

the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

MEDICARE PREMIUM FAIRNESS ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3631) to amend title XVIII to provide for the application of a consistent Medicare part B premium for all Medicare beneficiaries in a budget neutral manner for 2010.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3631

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 "Medicare Premium Fairness Act".

SEC. 2. MEDICARE PART B PREMIUM FOR 2010.

(a) PREMIUM COMPUTATION.—Section 1839 of the Social Security Act (42 U.S.C. 1395r) is amended—

(1) in subsection (a), by adding at the end the following new paragraph:

"(5) The monthly premium under this subsection for 2010 shall be the monthly premium under this subsection for 2009."; and

(2) in subsection (i)(3)(A), by adding after and below clause (ii) the following:

"In applying clause (ii) for 2010, the monthly actuarial rate described in such clause shall be such monthly actuarial rate for 2009.".

(b) OFFSET FROM MEDICARE IMPROVEMENT FUND.—Section 1898(b) of such Act (42 U.S.C. 1395iii(b)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (A), by striking the semicolon at the end and inserting the following: "; reduced by the sum of—

"(i) the amount transferred under paragraph (5); and

"(ii) \$567,000,000;";

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following new subparagraph:

"(B) fiscal year 2015, the amount specified in subparagraph (A)(ii); and"; and

(2) by adding at the end the following new paragraph:

"(5) TRANSFER AND OFFSET.—There are hereby transferred from amounts in the general fund of the Treasury to the Federal Supplementary Medical Insurance Trust Fund an amount equivalent, as estimated by the Chief Actuary of the Centers for Medicare & Medicaid Services, to the aggregate reduction in premiums payable under part B that result from the application of paragraph (5) of section 1839(a) and the last sentence of section 1839(i)(3)(A)."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BARTON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD.

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

There was no objection.

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

I urge my colleagues on both sides of the aisle to support H.R. 3631, the Medicare Premium Fairness Act of 2009, of which I am an original cosponsor.

Unless Congress acts quickly, millions of America's seniors will find themselves with a smaller Social Security check at a time when they are already stretching every dollar they have. If we don't act today, 27 percent of Medicare beneficiaries will see their part B premium increase from \$96 to \$110 or \$120. That's potentially a 25 percent increase in their Medicare part B premiums when they're getting no increase in their Social Security COLA.

It won't just be Medicare beneficiaries who are harmed either. Cash-strapped States will also feel a pinch if we don't act. Most of those impacted by the possible premium increases are dual-eligibles, or those beneficiaries who qualify for both Medicare and Medicaid because they may have low incomes. Their premium increases will have to be paid for by States as part of their Medicaid programs. As we all know, States across the Nation are facing large budget deficits and are being forced to slash critical services and increase taxes. This simply is not the time that the Federal Government should be shifting more costs to States who are simply unable to absorb it.

Mr. Speaker, even though this is an emergency situation, we have found a way to make sure that the bill is completely paid for and does not add one dime to the deficit. It is imperative that Congress act today in order to make sure that every Medicare beneficiary is financially protected and is able to afford the Medicare services he or she deserves.

I once again urge my colleagues on both sides of the aisle to support this bill. Please vote "yes." Vote to protect America's seniors.

I reserve the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

We are here today because the Democrat leadership apparently doesn't know what our senior citizens have known for the last 6 months. I held a town meeting in Wortham, Texas, in August. The population of Wortham, Texas, is approximately 1,100 people perhaps. A constituent, a senior citizen, stood up at my town hall meeting and asked me if it was true that their Medicare part B premiums were going to go up while their Social Security COLA did not increase. I said that I did not know, but I would check it out. I had my staff check it out, and sure enough, they were telling the truth.

Well, yesterday, right before the Energy and Commerce Committee markup was scheduled to conclude, I got a note from my staff that there was going to be a special meeting of the Rules Committee last evening and that

we were going to have a same-day rule and have an emergency bill put on the floor today to hold harmless our senior citizens who choose Medicare part B and who are having their premiums go up. I asked the distinguished subcommittee chairman, Mr. PALLONE, if he knew anything about it, and to his credit, he said he was aware of it, but he had just become aware of it. I said, Well, why didn't we have a hearing on this? Why didn't we have a markup? Why didn't we find out what the policy is? Why didn't we do all kinds of things? To his credit, his answer was that it was just something that had to be done.

Well, Mr. Speaker, I'm tired of the Democratic leadership waiting until the last moment. And to give them the benefit of the doubt, they don't know what's happening in these programs, so they have to scramble. Or they do know, and they don't give a darn about what the process is and what the policy is.

□ 1130

I think it's inexcusable that we are here on the House floor today on a bill that there's not any serious opposition that we need to do something but I think there is a real policy debate about how to prevent this from happening in the future.

For my friends who don't really know a lot about Medicare part B, Medicare part B is voluntary. It is the part of Medicare that handles physician payments and outpatient reimbursement. Now, most Medicare recipients choose part B. About 98 percent choose part B.

Within part B there are three classes of Medicare beneficiaries. There are Medicare beneficiaries that have a high income. There are Medicare beneficiaries that have average incomes, and there are Medicare beneficiaries that have low income.

Under current law if you have been covered in Medicare in a prior year and you don't have a high income, you don't have a low income, you are held harmless by the current law. But if you're a new Medicare beneficiary, in other words, you weren't on the program last year, if you're a high-income Medicare beneficiary, or if you're a low-income Medicare beneficiary, then you're not held harmless.

And those groups, about 25 percent of the total Medicare population, are the people that were going to have their Medicare premium increased. The current premium this year is about \$96, and under current law if you weren't protected, it would go up to about \$104. So that's about an \$8 increase or a little over maybe 7 or 8 percent.

So under years when the average inflationary and the consumer price index goes up, there's a Social Security COLA increase. So if Medicare expenses go up, which they did last year, the Medicare part B premium goes up but the Social Security benefit goes up, and since Medicare part B premiums

are deducted from Social Security, then that is kind of offset.

