

That the Senate agreed to S. Con. Res. 34. With best wishes, I am
Sincerely,

KAREN L. HAAS.

APPOINTMENT OF CONFEREES ON H.R. 658, FAA REAUTHORIZATION AND REFORM ACT OF 2011

Mr. CRAVAACK. Madam Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 658) to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration for fiscal years 2011 through 2014, to streamline programs, create efficiencies, reduce waste, and improve aviation safety and capacity, to provide stable funding for the national aviation system, and for other purposes, with the Senate amendment thereto, disagree to the Senate amendment, and agree to the conference asked by the Senate.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota? The Chair hears none and, without objection, appoints the following conferees:

From the Committee on Transportation and Infrastructure, for consideration of the House bill and the Senate amendment, and modifications committed to conference:

Messrs. Mica, Petri, Duncan of Tennessee, Graves of Missouri, Shuster, Mrs. Schmidt, Messrs. Cravaack, Rahall, DeFazio, Costello, Boswell, and Carnahan.

From the Committee on Science, Space, and Technology, for consideration of secs. 102, 105, 201, 202, 204, 208, 209, 212, 220, 321, 324, 326, 812, title X and title XIII of the House bill and secs. 102, 103, 106, 216, 301, 302, 309, 320, 327, title VI, and sec. 732 of the Senate amendment, and modifications committed to conference:

Messrs. Hall, Palazzo, and Ms. Eddie Bernice Johnson of Texas.

From the Committee on Ways and Means, for consideration of title XI of the House bill and titles VII and XI of the Senate amendment, and modifications committed to conference:

Messrs. Camp, Tiberi and Levin.

There was no objection.

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 2 o'clock and 10 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1715

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 5:15 p.m.

PROVIDING FOR CONSIDERATION OF H.R. 1173, FISCAL RESPONSIBILITY AND RETIREMENT ACT OF 2011

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 522 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 522

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. 1173) to repeal the CLASS program. 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, with 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule for a period not to exceed three hours. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill. The committee amendment in the nature of a substitute shall be considered as read. All points of order against the committee amendment in the nature of a substitute are waived. No amendment to the committee amendment in the nature of a substitute shall be in order except those received for printing in the portion of the Congressional Record designated for that purpose in clause 8 of rule XVIII in a daily issue dated January 31, 2012, or earlier and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered as read if printed. 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. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions.

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

Mr. SESSIONS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my friend, the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time is yielded for the purpose of debate only.

GENERAL LEAVE

Mr. SESSIONS. Mr. 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 Texas?

There was no objection.

Mr. SESSIONS. House Resolution 522 provides a modified open rule for consideration of H.R. 1173. This rule allows for any amendment prefiled in the CONGRESSIONAL RECORD which complies with the rules of the House to be made in order. That's pretty simple.

Mr. Speaker, I rise today in support of this rule and the underlying bill,

H.R. 1173, the Fiscal Responsibility and Retirement Security Act of 2011, which was introduced on March 17, 2011, by the gentleman, my dear friend from Louisiana, Congressman CHARLES BOUTANY, and was reported by the Committee on Energy and Commerce by a vote of 33-17 on November 29, 2011.

□ 1720

Additionally, the bill was reported by the Committee on Ways and Means on January 18, 2012, by a vote of 23-13.

This legislation has been through regular order. Members from both sides of the aisle on several committees have had opportunities to submit perfecting ideas, and those amendments have been considered. With the modified open process brought forward by the Rules Committee, every preprinted amendment will be given full and fair consideration by this body.

Mr. Speaker, the Community Living Assistance Services and Supports Act, also known as the CLASS Act, was a budgetary gimmick introduced by congressional Democrats in the ObamaCare bill to fit a 10-year budget score, not to provide reliable insurance coverage. This is why we are here today. Built on an unstable foundation, this long-term health insurance system was broken from its inception, and yet was used to sell ObamaCare to those who did not fully comprehend its future implications.

Let's review the facts of this case. The CLASS Act establishes a long-term health coverage program that would be operated by the Federal Government. The program is a guaranteed issue, meaning no one can be turned away. The program provides subsidized premiums to those under the age of 22 and to those below the poverty line. Finally, it can use no government funding. If that isn't a recipe for failure, I'm not sure how else you would design the program. Giving reduced premiums to some and mandatory coverage to all necessarily drives up the monthly premium. The Department of Health and Human Services indicated that the plans, as designed, would cost \$235 and \$391 a month and could rise to as much as \$3,000 a month for those in the program. Anyone who is healthy and above the poverty line would most certainly turn to the private sector, leaving the program woefully underfunded. These are the facts. The program is not viable and is not sustainable.

In reference to the program, the Secretary of Health and Human Services, Secretary Sebelius, finally agreed on October 14, saying, "I do not see a viable path forward at this time." It makes you wonder what other sections of ObamaCare might not be fiscally sound, given a closer review as well. Oh, by the way, this Republican Congress is doing that right now, in committee, under regular order. Apparently, however, we had to pass the bill to find out about the CLASS Act and what was in it and how it might work.

Mr. Speaker, we are not solving the problem by creating programs that are unsustainable. We continue to double down, taxing Medicare and Medicaid relentlessly to where they cannot pay for themselves. President Obama and congressional Democrats actually cut \$500 billion in Medicare in order to fund the CLASS Act and flawed programs like it in the ObamaCare package. The majority of Republicans in this House are committed to protecting Medicare, Medicaid, and Social Security for future generations, not passing empty promises—those that cannot sustain themselves and those that would be headed for failure from their inceptions. I believe we are abandoning the core mission of entitlement programs, which was meant to bring necessary coverage to those who cannot provide for themselves.

Mr. Speaker, I, like many Americans, can speak on a personal basis about what a disappointment this is, not just the ObamaCare bill, but the provisions laid out in it. You see, I'm not unlike many Americans. I have a disabled son at home. I have an 18-year-old Down syndrome young man. I, and Alex, perhaps at some point, will count on the government's being able to uphold its real responsibility. I believe government should have a mission statement, and that government should have a role in the lives of Americans, but it should be one which is very narrow and well understood.

