

□ 1800

HEALTH CARE AND THE DEFICIT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Vermont (Mr. WELCH) is recognized for 30 minutes.

Mr. WELCH. Thank you, Mr. Speaker, and welcome. I want to also thank the gentleman from New Mexico and welcome him back. Your comments about trying to work together and bipartisanship, that all makes an awful lot of sense to me and I hope to all of us. But welcome back, sir.

We are going to have an opportunity, Mr. Speaker, to use this Special Order half-hour to talk about health care and also about the deficit. We do want to be bipartisan, but we also want to be real. Our job, as you know, is to legislate, and we will be judged by our actions, by our deeds, more than by our rhetoric.

Let me just say that the aspirations that have been enunciated by many of our Republican leaders are ones I quite admire; an open and transparent Congress, more open rules, fiscal discipline, things that are absolutely, fundamentally important to this country, and the question now is whether there is going to be a follow-through on those stated goals. The best way to start looking at it is what is going on with the health care bill, and the decision of the leadership is to repeal health care.

Now, that is a very radical decision, because as much as there are legitimate issues, many legitimate issues about that health care bill, a wholesale repeal as a policy is going to do real damage to real families in this country, in every district in this country, and it is also going to immediately increase the deficit by \$230 billion.

As is known, that is not the opinion of a Democrat or Republican; that is the conclusion of the impartial arbiter, the Congressional Budget Office. So if we are dedicated to fiscal discipline, if we have got to bring down spending, how can we have as our first act as a Congress passing a bill that the Congressional Budget Office says will increase the deficit by \$230 billion? It doesn't add up, obviously.

I am going to pause here because I have some of my colleagues who are going to be called to other locations. I want to start, if I could, with the gentleman from Colorado, Mr. PERLMUTTER.

Mr. PERLMUTTER. I thank my friend from Vermont.

I want to piggyback on something that you just said. I hope that we can and we will work with the Republican majority on a lot of issues to get people back to work in America, to stop outsourcing jobs to other countries, to stop importing oil at tremendous price to this country so that money continues to flow away from the U.S. instead of into the U.S. I want to work with them on those kinds of things.

But what I am concerned about is something you just mentioned. The ideology and the radical approach that they are taking to repeal something that was put into place over the last 2 years but has been needed by this country for decades is something that I will fight. Ideological, radical extreme positions are not what the American people want. They want practical, solid solutions where people are treated fairly and equally.

In the health legislation, the Affordable Health Care Act that we passed, the guts of that legislation is about treating people equally. What I mean by that is we stop discriminating against people with preexisting conditions. They are now free from that kind of discrimination. That is so important.

We talked a lot today about the Constitution. Well, prior to the Constitution we had the Declaration of Independence, and the Declaration of Independence starts off, "We hold these truths to be self-evident, that all men are created equal." It probably should have added "women" at that point, but back then it was "all men are created equal."

That is carried forward in the 14th Amendment to the Constitution, and I have prepared a chart of this, of the language, which says no State shall deny to any person within its jurisdiction the equal protection of the laws.

People with prior illnesses, with physical conditions, have been discriminated against because of those conditions and illnesses. That is wrong, it is immoral, and in my opinion it is unconstitutional.

In my district, I was standing at a gas station. A guy comes up to me and he says, You all have to pass that legislation. My daughter has Crohn's disease. I am in a roofing company. I want to start my own roofing company, but because she has this disease, I have to stay here. Otherwise, she will be uninsurable because of her prior condition, and I am stuck in that job.

Well, this bill, the heart of this bill is to give freedom from that kind of discrimination against her prior illness, freedom to that roofer so he can go start his business. That is at the heart of the American way.

In my own situation, I have a daughter with epilepsy. She didn't ask to have epilepsy; that is just part of her makeup. But because of the epilepsy, she is uninsurable, unless she is part of some big group policy.

So in the Affordable Health Care Act, we have done away with that kind of discrimination. We have freed people from that kind of discrimination. The Republican majority, ideologically, radically driven, wants to take that freedom away, and I will fight that today, tomorrow, and next week.

With that, I yield back to my friend from Vermont.