But this year we didn't have inflation. The consumer price index, because of the recession, didn't go up; so our seniors didn't get their Social Security increase. But Medicare spending went up last year because we haven't reformed the program. So the Medicare part B premium, which is optional, went up; and if you weren't protected, your premium went up.

Now, Mr. Speaker, there are lots of policy questions there. Maybe we need to change the current law. Maybe we need to protect all Medicare part B beneficiaries. Maybe we need to look at these high-income seniors? Did we have that hearing? Did we have that policy debate? No.

The Democrat majority is simply putting this bill on the floor saying let's take \$2.7 billion and let's hold everybody harmless. Well, now that's good politics. I am not negating the politics of it. But is that good policy?

My good friend Mr. PALLONE from New Jersey said not one dime is going to be added to the deficit. Well, he didn't tell you where the money's coming from. Here's where the money is coming from, and I have read the bill. Luckily, it's only two pages; so it's not that hard to read. But here's where the money is coming from: It is coming from something called the Medicare Improvement Fund; \$567 million is coming from the Medicare Improvement Fund. That's a fund that our majority has set up in a bill last year, and I think, and I could be wrong and Mr. PALLONE could tell me, he probably knows, that there's about \$20 billion in that fund. And the rest of it is a transfer that is coming from the Treasury of the Federal Supplementary Medical Insurance Trust Fund, and they're going to take \$567 million from this what I call a temporary fund, and then they are going to take the rest of it from the General Federal Supplementary Medical Insurance Trust Fund.

So they're taking money that has been paid in by our Medicare taxes and they're just saying we're going to use some of that money. That trust fund's going broke. It's in the red and going broke every year. We're just going to take some of that money and use it this year. Plus we're going to take some of the money from the special fund that we set up last year. Now, there are all sorts of policy questions there.

So our friends on the majority are right to say for this year, for this \$2.7 billion, there's no added borrowing; but they are wrong to say, in my opinion, that it's not adding to the deficit because they are taking money out of the general Medicare fund that we're going to need in future years and they're taking money from this special fund which I may be wrong in but I think was set up with borrowed money from the general fund.

Again, the minority is not objecting to the fact that for that 25 percent of

our seniors that are not protected by "hold harmless" that we do something to help them. But we are very upset that it has been done so cavalierly on such short notice with absolutely no process at all.

Democracy cannot work, Mr. Speaker, if we don't let the people know why we are making decisions, what the policy implications are, not to just our senior citizens but to all our citizens.

I am not going to ask for a "no" vote because we do need to do something. But I am going to ask that my friends in the majority really think about holding a hearing on this, even though it will be after the fact, so we can get the facts on the table and that we try to set up a process so that we don't have to next year and the next year and the next year come out here with absolutely no advance warning and no real understanding of what the long-term implications of this are.

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

Mr. PALLONE, Mr. Speaker, I yield 2 minutes to the distinguished chairman of the Energy and Commerce Committee, Mr. WAXMAN.

Mr. WAXMAN, Mr. Speaker and my colleagues, this is a simple bill. It corrects a minor formulaic problem with the calculation of Medicare premiums for some beneficiaries, not all but just some. And we are faced with a very short time in which to act. The administration has told us that the Social Security agency needs to know what premium to program into their system by or about October 1.

This legislation deals with the situation where, under current law, some seniors will face unusually steep premium increases next year. Beneficiaries who pay \$96 today could face premiums of \$110 or even \$120 per month next year if we don't act today. The reason for that is that there's no increase in the cost of living under their Social Security. But for these few Medicare beneficiaries, there would be an increase in their part B premium passed on to them.

About three-quarters of beneficiaries face this steep premium increase. The legislation would protect the other one-quarter, over 11 million beneficiaries. It will help new Medicare enrollees, older civil service retirees, and others who don't receive Social Security benefits and State government benefits. It would not add to the deficit. It would be financed by reductions in other Medicare spending.

It's an important bill. It's not the most important bill that we're going to face in the health care area. That's coming up very soon. But for those of us who have always supported the Medicare program and have been concerned about the Medicare beneficiaries, we see that we've been successful from most of them not having to face this problem. But we need to correct this problem that will be faced by a good number of people and to make sure that it does not happen to

them. I would have liked to have a COLA for all Social Security beneficiaries, but at least don't let them see a reduction in Social Security to pay for an increase in Medicare premiums.

Mr. BARTON of Texas, Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. WHITFIELD), a member of the committee.

Mr. WHITFIELD, I thank the gentleman for yielding the time.

I'm not going to get into a discussion of process today, but I would like to commend the chairman and the ranking member and the chairman of the subcommittee for bringing this bill to the floor to correct this inequity for our senior citizens.

But I would like to discuss another matter relating to the national health care debate that is of great concern to me.

Last week the Congressional Budget Office, in examining the bill proposed by Senator BAUCUS, said that that bill would reduce by \$123 billion the Medicare Advantage program. This is a program that provides private health insurance for our Medicare beneficiaries. And I might say there are many of them in rural areas and over 10,000 in my district.

One of the companies that provides this private option is Humana Corporation, headquartered in Louisville, Kentucky. They sent out a notice to their Medicare beneficiaries explaining that the Baucus plan would reduce by \$123 billion the amount of money available for Medicare.

When Senator BAUCUS heard about that, he ordered Medicare regulators to investigate and, if necessary, punish Humana for trying to educate its own enrollees about how they would be damaged by the Senate bill. Now, I might add that the acting director of CMS, Jonathan Blum, used to work for Senator BAUCUS.

But the thing that is really troubling about this is that while they are issuing an order against Humana, the Association for the Advancement of Retired Persons, AARP, which claims to represent senior citizens on Medicare, they also have an advantage program through United Health Care that they offer 1.7 million enrollees, and yet they've been sending out information and on their Web site saying that Medicare funds would not be reduced, and yet CMS is not taking any action against them.

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

Mr. PALLONE, Mr. Speaker, I yield 1½ minutes to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES, I thank the gentleman for yielding.

Mr. Speaker, this is a very, very important bill, and it's one that we need to pass today.