I understand and believe that we should have a government that does help people who need help, and that we do have a government that can give assistance. However, I believe that able-bodied people should not be included in these programs. I believe that the people who should be a part of this government assistance should be those who have an intellectual or physical disability, those who are seniors—our parents. Because of their ages and their service to this great country, they have earned this and should be given that help. Lastly, those who are poor—those, in other words, who are at or below the poverty line—should be a part of this as well.

I believe that what this bill has done—and the philosophy of the Democratic Party, including that of this President—will diminish the real role that government should be playing, because, in fact, it has gone so far out of its intended purpose, or of its ability to sustain what it should be doing, that it will be a sham system and unable to help those it should have been intended to help in the first place. I have seen this many times. I have seen it in professional sports where, as an analogy, people will buy a season ticket and get a parking pass with it. There are sometimes 10,000 or 15,000 people who buy season tickets for 4,000 parking places. In other words, there may be 10,000 people who have the right to come to those parking places, but there is only room for a few.

Mr. Speaker, I believe our government and the leaders of this govern-

ment, including Secretary Sebelius, recognize the limitations and the failures of this piece of legislation. This one piece alone is what we, as Republicans today, are trying to highlight, and Dr. BOUSTANY is right in bringing it to us.

We should not be creating a system that would be outside the scope of what the government should actually be doing, which is to help those who cannot help themselves or who deserve that opportunity to have help. In other words, by creating a larger-than-life scenario which cannot be sustained, they've, in fact, put the underpinnings of something that could be good at risk—selling too many parking places for the ones that need to exist. The parking places that need to exist need to be on a one-on-one basis now for the people who need them the most. That is what the government should be doing and doing well, not going outside of its mandate and not promising something that is unsustainable and that they cannot deliver on.

Mr. Speaker, I would submit and suggest that some Democrats will rise today to defend this bill, the CLASS Act, but the facts of the case are now known and well understood so that even the President and his administration are walking away from this part of the bill. The program is fatally flawed, and a full repeal is the only realistic way we should approach this.

Now is the time to be serious with the American people. Now is the time when we need to say that this should not have been a part of what this health care bill is about. It will surely not deliver on what was sold or do what it was intended to do; and before we engage in that, we ought to be realistic and honest about what this is doing.

Now is the time to be serious with the American people about expectations from the Federal Government as related to this program. House Republicans are committed to providing affordable, patient-driven solutions to the problems facing our health care system; and we recognize, in going through the bill, that this stands out as a prime example of what is broken about the legislation that is law today.

So we are here forthrightly, through regular order, to talk in a polite and sensible way about how we should handle what we now know and what we should have known then but failed to do. Not reading the bill is just another example of the flawed process that we were going through.

I urge all of my colleagues to vote for this modified open rule, which allows for the consideration of all preprinted amendments that comply with the rules of the House, and to vote for the underlying bill.

I reserve the balance of my time.

□ 1730

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

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

Mr. MCGOVERN. I want to thank the gentleman from Texas (Mr. SESSIONS) for yielding me the customary 30 minutes.

First of all, Mr. Speaker, I would urge my colleagues to vote "no" on this rule. One is, as was pointed out, this is not truly an open rule—there is a preprinting requirement. But there is also a cap, a time limit of 3 hours on the total debate for this bill. So if Members have an idea about an amendment they want to offer and it bumps up against the 3-hour time limit, they're out of luck.

I would remind my colleagues that this is an important issue. This is about long-term care, health care, mostly for our senior citizens. This is an important subject. We should be talking about this. We should be deliberating on this, and it deserves the necessary time to do this issue justice.

I guess I shouldn't be surprised, because we can't get this leadership to bring up not only legitimate health care bills to help improve the quality of health care for our citizens, but we can't get them to bring up jobs bills. We can't seem to get this leadership to bring up anything of any consequence or any significance to the American people or anything that will improve the quality of life for the citizens of this country.

Mr. Speaker, my friends on the other side of the aisle want to portray this as a very simple debate. They want everyone to think that this is a bill that just ends, as they put it, a problematic or a failed program, a bill that says we're going to run our government more effectively and more efficiently, a bill that says that we're going to get health care right for the American people.

But, Mr. Speaker, nothing, absolutely nothing, could be further from the truth. And let me be clear: This bill is just one more example of how the Republican majority in this House stands with Big Insurance instead of the American people. It's another example of how Republicans want to rig the health care system so insurance companies can continue to discriminate based on preexisting conditions and can continue to reap big profits at the expense of our families.

Democrats stand for improving access to the best health care system in the world. We want Americans to be able to take care of themselves and to plan for long-term care should they need it.

The debate in the Rules Committee last week was a telling example of how my friends on the other side of the aisle view this critical health care issue. During that debate, one of our colleagues, Republican colleagues on our Rules Committee, compared long-term care planning to owning a swimming pool, a luxury, saying that since the government shouldn't build a swimming pool for everyone in the country, that we shouldn't be providing long-term care advice or help

with long-term care planning for the American people.

Mr. Speaker, this is where the discourse on health care has landed. We talk about how to lower costs and to increase access to health care, and my Republican friends talk about swimming pools. They are in over their heads, which is why their poll numbers are sinking to the bottom. This bill may appear to be fairly simple, but it will have a devastating impact on Americans as they plan for the future.

H.R. 1173, the so-called Fiscal Responsibility and Retirement Security Act, would repeal the CLASS Act and defund the National Clearinghouse for Long-Term Care Information. The CLASS Act is a national voluntary insurance program for purchasing long-term or disabled care for things like nursing home fees. Let me repeat that: It's a voluntary program. There's no mandate, no requirement, no obligation for anyone to participate.

This bill also converts mandatory funding for the National Clearinghouse for Long-Term Care Information into discretionary funding. While they say that this saves \$9 million, the truth is Americans will lose access to critical information that can help them decide what kind of long-term care coverage they may or may not want, they may or may not need, as they grow older.

We need to figure out how to best address the cost and availability of long-term care in the United States, and the reality is that voting for this bill is the same as putting your fingers in your ears or covering your eyes. Surely you may not want to be able to hear or see what is bothering you, but it doesn't mean that these problems go away.

So why are we doing this today? Why are we repealing this without any replacement, without any thought given to how we might help the American people?

