

prevent that. Shutting down ATM's in those locations doesn't stop the money being spent there. In addition, this bill would force states to certify nearly every small business as a non-liquor store and how are the standards to be established and maintained?

This bill would create an entire nation wide bureaucracy to address a problem that affects less than 4 one hundredths of one percent (.04%) of all TANF funds and would completely fail to save any money at all.

Instead of passing a jobs bill, Republicans are once again just looking to distract from the real issues, this time by attacking American families in need.

This bill is just a sad attempt to divide our nation by mimicking the Ronald Reagan myth about the Cadillac driving welfare queen. It was untrue then and it is still untrue today.

As a single mother who once relied on food stamps and assistance to get by during a very difficult period in my life, I am appalled to see Republican politicians attack struggling American families just because they need a helping hand. TANF benefits keep children in homes and in school. TANF benefits keep American families from suffering abject poverty.

What we should be doing is helping these families reignite their American Dreams, not making blanket accusations against every low income family in America.

Mr. PAULSEN. Madam Speaker, thank you and thank you Dr. BOUSTANY for introducing this legislation.

I rise today as a co-sponsor of H.R. 3567, the Welfare Integrity Now for Children and Families Act because at a time when millions of Americans are still out of work, and our economy is struggling to recover, we must take every step available to safeguard taxpayer dollars.

Madam Speaker, between January of 2007 and June of 2010 nearly \$5 million in state-issued benefits were withdrawn from ATMs in California casinos alone.

We need to correct this problem, and H.R. 3567 does just that.

This provision requires all states to take steps to end this abusive practice, safeguarding taxpayer funds from abuse by ensuring that welfare funds are not accessed in strip clubs, liquor stores, and casinos—a practice which has been highlighted in news stories across the country.

This bill ensures all states take action to close this loophole. I note that this policy is the same as that introduced by Senators HATCH and BAUCUS, the Ranking Member and Chairman, respectively, of the Senate Finance Committee, so it has strong support in the other body as well.

Let's continue the momentum, pass this legislation, and prove to the American people that we are here to get things done in 2012.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. BOUSTANY) that the House suspend the rules and pass the bill, H.R. 3567, as amended.

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. BOUSTANY. 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 pro-

ceedings on this question will be postponed.

FISCAL RESPONSIBILITY AND RETIREMENT SECURITY ACT OF 2011

Mr. GINGREY of Georgia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1173 and insert any extraneous material on the bill.

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

There was no objection.

The SPEAKER pro tempore (Mr. BOUSTANY). Pursuant to House Resolution 522 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1173.

□ 1425

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1173) to repeal the CLASS program, with Mrs. MILLER of Michigan in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 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.

The gentleman from Georgia (Mr. GINGREY) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes. The gentleman from Louisiana (Mr. BOUSTANY) and the gentleman from California (Mr. STARK) each will control 10 minutes.

The Chair recognizes the gentleman from Georgia.

Mr. GINGREY of Georgia. Madam Chair, I yield myself such time as I may consume.

Madam Chair, it has been more than 2 years since the CLASS Act was first debated as part of the President's health care takeover debate. We knew then that the program was flawed and unworkable; yet the Democratic-controlled Congress ignored these concerns and instead rushed the CLASS program through as part of the President's health care law.

Now, 2 years and more than \$800 billion later, we have finally heard from the President and his administration that while they have wasted taxpayer dollars, this program is in fact not implementable. Surprised? Well, you shouldn't be.

The truth is that unbiased analysts such as the American Academy of Actuaries had raised concerns with the program as early as July of 2009, some

5 months before the President's plan was even considered on the Senate floor. Members from both sides of the aisle also raised concerns about the program's long-term sustainability during this debate. Most disturbing is what we came to find in a bicameral investigation last year that revealed concerns from within HHS were rampant during PPACA debate, but they were never brought to light by the Democratic leadership or the Obama administration. Yet the program was rushed through so that we can, as then-Speaker PELOSI noted, "find out what's in it."

On October 14, 2011, Secretary Sebelius announced what honest accounting told us was inevitable: the Obama administration finally admitted there was no viable path forward and, therefore, was halting any further efforts of implementing the CLASS program.

The failure of Health and Human Services to implement the CLASS program certainly is not a surprise. However, it is a catastrophic consequence of what happens when Congress rushes to enact costly policies and dismisses warnings from independent experts. Most troubling are the budget gimmicks used to sell the CLASS program and, indeed, the entire law.

The Congressional Budget Office, CBO, estimated the CLASS program would save money by collecting premiums from enrollees, premiums that will now never be collected in light of a failed implementation.

We knew, Madam Chair, the savings estimates for the President's health care plan were wrong. It defied common sense that such a massive spending expansion would have no cost. Now the President will have to explain to the American people why the health care law—ObamaCare, PPACA, Patient Protection, Affordable Care Act, Unaffordable Care Act—he'll now have to explain to the American people why this health care law will cost them \$80-plus billion more than what they were told.

□ 1430

That is more than \$80 billion on top of the trillions the President has added to the books since he took office in January of 2009.

Today, we will have the opportunity to start over on long-term care reform, an issue that's important to all of us as we hear from constituents regularly about the growing cost of long-term care services. The market has not even been penetrated 10 percent, Madam Chair. We will now begin that process. But first, we must take this section out of the health care bill known as CLASS. We must take it off the books.

I urge my colleagues to support just what this bill does, remove CLASS from the statute, H.R. 1173, repeal the failed CLASS program so that we can now move forward with reforms that do work.

With that, Madam Chairman, I reserve the balance of my time.

Mr. PALLONE. Madam Chair, I yield myself such time as I may consume.

Madam Chair, there are millions of Americans currently in need of a long-term care program and many more that will require these services in the future. Despite the great achievements of our country, the U.S. lacks an affordable and ethical system of financing long-term care services. The CLASS program is a significant step towards finding a realistic solution to this problem. However, many of my Republican colleagues have taken a stance against CLASS without proposing any real solutions for long-term care access in America, and I strongly oppose H.R. 1173 and consider it to be a blatant disregard of a growing crisis in this country.

Madam Chair, Republicans continue to propose repeal of various aspects of the Affordable Care Act. We heard my colleague from Georgia today. And how many other times how many on the other side have said, well, let's just repeal the Affordable Care Act, let's repeal pieces of the Affordable Care Act? But they never come up with any meaningful alternatives. And the same is true today. They're talking about outright repeal of CLASS without any meaningful suggestion of an alternative.

My message to my colleagues on the other side of the aisle is that we should mend the CLASS Act and not end it. This country is already facing a long-term care crisis, but the problem is only going to get worse. As our population continues to age, an estimated 15 million people are expected to need some sort of long-term care support by 2020. If we don't solve the need for affordable long-term care in this country soon, we will also jeopardize our entitlement programs. Currently, Medicaid pays 50 percent of the cost of long-term services, and that price tag is quickly rising every year. The CLASS program was designed to allow people to stay at home and prevent the cost of nursing home care that burdened Medicaid.

Now, I want to correct one thing. I know in the Rules Committee some of my colleagues talk about the administration's position on this bill. The administration made it quite clear in a hearing that we had on this bill that they're opposed to repeal of the CLASS Act. They acknowledge that there are workable solutions under the CLASS program, but didn't feel that they have the legal authority—I stress legal authority—to implement them. So the Department of Health and Human Services has more work to do, and I have suggested on numerous occasions that the CLASS Advisory Council, which is organized under the legislation, be convened in order to offer their expertise.

The CLASS program is a framework that will facilitate a solution to our long-term care crisis. However, all I continue to hear from my colleagues on the other side of the aisle is that Congress can't do anything. It's this

negative attitude, the idea that Congress can't address any problem. And I just sincerely hope that my colleagues, when they come to the table, come up with a workable solution. Don't just tell me we have to repeal things, we can't do anything, and the government can't do anything. Cowardly running away from the problem through repeal is simply not the answer.

Overall, the CLASS Act promotes personal responsibility and independence. Those are the values that you talk about a lot. It allows the government to put choice in the hands of consumers while saving Medicaid dollars. American families have too few long-term care options, and they need our help. Rather than repeal CLASS, we need to continue the dialog in the development of a viable plan forward.

Again, let's mend it, not end it. Moving forward with H.R. 1173 shuts the door on a problem that simply cannot be ignored.

I reserve the balance of my time.

Mr. PITTS. Madam Chair, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE), a very valued member of the Subcommittee on Health.

Mr. LANCE. Madam Chair, I rise today in support of repealing the CLASS Act.

In hearings before the Energy and Commerce Committee, my colleagues and I learned that the CLASS program was a ticking time bomb fiscally, a new entitlement program that Health and Human Services Secretary Kathleen Sebelius has said is "totally unsustainable" financially. Richard Foster, chief actuary of the Centers for Medicare and Medicaid Services, wrote in 2009: "Thirty-six years of actuarial experience lead me to believe that this program would collapse in short order and require significant Federal subsidies to continue." And Senate Budget Committee Chairman KENT CONRAD has called the CLASS program "a Ponzi scheme of the first order." To her credit, Secretary Sebelius in October called for an end of the CLASS program, adding that there was not "a viable path forward for CLASS implementation at this time."

Madam Chair, we have a serious long-term care problem that is driving patients into bankruptcy and weighing down an overburdened Medicaid program. But before we can develop bipartisan solutions to address this important issue, we must first repeal the misguided CLASS program. Only then can we begin anew and properly address the long-term health care problem.

Mr. PALLONE. Madam Chair, I yield such time as he may consume to the ranking member of the full committee, Mr. WAXMAN.

Mr. WAXMAN. Thank you for yielding that time to me, Mr. PALLONE.

Madam Chair, I rise today in strong opposition to H.R. 1173. This bill is another Republican attempt to tear down and dismantle programs that provide

health care in the United States. Now we have Medicare, and the Republican alternative to Medicare is to just shift more costs on to seniors, give them a voucher and let them pay more if they want more than that voucher will provide, and that voucher is not going to provide much over time.

On Medicaid, they just want to shift the costs on to the States so the States can tell a lot of very poor people, I'm sorry, we don't have enough money to take care of you, but we're not required to under Federal law. They said that they didn't want the Affordable Care Act; they wanted to repeal it. But they haven't told us what they want to put in its place. They said that this was going to be repeal and replace. They have proposed a repeal, but we have no proposal to replace it.

Republicans now want to take a part of the Affordable Care Act, the CLASS program, that is the one and only significant new initiative to put in place to deal with our country's long-term care crisis. Those who are supporting this bill say that the CLASS Act is not the right solution to our long-term care problem. Well, I don't think it's perfect, either. But the solution is to amend the program, to make it work, not just repeal it and leave nothing in its place.

If we leave nothing in its place, we have the status quo. And what does the status quo mean? The status quo means that for some who are on Medicare, they will have a minimal amount of coverage for their long-term care services. And to get any other help, people will have to go through the indignity of impoverishing themselves. A system that is in place for the very poor would be called upon then, the Medicaid system, to cover their long-term care needs, especially if they had to go to a nursing home. Well, many elderly and disabled individuals will be forced to leave their families and community of friends for institutionalization because that's all that some States will cover.

Families will have to do what they call "spend down." They have to spend their money until they're in poverty. So they lose their dignity along the way in order to qualify for Medicaid assistance. The CLASS Act was trying to take some of the burden off Medicaid, some of the indignity away from seniors. Medicaid expenditures for the most part are paying for long-term care, and that will escalate even further. In 2010 alone, Medicaid spending for these services cost some \$120 billion.

□ 1440

And we have a baby boomer population that is continuing to age. The number of Americans in need of long-term care assistance will grow, compounding each of these problems.

So what is the Republican answer to this problem? Nothing. Just repeal the program that attempts to give some effort to deal with these costs for people who need long-term care.

Let's not lose this incremental piece. Let's figure out how to add on to it, how to change it, but don't repeal it.

I urge my colleagues to reject H.R. 1173.

Mr. PITTS. Madam Chair, I just want to remind everyone that under the CLASS Act there's not one person in the United States who would receive long-term care benefits under that act because it doesn't work.

At this time I yield 2 minutes to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Madam Chair, I rise today in favor of H.R. 1173. This bill would save hardworking taxpayer dollars and eliminate a costly and flawed ObamaCare provision known as the CLASS Act.

This program was sold as a self-sustaining program, one that would reduce Federal spending. However, the program was problematic from the start. The President and the Democrat leadership in the Congress knew this fact over 2½ years ago and still included the CLASS program in the health care bill.

During an investigation, it was revealed that Obama administration officials and Senate Democrats were very much aware that this was not going to work and that Department officials warned for a year before passage that the CLASS program would be a fiscal disaster. As far back as May of 2009, the CMS Chief Actuary sent an email that warned officials that the program doesn't look workable. These 200 pages of exhibits from the investigation show that Department officials were voicing concern to Senate leadership all the way up until passage in December of 2009. This was all concealed from Congress and the American public.

After enactment, the concerns continued. On February of 2011, Secretary Sebelius testified before the Senate Finance Committee that the CLASS program is totally unsustainable in its present form. And finally, this past October, the Department announced that the program was still not financially feasible. What we are seeing now is that, as well intended as it is, the CLASS program is unworkable.

The objective of providing long-term health care is laudable and should be a priority of Congress. Therefore, we must identify a long-term, common-sense solution for our health care. That is why last week I asked GAO to conduct a study of the Medicaid Long-Term Care Partnership Program and survey States on how to improve the partnership program so that more Americans can properly plan for their long-term care needs.

This public-private partnership between States and long-term care insurance plans was designed to reduce Medicaid expenditures by lessening the need for some people to rely on Medicaid to pay for long-term health care services.

The partnership program is not the only solution to our long-term health

care, but it is a helpful tool to help Americans plan for their health care long-term needs, unlike the unsustainable and costly CLASS Act embedded in ObamaCare.

The repeal of the CLASS Act marks a small victory. Let's not try to force this costly program on the backs of hardworking American taxpayers without fully investigating how we can improve existing programs or how we can create an affordable, sustainable, long-term care program.

I urge my colleagues to vote "yes" on H.R. 1173.

Mr. PALLONE. Madam Chair, I yield 2 minutes to the champion for senior citizens, the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I thank the gentleman.

You know, there's a lot of areas of agreement. We all agree that we're in the midst of a long-term care crisis. We agree that today there are 10 million Americans in need of long-term care services and support. By 2020, that number will grow to 15 million, and by 2050, the number of seniors who need long-term care will reach 26 million.

The costs associated with long-term care are high. We agree on that. Nursing homes can cost over \$70,000 a year, and 20 hours a week of home care can cost nearly \$20,000. But repealing the CLASS Act does nothing to address the glaring need for adequate coverage of long-term care services and support. The CLASS Act addressed a number of critical needs, including providing a way for persons with disabilities to remain independent in their community and bringing private dollars into the long-term services system to reduce reliance on Medicaid without impoverishing individuals and families. We agree that the CLASS Act is far from perfect, but it does provide a framework to begin to deal with the problem.

So it seems to me if we all agree on the need, not only the need for long-term care but the need to do better, then instead of repealing the CLASS Act and passing H.R. 1173 with no effective alternative, we could, right now today, sit down and work together to repair this program. Ignoring it or even postponing this long-term care crisis simply is not going to make it go away.

Mr. PITTS. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I'd like to speak to H.R. 1173, the Fiscal Responsibility and Retirement Security Act of 2011, which repeals the CLASS program which was rushed into law in the President's health reform bill.

Last February, HHS Secretary Kathleen Sebelius publicly admitted that the more than \$80 billion CLASS Act was "totally unsustainable." But it was not until 8 months later, on October 14, that the Department of Health and Human Services announced it was not moving forward with the implementation of the CLASS program "at this time."

On October 26, 2011, Assistant Secretary Kathy Greenlee testified before our subcommittee that the Department had spent \$5 million in 2010 and 2011 trying to implement the program. The Secretary's conclusion that the CLASS program could not meet the law's 75-year solvency requirement and was not sustainable was not a surprise to anyone who had been following the issue. Even before its inclusion in the President's health care law, PPACA, in March of 2010, we were warned by the administration's own actuary, the American Academy of Actuaries; Members of Congress from both parties; and outside experts that the program would not be fiscally sustainable. On July 9, 2009, approximately 8 months before PPACA was signed into law, CMS's own actuary, Richard Foster, wrote "36 years of actuarial experience lead me to believe that this program would collapse in short order and require significant Federal subsidies to continue."