In August, as was referenced, many of us heard from our constituents that they were going to be in this crunch where, on the one hand, the cost-of-living adjustment for Social Security was

not going up based on the formula that looks at inflation cost but, on the other hand, they were facing an increase in their Medicare part B premium. I pledged actually on the spot that I knew we would come back and we would be trying to take a look at this and explore various options that could help 10 million Medicare beneficiaries across the country, including thousands in Maryland.

There are a number of ways to address this issue. I think what happened was the idea of looking at the Medicare part B premium and making an adjustment there instead of holding it down is one that came into focus recently. We might have been able to go do hearings based on that, but we realized we've got to move quickly because the Medicare program needs to implement this right away if it's going to be put in force. So that's why we're moving quickly.

The bottom line here is people spoke to us and we listened, and that should be an assurance to all those seniors out there who are expressing some anxiety about where we are going generally with our health reform efforts. We are hearing those concerns. They're part of what we're trying to do here to keep the Medicare program strong and to look out for the best interests of our seniors, and that's why we ought to support this legislation today.

Mr. BARTON of Texas. Mr. Speaker, I yield the balance of my time to the gentleman from California (Mr. HERGER) and ask unanimous consent that he control that time.

The SPEAKER pro tempore. Without objection, the gentleman from California will control the balance of the time.

There was no objection.

Mr. HERGER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. GINNY BROWN-WAITE).

□ 1145

Ms. GINNY BROWN-WAITE of Florida. I thank the gentleman for yielding.

Mr. Speaker, I rise today in reluctant support of this bill because I do believe it is a promise that we must keep to our seniors. It is not fair for our seniors to shoulder the burden of this Congress because of the policies passed by the Democrat majority.

However, wouldn't it have been a whole lot better to pay for it from the unused stimulus money?

This savings to seniors will be especially and critically important to Medicare recipients. CBO Director Elmendorf just announced yesterday that seniors can expect to see a reduction in their Medicare benefits if H.R. 3200 is passed. That will mean that some of our poorest citizens will be asked to pay even more for their out-of-pocket medical costs. This is not change that they can afford.

The President and the majority in this House and in the Senate owe our seniors an honest explanation. AARP

also owes an explanation to its members for misleading them about the Medicare cuts contained in H.R. 3200.

According to the CBO Director, 2.7 million seniors will lose their current Medicare Advantage plans under the policies of the House health care bill. When I said the President was flat wrong about cuts to Medicare benefits, this is exactly what I meant.

I am, however, pleased that this bill does work to protect some of our seniors from future financial hardships, but the correct approach would be to scrap H.R. 3200, to fix Medicare first and to pursue a real bipartisan approach that delivers honest reform that the American people actually want.

Mr. PALLONE. Mr. Speaker, may I inquire as to how much time we have remaining on our side?

The SPEAKER pro tempore. The gentleman has 14½ minutes.

Mr. PALLONE. I yield 1½ minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of H.R. 3631, the Medicare Premium Fairness Act, and hope that we have good bipartisan support for this sensible legislation.

We know that everyone, and particularly seniors who are on fixed incomes, have been hard hit by the worst recession in 70 years. The Labor Department data shows that, for people over 65, 447,000 filed for unemployment in August, which is a 127 percent increase over December of 2007. Over the past year, the number of unemployed workers 75 and older has increased by 33 percent. Why are they even going to work? Because seniors are hurting. They need the money. Now they learn there will be no cost-of-living increase in their Social Security checks.

At a time when health care costs are already claiming a big chunk of their Social Security checks and at a time when out-of-pocket costs are rising and they're forgoing much of their needed care, we can't allow their part B premiums to increase. They need help right now.

I strongly support the Medicare Premium Fairness Act, and I urge my colleagues to support the senior citizens and persons with disabilities by passing H.R. 3631.

Mr. HERGER. I would like to inquire as to how much time we have remaining on our side, Mr. Speaker.

The SPEAKER pro tempore. The gentleman has 7 minutes remaining.

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

Mr. PALLONE. I yield 1½ minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. I thank the gentleman from New Jersey.

Mr. Speaker, this is a very important bill that is going to make a real difference in Vermont to about 130,000 seniors. That's the number of people

who receive Social Security benefits in the State of Vermont, and 41 percent, Mr. Speaker—about 52,000 people—rely on Social Security for fully 90 percent of their income. They're going to get a zero increase in their cost of living, but on the other hand, they're going to get an increase in premiums which could be \$110, \$120 a month. That is a hammer to their finances for the month.

We have a bipartisan commitment to Social Security. The situation our seniors face is as a result of the recession, something over which they have no control but are very much affected by. This modest legislation is going to be a lifeline of support for seniors in Vermont, and my hope is that we will pass it on a strong bipartisan basis.

Mr. HERGER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Nevada (Ms. TITUS), who is the sponsor of this legislation.

Ms. TITUS. Thank you, Chairmen RANGEL, STARK, WAXMAN, DINGELL, and PALLONE, for your leadership on this important issue.

Mr. Speaker, my State of Nevada has been particularly hard hit by the economic downturn. In addition to record unemployment and high foreclosure rates, Nevadans have watched as their retirement savings have plummeted in value. This has been especially hard on our senior population, which has been the fastest growing in the country for the last decade.

To make matters worse for our economically strapped seniors, some of whom have had to choose between buying food and buying medicine, it is now projected that Social Security recipients will not receive a cost-of-living increase in their benefits next year for the first time in 35 years. Simultaneously, Medicare part B premiums will continue to rise. So, unless Congress acts quickly and decisively, this could mean a reduction in Social Security benefits at a time when many Nevada seniors count on every dollar to get by.

As the gentleman from Texas pointed out, not all seniors will see a decrease in their Social Security checks caused by part B premium increases, thanks to a hold harmless policy. About 27 percent of enrollees, some 11 million people, however, nationally and thousands in Nevada are excluded from that hold harmless policy. As a result, they will see their Social Security checks shrink if we don't pass this bill.

The Medicare Premium Fairness Act before you today will eliminate this inequity, and it will protect all Medicare enrollees so that no senior will see his or her premium increase or will experience a Social Security check decrease.