Well, if you listen to the Republican rhetoric, you'd think that some unnamed and unseen person is going to send you off to a dark room in an isolated nursing home, and you have no choice where to spend your golden years. That is, of course, if you listen to their ridiculous rhetoric.

It's true that the Obama administration has suspended enactment of the CLASS Act. They have done so after carefully assessing how they could implement a long-term, financially stable CLASS program. Unfortunately, they did not see a way forward at this particular point, but that doesn't mean we should just give up, throw up our hands and walk away.

While the CLASS Act is a sound premise, it clearly needs more work if it's going to be a viable program. The problem with H.R. 1173 is that it repeals the CLASS Act. We need to fix the CLASS Act, not destroy it. We need to engage on how to solve this problem, not to walk away from it, not to turn it into yet another piece of campaign rhetoric.

But that's not how the Republicans operate in this House. Their goal, it ap-

pears, is to tear down the health care system and to prevent people from getting adequate health care. How else can you explain their actions to repeal the Affordable Care Act and to end Medicare?

Mr. Speaker, the Republicans began the 112th Congress with an effort to "repeal and replace" the Affordable Care Act. Well, the House voted to repeal the new health care law, but we still haven't seen their replacement. They voted for repeal without replacement.

I should also point out to my colleague from Texas, it wasn't brought up under regular order; the repeal was brought up under a closed rule—but that's not unique in this House either.

The Republicans in control of the House of Representatives have found the time for bills on abortion and guns, bills to defund Planned Parenthood and National Public Radio and bills reaffirming our national motto, as if our national motto needs reaffirming. But when it comes to improving the quality of health care for the American people, my friends on the other side of the aisle are strangely silent.

As we near the second anniversary of the enactment of the Affordable Care Act, it's important to look at the success of this law and explain why repeal, as they have advocated, would cause real harm to the American people. We know for a fact that the Affordable Care Act is lowering costs and expanding coverage for millions of Americans.

The truth is crystal clear: 2.5 million young adults gained health insurance, 2.5 million young Americans gained health insurance. More than 40,000 Americans with preexisting medical conditions gained affordable health care coverage. Three hundred fifty new community health centers were built, and nearly 19,000 new jobs were created last year alone. Americans are benefiting from greater protections from unreasonable private insurance premium hikes.

More than 2 million senior citizens saved more than \$1.2 billion on prescription drugs in 2011. Again, let me repeat that: More than 2 million senior citizens saved more than \$1.2 billion on prescription drugs in 2011.

They want to repeal the bill, the affordable health insurance bill, which closes the doughnut hole, and all of a sudden senior citizens will see a tax hike the next time they look at their prescription costs.

Seniors in Medicare Advantage plans saw their monthly premiums decrease 14 percent from 2010 to 2011. Millions of women, seniors, and people with disabilities accessed preventative services.

The Department of Health and Human Services and the Department of Justice stopped \$3 billion in fraudulent claims in 2011.

We also know that the quality of care is improving because of the Affordable Care Act. I'm talking about an expanded workforce, including primary

care workers, better coordinated care for Medicare patients, and improvements in preventative hospital care and readmission conditions, just to name a few. In fact, the entire debate within the health care community is changing on how we can better keep our citizens well.

Finally, we know that the health care industry is hiring more workers because of the Affordable Care Act. In fact, 514,900 new health care jobs have been created since the Affordable Care Act was enacted almost 2 years ago. Clearly, Mr. Speaker, the Affordable Care Act is working, and benefits will continue to grow as we move towards full implementation by 2016.

But by opposing the Affordable Care Act by pursuing repeal of the bill, Republicans have made it clear that they're against protections for people with preexisting conditions, that they are against expanding coverage for 2.5 million young adults who can't get health care on their own, that they are against new community health centers, that they are against the new jobs created by the Affordable Care Act.

□ 1740

And with this bill today, they are announcing that they are against planning for long-term care. This makes no sense, Mr. Speaker. Americans need to think about long-term care. They need planning options for the future.

Currently 10 million Americans need long-term care, and 5 million more will need long-term care over the next decade. Yet only 8 percent of Americans currently buy private long-term care insurance. Instead of forcing people to migrate towards Medicaid, the only other long-term care option available, we should be providing Americans with the tools they need to plan for the future. That's what the intention of the CLASS Act and the purpose of the National Clearinghouse for Long-Term Care Information is all about.

I know my friends will say: Trust us; we're going to come up with something down the road. Wouldn't it have been refreshing, in the spirit of bipartisanship, if we had come up with something before they chose to just outright repeal this provision? Maybe this would have been an opportunity for people to come together. But, no, we're told we're repealing it. You know, that fits in with our campaign rhetoric for 2012: We're going to repeal it; and the American people, just trust us. Take two tax breaks; call me in the morning. That's all you need to worry about.

The American people expect Congress to work each and every day to make this country better. Like Social Security and Medicare before it, the Affordable Care Act is an example of responsible legislating that is improving people's lives. It's not perfect. We need to build on it. We're going to need to make corrections. But there's not a piece of legislation that we have ever passed in any Congress that hasn't needed to be corrected and adjusted

and tweaked as time has gone on. But it is an important step in the right direction. And notwithstanding the rhetoric on the other side of the aisle, it has made a real difference in the lives of many millions of Americans who otherwise wouldn't have access to health care.

We must not and we will not let the Republicans drag us down with them on this issue. Vote "no" on this rule and "no" on the underlying bill.

I reserve the balance of my time.

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

I find very interesting my friend's arguments. First of all, the health care bill hasn't even kicked in, so millions of people have not gotten the advantages of this bill yet.

Mr. MCGOVERN. Would the gentleman yield?

Mr. SESSIONS. I yield to the gentleman from Massachusetts.

Mr. MCGOVERN. If I'm not mistaken, the allowance to let families keep their kids on their health insurance until they are 26 years old has kicked in.

Mr. SESSIONS. And that was a bipartisan agreement.

Mr. MCGOVERN. No, no. Under your repeal bill, that would go away. That was part of the Affordable Care Act. That is one of the many things that has kicked in.

Mr. SESSIONS. Reclaiming my time, Mr. Speaker, at the time the bill was passed, we agreed to a number of things that we did think were good ideas. That was a good idea.

The \$500 billion of cuts in Medicare that Republicans talked about, we did not set that up for this election. They did that 2 years ago. That's one of the reasons why the American people, 50-plus percent of the American people, another reason why they do not like this bill.

