

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. STIVERS) and the gentleman from North Carolina (Mr. MILLER) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. STIVERS. I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to add extraneous material to the bill.

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

There was no objection.

Mr. STIVERS. I yield myself as much time as I may consume.

I rise today to urge the House to concur in two minor amendments made by the Senate to H.R. 886, introduced by the gentleman from Arkansas (Mr. WOMACK) and passed by the House last December with more than 300 cosponsors.

The amendments, which are unobjectionable, merely certify that the coins produced under the program outlined in the bill will comply with existing law requiring that they be produced at no cost to the taxpayers.

Madam Speaker, 112 Congresses ago, during the first session of the first Congress, George Washington signed into law the Judiciary Act and appointed the first 13 men who formed the basis for the Nation's first Federal law enforcement agency. The Marshals Service will celebrate its 125th anniversary in 3 years. This legislation authorizes issuance of coins recognizing that anniversary.

Surcharges on the coin sales will generate funds for a number of law enforcement-related entities, primarily the U.S. Marshals Museum. I urge adoption of the bill as amended.

I reserve the balance of my time.

Mr. MILLER of North Carolina. Madam Speaker, I yield myself such time as I may consume.

The Offices of the U.S. Marshals and Deputy Marshal were created by the first Congress in the Judiciary Act of 1789, the same legislation that established the Federal judicial system. The marshals were given extensive authority to support the Federal courts within their judicial districts and to carry out all lawful orders issued by judges, by Congress, or by the President.

Their first duty was to support the Federal courts, and they served summons, subpoenas, writs, warrants, and other processes issued by the courts, made any arrests necessary, and handled the prisoners. They disbursed the money. The marshals paid the fees and expenses of the court clerks, the U.S. Attorneys, the jurors, the witnesses. They rented the courtrooms, the jail space, hired the bailiffs, the criers—what we probably would now call a bailiff—the janitors, and on and on. They ensured the courts functioned smoothly. They took care of the details so that the judges and the lawyers

could concentrate on the cases before them. They made sure that the water pitchers were filled, the prisoners were present, the jurors were available, and the witnesses were on time.

But that was really only part of what the marshals did.

When George Washington set up his first administration and Congress first convened, they both quickly discovered a gap in the constitutional design of our government. It had no provision for any administrative structure throughout the country. Both the Congress and the Executive were housed in the Nation's capital, and no agency was established or designed to represent the Federal Government anywhere else. The need for a national organization quickly became apparent.

Congress and the President solved that in part by creating specialized agencies, like customs and revenue collectors to levy taxes and tariffs, but there were still many other jobs in the Federal Government that needed to be done and no one to do them. The only officers available to do it were the marshals and their deputies.

So the marshals were pretty much the Federal Government throughout much of the country, and they pretty much did everything. They took the national census every 10 years until 1870; they distributed Presidential proclamations, collected a variety of statistical information on commerce and manufacturing; they supplied the names of government employees for the national register; and they performed other routine tasks that were really necessary for the central government, the Federal government, to function effectively.

Over the past 200 years, Congress and the President have called on the marshals to do all manner of things: to carry out unusual and extraordinary missions like registering enemy aliens in time of war, capturing fugitive slaves from that lamentable period of our history, sealing the American border against armed expeditions aimed at foreign countries, and swapping spies with the Soviet Union. They remained a law enforcement agency.

Within the last decade, the marshals retrieved North Carolina's, my State's, copy of the Bill of Rights in a sting operation. North Carolina's copy had been stolen by Sherman's men when Sherman's army came through Raleigh after they went through Atlanta and treated Raleigh with the same loving attention and care that they had shown Atlanta. We are proud now to have our copy back and thank the marshals for having done it.

Madam Speaker, I support this deserved honor for our Marshals service. I reserve the balance of my time.

Mr. STIVERS. Madam Speaker, I yield such time as he may consume to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. Madam Speaker, I thank the gentleman for his time, and I thank the gentleman from North Carolina for his kind remarks, too.

I want to thank the Speaker of the House and Leader CANTOR and Chairman BACHUS for giving me the honor and privilege of helping shepherd this important piece of legislation through the House.

As was already mentioned in previous remarks, this bill, H.R. 886, passed overwhelmingly through this House with only a single dissenting vote late last year in the first year of the 112th Congress. It's gone over to the Senate, and it's come back with an amendment that simply reassures the American people that none of the production costs or other costs associated with the minting of this coin that commemorates the 225th anniversary of the Marshals service will be borne by the taxpayers.

So it just further assures the discerning public out here that the effort that we're doing today in honoring a great law enforcement agency in the U.S. Marshals Service at the same time does not cost the taxpayers any money. So I urge strong support for this bill, as amended.

Mr. MILLER of North Carolina. Madam Speaker, we have no further speakers.

I yield back the balance of my time.

Mr. STIVERS. Madam Speaker, I have no further speakers. I urge adoption.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. STIVERS) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 886.

The question was taken.

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

Mr. MILLER of North Carolina. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

PROVIDING FOR CONSIDERATION OF H.R. 5, PROTECTING ACCESS TO HEALTHCARE ACT

Mr. NUGENT. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 591 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 591

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and amendments specified in this resolution and shall

not exceed six hours equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Energy and Commerce, the Judiciary, and Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendments recommended by the Committees on Energy and Commerce and the Judiciary now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-18 shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Florida is recognized for 1 hour.

□ 1250

Mr. NUGENT. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. HASTINGS), pending which I yield myself as much time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. NUGENT. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. NUGENT. Madam Speaker, I rise today in support of this rule, House Resolution 591.