Mr. WELCH. I welcome the gentleman from Maryland, Congresswoman EDWARDS.

Ms. EDWARDS. I thank the gentleman. I am so pleased to be here again. I have been here in the House on this floor for the last hour and a half because I feel passionately, as we all do, about health care. There is not one among us, either personally, as the gentleman from Colorado has expressed, or one of our constituents, who doesn't have a health care story to share.

So I thought that I would actually share with you a story today, Mr. Speaker, from a constituent of mine who lives in the Fourth Congressional District in Maryland. She writes to me that her daughter graduated from college in 2008 and lost coverage under my—this is from her—my health insurance.

She got a job in August 2008 that provided her with health insurance coverage. When she lost that job in June 2009, as millions of Americans have lost their jobs, she was eligible for COBRA, the continuation of her health care. Mr. Speaker, she writes that the COBRA subsidy made it possible for her to continue with that insurance. But then when that subsidy ended in September of 2010, they had to make a family decision, she says, to continue to pay for her COBRA coverage until the end of 2010 when it expired. It was an affordability question.

She continues on: We knew she would become eligible for my insurance at the start of the plan year in January 2011.

And why is that? Because under the Affordable Care Act, she would be able to cover her daughter for her health insurance and would no longer have to COBRA that care.

She continues on: The unsubsidized COBRA premium was over \$400 a month, actually closer to \$500 a month, and it is going to cost me only \$60 to \$70 to add my daughter, now 24, to my employer plan. And some of her doctors who were not in the network under her COBRA plan are in network for my plan, meaning we will not have to pay for their full cost of out-of-pocket costs.

Vicki—I won't say her last name—says to me: I am in the sandwich generation and help with the care of my stepmother who lives in Florida. She falls into the part D prescription doughnut hole every year, so now on January 1 her costs will be reduced because of the health reform legislation as well.

Mr. Speaker, what I am saying to you and what we say to the American people today is that this isn't about numbers and statistics; it is about real people like Vicki and her daughter and her stepmother that she cares for. It is about real people who, in their lives, work every single day or are trying to find work and they don't have health care coverage.

We cannot repeal the Affordable Care Act, because that would be like throwing ice water on the American people.

With that, I yield back.

□ 1810

Mr. WELCH. I want to talk about this question of will promises made be promises kept. It was the recurring question that was asked by our colleagues on the other side of the aisle when we were in the majority. Sometimes it may be uncomfortable because it's a legitimate question. And we have had to be judged according to our deeds and whether they matched our promises.

But there's this rules process under way on this health care bill. There are three issues that have come up. Number one, the fiscal issue. The Congressional Budget Office has said that this legislation will increase the deficit by \$230 billion. And the Congressional Budget Office is the neutral arbiter. And we either—both sides—go by the CBO estimates, or we just say we're going to play this game without a referee and we're going to make up whatever numbers suit our political agenda. That is absolutely wrong. We cannot afford to add \$230 billion to the deficit. My colleagues on the Republican side agree with us on the Democratic side that we cannot do that. It's irresponsible to do it. And this legislation that repeals health care will add \$230 billion to the deficit.

Secondly, there's this question of the open process. As the Member from Maryland said, if we're going to have an open process, there has to be an opportunity for you, for the Member of Colorado, for every Member to offer their amendments, yes-or-no, on whether we can continue protection to folks whether they have a preexisting condition or not.

Right now, the law is if you have cancer, you can go out and buy insurance. Right now, the law is if you have a son or daughter getting out of college or getting out of high school, going into the labor force, they can stay on your policy. Right now, the law is if you have a mom or dad who's on Medicare and you're trying to get preventive care, they can get it for free. Right now, the law is that if you have diabetes or you have cancer, you have a serious long-term medical condition, there's no lifetime cap to cover the medical care that you need.

The repeal legislation would take away from every single American who now enjoys those insurance protections. It would take it away from them suddenly, abruptly, and with nothing to replace it. That's not right.

