

Brown (SC) Gordon (TN) Markey (MA) Sarbanes Smith (TX) Turner
Brown, Corrine Granger Marshall Scalise Smith (WA) Upton
Brown-Waite, Graves Matheson Schakowsky Snyder Van Hollen
Ginny Grayson Schauer Souder Velázquez
Buchanan Green, Al McCarthy (CA) Schiff Space Visclosky
Burgess Green, Gene McCarthy (NY) Schmidt Speier Walden
Burton (IN) Griffith McCaul Schrock Spratt Walz
Butterfield Grijalva McClintock Schrader Stark Wamp
Calvert Guthrie McCollum Schwartz Stearns Wasserman
Camp Gutierrez McCotter Scott (GA) Stupak Schultz
Campbell Hall (NY) McDermott Scott (VA) Sullivan Waters
Cantor Hall (TX) McGovern Sensenbrenner Sutton Watson
Cao Halvorson McHenry McKeon Serrano Tanner Watt
Capito Hare McIntyre McKeon Sessions Taylor Waxman
Capps Harman McKeon Sestak Teague Weiner
Capuano Harper McMahon Shadegg Terry Welch
Cardoza Hastings (FL) McMorris Shea-Porter Thompson (CA) Westmoreland
Carnahan Hastings (WA) Rodgers Sherman Thompson (MS) Whitfield
Carney Heinrich McNeerney Shimkus Thompson (PA) Wilson (OH)
Carson (IN) Heller Meek (FL) Shuler Thornberry Wilson (SC)
Carter Hensarling Melancon Shuster Tiahrt Wittman
Cassidy Herger Mica Tiberi Wolf
Castle Herseth Sandlin Michaud Sires Tierney Woolsey
Castor (FL) Higgins Miller (FL) Skelton Skelton Titus Wu
Chaffetz Hill Miller (MI) Slaughter Tonko Yarmuth
Childers Himes Miller (NC) Smith (NE) Towns Young (AK)
Chu Hinchey Miller, Gary Smith (NJ) Tsongas Young (FL)

Clarke Hinojosa Miller, George
Clay Hirono Minnick
Cleaver Hodes Mitchell
Clyburn Hoekstra Mollohan
Coble Holden Moore (KS)
Coffman (CO) Holt Moore (WI)
Cohen Honda Moran (KS)
Cole Hoyer Moran (VA)
Conaway Hunter Murphy (CT)
Connolly (VA) Inglis Murphy (NY)
Conyers Inslee Murphy, Patrick
Cooper Israel Murphy, Tim
Costa Issa Myrick
Costello Jackson (IL) Nadler (NY)
Courtney Jackson Lee Napolitano
Crenshaw (TX) Neugebauer
Crowley Jenkins Nunes
Cuellar Johnson (GA) Nye
Culberson Johnson (IL) Oberstar
Cummings Johnson, E. B. Obey
Dahlkemper Johnson, Sam Olson
Davis (CA) Jones Olver
Davis (IL) Jordan (OH) Ortiz
Davis (KY) Kagen Pallone
Davis (TN) Kanjorski Pascrell
DeFazio Kaptur Pastor (AZ)
DeGette Kennedy Paul
Delahunt Kildee Paulsen
DeLauro Kilpatrick (MI) Payne
Dent Kilroy Pence
Diaz-Balart, L. Kind Perlmutter
Diaz-Balart, M. King (IA) Perriello
Dicks King (NY) Peters
Dingell Kingston Peterson
Doggett Kirk Petri
Donnelly (IN) Kirkpatrick (AZ) Pingree (ME)
Doyle Kissell Pitts
Dreier Klein (FL) Platts
Driehaus Kline (MN) Poe (TX)
Duncan Kosmas Polis (CO)
Edwards (MD) Kratovil Pomeroy
Edwards (TX) Kucinich Posey
Ehlers Lamborn Price (GA)
Ellison Lance Price (NC)
Ellsworth Langevin Putnam
Emerson Larsen (WA) Quigley
Engel Larson (CT) Rahall
Eshoo Latham Rangel
Etheridge LaTourrette Rehberg
Fallin Latta Reyes
Farr Lee (CA) Richardson
Fattah Lee (NY) Rodriguez
Filner Levin Roe (TN)
Flake Lewis (CA) Rogers (AL)
Fleming Lewis (GA) Rogers (KY)
Forbes Linder Rogers (MI)
Fortenberry Lipinski Rohrabacher
Foster LoBiondo Rooney
Foxx Loeb sack Ros-Lehtinen
Frank (MA) Lofgren, Zoe Roskam
Franks (AZ) Lowey Ross
Frelinghuysen Lucas Rothman (NJ)
Fudge Luetkemeyer Roybal-Allard
Gallegly Luján Royce
Garamendi Lummis Ruppberger
Garrett (NJ) Lungren, Daniel Rush
Gerlach E. Ryan (OH)
Giffords Mack Ryan (WI)
Gingrey (GA) Maffei Salazar
Gohmert Maloney Sánchez, Linda
Gonzalez Marchant T.
Goodlatte Markey (CO) Sanchez, Loretta

Smith (TX) Turner
Smith (WA) Upton
Snyder Van Hollen
Souder Velázquez
Space Visclosky
Speier Walden
Spratt Walz
Stark Wamp
Stearns Wasserman
Stupak Schultz
Sullivan Waters
Sutton Watson
Tanner Watt
Taylor Waxman
Teague Weiner
Terry Welch
Thompson (CA) Westmoreland
Thompson (MS) Whitfield
Thompson (PA) Wilson (OH)
Thornberry Wilson (SC)
Tiahrt Wittman
Tiberi Wolf
Tierney Woolsey
Titus Wu
Tonko Yarmuth
Towns Young (AK)
Tsongas Young (FL)

NOT VOTING—12

Billbray Davis (AL) Neal (MA)
Boehner Lynch Owens
Buyer Manzullo Radanovich
Chandler Meeks (NY) Reichert

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1736

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.

PERSONAL EXPLANATION

Mr. MANZULLO. Mr. Speaker, on Thursday, March 25, I missed a series of votes because of a health emergency. If I was here, I would have voted “no” on rollcall No. 190, “no” on rollcall No. 191, and “yea” on rollcall No. 192.

NATIONAL PUBLIC WORKS WEEK

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

Mr. OBERSTAR. Mr. Speaker, I rise to express my astonishment and disappointment that the entire Republican Conference voted against H. Res. 1125 for the observance of National Public Works Week. I want to restate the resolved clause: Supports the goals and ideals of National Public Works Week; recognizes and celebrates the 50th anniversary of National Public Works Week.

There were three items in the “whereas” clauses that referred to the investment of funds under the Recovery Act. Those are figures drawn from information reported to our committee by the States and reported every 30 days by this committee and distributed to every Member of this House. For some reason, the other side of the aisle chose to vote against that. They didn’t like that reference in this resolution. That’s the only conclusion I can draw

from this unanimous act of voting against Public Works Week.

Tomorrow, our committee will hold the 15th in its series of hearings on the performance under the Recovery Act on the programs under our committee’s jurisdiction, and we will show that direct, indirect, and induced jobs reached 1.2 million.

ELECTING A MINORITY MEMBER TO A STANDING COMMITTEE

Mr. PENCE. Mr. Speaker, by direction of the Republican Conference, I send to the desk a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1223

Resolved, That the following-named Member be, and is hereby, elected to the following standing committee of the House of Representatives:

COMMITTEE ON ENERGY AND COMMERCE: Mr. Latta.

The resolution was agreed to.

A motion to reconsider was laid on the table.

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 5 o’clock and 39 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1837

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. EDWARDS of Maryland) at 6 o’clock and 37 minutes p.m.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-458) on the resolution (H. Res. 1225) providing for consideration of the Senate amendments to the bill (H.R. 4872) to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was referred to the House Calendar and ordered to be printed.

Ms. SLAUGHTER. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1225 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1225

Resolved, That upon adoption of this resolution, it shall be in order to take from the Speaker’s table the bill (H.R. 4872) to provide

for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), with the Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the chair of the Committee on Education and Labor or his designee that the House concur in the Senate amendments. The Senate amendments and the motion shall be considered as read. The motion shall be debatable for 10 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 1 hour.

Ms. SLAUGHTER. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from California (Mr. DREIER). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. SLAUGHTER. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous materials into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. I yield myself such time as I may consume.

Madam Speaker, the rule provides for consideration of the Senate amendments to H.R. 4872. It shall be in order to take from the Speaker's table H.R. 4872, with the Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the Chair of the Education Committee that the House concur in the Senate amendments. The Senate amendments and the motion shall be considered as read. The rule provides 10 minutes of debate equally divided and controlled by the Chair and the ranking minority member of the Committee on Education and Labor. Finally, the previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

Madam Speaker, the disturbing atmosphere that we've seen around the Capitol recently is alarming. The rash of ominous threats, voice mails, letters, brick throwing, and other sordid acts of protests is downright despicable and marks a low point in the Nation's history. I say this in part from firsthand experience. As many of you know, my Niagara Falls office was the target of attack last week when someone hurled a brick through the window in the dark of night. Separately, I received a phone call on my campaign office phone line that referenced 16 sniper teams and an attempt that would be made to target the children of Members of Congress who voted for the health care legislation.

Each day my four offices give me a careful log of phone calls and emails from people who have taken the time to share their opinions with me, and I read each of those comments because I value that input and want to hear from everyone, not just the people who agree with me. I daresay there isn't a single elected official in the country who has not had a heated run-in with someone who felt strongly that they had voted the wrong way on an issue. In fact, it is part of this country's great tradition that we not only tolerate dissent but we encourage it.