H. Res. 591 provides a structured rule so that the House may consider H.R. 5, the Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2012. The rule provides for 6 hours of debate on this vital issue.

In my opinion, the HEALTH Act is one of the most imperative pieces of legislation to come to the floor of the House in the 112th Congress thus far. The bill repeals a particularly egregious part of the government takeover

of health care: the Independent Payment Advisory Board, or IPAB.

In case you're not aware, IPAB is the 15-member panel created by ObamaCare to rein in Medicare costs. IPAB is made up of 15 unelected bureaucrats. The majority are not doctors, and their decisions will have the force of law and will go into effect automatically without the consent of Congress. We'll get back to IPAB in a moment.

H.R. 5 also implements long-needed medical malpractice tort reform. I hear all the time that we need to bring down the cost of health care. My colleagues on the other side of the aisle claim that the government takeover of health care would do just that, reduce the cost of health care.

In fact, President Obama claimed it would lower premiums by \$2,500 per family per year. We know that's just not the case. Since inauguration day in 2009, premiums have risen by \$2,213, almost the same amount the President promised he was going to save us. The annual Kaiser Foundation survey of employer-provided insurance found that average family premiums totaled \$12,860 in 2008 and are now \$15,073 in 2011. Moreover, the CBO, the Congressional Budget Office, projects the law's new benefit mandates will force premiums to rise on top of that \$15,000 by \$2,100 per year per family.

Malpractice reform, on the other hand, will most definitely reduce the cost of health care. We've seen what defensive medicine is: CAT scans ordered, antibiotics prescribed, blood tests conducted—not because the doctor thought they were necessary, but because he or she was scared that if they didn't order them they would be sued for not prescribing them.

A Department of Health and Human Services study said that defensive medicine costs between \$70 billion to \$126 billion a year. That's billions. The CBO estimate takes a little more moderate stance, putting that number around \$54 billion. Let me tell you, \$54 billion, \$70 billion, \$126 billion, that's a lot of money in anybody's terms.

I've heard from a lot of folks they are opposing the legislation because it defies States' rights. I have to say I'm particularly surprised to hear so many of my colleagues on the other side making this argument. I'm happy to see they've come to recognize the importance of States' rights and of State sovereignty. I hope that means that we can count on them for their support and efforts in moving forward to take Federal power away from Washington, D.C., and return that power back to the States, where it belongs and where our Founding Fathers envisioned it to be.

I want to take a moment to make it clear to my colleagues on both sides of the aisle why this bill, H.R. 5, does not trample on the rights of our States.

In the modern era, Congress has enacted many Federal tort reform statutes to supersede contrary State laws, including recent Federal tort reform

protecting the vital domestic firearms industry, and judicial precedents leave little doubt as to their constitutionality. Even President Reagan, who was an unabashed champion for the States, established a special task force to study the need for tort reform, which concluded that the Federal Government should address tort reform across the board.

I fear that the folks who are claiming the 10th Amendment and States' rights aren't looking at the entirety of H.R. 5. They aren't looking at all of the provisions that make it clear that the caps created in this bill only apply to States that don't already have their own caps.

These provisions—"flexi-cap" they are called—recognize that any State amount on caps takes precedence to this piece of legislation. That means if a State has a billion-dollar cap, good for them, let them keep it. It also means that if a State has a \$100,000 cap, they can keep it, too. If a State decides to pass a law and establish a cap on their own to change their existing cap, they should go ahead and do it because H.R. 5 isn't going to do anything to stop them from doing that.

H.R. 5 clearly ensures that it is a State's right to set its caps where it wants them. I understand that trial lawyers won't like the Federal limit. Luckily, I really worry about the American people as a whole, not just what trial lawyers have to say.

I know this may be speculation, but I think that special interest groups and, perhaps, some of the new converts to the 10th Amendment are hiding behind the States' rights argument because, in fact, they just don't want to see their own profits go down. But I fear that the States' rights discussion is a red herring that only gets us off the most important issue, the issue that I started off with, the Independent Payment Advisory Board. Plain and simple, IPAB is going to cut the health care that our Nation's seniors can receive.

This Medicare-rationing board, which is what this is, will decide the value of medical services and impose price controls that will slash senior access to doctors and other health care providers. We see this happening already.

The Centers for Medicare & Medicaid Services actuary has confirmed that large reductions in Medicare payment rates to physicians would likely have serious implications for beneficiary access to care, utilization, intensity, and the quality of that care. As Donald Berwick, President Obama's appointee as the Medicare administrator, said:

The decision is not whether or not we will ration care. The decision is whether we will ration with our eyes open.

H.R. 5 takes that choice away from Administrator Berwick, from IPAB, and from President Obama. H.R. 5 sets forth a new way forward, a way that says we don't need Washington bureaucrats, who haven't even practiced medicine, telling us what's best for us.

We need to sit down with our doctors and come up with individual treatment

plans, a way that actually does something about health care costs by removing frivolous lawsuits from the equation, a way forward that means States' rights are still protected while also protecting seniors' rights to the best health care options available.

□ 1300

Madam Speaker, I support this rule, and I support the underlying legislation, and I encourage all of my colleagues to do the same.

With that, I reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I yield myself such time as I may consume.

I rise in opposition to H.R. 5. Not only does this bill overlook the rights of injured patients, but it's also an attempt by the House Republican leadership to dismantle the Affordable Care Act.

I would remind my friend from Florida that there is no example that allows for any of us to have it both ways. This matter violates the Constitution and, clearly, not just for those who argue the 10th Amendment from a conservative or a liberal perspective. It is all of us that feel very strongly that this measure usurps the power of States.