Now, this is real, by the way. Congresswoman EDWARDS gave a couple of stories—and we all have them in all of the districts, including those who are advocating for repeal. I spoke to Donna Watts who's from Plainfield, Vermont. She works in Burlington, Vermont, with 20 other employees. Four of those people that she works with, along with her, now have their children on their health care policies. Her son got out of high school, got a \$10-an-hour job that came without health care, as most entry-level jobs do.

And the worst happened. He had a car crash: \$20,000 in medical bills. Those are still largely unpaid—and this family takes seriously their obligation to pay their bills. They didn't have insurance. With the passage of the legislation last year on health care reform, Donna Watts was able to put her son, still uninsured, on her insurance. And she is asking me, PETER, does this really mean if we repeal health care that my son loses insurance? And the answer is: Yes. That's not right. We do not need to do this.

And it raises the other question, if this has not got a political agenda attached to it, we have gone from a campaign to governing. And the majority did a great job in the campaign and beat us up pretty good and have the majority now. But with that, of course, comes the responsibility of governing in a responsible way. If you're acting responsibly when you see a problem, you fix it. You don't abolish everything. You don't abolish a banking system in order to correct the problems in the financial world. You don't abolish all of the good things in this health care bill to deal with the things that need to be addressed.

So this is a very, very serious decision that's being made. It's going to be a template for the future of this 112th Congress. Are we going to actually deal with fiscal discipline even when that's inconvenient with our political agenda? The answer to that for the American people has to be: Yes. Are we going to protect the progress that we have made that benefits all of our constituents when it comes to these insurance reforms, and are we going to have an open process in this body so that those of us who have a different point of view are going to have an opportunity for an up-or-down vote?

By the way, that's not about giving us the opportunity to present our amendments. That's about letting our constituents know where we stand. Because at the end of the day that's the only basis upon which they can decide whether to send us back here or send us packing.

At this time I would like to recognize the gentleman from North Carolina, Representative PRICE.

Mr. PRICE of North Carolina. I thank the gentleman for yielding and also for engaging in this dialogue with other Members about the challenge that we're facing to reduce this country's deficit spending and reduce the accumulating debt and at the same time to make certain that quality, affordable health care are available to all of our citizens.

As the gentleman has pointed out very, very ably, those two challenges are intricately related. In fact, one of the main reasons for supporting health insurance reform is because we simply must reduce our deficit spending and must reduce this country's debt. One of the main contributors to our country's escalating debt is the kind of increasing of health care costs that we have

seen in recent years. It's one of the greatest threats to families, to businesses, to the overall economy. Health care has become the fastest growing component of the Federal budget, as the gentleman well knows. Last year, health care accounted for 17 percent of GDP. That's more than twice the average of other developed nations.

Now, the Patient Protection and Affordable Care Act corrects the failures of the current system without compromising the many strengths that we know that it has. And so it's very disconcerting here in this first week of the new Congress to see our Republican colleagues not only going after the protections in the health care law, but also almost immediately abandoning their commitment to fiscal discipline.

Now, the figures that I saw this morning show that the Congressional Budget Office, the nonpartisan arbiter of budgets decisions for this body, the Congressional Budget Office has said that the repeal of health insurance reform as proposed by the Republicans would cost the Federal budget \$230 billion over the next 10 years. That's a revised estimate, I understand—even greater than was earlier thought. That is an astounding figure.

Our Republican friends have made a big show out of their commitment to deficit reduction, but they have made an exception. They have clearly made an exception for the repeal of health insurance reform. So not only is this bad health care; not only would it, for example, say to families who only now are being able to insure their children with preexisting conditions, No, we're going to go back to the old way where the insurance companies can deny coverage to your children. What about those families that now are able to include their 24-, 25-year-olds on their families' policies? No, they're saying go back to the old way where that wasn't possible. What about our Medicare recipients who finally are going to get some relief from these uncovered drug expenses, the so-called doughnut hole? They're saying, Oh, no, you're going to have to once again pay those full expenses.

So it's certainly bad policy in terms of health care. But then, to add insult to injury, adding \$230 billion to this country's debt burden over the next 10 years, and to do that without batting an eye, without any kind of recognition that this has an impact on the budget deficit, that's just almost unbelievable that the Republicans would be so audacious as to propose this in the first week of a new Congress.