To speak up and to take part in democracy is a noble and treasured part of the American way. But all that changed last year when suddenly town hall meetings across the country turned into vicious shouting matches. Persons who had taken the time to go to the town meeting to learn about the health care bill were oftentimes harassed and frightened and unable to learn anything except that they felt somewhat under siege. I remember that someone arrived at a meeting with a handgun holstered to his leg, and he could not have been more than 50 yards away from the President of the United States.

Spirited debate has become negative. All of us have noticed that in our offices. As I mentioned, I have four offices. The calls that came in—I thank my staff, and I'm sure all of you do, too, for simply tolerating it. It was all day. One day the calls came in so quickly that not another piece of work could be done in all my offices. We were threatened. We were cajoled. We were told—mostly by people from Texas and Oklahoma—that they would never vote for me again, which would be very unlikely in New York anyway.

But I am happy to tell you that as of Sunday night and the passage of this bill, all of those calls are gone. We were getting up to—I would say totaling in the four offices nearly 100 a day. It's all gone now, and the people who call express sorrow for the trouble that has been put upon me, saying that their America does not do that to anyone, particularly someone that they have put their trust in.

But this week, the leader of the national Republican Party said that Speaker PELOSI should be put "on the firing line." Another Republican leader and former national party candidate placed rifle site targets on a national map showing congressional districts of Democrats who supported health care for all Americans, and that same leader urged her supporters, "Don't retreat, reload." And even worse were the remarks made here by the minority leader, who recently said that one of my colleagues who backed the legislation was politically a "dead man" back home. Taken together with the incidents around the country, these episodes might prompt a quick and forceful repudiation of comments that would endorse violence, but instead, we get just the opposite.

□ 1845

When Republican Members went out onto the balcony off the Speaker's lobby Sunday to shout to and encourage rowdy protesters, they were implicitly encouraging a discourse that had already soured. In fact, I was dismayed to learn—not dismayed, dismayed doesn't cover it—I was angry. I was concerned. It terrified me, the thought that we would have to live through any of that again. When I found out that some of my colleagues were the victims of racial epithets, spitting, homophobic slurs, this sort of display is shocking even to someone who has seen some pretty terrible things over the years.

Despite all this, Democrats move forward with hope and optimism. It is my sense that as more Americans learn about the provisions of the health care reform legislation, they will in increasing numbers support the vote over the weekend, and the polls show this already happening.

It is a surprise to me today that with the passage of reconciliation by a 56-43 margin in the Senate, that the other side would continue to try to throw up petty roadblocks or complain that they haven't had time to read the bill.

Do you want to know what we are debating here today? We are debating two sentences. That's it, two sentences. Does it make sense to anyone that the other side is demonizing a bill that has already been approved by both the House and Senate and signed into law? No, instead we should celebrate the incredible accomplishment of finally passing this legislation after a struggle of more than a hundred years.

I won't even bother reciting all of the ways in which ordinary Americans will gain as we shift the balance of power away from insurance companies and back to patients, because they will know very shortly. I have already spoken at length about how under our bill families will no longer feel trapped by their coverage or fearful about children with preexisting conditions. Health care reform, I am happy to say, is now the law of the land. I encourage my colleagues to join me today in quickly adopting these small technical fixes to the legislation so we may move on to more pressing challenges.

I reserve the balance of my time.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. TIAHRT. Madam Speaker, this rule is to amend a reconciliation bill that is amending a bill that no longer exists. The bill has been signed into law. Therefore, the references in the reconciliation bill are no longer accurate. Is it possible for us to wait until the bill that has been signed into law has been codified so we can have accurate references in the reconciliation bill? Otherwise wouldn't the House be voting on an inaccurate piece of legislation?

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry. The issue he raises is a matter of debate.

Mr. TIAHRT. Madam Speaker, further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry. The issue he raises is a matter of debate.

Mr. TIAHRT. Madam Speaker, I believe this bill will be inaccurate. The reconciliation bill is inaccurate in its current form, and the rule should be withdrawn until proper references can be made because an inaccurate bill will be voted upon.

The SPEAKER pro tempore. The gentleman will suspend. The gentleman has not stated a proper parliamentary inquiry.

Mr. TIAHRT. Madam Speaker, once again, doesn't it require that the legislation presented to the floor of the House has to be accurate in order for us to vote on it?

The SPEAKER pro tempore. The Chair will not interpret the pending resolution.

Mr. TIAHRT. Madam Speaker, parliamentary inquiry. Is it not true that when a bill becomes law it is no longer a bill; therefore, when we amend a non-existing bill, we cannot vote on an accurate piece of legislation? Is it not in the rules of the House that we have to vote on accurate legislation?

The SPEAKER pro tempore. The gentleman will suspend. The gentleman has not stated a proper parliamentary inquiry. The Chair will not entertain debate under the guise of a parliamentary inquiry at this time.

Mr. TIAHRT. I'm not trying to debate; I'm simply trying to understand the rules. My question was not answered on the parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will suspend.

The Chair recognizes the gentleman from California.

Mr. DREIER. Madam Speaker, let me first extend my appreciation to my good friend from Rochester, New York, Ms. SLAUGHTER, for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. DREIER. Madam Speaker, last Sunday when we opened debate here on the rule, I opened by condemning the attacks that have been made on Members of this institution, their families and their staffs. Unfortunately, it is something which all of us who have been privileged to serve in elective office and as Members of Congress in particular have had to face for many years. I will reiterate, Madam Speaker, violence or the threat of violence is simply unconscionable, and we all join together in calling for an immediate end to these types of utterly unacceptable acts.

Madam Speaker, last Sunday I also predicted that we would be back here

voting once again on the reconciliation bill. And here we are.

The need for another vote is further demonstration of just how flawed the tactics of the Democrats in charge of Congress have been. It shouldn't surprise anyone, Madam Speaker, that the reconciliation bill was found to violate Senate rules, as traditionally has been the case with the only exception in 1983. No legislation of this magnitude can be slapped together at the last minute and then withstand scrutiny. Our revote today is just further evidence of the perils of the refusal of the Democrats in charge to act in a bipartisan and open way.

We have been debating the issue of health care reform in the Congress for a long period of time. As a Nation, we have been struggling with the very serious issue of increasing access to quality care for many, many, many years. We all want to expand coverage and improve quality for the American people. There are a number of key reforms that enjoy broad bipartisan support that would bring us much, much closer to that goal.

Yet, despite these opportunities for bipartisanship, Madam Speaker, the Democrats in charge insisted on forcing through the most partisan and costly bill possible. And despite all the time that has been spent on this issue, they insisted on forcing through a reconciliation bill that was largely written the night before we voted on it. Again, Madam Speaker, this was written in large part the night before we voted on it. That is why it should be no surprise, and there were those of us last Sunday who predicted that we would be back here.

Less than a week after that vote, serious mistakes in the legislative package have already been discovered, as I have said. Today's underlying package, as I said at the outset, has been returned to the House because it contained provisions that violated Senate rules.

Far more significant, however, are the mistakes that have been uncovered relating to a key provision in the Senate health care bill that is now law, mistakes that will not be fixed today; and I underscore, mistakes that will not be fixed today. One of the centerpieces of that legislation was a provision to ensure that no child is denied coverage for a preexisting condition. This is an issue that again enjoys overwhelming bipartisan support. I believe very passionately in the need to ensure that no one is denied coverage for preexisting conditions.

Madam Speaker, had we taken a responsible, step-by-step approach to reform, this provision dealing with preexisting conditions could have been signed into law months ago; but because the Democrats in charge shunned bipartisan cooperation and an open, transparent process, forcing through a hyper-partisan bill with no opportunity for open debate or any amendment, their \$1 trillion bill passed Congress without any real accountability.

The result? They botched the language on preexisting conditions and we now know, Madam Speaker, that children will not get the coverage that they were promised. This is the inevitable result of a closed, partisan process.

Even the good ideas that are put out there that both Democrats and Republicans alike can come to an agreement on are undermined by a lack of scrutiny and transparency. Their bill was certainly filled with a lot of terrible ideas. Spending \$1 trillion we don't have and hiring tens of thousands of new IRS agents to investigate hard-working Americans ranks at the very top of that list. But even the provisions like preexisting conditions that had bipartisan support are being undermined by shoddy work.

While the legal experts sort out the mess that was made of the legislative language, job creators are assessing just how much damage has been done to them. Today, The Wall Street Journal pointed out that companies large and small are taking stock of the new taxes that have been imposed and what the impact will be.

Now, we had an exchange upstairs about the fact that we have seen the stock market go up, and we all know that the stock market has gone up. But that does not belie the fact that Caterpillar will face \$100 million in new taxes in the first year alone. The medical device company Medtronic fears it may have to lay off 1,000 workers in order to pay the new taxes.

Madam Speaker, with the national unemployment rate as we all know hovering just under 10 percent, this could not be a worse time to impose job-killing tax increases. The prospect of crippling new taxes and further job losses is not acceptable. We should focus on creating, not losing, good private sector jobs.

The process of reforming the so-called reform bill and undoing the damage that has been done will take years, wasting untold taxpayer dollars we cannot afford. Wasting precious time while the American people wait for real reform that actually improves access to quality health care is a waste. It shouldn't be done, and this is a tragically missed opportunity.

To the many Americans who are outraged by this bill and the process by which it was considered, and by the way, we are here under what is known as martial law rule. We just completed our meeting in the Rules Committee a few minutes ago, and without any consideration we have come right down to the House floor. People are outraged with this process. That has played a role in creating the anger that is there. I can only say there are still some Members of Congress, and I am one of them, who believe in bipartisan cooperation—in bipartisan cooperation, and we believe, as was promised in a new direction for America that then-Minority Leader Pelosi put forth for the American people and said she

would have when she took the oath in January of 2007, an open, transparent process. To many Americans who had high hopes for a true reform bill, I will say there are still some Members of Congress who will fight for real reform even if the Democrats in charge will not do that.