I'm fond of saying what Randy Barnett, constitutional law professor at Georgetown, said, that people seem to be fair-weather federalists, and they abandon federalism whenever it is inconvenient to someone's policy preferences.

H.R. 5 combines two completely unrelated measures. The first one is the reform of our Nation's medical malpractice system. The second one is the repeal of the Independent Payment Advisory Board, which was established by the Affordable Care Act. Please don't get me wrong; I'm fully aware of the challenges inherent to our medical liability system. The excessive cost of medical malpractice insurance faced by physicians seriously impairs our Nation's health care system by encouraging the practice of defensive medicine. This contributes to higher health care costs for both doctors and patients as well as diminished access to care for consumers.

But while I agree that our medical liability system needs to be changed, I do not believe that it should be at the expense of the fundamental rights of patients, including their ability to seek compensation for wrongful injuries. Indeed, this bill imposes an arbitrary and unfair cap on noneconomic damages that injured patients can receive. Such limitations will extinguish our rights and have devastating consequences for individuals harmed by physicians and medical products.

In addition, this bill seriously encroaches on the 10th Amendment of the Constitution by preempting State laws. And I'm not buying the confusion offered in the Rules Committee yesterday nor by my good friend from Flor-

ida. I know preemption when I see it. I know the 10th Amendment, and I know that people have stood for the 10th Amendment. I need not remind my colleagues that countless Republicans have made statements regarding this particular matter not fitting within the framework of the 10th Amendment's commerce provision.

My Republican colleagues like to talk about frivolous lawsuits and unreasonably large jury awards. But I asked the question yesterday of the maker of this particular provision, what is his leg worth? It's easy for us here inside the beltway, and it's easy for us on the Republican or Democratic side, liberal or conservative, to be about the business of talking about somebody's harm. Then what happens is, all of the lawyers that are the bad people of the world, everybody wants the best lawyer when it is them and their problem that is a problem.

I asked the maker of the bill, how much is his leg worth? When you cut off the wrong leg, who can stand among us and say that \$250,000 is enough? So where did that cap come from? It came from a 1978 provision, \$250,000. This is 2011, moving fast with costs rising.

I ask anybody here or that is within the range of this particular measure at this time, please tell me, when did your health care insurance costs go down? I don't know of any example. I have been paying health care insurance for 49 years, and it's gone up repeatedly during that period of time. And I don't care whether there was a Republican President or a Democratic President, health care costs went up, and I don't think that this little measure here is going to bring it down.

What do you think about the family in Chicago whose perfectly healthy baby was born lifeless because the hospital team failed to provide him with proper oxygenation during labor and to perform an emergency cesarean section on the mother? The boy is now 5 years old, suffers from permanent neurological damage, and is totally dependent on the care of his parents for all his daily activities. You ask his parents if \$250,000 is enough for a lifetime of care. Oh, no.

Then you say, well, thrust it on the States. Let Medicaid take care of it. And then what you do under the Ryan budget, my good friend, is you say block-grant Medicaid. I saw that movie in Florida when they block-granted Medicaid, and it was used for everything else other than for poor people. Something is wrong with that movie.

What about the judge in Palm Beach County who had a surgical sponge left in his stomach after having abdominal surgery and had to wait 5 months to have it removed? By then, the pus and bile-stained mass measured more than a foot long and a foot wide, and the rotted part of his intestine had to be removed. Ask him if a lawsuit was frivolous.

Each case and each injury is different. It is not the role of Congress to

decide the fate of these individuals and families devastated by malpractice by establishing arbitrary limits on the financial compensation that they are entitled to.

As you all know, the medical malpractice portion of this bill is actually a pay-for, meant to offset the repeal of the Independent Payment Advisory Board, IPAB. IPAB is a board of 15 physicians and experts established by the Affordable Care Act to find ways to control health care costs associated with Medicare.

Under the act, IPAB will make recommendations to slow the growth rate in Medicare spending if spending exceeds a certain target rate. The Congressional Budget Office estimates that the repeal of IPAB would increase direct spending by \$3.1 billion over 10 years—\$3.1 billion. Now is not the time to repeal measures that can save our Nation money and reduce our deficit without offering any substitute, and that's the take-away from this.

My friends say don't do IPAB; and I say to my friends, well, what do you do? And you do nothing. That's what you do, and that's what you've been doing here in the Congress since we came here. We have given "do-nothing Congress" a new meaning. Rather than dealing with jobs, the things that people are completely interested in, rather than passing the infrastructure measure that the Senate has passed that will deal immediately with jobs in America, we are here passing a measure—and it will pass the floor of the House of Representatives—that will go to the Senate and go nowhere. So then what did we do? We did nothing.

The Congressional Budget Office also estimates that, thanks to the cost-saving mechanisms in place in the Affordable Care Act, IPAB will not likely be required to act for the next 10 years.

I heard my colleague, just a minute ago, say that health care costs have gone up since President Obama has been in office. My mom is fond of saying that if we're going to keep pointing back to the other President—if Obama says Bush did it, and Bush says that Clinton did it, and then Clinton said that Bush did it, and Bush said that Nixon did it, and Nixon said that Carter did it—then we could just point back to George Washington and say George Washington did it then and get it all over with rather than continuing this charade before the people, making them think that somehow or another we have the solution here.

□ 1310

Health care costs have gone up, and they're going to continue to go up until we as men and women in the House of Representatives and in the United States Senate and as the American people sit down and decide that this is a solvable problem which will allow us to address those things that are vital in this country.

The bill is a complete waste of time. It does nothing in addition to going nowhere. It does nothing to help the

American people. It contains nothing to improve the affordability and accessibility of health care. And repealing IPAB, if you want to talk about frivolous, that's what frivolous is. Let us give the American people what they really need right now—and that's jobs. How many times do we have to say that down here for people to finally get it?

