disease prevention and diabetes; and almost \$3 million for tobacco use prevention.

Here we are, at long last, the Republicans come forth with a pay-for, and they are paying for it by taking away something that really, really matters.

We have in front of us a Statement of Administration Policy, and I ask that it be placed in the RECORD. It just repeats some of the points that I have

made, so I will leave it just to be entered into the Record; and, therefore, I will now say that we should not vote for this legislation.

It would repeal a part of ACA designed to help keep healthcare costs under control, and so importantly, it would cut critical public health and prevention funding.

I reserve the balance of my time.

STATEMENT OF ADMINISTRATION POLICY
H.R. 1190—PROTECTING SENIORS' ACCESS TO
MEDICARE ACT OF 2015

(Rep. Roe, R-TN, June 15, 2015)

The Affordable Care Act has improved the American health care system, on which Americans can rely throughout life. After more than five years under this law, 16.4 million Americans have gained health coverage. Up to 129 million people who could have otherwise been denied or faced discrimination now have access to coverage. And, health care prices have risen at the slowest rate in nearly 50 years. As we work to make the system even better, we are open to ideas that improve the accessibility, affordability, and quality of health care, and help middle-class Americans.

The Independent Payment Advisory Board (IPAB) will be comprised of fifteen expert members, including doctors and patient advocates, and will recommend to the Congress policies that reduce the rate of Medicare growth and help Medicare provide better care at lower costs. IPAB has been highlighted by the non-partisan Congressional Budget Office (CBO) economists, and health policy experts as contributing to Medicare's long-term sustainability. The Board is prohibited from recommending changes to Medicare that ration health care, restrict benefits, modify eligibility, increase cost sharing, or raise premiums or revenues. Under current law, the Congress retains the authority to modify, reject, or enhance IPAB recommendations to strengthen Medicare, and IPAB recommendations would take effect only if the Congress does not act to slow Medicare cost growth.

H.R. 1190 would repeal and dismantle the IPAB even before it has a chance to work. The bill would eliminate an important safeguard that, under current law, will help reduce the rate of Medicare cost growth responsibly while protecting Medicare beneficiaries and the traditional program. While this safeguard is not projected to be needed now or for a number of years given recent exceptionally slow growth in health care costs, it could serve a valuable role should rapid growth in health costs return.

CBO estimates that repealing the IPAB would increase Medicare costs and the deficit by \$7 billion over 10 years. The Administration would strongly oppose any effort to offset this increased Federal budget cost by reducing the Prevention and Public Health Fund. The Affordable Care Act created this Fund to help prevent disease, detect it early, and manage conditions before they become severe. There has been bipartisan and bicameral support for allocation of the Fund, and the Congress directed uses of the Fund through FY 2014 and FY 2015 appropriations legislation. The Fund supports critical investments such as tobacco use reduction and programs to reduce health-care associated infections. By concentrating on the causes of chronic disease, the Fund helps more Americans stay healthy.

The Administration is committed to strengthening Medicare for those who depend on it and protection of the public's health. We believe that this legislation fails to accomplish these goals. If the President were

presented with H.R. 1190, his senior advisors would recommend that he veto the bill.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Tennessee (Mr. ROE), the author of the legislation.

Mr. ROE of Tennessee. Mr. Speaker, I rise as a proud sponsor of H.R. 1190, the Protecting Seniors' Access to Medicare Act. This bipartisan legislation, which I introduced with my colleague, LINDA T. SÁNCHEZ, would repeal the Independent Payment Advisory Board, or IPAB.

Created by the Affordable Care Act, this panel of 15 unaccountable, unelected bureaucrats exists to cut Medicare spending to meet arbitrary budgets and have been given enormous powers to do so.

Listen to this carefully. Peter Orszag, President Obama's former budget director, has noted IPAB represents the single biggest yielding of power to an independent entity since the creation of the Federal Reserve. Let me repeat that: the single biggest yielding of power to an independent entity since the creation of the Federal Reserve.

Mr. Speaker, we just spent, in a bipartisan way, 3 years working through SGR reform. Seventeen times, we kicked the can down the road so our seniors wouldn't be denied access to care. This bill is basically SGR on steroids. It trumps all the work we just did on SGR reform.

Any proposal made by IPAB will be considered using expedited procedures, and without a three-fifths vote in the Senate, Congress can only modify the type of cuts proposed, not the amount, so we have to do the amount. If Congress doesn't act on IPAB's recommendation, the cuts will automatically go into effect. To make matters worse, the Board is exempt from administrative or judicial review.

On the projections between 2020 and 2024, the CBO can't tell me from year to year, within the tens of billions of dollars, what the budget deficit is going to be each year, so I don't put a lot of stock in that.

If the President does not nominate individuals to serve on the IPAB or if the IPAB fails to recommend cuts when required to do so, the Secretary of Health and Human Services has the power to make the changes unilaterally.

□ 1315

One person will make those changes for the entire country. Think about that for a second. One person would have the ability to reshape a program that has 55 million enrollees. Whatever you may think about the President's healthcare law, this just isn't right.