I support the intent behind the CLASS program to help Americans purchase long-term care policies that most of us will end up needing at some point, but only about 9 million Americans actually purchase. Long-term care costs are frighteningly high, and many Americans face bankruptcy or ending up on Medicaid, or both, in order to get the care they need.

But while the goals of the program were worthy, good intentions do not make up for fundamentally flawed, actuarially unsound policies designed to show the illusion of savings. The President has left us with a budget hole of more than \$80 billion. The irresponsible nature of the CLASS program's inclusion in the health care law is just a sample of the budget gimmicks used to pass the health care law in the dark of the night nearly 2 years ago. The President will have to explain why, years later, the taxpayers are left with a failed program that will cost this Nation at least \$80 billion. That is more than 150 Solyndra scandals.

□ 1600

Shelving this failed program is not enough. As long as it is on the books, it will continue to create substantial uncertainty in the private sector about what the government's role in long-term care insurance will be. Let's repeal the CLASS program, not try to tinker around the edges of a fundamentally flawed model, and take up real solutions to this problem instead.

I urge my colleagues to support H.R. 1173, to repeal the failed CLASS program so that we can move forward with reforms that work.

And with that, I reserve the balance of my time.

Mr. PALLONE. I yield, Madam Chair, 2 minutes to the gentlewoman from California (Mrs. CAPPs).

Mrs. CAPPs. I thank my colleague from New Jersey for yielding.

Madam Chair, I rise today in opposition to this bill. We all know that we have a long-term care crisis in this

country. What we have now is an unsustainable patchwork approach, with wealthy people having access to private plans, while almost everyone else finds the costs incredibly prohibitive.

These are the folks who fall through the cracks every day, spending down all their assets until there's nothing left, and then relying on our strained Medicaid program for care. This is what the CLASS program tries to avoid. It should provide a modest, but meaningful, benefit to individuals who need support to stay out of costly nursing homes, benefits they've already paid into.

We can all agree that the CLASS program, as currently written in the statute, is not perfect, but few things are. We can use it as a framework upon which to fix and implement this program, one that would be amended, improved and made sustainable, rather than destroyed.

Repealing the CLASS Act does not remove the Nation's need for long-term care. Rather, it makes the path to sustainable solutions much more difficult. Moreover, in the majority's rush to repeal, they have overlooked a vital component that will also be affected by this bill, the National Clearinghouse for Long Term Care.

The clearinghouse, which was established with close-to-unanimous Republican support, is the only dedicated place for individuals to learn about their long-term care options. However, a vote for this bill is a vote to strip funding from this vital public resource. In fact, the original bill abolished the program altogether until I fought to save it in our committee.

And while the authorization has been saved, we all know that a program without any funding is not much of a program. So the result is yet one more obstacle for American families trying to care for their loved ones. These are the people who will lose out, and definitely lose out by this repeal.

So I strongly urge my colleagues to vote against this bill.

Mr. PITTS. Madam Chair, I yield 1 minute to the gentleman from Illinois (Mr. LIPINSKI).

Mr. LIPINSKI. I rise today in support of fiscal responsibility and in support of H.R. 1173. The CLASS program was created with a good intention, relieving the crushing burden of long-term care. But we have known from the beginning that this program would not be able to sustain itself without a massive bailout from taxpayers. The CBO said so. Medicare's Chief Actuary said so; and, more recently, Secretary Sebelius concluded the CLASS Act was totally unsustainable and decided not to implement it; and for this, I give her credit.

But the program is still in law. And given the trillion-dollar deficits that we face, the only option right now is to make sure that the taxpayers are not left with an unsustainable program in a big bill.

This debate should not be about the health care law in general. It should be about this program. It should be about doing what is fiscally responsible, and that is eliminating the CLASS program and getting to work right now in a bipartisan manner on a solution to long-term care.

Mr. PALLONE. Madam Chair, can I inquire how much time remains on each side.

The Acting CHAIR (Mrs. EMERSON). The gentleman from New Jersey has 9 minutes remaining. The gentleman from Pennsylvania has 7½ minutes remaining.

Mr. PALLONE. Madam Chair, at this time I yield 1½ minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. I thank the gentleman from New Jersey for yielding.

H.R. 1173 would eliminate the potential for many of our citizens to be able to afford long-term care that provides services and other supports. This effort to remove support services is not the solution, but instead a faulty and irresponsible policy initiative which would burden people in our health systems. Regardless of when individuals may need these services, there is a lack of financing options to help them pay for the services they need to maintain their health, independence, and dignity when they lose the capacity to perform basic daily activities without assistance.

Medicare does provide limited pay for long-term care services. Medicaid does cover, but pays only for services for people with very limited means. Many private long-term care insurance plans are costly and difficult to acquire. I say that the real answer is to retain services that we are currently poised to provide.

I oppose H.R. 1173.

Mr. PITTS. Madam Chair, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. I thank the gentleman for yielding.

I rise today in support of H.R. 1173, to repeal the CLASS Act established in the Patient Protection Affordable Care Act.

The CLASS Act was unsustainable and unworkable from the time it was enacted. Even at the time the health care bill was passed, it was evident that the health care program was completely unworkable. The CLASS Act is such an egregious budget gimmick that even Health and Human Services Secretary Kathleen Sebelius has admitted the program is unsustainable.

Repeal of the CLASS Act isn't as scary as those on the other side would have you think it would be. In fact, the Obama administration has already acknowledged the program is unworkable in its current form and has halted efforts to establish the program. However, the CLASS Act remains on the books.

I strongly support ensuring Americans have access to long-term care. In

order to move forward with a new plan, we need to get the CLASS Act off the books.

I urge my colleagues to support this bill.

Mr. PALLONE. Madam Chair, I yield 1½ minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. I rise in strong opposition to the repeal of the CLASS Act.

We are at another start of another session of the Congress, and this majority is following the same playbook as last year. The American people are waiting for this institution to do something—anything—to create jobs and restore our economic prosperity instead of putting forward ideological bills that have nothing to do with jobs and that are intended to roll back health care and senior care in America. Right now, less than 10 percent of Americans over 50 have long-term health care insurance, even though a large percentage of individuals will need long-term care services at some point.

Some studies indicate that up to two-thirds of Americans that live beyond 65 will need long-term care. The CLASS Act, a bipartisan addition to the 2010 health reform, seeks to help provide access to quality, affordable insurance for long-term care. The program must be actuarially sound and legally solid.

Why would we repeal this bill? It is time for the majority to stop playing games and to get serious about fixing the economy. America needs more jobs, not less health care.

I urge my colleagues to stand up for seniors and oppose this repeal.

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

Mr. PALLONE. Madam Chair, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Is it just too much to ask that seniors that are struggling in a nursing home after a lifetime of work get a little economic security, that they get a little dignity? Is it too much to bring just a little peace of mind to a family that is burdened with a parent that is suffering from Alzheimer's or some other debilitating condition? Sadly, this does appear to be too much to ask from some here.

One year ago, the House Republican majority's first major action, once they gained control of Congress, was to repeal health insurance reform. At the time they did that, they said they were for "repeal and replace." But the only replacement they offered for their repeal was a little flimsy 1½-page bill that I call "the 12 platitudes."

□ 1500

They proved to be only platitudes because during the intervening months, they've done nothing about long-term health care or any other kind of health care for the American people.

Today, they continue to deny Americans actual solutions to health care problems, and once again, they have a flimsy 1½ page bill. They don't have "repeal and replace," they have "repeal and deny." They're in a state of

denial that there is a problem with long-term care, and they continue to deny meaningful relief to families that are struggling with health care bills, and particularly, long-term health care bills.

There is a 75 percent chance that some American who reaches age 65 will find themselves in need of long-term care. Paying for that care can bankrupt a family and the children of a parent who needs that kind of care. An average cost for nursing home services, for example, of \$70,000 can surely and quickly sink a lifetime of savings.

The CLASS Act is far from perfect. It needs to be changed. But instead of repealing it, we ought to be focusing on necessary changes. Where is the commitment to doing something about long-term care? There haven't even been hearings on how to resolve this problem.

The Acting CHAIR. The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman another 30 seconds.

Mr. DOGGETT. There was a legendary Texas House Speaker of this body, Sam Rayburn, who said that it takes a master carpenter to build a barn but any mule, I think he said, can tear one down.

Well, it's time that we get together to build a solution for long-term health care, not just tear it down.

Mr. PITTS. It is unconscionable to promise something to people when you know it won't be there.

Your own administration admits the CLASS Act doesn't work. Zero people will be enrolled in the CLASS Act. They have a program that does not work, a program they know that does not work. That is building a false sense of security in people instead of working on the real policy.

I yield 2 minutes at this time to the gentleman from Texas (Mr. HENSARLING), our conference chair.

Mr. HENSARLING. Madam Chair, it is clear that the President's policies have failed. One in seven now have to rely on food stamps. Half of America now is either classified as low income or in poverty, and millions remain unemployed.

Yesterday, the Congressional Budget Office announced one more of the President's failures, and that is, he is on track to deliver his fourth trillion dollar-plus deficit in a row.

Somebody needs to tell the President we've got to quit spending money we don't have for jobs we never get.

One more failure, Madam Chair, is the President's health care program. Not a week goes by that I don't hear from hardworking, small business people in the Fifth District of Texas.

I heard from a furniture businessman in Garland, Texas, who told me: I could start two companies and hire multiple people, but based on this administration and the lack of facts with ObamaCare, I'll continue to sit and wait.

I heard from a gentleman who ran a music business in Palestine, Texas: Our

business is hampered by the uncertainty of tax policy, regulations, and ObamaCare.

I had one in Dallas, Texas, after having to lay off 24 people in the last 2 years, who wrote to me and said: You know what? We're going to have to terminate one more in February due almost entirely to the impact on my business of the health care reform we have. We are stymied.

There is no doubt that the President's health care plan is killing jobs. House Republicans have revealed it in its totality. It has been blocked by the President, by Democrats. So if we can't do it in its totality, we'll do it piecemeal.

We need to start out by repealing the CLASS Act, which Secretary Sebelius has said is totally unsustainable. Democrat Senate Budget Committee Chairman KENT CONRAD called it a Ponzi scheme of the first order.

The President's policies have failed. It's time to enact the House Republican Plan for America's Job Creators. It's time to repeal the CLASS Act.

Mr. PALLONE. Madam Chair, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCARELL).

Mr. PASCARELL. Madam Chair, I'm tired of hearing the President is a failure. I'm tired. You can smirk all you want. There's no perfection on this floor. There's no perfection down the street. You didn't give these speeches in 2008 when we were losing 500, 600, 700,000 jobs a month. Not one of you came to the floor. Shame on you.

Now what we want to do, we want to turn our backs on those 10 million Americans currently who need long-term care. We have no alternative.

We all agree that there needs to be change in the present system that has yet to work. We have to find a way to make long-term care both accessible and affordable. These problems will not simply disappear. They're not going to go away.

This bill certainly does not fix these problems. The bill does not even provide an alternative. All it does is attack the progress made in the Affordable Care Act. You've tried to wean it down. You've tried to bevel it. You've tried to covet. You tried to take all the money away that's going into it in order to have a system in this country that was not sustainable in the first place.

Sixty-two percent of small businesses over the last 5 years went under because they couldn't pay their health care bills, and you stand there with no alternative whatsoever. Whatever happened to the "replace" part of the "repeal and replace?" Remember that? That nonsense we heard last year?

Without the CLASS Act or an alternative, people who struggle the most with daily tasks due to illness will be the ones to suffer. You know that. You know there are millions of people out there suffering, yet we have not come up with an alternative plan. Yet you condemn this, yet you accuse every-

body of failing, but you don't have a plan yourself.

Where is your heart for the middle class? Have you no heart?

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Members should remember that all remarks must be addressed to the Chair and not to one another in the second person.

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

The Acting CHAIR. The gentleman from New Jersey has 2 minutes remaining. The gentleman from Pennsylvania has 4 minutes remaining.

Mr. PALLONE. I suggest that you go next because I only have myself, and then we're going to move to Ways and Means.

Mr. PITTS. Madam Chair, I believe we have the right to close, and we have just one speaker.

I reserve the balance of my time.

Mr. PALLONE. I yield myself the balance of the time.

Madam Chair, I just want to stress again, you know, I hear from the other side of the aisle over the years how people should take personal responsibility. The idea of the CLASS Act is that people pay into the trust fund, and then when they become disabled, they take the money out to pay for services so that they can stay in their home and don't have to go to a nursing home.

Now, when they do that, they save the government money because this is their own money that is being spent to keep them in their home, to keep them in the community so they don't have to spend down and then eventually become a ward of the State, essentially, because Medicaid ends up paying for their nursing home care.

So this is a solution to a long-term care problem. Not a complete solution, but certainly a partial solution.

I agree with Mr. PASCARELL, which is that when I listen to the other side of the aisle, the gentleman from Texas was quite clear: Let's repeal the entire Affordable Care Act. If we can't repeal the whole thing, then we'll repeal it piecemeal piece by piece, which is what's going on here today. Well, again, it's not a very responsible position unless you come up with an alternative.

We're in the Energy and Commerce Committee. We've had hearings on this. I've yet to hear anyone come up on the Republican side with an alternative. All they keep saying is let's just repeal this and we'll figure something out down the line.

The problem with that is that Mr. PASCARELL said there are 10 million Americans who need long-term care. Soon it will be 15 or eventually 20 million. So every day that goes by there is not a solution for these people, and the disabled community and the senior citizen community are crying out for some kind of relief.

So all I say to my colleagues on the other side of the aisle is, don't just keep talking about repeal. I'll use the term "mend it, don't end it." Let's not

end today the effort to try to find long-term care solutions for America's seniors and for the disabled.

□ 1510

It simply isn't fair to come here on the floor repeatedly and say "repeal, repeal, repeal" and not have an answer. At any time, I am more than willing to sit down with the chairman of the subcommittee or with any other Member and come up with a bipartisan solution, but I haven't heard it yet.

The Acting CHAIR. The gentleman's time has expired.

Mr. PITTS. Madam Chair, to close on our side, I yield such time as he may consume to a distinguished member of the Health Subcommittee, the gentleman from Georgia, Dr. GINGREY.

The Acting CHAIR. The gentleman from Georgia is recognized for 4 minutes.

Mr. GINGREY of Georgia. Madam Chairman, as the co-lead sponsor of this bill, I rise in strong support of H.R. 1173. I commend Dr. BOUSTANY and Chairman PITTS for their leadership on this issue, and I thank Mr. LIPINSKI on the Democratic side.

In response to a question I put to him in March of last year, CBO Director Douglas Elmendorf wrote: "The Secretary of Health and Human Services has now concluded that the CLASS program cannot be operated without mandatory participation so as to ensure its solvency." HHS Secretary Kathleen Sebelius called the program insolvent, and Democratic Senator KENT CONRAD, chairman of the Senate Budget Committee, called the program in 2009 a Ponzi scheme. In fact, he went on to say that it would make Bernie Madoff proud.

Madam Chair, during its consideration in 2009, CMS Actuary Richard Foster told the Obama administration staff: "Thirty-six years of actuarial experience lead me to believe that this program would collapse in short order and require significant Federal subsidies to continue." He was ignored. In fact, he was eventually cut out of the email loop. The Health Committee on the Senate side and the staff of Senator Kennedy didn't want to hear any more from him.

Subsequently, in December of 2010, the President's fiscal commission recommended Congress reform or repeal—not amend—the CLASS Act. The commission report stated: "Absent reform, the CLASS program is . . . likely to require large general revenue transfers or else collapse under its own weight. The commission advises the CLASS Act be reformed in a way that makes it credibly sustainable over the long term. To the extent this is not possible, we advise it be repealed."

In February of 2011, Secretary Sebelius testified before a Senate Finance Committee hearing that the CLASS program was "totally insolvent" as structured and needed to be reformed in order to work. Then, in October of 2011, the Secretary released a

report on the CLASS Act that essentially found the Obama administration could not make the program actuarially sound or credibly sustainable, to quote the President's fiscal commission, over a 75-year period.

Thank God for Senator Judd Gregg for putting that amendment in on the Senate side that called for fiscal sustainability and the certification by the Secretary over a 75-year period of time or it could not go forward, and that's exactly what happened.

Based on the evidence the CLASS program is not simply flawed—it is broken. As currently written, it poses a clear danger to the fiscal health of our budget and to the American taxpayer. In defending this broken program, some of my colleagues have told me that there is no need to repeal CLASS because the Secretary has already abandoned it. Yet every day that we delay in repealing CLASS, we prevent Congress from passing meaningful, true long-term care reform. All sides admit that CLASS does not work, so the prudent step is to repeal it.

