

overhaul by the Congressional Budget Office shows it would cost \$940 billion over a decade and expand insurance to 32 million people. The package also will slice the deficit by \$130 billion in the first decade and a whopping \$1.2 trillion in the second,' a House Democratic leadership aide said Thursday. 'The CBO report, which will soon be published, will show that the plan cuts the growth of Medicare costs by 1.4 percent per year while eliminating the doughnut hole. Those cuts would extend the solvency of Medicare for at least an additional 9 years.'"

If you want to talk about scores, that's one of the scores here. This bill will not only insure 32 million people, it will cut our deficit, which is something that everybody says they want to do. So let's stick to what's real here.

With that, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I think the thing that my colleague across the aisle fails to mention when he talks about the deficit is that, in order to do that, they raise taxes, and that's something they always leave out. They're never real about that.

I yield an additional 30 seconds to my colleague from Texas.

Mr. GOHMERT. I appreciate my colleague saying there is no money in here for abortion because the Henry Hyde amendment doesn't allow it. He is correct with regard to the appropriations through Labor and HHS. That's all the Hyde amendment applies to. It doesn't apply to the trillions of dollars that are appropriated in this bill around Labor-HHS. That is money the Hyde amendment doesn't apply to. My colleague asked us to get real. That's as real as you get. There's money that goes around the Hyde amendment.

Mr. MCGOVERN. I yield myself 30 seconds.

Again, just to reiterate that there are no Federal funds in this bill to cover abortion, there was an amendment in the Senate by Senator NELSON which made that clear. It is crystal clear. There should be no debate about it, and anybody here on the floor who is saying that somehow it does is just plain wrong.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I now yield 2 minutes to my distinguished colleague from Louisiana (Mr. SCALISE).

Mr. SCALISE. I thank the gentleman from North Carolina for yielding.

You know, here we're talking, and this is about the only opportunity we're going to have for real debate on this because Speaker PELOSI and her liberal lieutenants have decided that they're going to try to ram this down the throats of the American people without even having an actual vote on the House floor, which, of course, violates Article I, section 7 of the Constitution. There are a tremendous number of constitutional questions about the bill, but they keep talking about how good their bill is.

Let's just look at their credibility on this issue. Of course when Speaker PELOSI got the gavel in 2006 and became Speaker, she said, The Democrats intend to lead the most honest, most open, and most ethical Congress in history. Well, let's review the record. Of course, just a few weeks ago, Speaker PELOSI says, But we have to pass the bill so that you can find out what is in it. They don't even know what's in the bill. They won't even release the CBO score. There are rumors flying around. There are all these backdoor secret negotiations. They said all of this would be on C-SPAN. The President said it eight times. They're meeting behind closed doors this very minute cutting more sweetheart deals, and no C-SPAN cameras. They threw the public out of those hearings. They broke that pledge multiple times.

Now let's look at the latest on this Slaughter rule. Speaker PELOSI just said this the other day, But I like it because people don't have to vote on the Senate bill.

Now, do they really think the people of this country are stupid? Of course the people know what's going on. The people are watching this closely, and the people will not be fooled by this abomination of the process. But if their bill really was so good, why are they doing all of this behind closed doors?

They broke every promise they made along the way, but yet they want you to believe, Don't worry. It's still going to work out the way we want it. If you like what you have, you can keep it. We've seen multiple times where the President has said that, and that turned out not to be accurate. We know now—and it has been confirmed—that you will lose health care you have that you like under their bill. We have seen on abortion language, they keep saying even to this minute, Don't worry; no taxpayer funding for abortion.

Now, are you going to believe folks that broke every promise or are you going to believe the Catholic bishops and National Right to Life who confirm there is taxpayer funding for abortion?

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

Ms. FOXX. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. SCALISE. I thank the gentleman.

I will finish it up with this. Are you going to believe the people who have broken every other promise they have made about the bill or are you going to believe the Catholic bishops and National Right to Life who said this would be a career-defining pro-abortion vote? That was National Right to Life. Do you believe them or do you believe the folks who broke every other promise and are meeting behind closed doors right now, cutting more sweetheart deals that they don't want anybody to see?

