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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. JENKINS of West Virginia).

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
March 21, 2017.

I hereby appoint the Honorable EVAN H. JENKINS to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 11:50 a.m.

RELEASE SANDY PHAN-GILLIS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, China is illegally imprisoning an American citizen, Mrs. Sandy Phan-Gillis. March 19 marked the 2-year anniversary since Sandy illegally was incarcerated by the Chinese Government.

Sandy is from Houston, Texas. She has lived there for almost 40 years. She worked tirelessly to improve U.S. relations with China. She believed that closer engagement would improve the lives of both Americans and the Chinese.

As a member of the Houston Mayor's International Trade and Development Council, Sandy traveled to China in March 2015 with Houston Mayor Pro Tem Ed Gonzalez. Their purpose was to help a trade mission to promote business between Houston, Texas, and China.

It was on this trip when Sandy was unlawfully arrested by China's State Security. The Chinese accused her of being a spy for the FBI. She was thrown into solitary confinement and subjected to torture and relentless questioning.

Mr. Speaker, there are worldwide horror stories about Chinese prisons. Sandy was hospitalized twice because of the treatment by China's spy agency while she was incarcerated in China.

Sandy suffers from several serious medical conditions. The Chinese threatened to take away her access to medicine, basically threatening to kill her, unless she confessed to being a spy. She even suffered a fear-induced heart attack because of their brutality while she was in custody.

Sandy's false imprisonment is a travesty and a farce.

Here is a photograph of Sandy before she was imprisoned in China.

Her lawyers and her family have never received a copy of the warrants for her detention or her arrest. It took the Chinese over a year while she was in jail before they even charged her with a crime. She was not allowed to speak to a lawyer for over a year.

According to the Chinese Government, Sandy was spying for the FBI back in the nineties—that was over 25 years ago—but the Chinese Government has not been able to provide a scintilla of evidence to back up their outlandish false claims.

The FBI has stated Sandy never, ever has worked for them, and her passport shows that she never traveled to China in the timeframe the Communist State Security accuses her of going on spy missions in China. In fact, there is documentation proving Sandy was working in Houston, Texas, at the time.

Mr. Speaker, I am a former judge, and I have looked at the evidence in this case. There is no evidence, and she should be released. The Chinese allegations are a total illusion on the part of the Communist government.

Sandy has been denied the basic rights she is entitled to, even under Chinese law and international law. The United Nations has reviewed Sandy's case and determined that she had been arbitrarily arrested and that her rights have been violated. After 2 years in jail, she has not had the chance to have an appearance before a judge.

Sandy spent her entire life trying to improve China's trade relations with the United States, and for her efforts, she was put in jail by the Communist Chinese.

If Sandy isn't safe in China, then no American is. On any given trip, an American citizen like Sandy can be snatched by the Communists and put in jail just on a whim.

Supposedly, the State Department has raised Sandy's case with their Chinese counterparts over 20 times, but more pressure needs to be applied. We know that China is a gross human rights violator. They persecute minorities in their country.

China cannot be allowed to illegally detain and torture an American citizen and face no consequences for their unlawful acts. Hopefully, Secretary Tillerson will make freeing Sandy a top priority for this administration.

The last time Sandy's husband, Jeff, whom I have met with, was able to speak with her was way back in September of 2015. Sandy has already missed out on 2 years of her life with her loving husband and her daughter.

It is time to let Sandy go. She is not guilty of any crime. The only crime being committed is by the Chinese Government for their false imprisonment of an American citizen.

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And that is just the way it is.

REPUBLICANS PUSH THROUGH THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. HOYER) for 5 minutes.

Mr. HOYER. Mr. Speaker, this week we will consider the most important bill that this House will consider in this Congress.

Every day we are hearing from more and more Republican Members of this House and of the Senate who oppose—who oppose—who oppose—the dangerous healthcare bill on the floor this week.

Just yesterday, conservative Republican Representative JUSTIN AMASH tweeted the following—a very conservative Republican from the mid-part of our country said this: ''While I've been in Congress, I can't recall a more universally detested piece of legislation than this GOP healthcare bill.'' Or health no care bill.

This is just the most recent in a long list of statements by Republicans on the demerits—demerits—of the bill to repeal the Affordable Care Act.

It is interesting that they have named it the American Health Care Act. The only thing they struck from our title was ''affordable.'' It should tell you something about the bill. They replace it with a system that requires Americans to pay more and get less.

This bill has been rushed through the committees without a single public hearing—not one, no testimony or expert view. And when the committees marked it up, it did not have what we call a CBO score.

That is simply Washington-speak for the agency that is nonpartisan, bipartisan, with the Director appointed by the Republicans to give us the advice of the consequences of the enactment of such legislation.

They came back and told us that there would be 24 million less Americans insured by 2026. That would total 58 million uninsured Americans as a result of this bill just 9 years from now.

Republicans are rushing it to the floor for two reasons. First, they know that if the American people see what this bill would do and what it would cost, it wouldn't pass.

As a matter of fact, we have some information on that already because, at town meeting after town meeting after town meeting that Republicans have held and Democrats have held on this bill, the overwhelming number of people that came to those town meetings said: This is a bad bill. It will hurt us. It will hurt our health care. It will hurt our families. It will hurt our children.

We are rushing this bill that was introduced just some 2½ weeks ago. It was introduced on a Monday night, late at night. It was marked up less than 36 hours later in both committees. And they were so intent on getting it marked up and speeding it along that they held a hearing for 26 hours straight. Excuse me. It was not a hearing. No witnesses. They just held a markup for 26 hours straight.

Now, I am sure, Mr. Speaker, that millions of Americans were awake at 4 a.m. in the morning to see what the committee was doing. Obviously, I am not sure of that at all. Perhaps that was the strategy.

Now that the CBO score which I just related to you has been released, we know the harm that this bill will bring. As I said, 24 million Americans kicked off their insurance, including 7 million Americans who are currently covered under plans provided by their employers, premiums for individual policyholders rising 24 to 29 percent.

This is not my view. This is the Congressional Budget Office, whose Director was appointed by this Republican Congress. His predecessor, Dr. Elmendorf, testified in a hearing that we held, because Republicans refused to hold a hearing on this bill, and he agreed with the Republican-appointed Director and Congressional Budget Office.

So you have a bipartisan agreement that this bill will harm Americans—and not just those 24 million Americans. It will harm all Americans because their premiums and copays and deductibles will go up. States will be forced to drop 14 million Americans from Medicaid—and I understand there is a manager's amendment that is going to make it worse—while cutting benefits and provider payments.

A less fiscally sustainable future for Medicare, they shorten the life of Medicare's fiscal sustainability by 3 years, from 2028 down to 2025.

The list goes on, Mr. Speaker, of the reasons why this bill would be a disaster for families in our country.

The second reason they pushed the bill through so quickly is because they wanted to bring it to the floor this week—not next week, not the week after, not after thorough consideration, not after hearings, not after listening to the American people, but this week.

Why this week? Because this week marks the seventh anniversary of the enactment of the law they are seeking to repeal, in other words, optics, spin, propaganda, message. That is what their timeline and their bill are all about: messaging—not results, not reform, political messaging.

This is the fulfillment of a campaign pledge based on a premise that is no longer sustainable. Seven years after the law's enactment the facts are clear. It has expanded coverage, improved benefits, banned discrimination against women and people with preexisting conditions and disabilities, and prohibited annual and lifetime limits on coverage.

Now, they keep some of those things in their bill because they were so popular they thought they couldn't get rid of them. But they have voted 65 times to repeal all those benefits.

Is the Affordable Care Act perfect? Of course not. In the areas where it has fallen short, let's fix it—together.

But this bill—this bill repealing the law and making Americans pay more for less—will throw our healthcare system into turmoil and put millions of families and small businesses at risk. That is why doctors oppose it. That is why hospitals oppose it. That is why senior organizations like AARP oppose it. There are literally 1,000 organizations, plus, that have opposed this legislation.

We are now hearing reports, Mr. Speaker, that Republican leaders are making secret backroom deals with individual Members in order to win their support, the kind of desperate maneuvering that shows how unpopular this bill is.

Republicans, Mr. Speaker, must remember that, as the governing majority, they will be responsible for what happens to our healthcare system under their watch. And I do not just mean this bill. I mean the lack of certainty and the turmoil that they have been creating for the Affordable Care Act market since not only Trump was elected, but since they started attacking this bill some years ago.

Mr. Speaker, I urge my Republican friends, for the sake of their constituents, for the sake of the children of this country, for the sake of those who are at risk because of health challenges that confront them, I urge my Republican friends to abandon this dangerous bill and instead work with us to strengthen our healthcare system for all of our citizens.

□ 1015

CONGRATULATING ROTARY CLUB OF MIAMI

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I would like to congratulate the Rotary Club of Miami on its 100th anniversary, which will be celebrated through the Century of Service Gala this Saturday, March 25.

The Rotary Club of Miami is the fifth oldest rotary club in Florida, and has been working around-the-clock to make positive and long-lasting contributions to our beautiful south Florida community. Through community service projects and philanthropy, this organization has helped establish several institutions that aim to assist some of the most vulnerable members of our society, including the Miami Lighthouse for the Blind, the YMCA of Greater Miami, and Boys Town of Florida.

Since its inception, the Rotary Club of Miami has been headed by extraordinary individuals with a vision to make south Florida an even better place in which to live. Its first president was Dr. James Jackson, who was

instrumental in establishing Jackson Memorial Hospital, which is now the third largest public hospital and the third largest teaching hospital in our great country.

Another Miami staple of the Rotary Club of Miami is the Bascom Palmer Eye Institute, which was established by one of the club members, and is ranked the number one eye hospital in the United States.

The Rotary Club of Miami also helped found one of the largest burn centers in the south, the Bone and Tissue Bank at the University of Miami. And the Rotary Club of Miami has also supported education by providing scholarship opportunities for high school, college, and postgraduate students.

Mr. Speaker, I am honored to recognize the Rotary Club of Miami for its impressive legacy. I thank everyone who is involved in this club supporting this wonderful organization. And I wish the members of the Rotary Club of Miami much continued success in the decades to come.

TRIBUTE TO CONGRESSMAN ROBERT GARCIA

Ms. ROS-LEHTINEN. Mr. Speaker, I would like to pay tribute to a former Member of the House, Robert Garcia, or, as we used to call him, Bobby, who passed away nearly 2 months ago.

I had the opportunity to serve with Bobby for only a few months before his retirement, but during that short time, I was able to see firsthand his commitment to our great Nation.

Bobby was a patriot. After graduating from high school, Bobby joined the Army and went on to serve as part of the Third Infantry Division in the Korean war, where he earned two Bronze Stars.

As the first Hispanic woman elected to Congress, I have been invigorated by Bobby's unwavering passion to fight for better opportunities for our Hispanic community. He was a founding member of the Congressional Hispanic Caucus Institute and NALEO, the National Association of Latino Elected and Appointed Officials, to ensure that more Hispanics become involved in our political arena.

Bobby was also instrumental in guaranteeing that Hispanics were counted in the U.S. Census. One of Bobby's legacies, Mr. Speaker, was the creation of free enterprise zones designed to spur job creation and economic opportunities in inner city neighborhoods. Bobby also led the effort to establish the Martin Luther King national holiday.

The loss of Bobby's experience and knowledge is felt in New York, in Puerto Rico, and all across our country by everyone who benefited from his contributions. Bobby Garcia's memory will stand as a great example of a tenacious public servant and a remarkable life lived.

REPUBLICAN ATTACK ON MEDICAID

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, one of the most disturbing aspects of the Republican attack on the Affordable Care Act and the success we have had in extending care to Americans has been the specific attack on Medicaid. Fourteen million of the 24 million people who will lose coverage under the Republican bill are under the Medicaid program. Medicaid is critical to the provision of health care in the United States. Medicaid covers more people than Medicare.

Medicaid expansion has been transformational in the 31 States that took advantage of the provision in the Affordable Care Act to provide coverage to people who make up to 138 percent of poverty—roughly $16,600 for a single individual and almost $34,000 for a family of four.

Until then, Medicaid has provided extension of care to the elderly, to the poor, and to the disabled. It was helpful, but very restrictive. In some cases, people who earned a modest sum—$7,000, $10,000, $12,000—were ineligible, especially in those 19 States that refused to take advantage of the opportunity to expand the Medicaid coverage at Federal expense.

Mr. Speaker, this is America. So even though these poor, disabled people did not have access to Medicaid, many of them did ultimately secure health care. But they got it too late. They got it in the emergency room. They didn't get it in a clinic in a timely fashion. And, of course, the cost for that charity care in emergency rooms or in clinics was borne by the rest of us in increased costs for our insurance.

The Republican draconian provisions, even before they put into effect an absolutely unnecessary and unenforceable work requirement, will be devastating to millions. Bear in mind, these people now are receiving care in an appropriate clinic session. They will be getting it now when it is too late, and that burden shifted on to the rest of us.

There will be a tax credit that doesn't help people who don't have enough money to buy meaningful coverage in the private market. Under the Republican plan, coverage will become worse, deductibles and copays will become higher, and we risk destabilizing the insurance market for the rest of us.

Now, we have heard on the floor, in committee, and on the news shows our Republican friends and the President talking about the Affordable Care Act is in a death spiral and that the insurance industry is collapsing. Hardly.

There was a fascinating article in the weekend New York Times that looked at the insurance industry. Since March of 2010, with the passage of the Affordable Care Act, the overall stock market has more than doubled. It has increased 136 percent. But the managed care health organizations have increased their stock value almost 300 percent. The largest, UnitedHealth, 480 percent.

A signal of an industry in a death spiral?

Absolutely not. The companies are healthy and investors are bidding up their stock. The CBO report that our Republican friends did not want us to have before we voted on the bill in committee in the middle of the night testifies to this underlying stability of the insurance market and the Affordable Care Act.

Medicaid under the Republican plan will be shifted back increasingly to the States, which have repeatedly proven that they are incapable of maintaining high eligibility funding to help the poor and the near poor. And when budget crunches hit, it is the poor who suffer most with restrictions in their coverage.

We have also heard that the Republican plan will provide much-needed flexibility. That is nonsense. There is already ample flexibility under the Affordable Care Act. I represent Oregon. We were able to negotiate an agreement with the Federal Government under the 1115 waiver program that other States have that represented a unique partnership with the Federal Government to achieve better care, better results, and restrain Medicare costs. We have got the flexibility. There is no need to destroy the program.

OBAMACARE IS FAILING HOOSIERS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Indiana (Mr. MESSER) for 5 minutes.

Mr. MESSER. Mr. Speaker, I appreciate the opportunity to come here to the floor and talk about what is really happening under the Affordable Care Act, better known by the American people as ObamaCare.

I just left a meeting with the President of the United States where he lobbied my colleagues to make clear to the American people what a disaster this law has been and why the law needs to be repealed and replaced with something far better.

Mr. Speaker, there is no doubt that ObamaCare is failing Hoosiers. Healthcare costs continue to rise, and people have less coverage and less choice today than ever before. No doubt, some have benefited from the law, but millions more Hoosiers have been hurt by the law and are worse off today than they were before this law was passed.

I have heard from countless Hoosiers in the Sixth District of Indiana, who are hurting under ObamaCare and who have sent me here to repeal this disastrous law.

There is one message from a constituent from Greenfield who said: ''I am a perfectly healthy human being, and I used to pay $230 a month with a $500 deductible for my health care. Since ObamaCare, my premiums have risen to over $1,480 a month with a $10,000 deductible.''

Or a dad in Shelbyville, who lost the healthcare plan he liked when

ObamaCare took effect, and whose prescription costs for his daughter have now doubled and tripled under ObamaCare.

Or the owner of a small telecom company in southern rural Indiana, who tells me that he and his employees have faced higher health insurance rates every year since ObamaCare with out-of-pocket costs increasing as well, not to mention the endless paperwork and red tape. He says: ''ObamaCare has been an absolute disaster for small businesses and our employees.''

I heard from a cancer survivor from Vevay, whose plan went from $199 a month to over $800 a month, and who couldn't keep her plan or her doctor. She says: ''I am a cancer survivor, and the old policy has taken me through three surgeries and worked well for me. Now we're paying over $1,300 a month with a $5,000 deductible, and the policy paid nothing the entire year. Then, we received a notice that, in 2017, the premium would raise again.''

Or the family physician from Muncie, who told me his patients have ''more limited options, longer wait times for approval of vital procedures and medications, and—through the confusing nature of the health insurance marketplace—have ended up with plans they didn't understand and couldn't afford.''

Or the hardworking mom and wife in Shelbyville, whose husband lost hours at work because of ObamaCare's full-time employee mandates, and whose own health insurance increased in cost with less coverage. She says: ''We work hard for our benefits, and now the benefits are terrible. I am paying more for worse coverage, and we lost income. It was a double whammy.''

These Hoosiers and so many others are being crushed by ObamaCare and its burdensome taxes, mandates, and fees. We can do better for Hoosiers, and this week we will. We will start the process of repealing ObamaCare and replacing it with something better.

This week, Congress will vote on the American Health Care Act, the first phase of our plan to repeal and replace ObamaCare. This is a transformational change that will do away with ObamaCare's costly mandates, provide much-needed relief to Hoosiers, and create a healthcare system that actually lowers costs and increases choice. We are going to keep our promise, come together, and get this done.

□ 1030

ENDING FEDERAL MARIJUANA PROHIBITION ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Hawaii (Ms. GABBARD) for 5 minutes.

Ms. GABBARD. Mr. Speaker, I am rising today to urge my colleagues to support H.R. 1227, the Ending Federal Marijuana Prohibition Act, which I have introduced with my Republican colleague, a fellow Army veteran and former prosecutor from the State of Virginia, Congressman TOM GARRETT, where we are seeking to address our outdated and widely problematic marijuana laws by federally decriminalizing marijuana.

FBI reports have shown that, in 2011 alone, an individual in the United States was arrested for marijuana use, sale, or possession every 42 seconds—every 42 seconds—mostly in poor and minority communities. Our current laws are turning everyday Americans into criminals, sending them to jail, ruining their lives, tearing apart families, and wasting huge amounts of taxpayer dollars to arrest, prosecute, and incarcerate people for marijuana use, a drug that has been proven time and time again to be far less dangerous than alcohol both for individual consumers as well as for the people around them.

Dr. Donald Abrams, who is chief of oncology at San Francisco General Hospital, has talked about how, in the 37 years that he has worked and served as a physician, the number of patients that he has admitted to his hospital with marijuana complications is zero. The number of patients that he has admitted due to alcohol use is ''profound.''

So, rather than actually helping people, our current laws are turning them into criminals, forever impacting their future and the future of their families. Over the years, we have spent hundreds of billions of dollars locking people up for nonviolent marijuana offenses, creating strain within our criminal justice system, and clogging court calendars, resulting in further overcrowding of our prisons.

Now, just a few weeks ago, I had the chance to go and visit a number of our prisons and jails in Hawaii, where I saw firsthand the crumbling infrastructure, the extreme overcrowding and facilities in dire need of upgrades, as well as the shortage of services that are actually needed to help rehabilitate people and reduce our recidivism rates.

So whether you personally think that marijuana use is good or bad, whether you would choose to use marijuana or not, the question is: Should we really be sending people to jail and turning them into criminals for it? The answer is no. The fiscal impacts and the social impacts of our current policy are having devastating ripple effects on individuals and our communities and are only continuing to perpetuate the problem.

For example, the contradiction that we see currently between State and Federal laws on marijuana has created a serious problem for many of our local businesses. I have talked with local bankers in my home State of Hawaii who expressed great frustration, and even confusion, about the contradiction between our laws with the fact that even though our State of Hawaii has legalized and authorized marijuana dispensaries to grow, process, and dispense medical marijuana, Federal law prohibits banks and credit unions from offering any type of financial services to both businesses and individuals whose financial transactions have anything to do with marijuana.

So what this means in practical terms is that our State-recognized and licensed medical marijuana dispensary owners as well as their employees can't open a bank account. They can't get a loan from our local bank. The businesses, literally, have to hold thousands, or even millions, of dollars from their transactions and have to conduct their transactions in cash. Businesses that provide services to these medical marijuana dispensaries are also unable to access financial services due to the gaps between Federal and State law.

So as we look at ways that we need to update our outdated drug policies and the need for us to reform a very broken criminal justice system, we need to take into account the growing body of evidence that suggests the medicinal benefits of marijuana, including, preventing epileptic seizures, reducing anxiety, and even halting the growth of cancer cells.

However, the FDA still currently classifies marijuana as a schedule I drug, basically saying that marijuana is just like heroin, LSD, and MDMA, ignoring the fact that at least 28 States, including my home State of Hawaii, have already accepted the medical use of marijuana under State law.

In addition to passing H.R. 1227, we need to require the FDA to remove marijuana from schedule I based on State-accepted medical use. These reforms that we are calling for in this bipartisan bill are common sense and they are long overdue, long overdue changes that will help to reduce the strain on our criminal justice system, create certainty and reduce contradictions and confusion between State and Federal law, and update those Federal laws to actually meet the needs and progress that States are making across the country.

REPEAL AND REPLACE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, any discussion of the American Health Care Act needs first to consider where we would be without it.

ObamaCare is collapsing. More people are paying the State tax penalty or claiming hardship exemptions than are choosing to buy ObamaCare policies. In a third of the counties across America, there is only one provider to choose, and we are now seeing counties where there are no providers at all.

ObamaCare premiums soared an average of 25 percent last year, and we are warned that this year will be worse. I have strongly advocated that the House address this crisis in a single, comprehensive bill that fully repeals ObamaCare and replaces it with a healthy, competitive market.

Instead, we have to rely on the reconciliation process in order to bypass Democratic obstructionism in the Senate, and this only allows us to repeal parts of ObamaCare and enact only parts of a replacement. Finishing the job will require administrative actions and followup legislation in the Senate, both somewhat speculative enterprises. So we need to ask if this bill alone is enough to produce a better healthcare system for the vast majority of people.

Its biggest defects are its failure to restore to consumers the failure to shop across State lines and to fully free consumers from having to purchase coverage they don't need and don't want. I am afraid in States that have insurance commissioners who refuse to approve innovative replacement plans, consumers will be stuck in a market still governed by ObamaCare mandates. This will require followup measures.

Critics cite the Congressional Budget Office estimate that 24 million Americans will lose their coverage, but this conclusion is largely based on the premise that unless people are forced to buy health insurance they won't. In fact, people won't buy health insurance that is not a good value for them; and, clearly, they believe ObamaCare isn't.

We envision a vigorous buyer's market where plans across the country compete to offer consumers better services at lower costs, tailored to their own needs and wants. This is the AHCA's biggest achievement: replacing coercion with choice for every American.

It ends the individual mandate that forces Americans to buy products they don't want. It ends the employer mandate that has trapped many low-income workers in part-time jobs.

It begins to restore consumers' freedom of choice, the best guarantee of quality and value in any market.

It allows Americans to meet more of their healthcare needs with pretax dollars.

It relieves the premium base of the enormous cost of preexisting conditions by moving them to a block-granted, assigned risk pool.

In making this transition, though, it is important to leave no one in the lurch, and that is where we need to heed the CBO's warning. The fact that many low-income families could no longer afford basic health care is what produced ObamaCare in the first place.

Now, when fully implemented, our reforms will correct the government mandates that trapped people in restricted markets that forced health care out of reach. But until then, the CBO warns that a 64-year-old, for example, earning $26,500 will see her out-of-pocket health costs balloon from $1,700 to $14,600 per year. This is neither morally defensible nor politically sustainable.

The Budget Committee adopted my motion, on a bipartisan vote, to ask the House to correct this inequity by adjusting the tax credits to assure that health plans are within the financial reach of every family. I want to thank the leadership for responding to this motion by creating architecture in the bill to shift an additional $75 billion for this purpose.

As our pro-growth economic reforms cause incomes to rise and our healthcare reforms bring healthcare costs down, families will be earning more and will be paying less of what they earn for their health care, and reliance on these tax credits will recede.

But we need a bridge from the present to the future, and we simply can't get there without addressing the bill's initial impact on older, low-income Americans.

It is also important that we assure stability in the Medicaid system as we transition to flexible, State-run programs that correct the inequities of ObamaCare that have pushed the elderly, blind, and disabled to the back of the Medicaid line. This bill does so.

I wish it did everything necessary to restore an optimal health insurance market, but it moves us toward that goal. And even as a stand-alone measure, I am confident that it will ultimately create a market in most States that will produce better services, greater choices, and lower costs for the vast majority of Americans.

THE AFFORDABLE CARE ACT HAS IMPROVED AMERICAN LIVES

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. JEFFRIES) for 5 minutes.

Mr. JEFFRIES. Mr. Speaker, this is a monumental week here on Capitol Hill as we will decide the fate of health care in America.

Despite the evidence that the Affordable Care Act has made a positive difference in the lives of everyday Americans, Republicans are set to destroy it. But the Affordable Care Act has improved the quality of life for tens of millions of people all across this country.

As a result of the Affordable Care Act, people born with preexisting conditions can no longer be denied health insurance.

As a result of the Affordable Care Act, young people can remain on their parents' health insurance all the way through to the age of 26.

As a result of the Affordable Care Act, women can no longer be discriminated against with respect to the issuance of insurance simply based on their gender.

As a result of the Affordable Care Act, seniors are paying less for lifesaving prescription drug medication.

As a result of the Affordable Care Act, more than 1 million people throughout this country—including in rural America—are able to receive substance abuse treatment because of them being caught up in the opioid addiction epidemic.

The Affordable Care Act has made a positive difference in the lives of everyday Americans, yet this President says it has been a disaster. This is the same President who, for 5 years, perpetrated the racist lie that Barack Obama was not born in the United States of America, who said that he received more votes than Hillary Clinton, who claimed that there were more people at the inauguration than in 2009. This is an individual who still maintains that his predecessor, Barack Obama, committed a felony and ordered a wiretap, despite testimony from the FBI Director to the contrary.

Let's be clear. What will be an unmitigated disaster is TrumpCare, which House Republicans are working to jam down the throats of the American people.

TrumpCare, the Republican healthcare plan, will result in 24 million Americans losing their health care.

TrumpCare, the Republican plan, will gut Medicaid, stripping it of $880 billion, taking dead aim at seniors, the poor, and the afflicted.

TrumpCare will impose an age tax on people between the ages of 50 and 64, causing some in that category who are currently paying approximately $1,700 per year to pay close to $14,000 in age tax—on people between 50 and 64.

□ 1045

That is TrumpCare, the Republican plan, an unmitigated disaster taking dead aim at the American people. It will result in tens of thousands of Americans dying. It is a death sentence. Seniors will die. The poor will die. The chronically ill will die. Rural Americans will die. People between the age of 50 and 64 will die. And the executioner will be the authors and those who support the Republican healthcare plan.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

MNIKESA'S ACA TESTIMONY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Connecticut (Ms. DELAURO) for 5 minutes.

Ms. DELAURO. Mr. Speaker, I rise today to share the testimony of one of my constituents. Her name is Mnikesa Whitaker-Haaheim. She is a fifth-generation, college-educated woman, founder of Ballet Haven, a rigorous dance training program. She is an English teacher who has won the Teacher of the Year award twice. And I regret to tell you that she is also living with and dying from a debilitating disease, and these are her words:

''The debate about healthcare has turned into something of a spectacle—as if it exists apart from the flesh and bones that are experiencing the consequences of the decisions being made. I think it is exceedingly important to talk about the felt experience of illness.

''The feeling like an elephant's sitting on my chest—daily—because I

have pulmonary fibrosis. No, I have never smoked. Not cigarettes. Not anything. Ever. I am simply sick. The feeling of my leg bones splintering, waking me up with the pain, several times a night, several times a week. Each leg is splayed beneath me as if I'd fallen from a window. Of course that's not what happened. This is just what joints and muscles feel like as part of my rare disease.

''The feeling of having a widespread flu-like, bone-crushing ache that does not end. I don't have the flu. I have a rare, autoimmune disease. This is what my entire body feels like 90 percent of the time. The feeling of choking without warning, regularly on coffee. On water. On my own spit. This is what my disease feels like.

''The feelings I'm talking about are what it is like to not be able to take a deep breath, ever, because over 70 percent of my lungs have turned to hardened, stony, scar tissue. The feeling of not even remembering what it is like to take a deep breath.

''Because my particular disease is one that is categorized as autoimmune, it would be several months before we got the correct diagnosis; autoimmunity is notoriously difficult to diagnose.

''And unless you are a specialized medical professional or happen to know someone who is afflicted by rheumatoid disorders, you have likely never heard of what I have: anti-synthetase syndrome—scleroderma. It is rare, progressive, and aggressive. Often it is fatal, especially with the amount of lung damage that I have incurred.

''When after 2 years of chemotherapy, the progression of my pulmonary fibrosis and overall disease process was not successfully remaining stable, I had to go on supplemental oxygen. Within 6 months, I was getting so sick that I eventually had to medically retire at 36 years old; it was a heartbreaking decision.

''I loved my job, and I was good at it. Without the protections afforded to me through the Affordable Care Act, my oxygen, the cost of seeing my numerous specialists, paying for 14 medications, admissions to the hospital, and life-threatening emergency trips to the ER would be nothing short of financially catastrophic for my family.

''A rare disease like mine baffles many doctors. It has not been uncommon for my caretakers to have to spend hours on the phone with insurance companies fighting for a drug that is literally thousands of dollars but necessary for my treatment.

''When you have a rare illness, you often have to try new things. Insurance companies will unabashedly see you as a risk. Why? You are expensive, rare and dying. That is an unholy trinity.

''But since the Affordable Care Act, my medications have been affordable. Access to care is not accessible if you cannot afford it, and what the ACA has done is create a safeguard so that the care that my doctors have prescribed for one of their sickest patients is truly accessible to that patient because I can afford it.

''I come from a family who has, for generations, always worked and always paid into 'the system.' There are next to no services available for a relatively young woman like me at social services. I know. I've checked. I am not old enough for a full teacher's pension, but do receive a small disability allowance. I receive a small Social Security check, but I am well below the poverty level.

''I need you to understand that people like me are not asking for anything for free. I am willing to continue to pay for the quality health care that I have had. I am willing for there to be changes made to it.''

''I find it unconscionable, however, that decisions can be made regarding life and death without actual regard for the felt lives and actual deaths that you will be responsible for if you repeal the ACA.

''I do not know the course that my disease will take. But I have the blood of some powerful ancestors flowing in me, and their fight for life continues in me as well. I am honored to do so in their memory and on behalf of the millions of Americans who do not have the words or the ability to speak for themselves yet are terrified of losing their affordable, solid coverage under the ACA.''

Those were her words—and she is not alone in her fear of repeal. Mr. Speaker, I will enter into the RECORD testimony from other women in my district whose lives have been changed by the Affordable Care Act.

Mr. Speaker, we owe it to Mnikesa and everyone like her across the country to protect their health care and to reject this repeal bill.

MICHIGANDERS WILL LOSE COVERAGE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Michigan (Mrs. LAWRENCE) for 5 minutes.

Mrs. LAWRENCE. Mr. Speaker, I rise today in strong opposition to the American Health Care Act.

This week, the Republicans will call for a vote to push 24 million Americans off of their health care and transfer massive healthcare costs on working families across the country.

Today I will take a moment to talk about the impact that TrumpCare will have on my district, the 14th District of Michigan. Under this bill, 70,000 constituents of mine will lose coverage by 2026.