After practicing medicine for more than 30 years, I can tell you that no two patients are the same and that different approaches are required for different needs. IPAB is blind to that fact and will ration seniors' access to care through a one-size-fits-all payment policy.

Medicare desperately needs reform to ensure it continues to be there for current beneficiaries and the next generation, but this is not the way. We can do better.

It is time to go back to the drawing board. I urge my colleagues to support this bill and put medical decisions back where they belong. Mr. Speaker, that is between patients and doctors.

Mr. LEVIN. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT), ranking member on the Health Subcommittee.

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

Mr. MCDERMOTT. Mr. Speaker, I rise in opposition to this bill.

This legislation is a ghost hunt. It doesn't exist. There is no IPAB. There is nobody that has been appointed. Nothing is going to happen until 2024.

So the question you have to ask yourself is: Why are we out here? Well, we are out here because some people think that trying to control costs in health care is a bad idea.

If you go back and read the Medicare legislation when it was put in, the AMA extracted from this Congress the right to charge their usual and customary fees. They have been driving the costs, and we have been trying to control it with all kinds of mechanisms all the way through it. Only with the incidence of the ACA have we seen the curve come down.

We have actually extended the life of Medicare to 2030. Right now, we are spending 17 percent of our gross domestic product on health care. When I came to this Congress, it was about 12 or 13 percent. It has only gone up. We have not been able to do it ourselves. So the creators of this bill said: Let's put something in on the outside that can give us some suggestions.

Now, when we had Simpson-Bowles—and I know the chairman of the Ways and Means Committee thought the Simpson-Bowles idea was a good idea—what happened after it was brought out in public? Nothing. We ignored it.

The reason for IPAB is to put pressure on the Congress to act to control costs. I guess Republicans don't care about costs because they don't understand that there are 10,000 people signing up for Social Security every single day. That is 3.5 million people.

The numbers are going up. The costs are going to go up. People are going to run around here saying we have got to cut benefits; we have got to shift the costs to the old people; we have got to do all this. The IPAB was a way to force the Congress to face the consequences of their own inaction.

Dr. ROE is correct; we spent 16 years kicking the can down the road on this issue of SGR. That was, again, an attempt to control costs. It never worked. It was ill-conceived in the beginning.

This is an issue where there is some real muscle in it, and people are afraid of that. They are afraid of it 9 years

out because they know how the Congress does. This is just another way to try to undercut and make Medicare and the ACA not work.

Mr. LEVIN pointed out the other thing that is important, and that is the place they look for the money is to go to community health, health departments. Nobody needs health departments. Why do you need people looking at restaurants to see if they are safe to go into, or to look at the water supply or look at what is happening in sewage? You don't need that stuff.

This \$7 billion they are going to grab here is straight out of the health departments of our country. Every one of your counties is going to be facing the impact of this.

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

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

Mr. McDERMOTT. The only thing that I think one can say is that it is a bad idea to get rid of some muscle to force us to look at costs, but it is worse to pay for it by taking money away from health departments. They are the ones that always get cut.

Who wants inspectors? The other side says: We don't like regulations. It is regulations that are ruining America. We have got to get those regulations out.

You don't want regulations enforced in restaurants? Then take \$7 billion away from it and see what kind of restaurant problems you start to have.

Milwaukee had the cryptosporidium organism in the water supply. That is a health problem that is dealt with by the actual health department in the county. We are taking \$7 billion to pay for this badly constructed idea.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I have spent going on four decades taking care of patients in rural east Tennessee, and I saw access becoming more and more and more of a problem. It is a serious issue now, as Medicare costs have gone up and up and up.

I have a mother who is almost 93. She has a difficult time affording her health care and other needs that she has. One of the things I am very concerned with, as Dr. McDERMOTT said, we have 10,000 seniors a day getting on that program. We need to leave those decisions to doctors and patients, not to bureaucrats.

Let me give a little more information. There is a similar panel in England called NICE, the National Institute for Health and Care Excellence, I believe is what the acronym is. The other day, the Royal College of Surgeons talked about how they noticed that over 75, almost nobody got operated on for breast cancer, almost nobody over 75 got a gall bladder operation, almost nobody over 75 got a knee fixed, and almost nobody over 75 got a hip fixed. That is wrong, and that is exactly the pathway we are going down if we don't stop this nonsense.

There is a very good article in the New England Journal of Medicine published in 2011. I recommend you all read it. It is a look back from 25 years. That is the only information they had. This particular author was not for IPAB or against it; he just analyzed it.

Twenty-one of those 25 years, IPAB would have kicked in, meaning those cuts would have happened. And I can tell you this right now: our seniors better look at this with a laser beam on because their care is going to be cut if this goes into effect. We need to get rid of it now, before that happens.

Mr. LEVIN. Mr. Speaker, it is my pleasure to yield 3 minutes to the gentlewoman from California (Ms. LINDA T. SANCHEZ of California), a very active member of our committee.