Frankly, I'm appalled by the hypocrisy of my Republican colleagues who keep stating that Federal spending needs to be kept under control. But at the first opportunity they wind up rejecting one of the most serious tools in place to actually tackle Medicare spending and find ways to make care more affordable.

What are the Republicans offering to replace IPAB? Nothing. Since the beginning of the 112th Congress, the Republican majority has sought to repeal as many provisions of the Affordable Care Act as possible without providing any replacement and absolutely no long-term solution. If we do nothing, Medicare costs will continue to increase, thereby increasing the burden on millions of seniors, disabled individuals, and their families all across this country.

What is the Republican plan? What is the plan? It is to replace Medicare with the new Ryan budget introduced yesterday. It is to replace it with some kind of premium that is nothing but a voucher system that would certainly result in increased costs for seniors and reduced benefits.

The truth is that the Republicans have no plan to reduce Medicare, and I defy them to present it. If you look at the budget that was released yesterday, it's all filled with blank spaces—and I'll fill in the line—nothing, nothing, nothing. So, instead of just repealing IPAB, let us improve it, reform it or replace it. By doing nothing, it's surely not going to fix the problem.

I reserve the balance of my time.

Mr. NUGENT. Madam Speaker, I yield 3 minutes to my fellow member of the Rules Committee, a freshman, ROB WOODALL from Georgia.

Mr. WOODALL. Madam Speaker, I very much appreciate that. I thank my colleague on the Rules Committee for yielding.

I wanted to come down here and talk about the rule. My colleague from Florida has just made a very impassioned case for why he is likely going to be voting "no" on the underlying legislation. If I understood his comments correctly, I'm guessing that it's going to be a "no" vote after we have finished 6 hours of debate on this bill—6 hours of debate—which is the kind of debate that a bill of this nature demands. And I'm very proud that the Rules Committee set aside that kind of time. I was fortunate enough to have one of my amendments made in order by the Rules Committee, as was my friend from Florida, but a lot of Members were not.

I wanted to come down here, Madam Speaker, to speak to the authorizers,

the chairmen out there who are sending this legislation to the floor. Because what we have in this House is called the CutGo rule, which says if you bring a bill to the floor that's actually going to do some reducing of the Federal deficit, if you're going to be bold enough in this House to send a bill to the floor that's going to reduce the burden that we're placing on our children and grandchildren everyday, then nothing that happens on the floor of the House as we try to amend that bill will be allowed to reduce that savings.

So when a bill comes to the floor, as this bill has, H.R. 5, that has a very high CutGo number in it, we're in a box. It cannot be amended with different ideas because those ideas are either not germane—germaneness means that it has to be relevant to the underlying legislation—or they can't cut any additional funds. So what we had to do in the Rules Committee yesterday was reject amendment after amendment after amendment that our colleagues offered that we would ordinarily have made in order here on the House floor in what has been the single most open Congress that I have seen in my lifetime. I'm a freshman on the floor of this House, but I've been watching this institution. This is the single most open Congress I've seen in my lifetime, but we were not able to make more amendments in order because they were not germane or they violated CutGo. To the Rules Committee's credit, we did not waive CutGo. We complied with the rules of this House.

But I just say to my friends who are on those authorizing committees, if you want to take advantage of the Rules Committee in this Congress that is providing more opportunity for more debate and more amendment and more discussion than we have seen in decades, you need to be cognizant when you send those bills to the Rules Committee that we are not inclined to waive CutGo—and rightfully so—and we are not inclined to waive the germaneness rules—and rightfully so.

What that means today is we're going to have the narrow discussion, that my friend from Florida has laid out, on the merits of this bill for over 6 hours today. I want to thank my friend on the Rules Committee for his leadership in bringing such an open rule to the floor, in bringing such an expansive rule to the floor and in genuinely providing the kind of opportunity for debate, even though I disagree with my friend from Florida on his underlying assertions, providing the opportunity for debate the likes of which America has not seen in decades.

Mr. HASTINGS of Florida. Madam Speaker, my friend from Georgia—and he is my friend—pointed out that his amendment was made in order yesterday. I might add, in keeping with the notion if you can't have it both ways, he would strike all the findings. And it seems to me that that's admitting justification for the authority to pass Federal tort reform. But it directly

contradicts the same constitutional arguments they will be making next week before the United States Supreme Court in their effort to repeal the Patient Protection and Affordable Care Act, a bill which many of the same conservative lawmakers argue that Congress did not have the constitutional authority to pass.

I am very pleased to yield 3 minutes to my very good friend from New Jersey, a member of the Budget Committee, the distinguished gentleman (Mr. ANDREWS).

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

Mr. ANDREWS. I thank my friend for yielding.

Whether you're a Republican or a Democrat, a liberal or conservative, no matter where you live, I think most people agree that the number one issue confronting our country is the lack of jobs for the American people. It is the central issue of our times, central problem of our times. The American people want us to look forward and work together and solve that problem rather than looking backward and relitigating political debates.

One hundred ninety-five days ago, the President of the United States came to this Chamber and set forth a series of specific ideas to put Americans back to work. One of those ideas was to put construction workers back to work in repairing and building our roads and bridges, building schools, wiring schools for the Internet, and in putting our construction industry and transportation industry back to work. We're going to spend 6 hours debating whether to repeal part of the health care bill—again. We're not going to spend 6 minutes debating a bill that would put our construction workers back to work fixing our roads and bridges.

The Republican leadership of the House is kind of isolated on this because Democrats in the other body voted for a bill to put our construction workers back to work; and Republicans in the other body voted for the same bill. Three-quarters of the Senate voted for a bill to put our construction workers back to work.