One of the pillars of the existing Affordable Care Act were allowing States like Michigan—who, for the record, has a Republican Governor who worked hard to make sure that we were able to have Medicare expansion so that we could use the Affordable Care Act in Michigan.

One of the pillars of the Affordable Care Act was to expand Medicaid coverage to millions of people. According to the statistics from Healthy Michigan, which is our process for affordable health care in Michigan, over 650,000 Michiganders enrolled and gained access to health coverage.

In Oakland and Wayne Counties, which I represent, there are over 140,000 individuals enrolled in Healthy Michigan, the Affordable Care Act. Under the Republican bill, these same Michiganders will lose the coverage that they depend on for their long-term care.

Approximately 200,000 seniors, disabled individuals, children, and women who receive care through traditional Medicaid will be severely impacted by the Republican health plan. That includes half of all the children in Michigan, including over 100,000 children in my district alone.

Republicans are using the repeal-and-replace legislation once again to target women's health by defunding Planned Parenthood. No matter how many times it has been substantiated, it is a fact, it has been stated, the Republicans do not seem to understand or refuse to accept the fact that Federal dollars do not pay for abortions.

Planned Parenthood provides a variety of preventative care, including contraception and cancer screening for millions of Americans and women in this country.

Instead of allowing Planned Parenthood to continue their important mission of providing women across the country with quality health care, Republicans have decided to jeopardize the health of millions of Americans because of a blatantly partisan witch hunt.

I would like to take a minute to share a letter one of my constituents wrote me about her experience with the Affordable Care Act:

''As a self-employed person, the first time in my life I've been able to have health care in Michigan has been through the Affordable Care Act, and I still only very, very rarely go to the doctor.

''But I'm happy to pay into the system every month because I believe that's what it means to be a good citizen: that a healthy community is a safer community, a happier community, and a more creative community.

''Health care is a very important issue to me. My brother has cystic fibrosis, and it is only through Medicaid expansion that he is still able to receive health care.

''The thought of the Medicaid expansion being phased out and my brother being somehow responsible for paying for tens of thousands of dollars per month for necessary medication destroys me.''

Mr. Speaker, my constituents deserve better. I urge my colleagues to oppose TrumpCare, the American Health Care Act.

I will stand here and say that the Affordable Care Act is not perfect, but if we really do the job that we are sent here to do as Members of Congress, we would sit down together and fix what is wrong with our existing healthcare

program so that every American will be able to continue to stay on their health care, still be able to allow their children to stay on their health care, and still be able to get health care without being penalized for a pre-existing condition.

Let us work together to make health care affordable for all Americans.

CRITICAL PUBLIC HEALTH ISSUES

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. BROWN) for 5 minutes.

Mr. BROWN of Maryland. Mr. Speaker, I rise today to oppose the Republican plan to repeal the Affordable Care Act and to address two critical public health issues that are important to the families of Maryland's Fourth Congressional District.

Nearly 26 million Americans are estimated to have chronic kidney disease. 700,000 people, including 3,000 in my district in Prince George's County, have irreversible kidney failure or end-stage renal disease often because of complications of diabetes and high blood pressure, where you cannot survive without a kidney transplant or dialysis treatment. And 70 percent of those patients are on dialysis treatment at least three times per week.

This is a serious issue for us to consider today because nearly 50 percent of all end-stage renal disease patients rely on Medicaid. If we pass the Republican plan to gut Medicaid, we are making life-and-death choices for these patients who are disproportionately seniors, minorities, and some of our most vulnerable neighbors.

I saw the potential impact of these brutal cuts on my constituents when I toured a DaVita Dialysis facility in my district. Nearly half of all people with end-stage renal disease in Prince George's County are being treated at a DaVita facility. There I got to speak to several patients receiving lifesaving treatment, and I heard how important it was for them to have access to dialysis.

Many of these patients simply would not get care if it wasn't for the Medicaid expansion, subsidies to afford quality health coverage, and the consumer protections under the Affordable Care Act that prevent health plans from denying coverage because of pre-existing conditions and prohibiting insurers from dropping people from plans when they become ill. These are real people who will suffer the consequences of our actions if we pass this pay-more-for-less bill.

As Republicans rush to pass this bill to repeal the Affordable Care Act and replace it with more expensive and worse care, we are also turning a blind eye to the impact on the opioid crisis that is ravaging many of our communities. In my district in Anne Arundel County, the number of people killed by heroin and opioid overdoses in 2016 was more than the prior 2 years combined.

□ 1100

Records show there have been more overdoses in the first 3 months of 2017 than all of 2016. And last week alone, over a 24-hour period, there were 16 overdoses and 3 fatalities in Anne Arundel County. The Republican bill offers no solutions for this drug crisis. In fact, it makes it worse by dramatically cutting Medicaid and ending the requirement that addiction services and treatment be covered by States.

Because of the Affordable Care Act, 1.3 million people are receiving treatment for substance abuse disorders or mental illnesses under Medicaid expansion. In Maryland, Medicaid pays for nearly 40 percent of all addiction treatment medication.

Without this expansion, the clear majority of those people would either fall into the treatment gap, unable to receive substance abuse treatment because of a lack of insurance or public funds, or be forced to wait months or years to get into publicly-funded treatment programs.

The so-called flexibility Congressional Republicans want to give States would only mean less funding for substance abuse. This is a step in the wrong direction, at a time when we are facing this urgent public health crisis.

Reducing access to addiction treatment would lead to more drug overdose deaths and more trips to our emergency rooms. We know that untreated addiction leads to more crime and more homelessness. Again, I worry that the proposals being offered in this House could cost the lives of thousands of people in my State and around the country.

The GOP plan for repeal will hurt a lot of people: the 24 million Americans who will be uninsured; the millions of middle-income families, especially the elderly, who will pay thousands of dollars more for care; the 33 million children and 10 million people with disabilities impacted by Medicaid cuts; the 390,000 women who will lose care if Planned Parenthood is defunded.

But these aren't just numbers in a CBO report, they are the dialysis patient in Upper Marlboro, or the family whose son is finally getting the addiction treatment he needs in Severna Park.

Mr. Speaker, let us think about all of these families before we vote on this ill-conceived and ill-advised bill. Let's not put partisanship before patients.

RECESS

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

Accordingly (at 11 o'clock and 2 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at noon.

PRAYER

Pastor Chris Bell, 3 Circle Church, Fairhope, Alabama, offered the following prayer:

Our Lord and Father, I come to You today in this place of government of the Nation that I love to ask for Your hand of blessing and guiding wisdom upon the leadership of these United States of America.

We know that all good gifts come from Your hand, and this beautiful and free Nation in which we live is one of those gifts.

We thank You today for the many ways that You have blessed us, from our bountiful natural resources to our freedom to work and to speak and to worship.

And it is because of these blessings that You have also given us a great responsibility to our world to live and to lead by example.

So, by Your grace today, I humbly ask that You would help these leaders of our Nation and our citizens to be a continued light in the darkness.

We confess now our need for Your help and Your guidance. Please place Your mighty hand on us today, for You have told us in Your Word to trust not in our own understanding, but to trust You and acknowledge You in all of our ways and You would make our path straight. May we do this today and in the future.

It is in the name of our Lord, Jesus, I pray.

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.

PLEDGE OF ALLEGIANCE

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

Mr. BYRNE 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.

WELCOMING PASTOR CHRIS BELL

The SPEAKER. Without objection, the gentleman from Alabama (Mr. BYRNE) is recognized for 1 minute.

There was no objection.

Mr. BYRNE. Mr. Speaker, it is written in Philippians 4:6:

Do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God.

As this body debates important issues, it is critical we begin with prayer. I am honored my constituent Pastor Chris Bell was able to lead today's prayer.

Mr. Speaker, Pastor Bell studied theology and communications at the University of Mobile and Luther Rice Seminary, and he has over 20 years of ministry experience.

Pastor Bell is currently the lead pastor at 3 Circle Church in southwest Alabama. 3 Circle Church has five campuses, with weekly attendance reaching over 2,000 people.

In addition to their regular services, Pastor Bell and 3 Circle Church have a focus on mission and serving others locally, regionally, and around the world. These missions make a real difference.

So on behalf of Alabama's First Congressional District, it is an honor to welcome Chris and his wife, Nan, to the people's House.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. DENHAM). The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

THE THREAT OF NORTH KOREA

(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, yesterday I was grateful to participate in a panel discussion at the dynamic Hudson Institute about the growing threat North Korea poses to the United States and our allies, with Hudson fellow research director Rebeccah Heinrichs and senior fellow Arthur Herman.

We discussed the growing threat of North Korea's testing medium- and long-range missiles, the gruesome capabilities of conventional weapons, and their rapidly proceeding nuclear program.

We further discussed the importance of missile defense, specifically the THAAD missile system and the boost phase interceptor system, and how they could deter the threats from North Korea.

I also spoke on the bipartisan resolution that I introduced last week, a resolution condemning North Korea's development of their missile program, calling for the consideration of all available options to protect the people of South Korea.

I look forward to working with Foreign Affairs Chairman ED ROYCE, Ranking Member ELIOT ENGEL, Secretary of State Rex Tillerson, and President Donald Trump to ensure that all options are on the table when responding to the growing threat posed by North Korea.

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

WORKING TOGETHER ON THE AMERICAN HEALTH CARE ACT

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

Mr. QUIGLEY. Mr. Speaker, tomorrow we will celebrate 7 years since the President signed the Affordable Care Act into law. The following day my colleagues across the aisle will vote to eradicate the undeniable progress it has made.

On Thursday, when the House votes on the American Health Care Act, we will vote to take away health insurance from millions of Americans; we will vote to raise premiums on seniors; we will vote to damage women's healthcare programs; and we will vote to reduce access to care for LGBTQ people.

Policies that were once derided as socialist are now mainstream, considering so many of the popular parts of ACA are retained in the Republican replacement.

The majority of the country does not want to repeal ACA but to improve it in a bipartisan way. The only way to create a meaningful change for the American people is to work together across the aisle.

As Lincoln said: ''We cannot escape history. We . . . will be remembered in spite of ourselves.'' A vote to repeal ACA will be a stain on that legacy.

RECOGNIZING NATIONAL AGRICULTURE DAY

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

Mr. MARSHALL. Mr. Speaker, today I rise to recognize and celebrate National Agriculture Day.

I proudly represent the largest agriculture-producing district in the country, the big First District of Kansas. In my home State, it is Kansas Agriculture Month, a month to celebrate our State's largest economy.

Today is an opportunity to remind my colleagues of the hardworking Americans who produce the bounty of American harvest and livestock. The food that sustains them doesn't originate in a grocery store.

Let us remember as we move forward with regulations and with trade policy that there are families with generations of history on their farm or ranch who face the consequences of every decision. They feed America and our economy.

This day and every day, we are grateful that God made a farmer.

CELEBRATING THE ANNIVERSARY OF THE AFFORDABLE CARE ACT

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

Ms. JACKSON LEE. Mr. Speaker, I, too, am excited to celebrate the signing of the Affordable Care Act signed by President Barack Obama.

In the hearing last Thursday of the Budget Committee, we noted that Medicaid that provided health insurance in this bill, now the TrumpCare bill, will be cut $880 billion for working people, for seniors in nursing homes, for the blind, and for the disabled.

We note that this meaningless TrumpCare amendment, for which the President is now rallying his troops, coming up to the Hill two and three times—maybe he will be here tomorrow—is as meaningless as the first part of it was: 24 million Americans will lose their insurance—TrumpCare will double that amount in 2026; 52 million will not have insurance—giveaways to billionaires, 1 percent of the rich people in America; and destroying 2 million jobs.

But what I am most concerned about is my constituent in the Heights who could not take her medicine before the Affordable Care Act. Tragically, a young woman had a stroke and a heart attack and now is in a nursing home. She uses the health insurance of Medicaid, $880 billion, to provide for her lifeline, but yet TrumpCare comes to destroy that.

I want to celebrate the Affordable Care Act because it saves lives.

COMMEMORATING ROSIE THE RIVETER

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

Mr. FITZPATRICK. Mr. Speaker, I rise today in commemoration of National Rosie the Riveter Day, an effort to raise awareness for the 16 million women working during World War II.

These women left their homes to work or volunteer full-time in factories, farms, shipyards, banks, and other institutions in support of our military. These brave women worked with the USO and the Red Cross. They drove trucks, riveted airplanes, collected critical materials, rolled bandages, and served on rationing boards.

These Rosie the Riveters embodied the ''we can do it spirit'' forever connected with them by Norman Rockwell's iconic painting.

As we mark the contributions and triumphs of women this Women's History Month, I am proud to join the effort and recognize these brave heroes with a National Rosie the Riveter Day.

I am especially proud to represent a ''Rosie'' and Bucks County native, Mae Krier, for her efforts in advocating for this long-deserved recognition. Mae was a riveter on Boeing aircraft in Seattle. She was a builder of B–17s and B–29s, which went off to fly missions over Europe.

Mr. Speaker, I am honored to recognize National Rosie the Riveter Day and have the pleasure of welcoming Rosies from around the Nation here at the Capitol today.

THE AMERICAN HEALTH CARE ACT AND OPIOID ADDICTION

(Mr. SCHNEIDER asked and was given permission to address the House

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

Mr. SCHNEIDER. Mr. Speaker, across the country, communities are struggling with an epidemic of opioid addiction, abuse, and overdose; and across party lines, we all agree something must be done to address this crisis.

But the repeal-and-replace plan proposed by my Republican colleagues adds fuel to the fire. The bill eliminates the Affordable Care Act's requirement that Medicaid cover basic mental health and addiction services.

Economists estimate 1.3 million Americans receive treatment for substance abuse and other mental health disorders through the Medicaid extension.

Across the States that have expanded Medicaid, like Illinois, the program is used for 27 percent of all addiction treatment.

We are not going to arrest our way out of this epidemic; instead, we need to treat addiction like the disease that it is. Removing the mental health coverage requirement pulls the rug out from more than a quarter of all those seeking help from opioid addiction.

Mr. Speaker, opioids now kill more Americans than car accidents. The Affordable Care Act offers hope and is saving lives. The Republican efforts to repeal the ACA is a bleak step backwards. I strongly urge my colleagues to vote against this legislation.

ADVOCATING FOR PATIENT-CENTERED HEALTH CARE

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

Mr. ABRAHAM. Mr. Speaker, I rise today as a practicing physician who believes that we must repeal the disaster that ObamaCare has brought us and return to a patient-centered system.

My patients have dealt with skyrocketing premiums, unaffordable deductibles, and a formulary so restrictive it is an insult to call it a real treatment.

Medicaid expansion is no better and gives only the illusion of sound coverage. These patients can't find doctors. They can't find specialists who will see them, which results in more hospital admissions, more unnecessary hospital referrals, more expensive trips to the emergency room, and higher costs to the program and to the taxpayers.

There is nothing compassionate about cramming more people into a failed system just so politicians can score political points. All they have done is force a second-class insurance onto first-class people.

All Americans deserve better than ObamaCare. We can provide a better healthcare delivery system for them where everyone has access to affordable care, and it starts with the passage of the American Health Care Act.

LOSING HEALTHCARE COVERAGE UNDER THE AMERICAN HEALTH CARE ACT

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

Ms. BASS. Mr. Speaker, since January I have received hundreds of messages from constituents who are panicked that they will lose healthcare coverage with the Republican plan, where people will pay more for less.

Although the talking points of the Republican plan references access to health care, care will only be accessible for people with enough money to pay.

A message I received from Vera Caldas:

> My husband has leukemia, and if it wasn't for the ACA, he would be dead by now. I am living in fear that if he loses ObamaCare, that will mean his death sentence since he won't be able to afford insurance to continue his treatment.

A message from Lee Portillo:

> The ACA allowed my wife to start her Silicon Valley beach business in Venice, California and still have access to health care. The ACA is pro small entrepreneur and gives us the freedom to work on our own and still have insurance.

My constituents, like millions across the Nation, are afraid they might be one of the 14 million people who will lose coverage if the Republican plan is passed.

□ 1215

TRUMPCARE IS A TERRIBLE BILL

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

Mr. GENE GREEN of Texas. Mr. Speaker, this week Republicans plan to vote on TrumpCare to push 24 million Americans off healthcare coverage and saddle families across the country with massive health costs. TrumpCare is an assault on families and a broken promise to the American people.

Twenty-four million people will lose their health insurance. It will terminate the assistance that people depend on to afford quality coverage. It will destroy the Medicaid program, the bedrock of our social safety net for more than 50 years.

Medicaid covers 74 million children, pregnant women, people with disabilities, and seniors with long-term care needs. Under TrumpCare, deductibles and out-of-pocket costs will skyrocket and families will be exposed to crushing health costs. Premiums will rise dramatically—particularly, for older Americans—because TrumpCare allows insurance companies to charge five times higher than what others pay for the average, five times higher for our near senior citizens. This means thousands and thousands of dollars more in premiums, which low-income seniors cannot afford.

TrumpCare shortens the life of the Medicare trust fund by 3 years and cuts $880 billion from Medicaid.

Mr. Speaker, this is a terrible bill, and it puts the entire healthcare system at risk.

DO NOT REPLACE THE AFFORDABLE CARE ACT WITH TRUMPCARE

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

Ms. FRANKEL of Florida. Mr. Speaker, I rise to talk about the Republican's sick plan to repeal the Affordable Care Act and replace it with TrumpCare, where the wealthy will get huge tax cuts and the rest of America will pay more for less. Twenty-four million will be losing their doctors, their nurses, and their medicine, and my constituents are frightened.

Just ask Amy Bernard, whose mom, Francine, like 70 percent of Americans living in nursing homes, pays for it with Medicaid. Francine was a teacher. She planned for her retirement. She had savings, Social Security, and a pension. Then she was diagnosed with Parkinson's disease, and she spent all her savings on in-home care. And then one day after a near-fatal fall, her family realized she needed around-the-clock care.

TrumpCare means tax cuts for the very rich, less for the rest of Americans, gutting Medicaid, and sending folks like Francine to the curb.

DO NOT REPEAL THE AFFORDABLE CARE ACT

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

Mr. CORREA. Mr. Speaker, on Thursday we will vote on the future of health care for America. We need to do what is right for our district and for our constituents. We need to protect the Affordable Care Act.

The ACA works, but like America's other great healthcare program, Medicare, it needs a little time to get there. Today, Medicare covers over 55 million Americans and is a staple for our seniors; but back in 1965, people had a very negative opinion of Medicare. Today, 52 years later, Medicare is one of the most efficient healthcare systems in our country.

I urge my colleagues: Do not repeal the Affordable Care Act. If you do, 24 million Americans will lose their coverage and older Americans will pay higher premiums. I ask my colleagues to keep the ACA. Let's do the right thing.

BIG PHARMA IS A BIG WINNER IN TRUMPCARE

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

Mr. DOGGETT. Mr. Speaker, Thursday these Republicans are awarding a

new grand prize, a big-dollar award. Unfortunately, the contest has been rigged so that your name is not in the winner's circle. Instead, the world leaders in prescription price gouging, highest drug prices to Americans than just about anywhere, are declared the winners of the grand prize in the Trump Republican sweepstakes that they call repealing ObamaCare.

With Big Pharma's exceptional, distinguished service in charging astronomical prices and blocking competition to their government-approved monopolies, these Republicans have included a no-strings-attached $25 billion tax windfall for Big Pharma in their so-called ObamaCare repeal.

Now, with their latest late-night amendment, the prize is already growing bigger and bigger by the moment. And all of those American families that are out there struggling, trying to access lifesaving drugs, they don't win a dime in this contest.

Mr. Speaker, let's reject this phony Republican giveaway where only Big Pharma is the big winner.

HONORING THE LEGENDARY CHUCK BERRY

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

Mr. CLAY. Mr. Speaker, I rise to honor a legendary American musical genius, an inaugural member of the Rock and Roll Hall of Fame, and a former neighbor and friend of the Clay family for six decades, the father of rock and roll, the immortal Chuck Berry, who died this past Saturday at the age of 90.

I grew up just a few blocks away from the Berry residence. My sisters and I came up with his kids, and our families knew each other very well. Chuck Berry was one of the first Black superstars whose innovative music was not only popular with African-American audiences, but with young music fans around the world.

Since his death, tributes from across every spectrum of music have poured in, including The Rolling Stones, U2, Sir Paul McCartney, Stevie Wonder, Bruce Springsteen, and hundreds of other internationally known artists who were deeply influenced by Chuck Berry's magical music.

On behalf of my family, I want to express our deepest condolences to the Berry family; and on behalf of music fans everywhere, I want to give thanks for the life of this legendary American treasure whose legacy and unique sound will live on for generations, a true St. Louis original, the real king of rock and roll: Chuck Berry.

TRUMPCARE IS A TOTAL DISASTER FOR AMERICA

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

Mr. SOTO. Mr. Speaker, TrumpCare—a total disaster for America. Here it is by the numbers, per our own nonpartisan Congressional Budget Office: 24 million Americans will lose coverage, with 14 million Americans losing coverage in year one; 15 to 20 percent increases in health insurance premiums in year one; and if you are paying $1,700, you will be paying $14,600 in premium increases if you are a 64-year-old making $26,500 per year.

But where does the money go? $592 billion in tax cuts for the rich. That is where it is going.

The conclusions: TrumpCare robs health care from American working families to give tax cuts to the rich.

So vote ''no'' on TrumpCare to vote ''yes'' on health care for America's working families.

EMBRACE THE GOAL OF HEALTH CARE FOR ALL OUR CITIZENS

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

Mr. WELCH. Mr. Speaker, this country, since Harry Truman, has had an illusive but desirable goal, and that is health care for all of our citizens. We made two strides: one in 1964, with the passage of Medicare; another in 2010, with the passage of ObamaCare.

We should be moving towards Medicare for all our citizens. Instead, this bill does not move forward. It goes back.

Number one, 24 million Americans will lose their health care.

Number two, Americans who have been living a life of toil and effort all of their lives from the ages of 50 to 64—at a time when they need health care the most—are in danger of losing it with the excessive tax that is being imposed on them by this bill.

Number three, our community hospitals, from the prairies of Nebraska to the hills of Vermont, those are critical institutions providing care. They have gone from red ink to black ink as a result of the Affordable Care Act. Every single one of those is in jeopardy, and that is going to deprive our citizens in those communities of access to affordable health care.

This bill must be defeated. Let's embrace the goal of health care for all our citizens.

REPUBLICANS SHOULD JOIN DEMOCRATS IN REJECTING TRUMPCARE

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

Mr. KILDEE. Mr. Speaker, thousands of my constituents have contacted me very concerned about the Republican healthcare bill—TrumpCare—which would mean higher costs and worse care for hardworking families.

On the campaign trail, then-candidate Trump promised that ''everyone would be covered'' under his plan. We now know that is a broken promise, that under TrumpCare 24 million Americans will lose their health insurance—24 million people.

What kind of promise is that?

Then-candidate Trump promised that there would be no cuts to Medicaid, but he will cut $880 billion from Medicaid.

What kind of promise is that? A broken promise.

Seniors overwhelmingly voted for President Trump, but he has already forgotten them, imposing an age tax on them. If you are 50 to 64, fasten your seatbelts. You are going to pay five times what a younger, healthier person would pay for worse coverage.

This is a terrible bill. Democrats and Republicans should reject it.

TRUMPCARE MISSES THE MARK

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

Mr. POLIS. Mr. Speaker, there is kind of a rather ridiculous healthcare bill that this body may or may not be considering soon.

First of all, it creates an entirely new entitlement program at the State level rather than the Federal level.

Second of all, in an unrelated matter, it provides huge tax cuts to millionaires and billionaires—mostly in New York and California—which has nothing to do with making health care affordable. I mean, it is fine. Republicans want to do that. We get that. They always want to cut taxes for millionaires, but don't put it in the same bill as we are here trying to provide health care for people and bring down our insurance rates.

Third of all, this bill that is supposed to somehow help is going to increase insurance costs to American families by 15 to 20 percent. Most families can't afford that, and 24 million people will lose their insurance.

So there is just no way, shape, or form that this bill makes any sense.

There are a lot of positive improvements and suggestions that we can make to the Affordable Care Act. There are a lot of great ideas with us providing a public option, more pricing transparency, a lot of great ideas that probably Democrats and Republicans support; but, frankly, they missed the mark on this bill.

These aren't ideas that Democrats or Republicans support, because they are bad ideas that cost families money.

PROVIDING FOR CONSIDERATION OF H.R. 372, COMPETITIVE HEALTH INSURANCE REFORM ACT OF 2017

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 209 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 209

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 372) to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115–8 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to recommit with or without instructions.

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

□ 1230

Mr. COLLINS of Georgia. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material on House Resolution 209, currently under consideration.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Today I am pleased to bring forward this rule on behalf of the Rules Committee. The rule provides for consideration of H.R. 372, the Competitive Health Insurance Reform Act. The rule provides for 1 hour of debate for the bill, equally divided between the chairman and ranking member of the Judiciary Committee. The rule also provides for a motion to recommit.

Yesterday, the Rules Committee had the opportunity to hear from Judiciary Committee Chairman BOB GOODLATTE and Congressman DAVID CICILLINE on behalf of the Judiciary Committee.

I thank Chairman GOODLATTE and the Judiciary Committee staff for their work on this legislation. As a member of the Judiciary Committee, I had the opportunity to review this legislation at both a committee hearing and a markup.

We heard from several witnesses at the Judiciary Committee hearing, including the bill's primary sponsor, Congressman PAUL GOSAR of Arizona.

In addition to the bill's sponsor and the Judiciary Committee, I would also like to recognize one of my colleagues from Georgia, Representative AUSTIN SCOTT, for his interest in this topic and leadership on this legislation. Congressman AUSTIN SCOTT of Georgia testified before the Judiciary Committee on this bill and has worked actively to highlight this issue.

The issue of competition in the health insurance marketplace is not a new one, but it is one that deserves more attention. Legislation similar to the Competitive Health Insurance Reform Act passed the House under a Democrat-led Congress in 2010 and under a Republican Congress in 2012.

Mr. Speaker, much of our attention on the floor this week is focused on making health care more affordable and accessible to the American people. The Competitive Health Insurance Reform Act is part of that plan.

From shore to shore, we have seen and heard stories about the soaring costs of health care and the health insurance markets that have been hamstrung by ACA regulations. As a result, insurers have fled the exchanges while consumer choice and access to quality care have disappeared along with them.

Today, more than ever, we need to institute reforms that restore options for Americans by encouraging healthy competition in the health insurance market. The problem actually dates back to the 1940s, and the Competitive Health Insurance Reform Act helps address a problem that has increasingly demanded attention.

In 1944, Mr. Speaker, the Supreme Court held, for the first time, that insurance was part of interstate commerce and was, therefore, subject to Federal antitrust laws. Congress responded a year later by passing the McCarran-Ferguson Act, which established certain exemptions from the Federal antitrust regulations for the business of insurance. That law remains in place today, and reexamining it in the context of our health insurance market has received bipartisan support.

The Competitive Health Insurance Reform Act would amend the 1945 McCarran-Ferguson Act to apply our three main antitrust laws—the Clayton Act, the Sherman Act, and the FTC Act—to the health insurance industry.

To be clear, this bill does not impose new or radical regulations upon the health insurance industry. It merely applies longstanding antitrust laws to the business of health insurance, laws that have applied to the rest of the economy for decades. By restoring the application of our competition and antitrust laws to the health insurance industry, we strengthen the foundation for a competitive health insurance market.

The high prices and lack of choices that patients find in health insurance flow back from a lack of competition in the market and a barrage of regulations. So it is past time that we reestablish a basis for a system in which insurance providers compete for customers in a patient-driven marketplace.

While we work to bring common sense back to health care, we also have to look at the broad context of where the industry is and how it got there. In that spirit, this bill recognizes the importance of open and free competition across the economy, including the healthcare marketplace. Part of the government's role is to guard the American people rather than creating special interest exemptions that ultimately work against the hardworking citizens. H.R. 372 establishes that there is no basis for further exemption of the health insurance industry from the Federal antitrust law.

Importantly, however, H.R. 372 also contains narrowly defined safe harbors to protect historically procompetitive collaborative activities that are unique to the business of insurance, including the collection and distribution of historical loss data and the performance of actuarial services that do not involve a restraint of trade.

The Competitive Health Insurance Reform Act is not a magic pill or a silver bullet, but it is a key component of our broader plan to restore competition and common sense to the healthcare marketplace.

The principles captured by this bill are part of our House Republican Better Way plan and a part of our plan to address the harm done that ObamaCare has brought on our healthcare system and those who depend on it.

I look forward to the underlying legislation once again receiving broad support from both sides of the aisle.

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

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman from Georgia (Mr. COLLINS) for yielding me the customary 30 minutes.

Mr. Speaker, I rise in opposition to this rule today, one that provides for consideration of H.R. 372, the Competitive Health Insurance Reform Act of 2017, a good bill that I support.

Mr. Speaker, the Competitive Health Insurance Reform Act amends the McCarran-Ferguson Act so that the health insurance companies would no longer be exempt from Federal antitrust regulation.

Currently, unfortunately, most types of insurance, including property or life insurance, are exempt from Federal antitrust regulations and statutes. The McCarran-Ferguson Act makes it clear that the insurance industry heretofore has been regulated only by States. Additionally, the Department of Justice and the Federal Trade Commission have retained authority for antitrust enforcement involving mergers and acquisitions of insurance companies, but not dominations of markets and competition.

As a result of this exemption, the health insurance industry does not

have to share pricing information, and actually can currently communicate with one another to fix prices. Now, that doesn't make sense.

I firmly believe that the more transparency in our healthcare system, the better off consumers will be. Repealing the health insurance exemption of the McCarran-Ferguson Act may improve competition, but it would almost also result in more transparency in health insurance. It is something that we sorely need. So I intend to join many of my colleagues on both sides of the aisle in supporting the underlying bill because it increases transparency.

The reality is that this bill does nothing to replace the protections of the Affordable Care Act. It doesn't even make a dent in addressing the many problems created by the Republican healthcare legislation, the American Health Care Act.

Mr. Speaker, so I don't want anybody listening to this to be distracted by a bipartisan bill that we hope becomes law. In any way, shape, or form, this bill does nothing when, in 2 days, we are considering a bill that threatens the health care for 24 million Americans, increases prices for Americans who are currently insured by 15 to 20 percent, and throws millions off of the rolls of the insured.

The Republican healthcare bill that is coming to the floor Thursday will cause a huge disruption in coverage for millions of Americans. It creates an entirely new entitlement program. It would throw 24 million people who currently have insurance out of insurance. And for anybody who still has insurance, their rates go up 15 to 20 percent.

How is that a good idea? It is not.

This bill today does nothing. Nothing. I don't even think the advocates of it would say it does anything to address those increases in costs for consumers or 24 million people losing their health care or the creation of a brand-new costly entitlement program in a time of record deficits.

For constituents—and we all represent people from our districts—for people like Greg and Nikita, Coloradoans who have shared their stories with me, the passage of the American Health Care Act, the Republican healthcare bill, would devastate their lives.

Greg was diagnosed with a rare form of cancer in 2014, in his midforties. After several surgeries, his doctors told him his condition is inoperable and could only be treated chronically by medication. It is a very expensive injection that has so far been successful, thank goodness, at keeping the tumor from growing and allowing Greg to live an ordinary life.