We will fight to ensure that all Americans have effective guarantees of coverage despite preexisting conditions. We will fight for meaningful lawsuit abuse reform, and we will work to allow small businesses and States to band together to offer better and more affordable coverage.

We will work to ensure that government bureaucrats never come between patients and doctors. We will make sure that no one will be forced to give up their current coverage if they do not so choose, and that those who have diligently saved in their health savings accounts are not in any way punished.

If we can abandon the failed tactics that the Democrats in charge have put forward and work in an bipartisan and open fashion, these are the kind of real reforms that can be enacted so all Americans will have access to quality, affordable health insurance.

I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds Members and staff they should not traffic the well while a Member is under recognition.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. TIAHRT. Madam Speaker, is it within the rules for the majority manager to withdraw a rule at this stage in the debate?

The SPEAKER pro tempore. The gentleman is correct.

Mr. TIAHRT. Is it also true that since the legislation that will be amended is inaccurate and does not have correct references to existing law, that we should not have a vote on it, that the rule should be withdrawn?

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry.

Mr. TIAHRT. Madam Speaker, since the bill that is being amended no longer exists, the references are inaccurate. How can we possibly have a vote on an inaccurate bill?

The SPEAKER pro tempore. The gentleman will suspend. The gentleman is engaging in debate and has not stated a proper parliamentary inquiry. The Chair will not entertain debate under the guise of a parliamentary inquiry.

□ 1900

Ms. SLAUGHTER. Madam Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), a member of the Rules Committee.

Mr. MCGOVERN. Madam Speaker, the time is now. On the issue of health insurance reform, just about every-

thing has been said and just about everyone has said it.

On Sunday, this House passed the most meaningful health care bill in over 40 years. We voted to end the most abusive practices of the insurance companies, to provide coverage to millions of hardworking families, to bring down the costs of health care for families and small businesses, and to pass the biggest deficit reduction package in 25 years. That reform is now the law of the land.

Already, we hear from our friends on the other side of the aisle saying that they want to repeal that law. They want to allow insurance companies to once again discriminate against people because of preexisting conditions. They want to take away help for small businesses to purchase insurance for their workers. They want to continue to let families go bankrupt because of their medical bills. That doesn't make much sense to me, Madam Speaker.

The bill before us today provides important improvements to the law by improving affordability for working families. It strengthens provisions to attack waste, fraud, and abuse in Medicare and Medicaid. It strengthens consumer protections, including prohibiting lifetime limits and the practice of dropping people when they get sick. It closes the doughnut hole in Medicare and extends the solvency of that vital program, and it removes the special fixes for Nebraska and Florida.

This has been a contentious debate, and we have spent a lot of time arguing about things that don't matter a whole lot to people in their everyday lives; things like reconciliation and filibuster and CBO and parliamentarians. So I'd like to close by focusing this debate back where it belongs, on the American people.

Last week, a letter to the editor appeared in the Orlando Sentinel, and I'd like to read it. And I quote:

"Three months ago, my wife became pregnant. Two months ago, she miscarried. Today, the insurance company refuses to insure her for at least 5 years because the company classifies a miscarriage as a preexisting condition. This is the only reason insurance is being denied.

"If life is to be truly valued in America, then we must all pull together to make health care available for all our citizens. This is the greatest moral issue facing our Nation today."

Signed, Blake Harrington, Orlando.

Well, Mr. Harrington, your voice has been heard, and because of this Congress and this President, no family will have to go through what you did.

The time is now, and I urge my colleagues to support this rule and the underlying bill.

Mr. DREIER. Madam Speaker, at this time, I'm happy to yield 2 minutes to a very hardworking new Member who's an expert on TennCare, an obstetrician from Johnson City, Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Madam Speaker, a recent news article posed a

question that gets at the heart of this debate: Will the law as the Democrats have planned spur economic growth by lowering health care costs and allowing companies to expand and hire new employees or, as many business advocates have argued, will the opposite occur? It's a good question. It is a fair question. So let's look at the evidence that we have.

In Massachusetts, they passed a plan with broad mandates and an exchange-like health care marketplace. The plan has resulted in the highest insurance premiums in America, rising faster than anywhere else in America as a percent, and a large number of individuals forego insurance until they get sick, then they show up and get the care and pay a relatively low penalty.

In Tennessee, where we've expanded our State's Medicaid program, we saw employers shift the cost to the public sector and then watch as our program tripled in costs. Now, before any of these expansions go into law, our State's being forced to limit enrollment and ration care.

And nothing in this bill helps control costs like tort reform, and it's nowhere to be seen. And trust me, as an OB-GYN doctor, one of the things you could do for our patients is to work on this very needed bill, apart from this bill, and we could do it separately, and yet we haven't done that.

What's being proposed now is combining the worst part of both State systems, and I think the evidence clearly shows that costs will be higher and with the decreased access and lower quality. The American people deserve to know that this bill flies in the face of real-world experience and it deserves to be defeated.

Another comment, Madam Speaker, I'd like to make is that, in my years of experience, I have not seen a patient's health care denied or a preexisting condition because of a miscarriage. I have personally not seen that, and I'd like to see reference to that if I could.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from California (Ms. MATSUI), a member of the Rules Committee.

Ms. MATSUI. Madam Speaker, I rise today in support of the rule and underlying legislation.

The health care package that we passed on Sunday and have the opportunity to finalize today represents years and sometimes decades of work put in by many of my colleagues here in the House, and it also represents the hopes and dreams of millions of Americans who live one accident away from bankruptcy, one paycheck short of making ends meet.

I've heard from many of the families and seniors who live in my district who've been terrified as they see their insurance rates go up, and fearful of losing their insurance and high quality of care.

But in between the time this House passed one of the most important legislative initiatives in our lifetime and

today, I have started to hear from many Sacramentans with a simple message: Thank you. Thank you to this Congress for having the courage to stand up for what's right. Thank you to the Speaker for her leadership in delivering this bill to the American public.

And I would like to say thank you back to the millions of Americans who voiced their strong support of the health care bill. You may not have always been the loudest voice in the room, but that doesn't mean we don't hear you.

Thank you to my colleagues for standing up for the American people in the many hearings, markups, town halls, and floor debates we've had on this issue. I look forward to standing with you today as we pass these improvements on the historic legislation passed on Sunday.

I urge my colleagues to support this rule and the underlying legislation as we stand together and ensure the quality health care Americans deserve at a cost they can afford.

Mr. DREIER. Madam Speaker, I yield myself such time as I might consume, and I would like to engage in a discussion, if I might, with my good friend from Johnson City, Tennessee, who, as we say, appears to be the only medical doctor here on the House floor at the moment.

He was just discussing his role and many years he's served, worked as an obstetrician, and one of the things that we have found, reports are—and this is before this bill was even considered—that there are many people who are in a position where they are being told, people who are under Medicare, that they are being refused an opportunity to have the kind of physician choice that they want.

We regularly have heard throughout this debate that you'll be able to choose your own doctor. But, Madam Speaker, I ask the question: Will your doctor choose you? What kind of incentive do we have at this juncture for people to get into the medical profession?

And I'd like to yield, if I might, to my friend from Johnson City, if he might respond to this notion of, well, you may be able to choose your doctor, but will your doctor choose you. And I am happy to yield to my friend.

Mr. ROE of Tennessee. In our State right now, let me just give you some real-world experience as to what's going on in our State-run plan, TennCare, which is the State Medicaid plan.

Right now, we're discussing limiting patient visits to eight per year, no matter how many times you may need to go to the doctor.

Number 2, the State's considering paying only \$10,000 in total for a patient visit to the hospital, no matter what the cost is, meaning that those costs are going to get shifted to private insurers. And over time, if that occurs, and we expand massively the Medicaid system around the country, you're

going to shift more and more cost to the private insurers, and when that happens, eventually they're going to fail. And I think that may be the purpose here.

The other thing is that I had a friend of mine visit this week from home, and right now, to get an orthopedic surgeon to see you, you're going to have to drive 100 miles to see this orthopedic surgeon.

The State of Tennessee, as of the 1st of July of this year, will no longer cover rehabilitative services for a patient who's operated on or any rehabilitative services for an injury. That's what we have now. And we're asking our State to take on more and more cost.

And what concerns me—it's not about the good things that are in this bill, and there are some things I agree with very much. But the other things are how do we pay for it, and how do we then find someone to pay for the care?

The other little caveat is that these plans never pay for the cost of the care. TennCare, right now, pays about 60 percent of the cost and going down. Medicare, as you know, pays about 80 to 90 percent of physician cost.

Mr. DREIER. I thank my friend for his remarks. And let me just say, this notion of you may choose your doctor but your doctor may not choose you, is that a fair assessment?

I'm happy to further yield to my friend.

Mr. ROE of Tennessee. It is a fair assessment. And now, countrywide, 40 percent of our primary care physicians choose not to see a Medicaid patient, and 60 percent of specialists. It's estimated that it will be, when this plan goes into effect, 60 percent of primary care physicians won't see these patients and 80 percent of specialists won't see these patients.

Mr. DREIER. And that's why I was arguing that it is really difficult to imagine why it is that people will pursue the medical profession, as the gentleman has done so ably over the years.

And I am happy to further yield to my friend.

Mr. ROE of Tennessee. Thank you for yielding.

One of the things that is disturbing, and I have taught medical school and taught medical students, only 2 percent of our graduates now are going into primary care. And I'm in a group with 70 primary care doctors. I was in a group until I came to Congress. And we can't get our best and brightest to go into primary care. And it's a real quality issue, because what concerns me about our Medicare plan is this: At the time I came up here, I was having problems finding primary care doctors, internists, family practice to see my patients that I'd operated on.