In closing, I urge all of my colleagues to support this legislation so that we can get to the meaningful reform of long-term care and have the marketplace work its magic in regard to this so that the penetration is greater than the current penetration, which is less than 10 percent.

With that, Madam Chairman, I would urge all of my colleagues to support the repeal of a broken, failed program, the CLASS Act.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BOUSTANY. Madam Chair, I yield myself such time as I may consume.

As a physician, I know firsthand of this really dire need to solve the problem for many families across this country who are struggling with their long-term care needs. I am the oldest of 10 children, and my father was a physician. He died 3 years ago from a lengthy illness, and required a lot of care at home. He did not have long-term care, but we gladly bore that burden and were able to provide for him even though it was somewhat of a strain.

This is a serious problem facing every single family in this country. Yet what we've seen now is a program that was created in ObamaCare, a program that is clearly unsustainable by the administration's own admission. After almost a year now of wrangling about this, they've finally come to the conclusion that we knew before the bill even passed: that this was unsustainable, that it was unworkable, that it was fatally flawed.

As a physician, I know the worst thing you can do for someone is to create false hope, and that's what this has done. As long as this stays on the books, on the statute books, we're not going to get anything done on this. We're not going to solve it. Now, there are many good ideas on both sides of

the aisle, and we've discussed some of them in the Ways and Means Committee. There are bills on both sides of the aisle on which I believe we could work together in a true bipartisan fashion to solve this problem—but the CLASS program is clearly not the answer.

Washington should learn three lessons from this debacle, ObamaCare's failed government-run program:

First, don't ignore reality. Democrats ignored the expert actuarial warnings when they used CLASS as a budget gimmick in ObamaCare. President Obama cannot create a self-funded sustainable program that prohibits underwriting unless he intends to force healthy Americans to participate. What does that mean? Madam Chair, that means an individual mandate, another individual mandate.

Many constitutional scholars think that this is unconstitutional. We don't need another individual mandate. In fact, Senator HARKIN said that the problem with CLASS is that it's voluntary. I think he basically put the cards on the table and showed that what they want to do to fix CLASS is to give us another individual mandate. Most enrollees in CLASS will be high-risk, causing premiums to skyrocket under the current program, making CLASS even less appealing to average American families. The premiums will be unsustainable, and it will require subsidies from the taxpayer.

So, the first lesson: Don't ignore reality.

The second lesson: Don't break the law.

The administration planned to break the law by excluding Americans made eligible by the statute. When the Congressional Research Service attorneys warned of lawsuits, I sent letters to Secretary Sebelius for her legal authority to make this change. She then subsequently suspended the program, but this doesn't correct the bad law. Unless we repeal CLASS, the Department of Health and Human Services will break the law when it misses the deadline in October and again in 2014. That's not a very good example to set for the American people to have the administration breaking the law.

So, first, don't ignore reality.

Second, don't break the law.

Third, don't compound our Nation's long-term fiscal problems.

A Democrat under the Clinton administration, 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. In fact, the President's own deficit commission agrees that our grandchildren simply cannot afford a new budget-busting entitlement.

We can do better than this, Madam Chair, and we can work together to solve this problem. I urge my colleagues on both sides of the aisle to support this CLASS repeal, to support

H.R. 1173. Beyond this, we will have the impetus to actually do some real work to create a real program that works for the American people. We can make it easier for disabled Americans to save for future needs; we can expand access to affordable, private long-term care coverage; and we can better educate Americans on the need for retirement planning.

CONGRESS OF THE UNITED STATES,
Washington, DC, January 31, 2012.

Hon. KATHLEEN SEBELIUS,
U.S. Department of Health & Human Services,
Independence Ave., SW., Washington, DC.

DEAR SECRETARY SEBELIUS: We write this as a follow up to our unanswered November 2011 letter to President Obama regarding the failed CLASS program. In the letter, we asked whether the Administration has a legal obligation to implement the program.

Last year, you announced you could not find “a viable path forward for CLASS implementation at this time.” Legal experts at the Congressional Research Service (CRS) say you do “not appear to have discretion to decide whether or not to designate a plan by October 1, 2012.” If the deadline expires, they say you will be “committing a facial violation” of the 2010 health law. Finally, “the CLASS Act does not preclude judicial review” and “a failure by the Secretary to designate a CLASS benefit plan by October 1, 2012 . . . would appear to be a final agency action from which legal consequences will flow.”

In light of the findings by the CRS, does the Obama Administration intend to openly violate the law as the 2012 and 2014 deadlines for CLASS expire? If not, when do you intend to resume implementation of CLASS? What justifications can the Administration provide to Congress and the American people in the event that the Secretary’s failure to adhere to the law results in a costly court battle, effectively delaying meaningful long-term care reform in the process? Please expedite a written response to these questions.

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.”

Our grandchildren simply cannot afford a new budget-busting entitlement. We urge you to join us in support of CLASS repeal, and to support bipartisan efforts to expand access to affordable private long-term care coverage.

We appreciate your attention to this matter.

Sincerely,

CHARLES W. BOUSTANY,
JR., MD,
Member of Congress.
PHIL GINGREY, MD,
Member of Congress.

I reserve the balance of my time.

□ 1520

Mr. STARK. Madam Chair, I yield myself such time as I may consume

I’d like to point out that the last time I watched television, they told me that we still have troops in Afghanistan who should be brought home. And we’ve not addressed the Medicare physician payment cuts, the payroll tax cut extension, unemployment insurance extension. Roads, bridges, and public transit systems are falling apart, and Congress hasn’t brought forth legislation to invest in the infrastructure to repair those vital struc-

tures. And we continue to have an imbalanced Tax Code that lets Members of Congress get richer at the expense of working families, and we’ve done nothing to change that.

Yet rather than tackle any serious problems, the Republicans are using the very little time that they permit Congress to be in session to debate repealing the law that the President has already made clear will not be implemented. In other words, we should repeal a law that isn’t going to happen. Now, that’s a vital use of our time. He’s clearly stated, the President has, that the CLASS Act, as part of the Affordable Care Act, can’t meet the tests put in the statute.

Now, remember that Republicans probably would like to repeal all of ObamaCare, and I’m not sure exactly which part they want mostly to repeal. In other words, I assume that the 2.5 million youngsters who now get health insurance, the Republicans would like to kick them off the rolls and let them go to work or earn their own way to health insurance.

It’s lowered prescription drug costs, ObamaCare has, for millions of seniors, for a bill that the Republicans wrote that was too costly. I presume the Republicans would like to raise the cost of pharmaceuticals for seniors. Republicans generally like to do anything that the pharmaceutical obviously asks them to do, and I’m surprised they haven’t brought that up yet.

I understand that my good friend, Dr. BOUSTANY, actually has the makings of a bill that would help long-term care. And I also understand that the only reason he hasn’t introduced it—I’d be glad to make it an amendment if it’s ready to go right now—is that the health insurance industry doesn’t like it. Well, if the health insurance industry doesn’t like it, it must be spectacular, and I hope we’ll see it. Maybe you’ll tell us a little bit about it, and I’d like to applaud it because he has done some great work in this area, and we need to do this.

The fully implemented ObamaCare, health care, whatever you want to call it, by 2014 will extend affordable, quality medical care to 32 million uninsured Americans. That’s a plan. Maybe we could change it. Maybe we could make it quicker. Maybe we could extend it to more people. Maybe we could save some money. But that has to come from the other the other side of the aisle.

We oppose this, and I’d like to think that our Republican friends would work with us to improve it and move us in that direction.

I’d like to highlight a letter of opposition to repealing the CLASS Act that is signed by more than 70 organizations representing millions of senior citizens, people with disabilities, and people suffering from various diseases. These groups include: AARP, the Autism National Committee, the AFL-CIO, and Easter Seals, and United Cerebral Palsy.

They urge Congress to “reject H.R. 1173, and instead focus on a constructive path forward.”

I ask that this letter be inserted into the CONGRESSIONAL RECORD as part of this debate.

JANUARY 31, 2012.

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives,
U.S. Capitol, Washington, DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives,
U.S. Capitol, Washington, DC.

DEAR SPEAKER BOEHNER AND DEMOCRATIC LEADER PELOSI: 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 be designed to be a “value proposition,” although development work was still needed. The actuarial report also noted that federal actuaries “. . . agreed that certain plans, designed to mitigate the adverse selection risk . . . can be actuarially sound and attractive to the consumers.” Rather than repeal CLASS, we urge continued dialogue and development of a viable path forward. The need to address LTSS and how these services will be paid for in a way that is affordable to individuals and society as a whole will not go away.

Families will continue to need a workable LTSS option to protect themselves; and a

path forward is essential because the need for these services will only continue to grow. We appreciate your consideration of our views that are based on the experiences of millions of families across this country. We urge you to reject H.R. 1173, and instead focus on a constructive path forward.

Sincerely,

AAPD; AARP; ACCSES; AFL-CIO; AFSCME; Alliance for Retired Americans; Alzheimer's Foundation of America; American Association on Health and Disability; American Counseling Association; American Dance Therapy Association; American Geriatrics Society; American Music Therapy Association; American Network of Community Options and Resources; American Society on Aging; The Arc of the United States; Association of Assistive Technology Act Programs; Association of University Centers on Disabilities (AUCD); Autism National Committee; Autistic Self Advocacy Network; Bazelon Center for Mental Health Law; Brain Injury Association of America (BIAA).

California Foundation for Independent Living Centers; Cape Organization for Rights of the Disabled (CORD); Center for Independence of Individuals with Disabilities; Center for Independent Living of South Florida, Inc.; Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD); Coalition of Geriatric Nursing Organizations; Council for Exceptional Children; The Council on Social Work Education; Direct Care Alliance; Disability Rights Education & Defense Fund; Easter Seals; Epilepsy Foundation; Health & Disability Advocates; International 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 Geriatric Education (NAGE); National Association for Home Care & Hospice; National Association of Councils on Developmental Disabilities; 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 Directors of Special Education (NASDE); National Association of State Head Injury Administrators; National Center on Caregiving; Family Caregiver Alliance; 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 for Community Behavioral Healthcare; National Council on Independent Living; National Disability Rights Network; National Down Syndrome Congress.

National Multiple Sclerosis Society; The National Rehabilitation Association; National Respite Coalition NISH; Paralyzed Veterans of America; PHI-Quality Care through Quality Jobs; Physician-Parent Caregivers SEIU; Self-Reliance, Inc.; Services and Advocacy for GLBT Elders (SAGE); Social Work Leadership Institute/The New York Academy of Medicine; United Cerebral Palsy; United Spinal Association; Volunteers of America.

LEADERSHIP COUNCIL OF
AGING ORGANIZATIONS,
January 30, 2012.

DEAR MEMBER OF CONGRESS: The Leadership Council of Aging Organizations, (LCAO) strongly opposes H.R. 1173, legislation to repeal the Community Living Assistance Serv-

ices and Supports (CLASS) program. Please do not support this bill when it comes to the House floor this week.

The Leadership Council of Aging Organizations (LCAO) is a coalition of 66 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

We support the CLASS program as a promising means of effectively financing the long-term services and supports that thousands of Americans come to need as they age or develop a disability. Every family faces these potential costs. CLASS gives families a framework for responsibly planning for their own long-term services and supports needs.

Our currently fragmented system of paying for long-term services and supports is in danger of crumbling under the weight of the baby boom generation. Already an estimated 10 million Americans need long-term services and supports, and this number is projected to increase to 26 million by 2050. Acknowledging the growing demand for services, the law also created the Personal Care Attendants Workforce Advisory Panel, work which must move forward if we are to build the strong workforce that America needs to provide personal care services.

CLASS was developed to provide a coordinated, national public-private system for delivering long-term services and supports. Nearly half of all funding for these services is now provided through Medicaid, which is a growing burden on states and requires individuals to become and remain poor to receive the help they need. There is also an institutional bias in Medicaid whereby approximately two-thirds of all spending is directed towards nursing homes and other institutions instead of preferred community-based services and supports.

CLASS is a promising approach to effectively meeting the costs of long-term services and supports. Thousands of Americans do not qualify for private long-term care insurance due to underwriting practices, and this kind of insurance is unaffordable for many more. Reverse mortgages assume home ownership with substantial equity, which excludes thousands more individuals and families.

There is no effective and affordable alternative to CLASS at this time. We urge you to vote against H.R. 1173 when it comes to a vote this week in the House.

Sincerely,

WILLIAM L. MINNIX, Jr.,
President and CEO,
Chair, LCAO.

AMERICAN FEDERATION OF STATE,
COUNTY AND MUNICIPAL EMPLOYEES,
AFL-CIO,

Washington, DC, January 24, 2012.

DEAR REPRESENTATIVE: On behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME), I write to urge you to oppose H.R. 1173, the misnamed Fiscal Responsibility and Retirement Security Act of 2011. The bill repeals the Community Living Assistance Services and Supports (CLASS) program, which was designed to be a voluntary insurance program to help American workers pay for long-term care services and supports that they may need in the future.

The need for the CLASS program is huge and growing. Nearly 70% of people turning 65 today will need, at some point in their lives, help with basic daily living activities, such as bathing, feeding and dressing. Repealing the CLASS program and replacing it with absolutely nothing offers no help to millions of Americans who want to maintain their health, independence, and dignity when they lose the capacity to perform basic daily activities without assistance.

Medicare does not cover long-term care services. Medicaid does cover long-term care but Medicaid pays only for services for people with very limited financial means. Private long-term care insurance can be costly and difficult to purchase, especially if an individual has a pre-existing condition. Indeed, only about one-in-ten Americans age 55 and older has long-term care insurance.

The CLASS program is not perfect and may need modifications, but now is not the time to accept the status quo for the financing of long-term services and supports, which relies by default almost exclusively on Medicaid. Repealing the CLASS program is not a solution and promotes a fiscal default policy of increasing Medicaid costs and requiring middle-class Americans to impoverish themselves in order to obtain long-term care. We urge you to oppose H.R. 1173.

Sincerely,

CHARLES M. LOVELESS,
Director of Legislation.

LEADINGAGE,
Washington, DC, January 17, 2012.

DEAR WAYS AND MEANS COMMITTEE MEMBER: I understand that the Ways and Means Committee will vote January 18 on H.R. 1173, legislation to repeal the Community Living Assistance Services and Supports (CLASS) program.

I strongly urge you oppose this bill. American families need the CLASS program to effectively plan for the costs of long-term services and supports.

These costs now are covered primarily by Medicaid, an entitlement program that is a growing and unsustainable burden on both federal and state budgets. Currently Medicaid covers 49% of the total cost of paid long-term services and supports, making it the predominant source of financing in this field.

These costs will not disappear if the CLASS program is repealed, and there is no effective alternative to cover them. All but the wealthiest Americans have insufficient income and savings to cover the cost of long-term nursing home care or even extensive services provided in a home- and community-based setting. Private long-term care insurance, for which there already are tax incentives, covers only a small fraction of long-term services and supports. Reverse mortgages are becoming less useful as a source of long-term services and supports financing due to the current state of the real estate market.

Without CLASS, people who need help with the most basic activities of daily living will continue to be thrown onto the Medicaid rolls. The federal and state governments will have to continue paying for needed long-term services and supports, but without the revenues that the CLASS program would generate.

Over the last several decades, policymakers, health economists and other experts have given much thought and debate to the issue of financing long-term services and supports. CLASS developed out of all of this deliberation as the proposal with the most promise for establishing a healthy, ethical and affordable system of financing these costs. This program can give families an affordable means of planning for their futures and for the long-term services and supports needs that inevitably arise.

I hope you and members of your family will never come to need the kinds of services for which CLASS was designed to pay. But if you ever do, you will understand fully why the CLASS program has attracted such broad support.

Repealing CLASS would undo years of work toward an effective means of financing long-term services and supports needed and

used by thousands of Americans and their families. What other option addresses these needs?

Please oppose H.R. 1173 when it comes before the Ways and Means Committee.

Sincerely,

WILLIAM L. MINNIX, JR.,
President and CEO.

Madam Chair, how much time do I have remaining?

The Acting CHAIR. The gentleman from California has 7½ minutes remaining.

Mr. STARK. I yield 2 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. I thank my friend from California for yielding me this time.

