

PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 1549) TO AMEND PUBLIC LAW 111-148 TO TRANSFER FISCAL YEAR 2013 THROUGH FISCAL YEAR 2016 FUNDS FROM THE PREVENTION AND PUBLIC HEALTH FUND TO CARRY OUT THE TEMPORARY HIGH RISK HEALTH INSURANCE POOL PROGRAM FOR INDIVIDUALS WITH PREEXISTING CONDITIONS, AND TO EXTEND ACCESS TO SUCH PROGRAM TO SUCH INDIVIDUALS WHO HAVE HAD CREDITABLE COVERAGE DURING THE 6 MONTHS PRIOR TO APPLICATION FOR COVERAGE THROUGH SUCH PROGRAM

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APRIL 23, 2013.—Referred to the House Calendar and ordered to be printed

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Mr. BURGESS, from the Committee on Rules,  
submitted the following

## R E P O R T

[To accompany H. Res. 175]

The Committee on Rules, having had under consideration House Resolution 175, by a record vote of 9 to 2, report the same to the House with the recommendation that the resolution be adopted.

### SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 1549, the Helping Sick Americans Now Act, under a structured rule. The resolution provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. The resolution waives all points of order against consideration of the bill. The resolution makes in order as original text for the purpose of amendment an amendment in the nature of a substitute consisting of the text of Rules Committee Print 113-8 and provides that it shall be considered as read. The resolution waives all points of order against the amendment in the nature of a substitute. The resolution makes in order only those further amendments printed in this report. Each such amendment may be offered only in the order printed in this report, may be offered only by a Member designated in this report, shall be considered as read, shall be debatable for the time specified in this report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. The resolution waives all points of order against the amendments printed in this report. The resolution provides one motion to recommit with or without instructions.

## EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of the bill includes a waiver of 302(f) of the Congressional Budget Act, prohibiting consideration of legislation providing new budget authority in excess of a committee's 302(a) allocation of such authority and section 311(a) of the Congressional Budget Act of 1974, prohibiting the consideration of a measure which would cause the total level of new budget authority or outlays in the most recent budget resolution to be exceeded.

The waiver of all points of order against the amendment in the nature of a substitute made in order as original text includes a waiver of clause 4 of rule XXI, which prohibits reporting a bill or joint resolution carrying an appropriation from a committee not having jurisdiction to report an appropriation.

Although the resolution waives all points of order against the amendments printed in this report, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

## COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

*Rules Committee record vote No. 23*

Motion by Ms. Slaughter to report an open rule. Defeated: 2–9.

Majority Members	Vote	Minority Members	Vote
Ms. Foxx .....	Nay	Ms. Slaughter .....	Yea
Mr. Bishop of Utah .....	Nay	Mr. McGovern .....	Yea
Mr. Cole .....	Nay	Mr. Hastings of Florida .....	
Mr. Woodall .....	Nay	Mr. Polis .....	
Mr. Nugent .....	Nay		
Mr. Webster .....	Nay		
Ms. Ros-Lehtinen .....	Nay		
Mr. Burgess .....	Nay		
Mr. Sessions, Chairman .....	Nay		

*Rules Committee record vote No. 24*

Motion by Mr. McGovern to make in order and provide the appropriate waivers for amendment #1 offered by Rep. Pallone Jr. (NJ), which makes the same changes to the PCIP program that the underlying bill does, but is paid for through a 4 cent per pack increase in the tax on cigarettes; amendment #2 offered by Rep. Pallone Jr. (NJ), which makes the same changes to the PCIP program that the underlying bill does, but is paid for by continuing the solvency of the Oil Spill Liability Trust Fund by increasing the per-barrel amount that oil companies are required to pay into the fund by four cents; amendment #3 offered by Rep. Schakowsky (IL), which extends funding for reopening enrollment under the Pre-existing Condition Insurance Program (PCIP) through the modification of class life for corporate jets; amendment #4 offered by Rep. Capps (CA), which removes the public health and prevention trust fund as a pay-for and instead pays for the bill by ending the section 199 domestic manufacturing deduction for oil and gas production; amendment #5, offered Rep. Green (TX), which makes the same

changes to the PCIP program that the underlying bill does, but is paid for by requiring a minimum term and a remainder interest greater than zero for new Grantor Retained Annuity Trusts (GRATs); and amendment #10 offered by Rep. Horsford (NV), which seeks to protect funds in the Prevention and Public Health Fund that are to be used for reducing health disparities in minority populations. Defeated: 2–9.

Majority Members	Vote	Minority Members	Vote
Ms. Foxx .....	Nay	Ms. Slaughter .....	Yea
Mr. Bishop of Utah .....	Nay	Mr. McGovern .....	Yea
Mr. Cole .....	Nay	Mr. Hastings of Florida .....	
Mr. Woodall .....	Nay	Mr. Polis .....	
Mr. Nugent .....	Nay		
Mr. Webster .....	Nay		
Ms. Ros-Lehtinen .....	Nay		
Mr. Burgess .....	Nay		
Mr. Sessions, Chairman .....	Nay		

*Rules Committee record vote No. 25*

Motion by Ms. Foxx to report the rule. Adopted: 9–2.