Because this bill is fully paid for by using existing funds, including the Medicare Improvement Fund, and because it meets the PAYGO requirements, it's a responsible way to stand up and provide for our seniors during

these tough economic times. So I urge my colleagues on both sides of the aisle to support this crucial legislation.

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

Mr. Speaker, we need to keep in mind the broader challenges facing Medicare. Medicare's trustees have expressed concerns about spending in part B, warning that legislation to avert cuts in physician payments, together with restrictions on premium increases, could "jeopardize part B solvency and require unusual measures to avoid asset depletion." I am concerned that we are doing exactly what the trustees warned us against—placing the Medicare part B program at risk of bankruptcy.

Furthermore, the nonpartisan Congressional Budget Office found that H.R. 3200, the House Democrats' health care bill, would increase Medicare part B premiums by \$25 billion. I find it ironic that the bill before us reduces premiums by about one-tenth the amount that H.R. 3200 would increase seniors' Medicare premiums.

I am also especially concerned that the majority Democrats are attempting to shut down the debate on how their health care bill would affect seniors enrolled in the Medicare Advantage program. The CBO has confirmed that the \$156 billion in Medicare Advantage cuts contained in H.R. 3200 could, indeed, force plans to limit benefits, including premium relief. Yet CMS has issued a gag order prohibiting Medicare Advantage plans from informing their customers of this fact.

At the same time, CMS has apparently taken no action against the sponsor of the largest Medicare Advantage plan, AARP, whose Web site urges seniors to contact their Members of Congress in support of the Democrats' health care bill, which would slash Medicare by more than \$500 billion.

Mr. Speaker, why the double standard? It appears that people are free to express their opinions on health care as long as those opinions are in line with the majority party's.

So, while the House Democrats claim to be helping seniors, the reality is that they're trying to cobble together 218 votes to pass a \$25 billion part B premium increase through the House, and the Obama administration is abusing its regulatory powers to keep that fact from seniors. Mr. Speaker, that is wrong.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I want to thank Chairman PALLONE for yielding me this time, and I really thank him for his leadership on our committee.

Mr. Speaker, this is an important bill. Holding down the cost of Medicare premiums means so much to millions of Americans. We cannot ever lose sight of the plight of our senior citizens, who are struggling to make ends meet.

I want to thank the various chairmen who have decided to move decisively on this measure this week. I would only hope that our Republican friends would work with us on this one. Let's not use this issue as a weapon in the health care reform debate. This is a separate issue. Not only does it affect my district, but it affects all of our districts. In my State of North Carolina, 1.392 million North Carolinians have Medicare, and they need this legislation this week.

I ask my colleagues to join with me in voting for the Medicare Premium Fairness Act.

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

Mr. PALLONE. Mr. Speaker, I yield the remaining time to the gentleman from California (Mr. STARK), and I ask unanimous consent that he control that time.

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

There was no objection.

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

Today, we have a bill before us that will basically protect the Social Security checks from dropping in 2010 as a result of what could be called a "quirk" in the relationship between our Medicare part B premiums and the Social Security checks. Some seniors will still be feeling the effects of the recession in 2010, and this bill at least ensures that they will receive stable Social Security checks.

If we fail to act, about 4 million seniors and people with disabilities will see an increase in their part B premiums, which would result in a decrease in their Social Security checks.

I am quite sure that all of us understand that, even among the higher income beneficiaries under Social Security, a Social Security check becomes part of the financial fabric of most of our beneficiaries. They budget it. They know they're going to spend it on rent or on groceries or on presents for their grandkids. It will be difficult for all of us to explain why there was a \$5, a \$10 or even a \$15 cut in their checks.

Some people have suggested we send checks at the end of the year as, I guess, we did last year. I don't think they'd make that connection. I don't think they'd figure out why those checks came and from whom they came.

This levels the playing field so that a small percentage of beneficiaries will not be paying to hold the other 75 percent harmless. There is a very small number of upper-income seniors who will basically receive a cut in their part B benefits. These seniors, this group, already has a higher premium because it's income related, and they pay taxes on their Social Security benefits, which some of the lower-income beneficiaries do not.

□ 1200

Also, we hold harmless some very low-income beneficiaries whose pay-

ments are made by Medicaid. Therefore, if we didn't pass this, some of the States who are already having severe problems with their Medicaid would have an extra burden for that small group.

The bill is paid for out of a Medicare fund which we set up some years ago for just this kind of a program. It's a fund where we set aside money each year in the event we needed dollars to solve a problem. This is a problem that we foresaw coming up for a diverse group of our beneficiaries, and it seemed to be a fair way to not disrupt their financial planning and to provide a level playing field so that all the beneficiaries receive the same treatment and some were not subsidizing others. It's a bill that I hope will have broad bipartisan support, and I think it will serve our Social Security beneficiaries well.

JUDGE DAVID L. BAZELON,
CENTER FOR MENTAL HEALTH LAW,
Washington, DC, September 24, 2009.

Hon. CHARLES B. RANGEL,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.
Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington DC.

DEAR CHAIRMAN RANGEL AND CHAIRMAN WAXMAN: The Bazelon Center for Mental Health Law supports H.R. 3631, the "Medicare Premium Fairness Act." This bill will protect the Social Security benefits of persons with disabilities by ensuring that their monthly payments are not reduced due to an increase in Medicare Part B premiums.

It is expected that there will be no cost of living adjustment (COLA) in Social Security benefits paid in 2010, which will cause a hardship for individuals with disabilities and others who receive Social Security payments. However, Medicare Part B premiums are expected to increase. Fortunately, under current law, most of these beneficiaries will be "held harmless" and will not see an actual reduction in their monthly Social Security benefits. However, about 27% of beneficiaries are not covered by the "hold harmless" provision, including low-income individuals who are eligible for both Medicare and Medicaid, new Medicare enrollees, and new enrollees whose Medicare premiums are not deducted from their Social Security checks. Their monthly Social Security benefits, which are the sole source of income for many, could be reduced by more than \$20 per month to pay for the premium increase.