Ms. LINDA T. SANCHEZ of California. Mr. Speaker, I rise to speak about H.R. 1190, the Protecting Seniors' Access to Medicare Act.

I am the Democratic lead, along with Congressman PHIL ROE, and I am proud of the bipartisan work we have done to repeal the unelected bureaucracy known as the Independent Payment Advisory Board, or IPAB. I proudly voted for the ACA, and I think time has shown that the law works. The ACA has reduced the number of uninsured Americans, lowered healthcare costs, prevented disease, and increased access to cures.

Despite the success of the law, no bill is perfect. I believe that there are certain areas for improvement in the ACA, and I am committed to working in a bipartisan manner to solve these issues and provide our constituents with the world-class health care that they deserve.

The ACA is a good law and a few small tweaks can make it stronger, and that is why I decided to reach across the aisle to work with Congressman ROE on this legislation. Repealing IPAB is not the exclusive purview of the Republican Party, and it is a bipartisan effort.

Unfortunately, much like the last time Congress considered IPAB repeal in 2012, an unpalatable pay-for undermined the bipartisan support for a deal. I know Congressman ROE has worked tirelessly to avoid repeating the pay-for battle that we had back in 2012 in order to retain Democratic support.

Despite these efforts, Republican leadership has chosen to draw from the prevention and public health fund to pay for H.R. 1190. This is something that I simply cannot support, and it is with great disappointment that I must cast my vote against H.R. 1190. I truly believe that repealing IPAB is the right thing to do, but I cannot support gutting a great provision in the ACA to get rid of a bad one.

The prevention and public health fund is an unprecedented investment in public health to prevent costly and life-threatening diseases. The fund has invested nearly \$5.25 billion in States, cities, and communities to keep our

constituents healthy and safe before they need costly, long-term care to manage their illnesses.

The fund also exists to prevent stroke, cancer, tobacco use, and obesity, while also funding vital childhood immunization programs, and invests in detecting, tracking, and responding to infectious diseases. County public health departments rely on this fund to serve their constituents, and I know my home State of California has received over \$195 million thus far.

Despite all this, the Republican leadership has decided to take approximately \$8.85 billion from the fund which actually helps lower the cost of health care through prevention, eliminating the need, ironically, for IPAB in the first place.

In closing, I again want to thank Congressman ROE and the 235 bipartisan cosponsors for their hard work. I am disappointed that I must vote against my own bill, because I know the underlying policy is good policy, but I cannot vote for something that drains an essential fund from the ACA.

Mr. RYAN of Wisconsin. Mr. Speaker, may I inquire as to the time allotment remaining?

The SPEAKER pro tempore. The gentleman from Wisconsin has 6½ minutes remaining. The gentleman from Michigan has 1½ minutes remaining.

Mr. RYAN of Wisconsin. I yield 2 minutes to the gentleman from Ohio (Mr. WENSTRUP).

Mr. WENSTRUP. Mr. Speaker, let me take a couple of minutes to explain why Americans fear the Independent Payment Advisory Board, as it meddles with their health care.

As I stand here today, I will tell you that I am a physician, and I can tell you what is already taking place within private insurance with these peer reviews when you recommend something.

I recommended an MRI to a patient. That afternoon, I get on the phone. The woman says: I have had a problem for 10 years. I have had cortisone injections, physical therapy, blah, blah, blah.

I said: You need an MRI.

I am being denied the MRI by the insurance company because I have only seen her once. And I said to the gentleman, the doctor on the phone: How many times have you seen her?

None.

I said: What State do you have a license to practice in?

Not Ohio, which is where we were.

And so I said: Tell me your specialty.

My specialty is foot and ankle. This woman was in for a foot problem.

He said: I am an emergency room doctor.

I said: Well, then you would refer her to a specialist, which is where she is today.

He said: Well, I am not going to let you get that MRI.

I said: I hope this call is monitored for quality assurance, because I want someone to hear what you said to me today.

And then I asked the patient if she would go to her HR director and call the insurance company and say: We are going to drop the insurance because you are not letting the patients get the care their doctor recommends.

And then we got it. Within 3 weeks, I had her better because I knew what was wrong once I had the MRI.

Imagine trying to have that type of a discussion with the Independent Payment Advisory Board. If they pick up their phone, will they have a conversation with you about the patient?

This is a problem. This is what Americans are fearing today. And this is why the Independent Payment Advisory Board should go away.

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

Mr. RYAN of Wisconsin. It is a great bill. We should pass it. IPAB is a bad agency. It should not have been created in the first place.

I yield back the balance of my time.

□ 1330

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

Mr. Speaker, I rise today in support of H.R. 1190, the Protecting Seniors' Access to Medicare Act of 2015.

Mr. Speaker, the bill before us today repeals the Independent Payment Advisory Board, IPAB, one of the most ominous provisions in the sweeping overhaul of health care known as the Affordable Care Act.

The stated purpose of IPAB is to reduce Medicare's per capita growth rate. The Board is to be made up of 15 unelected, unaccountable bureaucrats—by the way, you can't have a majority of docs on the Board—who will be paid \$165,300 a year to serve 6-year terms on the Board.