Madam Chair, I rise in support of the resolution. I do so because I believed at the time when the CLASS Act was inserted in the Affordable Care Act it wasn't a sustainable program. And sure enough, when Secretary Sebelius and those at the Department of Health and Human Services had a chance to analyze it and try to implement it, they reached the same conclusion.

I just hope that today my Republican colleagues don't take too much glee or delight over the fact that this resolution will pass and it repeals yet another small section of the Affordable Care Act, because just by repealing it without replacing it doesn't solve the problem with the rising long-term health care costs that our Nation faces.

I know my friend Dr. BOUSTANY shares his interest in trying to find a fix to this situation, and I hope that the parties are able to come together and address one of the paramount challenges that we're still facing in health care: How do you incent young, healthy people to invest in their long-term health care needs? It's difficult to do.

And I appreciate the work by those who supported CLASS, recognizing the challenge that we faced and trying to come up with a solution. This just wasn't the answer.

And to my Democratic colleagues, I never believed that passage of the Affordable Care Act—which I did support—was the end-all, be-all for health care reform. In fact, the great potential of the Affordable Care Act was the vast experimentation that needs to take place in reforming the health care delivery system and the payment system to learn what's working and what isn't working and then drive the system to greater efficiency, better quality outcomes, and a better bang for our buck. That, to me, is what health care reform is going to look like in the years to come. It's going to be an ongoing effort trying to determine what is working and what isn't. The CLASS Act, clearly, the way it was structured, was something that wasn't going to work.

So I agree with the resolution today that we should repeal it. It's the same conclusion the administration, having a chance to look at it, reached themselves. But it doesn't leave us off the hook of trying to find a solution to one of the great challenges of long-term health care in this country.

So I would encourage my Republican colleagues—and I know many of them share this sentiment, that this does not end the work that has to go on. We've got to figure out a way to start talking to each other, listening, trusting each other to come up with some solutions. This isn't that solution today.

Mr. BOUSTANY. Madam Chair, I yield 2 minutes to the gentleman from California (Mr. HERGER), the distinguished chairman of the Health Subcommittee on the House Ways and Means Committee.

Mr. HERGER. Madam Chair, I rise in strong support of H.R. 1173, the Fiscal Responsibility and Retirement Security Act.

It's now clear that long before the Democrats' health care overhaul was passed, the Obama administration knew that the CLASS Act was a seriously flawed program that could not be implemented. For example, Medicare actuary Rick Foster said way back in June of 2009: "Thirty-six years of actuarial experience lead me to believe that this program would collapse in short order and require significant Federal subsidies to continue."

Yet these warnings went unheeded and the CLASS Act remained in the health care bill 9 months later because it created an illusion of budget savings, an illusion based entirely on the fact that it was designed to collect premiums for a full 5 years before it would have to start paying benefits. Yesterday the Congressional Budget Office estimated that the cost of Federal health care entitlement programs will more than double over the next decade.

Madam Chairman, for the sake of our Nation's future, we must get these costs under control. The CLASS Act is an unsustainable program that, if it ever begins operating, would inevitably need a major taxpayer bailout. By repealing it today, Congress can send a clear message that we are going to start finding solutions to rising health care costs instead of making the problem worse.

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

Mr. BOUSTANY. Madam Chair, may I ask how much time remains?

The Acting CHAIR. The gentleman from Louisiana has 3½ minutes remaining, and the gentleman from California has 5½ minutes remaining.

Mr. BOUSTANY. I yield 1½ minutes to the gentlewoman from Kansas (Ms. JENKINS), a member of the House Ways and Means Committee.

□ 1530

Ms. JENKINS. I thank the gentleman for yielding.

There aren't many areas where the former Kansas Governor and current Secretary of Health and Human Services, Kathleen Sebelius, and I agree, but one thing that we do agree on is that the CLASS Act portion of the President's health care package is completely unviable and needs to be stopped.

That's why I was glad to hear the Secretary backtrack on her prior support and pull the plug on the program, and it's why I support a statutory repeal of the CLASS Act today. This act was designed as a new national entitlement for purchasing community-living assistance services, and it was used by this administration as a pay for to substantiate their faulty claim that ObamaCare was going to reduce the deficit.

However, as I and many others pointed out at the time, the deficit reduction claim was bogus and based on budget gimmicks that proved false when HHS began implementation. You see, the CBO can only project the cost of bills in a 10-year budget window, so the Obama administration used a budget trick by setting up the CLASS Act to begin collecting premiums in 2012 but not paying out benefits until 2017. Great for years 1 through 10, but very bad for years 5 through 15 or later.

This gimmick led CBO to report that the program would reduce the deficit, but it certainly doesn't take a CPA to realize that these initial savings can't be sustained over time. While we anxiously await the Supreme Court's decision on the constitutionality of ObamaCare's individual mandate, I urge my colleagues to support the repeal of this failed portion of the bill today so we can get this budget gimmick off the government's books.

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

Mr. BOUSTANY. Madam Chair, I'm pleased to yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACK), a member of the Ways and Means Committee.

Mrs. BLACK. I thank the gentleman for yielding.

Madam Chair, I rise today in support of my colleague from Louisiana's legislation repealing this unsustainable budget gimmick created to make the health care law look less expensive.

The CLASS Act was a long-term entitlement that was plagued with problems from the very beginning. From day one, concerns were raised about the CLASS program's unsustainable cost structure, and the administration ignored it.

I have a chart that was presented to us in our Ways and Means Committee in the markup of this bill, and from the very beginning there were six different occasions, and up until March 20 when it was passed, of experts who said this was unsustainable, and they've already been referenced by prior speakers.

Since that time of passage there were four others, including Secretary Sebelius in October of 2011, who also said: "I do not see a viable path forward for the CLASS implementation."

This program, again, has been unsustainable from the very beginning. I think what is so sad is we continue to put our head in the sand and make the American people believe that this program is somehow workable. This needs to be removed from our law so we can

start again. This is a nonpartisan issue, and we all need to work together in a bipartisan way. As a nurse for over 40 years working with the elderly, I recognize the need for long-term care.

The Acting CHAIR. The gentleman from Louisiana has 1 minute remaining and the right to close. The gentleman from California has 5½ minutes remaining.

Mr. STARK. Madam Chair, in closing, I repeat that there are real problems in this country of much more urgency than trying to repeal a bill that doesn't do anything, that won't work, that the President has said won't be effective. I urge my colleagues to join me in voting "no" on this Republican agenda to tear down our health system. It's mugwumpish. It just sticks your head in the sand and says let's repeal things and let's not go about fixing it.

As I said before, I'm sure Dr. BOUSTANY has a great bill, and I'm hoping that he'll bring it to us and we can proceed to deal with the problem of long-term care for our senior citizens.

I have seven children who would like to see that done very quickly and get me off their hands, thank you very much. And so anything we can do together, I look forward to working with the distinguished gentleman.

With that, I yield back the balance of my time.

Mr. BOUSTANY. Madam Chair, I'm pleased to yield my remaining time to the gentleman from Minnesota (Mr. PAULSEN), a distinguished member of the Ways and Means Committee.

The Acting CHAIR. The gentleman from Minnesota is recognized for 1 minute.

Mr. PAULSEN. Madam Chairman, I also want to rise in strong support of repealing this misguided CLASS Act. We knew from the start that the CLASS Act was fiscally unsustainable. But the President and those who supported the new health care law used this and inserted it as a budget gimmick to help pass the law. This new program was an illusion, an illusion that was crafted so government would start collecting funds long before it would pay anything out, making it seem as if it would raise revenue and save money. But in the long run it was obvious and it was clear the program would have disastrous effects.

The CMS Chief Actuary himself said that if implemented, the program would collapse. And after months of failed attempts, even the administration has finally admitted that the program was unworkable.

Madam Chair, Minnesota families and small businesses are tired of the smoke and mirrors coming out of Washington. Let's do the right thing today and repeal this terrible program, and let's focus on what's really important: putting Americans back to work. I want to thank my colleague on the Ways and Means Committee from Louisiana. He's a doctor, he's a physician, he's a leader in health care. Let's do the right thing and repeal this legislation.

Mr. STEARNS. Madam Chair, we need to repeal this bad legislation. As Chairman of the Oversight and Investigations Subcommittee, we looked into the CLASS Act and the actions of HHS. We issued a bicameral report on the failures of this fiscally reckless program.

Some Senate Democrats expressed that they "had grave concerns that the real effect of the [CLASS Act] would be to create a new federal entitlement with large, long-term spending increase that far exceed revenues."

Perhaps the most damning indictment came from the Senate Budget Chairman who characterized CLASS Act as "a ponzi scheme of the first order, the kind of thing that Bernie Madoff would have been proud of."

This legislation is so fiscally unsound that even the Secretary of HHS has announced that she does "not see a viable path forward for CLASS implementation at this time." This despite all her statements in support of CLASS when the Democrats were ramming Obamacare down our throat.

Under CBO rules, the CLASS failure will cost American taxpayers \$86 billion—the most recent CBO project of the supposed savings from the CLASS Act. However, if CLASS had gone into effect, it would have increased our deficit by the third decade.

We need to repeal this fiscally unsound entitlement. We need to stop wasteful spending. We need to bring our country back to the path of fiscal responsibility and repealing CLASS is an important first step.

Ms. JACKSON LEE of Texas. Madam Chair, I rise in opposition to 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.

The CLASS program would allow the disabled to be treated with respect and class. Yet, once again, instead of focusing on creating jobs, instead of finding means to reduce our deficit, instead of addressing the most pressing needs of our nation today, my Republican colleagues have put forth a measure that targets the aging and the disabled. They are supporting a measure that literally lacks class. This measure is a blatant attempt to repeal the Affordable Health Care Act one title at a time.

Like many Members of this body, I am disappointed that the Department of Health and Human Services, DHHS, has not been able to implement the CLASS provision of the Affordable Health Care Act. Although the CLASS program is not perfect, I cannot in good conscience support repealing it at a time when we have no viable alternative for affordable long-term care.

We have a growing aging population some of whom will require long-term care. CLASS provides the aging and the disabled with a so-

lution 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.

With each generation, Americans have been fortunate to live longer lives; we continue to plan on how to meet the needs of the aging and the disabled. It is reasonable to assume that over time the aging of baby boomers will increase the demand for long-term care. Estimates suggest that in the upcoming years the number of disabled elderly who cannot perform basic activities of daily living without assistance may be double today's level.

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 has risen to \$206.6 billion.

Unless we act now, the costs associated with long-term care will continue to rise. As it stands, families are bearing the brunt of these costs. Less than a decade ago those who needed long-term care spent nearly \$37.4 billion in out-of-pocket expenses. This is not sustainable for the majority of families; less than a decade ago we were not recovering from a recession.

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.

CLASS comes into effect when a person is at his most vulnerable. For example, when individuals are unable to clothe or bathe themselves. CLASS would allow some individuals to remain in their home. It gives the aging, the disabled and their families a viable option. Long-term care encompasses a wide range of services for people who need regular assistance because of chronic illness or physical or mental disabilities.

Although long-term care might include some skilled nursing care it consists primarily of help with basic activities of daily living, such as bathing, eating, and dressing, and with tasks necessary for independent living such as shopping, cooking, and housework, in essence helping people who need help.

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.

Madam Chair, 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. We cannot and we must not allow Medicaid to continue to be the only affordable long-term care service available to Americans. American families should not have to spend down their savings or assets to access long-term care. We must not forget that this is an issue we must address. As of January 1, 2011, baby

boomers will begin to celebrate their 65th birthdays for that day on 10,000 people will turn 65 every day and this will continue for the next 20 years

My career in Congress has been dedicated to expanding access to affordable, quality health care for the residents of the state of Texas, Houstonians, and all Americans, and the CLASS Act furthers that goal. It is clear that the CLASS Act is not perfect, and almost no piece of legislation can ever be, but that's why we rely on the professionals in federal agencies to work on implementation of the law.

I strongly believe that we can find a way to make this program work and I hope my colleagues on the other side of the aisle will work with me to ensure that affordable long-term care is available for anyone who needs it.

American families spend almost twice as much on health care through premiums, pay-check deductions, and out-of-pocket expenses as families in any other countries. In exchange, we receive quality specialty care in many areas that is the envy of many. Yet, they do not receive significantly better care than countries that spend far less.

Considering the amount that we spend on health care, it is surprising that Americans do not live as long as people in Canada, Japan, and most of Western Europe. Our health care system was in need of an overhaul. The landmark bill signed by President Obama in 2010 is designed to provide coverage to millions of people who currently lack it.

Under the Affordable Health Care law more than 32 million additional Americans are expected to get insurance, either through an extension of Medicaid or through exchanges where low and moderate income individuals and families will be able to purchase private insurance with federal subsidies.

A key part of the new health law also encourages the development of "accountable care organizations" that would allow doctors to team up with each other and with hospitals, in new ways, to provide medical services. There are dozens of good provisions in the Act that will ultimately benefit the public, if they are not repealed one title at a time. The CLASS Act is a good provision too—I stand by that notion—but just improperly designed.

At this stage, any change is difficult and change especially during a recession is extremely difficult. It is not possible to change a system as large and as hugely flawed, as ours without some disruptions. We are using fresh thinking and innovation to make sure everyone benefits—our citizens, our health care providers, small businesses, large corporations. I think the public is starting to slowly accept it. Over the course of several years and as more beneficial provisions take effect, this law will be more accepted, popular and possibly expanded.

Unfortunately, some in this Congress seems intent on not just undoing the CLASS Act, but the entire Affordable Health Care law. Everyone should have equal access to affordable health care and affordable health care service. Repealing a program that is intended to assist the aging and the disabled is not where this Congress should be spending its energy. We should be focused on legislation, like the one I proposed that would reduce the deficit, boost our nation's energy production, and create jobs. It appears as though my Republican colleagues seem more focused on putting forth

ills that would cut taxes, cut services to the aging and disabled, and cut discretionary spending. Our priority should be to focus on legislation that will create jobs.

Mr. VAN HOLLEN. Madam Chair, H.R. 1173 exemplifies the GOP agenda in the 112th Congress: to reject constructive Democratic ideas, and fail to introduce any practical solutions to our nation's problems.

I think we are all in agreement that the Community Living Assistance Services and Supports, CLASS, Program—in its current form—needs work. However, simply repealing it conveniently ignores that we have a long-term care crisis in this country. Private long-term care insurance is too costly for most Americans and the alternative, spending down their assets in order to qualify for Medicaid, is financially devastating. Medicaid now accounts for nearly half of all long-term care spending, and as the nation's baby boomers age, federal and state budgets will face further strain. The CLASS program is intended to lessen the burden, providing working families a national, voluntary, and premium-financed insurance program that enables them to responsibly plan for long-term care.

Secretary Sebelius made the right decision to delay implementation of program because, under existing parameters, it could not be done in a financially solvent way. The Congressional Budget Office, CBO, estimated that the program would run surpluses through approximately 2029 but would begin adding to the budget deficit after that. We need to fix that. But let's try to mend it, not end it. Let's exhaust all of our options, confer with experts and beneficiaries, and see if we can find a viable path forward for the CLASS program. We must make every effort to make it solvent before we leave seniors and disabled individuals to the status quo for the foreseeable future.

Mr. CONNOLLY of Virginia. Madam Chair, we are not prepared, either as families or as a society, to pay for the long-term care supports and services most of us will need before we die.

Today 10 million Americans require some level of long-term assisted care, and that number is on pace to triple as the Baby Boom generation ages. Annual costs top more than \$200 billion, and that doesn't count the time and energy of family caregivers. The growing demand and costs for long term care cannot be ignored, yet that is precisely what this legislation does.

Not only does this legislation repeal the voluntary, self-supporting long-term care insurance program created by the Affordable Care Act, but it also repeals funding for the national clearinghouse of information on long-term care services that helps seniors, their families and caregivers navigate the maze of options.

HHS said it could not implement the CLASS Act as written. It did not say such a program should not be implemented at all. In fact, HHS said that 15 million Americans will require some form of long-term care in 2020, yet fewer than 3 percent will have long-term insurance coverage. It went on to say that allowing that to persist will only increase the burden on taxpayers at a time when we're working to reduce such federal health care costs.

Madam Chair, this is nothing more than an ideologically-driven attempt to undermine the President's signature initiative and score political points at the expense of our seniors. I urge my colleagues to reject this bill, so we

can pursue a workable solution to this mounting challenge that threatens the safety and security of our seniors and our economy.