A substantial number of people with mental illness are dually eligible for SSDI and Medicare benefits. However, as major mental illness typically has an age of onset in a person's early twenties, their work history is very short and their benefits are very low (benefit level depends upon quarters you have paid in as well as earnings) making increased Medicare costs even more difficult to bear. H.R. 3631 would extend the current "hold harmless" policy to all Medicare beneficiaries. As a result, no individual with disabilities who is a Social Security beneficiary will see a decrease in his or her monthly Social Security benefits due to Medicare Part B premiums. And former beneficiaries who buy-in to Medicare will be protected.

We support your effort to pass H.R. 3631.
Sincerely,

CHRIS KOYANAGI.

CONSORTIUM FOR
CITIZENS WITH DISABILITIES,
Washington, DC, September 24, 2009.

Hon. CHARLES B. RANGEL,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington DC.

DEAR CHAIRMAN RANGEL AND CHAIRMAN
WAXMAN: The undersigned Co-Chairs of the
Consortium for Citizens with Disabilities
(CCD) Task Forces on Health, Long-Term
Services and Supports, and Social Security,
we support H.R. 3631, the "Medicare Pre-
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the Social Security benefits of persons with
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the sole source of income for many, could be
reduced by more than \$20 per month to pay
for the premium increase. Another unpro-
tected group is former beneficiaries of Social
Security disability benefits who are now
working and who "buy-in" to Medicare
under the Ticket to Work and Work Incentives
Improvement Act.

H.R. 3631 would extend the current "hold
harmless" policy to all Medicare benefi-
ciaries. As a result, no individual with dis-
abilities who is a Social Security beneficiary
will see a decrease in his or her monthly So-
cial Security benefits due to Medicare Part
B premiums. In addition, former benefi-
ciaries who buy-in to Medicare will be pro-
tected.

We support your effort to pass H.R. 3631.
Sincerely,

MARTY FORD,
*The Arc of the United
States and United
Cerebral Palsy.*

ANDREW MORRIS,
*United Spinal Associa-
tion and National
Spinal Cord Injury
Association.*

SUSAN PROKOP,
*Paralyzed Veterans of
America.*

LIZ SAVAGE,
*The Arc of the United
States and United
Cerebral Palsy.*

PAUL SEIFERT,
*Council of State Ad-
ministrators of Voca-
tional Rehabilita-
tion.*

ETHEL ZELENSKE,
*National Organization
of Social Security
Claimants' Rep-
resentatives.*

AARP APPLAUDS NEW BILL TO HELP SENIORS
STRUGGLING IN TOUGH ECONOMY

WASHINGTON—AARP Executive Vice Presi-
dent Nancy LeaMond issued this statement

applauding the introduction of the "Medi-
care Premium Fairness Act" (H.R. 3631):

"As health care costs continue to soar de-
spite lower inflation throughout the econ-
omy, older Americans are hit particularly
hard. Retirees have seen their savings wiped
away by market losses while their health
care bills continue to climb. People in Medi-
care today spend nearly a third of their in-
come on health care. The lack of a cost-of-
living update in Social Security means that
millions more in Medicare could see their
health care costs rise further out of reach.

"AARP applauds Chairman Rangel, Chair-
man Stark, Rep. Titus, Chairman Henry
Waxman, Chairman Emeritus Dingell and
Chairman Pallone for introducing this im-
portant legislation. By holding Medicare pre-
miums steady for all beneficiaries for the
next year—premiums that have doubled
since 2000—their bill would help ensure that
health care is more affordable for people in
Medicare—without burdening taxpayers or
future generations with new spending.

"We urge every House member who worries
about the health and economic security of
their constituents in Medicare to support
this legislation when it reaches the floor to-
morrow."

ALLIANCE FOR RETIRED AMERICANS,
Washington, DC, September 23, 2009.

Representative CHARLES RANGEL,
Chair, Committee on Ways and Means, House of
Representatives, Washington, DC.

Representative HENRY WAXMAN,
Chair, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR CHAIRMEN RANGEL AND WAXMAN: The
Alliance for Retired Americans, on behalf of
its more than three million members
throughout the nation, supports your legis-
lation, the Medicare Premium Fairness Act,
H.R. 3631, and we urge its prompt passage by
the House of Representatives.

Your legislation will protect members of
the Alliance and all older Americans from
unfair increases in their 2010 Medicare Part
B premiums. Without enactment of this leg-
islation, more than 10 million Medicare Part
B beneficiaries will see their premiums in-
crease even though they will not receive a
Social Security cost of living increase in
2010. Many of those affected by this change
are low income beneficiaries who would be
particularly hard hit without this legisla-
tion. In addition, Alliance members who are
new enrollees to Medicare would also be ad-
versely affected as well.

Passage of the Medicare Premium Fairness
Act is necessary to protect older Americans
from unfair Medicare Part B premiums. If we
can be of assistance, please contact Richard
Fiesta, Director of Government and Political
Affairs, at the Alliance. The Alliance for Re-
tired Americans is committed to enacting
legislation that improves the quality of life
for retirees and all Americans.

Sincerely yours,

EDWARD F. COYLE,
Executive Director.

NATIONAL ACTIVE AND RETIRED
FEDERAL EMPLOYEES ASSOCIATION,
Alexandria, VA, September 23, 2009.

Hon. CHARLES B. RANGEL,
Rayburn House Office Building,
Washington, DC.

DEAR CHAIRMAN RANGEL: On behalf of the
National Active and Retired Federal Em-
ployees Association (NARFE), I am writing
to endorse H.R. 3631, the "Medicare Premium
Fairness Act," which you and Reps. Henry A.
Waxman, Fortney "Pete" Stark, Frank
Pallone, Chris Van Hollen and Dina Titus
have introduced to protect all Medicare
beneficiaries from an increase in their Part
B premium in 2010 when they are unlikely to

receive any cost of living adjustment
(COLA).

Under current federal law, about 75 percent
of Medicare beneficiaries do not have to pay
for the increase in Part B premiums in any
year when they receive no Social Security
COLA. However, there are four groups of
older Americans who are *not* protected by
the 'hold harmless' provision, including over
a million federal, state and local government
retirees who are not eligible to receive So-
cial Security benefits. Absent a change in
law, they would not only have to pay the
higher Part B premiums without a COLA,
but also absorb the costs of other Medicare
beneficiaries currently 'held harmless.'