This panel of 15 unelected and unaccountable government bureaucrats is tasked with reducing Medicare costs through arbitrary cuts to providers, limiting access to care for seniors. If Medicare growth goes over an arbitrary target, the Board is required to submit a proposal to Congress that would reduce Medicare's growth rate.

These recommendations will automatically go into effect, unless Congress passes legislation that would achieve the same amount of savings. In order to do so, Congress must meet an almost impossible deadline and clear an almost insurmountable legislative hurdle.

The Board has the power to make binding decisions about Medicare policy, with no requirement for public comment prior to issuing its recommendations, and individuals and providers will have no recourse against the Board because its decisions cannot be appealed or reviewed. In other words, the Board will make major healthcare legislation essentially outside the usual legislative process.

The Board is also limited in how it can achieve the required savings. Therefore, IPAB's recommendations will be restricted to cutting provider

reimbursements. In many cases, Medicare already reimburses below the costs of providing services; and we are already seeing doctors refusing to take new Medicare patients—or Medicare patients at all—because they cannot afford to absorb the losses.

Any additional provider cuts will lead to fewer Medicare providers, and that means that beneficiary access will suffer. Seniors will be forced to wait in longer and longer lines to be seen by an ever-shrinking pool of providers or have to travel longer and longer distances to find a provider willing to see them.

Clearly, Medicare growth is on an out-of-control trajectory that endangers the solvency and continued existence of the program. IPAB, however, is not the solution.

Mr. Speaker, the House voted 223–181 in 2012 to repeal the Independent Payment Advisory Board. Today, H.R. 1190, Protecting Seniors' Access to Medicare Act of 2015, enjoys the support of 235 of our House colleagues who have signed on as cosponsors.

The time has come for the House to once again repeal this flawed policy, and I urge all of my colleagues to support H.R. 1190.

I reserve the balance of my time.

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

Mr. Speaker, I rise today in opposition to H.R. 1190. This bill would repeal the Independent Payment Advisory Board, or IPAB, and pay for it by drastically reducing our investment in prevention and public health.

Mr. Speaker, I do not support IPAB. I oppose independent commissions playing a legislative role other than on the recommendatory basis. It is not the job of an independent commission to make decisions on healthcare policy for Medicare beneficiaries. Congress simply must stop ceding legislative power to outside bodies.

However, IPAB remains an insignificant provision from the Affordable Care Act, as it has not even been convened. Because of how well other provisions of the ACA are working, Medicare cost growth rates are projected to remain beneath IPAB targets through the entire budget window, thereby not triggering the IPAB provisions until 2024 at the earliest.

That said, I urge this House to oppose H.R. 1190, which would pay for IPAB repeal by effectively gutting the Affordable Care Act's prevention and public health fund, an incredibly significant provision from the ACA.

The prevention and public health fund is a mechanism to provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance healthcare quality. The fund has worked to reduce tobacco use, promote community prevention and use of preventive services, and combat healthcare associated infections.

This year the fund will invest nearly \$1 billion in programs that will benefit

every State, and these dollars go to proven, effective ways to keep Americans healthier and more productive.

In my home State of New Jersey, we have received more than \$47.5 million for prevention and public health fund programs. This bill would walk back these and other important strides we have made in public health and prevention.

This bill is yet another Republican attempt to attack and undermine the Affordable Care Act. I urge my colleagues to vote "no."

Mr. Speaker, I ask unanimous consent to have the gentleman from Maryland (Mr. SARBANES) manage the remainder of the Committee on Energy and Commerce time on the Democratic side.

The SPEAKER pro tempore (Mr. JODY B. HICE of Georgia). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PITTS. Mr. Speaker, at this time, I am pleased to yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), a valued member of our Health Subcommittee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 1190, the Protecting Seniors' Access to Medicare Act.

The President's healthcare law included the creation of the Independent Payment Advisory Board, or IPAB. Despite its name, IPAB is the opposite of independent, Mr. Speaker. IPAB is a group of 15 unelected members, unaccountable to the American people. IPAB's job is to control Medicare spending. That sounds nice, but they only have one way to do that, by cutting reimbursement rates for doctors and hospitals.

Seniors rely on Medicare, as well as the doctors who will see them. If this unelected, unaccountable Board cuts reimbursement rates, doctors will stop seeing Medicare patients. That is bad for the 180,000 seniors in my district.

Support this bill, and let's abolish IPAB. I look forward to a bipartisan vote in support of H.R. 1190.

Mr. SARBANES. Mr. Speaker, I am opposed to this legislation, H.R. 1190, for reasons that I will detail in a moment.

At this time, I yield such time as he may consume to the gentleman from Maryland (Mr. HOYER), the minority whip.

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

Mr. HOYER. The gentleman indicated there were 235 people for this bill in this House. I just observed a few minutes ago there are 240 people for Export-Import Bank. We have brought this bill to the floor. I would hope the gentleman would urge his side, when 60 of his folks are for it, all of ours are for it, to bring the Export-Import Bank to the floor because it is about jobs.