Mr. HOLT. Madam Chair, I rise today in opposition to the so called "Fiscal Responsibility and Retirement Security Act of 2011", H.R. 1173.

H.R. 1173 would repeal the Community Living Assistance Services and Supports (CLASS) Act, which was included in health reform.

The CLASS Act would make it easier for people to save for long-term care services. This program would give working adults the opportunity to plan for long-term care needs by providing cash benefits that can be used to purchase non-medical services and supports like home health care. The Congressional Budget Office estimates that the CLASS Act would reduce the federal deficit and Medicaid spending.

Our nation is facing a long-term care crisis and repealing the CLASS Act does not help. Over ninety percent of Americans do not have long-term health insurance coverage. This crisis becomes more serious over the next two decades, when the number of Americans 65 and older will be 71 million—making up around 20 percent of the U.S. population. Long-term care is expensive: nursing homes can cost over \$70,000 a year and home health care costs hundreds of dollars a day.

Instead of debating how to help Americans pay for long-term care, we are spending our time repealing the only program that is trying to help.

I oppose H.R. 1173 and urge my colleagues to vote no on this piece of legislation.

Mr. DINGELL. Madam Chair, I rise today in opposition of H.R. 1173. This bill is yet another in a long list of efforts by the Republicans to dismantle and repeal the Affordable Care Act piece by piece. Despite the fact that my colleagues on the other side of the aisle sit in Committee hearing rooms and profess to support addressing our long term care crisis, one of their first pieces of legislation on the floor this session is a bill that will repeal one option to address this crisis.

H.R. 1173 does nothing to protect the security of our country's retirees. Repealing the CLASS Act does not protect the 70 percent of today's 65 year olds who will need some sort of health or personal care in the future. Nor does repealing the CLASS Act do anything for the 40 percent of long term care users between the ages of 18–64.

While I recognize that the CLASS Act is not fiscally feasible in its current form, I also recognize that a lack of a long term care initiative is not financially feasible for Americans. The average cost of a nursing home is currently a staggering \$78,000 per year while in-home long term care averages \$21,600 per year. We must continue to try and solve the problem of our nation's lack of adequate long term care options, and I call on my Republican friends to come to the table and work with us to do so.

Instead of wasting valuable floor time, my Republican friends should take this opportunity to work with Democrats as well as the Department of Health and Human Services to find a solution to this critical issue. We all must continue to champion the effort to create a safe and secure future for our nation's citizens.

It is my concern that if the CLASS Act is repealed, the impetus to implement a crucial

long term care act will fall by the wayside. If my friends across the aisle wish to repeal this provision, it is vital they work expeditiously to implement a substitute for CLASS.

In 2008, 21 million Americans utilized some form of long term care. That number is only going to continue to increase, and it is our duty to protect the quality of life of our fellow Americans. I urge my colleagues to vote against H.R. 1173 until we have a viable long term care program to replace the CLASS Act.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Chair, I rise today in opposition to H.R. 1173, legislation to repeal the Community Living Assistance Services and Supports program. America has a long-term care crisis, and it is only getting worse. Currently, there are over 10 million Americans who require long-term care, and this number is expected to grow to 15 million by 2020.

Long-term care places a huge burden on family budgets. CLASS makes long-term care more affordable and accessible by providing a national, voluntary, self-sustaining insurance program for the purchase of long-term care services and supports.

While CLASS may need to be tweaked, it should not be repealed without the existence of a viable alternative. Rather than repeal this bill today, Republicans and Democrats need to work together to identify ways to strengthen CLASS so that it becomes a sustainable long-term care program. Our nation's seniors are counting on us, and we must not let them down.

As our population ages, the need for long-term care services will only grow. Repealing the CLASS Act, without providing a viable alternative, will result in millions of seniors exhausting their retirement savings and personal assets. I cannot support H.R. 1173, as it undermines the personal dignity of our seniors.

Mr. GOODLATTE. Madam Chair, today I rise in strong support of the Fiscal Responsibility and Retirement Security Act. This important legislation repeals the failed government-run long-term care insurance program, known as the CLASS Act, which was included in the President's Health Care Law, PPACA.

Nearly two years ago, with total disregard for the will of the American people, Congress passed and President Obama signed the health care reform overhaul into law. This law, which I voted against, is defined by federal regulations, mandates, a myriad of new big government programs, and a significant increase in federal spending and debt at a cost to our country too high to bear.

The CLASS program is a prime example of the inherent problems with this new law. In fact, the Obama Administration announced in October that they would halt implementation of the CLASS program, recognizing that the program was unsustainable despite claims that it would save as much as \$80 billion over 10 years.

Today the House has an opportunity to pass the Fiscal Responsibility and Retirement Security Act, which is an important piece to dismantling the President's Health Care Law and allows Congress to consider new long-term care reform proposals that work for the American people without busting the federal budget.

Madam Chair, I intend to continue working to repeal and defund the new health care law that kills jobs, raises taxes, threatens seniors' access to care, will cause millions of people to lose the coverage they have and like, and in-

creases the cost of health care coverage. While we can all agree that our current health care system needs to be reformed, the new health care law was not the right way to do it. Instead we must focus on a positive, patient-centered strategy that puts patients, families and doctors, not Washington bureaucrats, in control of personal health care decisions.

The Acting CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule for a period not to exceed 3 hours.

The amendment in the nature of a substitute recommended by the Committee on Energy and Commerce printed in the bill shall be considered as an original bill for the purpose of amendment under the 5-minute rule and shall be considered read.

The text of the committee amendment in the nature of a substitute is as follows:

H.R. 1173

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fiscal Responsibility and Retirement Security Act of 2011".

SEC. 2. REPEAL OF CLASS PROGRAM.

(a) REPEAL.—Title XXXII of the Public Health Service Act (42 U.S.C. 3001 et seq.; relating to the CLASS program) is repealed.

(b) CONFORMING CHANGES.—

(1)(A) Title VIII of the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119, 846-847) is repealed.

(B) The table of contents contained in section 1(b) of such Act is amended by striking the items relating to title VIII.

(2) Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) by striking paragraphs (81) and (82);

(B) in paragraph (80), by inserting "and" at the end; and

(C) by redesignating paragraph (83) as paragraph (81).

(3) Section 6021(d) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396p note) is amended—

(A) in paragraph (2)(A)(iv)—

(i) by inserting "not" before "include"; and

(ii) by striking "and information" and inserting "or information"; and

(B) in paragraph (3)—

(i) in the heading, by striking "APPROPRIATION" and inserting "FUNDING";

(ii) by striking "2015" and inserting "2012"; and

(iii) by adding at the end the following new sentence: "There is authorized to be appropriated to carry out this subsection \$3,000,000 for each of fiscal years 2013 through 2015.".

The Acting CHAIR. No amendment to the committee amendment in the nature of a substitute shall be in order except those received for printing in the CONGRESSIONAL RECORD designated for that purpose 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 causes it to be printed or a designee and shall be considered read if printed.

Are there any amendments to the bill?

AMENDMENT NO. 2 OFFERED BY MS. JACKSON LEE OF TEXAS

Ms. JACKSON LEE of Texas. I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 5, after line 19, add the following:

SEC. 3. STUDY ON THE IMPACT OF NOT HAVING LONG-TERM CARE INSURANCE ON THE FEDERAL, STATE, AND LOCAL GOVERNMENTS.

(a) STUDIES.—Section 2 shall not take effect until—

(1) the Director of the Congressional Budget Office completes a macroeconomic study and submits a report to the Congress on the impact on the Federal, State, and local governments of not having long-term care insurance; and

(2) the Secretary of Health and Human Services completes a study and submits a report to the Congress on the best practices necessary to have a viable, financially secure, and solvent long-term care insurance program.

(b) EXCEPTION.—Notwithstanding subsection (a), section 2(b)(3)(B) shall take effect upon the enactment of this Act.

The Acting CHAIR. The gentlewoman from Texas is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Madam Chair, first of all, let me say that I was on the floor yesterday regarding the CLASS Act and my approach to the CLASS Act. And I recognize that we have had some difficulty with putting together the right balance, the right financial structure for a very large program. But it does not mean that it does not have purpose.

The CLASS program deals with long-term care. In my readings I've determined that private families and loved ones have given in essence \$450 billion in private care, meaning that they have taken care of their loved ones on their own; \$101 billion has been spent by the Medicaid program. And I said yesterday that I've had the experience of taking care of a dear mother who I lost in 2010, and right now an aunt who I am taking care of in 2012. And I've seen a number of friends and others who need long-term care. And so the idea of disposing of it to me seems incomplete, without projecting back to Health and Human Services how can we get this done.

My amendment would not repeal the CLASS Act until the completion of a macroeconomic study.

□ 1540

We must determine the cost of not having long-term care insurance on the Federal, State and local governments before we repeal any programs like CLASS that are self-sustaining. CLASS is not taxpayer funded. The lack of affordable care is a very serious problem which, if not addressed, will only add to our growing national debt. H.R. 1173 would repeal the CLASS Act in its totality, and I believe that that is the wrong direction to go. And so I would be offering my amendment to help 26 million Americans who need long-term care services in the near future.

The CLASS Act is a positive intent, and it deals with the fact that we all must have balance of burden and benefit. We have to recognize that there

are those whom we have to help. My amendment would ask for that study to be engaged and to ask for the Secretary to come back with an analysis of how devastating the impact would be and how high the deficit would grow. As the former executive director for the National Governors Association noted, failure to reform the underfunded, uncoordinated patchwork of long-term care supports and services is a failure to truly reforming health care.

Long-term care is not just for the elderly. It's for those who have had catastrophic illnesses, maybe the injured football player or the injured skier or a major accident when our loved ones need our attention. And, oh, how much can be done with long-term care. How do I know it? My mother went into a nursing home and could not walk—but she walked out.

Yes, there is value to helping people restore their lives. And baby boomers are already turning 65; 10,000 people will turn 65 every day as of January 1, 2011, over the next 25 years. And I'm grateful that because of health care and the Affordable Care Act, they will be living longer. Therefore, I'm asking that we not throw the baby out with the bath water. Allow the Secretary to do this study and to do this study that will be helpful to all of us. By 2050, the number of individuals using long-term care will increase.

I would like to reserve the balance of my time.

The Acting CHAIR. The gentlewoman may not reserve the balance of her time.

Ms. JACKSON LEE of Texas. Let me just say, Madam Chair, to my disappointment, I wanted to reserve to engage with my friend. But let me just say this: that care involves home residential care, skilled-nursing facilities, and it will likely double from the 10 million services in 2000 to, as I said earlier, 26 million people.

So it makes sense to accept my amendment that would allow this macroeconomic study to look closely at the benefit and the burden of not having long-term care. I can assure you that we will be better informed to be able to have those instructions, and I would ask my colleagues to support this amendment.

Madam Chair, I rise today in support of my amendment #2, to H.R. 1173, "The Fiscal Responsibility and Retirement Security Act of 2011." My amendment would delay the repeal of the CLASS PROGRAM until the completion of a macroeconomic study. We must determine the costs of not having long-term care insurance on the federal, state, and local governments before we repeal programs, like CLASS, that are self sustaining. CLASS is not tax payer funded! The lack of affordable care is a very serious problem which, if not addressed, will only add to our growing national debt.

H.R. 1173 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.

I ask my colleagues to ensure that the 26 million Americans, who will need long term care services in the near future, will be able to purchase this care at reasonable prices.

The CLASS Act is a noble and notable attempt to legislate this issue but when the Administration realized that the legislation did not do what we thought it would they came forth and did the right thing and deemed it to be unsustainable.

Policy won out over politics because it would be easy to obfuscate and forge ahead with implementation even in the face of an obviously problematic bill. This indeed was a bold act of integrity for the Department of Health and Human Services.

The inclusion of the long term care infrastructure (CLASS) in health care reform was a signature issue for one of the foremost advocates in this bicameral body, the late Senator Ted Kennedy who worked tirelessly to achieve its enactment.

As Raymond Scheppach, former Executive Director for National Governors' Association noted, "failure to reform the under-funded, uncoordinated patchwork of long-term care supports and services is a failure to truly reforming health care." This failure defines the revolving door of our health care system.

An estimated 10 million Americans currently need long term care services, and that number is projected to reach 26 million by 2050. Nearly half of all funding for these services is now provided through Medicaid, which is an ever-growing and inexorable burden on states and requires individuals to "spend down" or, become and stay poor to receive the help they need.

This spend-down activity runs contrary to the American notion of putting something away for a rainy day, or to allow for passing on to your heirs so that they can see a better day than you.

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, 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.

In addition, 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.

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.

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.

Mr. PITTS. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Madam Chair, again, this amendment continues to ignore the reality around the CLASS program.

The CLASS program has been reviewed by outside analysts, by the HHS actuary and the Congressional Budget Office; and just last year the Obama administration finally admitted what so many already knew, the CLASS program is not workable. In fact, the Congressional Budget Office has certified that not a single person would ever receive benefits from the CLASS program. Any effort to preserve a failed program on the books simply delays any real attempt to ensure every American has access to affordable long-term care coverage.

From the start, the CLASS program was a Big Government idea that independent analysts believed was flawed and unworkable. The American Academy of Actuaries, the Congressional Budget Office and even officials at the Department of Health and Human Services run by Secretary Sebelius had grave concerns about the workability of this program. It has been studied. It does not work. If you would have done this study before you passed it, we would not have wasted millions of taxpayer dollars on a program that was

doomed from the start. Perhaps we should visit what the failed implementation of the CLASS program has done, rather than spend millions on a study of what its removal would do.

I begin by reminding my colleagues that the CLASS program has done nothing to help reduce Federal or State spending. In fact, the Department spent at least \$5 million to implement a failed program and an \$80 billion hole in the Federal budget. I would also remind my colleague that the CLASS program has done nothing for consumers who are left with a failed program that was overpromised to the public as part of the President's monstrous health care law.

We must move to take the CLASS program off the books so that we can move forward with solutions that work with the private market that are affordable for consumers and don't place additional strain on the Federal and State budgets.

Mr. PALLONE. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. I yield to the gentleman from Texas.

Ms. JACKSON LEE of Texas. I thank the gentleman. Madam Chair, first of all, I want to make sure that my amendment is amendment No. 2 to H.R. 1173, and I have another amendment which is amendment No. 1.

But I do want to respond to the gentleman and just indicate that best practices have not been assessed. The point of my amendment is to get us focusing on what the numbers need to be to increase the viability of life and care for those needing long-term care, juxtaposed against the enormous debt and deficit that will occur if no one has long-term care or we continue to have to utilize Medicaid, which is at \$101 billion, private insurance is only at \$14.5 billion, and then the burden on family members, aging family members, their care. They have put in their pound of support at \$450 billion. We can at least pay attention to new numbers by asking for best practices to be assessed.

I believe if we do that, we will have the opportunity to do the right thing by the American people; and we will be, in essence, being productive. No one can deny the fact that having insurance that has people being eliminated from insurance for preexisting conditions is not good. No one can say that having children on your insurance to 26 is not good. No one can say that not being kicked out of a hospital bed because you have flat-lined on your insurance is not good. It is good.

We recognize that coming together in a bipartisan manner, we can, in fact, make this right, and we can find a way to help those families right now. Alzheimer's, where families are taking care of that loved one, they need support; and they need it in a structure that can help provide them with resources for long-term care.

I ask my colleagues to support a thoughtful amendment that deals with providing additional information. I thank the gentleman for his time. I ask my colleagues to support the Jackson Lee No. 2 amendment on a macro-economic study on the benefits and burdens of repealing the CLASS Act.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. JACKSON LEE of Texas. I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Texas will be postponed.

AMENDMENT NO. 1 OFFERED BY MS. JACKSON LEE OF TEXAS

Ms. JACKSON LEE of Texas. I have an amendment, No. 1 I believe.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

H.R. 1173

At the end of the bill, add the following:

SEC. 3. ENSURING MARKET PENETRATION FOR PRIVATE LONG-TERM CARE INSURANCE.

(a) IN GENERAL.—Section 2 shall not take effect until such date as the Secretary of Health and Human Services certifies to the Congress that at least 60 percent of individuals in the United States who are 25 years of age or older have private long-term care insurance.

(b) EXCEPTION.—Notwithstanding subsection (a), section 2(b)(3)(B) shall take effect upon the enactment of this Act.