Mr. DREIER. I thank my friend.

Madam Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I feel I need to introduce Dr. DONNA CHRISTENSEN, who is a medical doctor from the Virgin Islands, for 15 seconds.

Mrs. CHRISTENSEN. The legislation that we have before us will take insurance companies out of the doctor/patient relationship. There will be more incentives for doctors. There will be more National Health Service Corps positions, more loan repayments to bring doctors into the system, and doctors will go into neighborhoods where they've never gone before because Medicaid will pay more and Medicare will pay more.

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

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. PERLMUTTER), a member of the Rules Committee.

Mr. PERLMUTTER. Madam Speaker, this morning I was at a meeting, a breakfast of the Epilepsy Foundation of America. I have a daughter who has epilepsy, and she and one of my other daughters and I attended this breakfast.

And the relief that people feel, particularly parents, about us having passed this bill, us working to advance, really, freedom by doing away with the discrimination against people who have prior illnesses was palpable in that room. And as a dad, I can tell you, we have advanced the cause of millions of people across this country.

Everybody in this room has somebody who's close to them. It could be a family member, could be a friend, a neighbor who has a prior illness, has some kind of condition, suffered in some accident, and what we've done is given those people the freedom to have some health care so they can seize the opportunities that this Nation provides.

It's relief. It's freedom. It's civil rights that we passed in this last couple of days. And I know it's been contentious and I know there are strong philosophical differences, but when the rubber hits the road, for parents, for kids, for people who have these kinds of preexisting conditions, we really advanced the ball for them, and we advanced the cause of freedom.

Mr. DREIER. Madam Speaker, I yield myself such time as I might consume, and I would like to engage in a discussion, if I might, with my friend and argue that I totally concur. We totally concur with the need to work on this issue of preexisting conditions.

The problem, Madam Speaker, has been that while this was extraordinarily well-intentioned, we've already found that this shoddily put together bill has denied the addressing of preexisting conditions. There are people out there who unfortunately believe, Madam Speaker, that the issue of preexisting conditions has been taken care of. One needs to look at the news reports right now of the problems that exist with our shared bipartisan goal of addressing that issue.

I reserve the balance of my time.

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Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. STARK).

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

Mr. STARK. I thank the gentlelady for yielding.

Madam Speaker, since 1985, I have worked for today as we finish our job to enact health care reform in America. This reconciliation bill provides affordability of insurance premiums for low- and middle-income Americans. We've delayed the impact of the Cadillac tax plan on health benefits and ensured that changes are financed in a fair manner.

The reform bill signed into law by President Obama is a historic step for our Nation. These bills provide health security for all families. The people with no coverage are guaranteed affordable coverage. Those who currently have insurance will find that coverage improved and more secure.

I am honored to have helped to get us to this point. I look forward to working with all of my colleagues and the administration as we implement this vital new law. Today, we join all modern countries in providing quality, affordable health care to all. It's a great day for America.

If I didn't think they'd take down my words, I would want to say "yippee."

Madam Speaker, the staff of the Committee on Ways and Means, as well as staff from the other Committees, leadership offices and support agencies, logged countless hours to make this legislation a reality. We owe them our thanks for their efforts to bring us to this day.

Current and former staff from my office and from the Committee on Ways and Means who worked on this legislation over the past year include: Janice Mays, John Buckley, Cybele Bjorklund, Debbie Curtis, Chiquita Brooks-LaSure, Jennifer Friedman, Geoff Gerhardt, Tiffany Swygert, Drew Crouch, Marci Harris, Tom Tsang, Drew Dawson, Ruth Brown, John Barkett, Mark Schwartz, Matthew Beck, Lauren Bloomberg, Brian Cook and Cameron Branchley.

Because this legislation was really a product of three committees, I'd like to also recognize the health staff of the Committees on Energy & Commerce and Education & Labor.

We are truly indebted to the staff of the House Office of Legislative Counsel—Ed Grossman, Jessica Shapiro, Megan Renfrew, Henry Christrup, Wade Ballou, Lawrence Johnston and others in the office that I may have missed—who turn our ideas into legislative language.

Finally, I'd like to recognize and thank the very capable analysts at the Congressional Budget Office and Joint Committee on Taxation. Doug Elmendorf, Phil Ellis, Holly Harvey and the rest of the CBO team, as well as Tom Barthold and the JCT professional staff, have worked tirelessly to provide guidance, technical assistance and key analyses of the costs and effects of the various proposals during consideration of health reform legislation over the past 15 months.

On behalf of the Committee on Ways and Means, thank you all.

Mr. DREIER. May I inquire of the Chair how much time is remaining on each side?

The SPEAKER pro tempore. The gentleman from California has 14¾ min-

utes remaining. The gentlewoman from New York has 15½ minutes remaining.

Mr. DREIER. I will reserve the balance of my time, Madam Speaker.

Ms. SLAUGHTER. I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. This is the last step that we must take to make health insurance reform a reality in this country for millions of Americans. For far too long, the Federal Government has allowed insurance companies to get away with the most abusive practices that prevent people from getting the medical treatment that they need to be healthy.

Earlier this week, we said "no more." Just as the leaders of the civil rights movement did before us, this House took the courageous step to put an end to the blatant discrimination that millions of Americans suffer from every year at the hands of insurance companies. We said that we aren't going to let insurance companies put profits before people anymore. We've said that we're going to put patients and their doctors back in charge.

I know already I'm hearing from the other side of the aisle, Let's repeal and replace this bill. What I want to know is what do they want to repeal first? Closing the doughnut hole in Medicare so that seniors can afford their medicines? Or stopping insurance companies from dropping people's health insurance when they get sick and need it most? Or letting dependents stay on their parents' health care policy until the age of 26, especially amid a recession when it's hard for people to even find a job? Or maybe even providing small businesses with tax credits to help them afford health insurance for their employees.

Madam Speaker, in the last few days I have heard from so many people here in Washington as well as at home about how important this bill is and makes a difference in their lives on a daily basis and is going to be good for them and their families.

We've already taken a great step forward on behalf of the American people. Republicans shouldn't let us take it back. We can't let that happen. Let's just keep moving forward. Let's take this last step. Let's finish the job and pass this bill on behalf of America's families. Vote "yes."

Mr. DREIER. Madam Speaker, at this time I am happy to yield 1½ minutes to a very hardworking member of the Committee on Rules, the latest recipient of the Ronald Reagan award, our friend from Grandfather Community, North Carolina (Ms. FOXX).

Ms. FOXX. I thank my colleague from California for yielding time.

I want to say that it has been said over and over again that Republicans want to block health care reform. We don't want to block health care reform. We want commonsense health care reform—not an overhaul of the system that is a government takeover of health insurance and health care in our country.

One of the things that people tell me they dislike the most about the way the Congress operates is when the Democrats put together two bills that are totally unrelated because one of those bills cannot get passed on its own. That is what happened in the reconciliation bill, a bill totally unrelated to health care where the government is going to take over the student loan program in this country making the Federal Government the fifth largest bank. That is reprehensible to the people of this country. We shouldn't have done that.

I offered an amendment in the Rules Committee to separate those two. The bill on student loans should have stood on its own but it can't and so it got attached to this bill. These are minor technical amendments, but we were denied major amendments. One hundred nine amendments were offered in the Rules Committee on Saturday. We had 13 hours of debate. Some of our amendments were excellent amendments and should have been accepted.

We want reform. Republicans want to change many things. We want to take care of preexisting conditions; we want to lower the cost. The problem with this bill is it doesn't lower costs; it makes them larger.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, earlier this week history was made with the enactment into law of the comprehensive access to quality affordable health insurance for all Americans. Tonight we complete action on this legislation and cement for all Americans their sense of security that they will always be able to afford and access health care for themselves and their families.

Since our passage of the underlying legislation last weekend, the American people are beginning to fully appreciate the benefits that we have written into law. When fully implemented, reform will bring 32 million uninsured Americans into the health insurance system, seniors will see immediate help with the cost of their prescription drugs, and people who have preexisting medical conditions will not be denied health insurance or charged more for that insurance. If you lose your job, you will not lose access to health care.

Our vote tonight improves on what President Obama signed into law on Tuesday. This includes closing the gap in Medicare prescription drug coverage, including the rebate this year to eligible seniors; improving affordability for those with income up to 400 percent of the poverty level; eliminating the special Medicaid deal for Nebraska; and increasing matching rates to States for the costs of services to newly eligible individuals to 100 percent for the first 3 years of coverage expansions.

Increasing Medicaid payments. The rates will be increased for primary care physicians so that new Medicaid beneficiaries will have access to primary

care and a greater investment into community health centers. These initiatives are fully funded and paid for.

The reconciliation bill reduces the deficit by more than \$1 trillion over the next two decades.

Health security is a fundamental right for every American, and we remain faithfully committed to that objective.

I want to use my time here to give special thanks to our health team on our staff. First of all I want to single out Karen Nelsen, who has been director of the health staff going back to the time I was chairman of the Health and Environment Subcommittee and during the time we were over at the Oversight and Government Reform Committee. With her able assistance, we have Jack Ebeler, Tim Gronniger, Andy Schneider, Purvee Kempf, Brian Cohen, Ruth Katz, Anne Morris, Tim Westmoreland, Stephen Cha, Virgil Miller, Katie Campbell, Bobbie Clark, Sarah Dupres and Naomi Seiler.

I want to just close by saying I wish the Republicans would have worked with us instead of fighting this bill every step of the way. They're complaining now they didn't get amendments, but when we called on them to help us, they said no. They wouldn't work with us on the stimulus bill, they wouldn't work with us on the energy bill, they wouldn't work with us on the health bill, but we got it done anyway.