Having said that—and I want to acknowledge that I am a good friend and

have great respect for the sponsor of this bill, Dr. ROE. He and I have worked together on anaphylactic shock and the dangers caused by the eating of peanuts. He is a good doctor. He is a good person.

We happen to disagree on this bill, however. This, essentially, will be the 60th vote, over the next 2 days, 4 days, on the repeal of the Affordable Care Act.

We obviously have a difference of opinion on the Affordable Care Act. I believe it is working. I believe that millions of people are covered by insurance. Because of the Affordable Care Act, millions of children are covered under their parents' policy, and millions of seniors are paying less for prescription drugs. Millions of people with a preexisting condition have the confidence that they can get insurance.

The bill we are debating today and voting on next week would repeal the Independent Payment Advisory Board, or IPAB, as it is referred to.

Now, I was disappointed at the reference of "bureaucrats." It is used as an epithet, unfortunately, not as a descriptive term.

The fact of the matter is these folks are appointed and they make recommendations. They make recommendations to the Congress of the United States, and the Congress of the United States can reject them; and/or the President of the United States, if the Congress passes legislation to set that aside, can consider it as well.

IPAB develops proposals to contain the rate of growth of Medicare spending. The Board hasn't been formed. There are no members appointed yet; yet Republicans are asking taxpayers to spend \$7-plus billion over the next 10 years to eliminate it. It is not that it has acted badly. It is not that they are irresponsible. There are no people appointed to this Board yet.

The Affordable Care Act has slowed the growth of healthcare costs to its lowest rate in 50 years. That helps every American, whether they are covered by the Affordable Care Act or private employer insurance or self-insured.

As a result, CBO predicts that action by the Board would not even be triggered until 2024, but the cuts to the prevention fund would act now. Republicans are paying for this bill by cutting funding for disease prevention and public health now. Even then, CBO reports that this bill still bends the healthcare cost curve in the wrong direction over the long run.

Today, as has been observed, we passed another bill. That one was without offsets. That will create an additional \$24 billion deficit.

Mr. Speaker, the House has a choice. It can continue the same old partisan attacks against affordable health care and add billions to the deficit, undermine prevention and public health, bringing deficit-financed tax cuts passed by this Republican-led Congress up to \$610.7 billion since January.

Somebody is going to pay that bill because we are not. My generation is not being asked to pay for it, \$610.7 billion.

It could reject, of course, the politics as usual and, instead, work together in a bipartisan way to focus on creating jobs, lowering the deficit, and investing in a competitive economy.

You heard the sponsor of this bill saying, I cannot support it, the gentlewoman from California, because the proponents of this bill would rather attack the Affordable Care Act than they would to pass this bill.

Now, they want to pass this bill, but their priority is undermining the Affordable Care Act, which is why they didn't work with Congresswoman SÁNCHEZ and others who agree with them on the policy. I have to disagree with them on the policy; but they have even put people who agree with them in a place where they cannot support the undermining of the Affordable Care Act and preventive health in America.

Let's choose to work together to do what American people are asking us to do, not undermine the critical healthcare reforms that are containing costs, increasing access, and improving quality.

That is why I opposed the medical device tax bill, and that is why I am urging my colleagues to defeat this one as well.

Mr. PITTS. Mr. Speaker, I would say to the distinguished minority whip, I do support Ex-Im Bank and urge my leaders to act on it. We are together on support of that.

Let me just mention a few things to correct the record. Number one, we had Secretary Burwell before the committee earlier this year and Dr. LARRY BUCHSON, on our Health Subcommittee, asked her specifically, when the IPAB cuts would begin to take effect. She said in 2019. In fact, the President's own budget request would begin the cuts of IPAB in 2019.

Now, you don't have to have the members of the IPAB appointed in order to have the cuts. The law, IPAB, designates the Secretary of HHS with the authority to make those cuts. To overcome those cuts, you really have to have two-thirds votes in the House and the Senate, with commensurate cuts from somewhere else in Medicare to replace those cuts that you are overcoming.

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So this is a Board that has tremendous power that will deal with provider payments and cuts.

We just dealt with the SGR, the sustainable growth rate, in a bipartisan manner. We acted to repeal the sustainable growth rate that required cuts to provider payments for seniors, and it was supported overwhelmingly.

But if you liked the SGR, you will love IPAB. This is the SGR on steroids. It will be very difficult to overcome these 15 unelected bureaucrats, experts, whatever you want to call

them—it can't be a majority of docs, by the way—or the Secretary, whoever makes the recommendations.

We use the prevention fund as a pay-for, taking funds from the prevention fund until 2025 to reach the \$7.1 billion. But this prevention fund gets \$2 billion every year, beginning this year and every year ad infinitum. So \$2 billion in 2015, 2016, '17, '18, '19, '20, '21, '30, '31, '40, '41. Every year, the Secretary gets \$2 billion to use at her sole discretion. She doesn't have to use it for public health purposes. She has sole discretion on how this money is used.

Would you like to know some of the things she has used the money for so far?