If their bill was so good, why are they trying to pass it without an actual vote? Because they know the American people are sick and tired of this proposal to have a government takeover of health care, and they don't want it. The public will be heard on this issue. We need to defeat this bill.

Mr. MCGOVERN. Madam Speaker, I don't know how to respond to that tirade. Let me just say this. The reason why this bill is good is because it insures 32 million people right now in this country who don't have insurance. The reason why this bill is good is it's going to ultimately contain the costs that average families and small businesses have to deal with right now with the rising cost of health care. The reason why this bill is good is it prohibits insurance companies from discriminating against people with preexisting conditions.

We have heard story after story where people were denied insurance because their preexisting condition was acne. I mean, we have heard stories where insurance companies have cut people off from insurance because their weight was wrong on the application. I mean, we have heard stories where women have been denied insurance because their preexisting condition was they were a victim of domestic violence. I mean, give me a break. We are supposed to be the greatest deliberative body in this country. We should be talking about how we solve these problems, not all these rhetorical flourishes that are just misinformation, blatant misinformation.

□ 1115

Enough. Let's get down to what matters, and that is doing something for the American people.

I know it may not be convenient for your elections in November. I know, you know, you're all trying to figure out how do you deny President Obama any victory. How do we obstruct the process? You here in this House, your friends over in the Senate who used the filibuster over and over and over again.

People are sick of that. People want us to help deal with this issue that, quite frankly, is becoming an issue that they can not handle because the costs are going up and up and up. Small businesses aren't hiring people because their health insurance costs are going up. Average families are going bankrupt when someone gets sick. So let's do the right thing.

I reserve my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to others in the second person.

Ms. FOXX. Madam Speaker, I find it so interesting that our colleagues across the aisle talk about the problems with the filibuster in the Senate. But that is exactly why bills could not

get passed that Republicans in the House passed but couldn't get them passed in the Senate because Democrats filibustered.

And about misinformation, there probably has never been a bill that has been more misrepresented to the American people than what is going on here in terms of this bill. And I do think the American people understand the truth, and they're going to act on the truth later on this year. They're doing it now. They're telling them, don't vote on it. But they feel obliged to do it.

I want to say that while my colleague across the aisle keeps ranting and raving about corporate profits for insurance companies, he doesn't say a word about the corporate profits for the Big Pharma companies. And yet, these are, they are wholly-owned subsidiaries of the Big Pharma companies.

Of all the single industry lobbies in Washington, the largest is the Pharmaceutical Research and Manufacturers of America. PhRMA sent \$26.2 million on lobbying last year. That's nearly three times as much as the insurance lobby, which spent only \$8.9 million.

And let's talk about profits. Drugmakers' combined profit margin last year—this is from an article of *The Examiner* from March 17, 2010, yesterday—profit margin was 22.2 percent, compared with the insurers' 4.4 percent. Drugmaker Merck's net income, \$12.9 billion, exceeds that of the 10 largest insurers combined. And I can go on and on. Madam Speaker, I'd like to put this article in the *RECORD*.

And the reason they don't talk about Big Pharma and the drug industry is because Big Pharma helped write this bill, because it protects them. They know that they are going to get a windfall out of this bill, and they, again, our colleagues across the aisle, are wholly owned subsidiaries of them.

Madam Speaker, our colleague, my colleague from Louisiana, brought up a very, very important point that I think needs to be mentioned again and again. What Chairwoman SLAUGHTER has proposed, and what will be done here, is to use a rule providing for consideration of both the Senate and reconciliation bills to deem the Senate bill passed, avoiding the political problem that stems from taking a true up-or-down vote on the horribly unpopular legislation.

If this legislation is doing so much good for the American people, then our colleagues should be proud to be voting for this in an up-or-down vote. They keep saying it, but you know, saying it doesn't make it so.

Even though, again, Speaker PELOSI said on page 23 of her "New Directions for America" document issued in the 109th Congress that "Every person in America has a right to have his or her voice heard. No Member of Congress should be silenced on the floor." Then on page 24 she states that "Bills should come to the floor under a procedure that allows open, full and fair debate, and Members should have at least 24

hours"—later expanded to 72 hours—"to examine the bill text prior to floor consideration."