Mr. Speaker, the bill is to be commended as a model of cooperative federalism. Under the new law, "a State is free to establish a health insurance exchange if it so chooses. But if it declines, the Secretary will establish an exchange." This is a strong example of what the Supreme Court has recognized as an appropriate exercise of federal power to encourage State participation in important federal programs. "[W]here Congress has the authority to regulate private activity under the Commerce Clause, we have recognized Congress' power to offer States the choice of regulating that activity according to federal standards or having state law pre-empted by federal regulation. *Hodel v. Virginia Surface Mining & Reclamation Assn., Inc.*, supra, 452 U.S., at 288, 101 S.Ct., at 2366. See also *FERC v. Mississippi*, supra, 456 U.S., at 764–765, 102 S.Ct., at 2140. This arrangement, which has been termed "a program of cooperative federalism," *Hodel*, supra, 452 U.S., at 289, 101 S.Ct., at 2366, is replicated in numerous federal statutory schemes." *New York v. United States*, 505 U.S. 144, 165 (1992).

INDIVIDUAL RESPONSIBILITY

The individual responsibility requirement requires individuals to pay a tax on their individual tax filings or provide information documenting they fulfill the requirements for having essential minimum coverage over the past year. Congress makes the following findings to support this requirement, these are in addition to those made on Sunday, March 21, 2010:

(1) The requirement is necessary to achieve near-universal coverage while maintaining the current private-public system. It builds upon and strengthens private employer-based health insurance, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened em-

ployer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased. Sharon K. Long and Karen Stockley, Massachusetts Health Reform: Employer Coverage from Employees' Perspective, Health Affairs, October 1, 2009.

(2) Under the Patient Protection and Affordable Care Act, if there were no requirement, many individuals would wait to purchase health insurance until they needed care. Those individuals would then get the benefit of the lower premiums that are a direct result of the Act's reforms, even though those lower premiums result in part from the fact that other younger and healthier people bought insurance at an earlier point. Higher-risk individuals would be more likely to enroll in coverage, increasing premiums and costs to the government. The Urban Institute, January 2008. The requirement will broaden the private health insurance risk pool to include healthy individuals, which will spread risk, stabilize the market, and lower premiums. Congressional Budget Office, An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act, November 30, 2009. It is necessary to create effective private health insurance markets throughout the country in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

(3) Administrative costs for private health insurance, which were \$90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current individual and small group markets. Congressional Budget Office, December 2008. The requirement is necessary to create effective private health insurance markets throughout the country that do not require underwriting, eliminating its associated administrative costs. By significantly increasing health insurance coverage and the size of purchasing pools, which will increase economies of scale, the requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will significantly reduce administrative costs and lower health insurance premiums.

(4) Health insurance and health care services are a substantial part of the national economy. National health spending is projected to increase from \$2,500,000,000,000, or 17.6 percent of the economy, in 2009 to \$4,700,000,000,000 in 2019. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections, 2008–2018. Private health insurance spending is projected to be \$854,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Centers for Medicare & Medicaid Services, Office of the Actuary. Since most health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

(5) The requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will add more than 30,000,000 consumers to the health insurance market. Congressional Budget Office, Patient Protection and Affordable Care Act, Incorporating the Manager's Amendment, December 19, 2009. In doing so, it will increase the demand for, and the supply of, health care services. According to one estimate, the use of health care

by the currently uninsured could increase by 25 to 60 percent. Congressional Budget Office, December 2008.

(6) Under the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Patient Protection and Affordable Care Act, the Federal Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the health insurance market.

(7) Payments collected from individuals who fail to maintain minimum essential coverage will contribute revenue that will help the Federal government finance a reformed health insurance system that ensures the availability of health insurance to all Americans.

The preceding 7 points cite numerous studies and papers which illustrate the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act, substantially affects interstate commerce. These citations are included as hyperlinks or in their written entirety for the record.

Mr. DREIER. Mr. Speaker, it's nice to see you, but I should say for the record I did enjoy seeing Ms. EDWARDS in the chair more than I am enjoying seeing you here. But it's always good to see you.

The SPEAKER pro tempore (Mr. OBEY). The Chair thanks the gentleman.

Mr. DREIER. With that, I would like to yield 1½ minutes to our very hardworking colleague from Bainbridge Township, Ohio (Mr. LATOURETTE).

Mr. LATOURETTE. I thank the gentleman for yielding.

Mr. Speaker, I served 14 years on the Transportation and Infrastructure Committee and was proud of the wastewater treatment plants that we were able to install in my district. But I have to tell you on a busy Friday night, I saw less sewage go through those facilities than I've heard here this evening.

The President invited people down to this big powwow down at Blair House. It reminded me of my favorite movie, "Braveheart," where the king has all the Scottish nobles down and gonna talk peace, and winds up hanging them all in the barn. The takeaway from that meeting, however, was the President said, These are the things that I agree with you Republicans on.

So it really surprises me to hear my friend from California say that the Republicans didn't want to work together.

One of the things the President said he thought was horrendous were the special deals in this bill. I've heard my friends proudly talk about Florida and Nebraska. Unless I am misunderstanding it, Connecticut, still a hundred million dollars for a hospital; Montana miners are treated differently than everybody else; North Dakota frontier counties get an enhanced physician payment; Massachusetts and Vermont get higher Medicaid reimbursement rates; and Nebraska and

Michigan—I thought the health care insurance companies were evil around here—they don't have to pay the tax. And the pharmaceutical companies, I thought they were bad, but if they're in New Jersey, they get a billion dollars.

Mr. Speaker, I'd like to take the gentleman from California at his word. I want to work together, and I would like to offer an amendment to this bill.

So I would ask the distinguished chairwoman of the Rules Committee if she would yield to me for the purposes of a unanimous consent request so that I could offer an amendment.

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

Mr. DREIER. I yield my friend an additional 15 seconds.

Mr. LATOURETTE. I would ask the gentlelady from New York, would you yield to me for the purposes of a unanimous consent request so I could amend this bill simply by keeping the President's word to remove these special deals.

Ms. SLAUGHTER. I cannot yield for that purpose.

Mr. LATOURETTE. You can't or you won't? Of course you can.

Ms. SLAUGHTER. I cannot.

Mr. LATOURETTE. You will not.

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

Ms. SLAUGHTER. I am happy to yield 3 minutes to the gentleman from South Carolina (Mr. SPRATT).

Mr. SPRATT. I thank the gentlewoman for yielding.

Mr. Speaker, the reconciliation bill before us does more than advance the cause of health care. It makes a landmark investment in education, one that will make college more affordable for millions of students, and all without adding a dime to the deficit.

Under this bill, Federal student loans will now be made through the Direct Loan Program. That means the elimination of \$61 billion in bank subsidies over the next 10 years. This bill then takes that \$61 billion and reinvests \$36 billion out of it in Pell Grants, raising the value of Pell Grants and making college a reality, a possibility, for more than 8 million students.

The bill takes other steps to improve access to college and helps students graduate from college. For example, it includes more than \$2 billion for historically black colleges and universities, and it invests \$2 billion in community colleges which are increasingly important in our economy as well as in our educational system because our economy more and more demands skilled and educated workers. Finally, it helps students after they graduate by lowering the amount they will have to repay.

As we switch to making student loans through the less costly Direct Loan Program, I am pleased to see that this bill doesn't try to fix what ain't broke. It leaves the current Perkins Loan Program by which colleges provide low-interest loans from a revolving

fund to low-income students, and it makes it easier for colleges to pursue public service by canceling loans, the debt incrementally, if they're employed in public service.

Mr. Speaker, a productive economy demands an educated workforce, and this reconciliation bill moves us towards that goal at no additional cost to the American taxpayer and no impact on the deficit. It's a win-win solution.

I urge support for this bill.

Mr. DREIER. Mr. Speaker, at this time, I am happy to yield 2 minutes to the gentleman from Ennis, Texas (Mr. BARTON), the hardworking ranking minority member on the Committee of Energy and Commerce.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. I think it's time for us to take a deep breath, take a timeout and go home and listen, Mr. Speaker. So I asked the Rules Committee this evening to not move this package tonight, but let us go home for the next 2 weeks and then come back week after next or week after 2 weeks and actually fix what needs to be fixed.

I listened when my chairman, Mr. WAXMAN of California, talked about the reconciliation package before us fixes the Nebraska problem. Well, the way they fix it, Mr. Speaker, is by giving every other State the same sweet deal they gave to Nebraska but only for 4 years.

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After 2014, that deal goes away for Nebraska and every other State. I don't think that's much of a fix.

No one on the majority side, Mr. Speaker, has talked about the Medicaid trap. When this fully kicks in in 2014, everybody that's eligible for Medicaid in the country, that is below 133 percent of poverty, has to be in Medicaid and that's their only choice. They cannot be in a private sector plan. And obviously we all know they don't have the option of not taking the coverage.

Some of us think that that may be unconstitutional. Even if it's not unconstitutional, I don't think it's fair to our low-income Americans to say that the only health insurance plan you can have is Medicaid.

We have talked about the preexisting conditions, Mr. Speaker. This bill does require that preexisting conditions be covered. That's a good thing, not a bad thing. But it's not funded. They have only got \$5 billion in this bill for 4 years. That's a little over a billion dollars a year. You can't cover 8 to 10 million Americans that have preexisting conditions and no insurance today for \$1.25 billion a year. I call that the preexisting short sheet.

And, finally, this reconciliation package doesn't do anything to prevent the requirement in the original Senate bill that's now the law that elective funding of abortion be offered in at least one plan in each State. I really

believe if there was an up-or-down vote on that again in this body, that that would be voted down.