We support your bill because it shields all
older Americans from the Part B premium
increase in 2010, including government retire-
es who are not eligible for Social Security.
That means no one will pay the Part B in-
crease next year. We appreciate that the leg-
islation is fully financed through the Medi-
care Improvement Fund.

NARFE applauds you and Reps. Waxman,
Stark, Pallone, Van Hollen and Titus for
protecting all retirees—public and private—
from premium increases in Medicare in a
year when they are unlikely to receive the
inflation protection needed to shoulder the
rate hike. For that reason, we urge your col-
leagues to vote for this important legislation
when it is considered by the House.

Sincerely,

MARGARET L. BAPTISTE,
President.

NATIONAL COMMITTEE TO PRESERVE
SOCIAL SECURITY AND MEDICARE,
Washington, DC, September 23, 2009.

Hon. CHARLES B. RANGEL,
Chairman Committee on Ways and Means,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On behalf of the mil-
lions of members and supporters of the Na-
tional Committee to Preserve Social Secu-
rity and Medicare, I am writing to express
our support for your legislation, H.R. 3631,
the Medicare Premium Fairness Act, which
will protect certain Medicare beneficiaries
from an increase in their Part B premiums in
2010.

As you know, Social Security's Trustees
are currently projecting that, for the first
time in thirty-five years, seniors will not see
a Cost-of-Living Adjustment (COLA) in 2010,
despite experiencing increases in their out-
of-pocket health care costs. In this cir-
cumstance, current law contains a "hold
harmless" provision that prevents reduc-
tions in Social Security checks for about
three-quarters of beneficiaries by prohibiting
an increase in their Part B premiums. We
share your concern that this "hold harm-
less" provision does not protect new enroll-
ees, higher-income enrollees, enrollees whose
premiums are not deducted from their Social
Security checks, and low-income dual-elig-
ible beneficiaries whose premiums are paid
for through state Medicaid programs.

It is my understanding that your legisla-
tion would extend the current "hold harm-
less" policy to these remaining categories of
Medicare enrollees so that their 2010 Part B
monthly premiums will also remain at the
current \$96.40. This is an important first step
toward protecting America's millions of sen-
iors who are burdened with high health care
costs even with Medicare and we thank you
for your leadership on this important issue.
We look forward to working with you on leg-
islation to further protect our nation's sen-
iors by restoring the 2010 Social Security
COLA.

Cordially,

BARBARA B. KENNELLY,
President and CEO.

CENTER FOR MEDICARE ADVOCACY, INC.,
Washington, DC, September 23, 2009.

TO THE MEMBERS OF THE HOUSE COMMITTEE ON WAYS AND MEANS: The Center for Medicare Advocacy, Inc. is pleased to support H.R. 3631, the "Medicare Premium Fairness Act," sponsored by Representative Titus. This bill would extend the current hold harmless policy to all Medicare enrollees, meaning that 2010 Part B premiums will remain at \$96.40 and no Social Security recipients will see a decrease in their Social Security checks.

Although Social Security benefits will not increase in 2010, many of the fixed expenses faced by Medicare beneficiaries will go up. For example, premiums for Medicare Part D drug plans are expected to increase in 2010, as are the costs for prescription drugs and the cost for other medical expenses. Adults living on fixed incomes, particularly those with limited resources, are unlikely to meet their increased costs. All Social Security recipients should be protected against increased Part B premiums in these circumstances. Beneficiaries should be protected again.

We thank you for your efforts on behalf of Medicare beneficiaries. We look forward to working with you on this issue.

Sincerely,

VICKI GOTTLICH,
Senior Policy Attorney.

I reserve the balance my time.

Mr. HERGER. Mr. Speaker, I yield the gentleman from Michigan, the ranking member of the Ways and Means Committee, Mr. CAMP, the remaining time.

Mr. CAMP. I thank the gentleman for yielding.

The majority wants you to think we are here today to help seniors. This bill will help some seniors, and I intend to vote for it.

But seniors shouldn't sleep well tonight, for they are facing massive cuts in Medicare benefits in pending health legislation proposed by the Democrats and the President. That's what I want to talk about today.

The reality is the majority's health care bill will slash Medicare Advantage benefits for millions of seniors, and the administration is abusing its regulatory powers to keep that fact from seniors. This week we learned that the Centers for Medicare and Medicaid Services has initiated an investigation into at least one provider of Medicare Advantage health care plans for accurately informing its enrollees that Medicare cuts proposed in pending health care legislation could alter their benefits.

CMS has since banned all Medicare Advantage health plans from providing similar information to beneficiaries, and let me just read to you the phrase that was communicated: If the proposed funding-cut levels become law, millions of seniors and disabled individuals could lose many of the important benefits and services that make Medicare Advantage health plans so valuable.

Frankly, this is government intimidation, pure and simple. Seniors know the President's Medicare cuts will impact their benefits. The Congressional Budget Office has confirmed these cuts

could negatively impact Medicare benefits and increase seniors' costs. But when health care plans try to share that information with their enrollees, the administration slaps a gag order on them. It is an abuse of power, plain and simple.

So while the government is intimidating Medicare health care plans, shockingly, no such pressure has been applied to those supportive of the President's Medicare cuts. AARP, which boasts the largest Medicare Advantage plan, for example, has directly communicated with its members via e-mail, a Web site and letters. However, their pro-Medicare cut stance has apparently received no scrutiny from the administration. CMS' selective use of its regulatory authority threatens the integrity of the agency and our democracy.

In fact, CMS' unprecedented action is in direct conflict with its own guidance issued during the Clinton administration. The then-director of what was called HCFA at that time, Center for Health Plans and Providers, instructed health plans in 1997 that "Prohibiting such information would violate basic freedom of speech and other constitutional rights of the Medicare beneficiary as a citizen. As long as member materials that discuss the rights and responsibilities of the member and the HMO with regard to HMO membership are not misrepresented in the context of this article, we see no reason for prohibiting the distribution of information."