And then to add another insult to injury, they're violating their very own pledge of openness in the way this is going to be considered. I'm sure this gentleman has been watching, as I have, the Rules Committee all day today. It's astounding. Yesterday, there was this commitment to open rules, to open debate, to the offering of amendments. Today, they're saying, We're going to shut it down. It's an up-

or-down vote. Maybe we'll get around later to some of these other questions, some of the repair aspect of repeal and repair, but right now we're just going to repeal it and let the chips fall.

□ 1820

That is horrible procedure. It's a shutting down of this Congress before we even start. It's horrible budget policy. It's horrible health policy. It's a very, very bad way to start this Congress.

I appreciate the gentleman for calling us together tonight to talk about this, because we need to talk about it. We need to think about it. We need to fight it in every way we can.

Mr. WELCH. Thank you very much, Mr. PRICE.

I recognize the gentleman again from Colorado.

Mr. PERLMUTTER. Well, I'd say to my friend from North Carolina that he was talking about the fact that seniors will see this doughnut hole, their prescription drug prices go back up, the costs go back up; but even, I think, more worrisome than that is the fact that, under the Affordable Care Act, those same seniors receive \$250.

In my district in Colorado, the suburbs of Denver, 31,000 seniors received this past fall \$250 in assistance to payments of their prescription drugs. Even with that, we still save the \$230 billion that you were talking about. Yet, when the Republicans repeal this in kind of an "all or nothing" situation, do those seniors have to pay that \$250 back, each of them? I don't know. I think they ought to be worried about that, and that's why this is such an extreme measure.

They are taking away freedoms that belong to the people, that belong to Americans. They are doing it in a radical and ideological way. When they said during the campaign, you know, Let's put people back to work, and let's not spend too much money, they're spending more. They're taking away freedoms, and I am concerned that those seniors are going to have to pay that \$250 back, per senior. The seniors should be concerned as well.

This is a radical act, Mr. Speaker and Mr. PRICE. We have got to fight it. I hate fighting these battles right out of the box, but if they're going to take these kinds of radical positions, we have no choice.

With that, I would yield to my friend from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Thank you. I appreciate the gentleman's courtesy for permitting me to speak just as I appreciate my colleagues coming to the floor to spotlight something that each and every American needs to be deeply concerned about.

I listened, for example, for the last 4 years, as a member of the Budget Committee, to my dear friend and colleague Mr. RYAN talk about the skyrocketing problem of escalating entitlement under Medicare. Absolutely right. There are 79 million of the geezer baby

boomers like me who are going to start collecting Medicare—10,000 a day starting this week and continuing for 19 years—and because of the development of more improvements in health care, not only are there more of us, but we are going to want more complex and expensive care.

My Republican friends were talking about an entitlement crisis. The irony was—and we all heard it on the campaign trail—they talked about slashing Medicare, which they want to repeal starting next week. A great deal of irony. As the independent scorekeeper—the Congressional Budget Office—has pointed out and as you have repeated on the House floor, the legislation will, in fact, save several hundred billion dollars. More important than that, it puts in place reforms that will further reduce entitlement spending.

I know my good friend from Vermont is well familiar with the Dartmouth Atlas in dealing with health care disparities around the country. I come from a part of the country where one of the problems we have is that Medicare needs to be reformed, which is what we started in this legislation. They're relatively modest steps, but they're going to save a couple hundred billion dollars. We need to do more. Rather than repealing these reforms, like stopping unnecessary hospital re-admissions—just that item costs over \$12 billion a year—these reforms could enable us to bend the cost curve. If everybody practiced medicine the way it's practiced in metropolitan Portland, Oregon, which is half the price of McAllen, Texas, or Miami, Florida, there wouldn't be an entitlement crisis for decades to come.

I appreciate my colleagues focusing on the hypocrisy and on the recklessness of trying to repeal health care reform that makes a difference for 32 million uninsured Americans and that provides more benefit for the seniors with their prescription drugs. Most important and under-appreciated is that it would reform Medicare so that, instead of driving us off a cliff over the next 20 years, it would, in fact, help us change how medicine is practiced to provide incentives for value, medical value, rather than just volume.