Yet, as Mr. SCALISE has said, all we've seen are broken promises. And now, Speaker PELOSI is advocating parliamentary trickery to avoid an up-or-down vote on the Senate health care bill. And he quoted her as saying, "This is a great way to do it because it avoids an up-or-down vote."

This is not what the American people sent us here for. They didn't send us here to undermine the rule of law and to do things with tricks. They know this is the wrong thing to do. That's why they have been jamming the phones and telling our colleagues, vote "no."

[From the *Examiner*, Mar. 17, 2010]

DEMS TAP DRUG MAKER MILLIONS FOR
PHARMA-FRIENDLY BILL

(By Timothy P. Carney)

As they whip for the health care bill, Democratic leaders pack a mean one-two punch of populist rhetoric and the hefty financial backing of the drug industry.

In the heated yearlong health fight, President Obama has often accused his opponents of willful misrepresentation, even as he and his allies have endlessly repeated the biggest whopper of all—that the bill would rein in the special interests.

The Obama team regularly dismisses opponents as industry lackeys. The Democratic National Committee blasted out e-mails this week warning that "for every member of Congress, there are eight anti-reform lobbyists swarming Capitol Hill" and "Congress is under attack from insurance lobbyists."

But drug industry lobbyists, according to Politico, spent the weekend "huddled with Democratic staffers" who needed the drug lobby to "sign off" on proposals before moving ahead. Meanwhile, we learn that the drug lobby is buying millions of dollars of ads in 43 districts where a Democratic candidate stands to suffer for supporting the bill. The doctors' lobby and the hospitals' lobby are also on board with the Senate bill.

So the battle at this point is not reformers versus industry, as Obama would have you believe. Rather, it is a battle between most of the health care industry and the insurance companies.

(And the insurers are not opposed to the whole package. On the bill's central planks—limits on price discrimination, outlawing exclusions for pre-existing conditions, a mandate that employers insure their workers and a mandate that everyone hold insurance—insurers are on board. They object mostly that the penalty is too small for violating the individual mandate.)

Pharmaceuticals are a far more entrenched special interest than the insurers.

Of all the single-industry lobbies in Washington, the largest is the Pharmaceutical Researchers and Manufacturers of America. PhRMA spent \$26.2 million on lobbying last year—that's nearly three times as much as the insurance lobby, America's Health Insurance Plans, which spent \$8.9 million.

If you include individual companies' lobbying pharmaceuticals blow away the competition, beating all other industries by 50 percent, according to data at the Center for Responsive Politics.

Given this Big Pharma clout, it's unsurprising that the bill Obama's whipping for—Senate bill—has nearly everything the drug companies wanted; prohibiting reimportation of drugs, preserving Medicare's overpayment for drugs, lengthy exclusivity

for biotech drugs, a mandate that states subsidize drugs under Medicaid, hundreds of billions in subsidies for drugs, and more.

PhRMA chief Billy Tauzin, who was vilified by Obama on the campaign trail, worked out much of this sweetheart deal in a West Wing meeting with White House Chief of Staff Rahm Emanuel. Tauzin visited the White House at least 11 times. He left his imprint so deeply on the current bill that it should probably be called BillyCare rather than ObamaCare.

Recall that pharmaceutical executives and political action committees dug deep trying to save the flailing candidacy of Democrat Martha Coakley in Massachusetts—a race that was explicitly a referendum on health care. She took in more than 10 times as much drug company cash as Republican Scott Brown.

This week, PhRMA, through a front group called Americans for Stable Quality Care, is rolling out millions of dollars in advertisements for the Democrats' jury-rigged package consisting of the BillyCare bill and some as-yet-undetermined "budget reconciliation" measure. The ads reportedly will target wavering Democrats.

But supporters of BillyCare will continue to attack opponents as shills for insurance companies, demonizing, as Obama puts it, "those who profit from the status quo."

Let's look at those profits. Drug makers' combined profit margin last year was 22.2 percent, compared with insurers' 4.4 percent. Drug maker Merck's net income, \$12.9 billion, exceeds that of the 10 largest insurers combined.