The Democrats are ready to vote for that bill. We introduced a version of that yesterday that says let's do that here, but the House Republican leadership won't put this bill on the floor. So instead what we're going to do is have what are recurring debates about whether to repeal the health care bill.

People feel very strongly about the health care bill, pro and con; but I think most people feel even more strongly it's the wrong thing for us to be talking about right now. If there's a bill that three-quarters of the Senate voted for to put Americans back to work, why don't we vote on that here today? Instead, what we're going to do is vote on repealing part of the bill that talks about a committee that might or might not take action 5 years

from now to do something about the way Medicare money is spent.

□ 1320

I think if you said to a Republican or a Democrat, a liberal or a conservative anywhere in this country, What would you like your House of Representatives to be voting on today: a bill that three-quarters of the Senate agreed to to put construction transportation workers back to work, or a bill that will decide whether a body will or won't act 5 years from now on the way Medicare is going to be run? I think we all know the answer to that.

The right thing to do is to oppose this rule and instead put on the floor the Senate transportation bill that three-quarters of the Senate voted for. Let's approve it, let's put it on the President's desk, and let's finally work together to put Americans back to work.

Mr. NUGENT. Madam Speaker, I love the hyperbole. I love my friend from Florida's passionate discourse earlier in this conversation. But he was right. You can't have it both ways.

Here's the problem. In their idea of having it both ways, they talk about medical malpractice as if, if we do nothing, things get better. If we ignore tort reform, things get better. If we ignore tort reform, costs of health care will stay the same. Well, in fact, it hasn't. It continues to rise.

We talk about higher health care costs, but when we talk about that and we talk about IPAB in particular, 15—15—unelected bureaucrats. The maximum number that can be on that panel is seven physicians—seven—so they're outvoted already. They're outvoted 8-7. No matter what they think is the proper care for a patient, they're going to be overridden by eight other bureaucrats that have nothing to do with providing health care to our seniors—not a thing.

It's all going to be about costs. And they're right: that's how you're going to contain costs, by removing the options for seniors to get the medical care that they deserve and that they need.

This independent panel is a rationing board. It's going to ration health care out because that's the only way that panel can save money for the Affordable Care Act. It was designed that way. It was designed to keep us—the American people that are going to use that service, that medical care—from getting it because physicians, when they get their payments cut, will no longer offer service. So where are we supposed to go? That is rationing. That's taking away service from people that need it the most, from those seniors that have paid into this system for their lifetimes and who are now depending on it to be there when they medically need it the most.

This is about the seniors that are in my district. I have 250,000 seniors, a quarter of a million, that rely upon Medicare. And if we're going to start

rationing care to them, I think it's immoral, it's unethical, and it's not the way we should be doing it. We should be doing it by the free market. We should be talking about tort reform. Everybody agrees we need tort reform. Even the gentleman from Florida talked about the high cost of medical malpractice insurance. Well, where does that come from? It doesn't just spring up out of the Earth. It comes up because of a reason: because of the increased cost to provide medical malpractice. And, particularly for doctors, where it drives up the cost of medical care is that defensive medical care. That's what's driving up the cost along with the premiums that they have to pay because of the lack of tort reform.

Madam Speaker, I reserve the balance of my time.

Mr. HASTINGS of Florida. I yield myself such time as I may consume, and I will be very brief before yielding to my friend from the Rules Committee.

My friend from Florida says that he appreciates the hyperbole. I hyperbole on occasion when I find that my friends who are taking positions that are going to hurt people require everything from hyperbole to passion to try to get the American people to readily understand. And to demonstrate what I'm talking about, my friend just stood and said that the IPAB board will be rationing. The statute, the provision giving rise to it, if it ever comes into existence in the future, specifically says that they cannot ration. I don't know whether my friend read that provision or not.

But I am pleased to yield 1 minute to my friend on the Rules Committee, the gentleman from Colorado (Mr. POLIS).

Mr. POLIS. I thank the gentleman from Florida.

We're in an unusual situation here where the same people on the other side of the aisle who decry the regulation of what insurance providers have to provide to those they insure across State borders and who want to interfere with our requirement that insurance companies not be allowed to discriminate based on preexisting conditions, on the other hand they say we need to replace the State tort systems, all 50 of them, with one overarching Federal approach with regard to malpractice.

So whereas there is no Federal role in protecting patients from being dropped by their insurers, from preventing insurance companies from excluding individuals because they had childhood asthma, because they're a breast cancer survivor, and in many cases even because they have a child, while there is no Federal role for that, somehow there is a Federal role in micromanaging the way in which somebody who was wrongfully injured by a botched procedure can seek recourse.

I ask my colleagues, not only where is the consistency, but how can we reconcile this with our values as Americans?

Mr. NUGENT. Madam Speaker, I have to agree with my good friend from Florida on one issue, and that's in regard to rationing. You're right, it's not in the act. But if it walks like a duck, quacks like a duck, then it's a duck, because this board, this unelected board, is going to make decisions that Congress can't even touch. This board is going to say, this is the amount of money we will pay for this procedure. It doesn't matter if that's what the procedure costs. It doesn't matter that this doesn't cover the cost of the physician. It doesn't matter that what's going to happen is our physicians are going to refuse to see those patients.

Madam Speaker, that is rationing. Call it what you want. That is rationing when you have an independent board that can make decisions in regard to the cost of services that you're going to make or decisions for you to have services by a particular doctor. We see it already today. In my physician's office it already says, "We do not take new Medicare patients."

It's going to get worse. And this board, while it may not call it "rationing"—I give them great credit for not putting that in the terminology of the Affordable Care Act—it is rationing no matter what you call it.