Now, Greg needs this shot every 3 weeks. It is thousands of dollars each time. And despite working at least two jobs, it is not something that Greg could afford to have—Greg would not have health care without the Affordable Care Act. He would have to quit his jobs and become destitute and go on Medicaid.

The Republicans are basically saying to people like Greg: We want you to be lazy. We want you to quit your job so you could have health care. We want you to live off the government dole of this brand-new entitlement program that we created to hand you money rather than work for yourself and pay for your own insurance.

That is the message the Republicans are sending to people like Greg across the country.

Nikita lives in Boulder and has spent much of her life battling endometriosis. In 2014, she was having trouble walking because of her condition and she missed work for a few weeks. After the passage of the Affordable Care Act, she was able to afford the surgery that she needed to improve her mobility and manage her pain.

In her message to me, Nikita emphasized that affordable health care is what allows her to work and to be a citizen that pays taxes and contributes to society rather than somebody who is shut in at home, living off the government dole like Republicans are trying to force her to do with the new entitlement program that they are creating.

If Nikita didn't have the healthcare coverage she obtained through the Accordable Care Act, she said that she would be on disability and Medicaid, costing the government far more money and preventing her the dignity of holding a job and working to support herself and paying taxes.

Both Greg and Nikita expressed fear that the benefits they receive under the Affordable Care Act would disappear if the Affordable Care Act is dismantled in favor of this new Republican entitlement program that encourages people not to work. The American Health Care Act threatens to pull the rug out from so many of my constituents and millions across the country while simultaneously raising rates by 15 to 20 percent for people who are currently insured and paying for their own insurance.

Look, H.R. 372 is a fine bill. Republicans are using it as a talking point, claiming that somehow it addresses costs in some meaningful way. And given how complicated the healthcare system is and the critical role that we all have to play in it and every little piece plays, it is important to lay out the facts of the Republican plan, which H.R. 372 does nothing to address.

It is a fact fewer people will be covered under the Republican plan. The Congressional Budget Office says 24 million people will lose their healthcare coverage over the next decade.

It is a fact that middle-aged Americans will pay five times more in premiums. The age tax is a big part of the Republican healthcare bill. Americans ages 55 to 64 will see their cost increase by over $8,000. Most of my constituents in that age group simply can't afford that every year.

It is a fact that those currently enrolled in Medicaid programs are at risk of losing their coverage. The Republicans' concern that Medicaid expansion to the Affordable Care Act was coercive, they should be equally concerned about the per capita cap in the Republican plan. It is the flip side of the same coin.

Those are just some of the many troubling facts about the Republican healthcare bill.

H.R. 372, removing the antitrust exemption, is a fine bill. It does nothing to address any of those problems or change any of those facts and figures that I cited as to why this bill doesn't fix health care.

In fact, frankly, this bill is a distraction from the real topic we should be discussing—how to improve health care in this country. I don't think we should improve it by giving tax cuts to millionaires and billionaires, forcing people like Greg and Nikita not to work and to be destitute in order to get health care and go on the government dole, creating a brand-new entitlement program that States administer, increasing the costs of insurance for people who are already insured by 15 to 20 percent.

Mr. Speaker, if those are the answers, what is the question? Is it how to make health care cost more and how to have less people covered?

If that is the question, the Republican bill is a good answer.

That is not the question my constituents are asking me, and I don't think it is a question their constituents are asking my Republican colleagues.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. AUSTIN SCOTT) to continue discussing the rule before us about the McCarran-Ferguson repeal.

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, I rise today in strong support of H.R. 372, the Competitive Health Insurance Reform Act of 2017, which would take a big step towards creating a more business- and consumer-friendly insurance market that works for all Americans.

As I listened to the comments just before I stood up, I heard that this is a fine bill. It is more than a fine bill. This is a good bill. Let me tell you how I know it is a good bill—because, a few years ago, both NANCY PELOSI and MIKE PENCE voted for it.

Now, what the Democrats don't want to tell you is that on February 24, 2010, less than a month before the Affordable Care Act was signed into law, there was an agreement that allowing the insurance companies to be exempt from the antitrust laws in the country was a problem.

So how is it that with a bill that passed 406 ''yes'' votes to 19 ''no'' votes—when it came out of the dark rooms, the Affordable Care Act was brought to the floor with the comments of: Well, you will have to read it to find out what is in it.

Perhaps the Democrats should have read it to find out what wasn't in it, because the leadership not only sold America out, they sold them out. This bill passed 406–19. Yet, in the back rooms where they put the Affordable Care Act together, they didn't include the provision.

While the Affordable Care Act certainly has played a major role in the disruptions patients and providers have experienced, the decades-old special exemption—which they voted to take away, and then the leadership of the Democratic party gave it back to the insurance industry—shielding insurers from Federal antitrust laws has eroded confidence and competition in the marketplace. Fortunately, we have a vehicle before us to walk back this special deal.

The legislation currently before the House would inject much-needed competition into the health insurance market by eliminating the antitrust exemptions for health and dental insurers, leveling the playing field and giving consumers and providers more leverage and better options. There are very few antitrust exemptions in our country, and for good reason.

This exemption is not only damaging to the consumer when they purchase health insurance, but it damages the healthcare providers, further limiting consumers' access to services.

The dominance of the market that large insurers have enjoyed has forced many providers to move, close, merge, or sell to larger regional hospitals, impacting parties across the industry. In the 24 counties of Georgia that I represent, patients have few healthcare choices left that impacts their ability to receive quality care and negotiate a policy that meets their unique needs.

Echoing that sentiment, I think anyone who has skin in the game will tell you that a majority of the problems in the healthcare marketplace trace their roots back to a lack of competition.

□ 1245

Yet, the Democrats left the insurance industry exempt from the antitrust laws once again when they passed the Affordable Care Act.

While insurance companies have the power to negotiate, just as they proved in the negotiations with the Democrats on the Affordable Care Act, pharmacies, physicians, and hospitals are left without a seat at the table. When the insurance companies get to determine who is and isn't able to provide healthcare services, the insurer-provider relationship is closer to extortion than negotiation.

So why do we allow the health insurance industry that controls, through their contracts, who your doctor is, who your pharmacist is, which medicine you can get, and which hospital you can go to, to be exempt from the antitrust laws of the country? How could the Democrats do that to you in the Affordable Care Act?

By definition, health care and health insurance are not the same thing, but when one industry, one insurance company controls such significant portions of the cash flow of all of the providers in a region, no provider can stay in business without a contract with that carrier; therefore, the insurance company gets to determine who is and who is not able to provide health care.

Removing this antitrust exemption for health insurers means one more option for consumers, increased competition between providers, and greater certainty for insurers when it comes to hammering out policies and working for consumers across the spectrum. It should have been done long ago, but the Democrats turned their back on the American public and, again, granted the health insurance industry an exemption from the antitrust laws of the country.

While this is certainly not an end-all, be-all to reforming our broken and dysfunctional healthcare system, it is a commonsense step towards untangling the mess our health insurance marketplace has become.

I also think it noteworthy to mention, again, February 24, 2010, the Health Insurance Industry Fair Competition Act passed the House with a vote 406–19 only 1 month prior to the Affordable Care Act being signed into law. And yet, the American citizens, once again, were sold out by the Democratic Party.

I strongly believe this piece of legislation currently before the House lays a firm foundation in our work to fulfill our promise to fix our badly broken healthcare system. Today we have the opportunity to provide relief to consumers and providers alike, and I urge my colleagues to vote in favor of H.R. 372, the Competitive Health Insurance Reform Act of 2017.

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

Two weeks ago, the Republicans pushed ahead with their healthcare bill, despite not knowing the impact of the legislation. A week later, the nonpartisan Congressional Budget Office announced that the bill would take health insurance away from 24 million people and increase costs by 15 to 20 percent for those who currently have insurance.

Mr. Speaker, late last night the Republicans introduced a major manager's amendment that changes the bill, frankly.

Mr. Speaker, just as it was irresponsible to move forward without knowing the full effects of the original bill, it is completely reckless to even know whether this manager's amendment makes it better or worse and the impact that it has on health care for American families. It is reckless to consider and vote on their amended bill before the Congressional Budget Office even says how much it costs, or how much it will increase insurance by, or whether it throws people off insurance rolls.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule that would require a CBO cost estimate that analyzes the impact of any legislation amending or repealing the Affordable Care Act, as well as the impact of any manager's amendment to that legislation to be made publicly available before the bill may be considered on the House floor.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD along with extraneous material immediately prior to the vote on the previous question.

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

There was no objection.

Mr. POLIS. Mr. Speaker, I am proud to yield 4 minutes to the distinguished gentleman from Kentucky (Mr. YARMUTH), the ranking member on the Committee on the Budget, to discuss our proposal.

Mr. YARMUTH. Mr. Speaker, I thank my colleague for yielding.

The one question I think many Americans who follow this debate would be asking now is: What is the rush? What is the rush?

For 7 years now, our Republican colleagues have consistently said we are going to repeal the Affordable Care Act. More than 60 votes have been taken in this body to repeal the Affordable Care Act. We kept asking: If you are going to repeal it, what are you going to replace it with? You can't just say, do away with it, and leave millions and millions of Americans in the lurch.

So finally, 2 weeks ago yesterday, we have gotten their answer. TrumpCare, RyanCare, the American Health Care Act, call it what you will, we finally got an answer.

What has happened since those 2 weeks? We had no hearings on this bill. We had quick markups. They lasted a long time, but we had—the bill was introduced Monday night—markups in the Energy and Commerce Committee and the Ways and Means Committee on Wednesday. And this was on just a steamroller to try to get this accomplished before anybody knew what was in it.

Now, the CBO report from last week came out indicating things that I think most Americans would be frightened by. 24 million Americans lose their coverage over 10 years; but, more significantly than that, 21 million lose their coverage within 3 years; 14 million next year.

Consider that. All of the gains in coverage made under the Affordable Care Act done away with in 3 years. Premiums going up for Americans.

I can't believe Speaker RYAN tried to put lipstick on a pig. He said he thought the CBO report was really encouraging because, 10 years from now, premiums would be 10 percent lower. The only way they are 10 percent lower is because, under the TrumpCare, older Americans, 50 and older, in the individual market get priced out of the market with huge premium increases.

So they are gone. Only younger and healthier people are in there. Yes, premiums would be lower for them. Other people are out of business.

So that report comes out, causing a great deal of consternation on the part of the sponsors and supporters. They bring it, schedule it to come to the floor on Thursday, March 23, because they think that is cute because that is the seventh anniversary of the passage of the Affordable Care Act. But, again, no hearings, no real analysis; and what is more important, no CBO revised report on the changes that were introduced late last night.

This is outrageous. And I love to hear my Republican colleagues try to portray the process under which the Affordable Care Act was drafted and considered with some kind of nighttime secretive deal. They weren't here, most of them. I was.

I was on the Ways and Means Committee, one of the drafting committees. Fourteen months we worked on that legislation—14 months. Seventy-nine hearings in the Congress on that legislation. Hours and hours and hours of markups on that legislation. Cost estimates throughout the process. I can't imagine a more exhaustive and public process than we went through for the Affordable Care Act.

And here, 2 weeks from introduction to proposed passage, we have no real public discussion of a piece of legislation that directly affects the lives and probably, unfortunately, the deaths of many, many Americans.

So, Mr. Speaker, we don't need to rush to judgment. I don't think the American people are waiting around saying: I don't need to know any more; ObamaCare is so bad, and my life is so bad that I can't wait another 2 weeks to find out what this really would do to me and my family. No, we need to give more time.

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

Mr. POLIS. I yield an additional 1 minute to the gentleman.

Mr. YARMUTH. We don't need to do this this Thursday without a full rendering of the cost of the new manager's amendment to TrumpCare. We suspect, although we don't know, that it is going to look even bleaker; that more people will lose their coverage; that costs and rates will be higher. But shouldn't we understand exactly what those statistics are, what those projections are before we vote on something that is so significant for tens of millions of Americans?

So, Mr. Speaker, I think it is entirely appropriate that we require that a new CBO report be done on the manager's amendment before we vote on something that, again, means life and death to American families.

Mr. COLLINS of Georgia. Mr. Speaker, I have no other speakers, and I reserve the balance of my time.

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

Mr. Speaker, I am awaiting the graphic presentation about some of what is at stake in this debate about the Affordable Care Act, the fundamental debate about whether we try to fix health care in this country, make insurance cost less, or whether we move backwards under this Republican healthcare proposal.

The Republican healthcare proposal would create an entirely new entitlement program administered by the States. In creating this program, it would throw 24 million people who have healthcare insurance today off of the insurance rolls. They would become uninsured Americans.

It would add an age tax on older Americans. It would also increase the cost of health care for people who have health care today and pay for it, by 15 to 20 percent. Now, they wouldn't be getting more for that 15 to 20 percent.

Mr. Speaker, if you can believe it, they would actually be getting less insurance for that 15 to 20 percent because many of the requirements that insurance has to have are rolled back, the Federal protections under this Republican healthcare bill.

Somehow, at the same time it does all these things, the same time it costs 24 million Americans their insurance, the same time it increases rates by 15 to 20 percent—and, by the way, these figures are from the nonpartisan Congressional Budget Office, the head of which was appointed by Republicans.

These are solid predictions that are done by people who were appointed by Republicans. We are not citing any outside group or naysayers who don't like the bill. These are the objective Congressional Budget Office numbers that we are citing here in their entirety.

So, in addition to costing people 15 to 20 percent more, this bill also, for reasons unknown, gives an enormous multibillion-dollar tax break to millionaires and billionaires in New York and California. That is where most of them live. Now, there are a few in other places, of course, too.

But it is just unclear why, at the same time Republicans are trying to change the healthcare law, they want to go back to giving enormous tax cuts to the wealthiest Americans. We are not even talking the wealthiest 1 percent. We are talking, like, one-tenth of a percent who are going to see the bulk of the benefit from these tax cuts, at the same time that health care is being taken away from 24 million people who have insurance today, and at the same time those who are fortunate enough to be able to continue to have it will have to pay 15 to 20 percent more.

That is why, Mr. Speaker, this bill is so unpopular. If you are going to go through the trouble of creating an entirely new entitlement program, at least do it in a way where it actually helps people afford coverage versus hurts their ability to afford coverage.

Now, I gave the example in my remarks of Greg, and that is far from unique because people today, who rely on the subsidies to be able to get health insurance within the Affordable Care Act, if the Republican bill passes, would have to quit their jobs and rely on Medicaid instead, or they would have to take a lower-wage job. Instead of earning $40,000 or $50,000 a year, they would have to quit that job and try to take a minimum-wage job so they could qualify for Medicaid.

Essentially, this Republican healthcare bill is telling Americans, you need to be lazy and not work if you want health care because, if you want to work a job, we are going to take it away. We are only going to provide it if you quit your job or take a minimum-wage job under Medicaid.

So that is not the message or the incentives that we want to send to the American people. One of the great aspects of the Affordable Care Act is it actually, for the first time, provided an incentive for people to get increases in their wages, to get better jobs, to work additional hours.

Before the Affordable Care Act, we were locked into a scenario where people who were on Medicaid lost their Medicaid benefits if they got a raise at work, depending on the size of their family. It could have been a raise from, let's say, $14 an hour to $16 an hour. They couldn't work overtime. They couldn't work a second job, as so many people do to escape from poverty because they would lose their health care.

The Affordable Care Act said: You know what? We are going to allow you and encourage you to work that second job, to get a raise and support your health care as you make your way out of poverty into the middle class. What a great idea.

The Republican proposal creates a brand new entitlement program, but rolls back those affordability protections that help people work their way out of poverty, and leaves no alternative for people like Nikita and Greg, other than you have to quit your job or work a minimum-wage job because, otherwise, we are going to take your health care away from you.

□ 1300

That is the reason that the projections came back—no surprise—that 24 million people will lose their healthcare insurance. It is the reason that healthcare insurance rates will increase 15 to 20 percent.

We don't know the reason that they are also giving a tax cut to billionaires in the same bill. We know they want to do that, but they should do that in a tax bill. There is an effort at tax reform. I think they are talking about giving an additional tax cut to billionaires in that bill. That will be debated separately. But it is unclear how—or it is more than unclear as to why it would help make health care more affordable to give a tax cut to billionaires. It just doesn't make any sense. Let's debate that under a different bill.

I am happy to do that. As part of a broader tax proposal, we will see what else is in it. We know Republicans want to do that, but they shouldn't do that under the guise of health care.

So, again, Mr. Speaker, what you have here in this Republican bill, which this current bill does nothing to change—and this bill will pass, it has passed before, and we hope the Senate acts on it to remove the antitrust exemption. This bill does nothing to change the facts on the ground that the Republican healthcare bill that creates a brand new entitlement program would make Americans pay more for less, 24 million people would lose their insurance, there is an age tax on older Americans, guts Medicaid, huge tax cuts for millionaires and billionaires, increases of 15 to 20 percent for Americans who are lucky enough to retain their insurance, and discourages work and encourages people to be lazy at home to get health care.

It is the opposite of what we want to do. It is contrary to the American work ethic, and it is contrary to all incentives around cost containment. I hope—I really hope, Mr. Speaker—that the House defeats this awful bill to replace the Affordable Care Act, even as we pass some of these commonsense bipartisan measures like the one before us today that, around the edges, could potentially affect antitrust within insurance companies.

Mr. Speaker, the bill under consideration today is a commonsense piece of legislation. It has passed the House before. Ultimately, however, it distracts from the elephant in the room. The American Health Care Act is the Republican bill to roll back and change the Affordable Care Act and create a brand new entitlement program while increasing the insurance rates for American families, providing tax cuts to billionaires, and throwing 24 million people off of the insurance rolls.

My colleagues across the aisle had 7 years to work with us to improve the Affordable Care Act, but they refused to work with us to make health care more affordable and to expand coverage. Instead, they have drafted a bill that does the exact opposite. No wonder we were unable to find common ground when our goals were different.

The goals of myself and Democrats have always been to reduce costs and expand coverage. Reading into what the Republican goals must be if this bill meets them, it seems like they are working to decrease coverage and increase costs—the opposite of what we are working for.

How will my colleagues look into the eyes of a former veteran or a small-business owner or a middle class family or my constituents like Greg or Nikita and somehow tell them that they would be better off under a plan that forces them to quit their jobs and become destitute? How will Republicans defend the vote to senior citizens when the age tax in this bill will force most seniors to pay premiums five times higher than what others pay for healthcare coverage? What will my colleagues say to 24 million people who lose healthcare coverage entirely under this bill?

The Republican healthcare bill that this body will consider on Thursday will do extraordinary damage to the healthcare system and leave millions of Americans guessing as to how much healthcare costs will cost and what will be covered. The American healthcare bill threatens to roll back important protections in coverage gains delivered by the ACA, and discussion of anything else at this point is a diversionary tactic, plain and simple.

Mr. Speaker, let's defeat the previous question and figure out how much this mysterious manager's amendment even changes the bill for better or worse. My colleague, Mr. YARMUTH, made a very compelling argument about how we need to know the actual costs and benefits of any bill we vote on; yet, this body is being forced to vote blind on a manager's amendment that we saw for the first time today and could even change by tomorrow, and we won't even know how it affects the costs of this bill or how it affects the lives of Americans who have health care today or aspire to it.

Mr. Speaker, I encourage my colleagues to defeat the previous question and vote ''no'' on the rule, to vote ''yes'' on this commonsense bill to modify our antitrust statutes which Democrats and Republicans have supported overwhelmingly in the past, but never, not once, to take our eye away from the ball of trying to decrease costs rather than increase costs and trying to expand coverage rather than retract coverage.

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

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

I would just like to remind those from the House that if you do defeat this rule, you will not vote on this commonsense piece of legislation. So let's at least put the correct procedural order out there.

We need to vote ''yes'' on this rule and get on to the underlying piece of legislation, which is a piece that has passed this House not only unanimously by voice vote in the Republican Congress but also with an overwhelming vote just recently in the Democratic administration as well. So we are moving forward on this.

I think what is interesting here, and what I have worked on, and we are going to have a lot of discussion on for the next 2 days is repealing and replacing ObamaCare. I think it was interesting that my friend—we share many a night and day in the Rules Committee, we share different opinions, but he made mention of the elephant in the room. I will just make mention of the donkey in the room.

It is amazing to me now that we are actually concerned about people losing health care. We are actually concerned about prices going up. We are actually concerned about these issues that have been going on for 7 years. We are having an $800 billion tax because we have removed the taxes and impediments of ObamaCare. We are actually—instead of mandating the folks that they buy insurance that they can't afford and can't use, we are actually getting a marketplace that will actually give them better choices and results.

I think the interesting part here is not knowing the cost and benefits. Good gracious. All we have to do is look back over the last 7 years, Mr. Speaker. When we understand what is going on, let's also, as we throw out the discussion—it was made in comment by my friend, 7 years to fix. You can't fix broken in this regard. When he goes about it traditionally wrong, it is not fixing. When you take away the markets, when you take away the individual market, and when you are taking away the very incentives that actually are the underpinnings of our health care to enlarge and grow, if your goals were to reduce and expand, then you failed miserably. You have not reduced costs, they have gone up. You have not expanded choices, they have gone down.

I have listened to it about as much as I can right now. We are going to have the next 2 days to give people health. It is why we are over here for the majority speaking because of the failure of the ACA in ObamaCare. When we understand that, then we can look at pieces of legislation like the Competitive Health Insurance Reform Act that should have been part of this a long time ago. Yet, we choose to begin discussions about a failure. It is about a failure.

Choose the status quo. Squint your eyes, look real hard, it is not getting worse, it is really okay, just help us tweak it, help it get better.

It is not getting any better. In fact, any insurance company is on a death spiral. ObamaCare is failing. Some of the CBO estimates about increased costs 10 years out are based on ObamaCare pricing. There wouldn't even be an ObamaCare plan in 10 years because it won't be there.

So we will have these arguments. We will have these discussions. But if you want to move forward a commonsense piece of legislation, if you want to move forward a bipartisan piece of legislation, if you want one that actually the American people sent us here to do to actually make things better, then vote ''yes'' on the rule and vote ''yes'' on the underlying bill because that is why we are here—real solutions from a real majority that will answer the questions and then gladly defend it to an American people who are tired of being told about and talked about and taking things away because we didn't read it to know what was in it. That is why, because you couldn't know what was in it.

Now we are going to tell you what is in it, and we are going to put back a

marketplace that actually works for Americans. When we do that, we will gladly put the market back there where they can actually have a plan they can afford and actually use. When we understand that, the health care and the plan we put forward will be one that works for the American people, not against them.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 209 OFFERED BY MR. POLIS

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

SEC. 2. In rule XXI add the following new clause:

13. (a) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(b) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes a manager's amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(c) It shall not be in order to consider a rule or order that waives the application of paragraphs (a) or (b).

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

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

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

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

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

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

The SPEAKER pro tempore (Mr. GRAVES of Louisiana). The question is on ordering the previous question.

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

Mr. COLLINS of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting the resolution, if ordered, and suspending the rules and passing H.R. 1353.

The vote was taken by electronic device, and there were—yeas 231, nays 185, not voting 13, as follows:

[Roll No. 176]

YEAS—231

Abraham
Aderholt
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Newhouse
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—185

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Grothman
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee

Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Titus
Tonko
Torres
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—13

Allen
Beyer
Deutch
Emmer
Fortenberry
Lewis (GA)
Marchant
Payne
Rush
Sinema
Slaughter
Thompson (MS)
Tsongas

□ 1335

Mr. COHEN changed his vote from ''yea'' to ''nay.''

Mr. WITTMAN changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mr. ALLEN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 176.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 234, noes 182, not voting 13, as follows:

[Roll No. 177]

AYES—234

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Crist
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Newhouse
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOES—182

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Titus
Tonko
Torres
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—13

Beyer
Deutch
Fortenberry
Lewis (GA)
Marchant
Norcross
Payne
Rush
Schweikert
Sinema
Slaughter
Thompson (MS)
Tsongas

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1342

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

TRANSPARENCY IN TECHNOLOGICAL ACQUISITIONS ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1353) to amend the Homeland Security Act of 2002 to require certain additional information to be submitted to Congress regarding the strategic 5-year technology investment plan of the Transportation Security Administration, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. RUTHERFORD) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 414, nays 2, not voting 13, as follows:

[Roll No. 178]

YEAS—414

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano

Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Esty
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Gutiérrez
Hanabusa
Harper
Harris
Hartzler
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marino
Marshall
Massie
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moore
Moulton
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Murphy (FL)
Murphy (PA)
Nadler
Neal
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Russell
Rutherford
Ryan (OH)
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—2

Hastings
Napolitano

NOT VOTING—13

Beyer
Deutch
Fortenberry
Lewis (GA)
Marchant
Payne
Rokita
Rush
Sinema
Slaughter
Thompson (MS)
Tsongas
Welch

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1349

Mr. WEBSTER of Florida changed his vote from ''nay'' to ''yea.''

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. HASTINGS. Mr. Speaker, during rollcall Vote number 178 on H.R. 1353, I mistakenly recorded my vote as ''nay'' when I should have voted ''yea.''

Mrs. NAPOLITANO. Mr. Speaker, during rollcall Vote number 178 on H.R. 1353, I mistakenly recorded my vote as ''no'' when I should have voted ''yes.''

PRIVILEGED REPORT ON RESOLUTION OF INQUIRY TO THE PRESIDENT

Mr. MURPHY of Pennsylvania, from the Committee on Energy and Commerce, submitted an adverse privileged report (Rept. No. 115–54) on the resolution (H. Res. 154) of inquiry requesting the President of the United States and directing the Secretary of Health and Human Services to transmit certain information to the House of Representatives relating to plans to repeal or replace the Patient Protection and Affordable Care Act and the health-related measures of the Health Care and Education Reconciliation Act of 2010, which was referred to the House Calendar and ordered to be printed.

PROVIDING FOR CONSIDERATION OF H.R. 1101, SMALL BUSINESS HEALTH FAIRNESS ACT OF 2017

Mr. BYRNE. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 210 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 210

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1101) to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees. All points of order against consideration of the bill are waived. In lieu of the amendment recommended by the Committee on Education and the Workforce now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115–9 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question; and (3) one motion to recommit with or without instructions.

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

Mr. BYRNE. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BYRNE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BYRNE. Mr. Speaker, House Resolution 210 provides for consideration of H.R. 1101, the Small Business Health Fairness Act of 2017.

President Trump promised to repeal and replace ObamaCare, which is negatively affecting our economy and causing great hardship on the American people. Congress is responding this week with multiple bills to do just that.

After years of endless premium increases, we must take steps to make health insurance more accessible and affordable, including for small businesses that employ the majority of Americans. H.R. 1101, the Small Business Health Fairness Act, will do just

that by helping to level inequalities between large and small employers, ultimately making health insurance more affordable for millions of Americans.

Simply put, the Small Business Health Fairness Act will empower small businesses to band together through association health plans to purchase health insurance. This will allow them to increase their bargaining power, negotiating for lower health insurance rates on behalf of their employees, just like their large competitors do.

Additionally, the bill will allow their plans to fall under the Employee Retiree Income Security Act of 1974, or ERISA, and the Department of Labor, just like the large self-funded employer plans, preempting a myriad of State regulations that often make insurance unaffordable for small businesses.

The usefulness of this legislation is easy to imagine. For example, a small accounting firm might employ just three or four people while the largest firms employ tens of thousands. If that small firm could join together with others just like it to provide health insurance through their national association, it could have the same bargaining power and be subject to the same regulation as the firm with thousands of employees. This parity means more options and lower costs for employers and employees.

Mr. Speaker, our Nation's small businesses were hit especially hard by the passage of ACA. In fact, a 2016 survey by the National Federation of Independent Businesses found that small businesses identified the cost of health care as their number one challenge.

An estimated 300,000 small-business jobs were destroyed, and an estimated 10,000 small businesses closed altogether due to the failed ObamaCare policies.

Since 2008, 36 percent of all small businesses with fewer than 10 employees have stopped offering healthcare coverage. This has resulted in less overall healthcare options for working families.

ObamaCare's compliance costs and mandates have resulted in $19 billion in lost wages for small-business employees.

The bottom line is that small businesses—the backbone of our Nation's economy—and their employees are feeling the pain of ObamaCare's failures and broken promises.

I meet with these small-business owners from south Alabama every day. They want to take care of their employees and provide them with high-quality health insurance. Through enacting the Small Business Health Fairness Act, we can help thousands of small businesses achieve that goal.

Mr. Speaker, I also want to point out that this legislation includes strong protections to ensure association health plans are solvent and that the families covered by them are indeed protected. A sponsor of a plan must be a bona fide trade, industry, or professional organization and can't be established for the purpose of providing medical care.

The sponsor must have existed for a period of at least 3 consecutive years before providing group health insurance coverage. The association health plan must be operated by a board of trustees and will be supervised by the Department of Labor. This will include minimum capital requirements and a requirement that plans have a stop-loss and solvency insurance.

Finally and most importantly, the bill prohibits association health plans from discriminating based upon health status and preexisting conditions.

Mr. Speaker, the Small Business Health Fairness Act is about ensuring our Nation's small businesses are afforded the same opportunities given to large corporations and labor unions. When similar legislation has been brought to the floor in the past, it has received strong bipartisan support, as I hope this bill will today.

Ultimately, this bill is just one part of our larger plan to rescue the American people from the failures of ObamaCare. This week, the House intends to vote to repeal ObamaCare, along with its mandates and its taxes.

But we do also understand that the pre-ObamaCare status quo is not acceptable. That is why the House is already moving to consider bills to give Americans the freedom, choices, and control they deserve.

Our solutions are built on free market and patient-centered principles. By getting the government out of the way and increasing competition, we can draw down costs and help Americans obtain health care that actually works for them.

Mr. Speaker, I urge my colleagues to support House Resolution 210 and the underlying bill.

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

□ 1400

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman for yielding me the customary 30 minutes.

Mr. Speaker, I rise in opposition to this rule today that provides for consideration of H.R. 1101, the so-called Small Business Health Fairness Act of 2017.

This bill, first of all, from a procedural basis, did not allow even a discussion of the amendments that my Democratic colleagues brought forward to improve the bill. This rule has something called the structured amendment process, which basically means that Democrats are locked out from presenting our ideas for improving this bill. We are not even allowed a 10-minute debate or a vote on any of the ideas that many of my colleagues brought forward.

The gentlewoman from Oregon (Ms. BONAMICI) proposed an amendment to require the legislation only take effect if the Congressional Budget Office determined premiums for older workers wouldn't increase. Sounds like a reasonable idea to at least debate for an hour, 10 minutes. It is important to do.

The gentlewoman from California (Mrs. TORRES) offered an amendment that would have required all association health plans to continue the 10 essential health benefits of the Patient Protection and Affordable Care Act to obtain State certification—again, not even allowed to vote on her amendment.

The gentleman from New York (Mr. ESPAILLAT) offered an amendment to allow States to continue regulating any association health plan, including regulations related to benefits, consumer protections, and rating restrictions—not allowed.

These amendments would have improved the underlying legislation. They should have been allowed to proceed to the floor. Unfortunately, the only amendment that made it in was from the Republican side of the aisle, and all of the great ideas that Members on my side of the aisle offered were prevented from being even allowed to be debated under this restrictive rule.

I find it very troubling that my colleagues on the other side seem to prefer a partisan vote to collaboration and to considering valuable proposals that might help improve the quality of health care just because they happen to come from Democrats.