Pfizer, which netted \$8.64 billion last year, gave its CEO, Jeff Kindler, a 12.5 percent salary increase, bringing his compensation to \$14.9 million. Pfizer, in a federal filing, attributed the raise partly to Kindler's work "developing and advancing U.S. and global public policies that serve the overall interests of our Company," including his "constructive participation in the U.S. legislative process." Kindler contributed the maximum to Obama's election, and Obama raised more money from the drug industry than any candidate in history.

On this bill, Republicans side with insurers, and Democrats mostly side with the richer and more powerful drug makers. The difference: Republicans didn't cut a back-room deal with the insurers. Obama will still play the populist card, even as the drug lobby is his ace in the hole.

Madam Speaker, I am going to reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, let me just yield myself 30 seconds to remind my colleagues that there's a cost to doing nothing. There's a cost to embracing the status quo, as my Republican colleagues have suggested. For middle-income families alone, the number of uninsured people in this income group would increase by 7.3 million people. That's in the middle-income categories. Is that the direction we want to go? To force millions and millions of more people into the ranks of the uninsured, which will ultimately add to our deficit and to our debt? I don't think so.

Madam Speaker, at this time I would like to yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy in permitting me to speak on this rule, and for his unequivocal call for being realistic about

some of the outrageous things that we've heard on the floor.

I just heard my friend from Texas talk about demonizing the Canadian system and calling it socialized medicine. It's really kind of ironic. First of all, Canada has basically Medicare for all. It is a government-funded insurance program, but Canadians pick who they want to be their doctor, just like Americans who are on Medicare pick their doctor. And I would say, frankly, that most Americans would be happy with the overall outcome of the Canadian health care system. They pay less, they get sick less often. When they do get sick, they get well faster, and they live longer than Americans.

The sad truth is that our nonsystem of health care, which is very good for veterans, it's pretty good for senior citizens, but for other Americans, particularly the uninsured now approaching 50 million, it's a problem. And increasingly, if we don't do something, the increasing premiums that we're seeing for private insurance, higher copays, higher deductibles, and coverage that is getting skinnier and skinnier puts us on a path that is disastrous for American families.

I hope that we'll be able to come forward, move past some of the outrageous rhetoric and the falsehoods, to look at the facts. Americans have, if they can afford it, some of the best health care in the world.

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

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

Mr. BLUMENAUER. For those who can afford it, they have some of the best health care in the world. But Americans, overall, by any objective measure of performance, like life expectancy, or how soon babies die, we don't perform very well.

And increasingly, the pressure on small business to deal with the failing system, what's happening on families who are having more and more insurance bureaucrats trying to prevent them from getting coverage, is a prescription for disaster. That's why this year there will be more than 1,000 people that I represent who will go bankrupt from medical costs, and most of them have insurance.

Madam Speaker, that doesn't happen anywhere else in the world. And if we're able to move forward with this health care reform, it will no longer happen in the United States.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, at this time I yield 2 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Madam Speaker, I think it is so important for us to move forward and not be derailed in our efforts to reform what is important policy in this country. Health care, obviously, is something that needs to be provided in terms of insurance to our working families out there. We know the impact of delay and the impact of no reforms.

Status quo simply does not cut it. We cannot afford to allow our families to continue with such gross injustice.

Obviously, the increase projected, \$1,800 per year for family plans, is a train wreck waiting to happen. Today the average of some \$13,000 for family plans would grow in the next decade to some \$31,000. Which small business out there could afford to pay that or even a fraction of that for its employees?

We know that what we're trying to maintain here is an employee-based health care insurance system. Well, the employer-based system needs some sort of relief. We need to know that there are assurances for containing those costs, for making certain that into the future we'll have a safety net for our working families and for our business community. In the measure we're advancing there is assistance for small businesses. It's providing them the opportunity to make this sharing affordable.

We know that the benefits that come with reducing the deficit with our bill, having been scored by CBO, is looking at \$130 billion for the first 10 years and some \$1.2 trillion into the next 10 years. This is progress. This is a step in the right direction.

We also know of the reforms where those who are denied, for whatever bias—for gender, for preexisting conditions, for acne, almost a laughable concept, but used to deny people. Toddlers who are denied because of overweight, individuals who have perhaps been violated, sexually violated, or domestic violence, have been denied. These reforms are essential, and let's do them now.