The Acting CHAIR. The gentlewoman from Texas is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Madam Chair, I rise with great concern about H.R. 1173. And, again, I want to make it very clear that in all the course of traveling throughout my district when the Affordable Care Act was passed in 2010, there was a great deal of emotion and celebration. I take, for example, those senior citizens who were continuously falling through the hole on Medicare part D. This particular legislation helped close the doughnut hole where seniors' prescription drugs did not skyrocket, so they would not have to make a decision among their drug prescriptions or their rent or what they ate.

□ 1550

This amendment is very clear. It simply states Congress resolves that health care is necessary for a healthy population, humane treatment of impoverished citizens, and to help reduce the budget deficit, and that long-term care insurance represents one-third of Federal and State spending on Medicaid. It's a simple statement of fact, Madam Chairwoman, and I would ask that this simple statement of fact be added to this legislation. I think it will be a positive statement. It will give us

the connectedness to say that we have got to get back to the drawing boards and make sure that we have, in fact, the right kind of insurance for people in need.

I can't imagine why we would want to abandon those who need long-term care. As I've indicated, it may be a young person who faces a catastrophic illness or accident; it may be a child suffering from a chronic disease; it may be some of our friends who suffer from issues dealing with mental health. In my own community, just recently, one of our major hospitals with mental health beds was closed down, 148 beds. Who knows what will happen to those patients, some of whom actually stayed in that facility for a period of time. We know we don't have enough mental health beds and beds for those who need long-term care, suffering from conditions dealing with their mental health.

My amendment is recognition of the fact that the issue of long-term care services is not going away. The enormous cost of not providing the rainy-day umbrella, the cushion for families and those who are suffering from devastating disease just cannot happen. It cannot be swept under the rug. The cost curb is steep and growing, and we cannot continue to kick the can down the road. Long-term care, again, is fundamental. And so, this particular legislation acknowledges that.

Forty percent of long-term care users today are between the ages of 18 and 64, as I said. While most people who need long-term care are in their seventies and eighties, as I said, many younger people are facing the horror of disability or a disability without any way of paying for it, without giving relief to their family members. Long-term care is expensive and can quickly wipe out hardworking families' savings, which gives many families a Hobson's choice: spend down and wipe out years of hardworking services to qualify for Medicaid.

For those of you who don't know how Medicaid works, because we want to be responsible with Federal tax dollars, you have to be down to zero—your house has to be sold, your car has to be sold, any assets have to be sold, and everything you have goes back into the system.

Well, I know there are people who believe that they want to pay part of this burden, but there are others who understand that, in addition to paying, why should they be made completely indigent? Why can't that person remain in their home, even with care—which is another part of long-term care. It gives the opportunity for families to be together and for that individual who is injured to be able to be taken care of inside their home with a loving family but yet having the long-term care providers.

This is a simple statement. I hope my colleagues will not oppose the idea that long-term care is important and that we have to respond to it by way of ensuring that we don't grow the deficit.

The average lifetime long-term care spending for a 65-year-old is \$47,000; 16 percent will spend \$100,000 and 5 percent will spend \$250,000.

There's no doubt that we need relief. Nationwide, the median annual cost of a nursing home in 2010 was \$75,000, room and board, in an assisted living facility. This is a crisis that will impact the debt; and, therefore, I would argue that repealing the CLASS Act without a positive statement, Madam Chair, of how important it is is tragic.

I ask my colleagues to support the Jackson Lee amendment. Stand up and be counted for the value of long-term care support here in America.

Madam Chair, I rise today in support of my amendment #1 to H.R. 1173, "The Fiscal Responsibility and Retirement Security Act of 2011." My amendment states, "Congress resolves that health care is necessary for a healthy population, humane treatment of impoverished citizens, and to help reduce the budget deficit; and that long-term care insurance represents one-third of federal and state spending on Medicaid."

H.R. 1173 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.

My amendment is recognition of the fact that the issue of long-term care services is not going away. It cannot be swept under the rug. The cost-curve is steep and growing. We cannot continue to kick the can down the road: long-term care is fundamental.

As our nation's population ages, there is an increasingly urgent need to find effective ways to help Americans prepare for their individual long-term care needs. Almost seven out of ten people turning age 65 today will need some help with their activities of daily living at some point in their remaining years.

Forty percent of long-term care users today are between the ages of 18 and 64. While most people who need long-term care are in their 70s and 80s, many younger people, particularly those living with a significant disability, also may need assistance.

Long-term care is expensive, and can quickly wipe out hardworking families' savings, which gives many families a Hobson's choice: spend-down and wipe out years of hard-earned savings to qualify for Medicaid.

While costs for nursing home care can vary widely, they average about \$6,500 a month, or anywhere from \$70,000 to \$80,000 a year. And these costs are only becoming more expensive.

People who receive long-term care at home spend an average of \$1,800 a month. The average lifetime long-term care spending for a 65 year old is \$47,000; 16 percent will spend \$100,000 and 5 percent will spend \$250,000. And many of these people have other expenses as well.

Nationwide, the median annual cost of a nursing home in 2010 was \$75,000; room and board in an assisted living facility, with no ad-

ditional help, was \$37,500; an attendant that provides home care and no medical tasks, like the dispensing of medication, is paid approximately \$19 an hour.

These expenses are left to America's seniors and people with disabilities (and their adult children) to pay for out of pocket until their pockets are all but empty. As this body knows well, Medicare only covers short-term and limited long-term care services, and the Medicaid safety net is only available to those who have depleted virtually all of their resources as a result of being frail or suffering from dementia. Many people are left in dire situations and are truly at society's mercy.

Today, there are many Americans with disabilities who want to and are able to work and thereby maintain independence and contribute financially to their families. However, if they depend upon an attendant to drive them to their job or help them shop, use the toilet, or bathe, they must have enough additional financial resources to pay for such assistance, or have low enough incomes to qualify for Medicaid.

Long-term care insurance is the most popular of the private options available, but less than 3-percent of the American people have long-term care insurance, meaning there is a wide gap and acute lack of awareness. The CLASS Act sought to bridge this gap and has come up a little short. However we cannot, as a Congress, pretend the problem is going away.

My amendment recognizes that long-term care must be addressed as millions of baby boomers have already begun turning 65. The aging population and the disabled need viable options for their care. Taking away a program that is intended to meet the future needs of our aging is the wrong approach. We should be focused on ways to boost our economy, providing increased access to affordable care to seniors, low income, and the disabled, and job creation. We should not be eliminating programs that aim to sustain our aging population.

Mr. PITTS. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Madam Chair, this amendment continues to ignore the reality. The CLASS program is simply not workable. Keeping the CLASS program and pretending that it will ever work does absolutely nothing and offers no help to millions of Americans who want to maintain their health. Any effort to preserve a failed program on the books simply delays any real attempt to ensure every American has access to affordable, long-term care coverage.

From the start, the CLASS program was a Big Government idea that independent analysts believed was flawed and unworkable. In fact, the Obama administration officials pointed out serious concerns with the CLASS program as early as the beginning of 2009. While those concerns went ignored by the administration until earlier this fall, now is not the time to stall its repeal.

Yesterday, Senator HARKIN told reporters that the only way to make CLASS work is to make it mandatory.

Are the supporters of the CLASS Act really advocating another mandate? Keeping CLASS on the books is a step in that direction.

Keeping the CLASS program on the books also further threatens the private market and the nearly 8 million Americans who have private long-term care insurance today. You cannot have a functioning long-term care insurance market if there is a continued threat of a government takeover of that market.

We need long-term care reform that builds on what the private market provides, not destroys it. I hope that those on the other side of the aisle have the courage to admit their mistake, repeal this law, and begin to work on a real, workable long-term care policy.

I urge Members to oppose this amendment.

Madam Chairman, I yield back the balance of my time.

Mrs. BLACKBURN. Madam Chairman, I move to strike the last word.

The Acting CHAIR. The gentlewoman from Tennessee is recognized for 5 minutes.

Mrs. BLACKBURN. Madam Chairman, I oppose the amendment, and I stand here today in support of repealing the CLASS Act.

You know, it's been almost 2 years since we sought passage of the ObamaCare bill in this Chamber, and it is something that we have worked since taking the majority to repeal this and get it off the books; and, indeed, what we are seeing is a need to get this CLASS Act off the books.

Despite the Federal Government's best efforts, there is no way to show that this is going to save money. Indeed, in a budget gimmick, as we were discussing this bill in committee a couple of years ago, what they did was to come in and say, Oh, this will save \$80 billion. Oh, let's add title 8 to the bill, let's add sections 8001 and 8002 to this legislation, and let's create this little pool here where we're going to have near-term expenses that are supposed to yield us some long-term savings. The problem is all the new math you wanted to put to work on this, Madam Chair, there was no way to show that it was ever going to save money. And, indeed, Secretary Sebelius, who is the Health and Human Services Secretary, was forced to admit last October that there was no path forward for this program.

So what we need to do is to say this was a mistake. It doesn't save money. It is not going to address a problem. It is something that needs to come off the books. It is a way we can step forward and we can take a program off the books. And I encourage my colleagues to support ending the CLASS Act, getting it off the books.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. JACKSON LEE of Texas. I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Texas will be postponed.

□ 1600

AMENDMENT NO. 4 OFFERED BY MR. DEUTCH

Mr. DEUTCH. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

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

SEC. 3. PREVENTING AN INCREASE IN MEDICAID SPENDING.

Section 2 (other than subsection (b)(3)(B) of such section) shall not take effect until 90 days after the date on which the Comptroller General of the United States certifies to Congress that failure to implement the CLASS program established under title XXXII of the Public Health Service Act will not increase State and Federal spending for long-term care under the Medicaid program under title XIX of the Social Security Act.

The Acting CHAIR. The gentleman from Florida is recognized for 5 minutes.

Mr. DEUTCH. Madam Chair, although I regret that this Congress is considering the full repeal of a promising effort to address the looming long-term care crisis in our country, I have to admit I'm not surprised. This is the action of a Congress deserving of America's low opinion of us.

We know the facts. A vote against this amendment is a vote for increased Medicaid spending.

No one is immune from becoming disabled or growing old, yet just 10 percent of Americans over age 50 can afford long-term care insurance. As a result, a staggering 90 percent of Americans rely on long-term care provided by Medicaid. It is no wonder that over a third of Medicaid spending is on long-term care, not on checkups for impoverished children, not on prenatal care for poor, expectant mothers. No, it is the expensive, institutionalized long-term care funded by Medicaid.

The goals of the CLASS program represented an alternative to this system on which we all could have agreed, a fully solvent, affordable, premium-financed, long-term care program. It emphasizes personal responsibility, lessens the burden on taxpayers, and reduces unnecessary Medicaid spending.

Sometimes, as things happen here, Congress passes imperfect legislation. But rather than address these imperfections, the legislation before this House today gives up on our grappling with this long-term care crisis altogether.

We've overcome challenges like this before. In the early 1980s, Social Security faced a crisis. So what happened? Did my Republican friends, concerned about having an imperfect law on the books, castigate what they called

"RooseveltCare" and bring to the floor a two-page bill to revoke the Social Security Act? That's not, thankfully, what happened. What did happen was that Democrats and Republicans worked together, with President Reagan, and strengthened Social Security. As a result, Social Security continues to keep millions out of poverty, ensuring against the universal risk of old age, disability, or death of a breadwinner.

The amendment I offer today would prevent repeal of the CLASS Act from taking place if failure to implement the CLASS program would increase State and Federal Medicaid spending.

Greater reliance on the safety net has led many to conclude that Medicaid has become unaffordable. Instead of cutting basic health care for our most vulnerable—the elderly, the disabled, poor children—we ought to reduce Medicaid spending. We ought to put more Americans back to work. We ought to make private health insurance more affordable.

There are many prescriptions for reducing Medicaid spending; but let's be clear, repeal of the CLASS Act and upholding our long-term care crisis is not among them. The Congressional Budget Office estimates that even the imperfect CLASS bill that passed would reduce Medicaid spending by at least \$2 billion.

If more older Americans had access to affordable long-term care insurance, middle class seniors could secure a less costly, more independent lifestyle in their own homes instead of spending down into poverty to receive expensive, institutionalized care.

What message is Congress sending by repealing CLASS? We are proclaiming that the current system, which incentivizes elder poverty and forces seniors to blow through their life savings, is just fine. Save nothing. Pass what you do have on to your children before you get sick. Own little property, and don't purchase long-term care insurance. Follow this plan and you'll be eligible for expensive, institutionalized care through Medicaid. If CLASS is repealed, it is exactly the children and grandchildren that my friends on the other side say they worry about who will pay the cost.

A premium-financed long-term care program would shift people from reliance on Medicaid. This should be our shared goal. We ought to work together to fix a program that represents the first real path toward making affordable long-term care available to middle class families who want to secure themselves against possible poverty.

I respectfully ask my colleagues to support this amendment, because reducing Medicaid spending while improving the lives of seniors and persons with disabilities is a conversation worthy of this office.

And with that, I yield back the balance of my time.

Mr. PITTS. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR (Mr. YODER). The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Mr. Chairman, this amendment would simply ignore the millions of dollars that have been spent by this administration to reach the same conclusion that so many unbiased analysts had said for years: The CLASS program is unworkable, causing a liability for the potential beneficiary and the taxpayers alike.

This amendment would promote reckless governing that maintains a failed program for further meddling. The CLASS program has done nothing to decrease Medicaid spending, and its inclusion in the Patient Protection and Affordable Care Act was a budget gimmick, a budget gimmick that will cost the American taxpayers \$80 billion over the next 10 years.

Alternative policies, such as the Long-Term Care Partnership Program, which was signed into law by President Bush, have decreased Medicaid spending and deterred Americans from making Medicaid their primary payer of long-term care services. That program alone has done more for Medicaid spending than CLASS ever will.

We can and should do more to decrease Medicaid spending and ensure Americans have the access they need to affordable long-term care coverage, but government intrusion into the market is not the way to go. However, we cannot move forward in thinking about better long-term care policies with this failed program hanging over us.

Yesterday, Senator HARKIN made it clear that the problem with the CLASS program was that it was voluntary. A vote in favor of this amendment is a vote in favor of another mandate on the American people.

Enough is enough. We must get this failed program off the books so that we can move forward in establishing long-term care policies that work for the American taxpayers, not those that further bankrupt this country.

With that, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. DEUTCH).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. DEUTCH. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Florida will be postponed.

AMENDMENT NO. 5 OFFERED BY MR. DEUTCH

Mr. DEUTCH. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

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

SEC. 3. CLASS PROGRAM FLEXIBILITY.

(a) IN GENERAL.—Subject to subsection (b), section 2 (other than subsection (b)(3)(B) of

such section) shall not take effect until such date on which each of the following has been satisfied:

(1) The Secretary of Health and Human Services submits to Congress a report including a determination made by the Secretary on whether or not the Secretary has the authority to implement the CLASS program under title XXXII of the Public Health Service Act and develop and implement the benefit plans described in subsection (c).

(2) In the case the Secretary determines the Secretary does not have the authority described in paragraph (1), the Secretary includes in the report described in such paragraph recommendations for statutory changes needed, and a recommended list of statutory provisions that would need to be waived, to provide the Secretary with such authority.

(3) In the case the Secretary determines the Secretary does not have the authority described in paragraph (1), not later than 90 days after the submission of such report and recommendations, Congress has considered and rejected such recommendations.

(b) EXCEPTIONS.—

(1) Section 2 (other than subsection (b)(3)(B) of such section) shall not take effect if the Secretary of Health and Human Services determines under subsection (a)(1) that the Secretary has the authority described in such subsection and the Secretary develops the 3 benefit plans described in subsection (c).

(2) In the case the Secretary determines under subsection (a)(1) that the Secretary does not have the authority described in such subsection and Congress has not considered and rejected the recommendations described in subsection (a)(2) by the deadline described in subsection (a)(3), section 2 (other than subsection (b)(3)(B) of such section) shall not take effect and the Secretary shall have the authority to waive the provisions recommended by the Secretary to be waived under the report described in subsection (a)(2).

(c) ACTUARIALLY SOUND BENEFIT PLANS.— Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall develop 3 actuarially sound benefit plans as alternatives for consideration for designation as the CLASS Independence Benefit Plan described in section 3203 of the Public Health Service Act that address adverse selection and have market appeal, regardless of whether such plans satisfy the requirements described in subsection (a)(1) of such section.

The Acting CHAIR. The gentleman from Florida is recognized for 5 minutes.

Mr. DEUTCH. Mr. Chairman, this amendment reads, "The Secretary shall develop three actuarially sound benefit plans."