Well, \$450 million was used for the Navigator program and implementing the Affordable Care Act; \$400,000 has been used for pickle-ball; \$235,000 for massage therapy, kick boxing, and Zumba classes, whatever that is; \$7.5 million on promoting free pet neutering; \$3 million for the New York Department of Health to lobby for the passage of a soda tax; money for gardening projects, fast food, small businesses, bike clubs.

Rather than spend money on questionable projects, lobbying campaigns for higher taxes, and for Affordable Care Act media campaigns, H.R. 1190 would rather use these funds to protect Medicare seniors and their health care because the money for the operation of IPAB, for these salaries, for their travel, for all their expenses comes directly out of the trust fund moneys for seniors, used for seniors and those with disabilities. That is wrong.

We are constraining. We are not repealing the prevention fund to pay for this, but we need to constrain the use of that fund. And good public health policy ought to come before the Congress, not be at the sole discretion of this one Secretary or czar or however you might want to term it.

So, Mr. Speaker, I am pleased to speak in favor of this legislation, H.R. 1190, and I urge the Members to support it.

I reserve the balance of my time.

Mr. SARBANES. Mr. Speaker, I yield myself such time as I may consume, and I oppose H.R. 1190.

If the Republican appetite for the repeal of the Independent Payment Advisory Board was based solely on its merits, I might be a little bit more charitable about their bringing this bill to the floor because, as you have seen from the speakers on our side, there is a legitimate debate on the merits. I have some concerns myself about the IPAB. But, unfortunately, I think that where this is coming from is this impulse, this kind of ceaseless impulse to undermine and dismantle the Affordable Care Act, and the evidence of that is in the pay-for.

Why would you want to go undermine the public health portion, really, a significant commitment that was made through the ACA to begin to turn our healthcare system towards prevention, towards public health? Frankly,

we need as many resources as we can muster to put behind that. And the pay-for for this repeal would take \$8.85 billion that has been set aside for the prevention and public health fund away from that fund and undermine all of the various activities that are being funded by it.

I don't know why it is that our colleagues on the other side cannot restrain themselves when it comes to this shiny object of repealing the ACA when we now have plenty of evidence at our fingertips as to the positive impact that the Affordable Care Act is having: 3 million young people who now can stay on the health insurance coverage of their parents, who were not covered before; millions more that are benefiting from the health exchanges across the country; seniors who now have less anxiety about falling into the so-called doughnut hole under the part D prescription drug benefit program because, under the ACA, we are beginning to close that doughnut hole; insurance companies now being barred from discriminating against people based on a preexisting condition; preventive care screening for our seniors under the Medicare program; tests and other screenings that they used to have to come out of pocket for, now that is completely covered as a result of the Affordable Care Act.

You ask the average person out there about any of those things I just mentioned, and they say: Why would we want to give these up?

These are important to our health, important to the strength of our families and our community. Yet our colleagues just don't seem to be able to help themselves when it comes to wanting to attack the Affordable Care Act.

Furthermore, if you view this IPAB as an important mechanism in terms of controlling costs, as has already been said, the trigger mechanism would not kick in for a number of years here anyway. In other words, the costs are being controlled currently. So that basis for sort of the urgency of it now in terms of bringing these other pay-fors into the mix doesn't make a whole lot of sense.

Let's acknowledge that one of the reasons that that trigger isn't going to come any time soon is because, again, the Affordable Care Act is working when it comes to controlling costs. So that is the other side of the discussion. The Affordable Care Act is working in terms of providing more coverage and improving treatment and management of chronic care on the one hand, and the evidence is that it is also reducing cost on the other hand. So it makes sense to try to preserve that, and I think the public health fund and prevention fund is a critical piece.

I urge my colleagues to oppose this legislation for the reasons enumerated. I reserve the balance of my time.

Mr. PITTS. I reserve the balance of my time.

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

I just want to read into the RECORD, so that we have this information, a couple of observations from some of the groups out there that are most engaged in prevention and public health across the country and the perspective that they bring in terms of this offset, of undermining and depleting the prevention and public health fund.

The American Lung Association said, using money from the prevention fund as a pay-for would have a devastating effect on our Nation's public health.

The American Heart Association: Cardiovascular disease is a leading cause of death in the United States and is our most costly disease. The fund supports evidence-based initiatives like WISEWOMAN, a preventive health services program that provides lifestyle programs and health counseling that help low-income, uninsured, and underinsured women ages 40 to 54 prevent, delay, or control heart disease and stroke.

The American Cancer Society Cancer Action Network observes that the national breast and cervical cancer early detection program is funded in 31 States through the fund.

And there are others that have observed—the March of Dimes, the Campaign for Tobacco-Free Kids—that it doesn't make any sense to go raid the prevention and public health fund to support this repeal of the IPAB.

For those reasons and the others that have been presented here today, I urge my colleagues to oppose H.R. 1190.

I yield back the balance of my time. Mr. PITTS. Mr. Speaker, I yield myself the balance of my time.