Ms. FOXX. Madam Speaker, I'd like to yield 1 minute to my colleague from Arizona (Mr. FLAKE).

Mr. FLAKE. Madam Speaker, you know, it's often said around this place that nobody cares about process. It's only the substance of the policy. But the process lends itself to the substance. And bad process equals bad policy, especially when it's done over and over again.

Now we've seen over the past couple of years a shrinking of the ability of the minority party to actually come to the floor, offer the amendments it would like to offer, actually have an impact on the policy debate. Now, that's process. But it has an impact on the policy.

Over time, if a majority simply asserts its rights under the House rules to minimize debate or to have a vote without having a vote, to deem something through, if you do that kind of thing continually, you're going to get a bad product. And I would suggest that the health care reform bill that we will vote on, maybe, or we will deem later this weekend, is a bad product, and it's partly because of a flawed process.

Mr. MCGOVERN. Madam Speaker, I yield myself 10 seconds. You want to talk about process? Over the past year and a half the House held nearly 100 hours of hearings. In 83 hours of com-

mittee markups we heard from 181 witnesses, both Democrat and Republican. Two hundred thirty-nine amendments were considered, and 121 were adopted. I think that's a pretty good process.

I reserve my time.

Ms. FOXX. Madam Speaker, I continue to reserve.

Mr. MCGOVERN. Madam Speaker, I'm the final speaker, so I would yield to the gentlelady to give her closing, and I'll reserve my time.

Ms. FOXX. Madam Speaker, I want to say that what my colleague from Massachusetts just said about all those hours of hearings, it was a totally different bill. No hearings have been held on this bill; a totally different bill. That isn't the way we work around here.

What they're asking people not to vote on is a bill that came from the Senate. It isn't the House bill. So let's, again, get real here and let's talk about what we should be talking about.

You know, my colleagues across the aisle were against the Senate bill before they were for the bill, and I would like to quote my distinguished colleague who is the Chair of the Rules Committee when she said on December 23, 2009, "Under the Senate bill, millions of Americans will be forced into private insurance plans which will be subsidized by taxpayers. That alternative will do almost nothing to reform health care, but will be a windfall for insurance companies." She went on to then say "The Senate has ended up with a bill that isn't worthy of its support. Supporters of the weak Senate bill say, just pass it. Any bill is better than no bill. I strongly disagree."

□ 1130

Now that very same person has done everything possible to get this bill passed in this House so that it will become law. It is no wonder that the majority is considering procedural tricks and sleight of hand, because the bill that they are proposing to pass doesn't provide true health care reform. And the process doesn't pass the sniff test.

Republicans will never accept the status quo for health care. We can do better. We need to have a bill that will lower the cost of health care in America. But you do not lower the cost of health care by creating new government-run programs. We can lower the cost by putting patients, average, everyday Americans in charge of their health care, not insurance companies and not the government. Lower costs will result from putting patients in charge of their health care through innovations like expanded health savings accounts and by making sure that trial lawyers are not driving up the cost of health care with a blizzard of frivolous lawsuits.

We should be revitalizing America's economy and promoting economic freedom. The nonpartisan Congressional Budget Office estimates that the Republican plan will reduce the deficit by \$68 billion.

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

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

My friends on the other side of the aisle would have you believe that there won't be a vote on health care in the next few days. Nothing could be further from the truth. My friends on the other side of the aisle are very good at making things up.

Let me be clear: This House will vote to move the Senate bill forward. The process will work. The President will have a bill to sign and the Senate will have a set of corrections and improvements to the bill, much of what we have done here in this Congress. We will have corrections and improvements to the bill that President Obama will sign into law. This idea that the House will not vote on the health care bill is simply not true. It is I guess a good smoke screen, but it is simply not true.

Madam Speaker, our friends are using this previous question to hide the fact that they simply do not want to improve the health care system, that they prefer to leave 32 million people uninsured. Because that is what will happen if we do nothing. And that they are happy to have skyrocketing insurance premiums and health care costs drive our country into further economic distress.