But there is a bigger issue here. Of course, in addition to the faulty process, the bill is simply a bad bill and does nothing to address the problems with the repeal of the Affordable Care Act, which is pending before this body.

One of the issues raised under this bill is it could lure away young and healthy workers, creating a distortion in the market. The ACA changed that practice by requiring health insurance sold through an association to meet the same insurance standards of coverage sold to the individual and small group market, preventing cherry-picking and providing a basic level of protection for consumers. This bill would roll back that progress, creating a separate set of rules for association health plans, essentially exempting them from complying with State regulations.

There is also little evidence that it has even been effective to expand coverage. That is why many consumer and advocacy groups, including, for instance, the National Association of Insurance Commissioners, have come out opposed to this bill.

But even more disturbing is the fact that we are considering a bill that even its proponents would agree does not in any way, shape, or form replace the protections of the Affordable Care Act. This is a bill that is narrow in scope. In fact, when we marked it up in our committee, the Education and the Workforce Committee, that very same day, the Energy and Commerce and Ways and Means Committees were marking up a bill to create a brand-new entitlement program, remove health care

from 24 million Americans who have it today, and increase costs by 15 to 20 percent for those who are paying for their insurance today.

At that time, the Republican healthcare bill had only been public for 24 hours. When the committees marked it up, we didn't even know how much the bill cost or how many people would lose coverage as a result. That information only came later, after committee members voted to amend or not amend the bill.

Frankly, it is unconscionable to deny people healthcare insurance. It may be a life-or-death proposition, and we need to do a better job understanding bills before we vote on them, which is one of the reasons that we need to make sure we know the cost of this so-called manager's amendment, these midnight changes to the repeal of the Affordable Care Act.

What is interesting with this proposed American Health Care Act the Republicans plan to bring to the floor, it was just reported—and I will be submitting the article for the RECORD—that the Republican bill actually results in more people being uninsured than if ObamaCare were simply repealed outright.

So rather than repealing it outright, what Republicans are doing is giving a tax break to billionaires, creating a brand-new entitlement program, throwing 24 million people off the insurance rolls, and increasing costs by 15 to 20 percent. It would actually throw less people off insurance if they simply repealed ObamaCare.

Mr. Speaker, I include in the RECORD an article from The New York Times.

[From The New York Times, Mar. 21, 2017]

The Upshot—Public Health

FEWER AMERICANS WOULD BE INSURED WITH G.O.P. PLAN THAN WITH SIMPLE REPEAL

(By Margot Sanger-Katz)

The Congressional Budget Office recently said that around 24 million fewer Americans would have health insurance in 2026 under the Republican repeal plan than if the current law stayed in place.

That loss was bigger than most experts anticipated, and led to a round of predictable laments from congressional Democrats—and less predictable ones from Republican senators, including Bill Cassidy of Louisiana and John Thune of South Dakota, who told reporters that the bill needed to be ''more helpful'' to low-income people who wanted insurance.

But one piece of context has gone little noticed: The Republican bill would actually result in more people being uninsured than if Obamacare were simply repealed. Getting rid of the major coverage provisions and regulations of Obamacare would cost 23 million Americans their health insurance, according to another recent C.B.O. report. In other words, 1 million more Americans would have health insurance with a clean repeal than with the Republican replacement plan, according to C.B.O. estimates.

The C.B.O. estimated what would happen after a simple repeal when it considered a bill that Congress passed last year. (President Obama later vetoed that bill.) The bill left parts of Obamacare in place, so the 23 million estimate didn't come with the kind of detailed analysis that accompanied last week's score of the American Health Care Act. But the similarity of the two estimates highlights some of the difficulties of the current proposal, both for Democrats, who are strongly criticizing potential coverage losses, and for the repeal-or-die crowd, who hate the structure of this new bill.

''It's reaffirmed how exceedingly complicated and convoluted the approach the House leadership took,'' said Dan Holler, the vice president for communications and government relations at Heritage Action, an advocacy group firmly in the repeal-or-die camp.

Late Monday, House leadership revealed a set of amendments to the bill, which will be considered when the bill comes up for a vote. But, if they are adopted, the changes are unlikely to have major effects on overall coverage numbers. If anything, the changes might lead to a larger increase in the number of Americans without health insurance.

The people who would end up without health insurance are slightly different in the two cases. The current bill would cause more people to lose employer insurance, while a straight repeal bill would most likely cause more people who buy their own coverage to become uninsured. A simple repeal would be worse for Americans with pre-existing conditions, but the current bill would be worse for older Americans who are relatively healthy. Both approaches would lead to major reductions in the number of Americans covered by Medicaid.

The bill that Congress passed in 2016 is the third scenario. It would have kept Obamacare's major insurance regulations on the books, including its rule that health insurers need to sell insurance at the same price to healthy and sick customers of the same age. It would have removed funding for the expansion of Medicaid, dropped subsidies to help people buy health coverage, and eliminated the individual and employer mandates in the law.

The results of those changes would be drastic: In a decade, 32 million more people would be without health insurance, according to the estimates. The C.B.O. essentially said it was a policy combination that would break the insurance market, resulting in substantially more people losing coverage than gained it under Obamacare.

The kind of full repeal that some Republicans are calling for would, of course, be hard to pass. Even if every member of their caucus supported the approach, most experts believe that repealing Obamacare's major insurance provisions would require a type of legislation that would be vulnerable to a Senate filibuster, and would thus require at least eight Democratic votes.

All three approaches would result in meaningful reductions in the number of Americans with health coverage. But, in the end, it appears that the long-term effects of the current Republican plan don't look that different from full repeal.

Mr. POLIS. Mr. Speaker, Margo Sanger-Katz said, in part: ''But one piece of context has gone little noticed: The Republican bill would actually result in more people being uninsured than if ObamaCare were simply repealed. Getting rid of the major coverage provisions and regulations of ObamaCare would cost 23 million Americans their health insurance. . . . In other words, 1 million more Americans would have health insurance with a clean repeal than with the Republican replacement plan, according to CBO estimates.''

So it is just unclear what the Republicans are trying to do here. If the goal was to come up with something worse than repealing the Affordable Care Act, they certainly reached that goal: less people will have coverage, more tax breaks for billionaires, higher rate increases for most Americans. On every account, it actually underperforms a cleaner repeal.

What Democrats wanted to do is improve the Affordable Care Act. And I want to be clear, none of us have ever argued the Affordable Care Act is perfect. I pushed for fixes. So many of my Democratic and Republican colleagues have pushed for fixes to strengthen the law, like repealing the medical device tax, which adds cost to health care, and altering the Cadillac tax on insurance premiums.

In the Education and the Workforce Committee, I actually offered three amendments to show some of the ideas that I and some of my colleagues had to improve the Affordable Care Act. They offered an amendment to establish a public option in the exchange, to provide a baseline of competition in every ZIP Code in this country—defeated on a partisan vote. I should add that my proposal for a public option—and I am a cosponsor of the bill to do the same—would actually reduce the budget deficit by over $50 billion.

I also offered an amendment for pricing transparency to help make the market in health care work. One of the major market fallacies in health care is a Byzantine pricing structure where, frequently, different entities and people are paying different amounts for the same thing. If we had simple pricing transparency and quality transparency, we would go a long way towards making markets work in health care—defeated on a party vote.

Finally, I offered an amendment that would have allowed reimportation of prescription drugs. When you have a situation where—we have a popular example of this in the EpiPen, costing Americans who need access to the EpiPen over $400, and yet in neighboring countries—Canada, Australia—EpiPens cost $40 or $50, one-tenth as much.

It is not unique to the EpiPen. By no means is that an exception to the rule. In fact, it is the rule. By allowing reimportation of prescription drugs, a proposal that was backed in the Senate in a bipartisan way by many of my Democratic and Republican colleagues as a budget amendment, we could actually reduce costs in health care, making the goal of expanding coverage even easier with those reduced costs.

You know, when I think about health care, I think it is important to think about who in our districts and States it most affects. I think of Pat Hayward, a constituent in my district who lives in Loveland.

Pat has so many family members who would be directly impacted by the repeal of the ACA. For instance, her husband has melanoma and over the years has needed several procedures to remove cancerous cells from his skin.

Had those procedures not been done in a timely and efficient manner, it could cause major complications, including premature death for Pat's husband.

Prior to the Affordable Care Act, when they tried to change insurance carriers, her husband was told that any coverage would exclude coverage of cancers, the very type of coverage he needed, because it was a preexisting condition. They literally would have had to choose between bankruptcy or being forced out of their home and into destitution or not getting the life-saving melanoma treatments that he needed.

But it is not just Pat's husband who has benefited and perhaps is alive and thriving today because of the protections of the Affordable Care Act. Pat's eldest son took advantage of a provision that allowed him to stay on his parents' plan until he got a job with health insurance at age 25.

Their younger son has struggled with anxiety and panic attacks, but thanks to comprehensive mental health treatment and the protections of the mental health parity that are in the Affordable Care Act—and being rolled back under the American Health Care Act, the Republican bill to replace it—their son is now back in college and thriving.

Pat, herself, expressed gratitude. The Affordable Care Act covers wellness visits and tests like mammograms, which can detect problems early, reduce costs, and save lives.

I share this story—and Pat wanted me to share her story—because families like the Haywards are like families in every State, in every county, in every ZIP Code in the country. American families have faced their share of medical challenges, as have mine, and I am sure that yours has as well, Mr. Speaker. Medical challenges crop up unexpectedly. They don't have any bias toward a political party. They affect Democrats and Republicans and Independents and Greens and apathetic voters and diligent participants in our civic system. They make no distinction.

But the Affordable Care Act is there to make it easier for families across our country to stay healthy, to get better, to save their lives so that kids can grow up with their parents healthy, kids can grow up and be able to go to school and get good jobs.

And like so many of my constituents, Pat told me she would rather see the current system improved than thrown out entirely, and I agree. That is why I offered the pricing transparency amendment, the public option amendment, and the reimportation of prescription drug amendment; and there are dozens of other ideas to improve the Affordable Care Act from my side of the aisle. I offered amendments in committee that would have codified these provisions into law.

I plan to continue to fight to improve access and lower healthcare costs, but dismantling the Affordable Care Act is simply counterproductive towards that end.

The Republican proposal to create a brand-new entitlement program would cause 24 million Americans to lose their insurance—over 1 million more than repealing the Affordable Care Act. For those who are lucky enough to still have their insurance, it would increase rates by 15 to 20 percent.

It would also, for reasons unknown, have an enormous tax cut for billionaires and millionaires. We know Republicans want to do that, but they should do that through a tax bill, not through something that is supposed to be a healthcare bill—enormous tax cuts. We are not even talking the wealthiest 1 percent. Most of those tax cuts go to the wealthiest one-tenth of 1 percent of Americans. That certainly doesn't help reduce the cost of health care.

Again, this bill can be debated, and, frankly, many of us feel it presents a problem in the risk pools that remove consumer protections. There is a solvency issue around some of these groups. There is a legitimate debate to be had, but we certainly haven't heard anybody present that somehow this bill is any kind of answer to making health care more affordable or expanding coverage.

What we have before us over the next couple of days is a bill that not only is the answer, but is a bill that creates an even bigger problem. The Republican healthcare bill would dig us in a deeper hole with regard to health care, leaving more Americans without coverage, creating a costly, brand-new entitlement program, and raising rates for those Americans who are lucky enough to still have their insurance after the Republicans remove it from tens of millions of people.

If that bill is the answer, what is the question?

Is the question, Mr. Speaker: How do we make health care cost more for American families?

Is the question, Mr. Speaker: How do we have less people covered and throw 20 million people off of health care insurance?

Is the question, Mr. Speaker: How do we make sure that, rather than work hard and try to get a raise or work two jobs, Americans are forced to quit their jobs and be lazy and not work just so that they can have Medicaid eligibility, which is what the brand-new Republican entitlement program would do?

Or, is the answer to move forward in a bipartisan way to improve the Affordable Care Act, a discussion that so many of us are excited to have.

I was disappointed that my three amendments were shut out in partisan votes in committee, and I am hopeful that by resetting this process, we can work together to reduce costs and expand coverage. Defeating the rule today will be the first step towards accomplishing that.

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

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

My colleague from Colorado raised an important question: What are the Republicans trying to accomplish here? It is pretty simple. We are trying to give freedom and choice back to the American people who lost their freedom and choice and control over their healthcare plans, who lost freedom and control over their health care because of an ill-considered law passed by this Congress several years ago.

He talked about the cost to American consumers. If you want to pass something that is going to increase cost to American consumers, this Congress did that several years ago. Look at the dramatic increase in healthcare insurance premiums, the dramatic increase in people's deductibles that have occurred since the Affordable Care Act—the so-called Affordable Care Act—was passed here in Congress several years ago.

We are trying to reverse that. We are trying to get control back. And, in fact, we know from the Congressional Budget Office score that it will lower premiums by 10 percent. We haven't seen premiums go lower in years. So if they want to know what we are trying to accomplish, it is plain on its face.

The gentleman referred to some amendments that he offered in committee. Every one of those amendments was ruled nongermane.

And for those of us that maybe don't understand a lot about what ''germane'' means, it is pretty simple. You can't offer amendments to a bill that aren't related to the subject matter of the bill.

The chairwoman of the committee ruled that he offered amendments that weren't germane to the bill that we have today. So the gentleman didn't lose because people were trying to lock him out of the process. He just offered amendments that had nothing to do with the underlying bill.

He talked about the fact that this underlying bill for the rule we have today will lure away young and healthy workers.

1415

Let me say it again. I said this in my principal remarks. Under this bill, none of these association health plans can discriminate against anybody. They can't do that. They can't say we are only going to let young or healthy people in the plan. They have to admit everyone. So there is no discrimination here. Everyone will be covered.

And remember how many people in America work for small businesses. All types of Americans work for small businesses. We are not trying to hurt them. We are trying to give them more opportunities to get better health insurance that will cost less money.

And if there was anything in here that would cause discrimination, we would have heard long and hard about that before this point. I would suggest to you, Mr. Speaker, that that is not a relevant argument to this particular bill. Every plan that is going to be

under this bill must comply with the regulations of the Department of Labor, just like big corporation plans have to comply with the regulations of the Department of Labor.

We are simply treating small businesses through these associations the same way we treat big corporations. We have essentially denied to the employees of small businesses the same opportunities to get good health insurance at a lower cost that their colleagues that work for bigger corporations get.

The reason the bigger corporations have this is because the Department of Labor comes up with a nationwide rule so you don't have all these different variations from State to State and allows for those big companies to do the things that they can do so very well because of their size to get better health care for an affordable cost for their employees. We are giving the same thing to these small businesses through their associations.

And remember, this is not just one bill. We actually just passed a rule. We will be considering another bill that will exempt, from the provisions of McCarran-Ferguson, health insurance so we get more competition into the health insurance market.

This bill is on top of that. It is on top of the AHCA that we will be considering later this week and other bills that will be coming, because there are a host of things that we are doing on this side of the aisle to make sure we restore freedom and choice and affordable care to the people of our country.

We are not removing people from health insurance in any of the bills that we are doing. We are giving them the freedom to choose. And that is what America is really all about: the freedom to choose.

Right now we are coercing, by law, people to go out and buy health insurance that they don't want. That shouldn't be done in America. We are going to give them their freedom back. And if they chose not to buy health insurance, that is their right as Americans. That is not taking something away from somebody. That is giving them their freedom back.

So I would suggest to the gentleman that, if he wants to look for something that is going to help the workers of America, this bill and the other bills that our side of the aisle are proposing will do just that.

Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. DUNN).

Mr. DUNN. Mr. Speaker, I thank my friend, the gentleman from Alabama, for yielding me time.

Mr. Speaker, I rise today in support of H.R. 1101, the Small Business Health Fairness Act.

As a surgeon in north Florida, I witnessed, firsthand, the disaster that is ObamaCare. After ObamaCare was passed and implemented, small medical practices across the country were faced with new, crippling regulations that threatened their very existence.

I ran a small urology practice in Panama City and faced the very devastation that these new regulations on small business imposed. Thankfully, I was able to work with several other small practices to create the Advanced Urology Institute, a 45-physician practice with over 400 employees and offices throughout north Florida. Cooperation and pooling of our resources allowed our practice to reduce costs and to better serve our patients.

My experience underscores why the Small Business Health Fairness Act is so crucial. The Small Business Health Fairness Act allows small businesses to operate under the same principle when purchasing health insurance for their employees.

By joining together across State lines through associations, small businesses can achieve the economies of scale enjoyed by big businesses and unions when purchasing health care. It will empower small businesses to purchase better plans at a lower cost, which means working families can get the care they need at a price they can afford.

It is time to put small business employees on a level playing field with those of large businesses and those in unions. The health insurance market and this bill does just that.

Mr. POLIS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, first of all, amendments that were brought forward by Ms. BONAMICI, germane. Republicans shut it down, didn't allow a debate.

Amendment brought forward by NORMA TORRES for this very bill, germane—not allowed to be debated for not even 10 minutes, not 5 minutes, not even 1 minute. Mrs. TORRES wasn't even allowed to offer her amendment under this rule that only allowed Republican amendments.

Finally, Mr. ESPAILLAT's amendment to this bill, yes, germane. He was, nevertheless, shut out in a party-line vote by the Rules Committee and not allowed to present his amendment before the floor that would simply allow States to continue protecting the benefits and consumer protections and rating restrictions in associated health plans, very simply.

Mr. Speaker, we are here considering the rule for H.R. 1101 and we still don't have a cost estimate from our nonpartisan experts at CBO. We certainly believe this legislation will increase premiums for the middle class and seniors, but we don't have any idea how much so. It is becoming a pattern, Mr. Speaker.

Two weeks ago, the Republican majority pushed ahead with their healthcare repeal bill without a cost estimate. A week later, it turned out it will cost 24 million Americans their insurance and 15 to 20 percent increases for those who would still have it.

Late last night, there was a backroom, secretive manager's amendment that was proposed which we don't know the cost of or how it would affect coverage, and it is irresponsible for the Republicans to move forward without knowing the effect of the bill as amended.

If we defeat the previous question, I will offer an amendment to the rule that would require a CBO cost estimate that analyzes the impact of any legislation amending or repealing the Affordable Care Act, as well as the impact of any manager's amendment to that legislation, to be made publicly available before the bill may be considered on the House floor.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from California (Ms. LEE) to discuss our proposal to make sure we actually know the cost of what is before this body.

Ms. LEE. Mr. Speaker, I first want to thank the gentleman from Colorado for yielding and for his tireless advocacy on behalf of the American people.

Mr. Speaker, I rise in opposition, first, to this terrible rule, of course, which made no Democratic amendments in order, but also in strong support of Congressman POLIS' amendment that requires the nonpartisan Congressional Budget Office to score the final bill, which is the bill to take away health care from 24 million people, to score it as amended by the Republican manager's amendment before the bill is on the House floor.

This clearly is nothing new for Republicans, though. In fact, just 2 weeks ago, Republicans shamefully pushed ahead with the markup of their terrible ACA repeal bill without a score from the Congressional Budget Office. And this week, on the seventh anniversary of the Affordable Care Act, Republicans' terrible plan to repeal this lifesaving legislation will make it to the House floor.

One thing is clear. Republicans' proposals, of course written in secret back rooms, would be a disaster for struggling families, seniors, people with disabilities, low-income individuals, the poor, and the middle class.

It would, yes, rip away health care from 24 million people, reduce benefits, increase rates for those who can least afford this, and transfer $600 billion in tax cuts to the very wealthy. That is outrageous, but it gets even worse.

Late last night, in secret back rooms, Republicans introduced a dangerous manager's amendment that doubles down on the war on women's health and the poor, low-income, and struggling families.

Yes, once again, Republicans are attempting to move forward with a vote on the final GOP's take away health

care from 24 million Americans, a bill that includes a manager's amendment, without an updated Congressional Budget Office score.

The American people deserve to know the full damage of this disastrous bill. I urge my colleagues to vote ''no'' on the previous question and support Congressman POLIS' amendment to ensure that we have updated Congressional Budget Office scores before this bill is brought to the House floor.

I thank the gentleman for this amendment, and I thank him for yielding me time.

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

Mr. Speaker, the manager's amendment that has been referred to was put on a public website last night. Everyone in the House of Representatives will have 3 days to read the manager's amendment. There is nothing secret about it.

Bills are not written in front of cameras. They are written so that they can be put on public websites for all of us to see it. This manager's amendment was handled like many, many other manager's amendments are handled, including the way manager's amendments have been handled by the other side when they were in the majority.

Let's remember, in 2010 when the reconciliation bill was passed that established the ACA, no amendments were allowed on the floor—none, zero. So if there is a precedent that has been set in this House, it was set by my friends on the other side of the aisle when they passed the Affordable Care Act and wouldn't allow any amendments by any Member of the House. That is the precedent.

There is nothing new about the way this manager's amendment was handled. It was handled the way manager's amendments are handled virtually all the time. Everybody in this House now has a copy of it, has plenty of time to read it and ask questions about it. Nothing secret going on here.

The truth of the matter is that we are moving forward with our plan, as we said we were, to repeal and replace ObamaCare, to give freedom and choice back to the people of America so that patients control their health care, not a bureaucrat in Washington.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, first of all, over 150 amendments by Democrats were rejected to this healthcare bill before us today, contrary to the process of 8 years ago when over 120 Republican amendments were not only made in order, but were actually incorporated into the healthcare bill despite the fact that, for final passage, not a single Republican voted for it.

So when we talk about the record and the precedent, there couldn't more of a night-and-day difference between what is occurring today where Democrats are locked out and the effort 8 years ago where Republican ideas were welcomed in the process.

I also want to ask my colleague from Alabama—I was hoping that he would yield me the time to do so, and I will have to yield him time for an answer—he mentioned that this manager's amendment has already been posted and we will have 3 days to look at it. I just want to get his assurance that the version that we saw posted is the actual version that will be brought to the Rules Committee and presented on the floor and there will be no further changes to the manager's amendment, if the gentleman can assure me of that.

Mr. BYRNE. Will the gentleman yield?

Mr. POLIS. I yield to the gentleman from Alabama.

Mr. BYRNE. As far as I know, speaking back to the gentleman from Colorado, the manager's amendments that were posted last night are going to be the manager's amendments that we will consider tomorrow in the Rules Committee.

Mr. POLIS. Reclaiming my time, Mr. Speaker, I also would like to ask if we are going to have a score from the Congressional Budget Office prior to the House having to vote on that manager's amendment?

I yield, for an answer, to the gentleman from Alabama.

Mr. BYRNE. Mr. Speaker, I am ready to answer the question.

We believe that we will be receiving the CBO table prior to the vote on the floor of the House of Representatives.

Mr. POLIS. Mr. Speaker, reclaiming my time, again, that simply confirms what our previous question would simply require, that before the bill is voted on we will simply know how much it costs and who it impacts. What could be more important than finding that out.

I think it is important to note that Democrats have been shut out of the process, at the committee level, in the amendments I offered. Even the germane amendments of this particular bill before us today, Democrats were locked out.

Rather than allow Members of both parties to participate in reducing the costs of health care and increasing coverage, Republicans have come up with a bill that actually increases costs and decreases coverage.

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

Mr. BYRNE. Mr. Speaker, from what I saw in the CBO score of the bill, the AHCA bill actually reduces government spending, reduces taxes, and reduces health insurance premiums over the window of the CBO score.

□ 1430

So it does the exact opposite of what the gentleman suggested. It does exactly what the American people sent us here to do.

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

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

Mr. Speaker, the statistics we are talking about, the fact that it will cost Americans 15 to 20 percent more to get health care, the fact that it will cost 24 million Americans their insurance, these are not statistics that are made up by some group that wants to oppose the Republican effort. They are facts that are arrived upon by the Congressional Budget Office, the head of which was appointed by a Republican. They do diligent work to determine how much bills cost and what their effect is.

Now, of course, you know, those are best estimates. Maybe, instead of 24 million people who will lose coverage under the Republican healthcare bill, maybe it will be 25 million, maybe it will be 23 million. There is always a little bit of variation on what those predictions are.

But whether it is 23 million or 25.6 million, the fact that Americans—millions, tens of millions of Americans—will lose coverage under this Republican bill should be a flashing warning sign that it is time to slow down and work in a collaborative manner to improve the Affordable Care Act, rather than create a brand new entitlement program that throws 24 million people off the insurance rolls, and increases the cost for those who remain by 15 to 20 percent.

This bill immediately before us is a diversion from the real story in health care. In my home State alone, 600,000 Coloradans would likely lose coverage if the American Health Care Act is rammed through Congress, as my Republican colleagues intend to do.

The American Health Care Act would roll back important protections and coverage gains. It would create a brand new entitlement program, while delivering record tax breaks for billionaires in New York and California.

It is clear that this bill threatens the health and welfare of hundreds of thousands of families in Colorado alone, tens of millions across the country. It is time that we get this process right and slow down, rather than cramming a midnight bill through the House of Representatives that we don't even know the cost of, before we are voting on it.

This is simple, Mr. Speaker. Democrats are excited to roll up our sleeves and work together to create a plan that will reduce healthcare costs. If you don't like the amendment I offered for allowing reimportation of prescription drugs, let's talk about other options.

What about Medicare negotiating prescription drug rates? What about removing tax deductibility for the advertisements for pharmaceutical companies?

What about expediting approval process at the FDA, which President Trump himself mentioned in this very Chamber as a proposal that can reduce the cost of approving drugs from the $1.2 billion it costs today, which is passed along to consumers, to a much lower cost, thereby passing the savings along to consumers.

There are plenty of good ideas the Democrats and Republicans can work together on. None of them are this bill before us today. None of them are in the repeal of the Affordable Care Act. So let's just stop this ridiculous partisan process.

I don't want 24 million Americans to be victims of partisanship in Washington. I don't want other Americans who pay for their healthcare insurance to be victims of partisanship in Washington.

I want to make sure that people in my district who are working hard and only able to afford coverage under the Affordable Care Act because of the healthcare subsidies are not forced into medical bankruptcy and to give up their jobs and rely on Medicaid because of Republican efforts to ram through this brand new entitlement program.

Let's get this right. There is plenty of opportunity to work together to reduce costs and expand coverage. The American Health Care Act does the exact opposite. It increases costs and reduces coverage.

And instead of these incremental bills, like this so-called Small Business Health Fairness Act, which actually winds up removing protections and pushing more costs onto working families and seniors, we should improve upon and fix the Affordable Care Act that we put in place 7 years ago. We should support innovation to produce healthier outcomes, to reduce costs, and, yes, to expand coverage across our country.

We have a unique opportunity in this Congress to put partisanship behind us, to work together to make affordable health care a reality for every American family. Because you know what? When you have a preexisting condition, like I talked about Pat's husband in my district who suffers from melanoma, it doesn't matter whether he is a Republican or a Democrat or Independent or whether he is not even registered at all.

What matters is that he is a father to two children, a husband to his wife, and he wants the ability to work with dignity, support himself, and have medical insurance to receive his lifesaving monthly injections that allow him to maintain his quality of life and continue to work and pay taxes and support his kids and family. That is what healthcare coverage is all about.

So let's stop this silly partisanship. This Republican American Health Care Act actually kicks more people off of the healthcare rolls than simply repealing ObamaCare. By creating this brand new entitlement program, they are actually costing an additional 1 millions Americans their healthcare insurance.

But the answer is not to cost 23 million people their healthcare insurance. It is not to take it away from 24 million people. You know what the answer is, Mr. Speaker, is to provide a way that more people can work hard and pay into the system, and that we decrease the number of Americans who lack access to healthcare insurance which, in turn, reduces the costs for the rest of us because of the cost shifting that occurs within health care.

Mr. Speaker, I know so many of my friends on the Republican and Democratic side of the aisle, dedicated public servants with thoughtful ideas that they have based on their life experiences, that they want to present before this body to reduce the cost of health care. Let's let them do it. Let's have an open process.

So, 150 amendments from Democrats were shot down in committees, not even allowed to be debated, not even allowed to be included in this healthcare bill. Three of mine were shot down. In this very rule today, amendments by Mr. ESPAILLAT and Ms. BONAMICI were not even allowed to be debated.

The American people want health care to be affordable, and they want Republicans and Democrats to work together to accomplish that end.

Let's vote ''no'' on this rule. Let's reset the process. Let's fix health care. Let's expand coverage. Let's reduce costs. I look forward to working with my colleagues on both sides of the aisle to accomplish those important goals that my constituents have sent me here to work on.

I urge my colleagues to vote ''no'' on the previous question so we can know the cost of any manager's amendment before we vote on it; to vote ''no'' on the rule, and to vote ''no'' on the underlying bill.

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

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

I certainly agree with my colleague from Colorado that we should avoid silly partisanship, and I hope that that means we won't see silly partisan procedural motions and points of order between now and the end of the week. We have seen plenty of those up until this point in time by our friends on the other side of the aisle, and I hope that his statement means we won't see any more since he believes that silly partisanship is bad for this body and the consideration of these important healthcare bills.

We are not here today to talk about the AHCA. We are here today to talk about the Small Business Health Fairness Act. That is what this rule covers.

Let me go over again what has happened to small businesses, but, more importantly, what has happened to the people who work for small businesses. An estimated 300,000 small-business jobs were destroyed by ObamaCare; 10,000 small businesses closed because of ObamaCare.

Since 2008, 36 percent of small businesses that have fewer than 10 employees have stopped offering healthcare coverage altogether. ObamaCare's compliance costs and mandates have resulted in $19 billion in lost wages for small-business employees.

The majority of people in this country work for small businesses. We are trying to give them a fair shake. We are trying to give them their freedom and their choice back. We are trying to give them affordable care because their freedom and their choice and the affordability of their care has evaporated over the last several years.

Ask anybody in America. They come up to me all the time in my district and tell me this.

We, through this bill and the other bills we are considering, are repairing the damage done to the people of America by ObamaCare.

Now, my colleagues can throw up dilatory points of order and other procedural items later on if they want to engage in silly partisanship, or we can get down to the business of taking care of the workers in America.

This bill, or a concept like this bill, has been on this floor before and enjoyed bipartisan support. If we are going to drop silly partisanship, let's drop it right now on this rule and on this bill, and adopt it for the good of the workers in these small businesses throughout America.

Mr. Speaker, I again urge my colleagues to support House Resolution 210 and the underlying bill.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 210 OFFERED BY MR. POLIS

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

SEC. 2. In rule XXI add the following new clause:

13. (a) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(b) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes a manager's amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(c) It shall not be in order to consider a rule or order that waives the application of paragraphs (a) or (b).

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to

offer an alternative plan. It is a vote about what the House should be debating.

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

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

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

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

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

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The question is on ordering the previous question.

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

Mr. POLIS. 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.

VIETNAM WAR VETERANS RECOGNITION ACT OF 2017

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of the bill (S. 305) to amend title 4, United States Code, to encourage the display of the flag of the United States on National Vietnam War Veterans Day, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

S. 305

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 ''Vietnam War Veterans Recognition Act of 2017''.

SEC. 2. DISPLAY OF FLAG ON NATIONAL VIETNAM WAR VETERANS DAY.

Section 6(d) of title 4, United States Code, is amended by inserting ''National Vietnam War Veterans Day, March 29;'' after ''third Monday in February;''.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

COMPETITIVE HEALTH INSURANCE REFORM ACT OF 2017

Mr. GOODLATTE. Mr. Speaker, pursuant to House Resolution 209, I call up the bill (H.R. 372) to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 209, in lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115–8 is adopted and the bill, as amended, is considered read.