This policy reversal by CMS is also at odds with Supreme Court decisions in the area. We need to get to the bottom of this, and we need to make sure all Americans, and especially seniors, know the facts about what the President and the congressional Democrats health care bill will mean for them.

Mr. STARK. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of H.R. 3631, the Medicare Premium Fairness Act. For nearly four decades, Medicare has improved the quality of life for our Nation's seniors. Because of Medicare, Americans no longer live in fear of not having health care when they retire.

Yet keeping Medicare affordable for seniors is consistently a challenge. Under the Medicare formula, most seniors will see no increase in their premiums. However, unless we act, some will.

Our economy is beginning to turn around but is not yet fully recovered. We must ensure that next year seniors living on a fixed income are not forced to pay more for the Medicare that they depend on.

H.R. 3631 will ensure that premiums will not increase for necessary medical services like doctor's visits and imaging scans.

I urge my colleagues to support this legislation and keep the promise of

quality, affordable health care for American seniors.

Mr. HERGER. I yield back the remainder of my time.

Mr. STARK. Mr. Speaker, I am delighted to yield 1 minute to the gentleman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. I thank the gentleman from California for yielding.

Mr. Speaker, I want to single out and say how much I appreciate the work of Congresswoman DINA TITUS from the State of Nevada, as well as Chairman RANGEL and Chairman WAXMAN and Subcommittee Chairman STARK on this very important issue.

The economic downturn has hit many parts of this country very dramatically, but none more dramatically than in the State of Nevada, and certainly in the southern part of the State that I represent. I have 100,000 Social Security recipients in my congressional district, many of whom will be impacted by the increase in the Medicare part B premiums next year.

Since this increase is not going to be offset by the normal cost-of-living increase in their Social Security checks, I think this is a very important way and a very necessary way of helping to keep my seniors, who rely on Social Security and who will be harmed with this additional payment, keep them whole.

So I want to thank my colleague again and join with her in protecting the seniors in the State of Nevada and throughout the country.

Mr. STARK. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Maryland, the majority leader of the House, Mr. HOYER.

Mr. HOYER. I thank the gentleman for yielding.

First of all, I want to congratulate Congresswoman TITUS for her leadership on this issue. She is an extraordinary Member of this House, very able, and, as Congresswoman BERKLEY, her colleague from Nevada just indicated, this will be directed at helping a lot of seniors.

I rise in opposition to this suspension bill.

I have, for a number of years, spoken about how difficult it will be for us to get a handle on entitlements. If we don't get a handle on entitlements, my friends, we will be spending nothing more in another 50 years than money on entitlements and payment on the national debt, and our children will not be happy. They will not congratulate us.

Now, there is no speaker who will speak today who will not speak on behalf of those seniors who, as my colleague SHELLEY BERKLEY just referenced, rely on Social Security to support themselves. We anticipated that concern when we adopted the legislation relating to this subject. And as a result of anticipating that, we said if there is not a cost-of-living increase, we will exempt approximately three-quarters, actually 73 percent, of seniors from any premium increase.

Why? Because we rightfully concluded, as many speakers on this floor have observed, that those seniors would be put under stress because of no cost-of-living increase but having an increase in their premium.

Now, ladies and gentlemen, I don't know how many of you go to sleep at night worried about whether Ross Perot can pay his premium, but this will freeze Ross Perot's basic premium from going up. This will affect every premium payer, including those who make individually \$85,000 or more, and, as a couple, \$170,000 or more.

Now, the problem with doing that is not that we don't have some empathy for those folks—by the way, every one of us who votes on that bill falls in that category. Now, we may not be 65 or above, as I am, but we are in that category.

Now, the issue is, at a time of stress, of fiscal challenge, do we say to Ross Perot, we feel your pain and so we are going to exempt you from an increase? Hear me, we have exempted all of those \$85,000 and below under present law.

My friends, I think that as well meaning as this legislation is, it is not about poor seniors. It's not about those who are less well off who are having greater stress, because they are taken care of.

There are four categories of people who aren't taken care of under present law.

First of all, there are some 2.1 million who are the \$85,000 and above crowd.

There are a lesser number, 1.3 million, who are Medicare newly eligible folks, and they have never paid a premium, so their premium won't go up; their premium will be what it is.

There are 7.3 million who are dual-eligibles, and the dual-eligibles, of course, will not pay anything more because that will be the responsibility of the States. Is this an additional burden on the States? It is. We will either borrow the money or the States will pay it. Our children will pay off our debt. But our law anticipated that if this was the case, that for the 7.3 million dual-eligibles, the States would pick up the difference. People say, well, what if the States don't pick up the difference? The States have an option. I understand that. We don't control that. We could change the law and say they don't have an option, but we haven't done that.

Then there are some 850,000 who did not participate in Social Security.

There are the four categories.

Because they didn't participate in Social Security, they are not covered here and they get a State pension. Now, I tried to get the average of the State pension or the board of education pension or whatever, and I don't have that. I haven't been able to get that information. This bill was considered by the committee yesterday, reported out today.

Do I stand here happy that some seniors around the country are going to

say STENY HOYER was against them? I am not happy about that.

But I have felt it my responsibility to come to this floor, as someone who speaks about entitlement reform, as someone who believes we have got to exercise fiscal discipline, as someone who believes we ought to take care of the less well-off in our country, which are taken care of by the present law, 73 percent, under \$85,000. We take care of that. That's an individual; \$170,000 for a couple.

At some point in time, my friends, we have to buck up our courage and our judgment and say, if we take care of everybody, we won't be able to take care of those who need us most. That's my concern. If we take care of everybody, irrespective of their ability to pay for themselves, the Ross Perots of America, frankly, the Steny Hoyers of America, then we will not be able to take care of those most in need in America.

□ 1215

Mr. STARK. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy. I reflect on what the distinguished majority leader just said. I agree with much of what he advanced. But my concern, I guess, is that what we have done is symbolic of how we have sort of jerry-rigged a system.

We have the entire burden fall upon 27 percent of the population, some of whom perhaps can afford it, others who may not; and we are at a time when there is great stress on a number of these 27 percent. They will bear the entire burden.