Please vote against this reconciliation package rule. Let us go home and listen to our constituents.

"Unorthodox Process": My friend from California Mr. DREIER coined the process and procedure that has been forced upon as "at best, unorthodox." But it doesn't have to be that way, Mr. Speaker. There is no deadline that says we need to push this through tonight. Let's do it right.

Hoping for similar luck to have I had last Saturday when I asked that Rules drop the "deem and pass" scheme and they did, I asked this afternoon in the Rules Committee for an extension on this reconciliation vote until after the two-week recess. We could talk to our constituents, hear their thoughts. We could look for more issues that will need fixing and then fix them. There is no deadline that says we need to push this through tonight. Let's do it right.

The new version of the reconciliation package that we vote on today reflects two relatively minor changes made by the Senate to education program provisions in the bill. We had to strike these provisions because they violated the Byrd Rule that governs budget reconciliation bills in the Senate. But that's the point, Mr. Speaker. We rushed, rushed, rushed and made mistakes. I shudder at the thought of the additional mistakes we'll need to fix as we finally have time to digest this massive law.

My Democrat colleagues insist that the Senate bill is law, signed by the President, and that there should be no more debate on the policy. But just because it received an entirely partisan majority, and just because it was signed by the President, doesn't mean it's good law. This was a partisan process, a partisan bill, with bipartisan opposition.

This Act increases the penalty on individuals who fail to comply with the new requirement to maintain Washington-bureaucrat-approved insurance coverage:

Modifies the individual mandate penalty in three ways: (1) exempts income below the filing threshold from the calculation of the penalty, (2) lowers the flat dollar penalty from \$495 to \$325 in 2015, and from \$750 to \$695 in 2016, and (3) for individuals paying a penalty based on family income, changes the penalty from 0.5% to 1.0% of family income in 2014, from 1.0% to 2.0% of family income in 2015, and from 2.0% to 2.5% of family income for 2016 and later years.

This Act increases the penalty on employers who fail to comply with the new requirement to buy their employees Washington-bureaucrat-approved insurance coverage:

Increases the annual per-employer penalty from \$750 per employee to \$2,000 per employee, and subtracts 30 full-time employees from the penalty calculation (e.g., a firm with 100 employees would have to pay the \$2,000 annual penalty on 70 employees; $(100 - 30) \times \$2,000 = \$140,000$ total annual penalty).

This Act adds even more federal-mandates on all insurance plans:

Makes health insurance more expensive by requiring grandfathered health insurance plans—those in existence today—to (1) eliminate lifetime limits on benefits; (2) restrict annual limits on benefits within six months of enactment; and (3) cover certain married and unmarried adult "children" up to age 26. Group

plans may no longer exclude coverage for a pre-existing condition for any child under 19.

This Act traps 90 million people into Medicaid, a broken welfare program that half of doctors refuse to accept:

Increases federal outlays on the Medicaid program by \$434 billion during 2010–2019, \$48 billion more than the enacted bill. The bill eliminates the “Cornhusker Kickback,” (permanent 100% federal financing for Nebraska’s newly eligible Medicaid populations) but it still includes the “Louisiana Purchase” (increased federal funding for the State of Louisiana) and other special deals for certain states.

Ms. SLAUGHTER. I yield 1 minute to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. Mr. Speaker, it has now been just 2 days since President Obama signed historic health care legislation into law, and it is already evident that the massive effort to frighten and mislead the American people is losing steam. Just since the bill passed, new polls indicate Americans see through the scare tactics and doomsday rhetoric and are growing in their enthusiasm about health care reform.

Had reform been the economic disaster it was portrayed to be, why then did the stock market climb nearly 200 points in the day since the law was enacted? In a town hall meeting I held on Monday, it was evident that my constituents are rejecting the misinformation campaigns that have surrounded our efforts for reform and are instead focusing on what the bill will do for them both in the short term and the long term.

The bill before us today is a huge step towards ensuring that Americans who get sick or injured can focus on their recovery rather than worrying about their coverage. Because of this legislation, my constituents are assured that they are in control of their own health care, not a government agency or a faceless insurance agency representative.

Mr. Speaker, I commend the Senate for acting so quickly on this vital legislation. I urge my colleagues to support this rule and the underlying legislation.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to our hardworking colleague from Indianapolis, Indiana (Mr. BURTON).

Mr. BURTON of Indiana. I thank the gentleman for yielding.

My wife’s a doctor, and she and a lot of her colleagues have been talking, and they have seen these statistics that show that almost half of the doctors say they will leave their practices if this bill becomes law. Now let’s just say that only 10 percent of that is accurate. That would be 5 percent of the doctors.

And with 32 million people that you are adding to the rolls, how in the world can you say that you are going to save a trillion dollars over the next couple of decades? I mean, come on, nobody in America is going to believe that. You are adding 32 million people,

you are going to have fewer doctors, and we are already short on doctors, and the cost is going to go down, and you are going to save money, and you are going to save a trillion dollars. Nobody in America believes it.

And Medicaid, in the State of Indiana, we are going to pick up 500,000 new people on Medicaid, and you are going to shift the burden to Indiana for 500,000 people? It’s going to cost an arm and a leg. We are going to have to raise taxes there. You are going to have to end up raising a lot of taxes here. There is no question about it. You can’t do what you say you are going to do, and the American people know it.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, it has been 2 days since President Obama signed this bill into law. And after all the overheated, over-the-top rhetoric about government takeover, you would expect that the health insurance industry would have collapsed in the wake of that act.

Well, what have we seen from the stock market in the last few days? Aetna’s stock is up, CIGNA’s stock is up, United Health Care stock is flat. The fact of the matter is what we have done is tried to reshape a private health insurance market so that people will have a coherent, understandable benefit that has a minimum level of consumer protection in a provision to make it affordable for working Americans, which will be a healthy, prosperous future for our health insurance industry, which the minority side indicates that that is something that they care about.

All they have to do is look at their own benefits, their own purchasing exchange, which, as Members of Congress, they participate in, with a choice of private health insurance plans, comprehensive benefits, no rescissions, no lifetime limits, no annual limits. That’s what we are giving to the American people, what Members of Congress have. It’s time to move forward and create an end to the days of have and have not.

Mr. DREIER. Mr. Speaker, I yield 1 minute to the gentleman from Athens, Georgia (Mr. BROUN), another one of our very able medical doctors.

Mr. BROUN of Georgia. I thank the gentleman for yielding.

This bill, as well as the underlying bill is a farce, just two big farces. Let me tell you a couple of things that they won’t do and some things that they will do.

The first thing that it will do is it’s going to drive millions of people out of work. Also, besides that, it’s going to drive many doctors out of business, as Mr. BURTON was just talking about. When people have that free health care insurance card issued by the Federal Government in their pocket, it’s going to be about as worthless as the Confederate dollar was after the Civil War because you are not going to find any

doctors who are going to be willing to take the government insurance card.

So access is going to be worse. It’s going to be worse for the people who can least afford it to be, and that’s the poor people in this country as well as senior citizens.

We need to repeal this bill. We need to stop this reconciliation process farce tonight. We need to repeal ObamaCare, and we need to replace it with policy that will create more access, create jobs, which will lower the cost of health care and not be a government takeover of the health care system.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. HALL).

Mr. HALL of New York. I thank the gentlewoman for yielding.

Mr. Speaker, critics are still screaming at the top of their lungs that this health reform is tyranny, an end to private hospitals and doctors, as we just heard, a government takeover of health care. These attacks are drowning out the truth, and I would like to set the record straight.

Nothing in this law, not even that dreaded Washington bureaucrat, will come between you and your doctor. The law does keep insurance company bureaucrats from denying you care. Secondly, we are actually increasing access to private health insurance. In return for those millions of new customers, however, insurance companies must end abusive practices like dropping you when you get sick.

Finally, since this bill has been passed, not one hospital or doctor’s office has been taken over by the government, and I doubt that one will. There is nothing to suggest that that will happen. That is overblown rhetoric, deceptive and wrong. It is time to start telling the truth and stop spreading fear. I urge my colleagues to support the rule and pass the final piece of health reform.

Mr. DREIER. Mr. Speaker, I yield 1 minute to our friend from Goddard, Kansas (Mr. TIAHRT).

Mr. TIAHRT. I thank the gentleman for yielding.

Mr. Speaker, this rule should be withdrawn. The Senate bill is now law, and it’s the greatest intrusion into our private lives that we have seen under this Congress. It’s going to hurt our economy, it’s going to cost us jobs. Plus, there are special provisions within the bill that’s been signed into law that should have been corrected in the reconciliation bill, but this rule fails to address those corrections that need to be taken.

The Louisiana purchase is still law today. It should have been corrected. The University of Connecticut hospital that received the earmark should have been corrected by this underlying legislation. The Hawaiian disproportionate share hospital program is exempt from cuts. Other States aren’t.

Tennessee is also exempt from the DSH. The frontier funding in counties in some rural areas is exempt and

other rural areas are not. Montana received special benefits for asbestos, those workers who were exposed to asbestos. What about the other 49 States?

Connecticut and Michigan have got a handful of hospitals that are going to get higher Medicare payments because of the legislation, and this rule fails to address it and change the underlying bill so that we can correct these improper measures.

So I would request that we withdraw the rule and get a proper bill before us. Ms. SLAUGHTER. Mr. Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore. The gentlewoman from New York has 5½ minutes remaining, and the gentleman from California has 6½ minutes remaining.

Ms. SLAUGHTER. I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, may I inquire of my friend how many speakers she has remaining?

Ms. SLAUGHTER. Yes, I have three. Mr. DREIER. We don't have that many.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. HINOJOSA).