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

H.R. 372

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 ''Competitive Health Insurance Reform Act of 2017''.

SEC. 2. RESTORING THE APPLICATION OF 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)(1) 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 (including the business of dental insurance and limited-scope dental benefits).

''(2) Paragraph (1) shall not apply with respect to making a contract, or engaging in a combination or conspiracy—

''(A) to collect, compile, or disseminate historical loss data;

''(B) to determine a loss development factor applicable to historical loss data;

''(C) to perform actuarial services if such contract, combination, or conspiracy does not involve a restraint of trade; or

''(D) to develop or disseminate a standard insurance policy form (including a standard addendum to an insurance policy form and standard terminology in an insurance policy form) if such contract, combination, or conspiracy is not to adhere to such standard form or require adherence to such standard form.

''(3) For purposes of this subsection—

''(A) the term 'antitrust laws' has the meaning given it in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12), except that such term includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition;

''(B) the term 'business of health insurance (including the business of dental insurance and limited-scope dental benefits)' does not include—

''(i) the business of life insurance (including annuities); or

''(ii) the business of property or casualty insurance, including but not limited to—

''(I) any insurance or benefits defined as 'excepted benefits' under paragraph (1), subparagraph (B) or (C) of paragraph (2), or paragraph (3) of section 9832(c) of the Internal Revenue Code of 1986 (26 U.S.C. 9832(c)) whether offered separately or in combination with insurance or benefits described in paragraph (2)(A) of such section; and

''(II) any other line of insurance that is classified as property or casualty insurance under State law;

''(C) the term 'historical loss data' means information respecting claims paid, or reserves held for claims reported, by any person engaged in the business of insurance; and

''(D) the term 'loss development factor' means an adjustment to be made to reserves held for losses incurred for claims reported by any person engaged in the business of insurance, for the purpose of bringing such reserves to an ultimate paid basis.''.

(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.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary.

The gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. 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 materials on H.R. 372.

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

There was no objection.

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

Mr. Speaker, I rise today in support of a bill that will move us a step closer towards restoring healthy competition in the health insurance industry. Today, the health insurance industry is besieged by dwindling competition and skyrocketing premiums. Insurance providers, States, and the public have been dealing with the disastrous repercussions of ObamaCare for the past 6 years and overregulation by States for much longer.

Congress finally has the opportunity to pass legislation to reverse the downward spiral of our health insurance industry. Any such legislation must encourage a robust and competitive health insurance market in which insurance providers actively compete for customers. Healthy competition ensures premiums are accurately priced and that customers are able to find a variety of policies to meet their specific needs and demands.

H.R. 372, the Competitive Health Insurance Reform Act of 2017, represents a step on that journey, repealing the McCarran-Ferguson Act as it applies to the business of health insurance. There is wide support for this bill, and the Judiciary Committee has favorably reported similar legislation in the past, including legislation that was passed by the House, 406–19 during the 111th Congress.

The stated goal of the bill is to help restore competition in the healthcare market. I support this goal and firmly believe this bill must be coupled with larger changes to the existing Federal and State healthcare regulatory schemes.

As Speaker RYAN has noted, States ''should be empowered to make the right tradeoffs between consumer protections and individual choice, not regulators in Washington.''

This bill does not impact the State's ability to regulate the insurance market. Rather, this legislation levels the playing field for all healthcare industry participants. While insurers have been exempt from Federal antitrust laws for the past 70 years, healthcare providers and other participants have not.

□ 1445

This bill removes this exemption, ensuring that health insurers are better able to compete to provide quality coverage, thereby benefiting hospitals, doctors, and, most importantly, patients.

In addition, if separate legislation is passed to allow for the more open sale of health insurance across State lines, the Competitive Health Insurance Reform Act will allow uniform Federal antitrust laws to be applied across the marketplace while allowing States to maintain authority as the primary regulators of the health insurance market outside of the antitrust sphere.

The McCarran-Ferguson Act was originally passed to leave the regulation of the business of insurance with the States and to allow insurers to engage in certain procompetitive collaborative activities.

This legislation limits significant uncertainty and unnecessary litigation that would likely result from a broader McCarran-Ferguson repeal, through the use of safe harbors for such historically procompetitive collaborative activities, specifically the collection and distribution of historical loss data, the determination of loss development factors, the performance of actuarial services that do not involve restraints of trade, and the use of common forms that are not coercive.

Absent these safeguards, insurers will likely disengage from certain proconsumer collaborative activities, eliminating or impeding smaller insurers from competing and disincentivizing larger insurers from exploring new products and markets. This will lead to further market consolidation and fewer product choices, the impact of which will eventually be borne by the consumer.

These narrow safe harbors create a presumption that certain procompetitive activities can continue while maintaining regulation and oversight to the extent any activity crosses over into a restraint of trade. As a result, insurers can continue to engage in proconsumer business practices and will be encouraged to provide a diverse range of offerings at fair and reasonable prices.

I thank Mr. GOSAR for introducing this legislation, and I urge all of my colleagues to vote for the Competitive Health Insurance Reform Act.

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

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

Mr. Speaker, I rise in qualified support of H.R. 372, the Competitive Health Insurance Reform Act, but I do not endorse the majority's exaggerated claims regarding the bill's impact on the affordability and availability of health insurance.

H.R. 372 would partially repeal the limited Federal antitrust exemption for the business of insurance established by the McCarran-Ferguson Act in 1945. Specifically, the bill only permits Federal antitrust enforcement with regard to the business of health insurance.

Now, House Democrats have long supported a full repeal of McCarran-Ferguson's antitrust exemption for all insurers, not just for health insurers. In 2010, under a Democratic House majority, we passed legislation to repeal the McCarran-Ferguson exemption for health insurers by a vote of 406–19, even though House Republicans had not previously supported moving any version of a McCarran-Ferguson repeal bill.

But let me be clear. Enacting H.R. 372 would in no way be a substitute for the many health insurance guarantees of the Affordable Care Act. The two things are completely separate. To begin with, enacting H.R. 372 would not significantly improve healthcare affordability or coverage. According to the Congressional Budget Office, H.R. 372's effect on health insurance premiums would probably be quite small, and enacting the bill would have no significant net effect on the premiums the private insurers would charge for health or dental insurance. That is according to the Congressional Budget Office.

The Consumers Union observes that the application of the antitrust laws to some health insurance activity, by itself, is simply not enough to create a vibrant insurance market because our long experience shows you can't expect a healthcare system to run effectively on competition alone. That is the Consumers Union.

Likewise, the majority's claim that enacting H.R. 372 would create major new competition by allowing cross-State insurance sales is unavailing. Current law, including the Affordable Care Act, already allows States to agree with each other to allow cross-State insurance sales.

Enabling Federal antitrust agencies to police certain forms of anticompetitive conduct will not, in and of itself, incentivize health insurers to offer products across State lines beyond the incentives that already exist for offering such products. It just won't happen by itself. Whatever the incentives for health insurers to offer such products, they have little to do with Federal antitrust law or enforcement.

Finally, enacting H.R. 372 would not ensure that the Affordable Care Act's prohibitions against discrimination and limits on premium growth would remain in place. H.R. 372 only applies to certain anticompetitive conduct and does not preserve or enhance existing protections for consumers of health insurance. For instance, it does not prohibit discrimination by health insurers on the basis of preexisting conditions, nor does it reduce premium growth or require health insurers to be accountable for price increases.

Repeal of the antitrust exemption for health insurance is a complement to and not a replacement for the Affordable Care Act's many consumer protections. This is not an either-or situation. We need H.R. 372 and the Affordable Care Act to be in place to maximize benefits, improve quality, and lower costs for consumers.

So while I support the bill with some reluctance, I take issue with the majority's rhetoric. It is very important that we set the record straight here.

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

Mr. GOODLATTE. Mr. Speaker, I yield 5 minutes to the gentleman from Arizona (Mr. GOSAR), who is the chief sponsor of the legislation.

Mr. GOSAR. Mr. Speaker, I thank Chairman GOODLATTE and the Judiciary Committee for their thorough work on this bill. I would also like to express my appreciation to the broad group of stakeholders who have helped to shape, improve, and support this commonsense and consumer-centric legislation.

As Congress, once again, faces the preeminent task of repairing our Nation's healthcare system, first and foremost, we must establish the proper foundation for a competitive and consumer-driven health insurance marketplace that empowers patients.

The Competitive Health Insurance Reform Act of 2017 will restore the application of Federal antitrust laws to health insurance and infuse much-needed competition and transparency to the industry. Ending the special-interest exemption is the essential first step to broader healthcare reform. Popular cost-reducing reform priorities, such as selling insurance across State lines and developing diverse, consumer-driven plans, are predicated on the robust competitive markets this bill will enable.

As a healthcare provider for more than 25 years, I understand firsthand the importance of a competitive and dynamic health insurance market. Patients, doctors, and hospitals alike benefit when health insurers compete to provide a variety of quality coverage options.

It is apparent that after 70 years, McCarran-Ferguson, the broad-stroked exemption created by Congress in the 1940s, was not wise. Over decades, and expeditiously since the passage of ObamaCare in 2009, the health insurance market has devolved into one of the least transparent and most anticompetitive industries in the United States. These antiquated exemptions are no longer necessary for health insurance. There is no reason in law, policy, or logic for the industry to have special exemptions that are different from all other businesses in the United States.

The interpretation of antitrust law has narrowed dramatically over the decades. Many of the practices which insurers say they need this exemption to do, such as analyzing historical loss data, have proven to be permissible by the Federal Trade Commission and the courts over the decades since McCarran-Ferguson was passed.

This narrowing of scope has resulted in a law whose efficacy and usefulness long since expired. Yet, the shell of this zombie law lurks to scare off potential, legitimate legal challenges from States, patients, and providers. These entities do not have the tools, money, or manpower to challenge these monopolies in court or head-on in the current market. Only the Federal Government, with its resources, can enforce the laws which rebalance the playing field of interstate commerce fairly.

I would like to stress the point that this legislation does not affect any other type of insurance other than health insurance. The language of the bill was carefully and deliberately drafted to exclude other areas of insurance, such as life insurance, property and casualty insurance, and excepted benefits like disability income insurance. In short, the legislation before the House today does not repeal the McCarran-Ferguson Act for life insurance, annuities, property and casualty insurance, disability income insurance, and long-term care insurance.

The broad stakeholders of healthcare professionals, insurance providers, and consumer protection groups support this narrow and important scope of the language. I am open to efforts to strengthen the narrow and deliberate scope of this legislation going forward should the need and opportunity arise.

Repeal of this specific section of the McCarran-Ferguson Act, which applies only to health insurance, has strong bipartisan support. As labeled earlier, in the 111th Congress, it passed by a vote of 406–19 and passed the Republican-led House in the 112th Congress by a voice vote. Similar legislation has been introduced by multiple Democratic Members of the House, and the text of my bill has been included in the Republican Study Committee's healthcare reform bill for the last four Congresses in a row.

The passage of the Competitive Health Insurance Reform Act into law is an important first step towards increasing competition in health insurance markets and will assist with setting the foundation for real, competitive, and patient-centered healthcare reform.

At the end of the day, you can tell a lot about a bill by who supports it. H.R. 372 has the support of the healthcare professionals that actually provide care to patients, including doctors, dentists, surgeons, pharmacists, chiropractors, optometrists, and others. This key law, by liberating, liberates the insurance industry and doctors and empowers the patients. Doctors will see and insurance will see that the patient is empowered for new opportunities. Things that we can't even imagine today will exist through competition. It is the American way.

Mr. Speaker, I thank the chairman and the members of the committee for their work on this issue. I urge my colleagues to support this bill.

Mr. CONYERS. Mr. Speaker, I yield such time as he may consume to the gentleman from Rhode Island (Mr. CICILLINE), who is a distinguished leader of the Judiciary Committee.

Mr. CICILLINE. Mr. Speaker, I thank the gentleman for yielding and for his extraordinary leadership on this legislation.

Mr. Speaker, H.R. 372, the Competitive Health Insurance Reform Act of 2017, would partially repeal a long-standing antitrust exemption established by the McCarran-Ferguson Act with respect to the business of health and dental insurance.

To qualify for this limited antitrust exemption, an insurer must be engaged in the business of insurance regulated by a State that is not designed to boycott, coerce, or intimidate.

While these requirements somewhat constrain anticompetitive conduct, it is clear that they do not preclude the most egregious antitrust violations, such as price fixing, bid rigging, and market allocation, by health insurance providers.

□ 1500

Health insurers should not be immune from antitrust scrutiny, particularly when they collude to increase prices, reduce availability, or otherwise engage in anticompetitive behavior.

That is why House Democrats passed a measure that is substantively similar to H.R. 372, in 2010, by a vote of 406–19, and in 2009, as well. In 1988, 1992, and 1994, Judiciary Democrats likewise favorably reported legislation to completely repeal the McCarran-Ferguson Act.

While H.R. 372 is only a partial repeal of this exemption, I encourage my colleagues to support this measure. But let me be perfectly clear about three things:

First, promoting competition in health insurance markets cannot occur at the expense of the strong protections established by the Affordable Care Act to make health markets more efficient and prohibiting discriminatory insurance policies. These protections are ''textbook measures that help promote competition in the insurance marketplace,'' as Professor Tim Greaney, a leading antitrust expert, testified in 2015.

Second, contrary to President Trump's suggestions on Twitter, repealing McCarran-Ferguson's antitrust exemption for health insurance will not remove State barriers or create new pathways for insurance companies to compete and offer products across State lines.

This simplistic approach to healthcare policy overlooks the fact that the Affordable Care Act already allows States to establish healthcare choice compacts to provide for cross-State insurance sales, while five States have already enacted out-of-State purchasing laws. But these laws have done little to encourage cross-State insurance sales because health insurers are simply not interested in selling these products across State lines.

The barriers to entry into health insurance markets ''are not truly regulatory, they are financial and they are network,'' as Professor Sabrina Corlette of Georgetown University's Health Policy Institute has observed.

Notwithstanding President Trump's exaggerated claims to the contrary, it is also clear that enacting this legislation is not a precondition for Congress

authorizing cross-State insurance sales.

My Republican colleagues on the Judiciary Committee agree, noting in their report on the bill that ''the general consensus, including among witnesses at the most recent Judiciary hearing on the Competitive Health Insurance Reform Act, is that if Congress decides to allow insurers to sell across State lines, such action does not necessarily require a repeal of McCarran-Ferguson.''

And third, there is no evidence that enacting this bill alone will improve the affordability or availability of health insurance.

According to the Congressional Budget Office, the effect of H.R. 372 on health insurance premiums ''would probably be quite small,'' and enacting the bill will have ''no significant net effect on the premiums that private insurers would charge for health or dental insurance.''

Additionally, because the McCarran-Ferguson Act does not apply to mergers, H.R. 372 will not prevent further concentration in health insurance markets.

The truth is, Mr. Speaker, if Republicans were serious about actually enforcing the antitrust laws, they would fully fund the antitrust agencies. But as we know from the Trump administration's budget blueprint, Republicans plan to make deep cuts to the funding of enforcement agencies like the Justice Department, likely to the detriment of economic opportunity and fair competition.

In addition, President Trump has not even nominated heads to the antitrust agencies. According to the Partnership for Public Service, even though he has been in office for 60 days, President Trump has not picked a nominee for 497 of the 553 positions requiring Senate confirmation.

Worse still, President Trump is reportedly considering appointing a former lobbyist for a health insurance giant to run the Justice Department's antitrust division, which is tasked by Congress ''to protect economic freedom and opportunity by promoting free and fair competition in the marketplace.''

Citing lobbying reports, the International Business Times notes that this particular lobbyist participated in the ''antitrust issues associated with Anthem's proposed acquisition of Cigna,'' and his firm received $375,000 in lobbying fees.

Just last month, the Justice Department won an important lawsuit initiated under the Obama administration to block this merger, which, according to the Department of Justice, would have harmed consumers through increased health insurance prices, while stifling the exact innovation that is necessary to lower healthcare costs.

It is unsurprising that President Trump's corporate cabinet will probably include yet another lobbyist that will pursue an extreme agenda on behalf of special interests. But the significance of this potential appointment cannot be overstated and absolutely will not result in lower prices or more choices for the American people.

In closing, Mr. Speaker, while I support H.R. 372 as a complement to the Affordable Care Act, I agree with the ranking member that this bill is not a solution to improving the availability or affordability of health insurance.

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

Mr. CONYERS. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 18 minutes remaining. The gentleman from Virginia has 21 minutes remaining.

Mr. CONYERS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, let me thank the gentleman very much for his leadership. I acknowledge the chairman of the committee for his, as well.

I thank the gentleman for yielding to me, and although I will make the points that I think are important, I wanted to take the time to thank Mr. CONYERS for the thoughtful legislation that he has introduced over the years.

This leads me to call this the Conyers bill because of the important contributions it makes to ensuring that our health care is competitive, our health insurance is competitive, and his thoughtfulness in this legislation. As it comes to the floor, I am reminded of Mr. CONYERS' influence on this legislation. It is an interesting time at which it comes, Mr. Speaker.

Mr. Speaker, I rise to acknowledge the importance of H.R. 372, the Competitive Health Insurance Reform Act of 2017, a proposal to remove the antitrust exemption in the McCarran-Ferguson Act as it applies to health insurance.

Overall, the proposed legislation, as well as previous attempts by the Judiciary Committee to repeal the McCarran-Ferguson Act's antitrust exemption for health insurance, does not raise new or pressing issues.

Opponents of repeal assume problems that cannot be documented, unlike the very tangible and real economic and competitive costs that will be incurred if the exemption is allowed to continue.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

That sounds, of course, like the Affordable Care Act, which we will celebrate tomorrow, for that was the day it was signed. That is what health insurance should be for the American people.

This legislation is a very thoughtful legislative initiative, and I am hoping that its coming to the floor is not like trying to put lipstick on a pig. That, of course, is the latest configuration of the meaningless TrumpCare, and which the amendment that will be coming forward will, again, in essence, throw people off health insurance. It will take away all that we are intending it to do, but this legislation has reason.

Other current enforcement tools and regulatory policies already in place address competition issues at the State and Federal level to police health insurance competition. In this and numerous other ways, effective regulation can promote improved healthcare delivery and improved cost control by ensuring that all insurance companies are required to follow certain basic consumer-friendly rules of the road.

Again, wouldn't it be great to have this very thoughtful legislation with all of the points of the Affordable Care Act: it eliminates preexisting conditions, has lowered premiums and continues to lower premiums, and is lowering or eliminating deductibles. All of those were thoughtful of Mr. CONYERS, and they would have been the right complement to the Affordable Care Act.

However, the additional risks of adding new regulatory uncertainty, increasing boundary-testing litigation, and distracting policymakers from more important ways to reduce healthcare costs and improve healthcare competition suggest that further caution and delay on this front is inadvisable, given present circumstances and conditions.

But let us not fool ourselves into thinking that the legislation before us is a panacea that will lead to affordable, accessible, high-quality health care for all Americans. If that worthy goal is the objective sought, the best way to achieve it is to retain and strengthen the Affordable Care Act and abandon the misguided effort of House Republicans to repeal this landmark legislation and replace it with the pay more for less act masquerading as a healthcare bill.

The Affordable Care Act works. I think we in the Judiciary Committee know it full well. We held hearings and briefings; we heard from the victims of those who did not have insurance, who had lost insurance, did not have enough insurance, or the insurance would not cover them.

I am reminded of a very emotional story of an 8-year-old girl in the office of an insurance company where her family was begging for coverage because she had leukemia; obviously, a preexisting condition. It is sad to say, but I understand that she lost her life.

The Affordable Care Act has significantly improved the availability, affordability, and quality of health care

for tens of millions of Americans, including millions who previously had no health insurance at all.

Americans are rightly frightened by Republican attempts to repeal the ACA without having in place a superior new plan that maintains comparable coverages and comparable consumer choices and protections, not throwing off 24 million Americans who will have no insurance.

It is beyond dispute that the pay more for less plan proposed by Republicans fails this test miserably. The Republican pay more for less act is a massive tax cut for the rich, paid for on the backs of America's most vulnerable: those who work and who happen to be of low income. This Robin-Hood-in-reverse bill is unprecedented and breathtaking in its audacity. No bill has ever tried to give so much to the rich while taking so much from the poor.

One number comes to mind: $880 billion taken away from Medicaid insurance covering nursing homes, patients, the blind, the disabled; again, then giving a great plus and a great refund in tax credits to the richest in America. They will be happy. It won't be health care. They have got private health insurance. But it certainly will be a big check that they get in the mail.

This pay more for less bill represents the largest transfer of wealth from the bottom 99 percent to the top 1 percent in American history. This Republic scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly $25 billion over a decade, without demanding in return any reduction in the cost of prescription and brand-name drugs. That is very important.

To paraphrase Winston Churchill, of this bill, it can truly be said that never has so much been taken from so many to benefit so few.

The pay more for less plan destroys the Medicaid program. CBO estimates 14 million will lose Medicaid. In 2026, 52 million Americans will be uninsured.

We know that these combined policies will not help to cure some of the thoughtful deliberations that went into the underlying bill. We want more competition. We want the insurance products to be the kind of products that we can be sure provide health care.

In short, the Republican pay more get less plan represents a clear and present danger to the financial and health security of American families and to the very stability of our Nation's healthcare system.

Mr. Speaker, the healthcare marketplace is complex in how it operates and how it motivates providers, insurers, and consumers.

If I can quote the 45th President, he said: ''I didn't know how difficult this would be.'' Well, we know how difficult it can be, and was.

Mr. Speaker, Democrats held some 79-plus hearings. We had 181 witnesses-plus. We had hundreds of hours of hearings. We held thousands, I might imagine, of townhall meetings. We didn't hold one here and one there. I myself held 11 townhall meetings.

We continue to hear from not only the consumers, but the rural hospitals, the major hospitals, the senior citizens, and particularly those senior citizens on dealing with the cost of prescription drugs.

I am proud to say that we saved the dastardly Medicare part D by closing the doughnut hole, which is closed today, so that seniors under the Affordable Care Act do not fall into an abyss, a deep ocean, and have to, in essence, not take their drugs because they don't have enough money.

An effective regulatory framework is needed to shape this complex environment—and this is a word to the administration—to help safeguard consumers, help keep costs under control, and help make a full range of healthcare services. But our country's long experience shows that we cannot expect a healthcare system to run effectively on market competition alone. Markets can and do fail when proper regulation is lacking.

□ 1515

So the goodness of this bill has to go along with—a good example is recognizing what happens in the ACA's provision, banning insurance companies from denying coverage of preexisting disease—we had to help them along—preexisting conditions. We had to help them along. You have to help them along to be a good steward of the insurance that the American people need.

This is a key consumer protection that the free market demonstrates time and time again that it could produce and needed to do. That is where regulation and the antitrust laws come in to protect consumer choice. Let me go back and say that it could not produce on its own. It is a per se violation of antitrust laws for competing companies to agree to divide markets or to fix prices. The other sectors in the healthcare supply chain are already subject to antitrust laws, and it will be beneficial to the healthcare marketplace and to consumers if the healthcare industry joins them. That is why I said this bill is a thoughtful, important bill to dealing with the complex issues of insurance and health care.

I am sad to say that tomorrow, as we celebrate the Affordable Care Act, we will be looking toward Thursday, where we will be, in essence, debating a bill that takes 24 million people off of health insurance, period. 24 million will lose their coverage. Tax giveaways will continue again to the top 1 percent. That will be $600 billion in tax breaks to the rich and big corporations. In fact, the Republican bill gives $2.8 billion to 400 of the richest families in America.

Then to add to the downside, the Affordable Care Act was known to create more jobs. Unfortunately, this will see 2 million jobs destroyed and lost. Families will be paying more for less. Young people will be hit with a millennial penalty. And we don't know if this formula that they have still stops the 50- to 64-year-olds from paying higher premiums. Women lose comprehensive care, middle-aged Americans pay the age tax, seniors see Medicaid and Medicare weakened, preexisting conditions and disabilities may suffer, and it does not reduce the deficit as the ACA does.

My final point, if I can, we are glad to come to the floor and honor Mr. CONYERS for this important bill and support H.R. 372. I believe this legislation before us does a lot more good than it does harm, but I hope that we can, in a bipartisan manner—maybe even in a nonpartisan manner—reflect on what is needed to really insure the American people and we can work with the Affordable Care Act, which has all of these positive elements, and move this country forward through competition and health care that saves lives.

Mr. Speaker, overall, the proposed legislation, as well as previous attempts by the Judiciary Committee to repeal the McCarran-Ferguson Act's antitrust exemption for health insurance, does not raise new or pressing issues.

Opponents of repeal assume problems that cannot be documented, unlike the very tangible and real economic and competitive costs that will be incurred if the exemption is allowed to continue.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

Other current enforcement tools and regulatory policies already in place address competition issues at the state and federal level to police health insurance competition.

In this and numerous other ways, effective regulation can promote improved health care delivery and improved cost control, by ensuring that all insurance companies are required to follow certain basic consumer-friendly ''rules of the road.''

It might be argued that increasing the federal government's role in regulating health insurance, through expanded antitrust enforcement, would appear to conflict with proposed reforms to delegate more responsibility to state governments.

However, the additional risks of adding new regulatory uncertainty, increasing boundary-testing litigation, and distracting policymakers from more important ways to reduce health care costs and improve health care competition suggest that further caution and delay on this front is inadvisable given present circumstances and conditions.

But let us not fool ourselves into thinking that the legislation before us is a panacea that will lead to affordable, accessible, high quality health care for all Americans.

If that worthy goal is the objective sought, then the best way to achieve it is to retain and

strengthen the Affordable Care Act and abandon the misguided effort of House Republicans to repeal this landmark legislation and replace it with their Pay More For Less Act, masquerading as the American Health Care Act.

The Affordable Care Act has significantly improved the availability, affordability, and quality of health care for tens of millions of Americans, including millions who previously had no health insurance at all.

Americans are rightly frightened by Republican attempts to repeal the ACA without having in place a superior new plan that maintains comparable coverages and comparable consumer choices and protections.

It is beyond dispute that the ''Pay More For Less'' plan proposed by House Republicans fails this test miserably.

The Republican ''Pay More For Less Act'' is a massive tax cut for the wealthy, paid for on the backs of America's most vulnerable, the poor and working class households.

This ''Robin Hood in reverse'' bill is unprecedented and breathtaking in its audacity—no bill has ever tried to give so much to the rich while taking so much from the poor and working class.

This ''Pay More Get Less'' bill represents the largest transfer of wealth from the bottom 99% to the top 1% in American history.

This Republican scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million people and raising costs for the poor and middle class.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly $25 billion over a decade without demanding in return any reduction in the cost of prescription and brand-name drugs.

To paraphrase Winston Churchill, of this bill, it can truly be said that ''never has so much been taken from so many to benefit so few.''

The ''Pay More Get Less'' plan destroys the Medicaid program under the cover of repealing the Affordable Care Act Medicaid expansion.

CBO estimates 14 million Americans will lose Medicaid coverage by 2026 under the Republican plan.

In addition to terminating the ACA Medicaid expansion, the ''Pay More Get Less'' plan converts Medicaid to a per capita cap that is not guaranteed to keep pace with health costs starting in 2020.

The combined effect of these policies is to slash $880 billion in federal Medicaid funding over the next decade.

The cuts get deeper with each passing year, reaching 25% of Medicaid spending in 2026.

In short, the Republican ''Pay More Get Less Act'' represents a clear and present danger to the financial and health security of American families, and to the very stability of our nation's health care system overall.

Mr. Speaker, the health care marketplace is complex in how it operates and how it motivates providers, insurers, and consumers.

An effective regulatory framework is needed to shape that complex environment, to help safeguard consumers, help keep costs under control, and help make a full range of health care services available.

But our country's long experience shows that we cannot expect a health care system to run effectively on market competition alone; markets can and do fail when proper regulation is lacking.

A good example is the ACA's provision banning insurance companies from denying coverage of preexisting conditions.

This is a key consumer protection that the free market demonstrated time and again that it would not produce on its own.

And that is where regulation and the antitrust laws come in to protect consumer choice.

It is a per se violation of antitrust law for competing companies to agree to divide markets or to fix prices.

The other sectors in the health care supply chain are already subject to the antitrust laws, and it will be beneficial to the health care marketplace, and to consumers, if the health insurance industry joins them.

For these reasons, I believe the legislation before us does more good than harm and, accordingly, I urge my colleagues to join me in supporting H.R. 372.

Mr. GOODLATTE. Mr. Speaker, I am prepared to close, so I reserve the balance of my time until the other side closes.

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

In closing, I want to reiterate my support for this measure, H.R. 372. Now, I don't know what is happening on the other side, but many of its leaders voted against a substantively identical version of this bill in 2010, and that was including Speaker RYAN, Health and Human Services Secretary Tom Price, Committee on Ways and Means chairman KEVIN BRADY. They voted against a substantively identical version of this bill. I don't want to impugn motives that I don't know about, but maybe if you support H.R. 372, you are going to be making the Affordable Care Act, ACA, better. So I want to thank my friends on the other side for helping us out. This is great. We passed something like this a few years ago, and we were very proud that it was an overwhelming vote.

This is a very important step forward. The Affordable Care Act is not going to be affected in any kind of negative way, and that is why I am eager to join with those who are going to be voting for H.R. 372. I thank my friends on the other side for supporting H.R. 372 as well.

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

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

Our health insurance industry is in a dire situation. Premiums and deductibles are skyrocketing, hundreds of percent in some cases. In the State of the gentleman who is the chief sponsor of this bill, the State of Arizona, there has been a more than 100 percent increase in just the last year.

In 2017, the national State average of insurers participating in Federal exchanges dropped to four, down from six the previous year. Five States will only have one insurer providing plans on their Federal exchanges this year. It is time to reverse this trend. The Competitive Health Insurance Reform Act is an important step in restoring competition to the health insurance industry and will help to set the foundation for additional essential reforms that must follow.

I say to the gentleman from Michigan (Mr. CONYERS), the ranking member of the committee and my friend, I appreciate very much working with him on this legislation, but I would also say to him that this legislation, as bipartisan as it is, cannot save the Affordable Care Act. It is drowning. It is denying people coverage. Its costs are going up so much that somebody who likes it this year will not be able to afford it next year.

The promise that if you like your health insurance you will be able to keep it was never true, and it is still not true with ObamaCare. The promise that if you like your doctor you can keep your doctor was never true. The promise that health insurance premiums would go down under ObamaCare has been proven to be totally false. Instead, what we have done is we have denied the American people the right to choose for themselves what access to health care that they need and can afford.

We have denied the American people the freedom to decide whether or not they want to purchase a product that is mandated upon them by the Federal Government. That is wrong. It has got to change. That is why we are taking action this week—including the Competitive Health Insurance Reform Act, but certainly not only the Competitive Health Insurance Reform Act—to return a patient-centered healthcare system to the American people, one that reconnects them with their healthcare providers, one that will make sure that they have the maximum amount of choice and the maximum amount of access to real, affordable health insurance and quality health care in America. I support this bipartisan legislation. I urge my colleagues to do the same.

Mr. Speaker, I include in the RECORD three letters in support of H.R. 372.

SMALL BUSINESS &
ENTREPRENEURSHIP COUNCIL,
Vienna, VA, February 27, 2017.