I reserve the balance of my time.

Mr. HASTINGS of Florida. I yield myself such time as I may consume.

I would be happy to yield to my friend just for a moment. So then what you're saying is, the IPAB board, which may bring down costs—and I might add you just said that Congress could not touch it, quoting you—that's not true. Congress could change it as long as it stays within the prescribed limits, and that is simply what the law, itself, says.

But what is the Republican plan? As I understand it from Mr. RYAN's budget as offered yesterday, it would be a premium system for Medicare. Now you've just said that rationing by any other name or that you know it when it's a duck, and all of that kind of stuff. Well, a voucher by any other name is still a voucher, and you're going to tell me that that's a good system?

I yield to my friend.

Mr. NUGENT. If you look at what the Ryan plan said, it also talks about what we currently have today and that, if you want to keep what you have today in the way of Medicare, you keep it. But if you want to go out and buy your own insurance through a select group, you can do it, just as you can today, in regards to Medicare Advantage, but that's a choice that I can make.

I thank you for giving me the time.

Mr. HASTINGS of Florida. I reclaim my time only to say that you had it right, "select." For example, our Governor in the State of Florida had one of those select provisions, and he's one of those people that wants us to turn everything over.

I happened to have had the good fortune yesterday of having the chairman

of Blue Cross Blue Shield visit me, who thinks that this particular measure is something that would be helpful in his industry, but that's something for another day.

Madam Speaker, if we defeat the previous question, I'm going to offer an amendment to the rule to provide that immediately after the House adopts this rule that it bring up H.R. 14, the House companion to the bipartisan Senate transportation bill.

□ 1330

I am pleased now to yield 3 minutes to my good friend, the distinguished gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. I thank my friend from Florida for yielding.

Time and time again over the last several months, we have heard from Republican leadership. We've heard their talk about the highway bill, H.R. 7, and they've talked about it as their principle jobs bill for the 112th Congress. Well, here we are, March 21, 10 days before the expiration of the current extension of the surface transportation bill, and where are we with respect to this incredibly important jobs legislation? We're nowhere. We're absolutely nowhere.

As of today, House Republicans have yet to put forward a credible highway reauthorization that puts Americans back to work. Their only attempt, H.R. 7, the Boehner-Mica authorization, was passed on February 14 in the Transportation Committee—passed on a party-line vote with, in fact, a couple of Republicans voting against it. Then something happened on the way to the floor. On the way to the floor, the Republican leadership realized that they didn't have the votes on their side of the aisle to pass it.

And what about this bill? Well, Secretary Ray LaHood, a former distinguished Member of this body, Republican from Illinois, current Transportation Secretary, described it as the worst highway bill he's ever seen. He's been in public life for 35 years; he said it was the worst he's ever seen.

The bill was drafted in the dark of night without any Democratic input. Remarkably, it removed transit from the highway trust fund—removed the guaranteed Federal funding that's been in place on a bipartisan basis for 30 years, removed it. It couldn't attract, understandably, a single Democratic vote; but they found out on the way to the floor that they couldn't get enough Republican votes to pass it either.

Now, I'm proud to be offering the Senate bill, MAP-21. We're calling it H.R. 14 here in the House. This bipartisan legislation should refocus the discussion on jobs and economic opportunities rather than the Republican message this week of tearing down Medicare and protecting the 1 percent at the expense of middle class families.

MAP-21, or H.R. 14, represents a bipartisan path forward that makes meaningful reforms and provides cer-

tainty to States. MAP-21 passed overwhelmingly in the Senate with a bipartisan majority. As you heard Mr. ANDREWS say, three-quarters of the Senate voted for this bill. It's fully paid for—something that the House Republicans seem unable to come close to achieving—and the MAP-21, H.R. 14, pay-fors are less controversial than the pay-fors in the House Republican bill.

It's been estimated that this bill will save 1.8 million jobs and create up to 1 million more jobs. During a weak economic recovery looking for a jump-start, why aren't we passing this bill? Why aren't we even debating this bill? Why are we 10 days away from the expiration of the current extension and there is no plan in this House to move forward?

Is H.R. 14 the silver bullet to our surface transportation needs? No, it's not.

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

Mr. HASTINGS of Florida. I yield the gentleman 1 additional minute.

Mr. BISHOP of New York. I appreciate the gentleman for yielding.

There is no silver bullet when it comes to our infrastructure needs. I, and a great many others, would prefer a 5-year bill; but given the hyper-partisan fashion in which the House Republicans have advanced H.R. 7 and some of the deeply flawed proposals included in their bill, H.R. 14 is the only proposal out there that currently Democrats and Republicans can stand behind. Democrats will not wait around for House Republicans to pander to their base and chase ideological extremes. Americans want jobs and safe roads and safe bridges.

The Senate passed the biggest job-creating bill in this Congress by an overwhelming bipartisan margin. The House has done nothing. Let's get this country moving again by passing H.R. 14 so the President can sign it. Let's create jobs. Let's make it in America, and let's pass this bill.

Mr. NUGENT. Madam Speaker, may I inquire of my good friend from Florida how many more speakers he may have.

Mr. HASTINGS of Florida. I appreciate the gentleman for asking.

Madam Speaker, would you advise both of us how much time each has.

The SPEAKER pro tempore. The gentleman from Florida (Mr. HASTINGS) has 6 minutes remaining, and the gentleman from Florida (Mr. NUGENT) has 14 minutes.

Mr. HASTINGS of Florida. I have more speakers than I have time; but I know that during that period of time, I'm going to have at least two more speakers and possibly three.