No one in this Chamber, no Member of Congress has to worry about their health insurance. Why can't the American people have the same plan and the same choices and the same assurances as us? Why do my Republican friends think that somehow we should have some sort of special privilege? You know, if it is good enough for us, the American people ought to have the same thing. And that is what this bill would do.

For political purposes, Republicans have been against this important reform from the start. Remember, it was Senator JIM DEMINT, a Republican, who said that Republicans must oppose this plan at all costs, and that its defeat will be President Obama's, quote, "Waterloo." The debate and votes that we are going to have are simple. You are either on the side of the patients or on the side of the big insurance companies. You are either on the side of people who no longer want insurance companies to discriminate against them because of preexisting conditions or you are on the side of the status quo and the special interests.

Let me close with one example. Eight States, including North Carolina and the District of Columbia, do not have laws that specifically bar insurance companies from using domestic violence as a preexisting condition to deny health coverage. Now, just think about that for a minute. In 2010 in the United States of America a woman can be denied health care because she has gotten beat up by a husband or a boyfriend. That is wrong. That is unconscionable. That has to change. And we are going to change it.

I urge my colleagues to do what is right. Stand with the American people who are sick and tired of waiting for Congress to act on health care. Vote "yes" on the previous question and "yes" on the rule.

Mr. COOPER. Madam Speaker, I will vote against the Previous Question Motion today because I think the American people deserve a clear, up-or-down vote on health reform. They deserve to know how their elected representative voted, without any parliamentary confusion or obfuscation. In addition to being a transparency and fairness issue, this may also be a constitutional issue because of the consensus that the House and Senate must pass identical bills before they can be sent to the President for signature.

With all the publicity surrounding the so-called "self-executing" rule, this procedure will not fool anyone back home, nor should it. It is, however, apparently designed to fool enough members of the House into believing that they did not support the Senate bill, even though, if they support the health reform package, they voted for it as the major component of the health reform.

Unless we return to regular House procedure, we will never know how members would have voted on the Senate bill, by itself, and/or the reconciliation amendment, by itself. Since the President is apparently planning on signing the Senate bill before the Senate can take up the reconciliation amendment (as the Senate parliamentarian insists), no one will know who in the House of Representatives, in fact, supported the Senate bill. In simplistic terms, the White House will not know whom to invite to the signing ceremony.

All this might be a parliamentary dispute if the possibility did not exist that a constitutional challenge would be brought against health care reform legislation. All it would take is one or two federal judges to void this law because of a procedural failing. Supporters of reform will then regret taking this procedural shortcut, while opponents will welcome the opportunity to overturn the law and reopen the debate.

I realize that both political parties have used self-executing rules dozens, even hundreds, of times. But, to my knowledge, these rules have never been used on an issue larger than banning smoking on airplanes, a \$40 billion deficit-reduction measure, or raising the debt ceiling of the United States. None of these issues compares with the scope of health care reform. To my knowledge, no serious constitutional challenge has been mounted against these rules, but one is certain to be lodged against the passage of health reform.

Voting is the most important part of our job. We must vote honestly and openly on the separate issues that come before us.

The material previously referred to by Ms. FOXX is as follows:

AMENDMENT TO H. RES. 1190 OFFERED BY MS. FOXX OF NORTH CAROLINA

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

SEC. 2. Immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider in the House the resolution (H. Res. 1188) ensuring an up or down vote on certain health care legislation. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to final adoption without intervening motion or demand for division of the question except:

(1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit which may not contain instructions. Clause 1(c) of rule XIX shall not apply to the consideration of House Resolution 1188.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress)

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 Democratic majority agenda and a vote to allow the opposition, at least for the moment, 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."

Because the vote today may look bad for the Democratic majority they will 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 definition of the previous question used in the *Floor Procedures Manual* published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information foci *Congressional Quarterly's "American Congressional Dictionary"*: "If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business."

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 Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. 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.

Ms. FOXX. Madam 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 11 o'clock and 35 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1334

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BLUMENAUER) at 1 o'clock and 34 minutes p.m.

ROY WILSON POST OFFICE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4214, 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 Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 4214.