While the programs enumerated by the gentleman from Maryland are laudable, there is nothing in the prevention and public health fund that guarantees that these will be funded or that they are priorities. It is at the sole discretion of the Secretary as to what she would allocate the funds for. And rightly, these kinds of funds should come before Congress, and Congress should approve these kinds of public health funds.

I might mention that CBO estimates that H.R. 1190, the Protecting Seniors' Access to Medicare Act of 2015, as amended, would have no budgetary effect on fiscal years 2015–16. It would reduce direct spending by \$1.8 billion over the 2016–2020 period, and reduce the direct spending by \$45 million over the 2016–25 period.

With that, Mr. Speaker, I urge Members to support H.R. 1190, the Protecting Seniors' Access to Medicare Act, and repealing IPAB.

I yield back the balance of my time.

Mr. PASCARELL. Mr. Speaker, I reluctantly rise in opposition to the Protecting Seniors' Access to Medicare Act. It was critical that the Affordable Care Act (ACA) included the cutting edge delivery and payment reforms that it did. But, I have never believed that the Independent Payment Advisory Board (IPAB) will be effectively able to fulfill its stated mission of cost containment. I have concerns with how IPAB will operate and that it gives up important Congressional authority over payment.

For these reasons, I am a proud cosponsor of this bill, but once again, the House Republican majority has decided to kill the bipartisanship of this bill with a controversial pay-for. My Republican colleagues continue to prove that they would rather have an anti-ACA talking point rather than a real solution.

Since the Affordable Care Act became law, my home state of New Jersey has received more than \$20 million for evidence-based programs to prevent heart attacks, strokes, cancer, obesity, and smoking from the ACA's Prevention and Public Health Fund. This bill, as it is being considered today, would completely gut this fund by cutting \$8.8 billion—nearly \$2 billion more than is needed to pay for repealing IPAB.

Mr. Speaker, I urge my Republican colleagues to work with Democrats to find an agreeable way to pay for this bill, and I urge opposition to this bill in its current form.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in opposition to H.R. 1190, the Protecting Seniors' Access to Medicare Act.

While I support repealing the Independent Payment Advisory Board (IPAB), I oppose offsetting the cost of repeal with funds from the Prevention and Public Health Fund.

The Prevention and Public Health Fund is the nation's single largest investment in prevention programs. Established under the Affordable Care Act, the Fund represents an unprecedented investment in preventing disease, promoting wellness, and protecting our communities against public health emergencies.

Since its creation, the Fund has invested in a broad range of evidence-based initiatives. These include community prevention programs, research, surveillance and tracking efforts, increased access to immunizations, and tobacco prevention programs.

Much of this work is done through partnerships with state and local governments, which leverage Prevention Fund dollars to best meet the local need. These monies have been used for important work, such as controlling the obesity epidemic, detecting and responding to outbreaks, and reducing health disparities.

Congress has a distinct responsibility to formulate and fund programs and initiatives that promote public health and wellness. The Prevention and Public Health Fund is one means by which Congress fulfills this obligation.

While I opposed the creation of the IPAB and support its repeal, gutting the Fund would be a significant step backwards on the path towards improving our nation's health. Rescinding \$8.85 billion to offset the costs of H.R. 1190 will have a devastating effect on our nation's health. It is not an acceptable trade off.

We spend billions of dollars on treating disease once people become sick. This investment in prevention is a key component of efforts to improve health and bend the health care cost curve. Using this money to pay for other priorities will only damage the long-term health of our nation.

I urge my colleagues to protect the federal government's only dedicated investment in prevention and vote against H.R. 1190.

Ms. JACKSON LEE. Mr. Speaker, I rise in opposition to H.R. 1190, the Protecting Seniors' Access to Medicare Act of 2015, which repeals the Independent Payment Advisory Board (IPAB), that was established under the ACA in response to high rates of growth in Medicare expenditures and charged with developing proposals to "reduce the per capita rate of growth in Medicare spending."

I oppose this bill strongly because by repealing IPAB before it has a chance to work, the bill would eliminate an important safeguard that will help reduce the rate of Medicare cost growth responsibly while protecting Medicare beneficiaries.

Mr. Speaker, H.R. 1190 is nothing but another attempt, in a long line of House Republican efforts to undermine both the Medicare guarantee and the Affordable Care Act.

Repealing IPAB cost over \$7 billion during the course of a ten year period according to the Congressional Budget Office (CBO).

Republicans have chosen to pay for the cost of this repeal with cuts to the ACA's Prevention and Public Health Fund.

This fund has invested nearly \$5.25 billion into programs that support a number of public health initiatives, including obesity prevention and childhood immunization.

It has been used to increase awareness of and access to preventive health services and reduce tobacco use—concentrating on the causes of chronic disease to help more Americans stay healthy.

Eliminating these funds in the name of damaging the sustainability of Medicare is a two-pronged attack on our nation's public health.

After more than five years under the Affordable Care Act, 16.4 million Americans have gained health coverage; up to 129 million people who could have otherwise been denied or faced discrimination now have access to coverage.