Hon. PAUL A. GOSAR,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GOSAR: The Small Business & Entrepreneurship Council (SHE Council) and our nationwide membership of small business owners and entrepreneurs support the ''Competitive Health Insurance Reform Act of 2017'' (H.R. 372). Perhaps more than any other group, small business owners understand the need for increased competition in the health insurance marketplace. Indeed, it is the actions of entrepreneurs that bring down costs, enhance innovation, and boost quality in a competitive marketplace. H.R. 372 is a common sense and long-overdue step to repeal special-interest exemptions to federal antitrust laws for health insurance companies.

These exemptions have existed for more than 70 years, and were initially instituted to help newly formed insurance companies deal with data sharing. Given the dramatic changes in the industry over these past many decades, such special-interest treatment is no longer warranted.

Considering the government-imposed distortions within the health care industry as a result of the Affordable Care Act and other regulatory restrictions, full-blown review and reform of health care policies focused on expanding competition, and consumer choice are needed. That includes foundational changes, such as, in the case of H.R. 372, removing special-interest treatment that could reduce or retrain competition.

In order to bring down health insurance costs and utilize the models and technologies of our modern economy to drive value and innovation within this sector, entrepreneurs need a system that allows for such freedom and creativity. Your bill is an important step in bringing down artificial barriers that are preventing much needed innovation and competition. Thank you for your leadership on this important issue. Please let SBE Council know how we can help you advance H.R. 372 into law.

Sincerely,

KAREN KERRIGAN,
President & CEO.

AMERICAN DENTAL ASSOCIATION®,
Washington, DC, February 24, 2017.

Hon. BOB GOODLATTE,
Chairman, House Committee on the Judiciary, Washington, DC.

Hon. JOHN CONYERS,
Ranking Member, House Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE AND RANKING MEMBER CONYERS: The dental professional organizations listed below, as members of the Organized Dentistry Coalition, are writing to express our strong support of H.R. 372, The Competitive Health Insurance Reform Act.

H.R. 372 would authorize the Federal Trade Commission and the Justice Department to enforce the federal antitrust laws against health insurance companies engaged in anticompetitive conduct. It would not interfere with the states' ability to maintain and enforce their own insurance regulations, antitrust statues, and consumer protection laws. Because states vary in their enforcement efforts, the impact of repeal on health insurance companies would differ from state to state. This is no different from the situation faced by other businesses.

The bill is narrowly drawn to apply only to the business of health insurance, including dental insurance, and would not affect the business of life insurance, property or casualty insurance, and many similar insurance areas.

Passage of H.R. 372 would help interject more competition into the insurance marketplace by authorizing greater federal antitrust enforcement in instances where state regulators fail to act. When competition is not robust, consumers are more likely to face higher prices and less likely to and less likely to benefit from innovation and variety in the marketplace.

On behalf of our member dentists and their patients, we urge you to cosponsor H.R. 372, The Competitive Health Insurance Reform Act.

Please contact Ms. Midi Walker with any questions.

Sincerely,

American Dental Association; Academy of General Dentistry; American Academy of Oral and Maxillofacial Pathology; American Academy of Pediatric Dentistry; American Association of Endodontists; American Association of Oral & Maxillofacial Surgeons; American Association of Women Dentists; American Society of Dentist Anesthesiologists.

MARCH 21, 2017.

DEAR REPRESENTATIVE: The undersigned organizations urge your support for H.R. 372, the ''Competitive Health Insurance Reform Act of 2017.'' This bill takes an important step in bringing consumers the benefits of competition under the antitrust laws, in the way health insurance is offered, marketed, and sold.

The rules of competition apply to every other part of the health care system, health insurance is an aberration. The antitrust laws are a key to making sure that the free market works for consumers, and the insurance industry should not be left out.

Congress created this antitrust exemption almost by accident, in the midst of the Second World War—when attentions were rightly directed elsewhere—in the wake of a Supreme Court decision clarifying that the antitrust laws did apply to insurance. It started out to be a temporary three-year breathing spell, to allow insurers to familiarize themselves with the antitrust laws and adjust their practices to the accepted rules of competition. Instead, a few poorly-understood words added in conference committee turned the temporary delay into an unintended exemption from those rules.

It is long since time to correct that error. Among other experts who have called for doing so, the Antitrust Modernization Commission, established in 2002 by legislation authored in this Committee, singled out this exemption for particular skepticism as to any justification for it. While we would ultimately like to see this antitrust exemption removed for all insurance, focusing on the health insurance industry now is a logical and important positive step to take at this time.

We note that the proposed manager's amendment would preserve the antitrust exemption in ''safe harbors'' for four described activities—(1) compilation of historical loss data, (2) development of what is known as a ''loss development factor'' to fill holes in the historical data, (3) some actuarial services, and (4) some standardization of policy forms. In our view, the most effective way to remove this exemption is to do so cleanly, without new safe harbors. Further, the kinds of insurance industry activities commonly described as the justification for these particular safe harbors do not raise antitrust issues, as they are described. Nonetheless, we believe these safe harbors, as written, do not significantly risk inadvertently immunizing anticompetitive conduct that would violate the antitrust laws, and therefore that they do not diminish the beneficial purpose and effect of the bill.

There is also another set of ''safe harbor'' antitrust exemptions imbedded in the definition of ''business of health insurance (including the business of dental insurance)'' in the new subsection 2(c)(3)(B)(ii)(I) as added by the bill. They include a number of types of benefits referenced in the Internal Revenue Code as ''excepted benefits.'' While the lead-in to (3)(B)(ii) characterizes these as types of property-casualty insurance, there are three that by their terms in the Internal Revenue Code do not fit within what is considered property-casualty insurance, and that consumers would consider to be types of health insurance.

Among these are hospital indemnity insurance, 26 U.S.C. 9832(c)(3)(B); coverage for a specified disease or illness, 26 U.S.C. 9832(c)(3)(A); and an open-ended ''such other similar, limited benefits as are specified in regulations,'' 26 U.S.C. 9832(c)(2(C). This last one is found in the same Internal Revenue Code provision that lists dental coverage as an excepted benefit, meaning that the ''similar'' benefits that could be potentially excluded by regulation—and thereby get an automatic antitrust exemption—could be anything similar to a category such as dental coverage—which might be any kind of specified benefit.

While there may have been justification for excepting these categories of benefits from federal regulatory requirements such as portability under the Affordable Care Act—which is what 26 U.S.C. 9832(c) is in reference to—that does not mean it makes sense to exempt them from the antitrust laws. The bill recognizes this for dental coverage, and explicitly takes the cross-reference to it out of the safe harbor, to ensure that it is covered by the bill. We hope that, as the bill moves forward, the three new antitrust exemptions in the cross references described above will also be removed, so that these types of health-related insurance coverage will likewise be subject to the antitrust laws.

We remain strong supporters of the Affordable Care Act, which has significantly improved the availability and affordability of health care for many millions of Americans, including millions who previously had no health insurance. We would be very concerned by any move to repeal the Affordable care Act without having an effective new plan already figured out and in place that maintains comparable coverages and comparable consumer choices and protections. Such a move would be a grave threat to the financial and health security of American families, and to the very stability of our nation's health care system overall.

At the same time, we also strongly support bringing the antitrust laws into play in this important sector of the health care marketplace. That marketplace is complex in how it operates and how it motivates providers, insurers, and consumers. An effective regulatory framework is needed to shape that complex environment, to help safeguard consumers, help keep costs under control, and help make a full range of health care services available. Our country's long experience shows you can't expect a health care system to run effectively on competition alone.

But consumers will benefit from also having effective competition, at all levels in the supply chain. Even the best regulatory framework works better where competition, within the bounds of that framework, gives businesses a market-driven incentive to want to improve service while holding down prices and providing better value. Regulation and competition both work best when they can work hand in hand.

As the health care marketplace evolves, having the antitrust laws apply will give health insurers competition-based incentives to improve the way they provide coverage to consumers, with higher quality, better choice, and more affordability. Better competition will help bring insurer incentives better in line with benefiting consumers.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will be spurred to compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

Competition will be beneficial to consumers in the health insurance marketplace just as it is everywhere else in our economy.

We urge your support for H.R. 372.

Respectfully,

GEORGE P. SLOVER,
Senior Policy Counsel, Consumers Union.
J. ROBERT HUNTER,

Director of Insurance, Consumer Federation of America.
LINDA SHERRY,
Director of National Priorities, Consumer Action.

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

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

Pursuant to House Resolution 209, 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.

MOTION TO RECOMMIT

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

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

Ms. ROSEN. I am opposed to the bill in its current form.

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

The Clerk read as follows:

Ms. Rosen moves to recommit the bill (H.R. 372) to the Committee on the Judiciary, with instructions to report the bill back to the House forthwith with the following amendment:

At the end of the bill, add the following:

(c) PROTECTING AFFORDABLE HEALTH CARE FOR OLDER AMERICANS.—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act, is further amended by adding at the end of subsection (c), as added by subsection (a), the following:

''(4) Paragraph (2) shall not apply to an issuer in the business of health insurance (including the business of dental insurance and limited-scope dental benefits) if the issuer varies the premium for any health insurance by age in a manner so that the premium for an individual who is 55 years of age or older is more than 3 times the premium for an individual who is 21 years of age or younger.''.

Ms. ROSEN (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Nevada is recognized for 5 minutes in support of her motion.

Ms. ROSEN. Mr. Speaker, this is the final amendment to the bill, which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

Mr. Speaker, last night, in an effort to secure more votes to pass the so-called American Health Care Act, the GOP made another last-minute attempt to modify its replacement plan for the Affordable Care Act—a replacement that I can only describe as a disastrous piece of legislation—by offering a short-term fix to try and regulate the massive rise in premiums that Americans over the age of 50 are expected to incur under their current plan.

H.R. 372 is a measure that simply ends health insurance antitrust exemption. What is ironic is that the proposed legislation is being messaged by the GOP as a bipartisan bill, a no-brainer. But Republicans have never lifted a finger to end the antitrust exemption. For years, Congressman JOHN CONYERS and the Democrats have advocated ending health insurers' special treatment.

The reality is, while this is an unobjectionable bill on its own, H.R. 372 has nothing to do with reversing the extraordinary damage that the GOP plan will unleash on this country. The fact is this will not help us solve the fundamental issues underlying the GOP's repeal-and-replace bill. Yet, instead of fixing what we know is not working under the current law, the GOP has offered this Band-Aid to help mend a bill that needs major surgery. H.R. 372 is simply a complement to help fix our healthcare system, not an alternative.

One of the worst aspects of the GOP's repeal is the fact that it implements an age tax. Americans over the age of 50 will be forced to pay up to five times more than what young Americans would pay for coverage. In my district alone, we have roughly 89,000 people between the ages of 50 and 64 who would see their premiums and the cost of their insurance rise significantly.

I recently heard from one of my constituents within that age bracket. He is a retired firefighter who served our country for 29 years and is now disabled. So after many years of service, Ted is worried that if the GOP plan becomes the new law, he and his wife would be kicked off their insurance plans simply because their insurance would become unaffordable.

If this is what the GOP has offered to fix their disastrous repeal, then I am sad to say, my friends, you have missed the mark once again. According to the Congressional Budget Office, if the GOP repeal is enacted, 14 million Americans nationwide will be kicked off their insurance coverage by the end of this year alone.

So let me be clear. The problem with the GOP repeal is that as Americans age, they get less and less coverage. We need to protect those Americans who are fast approaching their Medicare-eligible years but who, for now, are still bearing the heaviest cost of private insurance.

My motion to recommit makes this possible by turning this Band-Aid of a bill into something that actually helps drive down costs for older Americans. It does this by allowing insurance companies to take part in the bill's safe harbor protections only if they charge individuals over 55 less than three times as much as younger Americans. Since insurance companies consider these safe harbors critical for their survival, this will reverse one of the worst parts of the Republican health plan, allowing insurance companies to charge older Americans five times or even more for health insurance.

I call on my colleagues on the other side of the aisle to show that they aren't tone deaf and that they haven't lost touch with the needs and wants of their constituents, and I urge my colleagues to vote in favor of the motion to recommit so that we can protect our seniors and the most vulnerable of Americans among us.

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

Mr. GOODLATTE. Mr. Speaker, I claim the time in opposition to the motion.

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

Mr. GOODLATTE. Mr. Speaker, the McCarran-Ferguson Act was originally passed to leave the regulation of the business of insurance with the States and to allow insurers to engage in certain procompetitive collaborative activities.

This legislation limits significant uncertainty and unnecessary litigation that would likely result from a broader McCarran-Ferguson repeal through the use of safe harbors for such historically procompetitive collaborative activities, specifically the collection and distribution of historical loss data, the determination of loss development factors, the performance of actuarial services that do not involve restraints of trade, and the use of common forms that are not coercive.

Absent these safeguards, insurers will likely disengage from certain proconsumer collaborative activities, eliminating or impeding smaller insurers from competing and disincentivizing larger insurers from exploring new products and markets. This will lead to further market consolidation and fewer product choices, the impact of which will eventually be borne by the consumer.

These narrow safe harbors create a presumption that certain procompetitive activities can continue while maintaining regulation and oversight to the extent any activity crosses over into a restraint of trade. As a result, insurers can continue to engage in proconsumer business practices, and will be encouraged to provide a diverse range of offerings at fair and reasonable prices.

There is no reason to make an exception to these safe harbors. Therefore, I oppose the motion. I urge my colleagues to reject this motion to recommit and to support the underlying bill.

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

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.

Ms. ROSEN. 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.

RECESS

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

Accordingly (at 3 o'clock and 31 minutes p.m.), the House stood in recess.

□ 1612

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. ROS-LEHTINEN) at 4 o'clock and 12 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Ordering the previous question on House Resolution 210;

Adopting House Resolution 210, if ordered; and

Suspending the rules and passing H.R. 1297.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PROVIDING FOR CONSIDERATION OF H.R. 1101, SMALL BUSINESS HEALTH FAIRNESS ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 210) providing for consideration of the bill (H.R. 1101) to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

The vote was taken by electronic device, and there were—yeas 233, nays 186, not voting 10, as follows:

[Roll No. 179]

YEAS—233

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Newhouse
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—186

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)

NOT VOTING—10

Black
Bridenstine
Deutch
Marchant
Payne
Rush
Sinema
Slaughter
Tsongas
Yarmuth

□ 1637

Messrs. MICHAEL F. DOYLE of Pennsylvania, SIRES, and NOLAN changed their vote from ''yea'' to ''nay.''

Mr. TIPTON changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mrs. BLACK. Madam Speaker, I was unavoidably detained. Had I been present, I would have voted ''yea'' on rollcall No. 179.

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

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

RECORDED VOTE

Mr. POLIS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 233, noes 186, not voting 10, as follows:

[Roll No. 180]

AYES—233

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole

Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Newhouse
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOES—186

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)

NOT VOTING—10

Bridenstine
Deutch
Gaetz
Marchant
Payne
Rush
Sinema
Slaughter
Tsongas
Yarmuth

□ 1645

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. GAETZ. Madam Speaker, had I been present, I would have voted "yea" on rollcall No. 180.

ANNOUNCEMENT BY COMMITTEE ON RULES REGARDING AMENDMENT PROCESS FOR H.R. 1215, PROTECTING ACCESS TO CARE ACT OF 2017, AND H.R. 1304, SELF-INSURANCE PROTECTION ACT

Mr. SESSIONS. Madam Speaker, the Rules Committee will be issuing announcements outlining the amendment processes for two measures that will likely be before the Rules Committee next week.

An amendment deadline has been set for Monday, March 27, at 10 a.m., for H.R. 1215, the Protecting Access to Care Act of 2017; and H.R. 1304, the Self-Insurance Protection Act.

The text of these measures will be available on the Rules Committee website upon this announcement.

Please feel free to contact me or my staff if you have any questions.

Mr. MCGOVERN. Will the gentleman yield?

Mr. SESSIONS. I yield to the gentleman from Massachusetts.

Mr. MCGOVERN. I appreciate the gentleman informing us about next week, but I am concerned about this week still.

Can the gentleman inform me whether or not we will have a CBO score on the healthcare repeal bill that we are going to be taking up in the Rules Committee tomorrow?

Mr. SESSIONS. I appreciate the gentleman asking this question.

As the gentleman has previously asked at the Rules Committee, I advised the gentleman that tomorrow, at 10 a.m., the Rules Committee will be convening for the purpose of amendment and discussion of the text that will come, and it would be my belief that that would be available in the evening hour, as I assume we will still be in.

Mr. MCGOVERN. Will we have a CBO score before the Rules Committee meets?

Mr. SESSIONS. It is my belief that I will have one.

The gentleman does understand that the CBO, in order to get it correctly processed, we have not pushed them. They have advised us they would anticipate having a score, they believe, tomorrow evening.

Mr. MCGOVERN. I thank the gentleman.

But as I said in the Rules Committee, I just think, under regular order, we ought to have the score and know how many people will lose their health insurance before we consider it in the Rules Committee.

QUADRENNIAL HOMELAND SECURITY REVIEW TECHNICAL CORRECTIONS ACT OF 2017

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

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1297) to amend the Homeland Security Act of 2002 to make technical corrections to the requirement that the Secretary of Homeland Security submit quadrennial homeland security reviews, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. RUTHERFORD) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 415, nays 0, not voting 14, as follows:

[Roll No. 181]

YEAS—415

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brat
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)

Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Esty
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Gutiérrez
Hanabusa
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marino
Marshall
Massie
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Pearce
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Russell
Rutherford
Ryan (OH)
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOT VOTING—14

Brady (TX)
Bridenstine
Brown (MD)
Deutch
Hudson
Marchant
Payne
Pelosi
Perlmutter
Rush
Sinema
Slaughter
Tsongas
Yarmuth

□ 1655

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BRADY of Texas. Mr. Speaker, on rollcall no. 181, I was unavoidably detained to cast my vote in time. Had I been present, I would have voted "yes."

CELEBRATING NATIONAL AGRICULTURE DAY

(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, today marks the 44th anniversary of National Agriculture Day, which is celebrated in classrooms and communities across the country. This year's theme is ''Agriculture: Food for Life.''

Today marks a nationwide effort to tell the true story of American agriculture and remind citizens that agriculture is a part of all of us. The National Ag Day program encourages every American to understand how food and fiber products are produced; appreciate the role agriculture plays in providing safe, abundant, and affordable products; value the essential role of agriculture in maintaining a strong economy; and acknowledge and consider career opportunities in the agriculture, food, and fiber industry.

America's next wave of agriculture leaders are also in Washington today: members of the National FFA Organization, 4–H, Agriculture of America, and MANRRS. Their advocacy and leadership is critical to the future of agriculture.

Mr. Speaker, our farmers feed and agriculture plays a critical role in modern society. I would like to thank all Americans who work in this essential industry.

Happy Ag Day.

□ 1700

REPEAL OF THE ACA

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

Mr. LANGEVIN. Mr. Speaker, exactly 7 years after the Affordable Care Act became law, we now anticipate a vote this week on a Republican plan to gut it.

Mr. Speaker, the ACA expanded health coverage to 20 million people and expanded Medicaid to help our most vulnerable populations, changes that resulted in coverage for more than 100,000 Rhode Islanders.

Last week, I joined Democratic colleagues at a hearing to discuss the Republican plan, a hearing Republicans should have organized to assess the impact of their bill, which CBO estimates will result in 14 million additional uninsured by 2018 and 24 million people losing their health insurance by 2026.

Mr. Speaker, the Republican plan is not the solution to strengthen our health system. It ignores the sick, the poor, the disabled, and the elderly. Mr. Speaker, Americans cannot benefit from the systemic changes in care delivery, the breakthrough treatments of tomorrow, or improved access to today's therapies if the Republican plan is passed.

Mr. Speaker, we should be working in a bipartisan way to improve the Affordable Care Act, not gutting it.

TAKING THE INNOCENCE OF A CHILD IS SHAMEFUL

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

Mr. POE of Texas. Mr. Speaker, a 14-year-old girl last week was kidnapped off the streets of Houston, Texas. After being held against her will for 5 days, she was taken to a motel, where she met a person named Denise Coronado.

But Coronado was no friend. Instead, she threatened the girl. Coronado ground cigarettes into the girl's body. She threatened everyone that the child loved. She published photographs of the girl on backpage.com, selling her on the marketplace of sex slavery. In a 1-week period, the young girl was forced to have sex with more than 20 men. Finally she escaped.

But, Mr. Speaker, the reality is that the victim sometimes never truly escapes. The horrors sometimes live with them forever. We can no longer be ignorant to modern day slavery. My legislation, the Shame Act, gives Federal judges the ability to publish the names and photographs of convicted buyers and sellers of humans.

Those who sell or buy the innocence of children should be shamed for all to see. Put their photographs on backpage.com.

And that is just the way it is.

NATIONAL VITILIGO AWARENESS DAY

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

Mr. JOHNSON of Georgia. Mr. Speaker, I rise to introduce a bipartisan resolution which designates October 17 as National Vitiligo Awareness Day.

Vitiligo is a chronic medical condition resulting in the loss of skin pigmentation. Studies show that about 50 million people worldwide are diagnosed with vitiligo. In the United States, around 2 to 5 million individuals are affected. Michael Jackson had it.

The American Academy of Dermatology refers to vitiligo as a life-altering disorder that can result in low self-esteem, anxiety, and depression. Children with vitiligo are especially vulnerable to being bullied because of their looks. They have a harder time making friends and are more likely to perform poorly at school. We have the power to change this. By naming October 17, 2017, as National Vitiligo Awareness Day, we highlight the importance of providing support to individuals diagnosed with vitiligo in an effort to improve their quality of life.

PUTTING LIVES AT RISK WITH REPEAL

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

Mr. CÁRDENAS. Mr. Speaker, I rise today gravely concerned for the lives put at risk by the Republicans' repeal scheme. Trump has flip-flopped on his promises to the American people.

I recently heard from a person named Nancy who lives in my district. Nancy said: I am not asking for a handout. I have been a gainfully employed taxpayer for close to 40 years.

Nancy was able to pursue her dream of opening her own small business because she could finally afford her own health care.

This bill breaks Trump's promise to Nancy and to millions of Americans. It does not lower deductibles or drug prices, and it doesn't provide better coverage. Instead, they are purposefully taking away the health insurance from 24 million Americans by cutting $170 billion from Medicare and $880 billion from Medicaid.

Why are they doing this?

Simply to give a $600 billion tax cut to millionaires. Let me be very clear. This bill hurts kids, women, families, working people, the disabled, and seniors.

THE INTEGRATED NATURE OF THE U.S.-CANADA RELATIONSHIP

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

Mrs. LAWRENCE. Mr. Speaker, I rise today to illustrate the importance of the U.S.-Canada relationship, one that is based on shared values, shared hopes, and shared dreams. The United States and Canada have established strong partnerships to provide leadership on climate change, clean energy, and the environment.

The United States and Canada share deeply connected economies and enjoy the largest bilateral trade and investment relationship in the United States. We trade an average of $1.3 million in goods and services. Nearly 9 million U.S. jobs depend on trade with Canada. In my State of Michigan, over 250,000 jobs depend on the U.S.-Canada trade and investment, making Canada the number one customer for the State of Michigan.

Our two countries share the common goal of creating jobs and protecting workers. I am proud to call Canada a friend, ally, and partner.

CONGRATULATING CCDD ON 51 YEARS OF SERVICE

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

Mr. ESPAILLAT. Mr. Speaker, I rise today to recognize Centro Cultural y Deportivo Dominicano de New York.

The story of Club Deportivo began 51 years ago in the New York City neighborhood of Washington Heights, where a group of Dominican immigrants bonded over weekly games of the classic board game dominoes and a shared desire to maintain their cultural roots.

Over time, this proud group, inspired by the founding fathers of the Dominican Republic—Juan Pablo Duarte, Francisco del Rosario Sanchez, and Ramon Matias Mella—made the decision to formalize itself in order to protect their own identity and cultural heritage. They officially incorporated on March 23, 1966.

As the years passed, what initially began as a way for friends new and old to stay in touch through the power of sports blossomed into what is now institutionally and athletically one of the most important centers of Dominican Americans and their friends in the 13th Congressional District. Over the past 50 years, they have hosted numerous recreational sports tournaments and have played an integral role in formation of many other civic, cultural, and social organizations.

Club Deportivo also provides its members with many vital forms of community service: ESL, citizenship classes for immigrants, folklore classes, music and arts classes for young and adults. Additionally, the group provides hot meals for the homeless each Thanksgiving and carries out frequent medical fairs.

Mr. Speaker, we are joined today by several members of the Club Deportivo Dominicano. They are celebrating their 51st anniversary. Santiago Cruz, Felix Grant, Jose Monta, Carlos Leerdam, and Jose Rodriguez are here to celebrate.

THE LATEST INCARNATION OF TRUMPCARE

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

Ms. JAYAPAL. Mr. Speaker, late last night, in a callous betrayal of the very people who elected them, Republicans hatched up the latest plan to deprive more than 24 million Americans of their health care. Let me say that again. 24 million people. In fact, perhaps more because we have yet to receive the CBO estimates on this latest plan.

This incarnation of TrumpCare would freeze Medicaid expansion in its tracks on top of the $880 billion cut that was already in the bill. In my home State of Washington, this plan would put in jeopardy 600,000 people assisted by Medicaid expansion, people who have gained access to critical treatments for substance abuse, diabetes, and cancer screenings.

Dominic in Seattle has a son who, along with many others who suffer from asthma and other respiratory diseases, will not be able to afford his inhaler anymore. Nursing homes will shut down and throw thousands of grandparents out with no help. New so-called work requirements will add even more obstacles to healthcare coverage for our most vulnerable.

TrumpCare will strip coverage from 24 million. It is past time for my colleagues to reject this pay even more for even less plan.

HISTORIC PARALLELS

The SPEAKER pro tempore (Mr. JOHNSON of Louisiana). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, it has been an interesting couple of days. We heard from our President, and that was a great privilege this morning to hear from him at our Conference. We were reminded what an amazing victory President Trump had last November. Some said it was so very historic, maybe as historic going back clear to Andrew Jackson's victory in 1828.

That took me back, being a lover of history, being convinced over the years, as I majored in history in college because I knew out of the Army 4 years, when I finished that, I figured I would major in what I loved, and that was history. Although my mother thought I should have majored in math or either been a doctor or a college math professor.

But history I loved, and I continue to learn from history. The old adage is those who refuse to learn from history are destined to repeat it. The corollary that is not as well known is those who

do learn from history will find new ways to screw up.

But the 1828 election that saw Andrew Jackson become our President actually happened after four abysmal years, some would say the least productive 4 years any President has ever had, and it was actually a President who was a hero of mine, John Quincy Adams. He was the first son of a former President to be President. Some have said he was probably the best educated President we have ever had, having been educated at the best Massachusetts had, England had, and France had. He wrote books in German, fluently spoke French.

Of course, if he had had his way, he would have been married to an American, but when his mother, Abigail, was not too pleased with the girl he thought was the love of his life, he ended up being directed to England where he ended up falling in love with Louisa, and she ultimately became his wife; but apparently his mother didn't think she was quite fit. Louisa became the first—used to be able to say the only—First Lady the country has ever had who was not born in the United States. Like I say, if he had had his choice—first choice—then his wife would have been born in the United States. But that is the way things fall. He loved his wife dearly.

He was quite accomplished. He kept the most complete journal of anybody we have ever had who was President. He knew slavery was wrong. He knew slavery was destroying our country, that we could never reach the potential that God had for this country unless we eliminated slavery. He had corresponded to England with a guy by the name of William Wilberforce, who had dedicated his adult life since his twenties to eliminating slavery in the British Isles and British territories.

□ 1715

He ran for President in 1824. No one won with the electoral votes. It was thrown to the House of Representatives. John Quincy Adams garnered the favor of Henry Clay in the House. And when Clay threw his support behind John Quincy Adams, Adams then won the Presidency.

Adams had some friends who were very close to him. They knew his heart, they knew his heart was pure, and his intentions were clearly nothing but the very best for the United States. They knew him to be a man of honor, a man of integrity, a man of his word. He had not made any kind of deal with Henry Clay to make him Secretary of State. But as a man of honor, a man of integrity, he could not understand why he couldn't go ahead, and why he shouldn't go ahead, and appoint Henry Clay to be Secretary of State.

His closest friend said: John, if you appoint Henry Clay to be Secretary of State, you will never, ever be able to convince anybody in Congress—the House or Senate—you will never convince anybody in Washington but your closest friends, those of us that really love you, you will never convince the rest of the world or posterity that you had not cut a deal with Henry Clay that in return for his support for you being President, you would make him Secretary of State. Please, appoint him to anything, but not Secretary of State. It is going to look like you made a deal and bought the Presidency with the appointment.

But there were those who did not love John Quincy Adams, didn't have that much respect for him, and would have been fine if he had not won the election, but he had won the election. And those who didn't care about John Quincy Adams encouraged him: Sure, appoint Henry Clay, it is your choice. You appoint whoever you want.

Those who loved John said: John, it is not a good idea. People are going to brand you improperly. We know you are honest. Those are not really your friends that are telling you to just appoint Henry Clay to be Secretary of State. Go ahead.

He didn't listen to the closest friends who loved him and cared about him. He listened to those who didn't care if he succeeded or failed. So he appointed Henry Clay to be Secretary of State.

Some historians would say he had the least productive 4 years of any President in history. It is always arguable. But there were clearly times throughout his 4 years as President when he backed bills and pushed bills that would have been good for the United States and that should have had the support of both the House and Senate when they couldn't get passed simply because people thought he had bought the office with the appointment of Henry Clay to Secretary of State. And so they went against anything and everything that John Quincy Adams tried to support thereafter.

That may seem kind of a strange story to pull out from history, except I was reminded of it as I thought about today, and I thought about some folks who even in October, they didn't care about Donald Trump getting elected President, they didn't really support him at that point, so they encouraged him: You go ahead and let's do this bill that we are bringing to the floor and just never mind the fact that prices will not come down, unless you want to say 10 percent over 3 years, maybe 10 percent.

After the prices will probably continue to go up after those same 3 years, we may be able to cut 10 percent off at some point. Why? Because we are not stripping the regulation, the regulatory authority, out of ObamaCare. We are only repealing part of it. And we are leaving almost all of the part that has driven costs through the roof. It has driven the price of health insurance through the roof. It has blown the deductibles so high that so many of my constituents and friends know they will never have enough cash to pay for the deductible to even get to a claim that the insurance company would pay.

And I just know that when the prices of health insurance don't come down over the next few years, people are going to say President Trump broke his promise to repeal ObamaCare. He only got part of it, but the monopolies that had begun to grow in the health insurance market grew bigger and fatter. And a man who wanted to do an honorable thing for America and get rid of ObamaCare—that it cost people their insurance, their doctor, their medicine, that it caused so much suffering and heartache as people struggle with their healthcare bills—he promised he would get rid of it, he wanted to deliver on his promise, and he has been told by people who weren't really sure if they cared if he won or lost that: Gee, just pass this, this will be great. Just pass anything. Pass something. We will call it a victory and move on.

But these are the times when it is very important to take an assessment of those who want to see you succeed and those who really don't care. There are those who have felt on the Republican side that if Donald Trump was defeated, that would be the end of the Tea Party movement, that would be the end of any type of populism rising up against the runaway socialism, the runaway assault on religious freedom, the Second Amendment.