But to suggest that all of the advantages that are occurring as a result of this bill would be a misnomer. As a matter of fact, it's causing almost 80 percent of small business owners not to make decisions about hiring people for the future; and it's causing intense financial problems, not only upon small businesses but upon other businesses who don't hire people. It's causing a substantial problem on the amount of money that we are spending by this government right now.

Oh, by the way, that legislation also said in certain pieces of it that it's not for review by judicial or congressional oversight, that whatever these panels do is a decision that they would make. It's very restrictive. It's a government-run system, and it's causing enormous financial distress to this country.

I appreciate the gentleman trying to take all of the high attributes for it. It's a system that Republicans will vote to repeal, and we will replace that with a system that is market-based and that works.

Lastly, I will say that the gentleman talked about how cost effective it is.

Insurance rates are raising 30 percent this year alone for people in the private sector, and that's unsustainable.

Mr. Speaker, today, however, we are talking about a larger issue, and that is a piece part of that bill, the CLASS Act. I'm very pleased today to have a gentleman who is a great member of our conference, a physician by trade. It's just of enormous consequence that we have a person who understands why this piece of the bill in particular, today, must be repealed.

I'm delighted to yield 5 minutes to the gentleman from Louisiana (Mr. BOUSTANY), the original sponsor of the bill.

Mr. BOUSTANY. Mr. Speaker, I thank my friend from Texas for yielding some time to me on this important debate.

As a physician, I know firsthand about the needs out there with regard to long-term care. I've treated hundreds of patients who've needed it. This is a very important problem. It's an acute problem, and it's something that this Congress has to take seriously.

Also, I have a personal stake in this. I lost my father 3 years ago. He did not have a long-term care policy, and we had to deal with it. And we dealt with it. We were fortunate; as a family, we came together and we were able to take care of his needs. Many families can't. That's why this Congress has to get serious about dealing with this problem.

Now, our friends on the other side of the aisle had the last two Congresses to try to deal with this, and they proposed the health care bill. Yet there was no debate on any other alternatives. This was a one size fits all. This particular program wasn't even vetted in the House committees, and yet it was added into the bill as a budget gimmick. That's not serious legislation and that's not doing justice to the American people who are faced with these problems every single day.

Washington should have learned from this mistake. And there are three lessons, three basic lessons that we can learn from this CLASS program that was added into ObamaCare, this CLASS program, a failed program, an unsustainable program by the administration's own admission:

First, the first lesson, don't ignore reality. Democrat leaders ignored actuarial experts' warnings when they used the CLASS program as a budget gimmick in ObamaCare. President Obama can't create a self-funded, sustainable program that prohibits underwriting unless he intends to force healthy Americans to participate. Most enrollees will be high risk, causing premiums to skyrocket, making CLASS less appealing to healthy Americans. So the first lesson: Don't ignore reality.

The second lesson is simple: Don't break the law. The administration planned to break the law by excluding Americans made eligible by the statute. And when Congressional Research Service attorneys warned of lawsuits, I

sent letters to Secretary Sebelius as the Oversight Subcommittee chairman on Ways and Means for her legal authority to make this change. Subsequently, she, and I think rightfully, suspended the program. But this does not correct bad law, a bad statute written into law. And unless we repeal CLASS, the Department of Health and Human Services will be in violation of the law when it misses an important deadline for implementation in October of 2012 and again in 2014. The administration, I think rightfully, doesn't want to break the law, but we need to go further and repeal this; otherwise, they are in violation of the law. And this is not my opinion, this is the opinion of CRS lawyers.

So the first lesson, don't ignore reality; second, don't break the law; and, third, let's not compound our Nation's long-term fiscal problems.

A prominent Democrat and former Congressional Budget Office Director, Alice Rivlin, wrote: "Since the CLASS program is a new, unfunded entitlement, it should be repealed because it will increase the deficit over the long term." Pretty clear statement from a Democrat and former Congressional Budget Office Director.

The President's own deficit commission agrees with this assessment, and our grandchildren simply cannot afford a new budget-busting entitlement when we already have entitlements that we're struggling with.

We need to solve problems. We need to get our budget under control. We need to solve this problem of long-term care, and there are ways to do it. There are many ways to do it. I'm working on legislation. I've got it in draft form. I'm sharing it with fellow colleagues, Democrats and Republicans, on the House Ways and Means Committee.

I believe firmly that we have to do the right thing here, and I urge my colleagues on both sides of the aisle to support this rule. Let's repeal the CLASS program and support H.R. 1173, and this will give us the impetus to move forward on sensible legislation that will actually solve this problem and not add to the deficit.

I believe, beyond CLASS repeal, we should make it easier for disabled Americans to save for their future needs.

□ 1750

We can expand access to affordable, private, long-term care coverage; and we can better educate Americans on the need for retirement planning. There are ways to do this. There are a lot of good ideas on both sides of the aisle. I have already had conversations with Democrats on our committee. Let's solve the problem. Let's not add to the deficit. Let's not put the administration—by its own admission and by the analysis of CRS attorneys—let's not put them in a position of actually breaking the law. That's not a good example to set for the American public.

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

First of all, I just want to point out to my colleagues, in case they may have forgotten, that the CLASS Act was actually debated in the Energy and Commerce Committee. And do you want to know what the vote was? It passed by voice vote. There were a lot of other provisions in this health care bill that did not pass by voice vote where my Republican friends insisted on an up-or-down vote; but on this one, it passed by a voice vote. I want to point that out just so there's no misunderstanding.

The other thing I also think is important so there's no misunderstanding is that somehow nothing in the Affordable Care Act has kicked in. A lot has kicked in already. Blood pressure screenings for adults aged 18 and older, every 2 years for those with normal readings and annually for those with elevated results; cervical cancer screenings; child services, including screenings for autism; cholesterol screenings; colorectal cancer screenings; diabetes screenings; diet counseling; evaluation for depression; immunizations; mammograms, all aimed at encouraging people to get preventative care so that they can avoid some of the debilitating results from not being checked. Those are all being covered under the Affordable Care Act.