Mr. HINOJOSA. Mr. Speaker, I rise today in support of this rule and the underlying legislation on health and higher education. I thank my colleagues in the Senate for their courage in passing this historic legislation this afternoon by making the single largest investment in financial aid in history.

Our Nation is taking bold steps to ensure accessibility and affordability in higher education for years to come and lead us to prosperity, more affordable student loans, and investments of \$36 billion in Pell Grants, scholarships which will help students and families pay for college. I am proud that the investments of \$2 billion in community colleges and \$2.55 billion in minority-serving institutions will move us closer to building a world-class higher education system for all students.

Over the next 10 years, it is estimated that Texas will receive at least \$2.4 billion in Pell Grants and a total of at least \$2.8 billion from the higher education programs funded in this reconciliation package.

HBCUs and HSIs such as the University of Texas-Pan American, South Texas College, and Texas Southern University will greatly benefit from this legislation.

This Federal funding will prepare a new generation of minority scientists, mathematicians, and innovators in Texas and across our Nation.

I urge my colleagues to vote in favor of the rule and the underlying bill.

Mr. DREIER. Mr. Speaker, at this time I yield 3 minutes to my very good friend, another medical doctor who is with us here, the gentleman from Lewisville, Texas (Mr. BURGESS).

Mr. BURGESS. I thank the gentleman for the recognition.

You know, it's ironic, isn't it? Two days ago a bill was signed that is going

to fundamentally change the way health care is delivered in this country for the next three generations, and 48 hours later we are back on the floor of this House trying to fix the problems in this bill because, Mr. Speaker, we all know when the Senate passed this bill Christmas Eve, they didn't intend for this bill to become law. This was never the vehicle that was intended to be passed through this House.

This was a bill that was passed to get the Senate out of town before a snowstorm on Christmas Eve. They always planned to come back and fix it in conference, but because of an election in Massachusetts those plans went by the wayside.

The Speaker of the House said in January, I don't have a hundred Members who will vote for this bill and yet, somehow, the line being the shortest distance between two points, we ended up passing this bill on Sunday night when we hoped, we hoped the American people were not looking at us.

But we did pass it, and now we have got to come back tonight and fix the problems. We will be back next week. We will be back the week after that. This bill is going to require significant fixes, probably for the remainder of my lifetime on this Earth. This was probably the worst product we could have put out there for the American people.

And what about the insurance companies, their stock prices going up? Of course they went up. They got everything they wanted. What did they want when this year started? They wanted an individual mandate and no public option.

Guess what, ladies and gentlemen, that's exactly what they got. Who is standing on the side of the insurance companies? Who is standing on the side of the people? I think you have got that wrong.

What about PhRMA? They got everything they want. Yeah, you can close the doughnut hole but you have got to buy brand-name drugs, and, oh, yeah, you can't import drugs from overseas.

□ 1945

They got exactly what they want and their stock prices have gone up this week. Let's not kid ourselves about who is fooling who here.

I have asked for the White House to give me information on these special deals that were cut down at the White House, but we can't get that information. We get copies of press releases; we get copies of Web pages. The White House has no interest in being transparent in this process because they have so much to hide about this bill. This is a bad bill for America, it's a bad bill for medicine, it's a bad bill for patients. We should do the right thing, come back and try to fix these problems in a real way.

And don't tell me Republicans didn't try, weren't there to help. I reached out my hand to the transition team and got it slapped. I reached out my hand to my committee chairman and

got it slapped. We were there and ready to work, but you weren't interested in working with us.

What was the bipartisan nature of this bill? We'll throw it over the transom on July 15. Read it quick, because we've got a markup in full committee the next day.

This bill was never intended to pass this House. The Senate passed this bill as a last-ditch effort on Christmas Eve to get out of town. And what have we done? What have we done? We delivered this bill as the law of the land to the American people, and they are correctly outraged by what they see.

You know, you had some experience back in 1988 or 1989; you passed a very bad catastrophic care bill. Seniors across this country said this will not stand. The former chairman of the Ways and Means got run out of his town hall. And we had to repeal that bill. I think we should follow that same trajectory here.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, I have good news, and I thank the gentlewoman from New York. While my colleagues are talking about process, which has been approved by our Parliamentarians, and while profanity reigns on our phones, we are saving lives: 45,000 who have died every year because they have not had insurance.

No doctors' offices have closed. The hospitals are open. And the attorney generals are filing frivolous lawsuits, because if they would look at what the bill stands for and the present bill, they will know that the seniors' doughnut hole will be closed, that the special deals have been taken out, that community health centers that will allow you to come out of your house, walk down the street, and go to a physician's office is expanded by \$11 billion.

They will understand that Medicaid has been expanded and right now individuals, 133 percent or 400 percent of poverty, can actually go and see a doctor. Maybe the mother who has insurance that only covers the emergency rooms can now get her children preventative care. Vote for this reconciliation bill to save lives.

Mr. DREIER. Mr. Speaker, may I inquire how much time is remaining on each side.

The SPEAKER pro tempore. Both sides have 3½ minutes remaining.

Mr. DREIER. May I inquire of the distinguished Chair of the Committee on Rules how many speakers she has remaining.

Ms. SLAUGHTER. I have one more speaker.

Mr. DREIER. And then you plan to close?

Ms. SLAUGHTER. As soon as you have.

Mr. DREIER. So then no more speakers other than your close. Is that it?

Ms. SLAUGHTER. I have one more speaker, then I hope that you will close and then I will close.

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

Ms. SLAUGHTER. I am pleased to yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. I thank the Speaker. I thank the gentlelady.

The American people very clearly want bipartisanship, but equally clearly they don't want paralysis. They have had 40 years of talk about solving this problem, and now they want it solved.

At the Blair House summit, the minority said it would be a good idea to have new ways to cut back on fraud and abuse in Medicare, so it's in the law the President signed on Monday and in this underlying bill as well.

The minority said that they would like a way for small businesses to pool together and make it easier to buy health insurance, so it's in the law the President signed on Tuesday and it's in the bill tonight.

The minority said that they would like to find a way that people could buy insurance across State lines, so the bill tonight says that the exchanges that are created can be regional across State lines so people can buy and sell that way.

The minority said they would like to see a way to cut back on nuisance lawsuits, so it's in the bill the President signed on Tuesday.

There are many good ideas from both sides in this bill and on the law signed on Tuesday, but the best idea is to finally act. After 40 years of promises, 40 years of politics, 40 years of paralysis, 40 years of inaction, isn't it time that people can't get turned away because they have preexisting conditions? Isn't it time that hardworking Americans can afford health insurance? Isn't it time that seniors can finally get the prescription drug coverage?

The question tonight is, Whose time is it? It's time for the working families and seniors of America. It is time to end the paralysis, end the politics and vote "yes."

Ms. SLAUGHTER. I did misspeak. Mr. RANGEL has come in, and I would like to give him 1½ minutes.

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

Ms. SLAUGHTER. Let me yield 1 minute to Mr. RANGEL, the gentleman from New York.

Mr. RANGEL. Thank you, Madam Chairperson. And on this historic occasion, I guess those of us who have served so long in the Congress hope and prayed that this day, this night will come. And, of course, a lot of us are concerned how we will be remembered. When you reach my age, that seems to be a little more important.

And on this bill, when you just talk about health care and health reform, it seems to me that now is an opportunity even for those who fought this concept over the years and fought all

the concepts such as Medicare and Social Security, to think about how they would like to be remembered. And I hope that that memory would be that even though the bill was not as perfect as they would want it to be, that they did vote for health reform, because that means Congresses that follow us, the same way we followed those that created Social Security, those that created Medicare, will have the opportunity to improve upon it.

So we are not saying that this is the best legislation ever. We are saying this is the best and only opportunity that we have now.

So I do hope that when the final vote is taken, that we will have it as a bipartisan vote.

Mr. DREIER. Mr. Speaker, now may I inquire of the distinguished Chair of the Committee on Rules if she has three or four more speakers? I don't know, Mr. Speaker, if the distinguished Chair on the Committee on Rules has anymore speakers.

Ms. SLAUGHTER. I have no further speakers.

Mr. DREIER. I just wanted to clarify that.

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

The SPEAKER pro tempore. The gentleman is recognized for 3½ minutes.

Mr. DREIER. Mr. Speaker, I am going to close the debate as I had begun, by denouncing the charges and smears that we have seen over the past several weeks. Tragically, those of us who serve as Members of Congress for years have dealt with that. It is unacceptable and outrageous, and we all join together in decrying the things that we have seen.

Mr. Speaker, there is a high level of frustration over the process through which we have gone, and there is an understandable outrage from people all across this country for the final work product that we have.

The process has been, at very best—I am trying to be generous—unorthodox. The notion of utilizing reconciliation, which is designed to reconcile budget discrepancies, for this, is not the right thing to do. And it has never, ever, since passage of the 1974 Budget Entitlement Act, been used for such a monumental piece of legislation.

We have tried desperately to work in a bipartisan way, and everyone talks about this. But, Mr. Speaker, we have reached out, as Mr. BURGESS said, time and time again, and we have been rebuffed. The only thing bipartisan about this legislation and the vote that we will see tonight, Mr. Speaker, is not the support for it but the opposition to it.

Our colleagues on the other side of the aisle have a 70-seat majority, and yet many of their Members will be joining us, as they did last Sunday night, in opposing this. Why? Because they know that this is badly flawed legislation. It's badly flawed legislation, because, as we listened to so many medical doctors point out, we are

told that you can choose your own doctor. We constantly hear that refrain from the President and others. But the question is, With the decrease in the numbers of doctors out there, will your doctor choose you?