Mr. NUGENT. I continue to reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 2 minutes to my good friend, the distinguished gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Repeal and replace, that's what the Republicans said they will do. Well, what's the replacement?

Apparently, it's the Ryan voucher plan, which will stick it to seniors in the future—not too good of a replacement.

But the other thing they're repealing that they don't want to talk about is they're repealing restrictions on age discrimination by the insurance industry. They would be repealing the restrictions on preexisting conditions to discriminate against people—redline them, essentially, by the insurance industry—and they would be repealing the provision of reviewing excessive rate increases which has been already successful in California this year.

So the Republicans have come forward with this one part of the bill. They've already repealed all of ObamaCare, but now they're going to repeal it bit by bit because they don't want to do real things like deal with our transportation system and that.

But there is one particularly objectionable part of this. They're going to pretend that they're taking away the antitrust protection of the insurance industry. Remember, this is an industry that can and does get together and collude to drive up our premiums. And after the Republicans do away with age discrimination, preexisting conditions, and rate increases, the industry is going to have a field day.

So they're pretending that they're going to allow suits against the industry for antitrust violations. Unfortunately, not really. If someone wants to bring a suit, they can't do it as a class action. Well, more than 90 percent of antitrust suits are brought as class actions. Individuals do not have the resources to take on the insurance industry.

So they're going to take something that in the last Congress was bipartisan—a bill I had to take away, really take away, the antitrust immunity in the insurance industry and give a benefit to all consumers in this country, passed this House by 406-19—and now they're going to fake out, they think, the American people by pretending they're taking on the insurance industry while they're filling their pockets with contributions from them.

Good work, guys.

Mr. NUGENT. Madam Speaker, I'm a little confused because I thought we were talking about other issues than what the gentleman was just speaking to, particularly as relates to IPAB and about tort reform.

I'll be happy to reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 1 minute to my good friend, the distinguished gentlewoman from California (Ms. RICHARDSON).

Ms. RICHARDSON. I thank the gentleman for yielding so that I might speak to the House companion bill to MAP-21, or H.R. 14, of which I'm a co-sponsor.

MAP-21, which we call H.R. 14 going forward, will generate jobs, repair roads and bridges, and invest in our infrastructure. This surface transportation authorization bill passed by the

Senate with a majority and with bipartisan support.

I come before you today to urge my colleagues to bring this bill forward, H.R. 14, so that we might establish some consistency, unlike what we saw with the FAA reauthorization, consistency for States, for companies, for workers, for projects that need to get done. This bill will maintain current funding levels for highways and public transportation; it will consolidate and streamline highway programs; and will establish a much-needed national freight program, which is something I've been advocating for my entire time in Congress.

This bill will authorize \$1 billion for projects of national significance, which many of us feel in our own particular districts.

H.R. 14 also improves safety, institutes performance measures, and improves accountability for transportation infrastructure investments.

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

Mr. HASTINGS of Florida. I yield the gentlelady an additional 30 seconds.

Ms. RICHARDSON. Now is the time for swift action by this House on a bipartisan Senate bill that will create and save at least 132,000 jobs in my area alone.

Transportation has always been bipartisan. Let's keep it that way in this House. I urge the support of H.R. 14.

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

□ 1340

Mr. HASTINGS of Florida. Madam Speaker, would you tell me just how much time I do have.

The SPEAKER pro tempore. The gentleman from Florida has 2½ minutes remaining.

Mr. HASTINGS of Florida. Madam Speaker, I thank my friend for the debate and the time that he's allowed us. I thank all of our colleagues who came here.

This H.R. 5 is going to be devastating to medical malpractice victims. Patients shouldn't have to pay the price for excessive malpractice insurance.

If we want to reform the medical liability system, let us start with addressing insurance costs and physicians' premiums. Let us start with finding strategies to reduce and prevent mistakes and crack down on repeat offenders. Today, 5 percent of all doctors are responsible for 54 percent of malpractice claims paid.

Let's not start with penalizing patients for injuries due to no fault of their own. Let's not give the American people another reason to believe that Congress is out of touch. Thousands of people die each and every year due to medical malpractice. This is not frivolous.

We had 16 of our Members come forward yesterday to offer amendments. We're going to have 6 hours of debate on six, ostensibly, because we, in the

Rules Committee who have the power, refused to waive the power to allow those amendments to come in, some that included things such as not being able to allow a child 3 years old who may have a mother that doesn't manifest itself until he or she is 8 be barred because of time constraints, measures that deal with, like the pediatrician in Delaware who raped 100 or more children, babies, and that position would not be allowed for.

I know that one would argue that some lawsuits are frivolous, and they are. I am a lawyer. I am a trial lawyer, and so I clearly support the trial lawyers, so as how that's understood with my bona fides. But when people are dying, that's not frivolous; and, as I said, people want the best lawyer that they can find.

Madam Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. HASTINGS of Florida. I urge my colleagues to vote "no" and to defeat the previous question. I urge a "no" vote on the rule, and I do so for the reason that this measure does nothing, is going nowhere, will go to the Senate and will not pass, and everybody in this House knows it.

We have to stop doing nothing and do something for the American people and jobs.

I yield back the balance of my time.

Mr. NUGENT. Madam Speaker, in closing, I appreciate my good friend's confession about being a trial lawyer. I'm not. I'm not an attorney. So what I'm worried about is not how attorneys enrich themselves; I'm worried about the people that I represent, the 250,000-plus that are on Medicare. I'm concerned about them.