My colleagues, over a year ago—over a year ago—it's now January 31—well over a year ago, you brought up on this floor under a closed rule a bill to repeal the Affordable Care Act. And you said, oh, we've got some ideas on how to fix the health care challenges in this country. It's been a year. Nothing. What have we been doing here? Well, we had a very rigorous debate on National Public Radio, something I'm sure everybody is concerned about all across this country.

We had a bill brought to the floor on reaffirming the national motto of this country, "In God We Trust." There it is, "In God We Trust," in gold letters right above where the Speaker sits. It's on the dollar bill. I didn't know it needed reaffirming, but we had to come to the floor and have this debate and vote on reaffirming our national motto.

We had votes on every hot-button issue that you can imagine; but when it comes to things like health care, improving the quality of life for people, we can't find the time. My friends say they have all these great ideas. It's been over a year since you voted to repeal the Affordable Care Act. Do you want to repeal all these new services that are covered, all these tests to help people stay well, and in staying well, controlling health care costs?

My grandmother used to say an ounce of prevention keeps the doctor away. She was right. There's wisdom in encouraging people to seek out preventative-care services. If we can provide those services without a cost to encourage more people to take advantage of them, then more people will

stay well, and we will control health care costs in this country.

We're having a discussion as a result of the Affordable Care Act about results-oriented health care, how do we keep our populations better. Not just how we could have the best doctors to do heart surgeries, brain surgeries and all these very complex surgical procedures which we want to make sure we still have the very best in the world, but maybe there are people who can avoid getting to that point.

Already, because of the passage of this bill, more and more people are taking advantage of these screenings. That's a good thing. And my colleagues, every one of them on the other side of the aisle, voted to repeal outright all these things. All these things would have gone away. Senior citizens would be paying more for prescription drugs today if their repeal bill made it through this process. So there are some good things that are happening.

I know it's tough to ever concede that this President has done anything good; but under this, the Democratic Congress, with no help from the Republicans on the other side of the aisle in this House, and the President of the United States, actually, I think, took a step in the right direction. As time goes on, more and more people are appreciating what is covered in that legislation.

So I point that out because my friends on the other side have a tendency to say "no" to everything. It's very easy to say "no." You don't have to take responsibility for anything. You said "no" over a year ago when you voted to repeal the Affordable Care Act, and you've said "yes" to nothing since. Today, you're asking us to join you in saying "no" again to the issue of making sure the people have the ability to take care of their loved ones and themselves in the case where they need long-term care. You're saying, say "no" to that. And replace it with what? Oh, trust us, we'll get back to you. Don't worry about it. We know what we're doing here. Well, again, it's very easy to say "no." It's more difficult to say "yes," and you've said "yes" on nothing when it comes to positive improvements in our health system.

With that, Mr. Speaker, I'd like to yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Let me thank the gentleman from Massachusetts, and let me thank my colleague from Texas.

This is a very important debate. It brings about a lot of emotion for two reasons for me. In that same year on our debate on Affordable Care Act, I lost my mother, and she was in need of long-term care. As I speak, there are two elderly, senior-citizen relatives who likewise are in the midst of long-term care. They are of a different era. They did not have the opportunity to

plan as much because of their economics and because of their station in life for their later life. But as I've watched the intensity of the care, I realize that we cannot make health care a political football.

I remember distinctly that very emotional time in March of 2010, and my recollection serves me not one friend on the other side of the aisle, not one Republican in this House, voted to help save the lives of Americans and provide them with a safety net of health care.

My good friend from Massachusetts has already given a litany of provisions that are already saving lives, from the 26-year-old being on insurance to not being kicked out of the hospital and many others. But let us focus on long-term care, a very personal part of one's life; 21 million people in 2008 had a condition that caused them to need help with their health and personal care. Many of them may be young people who've had serious, catastrophic illnesses and/or accidents. Medicare does not cover long-term services and supports—about 70 percent of people over 65.

But the real point that I want to make is if you want to talk about money, let me tell you how many of the family caregivers or how much their kind of help is equated. Some \$450 billion comes out of the family's either personal care or resources. This is not a throwaway. This is not throwing money away.

We recognize that the administration has thoughtfully said it needs to look at this long-term care in order to do it right. So I agree with the gentleman from Massachusetts that this should not be a throwaway; this should be a fix-up. One of the amendments that I had suggested was the idea of letting the Secretary come forward with best practices. For no one can intrude into the most personal time of your life when you are desperately in need, when you are catastrophically ill, or when you have aged to the point that there are people who you need to do the most personal things in life, in essence, to clean you up because of personal hygiene.

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

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

□ 1800

Ms. JACKSON LEE of Texas. I thank the gentleman.

Long-term care is needed by a projected 15 million people. As I indicated, chronic conditions, trauma, or illness brings you to this, but the real idea is personal hygiene, getting dressed, using the bathroom. Do you want to put in the sunset of life or in time of great desperation the idea that no one is thinking about how we can best do long-term care? This repeal turns a light out, closes a door, abandons those family caregivers who are already giving \$450 billion of their time, their heart, the devastation—Medicaid giving \$101 million, but personal is \$14 billion.

Mr. Speaker, let's not throw the baby out with the bath water. Let us not, if you will, pass this bill that denies that America has a heart in the most difficult times of Americans. Who would raise their hand and say, I want someone to help me in my personal hygiene, I need someone to help me get to the bathroom, or something even more? This is what we're talking about. This is not the way to do it, Mr. Speaker. I demand that we vote against the CLASS Act repeal.

Mr. Speaker, I rise in opposition to H. Res 522, "Rule Providing Consideration on the Bill H.R. 1173, 'The Fiscal Responsibility and Retirement Security Act of 2011.'" This bill would repeal title VIII of the Patient Protection and Affordable Care Act and Supports (CLASS) Program—a national, voluntary long-term care insurance program for purchasing community living assistance services and supports. Title VIII also authorized and appropriated funding through 2015 for the National Clearinghouse for Long-Term Care Information (clearing house). H.R. 1173 would rescind any unobligated balances appropriated to the National Clearinghouse for Long-Term Care Information.

The CLASS Act was designed to provide an affordable long-term care option for the 10 million Americans in need of long-term care now and the projected 15 million Americans that will need long-term care by 2020.