I would hope that this would be the last time that we are dealing with a fix of this nature that is surgical, trying to deal with the inherent complexity that we have.

One of the reasons I am supporting comprehensive health care reform and Medicare modernization is so that we can tease out these anomalies; that we can provide an underpinning for all—not just our seniors citizens—but for all our citizens.

I agree this is suboptimal, but from my vantage point, this is the best that we can do in an unpleasant situation.

Mr. STARK. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. LEVIN).

Mr. LEVIN. I think this debate has framed the issues very well. I very much share the concern of our majority leader about entitlement reform. I think part of that will have to be consideration of this issue.

But let's look at what the impact of a failure to act will mean. For the States, they will carry a large bulk of this because of the dual-eligibles. So, essentially, by doing nothing, we would say to the States, When you're in unusual circumstances, we're doing nothing. And for the many new-eligibles, they would, regardless of income, bear

the weight here in times of real stress for them.

These are unusual circumstances for the States and for those who are receiving the benefits, and I think we have no choice now but to vote for this bill and tackle the issues of reform of our entitlements in the future.

So I urge support of this legislation.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of the Medicare Premium Fairness Act, which will protect millions of seniors and people with disabilities from unfair increases in their 2010 Medicare Part B premiums.

Because of very low inflation, it is expected that there will not be a cost-of-living-adjustment (COLA) in Social Security benefits next year. The current law has built-in protections for approximately seventy-five percent of Medicare Part B enrollees in which they will not see an increase in their Part B premiums as a result of not receiving a COLA on their Social Security checks. However, the remaining twenty-five percent of Medicare Part B enrollees will not be held harmless from an increase in their Part B premiums and will instead be responsible for shouldering the entire burden of next year's Part B program cost increase.

This bill, quite simply, would extend the current hold harmless policy to all Medicare enrollees. By taking this action, it will ensure that no senior will face Medicare Part B premium increases next year—including federal and state government retirees who do not pay their Part B premiums out of a Social Security check and so would have been disproportionately burdened without this change.

The legislation is fully paid for and meets PAY-GO requirements. I strongly urge my colleagues to support this very important bill that will help seniors and people with disabilities.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today as a proud original cosponsor of H.R. 3631, the Medicare Premium Fairness Act.

Many of us heard from our senior citizens over the August recess that they would not be receiving a Social Security cost of living increase because of the economic downturn.

This will cause a problem for many seniors because Medicare Part B premiums will still increase as they do yearly to cover the cost of the program. A "hold harmless" policy in existing law ensures that most seniors will not have a decrease in their Social Security checks if the Part B premium increase is projected to be greater than the Social Security cost of living adjustment.

The hold harmless policy will protect most seniors from an increase in their 2010 Medicare premium, but the 27 percent of our seniors will not be protected by these hold harmless provisions and because of the way the law is written, premiums for these enrollees will be disproportionately increased to \$110-\$120 a month.

The Medicare Premium Fairness Act will extend the current hold harmless policy to all Medicare enrollees. Ensuring that no Medicare beneficiary will see a decrease in their social security check due to the 2010 Part B premium increase and they will not see decrease in their Social Security checks.

Our seniors live on a fixed income and any decrease in their monthly social security check puts them in jeopardy of not being able to afford food and medicine. We need to ensure

that even when we cannot increase the cost of living for Social Security we protect our seniors from a reduction in their monthly check.

I urge my colleagues to support his legislation which is fully offset and has the support of the AARP, the National Committee to Preserve Social Security and Medicare, the Center for Medicare Advocacy, the Alliance for Retired Americans, the Medicare Rights Center, and the National Active and Retired Federal Employees Association.

The SPEAKER pro tempore. All time has expired. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3631.

The question was taken.

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 406, nays 18, not voting 8, as follows:

[Roll No. 737]

YEAS—406

Abercrombie
Ackerman
Aderholt
Adler (NJ)
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baldwin
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Billray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite,
 Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan

Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (GA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah

Filner
Fleming
Forbes
Fortenberry
Foster
Fox
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Hall (TX)
McMorris
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Herger
Herseth Sandlin
Higgins
Himes
Hinchev
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Issa
Jackson (IL)
Jackson-Lee
 (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones

Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowe
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
 E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
Hall (TX)
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)

NAYS—18

Akin
Baird
Bean
Broun (GA)
Chaffetz
Flake
Garrett (NJ)
Hensarling
Hill
Hoyer
Jordan (OH)
Lamborn

NOT VOTING—8

Barrett (SC)
Buyer
Delahunt
Doyle
Graves
Israel

□ 1245

Messrs. HILL and JORDAN of Ohio changed their vote from “yea” to “nay.”

Messrs. FRANK of Massachusetts, FRANKS of Arizona, and COFFMAN of

Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Neal (MA)
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

Colorado changed their 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.

□ 1245

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. SCHRADER). Under the Speaker’s announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. QUIGLEY) is recognized for 5 minutes.

Mr. QUIGLEY. Mr. Speaker, the American people should have serious questions when it comes to the war in Afghanistan, and I believe we need answers before we ever talk about sending additional young men and women into that conflict.

General Stanley McChrystal told us this week that he needs more troops in Afghanistan or else our mission there will likely result in failure, but there seems to be some confusion over what that mission is.

Question one: Are we building nations or hunting terrorists? The administration has stated that its primary goal is preventing al Qaeda from operating, but General McChrystal has stated that his mission is to protect the Afghan civilians and establish good governance. These objects are related, but they are not the same. As the President has stated, we must first define our strategy, and then we will determine how to resource it.

Question two: How many troops will we need? The figure being discussed is an additional 40,000 to 45,000 more troops on top of the 68,000 already in Afghanistan. But experts such as General Charles Krulak put the figure for a successful counterinsurgency at several hundred thousand. The greater our footprint over there, the more it looks like an occupation to a people who have violently resisted occupations for centuries.

Question three: Are we stretching our Army to its breaking point? Many of our troops are on their third or fourth tour. That has an impact on families and communities. Many of our National Guard units have left equipment over there and faced recruitment problems over here.