The vote was taken by electronic device, and there were—yeas 419, nays 0, not voting 11, as follows:

[Roll No. 128]

YEAS—419

Aderholt	Bilbray	Brown (SC)
Adler (NJ)	Bilirakis	Brown, Corrine
Akin	Bishop (GA)	Brown-Waite,
Alexander	Bishop (NY)	Ginny
Altmire	Bishop (UT)	Buchanan
Andrews	Blackburn	Burgess
Arcuri	Blumenauer	Burton (IN)
Austria	Blunt	Butterfield
Baca	Boccheri	Calvert
Bachmann	Boehner	Camp
Bachus	Bonner	Campbell
Baird	Bono Mack	Cantor
Baldwin	Boozman	Cao
Barrett (SC)	Boren	Capps
Barrow	Boswell	Capuano
Bartlett	Boucher	Cardoza
Barton (TX)	Boustany	Carnahan
Bean	Boyd	Carney
Becerra	Brady (PA)	Carson (IN)
Berkley	Brady (TX)	Carter
Berman	Braley (IA)	Cassidy
Berry	Bright	Castle
Biggert	Broun (GA)	Castor (FL)

Chaffetz	Hill	Miller (MI)	Shuster	Teague	Wamp
Chandler	Himes	Miller (NC)	Simpson	Terry	Wasserman
Childers	Hinchey	Miller, Gary	Sires	Thompson (CA)	Schultz
Chu	Hinojosa	Miller, George	Skelton	Thompson (MS)	Waters
Clarke	Hirono	Minnick	Slaughter	Thompson (PA)	Watson
Clay	Hodes	Mitchell	Smith (NE)	Thornberry	Watt
Cleaver	Holden	Mollohan	Smith (NJ)	Tiahrt	Waxman
Clyburn	Holt	Moore (KS)	Smith (TX)	Tiberi	Weiner
Coble	Honda	Moore (WI)	Smith (WA)	Tierney	Welch
Coffman (CO)	Hoyer	Moran (KS)	Snyder	Titus	Whitfield
Cohen	Hunter	Moran (VA)	Souder	Tonko	Wilson (OH)
Cole	Inglis	Murphy (CT)	Space	Towns	Wilson (SC)
Conaway	Inslee	Murphy (NY)	Speier	Tsongas	Wittman
Connolly (VA)	Israel	Murphy, Patrick	Spratt	Turner	Wolf
Conyers	Issa	Murphy, Tim	Stearns	Upton	Woolsey
Cooper	Jackson (IL)	Myrick	Stupak	Van Hollen	Wu
Costello	Jackson Lee	Nadler (NY)	Sullivan	Velázquez	Yarmuth
Courtney	(TX)	Napolitano	Sutton	Visclosky	Young (AK)
Crenshaw	Jenkins	Neal (MA)	Tanner	Walden	Young (FL)
Crowley	Johnson (GA)	Neugebauer	Taylor	Walz	
Cuellar	Johnson (IL)	Nunes			
Culberson	Johnson, E. B.	Nye			
Cummings	Johnson, Sam	Oberstar	Ackerman	Hall (NY)	Marshall
Dahlkemper	Jones	Obey	Buyer	Hastings (WA)	Stark
Davis (AL)	Jordan (OH)	Olson	Capito	Hoekstra	Westmoreland
Davis (CA)	Kagen	Olver	Costa	Lofgren, Zoe	
Davis (IL)	Kanjorski	Ortiz			
Davis (KY)	Kaptur	Owens			
Davis (TN)	Kennedy	Pallone			
Deal (GA)	Kildee	Pascarell			
DeFazio	Kilpatrick (MI)	Pastor (AZ)			
DeGette	Kilroy	Paul			
Delahunt	Kind	Paulsen			
DeLauro	King (IA)	Payne			
Dent	King (NY)	Pence			
Diaz-Balart, L.	Kingston	Perlmutter			
Diaz-Balart, M.	Kirk	Perriello			
Dicks	Kirkpatrick (AZ)	Peters			
Dingell	Kissell	Peterson			
Doggett	Klein (FL)	Petri			
Donnelly (IN)	Kline (MN)	Pingree (ME)			
Doyle	Kosmas	Pitts			
Dreier	Kratovil	Platts			
Driehaus	Kucinich	Poe (TX)			
Duncan	Lamborn	Polis (CO)			
Edwards (MD)	Lance	Pomeroy			
Edwards (TX)	Langevin	Posey			
Ehlers	Larsen (WA)	Price (GA)			
Ellison	Larson (CT)	Price (NC)			
Ellsworth	Latham	Putnam			
Emerson	LaTourette	Quigley			
Engel	Latta	Radanovich			
Eshoo	Lee (CA)	Rahall			
Etheridge	Lee (NY)	Rangel			
Fallin	Levin	Rehberg			
Farr	Lewis (CA)	Reichert			
Fattah	Lewis (GA)	Reyes			
Filner	Linder	Richardson			
Flake	Lipinski	Rodriguez			
Fleming	LoBiondo	Roe (TN)			
Forbes	Loeb sack	Rogers (AL)			
Fortenberry	Lowey	Rogers (KY)			
Foster	Lucas	Rogers (MD)			
Fox	Luetkemeyer	Rohrabacher			
Frank (MA)	Luján	Rooney			
Franks (AZ)	Lummis	Ros-Lehtinen			
Frelinghuysen	Lungren, Daniel	Roskam			
Fudge	E.	Ross			
Gallegly	Lynch	Rothman (NJ)			
Garamendi	Mack	Roybal-Allard			
Garrett (NJ)	Maffei	Royce			
Gerlach	Maloney	Ruppersberger			
Giffords	Manzullo	Rush			
Gingrey (GA)	Marchant	Ryan (OH)			
Gohmert	Markey (CO)	Ryan (WI)			
Gonzalez	Markey (MA)	Salazar			
Goodlatte	Matheson	Sánchez, Linda			
Gordon (TN)	Matsui	T.			
Granger	McCarthy (CA)	Sanchez, Loretta			
Graves	McCarthy (NY)	Sarbanes			
Grayson	McCaul	Scalise			
Green, Al	McClintock	Schakowsky			
Green, Gene	McCollum	Schauer			
Griffith	McCotter	Schiff			
Grijalva	McDermott	Schmidt			
Guthrie	McGovern	Schock			
Gutierrez	McHenry	Schrader			
Hall (TX)	McIntyre	Schwartz			
Halvorson	McKeon	Scott (GA)			
Hare	McMahon	Scott (VA)			
Harman	McMorris	Sensenbrenner			
Harper	Rodgers	Serrano			
Hastings (FL)	McNerney	Sessions			
Heinrich	Meeke (FL)	Sestak			
Heller	Meeke (NY)	Shadegg			
Hensarling	Melancon	Shea-Porter			
Herger	Mica	Sherman			
Herse th Sandlin	Michaud	Shimkus			
Higgins	Miller (FL)	Shuler			