Individuals need long-term care when a chronic condition, trauma, or illness limits their ability to carry out basic self-care tasks, called activities of daily living (ADLs), (such as bathing, dressing or eating), or instrumental activities of daily living (IADLs) (such as household chores, meal preparation, or managing money).

Long-term care often involves the most intimate aspects of people's lives—what and when they eat, personal hygiene, getting dressed, using the bathroom. Other less severe long-term care needs may involve household tasks such as preparing meals or using the telephone.

Estimates suggest that in the upcoming years the number of disabled elderly who cannot perform basic activities of daily living without assistance may double today's level.

CLASS provides the aging and the disabled with a solution that is self-sustaining, at no cost to tax payers.

As the estimated 76 million baby boomers born between 1946 and 1964 become elderly, Medicare, Medicaid, and Social Security will nearly double as a share of the economy by 2035.

Baby boomers are already turning 65. As of January 1, 2011, baby boomers have begun to celebrate their 65th birthdays. From that day on 10,000 people will turn 65 every day and this will continue for the next 20 years.

It is reasonable to assume that over time the aging of baby boomers will increase the demand for long-term care.

Repealing the CLASS program does nothing to address the fact that private long-term care insurance options are limited and the costs are too high for many American families, including many in my Houston district, to afford.

In 2000, spending from public and private sources associated on long-term care amounted to an estimated \$137 billion (for persons of all ages). By 2005, this number rose to \$206.6 billion.

Individuals 85 years and older are one of the fastest growing segments of the population. In 2005, there are an estimated 5 million people 85+ in the United States; this figure is expected to increase to 19.4 million by 2050. This means that there could be an increase from 1.6 million to 6.2 million people age 85 or over with severe or moderate memory impairment in 2050.

An estimated 10 million Americans needed long-term care in 2000. Most but not all persons in need of long-term care are elderly. Approximately 63% are persons aged 65 and older (6.3 million); the remaining 37% are 64 years of age and younger (3.7 million).

The lifetime probability of becoming disabled in at least two activities of daily living or of being cognitively impaired is 68% for people age 65 and older.

By 2050, the number of individuals using paid long-term care services in any setting (e.g., at home, residential care such as assisted living, or skilled nursing facilities) will likely double from the 10 million using services in 2000, to 26 million people. This estimate is influenced by growth in the population of older people in need of care.

Of the older population with long-term care needs in the community, about 30% (1.5 million persons) have substantial long-term care needs—three or more activities of daily living limitations. Of these, about 25% are 85 and older and 70% report they are in fair to poor health. 40% of the older population with long-term care needs are poor or near poor (with incomes below 150% of the federal poverty level).

Between 1984 and 1994, the number of older persons receiving long-term care remained about the same at 5.5 million people, while the prevalence of long-term care use declined from 19.7% to 16.7% of the 65+ population. In comparison, 2.1%, or over 3.3 million, of the population aged 18–64 received long-term care in the community in 1994.

While there was a decline in the proportion (i.e., prevalence) of the older population receiving long-term care, the level of disability and cognitive impairment among those who received assistance with daily tasks rose sharply. The proportion receiving help with three to six ADLs increased from 35.4% to 42.9% between 1984 and 1994. The proportion of cognitive impairment among the 65+ population rose from 34% to 40%.

INFORMAL CARE GIVERS AND FAMILY

Informal Care Givers and Family are the unsung heroes for those who need longer term care. These care givers are unpaid individuals such as family members, partners, friends and neighbors who provide care. Just imagine for a moment an average family in the United States.

Imagine if the average working couple now has to balance raising children and caring for the needs of their aging parents or disabled adult relative without any additional support. Imagine how caretaking if left unaddressed will impact our workforce.

This is exactly what millions of families face every day. Over three-quarters (78%) of adults living in the community and in need of long-term care depend on family and friends (i.e., informal caregivers) as their only source of help; 14% receive a combination of informal and formal care (i.e., paid help); only 8% used formal care or paid help only.

Although estimates may vary the following numbers of family and informal care givers is still alarming and the numbers will only grow:

52 million informal and family caregivers provide care to someone aged 20+ who is ill or disabled.

44.4 million caregivers (or one out of every five households) are involved in care giving to persons aged 18 or over.

34 million caregivers provide care for someone aged 50+.

27.3 million family caregivers provide personal assistance to adults (aged 15+) with a disability or chronic illness.

5.8 to 7 million people (family, friends and neighbors) provide care to a person (65+) who needs assistance with everyday activities.

8.9 million informal caregivers provide care to someone aged 50+ with dementia.

By the year 2007, the number of care giving households in the U.S. for persons aged 50+ could reach 39 million.

Even among the most severely disabled older persons living in the community, about two-thirds rely solely on family members and other informal help, often resulting in great strain for the family caregivers.

HOME AND COMMUNITY-BASED CARE

The majority of people, almost 79%, who need long-term care, live at home or in community settings. Less than 21 percent of individuals who need this type of care live in institutions. More than 13.2 million adults (over half younger than 65) living in a community received an average of 31.4 hours of personal assistance per week in 1995. Only 16% of the total hours were paid care (about \$32 billion), leaving 84% of hours to be provided (unpaid labor) by informal caregivers.

The trend towards community-based services instead of nursing home placement was formalized with the Olmstead Decision (July, 1999)—a court case in which the Supreme Court upheld the right of individuals to receive care in the community as opposed to an institution whenever possible.

Most assisted living facilities (ALFs) discharge residents whose cognitive impairments become moderate or severe or who need help with moving from a wheelchair to a bed. This limits the ability of these populations to find appropriate services outside of nursing homes or other institutions.

Older individuals living in nursing homes require and receive greater levels of care and assistance. The issue before us today, is how we intend to treat our aging and disabled at a time when they are in need of assistance that will have a direct impact on their quality of life.

Traditionally, most long-term care is provided informally by family members and friends. Some people with disabilities receive assistance at home from paid helpers, including skilled nurses and home care aides.

Nursing homes are increasingly viewed as a last resort for people who are too disabled to live in the community, due to a number of factors, cost being one.

Mr. Speaker, I believe that we must leave the framework that exists in place and work with seniors, families, industry, HHS and others to find a way to make the CLASS Act or an alternative long-term care program work.

NOVEMBER 14, 2011.