The American public rose up, and this is our first chance to really deliver on our promises. I hope that the votes are not all there yet so that we can reach an agreement so that we can include in the bill that comes to the floor, not an amendment we vote on so that it can be voted down, but actually included in the bill so that we take out at least the big hunk of what has caused health insurance prices to skyrocket.

And if we can do that, we can have a win this week, one that we can all feel good about on our side of the aisle, and even my friends on the other side of the aisle. If we do the right thing and make sure that we take action that actually legitimately brings down health insurance costs, then my friends on the other side of the aisle will hear good reports of joyful remarks with gratitude that insurance prices have come down, we can now afford it, our deductible is lower, we are building a health savings account, it is great.

There are some good things that can come out of the votes this week. But if people take advice from those who are not as concerned with their total success, then this could be the start of a Presidency that was as unpleasant as John Quincy Adams' Presidency, which ended up leading to the inevitable result of his defeat in 1828 to Andrew Jackson.

I hope we keep our promise.

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

BRINGING DOWN THE COST OF HEALTH INSURANCE PREMIUMS IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, I thank the Speaker for this opportunity to continue the discussion. My colleague from Texas really left here a moment ago with a plea about bringing down the cost of health care in America. Actually, it was the cost of premiums in America. That is a plea that I think all 435 of us would echo. It would certainly be our goal, as representatives of the American people, to find some way to accomplish that, some way to bring down the cost of premiums.

I would like just to make a point right at the outset. When discussing health care, there are really two connected, but very separate, parts to the healthcare system.

One part is the delivery of medical services. These are the doctors, some of whom are in organizations of doctors of various specialties. Some are in large practices, such as the Kaiser practice. Some are in hospitals disconnected from doctors. But there is just a plethora of different ways in which medical services are delivered. That is the delivery of medical services. That is one part of it.

The other part of the healthcare system in America, and really anywhere in the world, is the collection of money to pay for the services. Now, in the United States, we have many different ways to collect the money. One of them is through taxes. And this is how we pay for Medicare and Medicaid, what we call MediCal in California. We pay for the veterans' medical services through the collection of taxes, children's health services, and some other programs that are much smaller. So that is one way in which we collect the money to pay for services. You might call those single-payer taxpayer services, taxpayers' money being spent on services delivered by that whole range of providers, some of which happen to be government providers, for example, the Veterans Administration and military medical services.

Now, the other way in which we collect money to pay for services are premiums, health insurance premiums that are charged by health insurance companies. The largest single part of that is from corporations, businesses, that buy health insurance and pay the premiums. And the others are individuals, and this is the individual insurance market. There are some small group markets out there, also. But these two systems, we need to understand that they are different. They are connected, obviously.

Now, if we are going to deal with the cost of premiums, you have to go over and deal with the cost of health care, because the health care drives the premiums and also drives the amount of money that we need to raise to pay for the services that are provided by the various governmental programs.

Now, in the Affordable Care Act, which is now some 7 years old Thursday of this week, the seventh anniversary of the passage of the Affordable Care Act, there are some very powerful mechanisms to reduce the cost of health care—doctors, hospitals, and the rest. Some of these are electronic medical records so that there is a continuity of knowledge as to what happened, what was provided, what services were provided to the individual.

□ 1730

Another one happens to be a penalty assessed on hospitals for hospital readmissions on hospital-acquired infections—profound in driving down the cost; also extremely important for individuals because hospital infection rates dramatically dropped.

There are also ways in which we pay for the services. It is very clear that the utilization of fee-for-service drove up the cost.

Anyway, as we go through this discussion today on the Affordable Care Act, and I see I am being joined by my colleagues here, I just want us to keep in mind that in order to deal with the cost of premiums, you have got to deal with the cost of services that are provided.

Now, in the Affordable Care Act, we actually saw, over the last 5 years as the Affordable Care Act, ObamaCare, went into effect, a decrease in the rate of increase. We haven't seen a decrease in the cost of medical services, but what we have seen is that the inflation rate has significantly reduced, so much so that the financial security of the Medicare program, which is the single biggest expenditure, has been extended by some 11 years because the inflation rate has declined—not decreased, but the rate of inflation has declined almost 50 percent from what it was before the Affordable Care Act.

That is a direct result of the many reforms that went into the way in which medical services were delivered. That allowed for a lower inflation rate for premiums and an extension of the financial viability of Medicare and other medical programs.

Now, unfortunately, we are now faced with a repeal or a partial repeal of the Affordable Care Act, and the promise has been made by my Republican colleagues that somehow this will reduce the premiums. Well, that is interesting. Now, exactly how are you going to reduce the premiums unless you are dealing with the cost of medical care?

In their reforms, there is—as best I can determine and everybody else—no effective way to reduce the cost of medical services and, in fact, the high probability that the cost of medical services will increase, specifically, because, in their proposed reform, men and women that are 45, 50 to 65 are going to find it virtually impossible to continue to buy insurance. They will drop their insurance. That is part of those 14 million Americans that will lose their insurance next year and part of the 24 million Americans that will not have insurance 9 years from now.

That population, before they get to Medicare, when they begin to get ill, 40, 50, 60, they will not be able to afford insurance. It is something like a $12,000 increase in cost to them. It is what is known as the senior tax.

Now, that will drive up the cost of medical services. Because they will not be able to have continuity of care, their diabetes, their heart issues, their high blood pressure, and on and on will not be treated.

Similarly, in the proposed reform, there is a significant reduction in the number of men and women across this Nation—and we are talking probably in the range of 4 to 6 million in the next 2 years that will not be covered under the Medicaid program. Those people, not having access to continuous medical services, will not seek treatment for those illnesses that can be treated effectively or held in abeyance, such as diabetes, heart disease, and the like. That means that the cost of medical care for them will rise.

Where will they go to get medical care? Not to worry, say our Republican colleagues. They can go to the emergency room. We have been there. We have seen what that means.

The expansion of the Medicaid program is unraveled by the proposed TrumpCare. I am going to come back to this.

I would like to ask my colleague from Texas to carry on here, if you would. I yield to the gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Speaker, I am going to take just a moment.

This is an excellent presentation. I think our constituents should be aware, and our colleagues, of your enormous knowledge as the former State insurance administrator in California, years of service to the people of California, and we are grateful for that analysis because you are right on the money, if you will, on the disaster or the questioning that comes about through two points: the existing bill, and then now an amendment which has been called meaningless that will be on the floor on Thursday, meaning that this bill has been amended by those who want to make it worse.

We sat in the Budget Committee on Thursday with Ranking Member YARMUTH most of the day trying to debate these numbers. So I just want to make points about wellness, about some of the criteria that maybe is misrepresented as making the insurance product more expensive.

To the Republicans, 10, 20 years ago, the product you had may not have been worth what you paid. In the product we have now, preexisting condition, stay on your parents insurance until you

are 26, certain criteria that the insurance companies must have, by the nature of the market, premiums go up to take in the idea that there are ''better benefits.'' I would argue that those benefits should have been there, but they are better benefits.

The other thing is that there was a formula which pushed millennials into the market or into the pool of people and persons that will purchase insurance.

Now, let me be very clear. I think we have not seen the end of the story. I believe that 10 years, 15 years, the young population will buy insurance. It is an educational curve. And so as they buy insurance, they will create that cushion.

Now, let me make this other point. Premiums are raised under this Republican bill, really raised, and then there are smoke and mirrors to say, oh, at a certain point it will go down 10 percent. But it goes down on the raised amount.

If you allow the Affordable Care Act to continue, we have a very large piece of wellness. Talk to your doctors. It is working.

Individuals are coming in, taking advantage of the wellness check. So they are not coming in with metastasized cancer, with thyroid conditions. They are not coming in on a stretcher with strokes or a heart attack because they are getting wellness care. When you get wellness care, on the other side of the curve, premiums go down because you get more well people.

I want to finish on this point of Medicaid that we were just debating.

Over and over again, it doesn't seem like there was any understanding that Medicaid is now part of people's insurance. And it is not a situation where I have seen many of my constituents stand on the street corner with a sign, saying, ''Give me Medicaid.'' You get Medicaid either through the expanded Medicaid.

And for our colleagues, that means that you are in a State where your insurance comes through expanded Medicaid; or you are a sick and elderly person in a nursing home or a disabled person; or you are blind; or you are a pregnant woman; or you are a mother with children; or you are on the children's health insurance program, which I was here in 1997 when this miraculous bill came forward and we established the Children's Health Insurance Program, which is a Medicaid-based program that gives millions of children insurance.

But under this bill, all of that will be capped. It will be per capita. So the $880 billion is being cut, my fellow Americans, ladies and gentleman, from your insurance.

Then, finally, this bill could not be more cruel. Besides the ailing that are in nursing homes—and I do want to tell one story of an individual who got into the nursing home, Mr. Speaker, because they didn't have insurance to take their medicine, and it resulted in heart attack and stroke. They are not an old person, but they are totally disabled, and they are in the nursing home on Medicaid now.

But in the Budget Committee, two amendments came up that I was just stunned. You worked very hard on the opioid legislation. Some of it came out of my committee, Judiciary Committee. Many Members have worked hard on this.

They had an amendment saying no able-bodied man or person should get Medicaid. I don't know what that definition is. Are you an addicted young person, wholly addicted on opioids, that needs medical treatment? Are you an able-bodied person because you have all of your faculties and limbs but you are sick and addicted?

And then, don't incentivize Medicaid. I am trying to find out what that means because all of my hospitals—and I think one of the things the Affordable Care Act has done is to question costs and to work hard to bring costs down in hospital care and to have an accountability assessment on that.

But to finish, I have not heard my rural hospitals, I have not heard my public hospitals, I have not heard the Texas Medical Center talk about people being incentivized to get Medicaid. They are sick and they come in for whatever they have.

The last point is someone gave an example that they were able to have a transplant because they were under the Affordable Care Act with expanded Medicaid.

So I want to thank the gentleman for raising these very important points, but it baffles me that there is such a skewing of a very successful legislation, very difficult. It was a very difficult piece of legislation. It took years, the Affordable Care Act, and it is doing what it is supposed to do.

As we have heard before, you can get more insurance companies. We have to do something with the premiums, and that is fixing or improving. But that is not what we are doing here. We are literally cutting people off of insurance.

I will give you the number that I keep using: 2026, 52 million Americans will be uninsured, and that will be our constituents all over the Nation. That is because of the underlying bill, this bill that is coming up now—which there are those who want it to be even worse. I just heard a gentleman say he wants to take away all the mandates. It will be worse on the American people, and I don't want to make America sick again.

Mr. GARAMENDI. I want to thank the gentlewoman from Texas, SHEILA JACKSON LEE, for her consistent and constant caring for men and women in this Nation that are on the outside, that are not among the wealthy, that are struggling with their families to improve their situation. You are always there. And here you are once again this evening laying out the problems that we are going to see with TrumpCare.

Let me just very quickly run through this, and then I would like to turn back to my colleague from Rhode Island, Mr. CICILLINE.

The proposal that is on the floor, we could just lay out five very succinct arguments on why it doesn't work.

I was going through a rather complete explanation of how the healthcare system works because it is kind of a basic understanding, but clearly, under the legislation that is going to be taken up this Thursday, Americans are going to pay more for less. And it is not just a few.

The senior citizens in Medicare are going to see a diminution in their benefits. We are looking at the 40-to 50-years-olds, which I have already discussed. We are looking at other individuals.

Pay more for less, we are looking, over the next 9 years, that 24 million Americans will lose their insurance or their opportunity to get insurance. And just this next year, just 18 months from now—excuse me, not 18 months from now. Nine months from now, we are going to see 14 million people begin to lose their insurance.

I talked earlier about this age tax, which speaks to those people that are 50 to 65 years of age. They are, under this legislation, going to pay up to five times more than someone who is between 20 and 30 years of age.

□ 1745

Present law says they can be charged no more than three times what a 20- to 30-year-old pays, and so this is what is known as an age tax. It simply shifts the cost to those 40-, 50-, 60-year-old people who happen to be the most expensive. And I talked about the $12,000 that they will have to pay in addition to that.

It guts Medicaid. We call it Medi-Cal in California and Medicaid across the Nation. The expansion of Medicaid was an extraordinarily important event that provided insurance not only to men and women who had no income, but to 85 percent of the people on Medicaid across this Nation who are elderly, in nursing homes, or elderly poor, unable to provide sufficient income from just their Social Security—those are called the dual eligible—or children.

Now, in the Affordable Care Act, there was what was known as Medicaid expansion; and those are the working men and women, families, who have less than 138 percent of the poverty rate. So those are the low-income working men and women who are able to get Medicaid, or Medi-Cal insurance in California. It simply guts it in a variety of ways, which we will come back and discuss a little later.

You can bet and you can count on there being less support for the elderly that are in nursing homes. There will be less support for the young families; the single-mother families who are struggling to get along, probably going to school, trying to learn skills; and for

the working families who are at $10 an hour minimum wage.

Finally, this is the one that ought to drive Americans right off the rails. This is a whopping $270 billion tax reduction for the top 1 percent of Americans. It is for 400 families in America, the richest 400, four of which are in the current Trump administration, including the President himself. They will see a $7 million a year decrease in their taxes.

Now, that is great. I am sure the President will enjoy that $7 million tax reduction, along with the $3 million or $4 million he is getting from the taxpayers every year so he can go to his home in Florida.

This is obscene. This is obscene because the way in which this thing works, working men and women and families across America at every income level are going to get less. They are going to pay for more, and yet the superwealthy in America are going to get a whopping tax reduction. This is the income distribution that we should never have, to take from the poor, to take from the middle class, and give to the superwealthy. I will come back and discuss this.

Mr. Speaker, I yield to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, I thank the gentleman from California (Mr. GARAMENDI) for leading this Special Order hour where we can really talk about the impact of what is about to happen if the Republicans get their way and pass TrumpCare.

I think it is important to recognize that this proposal that is currently before the House will substantially hurt the American people, beginning with, as your chart demonstrates, the loss of coverage, when fully implemented, for 24 million Americans who will no longer have access to affordable health care and will be uninsured by 2026. Those are our friends, our neighbors, our family members who no longer will have health coverage.

In addition, it provides an enormous tax break for the wealthiest people in this country. In fact, the total value of these tax breaks over the decade is $600 billion to the richest individuals and the biggest corporations. It is the largest transfer of wealth for working families to the very rich in our Nation's history.

To accommodate this tax break, to give this huge tax benefit to the richest Americans and the largest corporations, they achieve this by stealing health care from millions of families all across this country and by cutting billions of dollars from Medicaid and Medicare. As the gentleman from California (Mr. GARAMENDI) said, the 400 richest families will each enjoy a $7 million tax cut; and the way they paid for that is they take away health care from millions of Americans.

There is also the impact on our economy. There is a new analysis from the Center for American Progress, and they conclude that TrumpCare will destroy 1.8 million jobs.

We are all focused on: How do we get people back to work? How do we create good-paying jobs?

This is a job killer. TrumpCare will cost 1.8 million jobs, a loss of an ability to provide for yourself, for your family, and for your future.

As you said, people will be paying more money for less quality care. Deductibles and out-of-pocket expenses will skyrocket, leaving sick people unable to afford the care they need.

Particularly, as you mentioned, there will be an age tax because older Americans will pay more. Their premiums will go up at an even faster pace because they are allowed to charge even more based on their age.

Young people are also hurt. Young people are hit with a millennial tax. They put a 30 percent premium surcharge on those reenrolling after a lapse in coverage, which is often the case, particularly with young people where people may have lost a job and be out of work. So they are going to be penalized with a 30 percent premium.

The impact of the Republican proposal, this TrumpCare proposal, on women is devastating. In addition to new restrictions on comprehensive health care for women, this Republican bill, TrumpCare, defunds Planned Parenthood and will make it much more difficult for women to access essential preventative care and affordable contraception.

As I mentioned, the middle-aged American—the age tax—will pay more. For example, a 64-year-old individual with an income of $26,000 in the individual market will pay $12,900 more in their premiums each year. That is almost half their income under the Republican plan. So it is going to really get those who are above 55 but haven't yet hit the age to receive Medicare especially hard.

Also, TrumpCare hurts our seniors by weakening Medicaid and Medicare. It shortens the life of the Medicare trust fund by 3 years. It steals $880 billion from Medicaid, which, as you mentioned, is the principal source of long-term care for seniors.

Also, it does damage to the protection for people who have preexisting conditions, because someone who has a lapse in coverage will be subjected to a 30 percent premium on top of their base premium. So there is another penalty for people who have preexisting conditions.

If you take all of this together, it is worse coverage, worse care, higher costs, huge tax cut for the richest people in this country—for drug companies, for insurance companies, CEOs. To pay for their tax cut, we take away insurance from the most vulnerable and working people in this country.

We have all received both emails and phone calls and had conversations with those whom we have the privilege of representing, and they have shared with us these heart-wrenching stories of what it would mean to lose their health care.

In my State, I am proud to say that, with the implementation of the Affordable Care Act, ObamaCare, we have the highest rate of coverage that we have ever had in our State's history. Ninety-seven percent of Rhode Islanders have access to quality, affordable health care. It is great. It makes a difference in the lives and quality of the lives of everyone.

I want to share with the gentleman from California (Mr. GARAMENDI) an email that I got from a constituent, just recently, from Lincoln, Rhode Island. Brenda said:

> If all goes well, I am literally going into surgery for hip replacement on March 16 of this year. Though hip replacement is seen as elective, the pain I deal with now interferes with my quality of life. Without it, I will end up in a wheelchair in a few years once I can't handle the persistent pain.
>
> Without the ACA, I would not be able to have this operation. I do not own a home for collateral and have a 19-year-old car. I work full-time in a hotel for $12 an hour. I have not had a raise in 4 years. We have no benefits at all, including health care. We have no paid time off at all for sick days, personal days, or vacation.
>
> I am not confident enough to move to another job with my current physical limitations, which have reached a point where it interferes with every activity, including sleeping.
>
> My doctors, who are aware that I get my medical through the ACA, have been helpful and diligent about getting me in soon, knowing there is a major threat for those whose only way for medical coverage is through the ACA. My condition may not be life-threatening, but left untreated, it would limit where I can live, if and where I can work, and, most likely, leave me on permanent disability or Social Security, which most people can't live on.
>
> I am only 52. I still have several functional, productive years ahead of me, and I receive a subsidy to help make my coverage affordable.

Brenda is just one example of someone whose life is literally being preserved. Her quality of life is being protected because she has access to health care. She can have the surgery she needs. She can eliminate the pain she is suffering and lead a productive life.

There are millions and millions of Americans who have the same kinds of stories, who have benefited from the Affordable Care Act, who will be deeply harmed when that insurance is ripped away if Republicans get their way and pass TrumpCare.

I want to end by just saying thank you again to the gentleman from California (Mr. GARAMENDI) and to also mention that he referenced, in his remarks, the process that has produced this very, very troubling piece of legislation, unlike the process that produced the Affordable Care Act that occurred over many, many months and many hearings, where 121 Republican amendments were accepted into the bill and it still didn't earn a single Republican vote. Yet, through TrumpCare, over 100 Democratic amendments were offered in three committees of jurisdiction and not a single Democratic amendment was accepted.

So even efforts to try to improve a terrible bill were rejected in the committee process, and that is because they are intent on making sure they deliver this big tax cut to the special interests who sent them here to Washington, and they are going to try to do it on the backs of the hardworking people of this country. We have to continue to stand up and fight and do everything we can to prevent it from happening.

Mr. GARAMENDI. Mr. Speaker, there is no better fighter than the gentleman from Rhode Island (Mr. CICILLINE) in the representation that he gives to the people of Rhode Island and beyond. The gentleman couldn't be more accurate about all that he said.

I was listening carefully to the story the gentleman from Rhode Island told of the individual who wrote him an email. I, too, have received many, many emails.

I was thinking, as he was describing the situation, of a woman who runs her own small farm near Marysville, California, in my district. For years, she could not afford insurance. She had a small orchard farm. She couldn't afford insurance. When she got sick, she went to the emergency room. She was able to get along.

But she knew that, as she approached 50 years of age, she would be facing a bad medical situation, and she did. She had cancer. She couldn't get a policy prior to the Affordable Care Act because she had a preexisting condition: she had cancer. Emergency rooms are not treating that. She wasn't able to get on a program, and she was going to die.

About that time, we established, in California, a covered California program that is an exchange based upon the Affordable Care Act. She, because of her income, was able to get a comprehensive insurance policy and a subsidy for her premium. She then had quality insurance, and she was able to get the cancer treatment because her insurance had no preexisting conditions and she was able to afford it. She had to pay a little bit, but she had a subsidy that made up the difference.

She is now looking at a situation, because she is in that age 50 to 65, where she will not be able to afford a $12,000- or $14,000-a-year premium because the subsidies were taken out and because of this age tax, the 1-to-5 ratio rather than the 1-to-3 ratio. It is horrific. She knows what she is facing. She is facing the loss of her insurance and, quite possibly, the loss of her life.

This is wrong. This is wrong.

I thank the gentleman from Rhode Island for joining us tonight. I yield to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, there are so many people that I have heard from in my own district, and I know colleagues have heard the same thing when we talk about these numbers: 24 million people will lose their insurance and billions of dollars in tax breaks for the richest people in this country. Behind every one of these numbers is a real person whose life will be destroyed or devastated because they don't have access to quality, affordable health care.

This is the richest, most powerful country in the world. We are well on the way to having a system in which everyone can afford and have access to quality, affordable health care. We made huge progress in the Affordable Care Act. It is not perfect. We have always been willing to say: How do we make it better? How do we build on the success of it?

The notion, in the midst of this progress, that we would deprive or pass a piece of legislation, this TrumpCare, that will take away insurance from 24 million people, that will raise premiums, raise out-of-pocket costs, undermine Medicaid and Medicare, and also give a big tax cut to the richest people in this country is just so wrong.

□ 1800

I just think it is very important, as we speak about this, to remember, behind every one of these numbers is a story of a real person, a real family, just like the woman you described, just like Brenda in Lincoln, Rhode Island, whose lives are going to be really hurt and who are going to face devastating consequences because they don't have access to basic quality health care, which is a right in this country every American should have access to.

This sets us back so far it is difficult to imagine what our colleagues on the other side of the aisle are thinking.

Mr. GARAMENDI. Mr. Speaker, I see that my colleague from the great State of Ohio (Ms. KAPTUR) has arrived. Often we have shared time on the floor. Ms. KAPTUR, if you would care to share with us your thoughts on the Affordable Care Act as it exists. I know in your area it is a very important attribute in an area that has been known as the Rust Belt, and the effect of TrumpCare, RyanCare, on your citizens.

I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I thank the gentleman so very much for taking the time, after formal votes have occurred today, to help us enlighten the American people on what is really at stake here.

I have to say, President Trump carried the State of Ohio by about 450,000 votes out of all the votes that were cast. And there was this slim hope, I think, on behalf of some of the people who voted for him, that though he was a billionaire, that there was perhaps a kind heart that would minister to the people of our country, helping them get more jobs, helping them deal with their everyday challenges, including health care.

Unfortunately, this bill is cruel, and it is dangerous. It helps the billionaire class. Why in heaven's name, of the people that are drafting this bill on the Republican side of the aisle, would they be giving billions and billions and billions of tax giveaways to the wealthiest people in our country; to those that, frankly, if you take away a couple of million, they wouldn't miss it anyway. You know, when you have that much money, normal life is kind of distant from your world.

But what TrumpCare is giving to the rank and file, people are going to have to pay more for less coverage, and millions and millions of people are going to lose their coverage completely.

Now, you know, 75 percent of the people who go bankrupt in this country go bankrupt because of health bills that they can't pay for. And so when you start tinkering around with people's health insurance and their coverage, you are playing with wildfire, and that is what is happening on the Republican side of the aisle.

Now, it used to be that most Americans received their health insurance through employment, just like in Germany. We had an employment-based health insurance system. I like that system. I like for workers to share in the profits of the companies that they help make money for.

But what has been happening over the years, with so much outsourcing that Wall Street is more than happy to finance, right, companies are plucked up from Ohio and put in Mexico, put in China, put in all these other places around the world. People lose their health insurance. They lose everything. They are lucky if they can hang on to their houses.

Then what happens? What happens to them? Well, if they are lucky, they might get a job that pays a third of what they earned before in a company that doesn't pay health insurance.

Take Walmart, the biggest employer in the country. Go take a look at their employees and what happens. What is happening is the corporations are throwing on to the back of the public sector, the Federal Government, the responsibility to pay for health insurance. So all the profits that Walmart makes, it doesn't benefit the workers there with any health insurance. The companies have ceded their responsibility to provide health insurance as a condition of employment, and they have transferred that to, guess what, the taxpayer. So what is going on here is a big shift in responsibility.

The Congressional Budget Office, which is nonpartisan, and the head of it is a Republican, I might say, but it is the nonpartisan Congressional Budget Office reports that with TrumpCare, next year alone, 14 million fewer Americans will have health insurance.

Some of those currently on the Affordable Care will drop off, and I am very worried about the 900,000 Ohioans who were finally able to get insurance, some of whom work for Walmart, some of whom work for small employers who couldn't afford health insurance, some of them who worked for big corporations that spit them out when they moved and outsourced their jobs, that

they are going to be among these numbers.

We are told by 2020, 21 million people will lose their coverage in the country; 24 million by 2026, and perhaps the total number of uninsured Americans rising to reach 52 million. That is going backwards.

In this bill, they expect 70 million people who are currently on Medicaid—all right, guess what? They are in nursing homes.

The Republican Party always says they are the pro-life party. Baloney. This is an anti-life bill. This is going to cost illness and death across this country.

Here is a story already in my district in Ohio. A man named Joseph is self-employed, and he used to get his insurance from his wife's employer. Thank God she had employer-provided health insurance. She retired, and now the family faced a choice, forced upon them by the Republican leaders in Congress and President Trump.

They faced the threat of no health coverage, so Joseph heard all this debate here. He wasn't sure what was going to happen to him in this fiscal year of 2017, so his choice was to go on the healthcare exchange and risk losing coverage if the Republicans repeal the Affordable Care Act and pull the rug out from under him; or he could opt for the guarantee of 18 months of expensive COBRA insurance. So he opted for the expensive choice of COBRA, which cost him and his family hundreds and hundreds and hundreds of dollars in additional costs per month, and he is putting off a knee replacement because of the uncertainty even consideration of this bill is causing.

Don't tell me that this isn't cruel and dangerous. And this family isn't the only one in America that is facing that kind of terrible health choice.

The TrumpCare proposal in States like Ohio, where we have a lot of rural counties, we are going to have hundreds of thousands of people out of work, nurses, long-term care aides.

I just had people from Hospice in my office this afternoon, and we were talking about home-health care for Hospice patients versus institutional care, the rising numbers of Vietnam veterans coming into Hospice facilities.

Well, guess what? Who is going to pay for all of that in the TrumpCare? These people will be dropped. They will say to the States: well, we will give you a little bit of money, but we will cap the money, you know.

And then what happens after 2020? Hey, it is like dropping you out of an airplane with no parachute. Good luck.

We can't do this. This is a death bill. This is a death knell for the American people. We can't allow the American people to be treated in this manner. So we ought to be repairing and fixing and looking in the windshield, not the rearview mirror of where we need to take health insurance in this country, but not put so many millions, ten and tens of millions of Americans at risk, and doling out—Congressman GARAMENDI, maybe you could repeat those numbers—over $600 billion in tax giveaways to the richest people in this country, many of whom caused the financial crash of 2008. They owe the Republic. They owe the people of this Republic for what they did.

I have families in my district still underwater on their mortgages, if they were able to hang on to their homes at all.

The wealthy of this country, starting with Wall Street, owe the American people a lot. And all those employers who abandoned their responsibilities and pushed the cost of health insurance on the public sector because they didn't have the decency to help ensure their own workers, well, shame on you. Shame on you.

For all the small businesses that finally got health insurance through this program, thank you for respecting your workers. Thank you for respecting the Affordable Care Act.

We can do a whole lot better than TrumpCare. And I really feel sorry that this new President, for whom many of the people in Ohio voted, doled up this kind of a flawed piece of legislation that is cruel and, honestly, will result in so many more illnesses across this country, because people worry about health insurance. They worry about the affordability of health insurance.

Congressman GARAMENDI, thank you so very much for having this Special Order this evening and for inviting me to participate. It has been a great privilege.

Mr. GARAMENDI. I thank the gentlewoman so very much for joining us. She asked a little bit about the health care. I am going to do this very quickly, then I want to turn to my colleague from the State of Arizona (Mr. O'HALLERAN).

Under TrumpCare, or Ryan-TrumpCare, as I would like to call it, these huge tax cuts for millions of families, let's just focus on that for a second. It is the largest shift of wealth from the working men and women of America, poor and up through the middle class, to the wealthiest that has ever occurred in any tax break. The Reagan taxes, you name the taxes, including the Bush W. taxes, this is the largest single shift of wealth. It is well over $300 billion in the next 9 years.

As I have said before, the 400 wealthiest families, as I said, four of whom are now the President and three in the Trump cabinet, will get over $7 million a year in reductions in their taxes. In addition to that, the top one-tenth of 1 percent will receive over—well, nearly a $200,000 reduction in their taxes. That is the top one-tenth of 1 percent.

Beyond that, $300 billion will go to the wealthy. The top 20 percent of Americans will get 75 percent of the tax breaks. The remaining 80 percent of Americans will then share the remaining very small percentage.

So it is part of this enormous shift of wealth, and this does not take into account the fact that Americans are going to pay a whole lot more for their insurance. So, in addition to the tax cuts, there is also this issue of having higher rates, less benefits going forward.

So just to repeat again, the top one-tenth of 1 percent will receive nearly $200,000 a year in tax breaks. The top 1 percent will get 57 percent. The top 20 percent get 75 percent of the 300-plus billion dollar tax cut, and everybody else, in this case, the lower 90 percent, will then share in the remaining 43 percent. Different ways of looking at these numbers.

The fact of the matter is, it is a tax cut that guts the money necessary for Medicare expansion and for the tax subsidies that people count on in order to survive. It is obscene.

Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Congressman GARAMENDI, may I just inject, and I won't take up much time. But, you know, in this job, you meet everybody. I come from a working class family. We had to work for everything we ever had.

I thank the people of my district for allowing me to serve and kind of learn a whole lot more about our country and the world. And one of the things I have learned is that when you are that wealthy, these billionaires, they purchase their own doctors, they purchase their own nurses. They have special houses where they put them in on their property.

So, you know, it isn't just the tax cut that goes to the wealthiest among us, but the imbalance between those who have much and those who eke out a living is growing greater and greater and greater in our society.

Now, I think everybody should have good health care. But, honestly, when you can do that, you are not living in the real world that the vast majority of Americans live in. I thank the gentleman for allowing me to put that on the RECORD.

Mr. GARAMENDI. I thank the gentlewoman for bringing us the view from Ohio. Let's now talk about the view from Arizona. Mr. O'HALLERAN, this being your first year in Congress, welcome. I am delighted to have you join us on the floor.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. O'HALLERAN).

Mr. O'HALLERAN. Mr. Speaker, I rise today to share the story of a young boy who lives in my district named Cameron. Cameron was born with a congenital heart defect, but a successful surgery at 5 weeks of age has given him a shot at a vibrant life.

He is like most 8-year-olds, fearless, curious, and full of life, but Cameron will live with this for the rest of his life.