Mr. WELCH. Thank you, the gentleman from Oregon.

Mr. Speaker, may I inquire as to how much time I have?

The SPEAKER pro tempore. The gentleman has 3 minutes remaining.

Mr. WELCH. All right. Let me just ask the gentleman from North Carolina. Would you like to make any closing remarks and then yield to the gentleman from Colorado?

Mr. PRICE of North Carolina. I thank the gentleman.

I would like to just underscore what our colleague from Oregon has just said.

There is so much concern, obviously—and for good reason—about the future of Medicare. The most conservative estimate I have seen is that

health care reform extends the fiscal solvency of Medicare by 8 years, and some estimates are much more than that. So to simply throw that overboard as well as to talk about this doughnut hole—these thousands of dollars that senior citizens are paying full freight on for medicines they simply must have—and this gap in coverage is ridiculous, and we are finally fixing it. What insurance policy do any of us know about that would have that kind of gap in coverage?

As the gentleman from Colorado said, \$250 payments this year. I mean, I guess this raises the question as to whether even that might be taken back; but in future years, we are going to close that doughnut hole, and we are going to extend the solvency of Medicare. Anybody concerned about the health care for this country's senior citizens simply has to be very, very alarmed about what is going on in this House right now.

Mr. WELCH. Thank you, the gentleman from North Carolina.

I yield for the final word from the gentleman from Colorado.

Mr. PERLMUTTER. Sure. I appreciate my friends.

You know, instead of amending or repairing, as Mr. PRICE from North Carolina described it, they want to repeal, just take it away.

Well, they're taking away freedoms. They're taking away the freedom from discrimination for prior illnesses, like my daughter with epilepsy, like the daughter who had Crohn's disease, or the friend at the gas station. It's taking away the freedom from cancellation because you get sick, you know, and lose your insurance. You know, it's taking away the freedom to move jobs so you're not stuck in a job, so you can move jobs and not fear losing your insurance. I mean, they're taking away a lot—and maybe this \$250 that went to the seniors. It is a radical move to take these freedoms away, and I hope they think twice and don't vote to repeal.

With that, I would yield back to my friend from Vermont for his final remarks.

Mr. WELCH. Well, I thank my colleagues for being here.

The bottom line is, anytime we pass a major piece of legislation, we should have the humility to acknowledge it can be improved—and we all do. We can make it better. We can make it stronger. But this totally destroys things that we have been fighting for decades to achieve on behalf of the American people: help for seniors with their prescription drugs, extending the financial viability of Medicare, changing and encouraging a new way of delivering health care services, moving away from fee-for-service, volume-driven to patient-centered, performance-based care, and then insurance reforms that put the patients in charge, which acknowledge that we are all in it together. This takes away the absolute unilateral power of for-profit insurance companies to decide whether your daughter or mine has health care.

Thank you, Mr. Speaker. I appreciate your consideration.

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 6 o'clock and 30 minutes p.m.), the House stood in recess subject to the call of the Chair.

2331

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WEBSTER) at 11 o'clock and 31 minutes p.m.

REPORT ON RESOLUTION INSTRUCTING CERTAIN COMMITTEES TO REPORT LEGISLATION REPLACING THE JOB-KILLING HEALTH CARE LAW

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112-1) on the resolution (H. Res. 9) instructing certain committees to report legislation replacing the Job-Killing Health Care Law, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2, REPEALING THE JOB-KILLING HEALTH CARE LAW ACT; PROVIDING FOR CONSIDERATION OF H. RES. 9, INSTRUCTING CERTAIN COMMITTEES TO REPORT LEGISLATION REPLACING THE JOB-KILLING HEALTH CARE LAW

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112-2) on the resolution (H. Res. 26) providing for consideration of the bill (H.R. 2) to repeal the Job-Killing Health Care Law Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010; providing for consideration of the resolution (H. Res. 9) instructing certain committees to report legislation replacing the Job-Killing Health Care Law, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 5(d) of rule XX, the Chair announces to the House that, in light of the administration of the oath to the gentleman from Texas (Mr. SESSIONS) and the gentleman from Pennsylvania (Mr. FITZPATRICK), the whole number of the House is 435.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legis-

lative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. McDERMOTT) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Mr. McDERMOTT, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, today and January 7, 11, and 12.