Wamp	Wasserman
Schultz	Waters
Watson	Watt
Waxman	Weiner
Welch	Whitfield
Wilson (OH)	Wilson (SC)
Wittman	Wolf
Woolsey	Wu
Yarmuth	Young (AK)
Young (FL)	

NOT VOTING—11

Marshall	Hall (NY)
Stark	Hastings (WA)
Westmoreland	Hoekstra
	Lofgren, Zoe

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 1404

Mr. CLEAVER, Mrs. EMERSON, and Mr. MCCARTHY of California changed their votes 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.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on ordering the previous question on House Resolution 1190, 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.

Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adoption of House Resolution 1190, if ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 203, not voting 6, as follows:

[Roll No. 129]

YEAS—222

Altmire	Brady (PA)	Conyers
Andrews	Braley (IA)	Costa
Baca	Brown, Corrine	Courtney
Baird	Butterfield	Crowley
Baldwin	Capps	Cuellar
Barrow	Capuano	Cummings
Bean	Cardoza	Davis (CA)
Becerra	Carnahan	Davis (IL)
Berkley	Carson (IN)	Davis (TN)
Berman	Castor (FL)	DeFazio
Berry	Chandler	DeGette
Bishop (GA)	Chu	Delahunt
Bishop (NY)	Clarke	DeLauro
Blumenauer	Clay	Dicks
Boccheri	Cleaver	Dingell
Boswell	Clyburn	Doggett
Boucher	Cohen	Donnelly (IN)
Boyd	Connolly (VA)	Doyle