Mr. Speaker, given the real challenges facing our nation, it is irresponsible for the Republican majority to continue bringing to the floor bills that have no chance of becoming law and would harm millions of Americans if they were to be enacted.

House Republicans have tried 58 times to undermine the Affordable Care Act, which has enabled more than 16 million previously uninsured Americans to know the peace of mind that comes from having access to affordable, accessible, high quality health care.

Their record to date is 0–58; it will soon be 0–59 because the President has announced that he will veto this bill if it makes it to his desk.

Mr. Speaker, I ask my colleagues to look at the facts before prematurely repealing sections of the ACA that have significant negative impacts on Americans currently insured.

The Independent Payment Advisory Board recommends to Congress policies that reduce the rate of Medicare growth and help Medicare provide better care at lower costs.

IPAB has been highlighted by the non-partisan CBO, economists, and health policy experts as contributing to Medicare's long-term sustainability.

The Board is already prohibited from recommending changes to Medicare that ration health care, restrict benefits, modify eligibility, increase cost sharing, or raise premiums or revenues.

Under current law, the Congress retains the authority to modify, reject, or enhance IPAB recommendations to strengthen Medicare, and IPAB recommendations would take effect only if the Congress does not act to slow Medicare cost growth.

Despite the Supreme Court's upholding of the law's constitutionality, the reelection of President Obama, and Speaker JOHN BOEHNER's declaration that: "Obamacare is the law of the land," Republicans refuse to stop wast-

ing time and taxpayer money in their effort to take away the patient protections and benefits of the Affordable Care Act.

Mr. Speaker, I ask that we stop wasting our time in taking away healthcare protections and benefits and work to ensure that we support the current law.

A law that is providing access to an industry once denied to so many Americans and now supports millions.

I urge my colleagues to join me in voting against H.R. 1190.

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

Pursuant to House Resolution 319, the previous question is ordered on the bill, as amended.

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.

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

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

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

The yeas and nays were ordered.

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

REPEAL THE MEDICAL DEVICE TAX

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

Mr. POLIQUIN. Mr. Speaker, Maine is home to the most skilled woodworkers on Earth, but ObamaCare's medical device tax is killing our jobs.

Hardwood Products and Puritan companies in Guilford have been family-run businesses for nearly 100 years. 450 hard-working Mainers produce 3.5 million popsicle sticks per day. The company also manufactures more tongue depressors and medical swabs than any other business in the Western Hemisphere. Its only competitor is located in China.

Puritan Company pays nearly \$250,000 per year in medical device tax. As a result, they can't afford to buy new equipment to manufacture new medical products or hire more workers.

It is not right for this ObamaCare tax to export our manufacturing jobs to China. It is not right for this punitive tax to smother innovation that helps Americans enjoy longer and healthier lives.

Today, let's all band together, Republicans and Democrats here in the House, to deep-six this horrible tax.

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COMMEMORATING THE 150TH ANNIVERSARY OF JUNETEENTH

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

Mr. VEASEY. Mr. Speaker, I rise today to commemorate the 150th anniversary of Juneteenth, the oldest celebration honoring the end of slavery in Texas and in the U.S.

In Texas, the observance of June 19 as Emancipation Day for Blacks has spread across the United States and beyond as a symbol of freedom and opportunity that reflects how far we have come as a nation.

Mr. Speaker, as Texas commemorates Juneteenth, I want to take just a little time here to acknowledge a few of the public celebrations that will take place in the congressional district that I represent.

In Grand Prairie, in the very proud Dalworth community at Tyre Park, they are going to celebrate the holiday with a fish fry and live music on Juneteenth. Also, in the city of Fort Worth, there will be a Juneteenth parade and celebration, and there will be a gathering at the Fort Worth Water Gardens in downtown Fort Worth.

I also want to acknowledge my good friend, Opal Lee, who has worked very hard to bring so much recognition of Juneteenth around the city of Fort Worth, the State, and the Nation as well.

As we mark 150 years celebrating Juneteenth, let us commemorate a new era of achievements in the Black community giving us all a chance to reflect on our roots and an opportunity to educate the next generation about such a historic day.

PROTECTING SENIORS' ACCESS TO MEDICARE ACT

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

Mr. LAMALFA. Mr. Speaker, I rise today in support of H.R. 1190, the Protecting Seniors' Access to Medicare Act, which repeals ObamaCare's arbitrary Independent Payment Advisory Board, known as IPAB.

One of the most concerning and equally troubling aspects of ObamaCare is its unprecedented shift of power to Washington bureaucrats. The Independent Payment Advisory Board is no exception to that. Entrusting 15 unelected bureaucrats with across-the-board power to reduce Medicare spending and decide which treatments are determined necessary only serves to jeopardize access to quality care for our seniors.

We know by now that one-size-fits-all solutions coming from D.C. will not fix our healthcare system. Instead, we should focus on advancing well thought-out, long-term solutions to make Medicare more sustainable so we can protect access to care now and for future generations.

This bill brings us one step closer to getting Washington out of the way and putting Americans back in charge of their healthcare decisions.