You hear from the other side, well, don't worry about it. It could be 5, 10 years from now. Well, you know what? I'm concerned now because why would you have something put in place that's going to ration care to our seniors when they need it the most? That's when they need it the most. We should be advocating for them, not for trial lawyers. We should be here talking about tort reform to lower the cost. If you look at what California did, they're a model. They set up a model program. Their liability insurance for doctors is lower than the average across the board in the United States. This act, the HEALTH Act, is modeled after that.

In regards to the noneconomic damages, limits on contingency fees for lawyers, big one there; about fair share, about proportional, whoever's at fault. It's a proportion of that reference to how the claim gets paid out. And I heard this talked about before: But will the health care act work to re-

duce health care costs and lower the deficit? According to the CBO, it will. It will be an average of 25 to 30 percent below what it would be under current law, which is IPAB today, 25 to 30 percent less than what the current law, IPAB, calls for.

Is this important? I think the relationship between a patient and a doctor should be between a patient and a doctor and not have a middleman, called the United States Government, stepping in between you to say, "You know what? We don't think that that service deserves a certain level of payment," and by reducing that payment we know that that service is not going to be provided. I truly don't believe that that's where we should be as a government, and I certainly don't believe that we should be in between the patients and their physicians.

I also worry about—and I hear this from docs all the time back in my district—Rich, you know what's going to happen? We're just going to close our doors. Those that are entering the profession, there's less and less because they're concerned about how they're going to make a living, how they're going to pay back those student loans that they have, because they really want to pay it back. They want to do the right thing. But how are they going to do that if they can't open a practice and if they can't take Medicare patients because this board makes a decision to lower the cost of reimbursement?

We've seen it already. Every time we do a doc fix, we have more and more doctors that are in trouble because of the fact they don't know what tomorrow's going to bring, and I don't want our seniors to worry about what tomorrow is going to bring. I don't want to balance the budget on the back of our seniors. That's not where we need to be.

As we move along here, the reason I stand here today is that I support and I will defend our seniors, which is why I support H.R. 5, because it's common sense.

Like I said, I'm not an attorney. I'm not a lawyer, so I have but one constituency that I worry about at this point on this particular issue, and it is this issue. You put all kinds of other stuff out there about transportation and all these things, but this is the pressing issue today in front of us. The issue is about tort reform. The issue is about IPAB and repealing IPAB so our seniors can have a direct relationship with a physician of their choice, and that's the important part.

The material previously referred to by Mr. HASTINGS of Florida is as follows:

AN AMENDMENT TO H. RES. 591 OFFERED BY
MR. HASTINGS OF FLORIDA

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

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole

House on the state of the Union for consideration of a bill consisting of the text of the bill (H.R. 14) to reauthorize Federal-aid highway and highway safety construction programs, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of , the Committee on Transportation and Infrastructure. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in section 2 of this resolution.

(The information contained herein was provided by the Republican Minority on multiple occasions throughout the 110th and 111th Congresses.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Republican majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's

how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Mr. HASTINGS of Florida. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 48 minutes p.m.), the House stood in recess.

□ 1415

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HASTINGS of Washington) at 2 o'clock and 15 minutes p.m.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on H. Res. 591;

Adopting H. Res. 591, if ordered;

Suspending the rules and concurring in the Senate amendment to H.R. 886; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PROVIDING FOR CONSIDERATION OF H.R. 5, PROTECTING ACCESS TO HEALTHCARE ACT

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 591) providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The vote was taken by electronic device, and there were—yeas 231, nays 179, answered "present" 1, not voting 20, as follows:

[Roll No. 118]
YEAS—231

Adams	Diaz-Balart	Hultgren
Aderholt	Dold	Hunter
Akin	Dreier	Hurt
Alexander	Duffy	Issa
Amash	Duncan (SC)	Jenkins
Amodei	Duncan (TN)	Johnson (OH)
Austria	Ellmers	Johnson, Sam
Bachmann	Emerson	Jones
Barletta	Farenthold	Jordan
Bartlett	Fincher	Kelly
Barton (TX)	Fitzpatrick	King (IA)
Bass (NH)	Flake	King (NY)
Benishek	Fleischmann	Kingston
Berg	Fleming	Kline
Biggert	Flores	Labrador
Billray	Forbes	Lamborn
Billirakis	Fortenberry	Lance
Bishop (UT)	Fox	Landry
Black	Franks (AZ)	Lankford
Blackburn	Frelinghuysen	Latham
Bonner	Galleghy	LaTourette
Boren	Gardner	Latta
Boustany	Garrett	Lewis (CA)
Brady (TX)	Gerlach	LoBiondo
Brooks	Gibbs	Long
Broun (GA)	Gibson	Lucas
Buchanan	Gingrey (GA)	Luetkemeyer
Bucshon	Gohmert	Lummis
Buerkle	Goodlatte	Lungren, Daniel
Burgess	Gosar	E.
Burton (IN)	Gowdy	Mack
Calvert	Granger	Matheson
Camp	Graves (GA)	McCarthy (CA)
Campbell	Graves (MO)	McCaul
Canseco	Griffin (AR)	McClintock
Cantor	Griffith (VA)	McCotter
Capito	Grimm	McHenry
Carter	Guinta	McKeon
Cassidy	Guthrie	McKinley
Chabot	Hall	McMorris
Coble	Hanna	Rodgers
Coffman (CO)	Harper	Meehan
Cole	Harris	Mica
Conaway	Hartzler	Miller (FL)
Cravaack	Hastings (WA)	Miller (MI)
Crawford	Hayworth	Miller, Gary
Crenshaw	Heck	Mulvaney
Culberson	Hensarling	Murphy (PA)
Davis (KY)	Herger	Myrick
Denham	Herrera Beutler	Neugebauer
Dent	Huelskamp	Noem
DesJarlais	Huizenga (MI)	Nugent