Hon. FRED UPTON,
Chairman, House Energy and Commerce Committee, House of Representatives, Washington, DC.

Hon. JOE PITTS,
Chairman, Subcommittee on Health, House Energy and Commerce Committee, House of Representatives, Washington, DC.

Hon. HENRY WAXMAN,
Ranking Member, House Energy and Commerce Committee, House of Representatives, Washington, DC.

Hon. FRANK PALLONE,
Ranking Member, Subcommittee on Health, House Energy and Commerce Committee, House of Representatives, Washington, DC.

DEAR CHAIRMAN UPTON, RANKING MEMBER WAXMAN, CHAIRMAN PITTS, AND RANKING MEMBER PALLONE: The undersigned organizations write to oppose legislation, H.R. 1173, to repeal the Community Living Assistance Services and Supports (CLASS) program and respectfully urge members to reject such legislation.

In 2008, 21 million people had a condition that caused them to need help with their health and personal care. Medicare does not cover long-term services and supports (LTSS), yet about 70 percent of people over age 65 will require some type of LTSS at some point during their lifetime. As our population ages, the need for these services will only grow. In addition, about 40 percent of the individuals who need LTSS are under age 65 and LTSS can enable individuals to work and be productive citizens.

Regardless of when individuals may need these services, there is a lack of financing options to help them plan and pay for the services they need to help them live independently in their homes and communities where they want to be. Family caregivers are on the frontlines. They provided care valued at \$450 billion in 2009—more than the total spending on Medicaid that year. Private long-term care insurance helps some people pay for the cost of services, but it is not affordable for most, and some people are not even able to qualify for it. Too often, the cost of services wipes out personal and retirement savings and assets that are often already insufficient—as a result, formerly middle class individuals are forced to rely on Medicaid to pay for the costs of LTSS. There are few options for individuals to help them pay for the services they need that could help them delay or prevent their need to rely on Medicaid, the largest payer of LTSS.

That's why we support the CLASS program—to give millions of working Americans a new option to take personal responsibility and help plan and pay for these essential services. CLASS could also take some financial pressure off Medicaid at the state and federal levels—paid for by voluntary premiums, not taxpayer funds. For us, this is about the financially devastating impact that the need for LTSS has on families across this country every day and the essential, compelling and urgent need to address this issue. Every American family faces the reality that an accident or illness requiring long-term care could devastate them financially. This issue affects the constituents of every U.S. Representative. CLASS is an effort to be part of the solution. The CLASS actuarial report established that CLASS can still

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Health & Disability Advocates; Inter-National Association of Business, Industry and Rehabilitation; LeadingAge; Lutheran Services in America; Mental Health America; The National Alliance for Caregiving; National Alliance on Mental Illness (NAMI); National Association of Area Agencies on

Aging (n4a); National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD); National Association of the Deaf; National Association for Home Care & Hospice; National Association of Nutrition and Aging Services Programs (NANASP); National Association of Professional Geriatric Care Managers; National Association of Social Workers; National Association of State Head Injury Administrators; The National Center for Learning Disabilities.

National Committee to Preserve Social Security and Medicare; The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR); National Council on Aging; National Council on Independent Living; National Disability Rights Network; National Down Syndrome Congress; National Multiple Sclerosis Society; NISH; Paralyzed Veterans of America; Physician-Parent Caregivers; SEIU; Self-Reliance, Inc.; Services and Advocacy for GLBT Elders (SAGE); United Cerebral Palsy; United Spinal Association; Volunteers of America.

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

You know, the beautiful part of this body and really the historical context of the United States Congress is that people can come down and advocate for things that they see, things that they want. We go through, have hearings, we pass bills. We're not here today to say what's good or bad or right or wrong in terms of how we help people. We're here saying the government cannot make this program work.

To make the program work means that it has to have the underpinnings of an understanding, not just how it will work and who will pay for it, but really, what are the services that are going to be provided? The gentlewoman from Texas was very genuine in talking about the needs of people. I deeply believe in those needs also. But it also goes back to, this administration is the one that is walking away from the legislation, and it does us no good to try and act like, it's okay, we'll just ignore that.

The Congressional Budget Office today released its viewpoint for the coming year, and once again this administration, President Obama, will have a \$1 trillion deficit on his hands. The prior record before President Obama had been \$459 billion. We are going to be a trillion dollars—again—in the hole. At some point someone needs to recognize we cannot sustain all these great and wonderful ideas because if you cannot pay for something, you have set an expectation of performance that will not ever come true. That is cruel. That is cruel, and that is exactly what this ObamaCare bill and this CLASS Act is all about. It is about substantially telling the American people that something will be there when it never will be there because it's not put together where it's sustainable. The President's own people are saying it's not sustainable. And we as Members of Congress are trying to work with the administration on how it might work, and they're saying it can't and won't.

So the reality base of this is that the Republican Party does recognize the

need. I recognize the need personally. I think CHARLES BOUSTANY, Dr. BOUSTANY, who is the sponsor of the bill, recognizes a need. But the way that it is defined and was defined in the Energy and Commerce Committee was, it's a concept and an idea; let's voice vote this or agree that we'll get something back later. The bill was not voice voted. The agreement that they would come back later and look at it was.

In fact, Republicans are not guilty as charged. We are people who primarily go back home every weekend. I've never spent a weekend in Washington, D.C., in the 16 years I've been a Member of Congress. I go back out of Washington and try and go home to listen to people about the concerns that they have. It doesn't take much of a person who goes back every weekend to recognize there are great needs in this country. But to try and put together a program that cannot sustain itself, that offers a false hope and cannot be met, is cruel.

So today, Republicans, without calling anything bad, we're simply saying it cannot be sustained. It cannot be sustained by the government. The government cannot figure out a way to make it work. The managers of the business cannot figure out a way.

So, we've heard today we should hold hearings. We should. We should take up this issue. Dr. BOUSTANY talked about the need to do that, and we're going to. But the way the law looks right now, it's unsustainable, and we should tell the truth about that. And that is what Republicans are on the floor of the House doing today.

I reserve the balance of my time.

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

First of all, I think it's important to make it clear that there was a voice vote in the Energy and Commerce Committee. There were 2 days of debate on this CLASS Act, 2 days of debate. And the language in the amendment apparently was even changed before there was a voice vote. So to somehow diminish that there was some sort of a real vote or not—there was a real vote; 2 days of debate and a real vote.