His parents shared this story with me recently and expressed their concerns, not just about Cameron, but about the children of America who are under this type of a process. They have affordable

coverage under the Affordable Care Act, despite Cameron's preexisting conditions.

But, Mr. Speaker, they are concerned that future coverage will be unaffordable and unattainable as he grows up under the American Health Care Act, also known as TrumpCare.

I share these concerns. I cannot support legislation that will drastically raise premiums for families like Cameron's and disproportionately impact rural communities in my district.

□ 1815

It is my hope that, moving forward, Congress can work on a bipartisan solution to improve the health and wellbeing of Americans and their children and protect those who need it most. We cannot continue to play partisan politics with the lives of our constituents, our children, our small businesses, and the people of America.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman from Arizona (Mr. O'HALLERAN) so very much. The stories from the gentleman's constituents echoed across all of our constituencies, all across America.

Mr. Speaker, I yield to the gentleman from California (Mr. COSTA), who is from the Central Valley.

Mr. COSTA. Mr. Speaker, I thank the gentleman from California (Mr. GARAMENDI) very much not only for the focus and the passion that he shows for this very important issue of trying to ensure that we have health care for all Americans, but also for the leadership he has demonstrated over the years. He and I have worked together in California on so many different issues.

The Affordable Care Act, as we know, has provided health care for over 20 million Americans. Since its implementation over 6 years ago, the ACA in my district, which is Fresno, Madera, and Merced Counties, located in the San Joaquin Valley, has decreased the uninsured rate from 22 percent to 11 percent. It is cut in half.

I have a marvelous, wonderful district that I take great pride in representing. It is one of the largest agricultural areas in the country. It has significant wealth, but, sadly, it has significant poverty. It is the combination of those two that make it a place where immigrants have come for decades—immigrants past and immigrants present—to make a better life for themselves.

Mr. Speaker, 19,000 individuals in my district have received financial assistance and have been able to purchase coverage through the Covered California marketplace, and 121,000 individuals in my district are now covered by the Affordable Care Act's Medicaid expansion.

The cuts that are proposed in this Republican proposal would devastate those individuals not only in my district, but in Congressman GARAMENDI's district and throughout the valley. My Republican colleagues, the five of us from Modesto down to Bakersfield, almost 500,000 people today have insurance coverage that did not have it 6 years ago.

Let me give you some real examples. Tom lives in Fresno, California. He is 57 years old. In 2015, due to a major heart attack, he had to leave his job of 29 years. Tom's health insurance, though, did not lapse because, as a result of the Affordable Care Act, he gained affordable health coverage insurance through the Covered California marketplace. In addition, his family wrote to my office saying that they cannot envision his recovery being a success had it not been for the ACA.

Another one of my constituents, John, who lives in Fresno, told my office that without the ACA, he and his wife would not have been able to afford cancer surgery for his wife. She is now cancer-free. And we know how expensive that can be.

Austin, one of those Americans who volunteered to serve his Nation, a Vietnam veteran who lives in my district, told my office that his wife was paying $830 a month before the Affordable Care Act. Now she can afford health care at $400 a month—cut in half.

Not every story with the ACA is a success story. It is not perfect. There are problems with the act. We should be working on it.

I remember, Congressman GARAMENDI, when you were the insurance commissioner of California, and one of the areas that you developed a lot of expertise and experience on was how to deal with the insurance industry. Certainly there are improvements that can be made. There are small-business owners in my district who say that the ACA raises costs and does not provide enough insurance options for themselves or their employees. So we need to work together to fix the provisions in the law that drive up the costs and weaken the insurance marketplace.

This month, the American Health Care Act was introduced to repeal and replace the ACA by our Republican colleagues. I do not believe the American Health Care Act is a serious solution to fixing the problems we have in the ACA. The legislation we know would provide less financial help to low-income families and seniors whom we both represent. The American Health Care Act would dramatically change the way we finance Medicaid by shifting from an open-ended reimbursement system to a person allotment or block grant which will cap the amount of money in California that receive Medicaid, and that is dramatic and devastating.

This would force California to choose how to allocate increasingly a smaller number of Medicaid dollars and would decrease the care available to Medicaid beneficiaries which Congressman GARAMENDI and I care deeply about. Thousands of individuals in the San Joaquin Valley would be impacted.

Additionally, the legislation will not mandate individuals to purchase health insurance. Instead, insurers would be able to attach a 30 percent surcharge—think about that—on individuals who have a lapse in coverage. I don't think that is going to play well in Peoria or in California. So this will provide a disincentive for young and healthy people to buy insurance. It is important to note that in order for the insurance marketplace to work, there needs to be healthy people in the system to help pay for sick people. When the Speaker said that healthy people are subsidizing sick people, well, I am not an insurance expert, but isn't that the way insurance works? Good drivers pay for poor drivers, right? If you don't have a pool, a balanced pool, it doesn't work.

One last point I want to make: passing the Affordable Care Act, I was here in 2010, and it wasn't pretty. It took 1 year, dozens of committee hearings in several committees, multiple versions of the bill in the House and the Senate, and various revisions of it. We tried to get the Republicans involved. We tried to get them to participate, and we took amendments that they gave. But at some point, they decided that, no, they were going to go it alone or force us to go it alone. I think they are making the same mistake that possibly we made 6 years ago. I think that is sad because I think the American public wants us to work together.

Less than 1 month after introducing their repeal-and-replace bill, which will be before us this week—and, clearly, the replace is still a work in progress—the House is going to pass a bill on a party line vote on Thursday maybe without an updated CBO score. I thought we were going to have transparency, the light of day, know what taxpayers are paying, what they are getting, and what they are not getting. I guess not on Thursday. The CBO scores are how Congress and the public analyzes how legislation would impact States and citizens. But we are not working to get that vital information.

This last week I hosted a healthcare workshop to hear from all of my hospitals, healthcare providers, clinics, doctors, and nurses to ask what they thought of the Affordable Care Act and what we can do to fix the law. What they told me is there are a lot of things we can do to fix the current law to make it better. But they said the healthcare act that is being offered as a repeal and replace is not a solution to providing the much-needed health care we need in the San Joaquin Valley, that we need in California, and that we need in our country.

At the end of the day, Mr. Speaker, we know that working together is how you get things done. On a bipartisan basis, we can make a difference, but not the way we are going. So I think that the gentleman from California's efforts and my efforts as we continue to try to urge common sense to prevail is what we need to do. I will, unfortunately, not be able to vote for this measure on Thursday because it really

is going to negatively impact hundreds and thousands of people in the San Joaquin Valley that will lose their coverage as a result of this repeal and replace.

Mr. Speaker, I thank the gentleman for his passion and his efforts.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman from California (Mr. COSTA) very much for his excellent presentation. The gentleman covered many of the issues.

I want to wrap up with just a couple of thoughts.

One of my Republican friends came up to me earlier today. He said: I don't understand. I don't understand what our team is doing. All we are doing is changing the name and hurting people.

I thought about that for a few moments, and, yes, it is Ryan or TrumpCare, but people are going to be hurt all across this Nation.

One more story, and I think we will probably wrap up here, and that is of my wife's hairstylist. She is a young lady, married, private businessowner, trying to get along, and not enough money to buy insurance. The Affordable Care Act goes into place. She looks at the exchange, and she is able to get comprehensive insurance, maternity care, and at an affordable price because of the subsidies that are built into it. She was so happy when she talked to my wife.

She said: I have insurance. For the first time in my life, I am able to buy insurance, and I am going to get pregnant. I am going to have the baby that my husband and I have always wanted because now we have insurance—not just for myself, but for my child and my husband.

The next visit, she is asking: They are not going to take it away, are they? They are not going to take it away, are they?

Well, yes, for 14 million Americans—next year, 2018, 9 months from now, 14 million Americans will begin to lose their insurance. I am not sure if this young lady will be among them or the farm lady that I talked about earlier, but they are at risk all across America—14 million people in less than 1 year, and then, beyond that, over the ensuing years, 24 million Americans.

It has been argued that the Affordable Care Act is in a death spiral. I was an insurance commissioner in California for 8 years, and that is not true. It is an alternate fact. The fact of the matter is that the Affordable Care Act is working—not without some problems here and there, but it is working. It is not in a death spiral.

That is probably a good place to leave it, except this TrumpCare—RyanCare—is a problem. You are going to pay more and you are going to get less—24 million people, an age tax on seniors, and a huge tax break for the superwealthy in America.

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

ADJOURNMENT

Mr. GARAMENDI. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 27 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, March 22, 2017, at 10 a.m. 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:

866. A letter from the Director, National Institute of Food and Agriculture, Department of Agriculture, transmitting the Department's final rule — Competitive and Noncompetitive Non-formula Federal Assistance Programs — Specific Administrative Provisions for the Veterinary Services Grants Program (RIN: 0524-AA70) received March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

867. A letter from the Secretary, Department of Education, transmitting the Department's interim final rule — Open Licensing Requirement for Competitive Grant Programs [Docket ID.: ED-2015-OS-0105] (RIN: 1894-AA07) March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

868. A letter from the Associate Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting the Commission's final rule — Connect America Fund [WC Docket No.: 10-90]; ETC Annual Reports and Certifications [WC Docket No.: 14-58] received March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

869. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting a report concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act, pursuant to 1 U.S.C. 112b(a); Public Law 92-403, Sec. 1(a) (as amended by Public Law 108-458, Sec. 7121(b)); (118 Stat. 3807); to the Committee on Foreign Affairs.

870. A letter from the Director, Defense Security Cooperation Agency, Department of Defense, transmitting the Air Force's proposed Letter of Offer and Acceptance to the Government of the United Kingdom, Transmittal No. 17-02, pursuant to Sec. 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

871. A letter from the Secretary, Department of the Treasury, transmitting a notification of a determination that, by reason of the statutory debt limit, the Secretary is unable to comply with the investment requirements of the Civil Service Retirement and Disability Fund, pursuant to 5 U.S.C. 8348(l)(2); Public Law 89-554, Sec. 8348(l)(2) (as added by Public Law 99-509, Sec. 6002(c)); (100 Stat. 1933) and 5 U.S.C. 8438(h)(2); Public Law 99-335, Sec. 101(a) (as amended by Public Law 101-335, Sec. 3(a)(7)); (104 Stat. 320); to the Committee on Ways and Means.

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. WALDEN: Committee on Energy and Commerce. House Resolution 154. Resolution of inquiry requesting the President of the United States and directing the Secretary of Health and Human Services to transmit certain information to the House of Representatives relating to plans to repeal or replace the Patient Protection and Affordable Care Act and the health-related measures of the Health Care and Education Reconciliation Act of 2010; adversely (Rept. 115–54). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. ROYCE of California (for himself, Mr. ENGEL, Mr. YOHO, and Mr. SHERMAN):

H.R. 1644. A bill to enhance sanctions with respect to transactions relating to North Korea, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committees on Ways and Means, Financial Services, Transportation and Infrastructure, Oversight and Government Reform, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. SINEMA (for herself and Mr. HOLLINGSWORTH):

H.R. 1645. A bill to amend the Sarbanes-Oxley Act of 2002 to provide a temporary exemption for low-revenue issuers from certain auditor attestation requirements; to the Committee on Financial Services.

By Mr. WALBERG (for himself, Mr. BYRNE, Mr. HUDSON, and Mr. ROKITA):

H.R. 1646. A bill to amend title VII of the Civil Rights Act of 1964 to exclude the application of such title to employment practices that are in compliance with Federal regulations, and State laws, in certain areas; to the Committee on Education and the Workforce.

By Mr. BLUMENAUER (for himself and Mr. DUNCAN of Tennessee):

H.R. 1647. A bill to establish a Water Infrastructure Trust Fund, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Transportation and Infrastructure, 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. CLARKE of New York (for herself and Mr. MEEHAN):

H.R. 1648. A bill to provide for further comprehensive research at the National Institute of Neurological Disorders and Stroke on unruptured intracranial aneurysms; to the Committee on Energy and Commerce.

By Mrs. DINGELL:

H.R. 1649. A bill to assist entrepreneurs, support development of the creative economy, and encourage international cultural exchange, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on Small Business, Transportation and Infrastructure, the Judiciary, Education and the Workforce, Financial Services, and Agriculture, 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. HUFFMAN (for himself, Mr. RUSSELL, and Ms. BASS):

H.R. 1650. A bill to establish a national, research-based, and comprehensive home study assessment process for the evaluation of prospective foster parents and adoptive parents and provide funding to States and Indian tribes to adopt such process; to the Committee on Education and the Workforce.

By Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mr. KING of New York, Mr. TONKO, Mr. ENGEL, Ms. SCHAKOWSKY, Mr. YOUNG of Alaska, Mr. LANCE, Mr. SCHRADER, Ms. HERRERA BEUTLER, Mr. HARPER, Mr. MCKINLEY, and Mr. CRAMER):

H.R. 1651. A bill to designate the same individual serving as the Chief Nurse Officer of the Public Health Service as the National Nurse for Public Health; to the Committee on Energy and Commerce.

By Mr. KENNEDY (for himself, Mr. CARTER of Georgia, and Mrs. BLACKBURN):

H.R. 1652. A bill to provide for the regulation of over-the-counter hearing aids; to the Committee on Energy and Commerce.

By Mr. LATTA (for himself and Mr. MCKINLEY):

H.R. 1653. A bill to amend certain provisions of the Safe Drinking Water Act, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MCCLINTOCK (for himself, Ms. CHENEY, Mr. COOK, Mr. CRAMER, Mr. GOSAR, Mr. ISSA, Mr. LAMALFA, Mr. ROHRABACHER, and Mr. TIPTON):

H.R. 1654. A bill to authorize the Secretary of the Interior to coordinate Federal and State permitting processes related to the construction of new surface water storage projects on lands under the jurisdiction of the Secretary of the Interior and the Secretary of Agriculture and to designate the Bureau of Reclamation as the lead agency for permit processing, and for other purposes; to the Committee on Natural Resources.

By Mr. MEEHAN (for himself, Mr. THOMPSON of Pennsylvania, Mr. BABIN, and Mr. LARSON of Connecticut):

H.R. 1655. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for facilities using a qualified methane conversion technology to provide transportation fuels and chemicals; to the Committee on Ways and Means.

By Mr. MEEHAN (for himself, Ms. DELBENE, Mr. RYAN of Ohio, Mr. HURD, Mr. RODNEY DAVIS of Illinois, and Mr. REICHERT):

H.R. 1656. A bill to amend the Internal Revenue Code of 1986 to provide incentives for employers to establish student loan repayment programs and to make contributions to qualified tuition programs on behalf of children of employees; to the Committee on Ways and Means.

By Mr. NOLAN:

H.R. 1657. A bill to amend the Trade Act of 1974 to authorize a State to reimburse certain costs incurred by the State in providing training to workers after a petition for certification of eligibility for trade adjustment assistance has been filed, and for other purposes; to the Committee on Ways and Means.

By Ms. NORTON:

H.R. 1658. A bill to extend to the Mayor of the District of Columbia the same authority over the National Guard of the District of Columbia as the Governors of the several States exercise over the National Guard of those States with respect to administration of the National Guard and its use to respond to natural disasters and other civil disturbances, while ensuring that the President retains control of the National Guard of the District of Columbia to respond to homeland defense emergencies; to the Committee on Oversight and Government Reform, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROSKAM (for himself, Mr. KIND, Mr. COSTELLO of Pennsylvania, Ms. PINGREE, Mr. REICHERT, Mr. PASCRELL, Mr. RENACCI, Mr. SEAN PATRICK MALONEY of New York, and Ms. BONAMICI):

H.R. 1659. A bill to amend the Internal Revenue Code of 1986 and the Higher Education Act of 1965 to provide an exclusion from income for student loan forgiveness for students who have died or become disabled; to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, 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. SIRES (for himself, Mr. DIAZ-BALART, Mr. CONNOLLY, Mr. ENGEL, Mr. SHERMAN, Mr. CICILLINE, Mr. KEATING, Ms. ROS-LEHTINEN, Mr. DONOVAN, and Mr. SMITH of New Jersey):

H.R. 1660. A bill to direct the Administrator of the United States Agency for International Development to submit to Congress a report on the development and use of global health innovations in the programs, projects, and activities of the Agency; to the Committee on Foreign Affairs.

By Mr. TIBERI (for himself, Mr. NEAL, Mr. MEEHAN, Mr. BLUMENAUER, Mr. KELLY of Pennsylvania, Ms. SÁNCHEZ, Mr. PAULSEN, Mr. CROWLEY, Mr. REICHERT, Mr. THOMPSON of California, Mr. SMITH of Missouri, Mr. DANNY K. DAVIS of Illinois, Mr. CURBELO of Florida, Mr. MEEKS, Mr. FASO, Mr. KATKO, Mr. PASCRELL, and Mr. RENACCI):

H.R. 1661. A bill to amend the Internal Revenue Code of 1986 to reform the low-income housing credit, and for other purposes; to the Committee on Ways and Means.

By Mr. WENSTRUP:

H.R. 1662. A bill to amend title 38, United States Code, to prohibit smoking in any facility of the Veterans Health Administration, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. WITTMAN (for himself, Mrs. NAPOLITANO, and Mr. GRIFFITH):

H.R. 1663. A bill to amend the Water Resources Research Act of 1984 to reauthorize grants for and require applied water supply research regarding the water resources research and technology institutes established under that Act; to the Committee on Natural Resources.

By Mr. JOHNSON of Georgia (for himself, Mr. MEEKS, Mr. GRIJALVA, Mrs. DINGELL, Mr. BILIRAKIS, Ms. NORTON, Ms. JACKSON LEE, and Mr. DAVID SCOTT of Georgia):

H. Res. 213. A resolution expressing support for designation of October 17, 2017, as the ''National Vitiligo Awareness Day''; to the Committee on Energy and Commerce.

By Ms. SÁNCHEZ (for herself, Mr. COOK, Mr. RYAN of Ohio, Mr. BISHOP of Georgia, Mrs. NAPOLITANO, Ms. CLARKE of New York, Mr. ELLISON, Mr. RUSH, and Mr. GALLAGHER):

H. Res. 214. A resolution expressing support for designation of a Welcome Home Vietnam Veterans Day; to the Committee on Veterans' Affairs.

By Mr. BILIRAKIS (for himself and Mr. MAST):

H. Res. 215. A resolution expressing the fact that the House of Representatives supports the system for prescription drug coverage provided under part D of the Medicare program and believes that changes to such system should not be part of the American Health Care Act of 2017; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BUCSHON:

H. Res. 216. A resolution congratulating the Plastics Industry Association on its 80th anniversary; to the Committee on Energy and Commerce, and in addition to the Committees on Science, Space, and Technology, and Education and the Workforce, 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. LEE (for herself, Mr. GUTIÉRREZ, Mr. NADLER, Mr. LEWIS of Georgia, Mrs. NAPOLITANO, Mr. MEEKS, and Ms. SHEA-PORTER):

H. Res. 217. A resolution supporting the goals and ideals of Social Work Month and World Social Work Day; to the Committee on Education and the Workforce.

By Mr. TED LIEU of California (for himself, Mr. ALLEN, Mr. CARBAJAL, Mr. CICILLINE, Mr. CONNOLLY, Mr. DELANEY, Mr. DESANTIS, Mr. DEUTCH, Mr. DONOVAN, Mr. FOSTER, Ms. FRANKEL of Florida, Mr. GENE GREEN of Texas, Mr. HASTINGS, Ms. JENKINS of Kansas, Ms. KELLY of Illinois, Mr. KING of New York, Mr. LAMBORN, Mr. LANGEVIN, Mr. LIPINSKI, Mr. LOWENTHAL, Mr. MARINO, Ms. MOORE, Mr. NADLER, Mr. POE of Texas, Mr. QUIGLEY, Miss RICE of New York, Ms. ROSEN, Mr. ROSKAM, Ms. ROS-LEHTINEN, Mr. SERRANO, Mr. SWALWELL of California, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mr. YOHO, Mr. ROKITA, Mrs. MURPHY of Florida, and Ms. MENG):

H. Res. 218. A resolution recognizing the importance of the United States-Israel economic relationship and encouraging new areas of cooperation; to the Committee on Foreign Affairs.

By Mr. WALKER:

H. Res. 219. A resolution establishing a Select Committee on POW and MIA Affairs; to the Committee on Rules.

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. ROYCE of California:

H.R. 1644.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States

By Ms. SINEMA:

H.R. 1645.

Congress has the power to enact this legislation pursuant to the following:

Article I. Section 8.

By Mr. WALBERG:

H.R. 1646.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States

By Mr. BLUMENAUER:
H.R. 1647.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1
By Ms. CLARKE of New York:
H.R. 1648.
Congress has the power to enact this legislation pursuant to the following:
the power granted to Congress under Article I of the United States Constitution and it subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.
By Mrs. DINGELL:
H.R. 1649.
Congress has the power to enact this legislation pursuant to the following
The constitutional authority of Congress to enact this legislation is provided by Article I, section 8 of the United States Constitution.
By Mr. HUFFMAN:
H.R. 1650.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18: ''To 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 of Officer thereof''
By Ms. EDDIE BERNICE JOHNSON of Texas:
H.R. 1651.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
By Mr. KENNEDY:
H.R. 1652.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8—to provide for the general welfare and to regulate commerce among the states.
By Mr. LATTA:
H.R. 1653.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
To 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. MCCLINTOCK:
H.R. 1654.
Congress has the power to enact this legislation pursuant to the following:
Article 4, Section 3, Clause 2 of the U.S. Constitution, which confers on Congress the power to make all needful Rules and Regulations respecting the property belonging to the United States.
By Mr. MEEHAN:
H.R. 1655.
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 of the United States Constitution which gives Congress the power to ''regulate Commerce with foreign Nations, and among the several states and within the Indian Tribes.''
By Mr. MEEHAN:
H.R. 1656.
Congress has the power to enact this legislation pursuant to the following:
This bill is enacted pursuant to: Article I, Section 8, Clause I
By Mr. NOLAN:
H.R. 1657.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
By Ms. NORTON:
H.R. 1658.
Congress has the power to enact this legislation pursuant to the following:
clause 17 of section 8 of article I of the Constitution.
By Mr. ROSKAM:
H.R. 1659.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 states that, ''The Congress should have Power To lay and collect Taxes,'' and Article I, Section 7 states ''All Bills for raising Revenue shall originate in the House of Represenatives.''
By Mr. SIRES:
H.R. 1660.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8 of the Constitution.
By Mr. TIBERI:
H.R. 1661.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1
By Mr. WENSTRUP:
H.R. 1662.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.
By Mr. WITTMAN:
H.R. 1663.
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 I of the United States Constitution.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 38: Mr. DENT.
H.R. 103: Mr. PERLMUTTER.
H.R. 104: Mr. BLUMENAUER.
H.R. 179: Mr. RYAN of Ohio, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CLAY, Mr. O'HALLERAN, Mr. FITZPATRICK, and Mr. RODNEY DAVIS of Illinois.
H.R. 233: Mr. YARMUTH.
H.R. 299: Mr. ISSA, Mr. NEWHOUSE, Ms. BLUNT ROCHESTER, Mrs. DEMINGS, Mr. TAKANO, Mr. BUTTERFIELD, and Mr. PERRY.
H.R. 303: Mr. YOUNG of Iowa and Mrs. MCMORRIS RODGERS.
H.R. 314: Mr. LATTA, Mr. HUIZENGA, and Mr. WILLIAMS.
H.R. 421: Mr. GARRETT.
H.R. 474: Mr. RICE of South Carolina and Mr. SESSIONS.
H.R. 488: Mr. BARR.
H.R. 520: Mr. COLE.
H.R. 530: Ms. CLARK of Massachusetts.
H.R. 539: Mr. LANCE.
H.R. 548: Mr. POE of Texas.
H.R. 564: Mr. BOST, Mr. LAMBORN, Mr. ROE of Tennessee, Mr. HUIZENGA, and Mr. RENACCI.
H.R. 613: Mr. ARRINGTON and Mr. BARR.
H.R. 669: Mr. LARSON of Connecticut.
H.R. 695: Mrs. BROOKS of Indiana.
H.R. 721: Mr. DUFFY.
H.R. 747: Ms. KUSTER of New Hampshire, Mr. RUTHERFORD, Mr. JOHNSON of Ohio, Mr. POCAN, and Mrs. DINGELL.
H.R. 754: Mr. ISSA, Mrs. LOWEY, Mr. SMITH of Washington, Ms. JACKSON LEE, and Mr. RASKIN.
H.R. 757: Mr. KILDEE.
H.R. 761: Mr. LAHOOD and Mr. GROTHMAN.
H.R. 770: Ms. SINEMA and Ms. KUSTER of New Hampshire.
H.R. 772: Mr. LEWIS of Minnesota.
H.R. 795: Mr. MEEHAN.
H.R. 800: Mr. ELLISON.
H.R. 804: Mr. WALZ and Mr. CARTWRIGHT.
H.R. 807: Mr. TONKO.
H.R. 812: Mr. RENACCI.
H.R. 816:'Mr. CARBAJAL.
H.R. 919: Mr. CONNOLLY, Mr. RUPPERSBERGER, and Mr. BUTTERFIELD.
H.R. 942: Mr. NOLAN.
H.R. 949: Mr. COSTELLO of Pennsylvania.
H.R. 984: Mr. MCEACHIN.
H.R. 986: Mr. AUSTIN SCOTT of Georgia and Mr. MOOLENAAR.
H.R. 1005: Mr. HUDSON, Mr. ESPAILLAT, and Mr. COLLINS of New York.
H.R. 1017: Mr. POCAN, Mr. HARPER, and Mr. POLIS.
H.R. 1057: Mr. ROE of Tennessee, Mr. FRANKS of Arizona, Mr. CUELLAR, Mr. COLE, and Mr. RYAN of Ohio.
H.R. 1066: Ms. KUSTER of New Hampshire, Mr. RENACCI, Mrs. BROOKS of Indiana, and Miss RICE of New York.
H.R. 1090: Mr. ROSS.
H.R. 1116: Mr. HULTGREN, Mr. HARPER, and Mr. KELLY of Mississippi.
H.R. 1120: Mr. FASO, Mr. NOLAN, and Mr. BEN RAY LUJÁN of New Mexico.
H.R. 1141: Mr. GRIJALVA, Mrs. DAVIS of California, and Mr. QUIGLEY.
H.R. 1163: Mr. YOUNG of Iowa.
H.R. 1206: Mr. QUIGLEY.
H.R. 1231: Mr. POE of Texas.
H.R. 1243: Mr. TAKANO.
H.R. 1251: Mr. GOHMERT.
H.R. 1267: Ms. BONAMICI and Mr. HIGGINS of New York.
H.R. 1289: Mr. POCAN, Mr. EVANS, Mr. CONYERS, Mr. GUTIÉRREZ, Ms. PLASKETT, and Ms. SHEA-PORTER.
H.R. 1290: Mr. SOTO, Ms. CLARKE of New York, Mr. KILMER, Mr. CONYERS, Mr. GUTIÉRREZ, Ms. PLASKETT, and Ms. SHEA-PORTER.
H.R. 1299: Mr. NOLAN and Ms. CLARK of Massachusetts.
H.R. 1346: Mr. CARTWRIGHT.
H.R. 1363: Mr. CARBAJAL.
H.R. 1377: Mr. SWALWELL of California, Miss GONZÁLEZ-COLÓN of Puerto Rico, Ms. KAPTUR, and Ms. MICHELLE LUJAN GRISHAM of New Mexico.
H.R. 1378: Mr. PERLMUTTER, Mr. SOTO, Mr. LOEBSACK, and Mr. POCAN.
H.R. 1384: Ms. STEFANIK, Mrs. MURPHY of Florida, Mr. SENSENBRENNER, Mrs. HARTZLER, Mr. GRAVES of Missouri, Mr. COLE and Mrs. ROBY.
H.R. 1393: Mr. WITTMAN, Mr. ROKITA, and Mr. CURBELO of Florida.
H.R. 1435: Ms. JUDY CHU of California.
H.R. 1444: Ms. KUSTER of New Hampshire.
H.R. 1456: Mr. YODER and Mr. CUELLAR.
H.R. 1463: Mr. JODY B. HICE of Georgia.
H.R. 1464: Ms. CLARK of Massachusetts.
H.R. 1473: Ms. CLARKE of New York, Mr. WELCH, Mr. CONYERS, Mr. KHANNA, and Mrs. WATSON COLEMAN.
H.R. 1515: Mr. NADLER, Mr. CICILLINE, Ms. SCHAKOWSKY, and Mr. RUSH.
H.R. 1526: Mr. JONES.
H.R. 1532: Mr. COLE.
H.R. 1538: Mr. GOODLATTE.
H.R. 1552: Mr. MASSIE and Mr. WALKER.
H.R. 1556: Mr. MCGOVERN.
H.R. 1562: Mr. RUSH.
H.R. 1566: Mr. POLIS, Mr. RYAN of Ohio, Mr. COHEN, Ms. KAPTUR, Ms. ESHOO, Mr. SMITH of Washington, Mr. MCGOVERN, and Mr. RUSH.
H.R. 1569: Mr. RUSH, Mr. SWALWELL of California, and Ms. ESHOO.
H.R. 1588: Ms. BROWNLEY of California.
H.R. 1594: Mr. COLE.
H.R. 1608: Mr. SMITH of Washington and Mr. PASCRELL.
H.R. 1614: Mrs. BEATTY.
H.R. 1624: Mr. HUDSON.

H.R. 1626: Mr. O'HALLERAN.

H.R. 1627: Mr. MEEHAN, Mrs. COMSTOCK, Mr. WEBER of Texas, Mr. STEWART, and Ms. PINGREE.

H.R. 1632: Mr. COLE.

H.J. Res. 7: Mr. GALLAGHER.

H.J. Res. 59: Mr. EMMER, Mr. JODY B. HICE of Georgia, and Mr. ALLEN.

H.J. Res. 89: Mr. BACON.

H. Con. Res. 10: Mr. FOSTER.

H. Con. Res. 27: Mr. BLUMENAUER, Mr. DESAULNIER, Mr. HUFFMAN, and Ms. TSONGAS.

H. Res. 28: Mr. CLEAVER, Mr. GRAVES of Missouri, Mr. SHERMAN, and Mr. RENACCI.

H. Res. 31: Mr. CLEAVER and Mr. NORCROSS.

H. Res. 54: Mr. SOTO, Mrs. TORRES, and Ms. WASSERMAN SCHULTZ.

H. Res. 140: Mr. HIGGINS of New York.

H. Res. 162: Mr. BRENDAN F. BOYLE of Pennsylvania and Ms. HANABUSA.

H. Res. 164: Mrs. BEATTY, Mr. SMITH of Washington, Mr. DAVID SCOTT of Georgia, Ms. BROWNLEY of California, Mr. ELLISON, Ms. CLARK of Massachusetts, Ms. LOFGREN, and Mr. YARMUTH.

H. Res. 181: Mr. GROTHMAN.

H. Res. 184: Mr. SMITH of Washington, Mr. CLEAVER, Mr. TONKO, Mr. LAWSON of Florida, and Mr. SERRANO.

H. Res. 186: Ms. PINGREE.

H. Res. 196: Mr. RUSH.

H. Res. 206: Mrs. BUSTOS, Ms. CLARKE of New York, Mr. MAST, Ms. SHEA-PORTER, and Mrs. DAVIS of California.