This amendment's small fix gives the administration the ability to implement a program that enjoys the support of two-thirds of all Americans, including, I should add, over half of Republicans. The stipulation for moving forward, however, is that CLASS is implemented on an actuarially sound basis.

The distinguished gentleman from Louisiana and author of the underlying bill has expressed some opposition to my amendment, suggesting that it will waive the solvency requirement. I respect the gentleman's work and service, but I regret that the claim is simply untrue.

This amendment gives the Secretary waiver authority only after three requirements are met. The plan must be actuarially sound, must address adverse selection, and must have market appeal.

The deliberate obfuscation of this amendment's intention is a textbook example of why American's are fed up with Washington. I would work with anyone in any party to protect the financial security of middle class and near-retirees. But when attempts to improve the existing law in a fiscally responsible way are treated in this manner, it is no wonder why we can't get things done.

The bill's proponents say, Trust us. We'll replace this. Unfortunately, over a year ago they said the same thing about the Affordable Care Act. Instead we had repeal and replace, minus the replace.

As we all know, the CLASS program, as drafted, is facing challenges of implementation. Critics have focused on fiscal sustainability. The good news is that there is a fiscally sustainable path forward. With greater flexibility, a program could be designed that addresses adverse selection and improves market appeal.

□ 1610

We must remember that even with implementation, CLASS would only be a start addressing a very serious long-term care crisis.

Looking back on our history would serve us well today. In the infancy of Social Security, Senator William H. King, a Democrat from Utah, supported the Clark amendment which would have undercut the Social Security program. He was concerned that Social Security would crowd out private pensions and conditioned his support of Social Security upon a guarantee that the Clark amendment would later be taken up.

When Congress returned, Senator King was asked about the amendment. He said, You can forget about the amendment. The passage of the Social Security Act has got everybody talking about pension plans. You can forget it forever.

Americans ought to be talking about long-term care. We should all be lucky enough to grow older. We should all be lucky enough to retire in south Florida.

However, no one is immune from the frailty of old age, and no one is exempt from disability.

I can't help but think of a very impressive man from south Florida, a good friend named Alan Brown, who, on January 2, 1988, at the age of 20, was hit by a strong wave at the beach that caused a catastrophic spinal cord injury that leaves him a quadriplegic to this day.

Mr. Brown has an endless list of expenses from his wheelchair and medication, to disability through accessible transportation, and long-term care. Even while holding two jobs, he strug-

gles to support his family in the face of rising health care costs.

As lawmakers, it is our responsibility to remember that those who are young and healthy may not always remain so and act on the fact that long-term care is out of reach for the majority of Americans. Any one of us could experience an unpredictable accident like Mr. BROWN. If that is not compelling enough, the inevitability of aging should be.

What message is this Congress sending when our response to the long-term care crisis is "just say no"? Why should Americans be thinking about long-term care if their leaders in Congress answer a complicated and systemic problem with a politically charged two-page bill?

If the Secretary were given the flexibility in my amendment, the CLASS program would remain the furthest thing from an entitlement, as it would remain fully financed by premiums. This fix to CLASS is true fiscal responsibility, an individual retirement security; and I respectfully urge my colleagues to support it.

Mr. GINGREY of Georgia. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. GINGREY of Georgia. Mr. Chairman, the amendment No. 5, or Deutch 2, is an amendment essentially that the Secretary of Health and Human Services has already looked at, some of these provisions, in eight different ways in trying to come up with some possibility of certifying the fiscal solvency of this CLASS Act within the 75-year budget window, the out-years.

Thank goodness, Mr. Chairman, for the wisdom of Senator Judd Gregg on the Senate side when that amendment was accepted in the health committee. I don't know whether it was unanimously accepted by the Democrats, but I think it was. Again, the prescience and the wisdom of Senator Gregg is something the American people should be, and I think will be, eternally grateful for.

The Secretary looked at the possibility of saying that we'll make this fiscally solvent if we eliminate eligibility for anybody with a preexisting condition. Then they said, Well, no, that's not going to work. So let's say, how about a 15-year waiting period for someone with preexisting conditions. Finally, ultimately, looked at the possibility of yet again making this part of ObamaCare, the CLASS program, a mandatory participation. How has that worked out for them thus far in regard to the exchange in young people being forced, under the ruse of the Constitution, of the commerce clause, to do that under the penalty of law, increase taxes or penalties, or whatever they want to call it? Well, the Supreme Court will ultimately make that decision.

Mr. Chair, the Secretary had every opportunity to look at this. We are

talking about, I say to the gentleman from Florida, over an 18-month period of time, and they absolutely could not certify it.

You can delay and delay and delay, but what part of “no” does the gentleman not understand? No, this will not work. This amendment is unnecessary. We know that this program will not work.

My colleagues on the other side of the aisle, they want to leave the provision in the bill. They want to let it stand there so they can somehow maybe with the next administration or with the next chairman of the Energy and Commerce Committee or whom ever on their side of the aisle might want to resurrect Freddy Krueger one more time on the backs of the American taxpayer. This is a fiscal train wreck.

Mr. Chairman, the bill actually calls for the provision of a plan at a date certain, October of 2012. I’m an OB/GYN physician. That’s less than 9 months. That goes quickly. I know that about 9 months.

When you get there, folks that are looking and counting on the CLASS program long-term care insurance, they want to sign up for it. And the Federal Government says, I know it’s on the books, I know it’s still part of the law, I know we are obligated to have a program for you to choose from by October 1, 2012; but we decided not to go forward with it. What’s to prevent them from suing the Federal Government? While these lawsuits are pending and going on and on and on—as an attorney jobs bill, it would have some merit. In the meantime, the private market for long-term care insurance, they are not innovative. They are not going to do anything until the legality of that is cleared up.

We feel very strongly that this would be a bad amendment, and I strongly oppose it.

Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. DEUTCH).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. DEUTCH. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Florida will be postponed.

Ms. MOORE. Mr. Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from Wisconsin is recognized for 5 minutes.

Ms. MOORE. Here we are again, ladies and gentlemen. The lights are up, the music is playing and my Republican colleagues are doing the same old song and dance for the American people. The Republicans have spread out their sand, and they’re doing their best soft-shoe routine, trying to convince

the American people that the repeal of this bill is in their best interest. As the saying goes, if it ain’t broke, don’t fix it. Yet we find ourselves here debating the repeal of a law that would have sought to address the long-term crisis burgeoning in this country.

Mr. Chairman, to most people, finding a solution to the long-term care insurance crisis in this country seems like a good law. It must be if 56 national groups, including AARP and SEIU, are against repealing the CLASS Act.

Once again, my Republican colleagues are trying their best to distract the American people from their not seeking a solution with this repeal-the-bill sideshow.

As we debate this repeal, I have heard so many of our colleagues refer to the President needing to come and apologize for introducing this provision in the Affordable Care Act. It occurs to me that the effort to embarrass the President, to harass him, to defy him, that that is more important than finding a solution to the growing challenge of the aging population. Indeed, it is an emerging burgeoning problem.

□ 1620

Ten million Americans need long-term care. Over the next decade, another 5 million Americans will require this care, bringing the total to 15 million people. The problem is only becoming more challenging with estimates that nearly 70 percent of people—the baby boomers—will need some level of long-term care after turning 65. An additional issue is that this is a heavy burden on family budgets.

This law was seeking to provide a national, voluntary, and self-sustaining insurance program for assistance services to aid elderly and disabled people. It would allow individuals to live independently at home and in the community for as long as possible without impoverishing themselves.

It seems that my Republican colleagues are content to defer the dreams of millions of Americans to live with some sort of dignity as they age. As we enjoy this Black History Month, it reminds me of one of my favorite poets, an African American poet who would be 110 years old today, Langston Hughes:

What happens to a dream deferred? Does it dry up like a raisin in the Sun? Or fester like a sore—and then run? Does it stink like rotten meat? Or crust and sugar over—like a syrupy sweet? Maybe it just sags like a heavy load. Or does it explode?

Republicans want to put one man out of a job and would defer the dreams of millions of Americans. Yet, while they continue their song and dance, Mr. Chair, denying seniors the long-term care that they deserve and putting more and more Americans out of work, I hope the American people recognize who is really on their side before we see the American Dream of living and retiring in dignity explode.

With that, I yield back the balance of my time.

Ms. LEE of California. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentlewoman is recognized for 5 minutes.

Ms. LEE of California. Let me first thank Congresswoman GWEN MOORE for her very passionate and very clear statement. I thank both she and Congressman ELLISON for their unwavering leadership and conviction on the real issues facing the American people today.

As a former cochair of the Congressional Progressive Caucus and as a co-founder of the Congressional Out of Poverty Caucus, I rise in strong opposition to this bill.

Mr. Chairman, members of the Progressive Caucus are here because, once again, the Republican leadership would rather attack the President than help the millions of struggling seniors, people with disabilities and their families who are faced with a system that fails to meet their very basic needs. This should really be a nonpartisan issue, but we are here today because Republicans are more focused on ending Medicare and repealing a long-term care program than they are on creating jobs to put Americans back to work.

Last year, the Republicans’ first order of business was to eliminate—mind you, eliminate—the Medicare guarantee for America’s seniors under the Ryan budget proposal. This year, it’s the same old story. Instead of focusing on jobs or on extending middle class tax cuts, unemployment assistance, or fixing the Medicare physician pay rate, this Tea Party Congress continues to waste time on pointless bills just to score political points.

Repealing the CLASS program will do nothing—nothing—to address the long-term crisis for the 10 million Americans who need care now and the 5 million more who will require it over the next 10 years. Killing this program without offering any alternative is, frankly, irresponsible. The law may not be perfect, but repealing the bill does not make the problem go away. We should be doing everything we can to ensure that senior citizens and the disabled also have a shot at the American Dream. We should not destroy this for them just because of their ages or their disabilities. Why in the world would the Republican Tea Party want to throw them under the bus?

We should work to find a real solution that meets the needs of the millions of baby boomers who are retiring now, of the senior citizens and the disabled, and we should work to ensure that they get the long-term care over the next decade that they will need. Rather than repeal this bill today, we need to give experts time to identify changes that would make the CLASS program stronger, and Congress needs to focus on the real priorities of the day, which are jobs and the economy.

We have work to do, and we don’t have a minute to waste. Let’s not waste another year without a jobs bill

and without extending vital unemployment benefits and payroll tax reductions to millions of Americans while our economy continues to recover. It is time for the Republican Tea Party to stop walking away from our senior citizens and the disabled and to work with us to continue middle class tax cuts, unemployment assistance, and to ensure that seniors can keep seeing their doctors.

We need to come together now to enact bold programs and policies that provide equal opportunity and equal access for every single American no matter their race, no matter their employment status, no matter their humble beginnings, no matter their ages, no matter their disabilities. Americans can't wait. This Congress should not wait. We need to really figure out a way to do the right thing on behalf of our senior citizens and the disabled, but I have to say that today, unfortunately, this bill moves us in the wrong direction.

I yield back the balance of my time.

Ms. HAHN. I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. HAHN. Mr. Chairman, I rise today in strong opposition to H.R. 1173, the Republican legislation to repeal the CLASS program.

CLASS was designed to be the first Federal voluntary long-term care program, making long-term care more accessible and affordable for millions of Americans. The idea behind the CLASS program is to provide Americans, especially our seniors, with peace of mind if they suffer from an unexpected long-term illness or injury.

We have a long-term care crisis in this country. According to Secretary Sebelius, "an estimated 15 million Americans will need some kind of long-term care, and fewer than 3 percent have a long-term care policy." Because Medicare and other existing programs do not cover these services, we must work together to find a solution. As my Republican friends know, however, the CLASS program as enacted will not be implemented. Secretary Sebelius informed Congress last October that she did not "see a viable path forward for CLASS implementation at this time." In other words, this legislation we are debating today is not needed.

Instead of legislation to create jobs and grow our economy, our Republican friends are focused on repealing a program that has already been suspended. I want to encourage my friends on the other side of the aisle to take a step back and focus on the things we could be doing together to make long-term care more affordable and accessible.

I have encountered in my own life the issue of providing long-term care. My dear, sweet mother, before she passed away last summer, received long-term care services for years, and I will always remember the warmth and affection her caregivers showed her and

my family day in and day out. What we should be doing today is ensuring that the hardworking men and women who provide care for our seniors in their own homes earn a living wage, because these jobs are the jobs that make a difference and that bring happiness to those who need their help the most.

With robust job growth predicted in the health care sector over the next decade, it is imperative that we support long-term care services and those who provide those services. This is a win-win for the American economy. Not only do long-term care services provide jobs, but we know, if our seniors can be taken care of in their own homes, it can save Americans money in the long run. I fear, however, that this legislation is meant as a step towards dismantling the health care reform law that Congress passed and that the President signed, a law that will help millions of Americans obtain better and more affordable health care coverage over the next decade.

Thanks to the Affordable Care Act, insurance companies cannot deny coverage to people with preexisting conditions. Thanks to the Affordable Care Act, Americans now have access to free preventative care services. Thanks to the Affordable Care Act, small businesses can receive tax credits to provide their employees with health coverage. Thanks to the Affordable Care Act, children can stay on their parents' insurance until they're 26. We just hope they don't move back home.

To my colleagues on the other side, let's not work to strip these provisions, putting power back in the hands of for-profit insurance companies. We do not need this legislation. Instead of repealing a program that is not moving forward, why don't we work on replacing it with a better long-term care program. The Affordable Care Act is not a perfect law. That's why we should be working together to fix the problems, not just to repeal them. Those problems will remain even if we repeal this part of the law. Mr. Chairman, I urge my colleagues to stop this needless debate and legislation and get to work on the real issues at hand.

□ 1630

Mr. JOHNSON of Georgia. Mr. Chair, I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. JOHNSON of Georgia. Mr. Chairman, I rise in opposition to repealing the CLASS Act.

You know, we all get old, or hopefully we will all get old and reach an elderly status, and we will then perhaps become physically unable to get around a whole lot and we may need to have some long-term care. Tea Partiers will need it. Occupy Wall Streeters will need it. Mitt Romney and his group of 15 percent taxpayers will need it. The only question is whether or not the 99ers and the Tea Partiers will be able to afford it. That is the only question. We're in the same boat.

The CLASS Act was included in the health care law in order to help elderly and functionally disabled Americans purchase the services they need, which would enable them to continue living in their communities, as opposed to being forced into expensive private care which most of us can afford.

So I understand that HHS had determined that the CLASS Act cannot be implemented as written based on financial considerations; but, ladies and gentlemen, that's no reason to throw out or to repeal this worthwhile initiative. We certainly need to improve it, but there's no need to repeal it.

No matter what side of the political aisle you sit on, you cannot ignore that we need to improve access to long-term care. Approximately 10 million Americans are in need of long-term care, and this number is expected to increase to 15 million over the next decade. America is aging.

In 2009, an estimated 62 million unpaid family caregivers provided \$450 billion in care. At what cost to their jobs, to their family life with their children?

In 2011, the average annual cost of a nursing home was \$70,000. Who can afford that?

The cost of long-term care is an unsustainable burden on family members who, while also holding a job and raising a family, struggled to provide their disabled or elderly relatives with the care that they need to continue living within their own communities.

The CLASS Act is a voluntary program. It's no mandate. Don't get it twisted. There is no mandate, individual mandate for the CLASS Act. It's a voluntary program that relies on free market principles of responsibility and competition that my colleagues in the Republican Party claim to revere. There's no mandate in this program. It would allow families of all means to plan for a secure future where a long life or a disability does not lead to financial ruin.

Take, for instance, one of my constituents, Linda Rawlins. Linda was the primary caregiver for her elderly mother until her recent passing. Linda told me that she supports the CLASS Act because millions of Americans just like her feel overwhelmed or face financial distress due to their roles as family caregivers who cannot receive any kind of assistance.

Although Linda's mother received long-term care through a local senior assistance program that enabled her to continue living at home, Linda knows that not everyone is so lucky. Having access to long-term care services enabled Linda's mother to live independently with grace and with dignity. It allowed Linda to keep her job and helped relieve the emotional and financial strains placed on her and her family as she oversaw her mother's care.

Linda and I feel like everyone should have that kind of support, and the CLASS Act is a good place to start. Repealing the CLASS Act without any attempt to improve it is a rash political

move, and I urge my colleagues to oppose the bill.

I yield back the balance of my time.