Secondly, just so there's no misunderstanding, my friends keep talking about the debt and the deficit we face. First of all, as a Democrat, I want to say that I don't need a lecture from my friends on the other side of the aisle about deficits and the debt. We saw how this country went from surplus to deficit with the passage of the Bush tax cuts—mostly for the wealthy that weren't paid for. Every economist will affirm that they brought us into debt. Two, the prescription drug bill—that was much more expensive than my friends on the other side of the aisle told us it was going to be, and then they didn't pay for it on top of it. And then add to that two wars that aren't paid for. We are fighting the wars in Afghanistan and Iraq, and we didn't pay for them. We didn't look for offsets in the budget. They didn't even go to

the American people and say, we're at war, we have to have a war tax, or we have to find a way to pay for the war. No. Soldiers go fight, you know, their families suffer, and we do nothing. So you want to know why we're in debt? That's why we're in debt.

And just for the record, this CLASS Act that we're talking about is not this taxpayer-subsidized, endless government funding type of a program here. I mean, it has to be self-financed by the premiums that people pay who volunteer to get into it. It says in the law that this cannot be funded by the dollars of taxpayers. What this is is a framework, a framework to get us to focus on the issue that we need to address, which is long-term health care in this country.

Now, I'm from Massachusetts, and I may be a little sensitive on this issue because one of my heroes, the late Senator Ted Kennedy, championed this issue. He understood that there was a need out there, and he saw, as we all have seen, what families go through when loved ones can't afford or families can't afford to pay for the long-term care of loved ones. So it took us decades to get here, to get to this point where we have a framework. Yes, it is true: This is not perfect. It needs more work. But we have a framework here. And it's not a framework which calls for endless subsidies by the taxpayers. It says we've got to come up with a program that can self-sustain itself, that is financed by those who want to be enrolled in it. Why would you throw this away? Why would you throw this away?

My friend on the other side of the aisle talks about false promises. Please, give me a break. False promises? You got up over a year ago and said we're repealing this health care reform bill, the Affordable Care Act, and we're going to replace it with something. It's been over a year. Nothing, nothing, not a single thing. You know, it's not like we haven't had time to do it or to talk about these issues or debate these issues. I mean, this has become a place where trivial issues get debated passionately and important ones not at all. National Public Radio funding, we had to debate that on the floor. Reaffirming our national motto "In God We Trust," we had time for that. Issues on abortion and every hot button issue you can think of, including we had a debate on making it easier for unsafe people to bring concealed weapons from State to State to State.

□ 1810

Now, I don't know about Texas or about other countries, but I've got to tell you, people talk to me about a lot of problems and about a lot of things that keep them up at night. Some of the things that you've brought to this House floor never even enter their minds, because what keeps them up at night are things like this:

What happens if I get sick, will I be able to take care of myself? What hap-

pens if my spouse gets sick, seriously ill, will I be able to care for her? Will I be able to care for him? What if it's my child? What if it's my mother, or what if it's my father? Will I be able to take care of them over a long period of time? Those are real-life issues that real people worry about each and every day.

So I would say to my friends on the other side of the aisle, first of all, vote down this rule, because I think it is insulting to bring a rule to the floor on the issue of long-term care and say we're going to cap debate at 3 hours. I think this is too important. This is more important than reaffirming our national motto, number one.

Number two, I would urge my colleagues on this side of the aisle, understand that what this represents is a framework and understand how long it has taken us to get to this point. And I've got to tell you, if we throw this framework away, I doubt very much that at any time in the near future this Congress is going to do anything meaningful on the issue of long-term health care.

So let's get serious about dealing with the real challenges that the American people are faced with. Let's not say that this is going to add to the deficit. It's not going to add to the deficit. In the law, it says it has to be self-sustaining; if not, it doesn't work. It says that we are not going to be subsidizing this program. That's what it says.

If you want to get serious about the deficit, you know what? Then make sure Warren Buffett pays the same tax rate as his secretary. If you want to get serious about the deficit, that's what you can do to help us deal with the issue of the deficit. But going after this with all these smokescreens I think is unfortunate.

So I would urge my colleagues, vote "no" on the rule and vote "no" on the underlying resolution.

I yield back the balance of my time. Mr. SESSIONS. Mr. Speaker, I yield myself such time as I may consume.

I think what we've done today is fair and honorable. We've talked about a problem. We've talked about a potential answer. First of all, an answer is that, since we do not have a workable program without bringing it back to the Congress, we ought to work with the administration. I think we've been responsible. But we have heard feedback from the administration, in a hearing, that said, we can't make that program work; we cannot make that program work.

So I think that what we are doing today is the fiscally responsible thing, to end the program, to end a program that is not going to work and was not designed to work, and then start back over, if we choose to, and put it into a workable mode. But only to have a false hope out there of something that cannot be sustained and something that the managers of the government cannot make work is a bad idea.

We've got another trillion-dollar deficit that is facing this country, another \$1 trillion. We know who that is. That's Pin the Tail on the Donkey, Mr. Speaker. They are the ones responsible. They are the ones that are happy with that, and they are the ones that try to justify that.

Today we are coming together to find the solution to a long-term care issue in this country by talking about it, doing something that cannot be sustained, and then admitting, as Mr. BOUSTANY did, that we need to do something better. And we should not throw the idea away. Today we are going to vote on something that will do no further harm.

I applaud my colleague from Louisiana, Congressman BOUSTANY, for introducing the bill. I appreciate him coming before us. I respect and appreciate my committee, the Rules Committee, and the gentleman from California (Mr. DREIER) for bringing this debate here in such an open and transparent process. I encourage a "yes" vote on the rule.

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

The previous question was ordered.

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

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

Mr. MCGOVERN. Mr. 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 for a period of less than 15 minutes.

Accordingly (at 6 o'clock and 16 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 6 o'clock and 30 minutes p.m.

PROVIDING FOR CONSIDERATION OF H.R. 1173, FISCAL RESPONSIBILITY AND RETIREMENT SECURITY ACT OF 2011

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on adoption of the resolution (H. Res. 522) providing for consideration of the bill (H.R. 1173) to repeal the CLASS program, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.