And then, Mr. Speaker, we get to the question of, Will we or will we not be able to pay for this? Well, \$1 trillion, 569.2 billion in tax increases, and tremendous uncertainty is not going to adequately address the challenges that we have.

We all want to ensure that no one is denied access to health care because of preexisting conditions. We can do that in a bipartisan way. But, Mr. Speaker, unfortunately, this bill doesn't do that.

There are people out there who today believe that they will not be denied access to insurance because of preexisting conditions. But, guess what? Because this bill was so poorly put together, right now they are denied access. We want to make sure, and we are happy to work in a bipartisan way, to address that concern.

As we look at the fact that we are back here tonight because of those two amendments that were problems in the Senate, the fact that we already have announced problems with the goal of ensuring that everyone has access, is not denied access because of preexisting conditions, and when we look at the challenges that have been put forward time and time again, we simply ask our colleagues: When we work to clean this up, Mr. Speaker, I hope very much we will be able to work in a bipartisan way.

I urge a "no" vote.

The SPEAKER pro tempore. The gentleman's time is expired.

The gentlewoman from New York (Ms. SLAUGHTER) is recognized for 30 seconds.

Ms. SLAUGHTER. Mr. Speaker, let me just remind us that we have been all this time debating about three lines in the bill. If you want to take the nastiness out of the Senate bill, this is the bill you have to vote for.

I ask a "yes" vote from all my colleagues on both the previous question and on the rule.

I move the previous question and the resolution.

The previous question was ordered.

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

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

Mr. DREIER. 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 225, nays 199, not voting 5, as follows:

[Roll No. 193]

YEAS—225

Ackerman	Bean	Bishop (GA)
Andrews	Becerra	Bishop (NY)
Baca	Berkley	Blumenauer
Baird	Berman	Bocieri
Baldwin	Berry	Boswell

Boyd Hinojosa
 Brady (PA) Hirono
 Braley (IA) Hodes
 Brown, Corrine Holt
 Butterfield Honda
 Capps Hoyer
 Capuano Insee
 Cardoza Israel
 Carnahan Jackson (IL)
 Carney Jackson Lee
 Carson (IN) (TX)
 Castor (FL) Johnson (GA)
 Chu Johnson, E. B.
 Clarke Kagen
 Clay Kanjorski
 Cleaver Kaptur
 Clyburn Kennedy
 Cohen Kildee
 Connolly (VA) Kilpatrick (MI)
 Conyers Kilroy
 Cooper Kind
 Costa Kirkpatrick (AZ)
 Costello Kissell
 Courtney Klein (FL)
 Crowley Kosmas
 Cuellar Kucinich
 Cummings Langevin
 Dahlkemper Larsen (WA)
 Davis (CA) Larson (CT)
 Davis (IL) Lee (CA)
 DeFazio Levin
 DeGette Lewis (GA)
 Delahunt Lipinski
 DeLauro Loeb
 Dicks Lofgren, Zoe
 Dingell Lowey
 Doggett Luján
 Donnelly (IN) Lynch
 Doyle Maffei
 Driehaus Maloney
 Edwards (MD) Markey (CO)
 Ellison Markey (MA)
 Ellsworth Matsui
 Engel McCarthy (NY)
 Eshoo McCollum
 Etheridge McDermott
 Farr McGovern
 Fattah McMahan
 Filner McNerney
 Foster Meek (FL)
 Frank (MA) Meeks (NY)
 Fudge Michaud
 Garamendi Miller (NC)
 Giffords Miller, George
 Gonzalez Mollohan
 Gordon (TN) Moore (KS)
 Grayson Moore (WI)
 Green, Al Moran (VA)
 Green, Gene Murphy (CT)
 Grijalva Murphy (NY)
 Gutierrez Murphy, Patrick
 Hall (NY) Nadler (NY)
 Halvorson Napolitano
 Hare Neal (MA)
 Harman Oberstar
 Hastings (FL) Obey
 Heinrich Olver
 Higgins Ortiz
 Hill Owens
 Himes Pallone
 Hinchey Pascrell

NAYS—199

Aderholt Bright
 Adler (NJ) Brown (GA)
 Akin Brown (SC)
 Alexander Brown-Waite,
 Altmire Ginny
 Arcuri Buchanan
 Austria Burgess
 Bachmann Burton (IN)
 Bachus Calvert
 Barrett (SC) Camp
 Barrow Campbell
 Bartlett Cantor
 Barton (TX) Cao
 Biggert Capito
 Bilbray Carter
 Bilirakis Cassidy
 Bishop (UT) Castle
 Blackburn Chaffetz
 Blunt Chandler
 Boehner Childers
 Bonner Coble
 Bono Mack Coffman (CO)
 Boozman Cole
 Boren Conaway
 Boucher Crenshaw
 Boustany Culberson

Pastor (AZ) Griffith
 Payne Guthrie
 Perlmutter Hall (TX)
 Perriello Harper
 Peters Hastings (WA)
 Peterson Heller
 Pingree (ME) Hensarling
 Polis (CO) Herger
 Pomeroy Herseth Sandlin
 Price (NC) Hoekstra
 Quigley Holden
 Rahall Hunter
 Rangel Inglis
 Reyes Issa
 Richardson Jenkins
 Rodriguez Johnson (IL)
 Rothman (NJ) Johnson, Sam
 Roybal-Allard Jones
 Ruppertsberger Jordan (OH)
 Rush King (IA)
 Ryan (OH) King (NY)
 Salazar Kingston
 Sánchez, Linda Kirk
 T. Kline (MN)
 Sanchez, Loretta Kratovil
 Sarbanes Lamborn
 Schakowsky Lance
 Schauer Latham
 Schiff LaTourette
 Schrader Latta
 Schwartz Lee (NY)
 Scott (GA) Lewis (CA)
 Scott (VA) Linder
 Serrano LoBiondo
 Sestak Lucas
 Shea-Porter Luetkemeyer
 Sherman Lummis
 Sires Lungren, Daniel
 E. E.
 Mack
 Manzullo
 Marchant

Marshall
 Matheson
 McCarthy (CA)
 McCaul
 McClintock
 McCotter
 McHenry
 McIntyre
 McKeon
 McMorris
 Rodgers
 Melancon
 Mica
 Miller (FL)
 Miller (MI)
 Miller, Gary
 Minnick
 Mitchell
 Moran (KS)
 Murphy, Tim
 Myrick
 Neugebauer
 Nunes
 Olson
 Paul
 Paulsen
 Pence
 Petri
 Pitts
 Platts
 Poe (TX)
 Posey
 Price (GA)
 Putnam
 Radanovich
 Rehberg
 Roe (TN)
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher

Rooney
 Ros-Lehtinen
 Roskam
 Ross
 Royce
 Ryan (WI)
 Scalise
 Schmidt
 Schock
 Sensenbrenner
 Sessions
 Shadegg
 Shimkus
 Shuler
 Shuster
 Simpson
 Skelton
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Souder
 Stearns
 Sullivan
 Taylor
 Terry
 Thompson (PA)
 Thornberry
 Tiahrt
 Tiberi
 Turner
 Upton
 Walden
 Wamp
 Westmoreland
 Whitfield
 Wilson (SC)
 Wittman
 Wolf
 Young (AK)
 Young (FL)

NOT VOTING—5

Brady (TX) Davis (AL)
 Buyer Reichert

□ 2023

Mr. ALTMIRE changed his vote from “yea” to “nay.”

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. SPACE. Mr. Speaker, during the recorded vote on H. Res. 1255, a resolution providing for the consideration of Senate amendments to the bill (H.R. 4872), I attempted to cast a vote in opposition. Due to a malfunction of my voting card, my vote was not recorded. I wish to express that my intention was to vote in opposition to the resolution.

HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Mr. GEORGE MILLER of California. Mr. Speaker, pursuant to House Resolution 1225, I call up the bill (H.R. 4872) to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), with the Senate amendments thereto, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. CAPUANO). The Clerk will designate the Senate amendments.

The text of the Senate amendments is as follows:

Senate amendments:

On page 118, strike lines 15 through 25 (and redesignate subsequent subsections accordingly).

On page 120, strike lines 3 through 5.

MOTION TO CONCUR

Mr. GEORGE MILLER of California. Mr. Speaker, I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Motion offered by Mr. GEORGE MILLER of California:

Mr. George Miller of California moves that the House concur in the Senate amendments.

The SPEAKER pro tempore. Pursuant to House Resolution 1225, the motion shall be debatable for 10 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor.

The gentleman from California (Mr. GEORGE MILLER) and the gentleman from Minnesota (Mr. KLINE) each will control 5 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. GEORGE MILLER of California. 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 on H.R. 4872.

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

There was no objection.

Mr. GEORGE MILLER of California. Mr. Speaker, at this time I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, I thank my chairman for yielding.

When you take your son or daughter to the emergency room, and you're sitting and waiting in the emergency room, you have a lump in your throat, and you're hoping and praying that when the doctor comes back, the news will be that it's just food poisoning and not a malignancy in your son or daughter's stomach. For many Americans, that joyous moment is followed by another lump in their throat, because even though you've got the joyous news that your child is okay, you can't pay her bill because you have no health insurance. And so many of those Americans for so very long, since the days of Theodore Roosevelt, have looked for the answer. What the President signed on Tuesday and what we do tonight will finally give them that answer.

We will finally say that Americans who wait on tables and pump gas and clean our offices at night will finally have the ability to go home and not only thank God for the fact that their child is better but be thankful for the fact that they live in this country where every American finally has affordable access to health insurance. That is our mission here tonight. Vote “yes.”

Mr. GEORGE MILLER of California. I reserve the balance of my time.

Mr. KLINE of Minnesota. Mr. Speaker, at this time I yield myself 2 minutes.