Mr. GINGREY of Georgia, for 5 minutes, today.

Mr. McCLINTOCK, for 5 minutes, today and January 7.

Mr. BURTON of Indiana, for 5 minutes, today and January 7.

Mr. JONES, for 5 minutes, today and January 7, 11, and 12.

Mr. BARTON of Texas, for 5 minutes, today.

Mr. FRANKS of Arizona, for 5 minutes, today.

Mr. GOODLATTE, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. ENGEL, for 5 minutes, today.

ADJOURNMENT

Mr. DREIER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 33 minutes p.m.), the House adjourned until tomorrow, Friday, January 7, 2011, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

25. A letter from the Office of Research and Analysis, Department of Agriculture, transmitting the Department's final rule — Supplemental Nutrition Assistance Program (SNAP): Clarifications and Corrections to Recipient Claim Establishment and Collection Standards [FNS-2008-0034] (RIN: 0584-AD25) received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

26. A letter from the Under Secretary, Department of Defense, transmitting authorization of 33 officers to wear the authorized insignia of the grade of major general and brigadier general; to the Committee on Armed Services.

27. A letter from the Under Secretary, Department of Defense, transmitting the Department's FY 2009 report on Foreign Language Skill Proficiency Bonus; to the Committee on Armed Services.

28. A letter from the Administrator, Rural Housing Service, Department of Agriculture, transmitting the Department's final rule — Continuous Construction-Permanent Loan Guarantees Under the Section 538 Guaranteed Rural Rental Housing Program (RIN: 0575-AC80) received January 4, 2011, pursuant

to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

29. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Energy Efficiency Program for Consumer Products: Waiver of Federal Preemption of State Regulations Concerning the Water Use or Water Efficiency of Showerheads, Faucets, Water Closets and Urinals [Docket No.: EERE-2010-BT-STD-WAV-0045] received January 3, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

30. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Safeguarding Child Support Information received December 30, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

31. A letter from the Secretary, Department of Health and Human Services, transmitting the 2010 Actuarial Report on the Financial Outlook for Medicaid, pursuant to Public Law 111-3, section 506(c); to the Committee on Energy and Commerce.

32. A letter from the Secretary of the Commission, Federal Trade Commission, transmitting the Commission's final rule — Mortgage Assistance Relief Services (RIN: 3084-AB18) received January 3, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

33. A letter from the Chairman, Nuclear Waste Technical Review Board, transmitting a report entitled "Evaluation of the Technical Basis for Extended Dry Storage and Transportation of Used Nuclear Fuel — Executive Summary"; to the Committee on Energy and Commerce.

34. A letter from the Deputy Secretary, Department of Defense, transmitting a letter from the department on the intention to implement the U.S. District Court for the District of Columbia's November 19, 2009 order to release; to the Committee on Foreign Affairs.

35. A letter from the Assistant Secretary, Department of State, transmitting a report in accordance with Section 3 of the Arms Export Control Act; to the Committee on Foreign Affairs.

36. A letter from the Chairman, Federal Maritime Commission, transmitting the Commission's Performance and Accountability Report for FY 2010; to the Committee on Oversight and Government Reform.

37. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Act Provisions; Fisheries Off West Coast States; Pacific Coast Groundfish Fishery; Inseason Adjustments to Fishery Management Measures [Docket No.: 090428799-9802-01] (RIN: 0648-BA44) received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

38. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Snapper-Grouper Fishery Off the South Atlantic States; Emergency Rule To Delay Effectiveness of the Snapper-Grouper Area Closure [Docket No.: 101124587-0586-01] (RIN: 0648-BA47) received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

39. A letter from the Acting Chief, Trade and Commercial Regulations, Department of Homeland Security, transmitting the Department's final rule — Technical Correction: Completion of Entry and Entry Summary — Declaration of Value (RIN: 1515-