Majority Members	Vote	Minority Members	Vote
Ms. Foxx .....	Yea	Ms. Slaughter .....	Nay
Mr. Bishop of Utah .....	Yea	Mr. McGovern .....	Nay
Mr. Cole .....	Yea	Mr. Hastings of Florida .....	
Mr. Woodall .....	Yea	Mr. Polis .....	
Mr. Nugent .....	Yea		
Mr. Webster .....	Yea		
Ms. Ros-Lehtinen .....	Yea		
Mr. Burgess .....	Yea		
Mr. Sessions, Chairman .....	Yea		

SUMMARY OF AMENDMENTS MADE IN ORDER

1. Pitts (PA), Upton (MI): Terminates the prevention fund after FY 2016 and authorizes a state-based high-risk pool program. (10 minutes)

2. Brownley, Julia (CA): Requires that within 90 days of enactment of H.R. 1549, the Secretary of Health and Human Services shall prepare a report to Congress detailing the exact amount of money to be transferred out of the Prevention and Public Health Fund, and how that transfer will impact the access of uninsured and underinsured children, adolescents, and adults to immunization programs, Alzheimer’s disease education and prevention programs, and the Baby Friendly Hospital Initiative and maternal care programs. (10 minutes)

TEXT OF AMENDMENTS MADE IN ORDER

1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE PITTS OF PENNSYLVANIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 3, after line 2, insert the following:

**SEC. 5. TERMINATING FUNDING FOR PREVENTION AND PUBLIC HEALTH FUND AFTER FISCAL YEAR 2016.**

Section 4002(b) of Public Law 111–148 (42 U.S.C. 300u–11(b)), as amended by section 3205 of the Middle Class Tax Relief and Job Creation Act of 2012, is further amended—

- (1) in paragraph (1), by inserting “and” after the semicolon;
- (2) in paragraph (2)—
  - (A) by striking “2017” and inserting “2016”; and
  - (B) by striking the semicolon and inserting a period; and
- (3) by striking each of paragraphs (3) through (5).

**SEC. 6. ESCAPE VALVE FROM THE TRAINWRECK.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall award block grants to States to provide for the development of innovative models that ensure affordable health insurance coverage for Americans with pre-existing health conditions.

(b) **USE OF FUNDS.**—A State shall use amounts received under a grant under this section for innovative State high-risk pool programs that meet the requirements of subsection (c) and that ensure the provision of affordable health insurance coverage for eligible individuals described in subsection (d) with pre-existing health conditions. Such funds may be used for the development, start-up, and funding of new State high-risk pools satisfying such requirements and for the enhancement of funding for existing State high-risk pools satisfying such requirements.

(c) **REQUIREMENTS FOR HIGH RISK POOL.**—For purposes of this section, the requirements described in this subsection, for a State high-risk pool are each of the following requirements:

- (1) The pool provides at least two health insurance coverage options, one of which being a high deductible health plan coupled with a health savings account.
- (2) The pool is funded with a stable funding source.
- (3) The pool does not have any waiting lists so that all eligible individuals described in subsection (d) who are seeking coverage through the pool are allowed to receive coverage through the pool.
- (4) The pool allows for coverage of individuals who, but for the 24-month disability waiting period under section 226(b) of the Social Security Act (42 U.S.C. 426(b)), would be eligible for Medicare under title XVIII of such Act during such waiting period.
- (5) The premium rate charged for health insurance coverage offered to eligible individuals through the pool does not exceed the rate that is 150 percent of the average premium rate for applicable standard risk populations in the State.

(d) **ELIGIBLE INDIVIDUALS.**—For purposes of this section, an eligible individual described in this subsection, with respect to a State high risk pool funded by a grant under this section, is an individual who—

- (1) is a resident of such State; and
- (2) complies with any other requirements established by the State for participation in such pool.

(e) **AMOUNT OF GRANT.**—The amount of a grant to a State under this section shall be determined by the Secretary based on a review of State applications and requests.

(f) **LIMITATION ON ABORTION FUNDING.**—No funds authorized by this section may be used to pay for any abortion or to cover any part of the costs of any health plans that includes coverage of abortion, except—

(1) if the pregnancy is the result of an act of rape or incest;  
or

(2) in the case where a pregnant woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

(g) **PRE-EXISTING CONDITION DEFINED.**—For purposes of this section, the term “pre-existing condition” means, with respect to an individual, a medical or other condition of the individual that exists prior to the date on which such individual attempts to enroll in health insurance coverage, whether or not any medical advice, diagnosis, care, or treatment was recommended or received for such condition before such date.

(h) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section for fiscal year 2014, \$5,000,000,000, to be made available to States for calendar year 2014.

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2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BROWNLEY OF CALIFORNIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 3, after line 2, add the following:

**SEC. 5. REPORT ON IMPACT OF TRANSFERRING FUNDS FROM PREVENTION AND PUBLIC HEALTH FUND.**

Not later than 90 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on—

- (1) the total amount of funds that are transferred from the Prevention and Public Health Fund under section 4002(c) of Public Law 111–148 pursuant to the amendment made by section 2 of this Act; and
- (2) the impact such transfer would have on access to—
  - (A) immunizations for uninsured and underinsured children, adolescents, and adults;
  - (B) Alzheimer’s disease education and prevention programs; and
  - (C) the Baby Friendly Hospitals Initiative and maternal care programs.