Mr. GINGREY of Georgia. Mr. Chairman, I move to strike the requisite number of words.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. GINGREY of Georgia. My good friend, my very good friend from Georgia, the gentleman from DeKalb, made the statement about what is the reason; there is really no reason to strike this; why not leave it on the books. And I think that's the argument we have heard all afternoon in regard to the position of the Democratic side.

But let me just read a few passages from a report that we requested from the Congressional Research Service as to why, in response to my friend from DeKalb and my good colleague from Georgia:

Judicial review assumes that the Secretary takes no further action to comply with the CLASS Act's statutory mandate to designate a benefit plan by October 1, 2012.

The Secretary would appear to be committing a facial violation of the statutory requirement to designate such plan. Her failure to take such action conceivably could be challenged in court under the Administrative Procedure Act, APA, which defines agency action to include the failure to act.

They go on to say:

The CLASS Act does not preclude judicial review and the Secretary's designation of a benefit plan is a mandatory, as opposed to a discretionary requirement.

So judicial review does not appear to be precluded. Therefore, if the Secretary fails to perform the action required by the statute, that inaction would appear to be reviewable.

I continue:

A failure by the Secretary to designate a CLASS benefit plan by October 1, 2012, presumably predicated upon a determination by her—that is not possible to develop three actuarially sound benefit plans that meet all the requirements of the act—would appear to be a final agency action from which “legal consequences will flow.”

Inaction by the Secretary in designating a plan by the deadline could be found by a reviewing court to constitute noncompliance with a statutory mandate. Thus, after October 1, 2012, the Secretary's failure to take an action legally required of her would appear to meet the standard for judicial review of agency inaction unlawfully withheld under the APA, Administrative Procedure Act, provision prescribing the scope of judicial review of agency action.

I asked one of my colleagues a few minutes ago, What part of “no” do you not understand?

Mr. JOHNSON of Georgia. Would the gentleman yield?

Mr. GINGREY of Georgia. I yield to the gentleman.

Mr. JOHNSON of Georgia. Thank you, my friend from Georgia.

What you've just said is that it's essentially a failure to act, to publish regulations or to promulgate regulations that would lead to the enactment of this CLASS Act, becomes a final agency action. In other words, failure to act becomes a final agency action which then enables an appeal or judicial review, the review being for the purposes, I suppose, of failing to follow the law, which would, of course, be in support of the underlying legislation, the CLASS Act.

□ 1640

So I would argue that the regulation that you cite would actually enhance the ability of us to come to a reasonable way of financing this voluntary program.

Mr. GINGREY of Georgia. Reclaiming my time from the gentleman, look, Mr. Chairman, the gentleman is an attorney. I'm just an old country doctor. But, you know, this is plain language, and I'll be happy to provide his office with a copy of this Congressional Research Service report. I'm not going to get deep into the weeds of the legal argument back and forth, but this is about as plain as the nose on your face.

With that, Mr. Chairman, I yield back the balance of my time.

Mr. ELLISON. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Minnesota is recognized for 5 minutes.

Mr. ELLISON. Mr. Chairman, I tell you what's as plain as the nose on your face, what's as plain as the nose on your face is that the Republicans are getting rid of a plan for long-term care without offering any alternative plan in its place. They're just stripping what's there without saying here's what we're going to do.

But I have a memory, Mr. Chairman. What I remember is that for long stretches of time in the last decade, Republicans had both houses and the Presidency, didn't do anything on health care other than do a big giveaway to Big Pharma. When the Democrats get in, we do a plan. We pass the Affordable Care Act. Does it need tinkering? Probably so, like all bills do. But instead of trying to work with us and do something good for the American people, Republicans say we're just going to strip the Democratic plan for long-term care. And this is too bad, because it seems to me that long-term care, Mr. Chairman, is a legitimate issue for us to work together on. But we're not working together. One side passes a bill; the other side just tries to get rid of it. I think it is high time that we start trying to work together, but we don't have a cooperative partner. Washington Republicans have proven once again that they would rather try to embarrass President Obama than help American seniors.

Last year, Republicans' first order of business was to eliminate the Medicare guarantee for America's seniors. This year it's the same old story, Mr. Chair-

man. No health care, no Medicare, no long-term care for millions of Americans.

Instead of a plan to create jobs or to extend middle class tax cuts or to address unemployment assistance or to fix the Medicare physician pay rate, Republicans are wasting time on divisive and pointless bills.

I do respect the gentleman's desire to have me yield, but I must very, very respectfully decline to yield because I have limited time. But if I have any extra time, I will be happy to yield to the gentleman, but it will have to be when I'm done.

Today, we could be dealing with the real issue—fixing the long-term care crisis. And I'm sure that everyone in this whole body, Republican and Democrat, ought to be concerned about it because all of us, no matter what our ideological beliefs may be, have people who need long-term care. So we've got to be about this business.

You know what, Mr. Chairman? Ten million Americans currently need long-term care, and the problem is only getting worse. The number of Americans 62 years and older is 20 percent higher than it was 10 years ago. Long-term care is a huge burden on families. An estimated 62 million—let me say that one more time, Mr. Chairman—62 million unpaid family caregivers provided care valued at \$450 billion in 2009, more than the total spending in Medicare that year.

But Republicans are offering no solution to the long-term care crisis. They may say anything that they want, but they're not coming here with a bill that we can debate. They're just attacking what has already been done, which is so easy to do. Way better to be a critic than to be someone who produces solutions.

So, Mr. Chairman, I want to tell you a little bit about somebody in my district, Mary. Mary says: My mother is 90 and seriously ill and now in a nursing home. Her bill is over \$6,500 a month. Mary goes on to say she will soon run out of money, referring to her mom. Why do people have to become indigent before they receive help?

That's a good question, I think. That's a question warranting our attention, but our Republican friends have no plan to protect families like Mary's. They're not here with a plan. They just want to strip and rip and take down what Democrats have already done. And people are in need of help.

So, Mr. Chairman, repealing the CLASS Act will not help Mary's family. We need to make the CLASS program stronger, not get rid of it. We need to amend it, not end it. We need to improve it. And that's why 56 national groups wrote to Congress saying please don't repeal the CLASS Act, including AARP, SEIU, and the National Council on Aging, people who really know what they're talking about when it comes to long-term care.

So I urge our Republican friends on both sides of the aisle to come together

with us to make a strong long-term program for seniors rather than just tearing down and stripping down. It's as plain as the nose on your face, Mr. Chairman: Americans need long-term care.

I yield back the balance of my time. Mr. WELCH. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Vermont is recognized for 5 minutes.

Mr. WELCH. We have a serious challenge here. We have people who need long-term care. We have very serious fiscal constraints. And the question before us really is, do we repeal the program altogether when there is a serious long-term program, as if by legislative magic a repeal suddenly makes the serious and acute problem vanish altogether. We know that doesn't happen. It may address a fiscal issue, but it doesn't solve the fiscal issue and enormous emotional pain that individuals who are trying to take care of their senior parents will face. So the problem doesn't go away if this legislation is passed. It simply means the pain will continue and probably intensify.

So the real challenge for Congress is that when there is a problem that we acknowledge is real and rising for the American people, and the folks who need long-term care are in red States and blue States, they're in your district and they're in mine, the real question is whether we address that as actively and as aggressively as we can, taking responsible steps to make certain that we can pay for what we promise.

The worst thing that we can do in my view is pass legislation that has almost as its predicate the notion that by repealing the commitment that this Congress made 2 years ago, the problem doesn't exist. It does, and we all know that. You've heard the statistics—10 million Americans currently need long-term care. That is a tough challenge for those families. Over the next decade, that is going to rise to 15 million. It is a rising challenge, and the longer we defer, the more difficult it will be for us to address it. Sixty-two million Americans, good Americans, generous Americans, serve as unpaid caregivers to elderly family members. How long can that be sustained?

While nearly 70 percent of Americans will need some level of long-term care in their lifetime, only 8 percent are able to buy long-term care insurance. That's where we do need a public policy program that's going to match the resources required with the need that's rising.

The CLASS Act was designed to make progress, giving older Americans and their families some sense of security. It's not perfect. The most vigorous proponents of that legislation acknowledge it's not perfect. But what that we pass on the Republican side or the Democratic side can any of us claim is perfect?

What we have to do together is try to make an imperfect bill better. But

what we can't do is abandon the very serious challenge that those 10 million Americans in need of long-term care have.

I yield back the balance of my time.

□ 1650

Ms. WATERS. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. WATERS. Mr. Chairman and Members, this bill is just another attempt to dismantle health care reform. Last year, House Republicans passed H.R. 2 to repeal the entire Affordable Care Act. The landmark health care reform law that was enacted almost 2 years ago is what I'm referring to.

The Affordable Care Act has already made a difference in the lives of millions of Americans. Let me just recount for the Members of this House what the Affordable Care Act has done and is doing.

It prevents insurance companies from dropping people because they get sick. It prevents insurance companies from denying coverage to children with pre-existing conditions. It allows young adults to remain on their parents' health insurance until they turn 26. It provides free preventive care to seniors under Medicare. It is phasing out the "doughnut hole" and helping seniors obtain affordable prescription drugs. Finally, it provides tax credits to help small businesses purchase health insurance for their employees.

When H.R. 2 failed to move in the Senate, House Republicans began passing bills to dismantle the Affordable Care Act piece by piece and inch by inch. They passed H.R. 1213, which repeals funding for the organization of health benefit exchanges, marketplaces where American families will be able to choose an affordable health care plan. They passed H.R. 1214, which repeals funding for the construction of school-based health clinics. They passed H.R. 1216, which repeals funding for the training of primary care physicians.

Now they're trying to repeal the CLASS Act. The CLASS Act is the Community Living Assistance Services and Supports Act, and it establishes a program to facilitate access to long-term health care services. Who can be against that? The CLASS Act is a voluntary program to provide participants with a cash benefit that can be used to purchase a variety of long-term care services, such as home modifications, accessible transportation, personal assistance services, homemaker services, respite care, home health aids, and nursing support. The program would be funded entirely by the premiums paid by those who choose to participate.

House Republicans' CLASS Act repeal also repeals funding for the National Clearinghouse for Long-Term Health Information. The clearinghouse provides online information about long-term care costs and planning options.

Our Nation is indeed facing a long-term health crisis. People are living longer. As a result, there's a growing need for long-term care for elderly and disabled Americans. There are 10 million people who need long-term care in the United States today. That number is expected to grow to 15 million in the year 2020. There are an estimated 52 million unpaid caregivers providing long-term care services in American homes today. American families are paying more than \$50 billion every year on out-of-pocket expenses for long-term care. These families need options, and they need our support.

The CLASS Act does not need to be repealed. If House Republicans believe this program should be fixed, then they should try to fix it. However, they have not even attempted to improve this program or develop other options to make long-term care services available to American families who need them.

It is long past due for House Republicans to stop trying to dismantle health care reform and start working with us in a constructive, bipartisan manner to improve our Nation's health system. I would urge my colleagues to oppose this bill and support solutions to America's long-term care crisis. Ladies and gentlemen, what we are discussing today is precisely what Occupy Wall Street was all about. It's about what are we going to do to deal with that 99 percent out there who simply need some safety nets that their government could easily assist with.

Health care is a problem in this country. Not everyone can afford it, and I would ask my colleagues to take the politics out of this issue. The American public needs this health care reform. And the Occupy Wall Street people who are out there simply sent a message to say, okay, America, stop being simply on the side of the 1 percent, look at the 99 percent. I would urge my colleagues to do that.

I yield back the balance of my time.

Mr. NADLER. Mr. Speaker, I move to strike the last word.

The Acting CHAIR. The gentleman from New York is recognized for 5 minutes.

Mr. NADLER. Mr. Speaker, I rise in opposition to this bill to repeal the CLASS Act. Last year, we watched as Republicans implemented a slash-and-burn offensive against almost every and any Federal program that helps people. No matter that the program helps women or children or seniors or sick people; let's get rid of it.

Apparently, this year is no different. With this bill, Republicans have set their eyes on the CLASS Act, which when implemented, will help provide some relief to aging Americans as well as to those who love and care for them. The CLASS program was designed to combat the rapidly increasing cost of long-term care, costs that currently account for nearly half of all health care spending in this country, by helping enrollees in this program to afford a variety of long-term care services,

such as home modifications, assistive technology, accessible transportation, respite care, home health care aids and nursing support.

Currently, long-term care facilities cost on average \$70,000 per year, and home health care aides can cost \$25 per hour in some areas. How many middle class families can afford that?

I understand the concerns that my Republican colleagues have voiced. As currently structured, the Congressional Budget Office estimates that the program will not be solvent beyond about 2029, about 20 years from now. But what is the Republicans' knee-jerk solution to all budget issues? To trash a program, a necessary program, that will provide much-needed support for seniors today and in the future.

This is completely wrong-headed. We should not destroy this program and ignore the problem. People will still grow older, hopefully, and they will need assisted living, they will need home health care, and they will need accessible transportation. At some point, we are going to have to face this issue.

The current situation, where Medicaid will pay for this but only after the family has impoverished itself and eliminated all their assets, it's not a long-term solution, it's not a tolerable solution. Why should middle class families who have worked all their lives have to impoverish themselves if an elderly relative needs home health care or assisted living or a nursing home?

Our job here is to make people's lives better, to identify problems and to find solutions. We have certainly identified a problem. There is simply no denying that only the wealthiest among us can possibly afford to pay \$70,000 a year for a nursing home.

So let's do our jobs. Let's roll up our sleeves and work to make this program better. Let's work to make it solvent, not simply eliminate it. Let's not simply abandon middle class Americans who are scared to death that after working their entire lives and playing by the rules, they will have to bankrupt their children and grandchildren just to have any sense of dignity as they grow older.

This is not the American Dream. We don't want to tell our old people, get lost, get out of sight, go into the poorhouses and the almshouses we had before Social Security. We don't want to tell our seniors, you can't have the health care, the home assisted living, the home health care aides that you need. We don't want to tell our families that you must impoverish yourselves, sell off all your assets because your mother or your grandmother is sick or can no longer live independently.

This is why we have government, to solve problems for all of us that we cannot solve for ourselves individually. That is the reason for government, to provide for the common welfare, as the Constitution says. We know we have this problem. We know as the population ages the problem is going to get

worse and more intense, not better. We know the problem is not going to go away. So let's deal with it.

After many, many years, Congress in the Affordable Care Act finally passed the CLASS Act program to start dealing with this. There are problems with it. Yes, the financing that was brought into that program is only sufficient for about 20 years.

□ 1700

That gives us only 20 years to fix the program.

Now, the sooner we fix it, the sooner we amend the financing, the easier it will be to do it. The longer we wait, the harder.

So what do the Republicans want to do? Kill the whole program, put our heads in the sand, ignore the problem, and to heck with the senior citizens and to heck with their children who worry about how they're going to have their parents live their last years in dignity. That is not the American Dream. It is not right.

I urge my Republican colleagues to rethink this. Withdraw this bill. This program is not being implemented immediately. Figure out how to finance it better. Figure out how to deal with this problem. Don't simply say let's ignore the problem and to hell with our senior citizens. That is not the American Dream. We simply must do better.

We've made a start. Let us continue that start. Let us build on it. Let us not destroy the beginnings that we have made.

I yield back the balance of my time. Mr. McDERMOTT. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Washington is recognized for 5 minutes.

Mr. McDERMOTT. Well, Mr. Chairman, tomorrow is Groundhog Day. We've been in session this year for 1 month. And this is the 1st day of the 2nd month, and we've had 2 legislative days and haven't done one single thing for the working Americans in this country.

Now, this bill is the whole reason why the Occupy Wall Street movement is out there and why the opinion of the performance of the Congress is so low. This bill has absolutely nothing to do with creating jobs, training the unemployed, helping businesses grow, or moving the country forward. It is about the ninth time we've brought a piece of so-called ObamaCare—Obama does care, you know. They brought it out here, and they keep trying to repeal it, which is not what the people want us working on. Instead, the Republicans are giving us just a bunch of press releases. I can see them going out of the offices now to the Tea Party all over the country—rile up the base, rile up the base, oh, yeah, and nothing is being done for the people.

The second problem is that the Republicans aren't being straight with the American people. This bill does more than the Republicans are saying.

The Republicans aren't just repealing the CLASS Act. The Republicans are trying to kill another important and inexpensive program that seniors and families depend on. They're defunding the National Clearinghouse for Long-Term Care Information, an important and useful government Web site that seniors and their families use to take an active role in understanding, planning, and financing their long-term needs. Remember, these are the most frail people in our society, and they rely on this information to plan for their futures.

Mr. Chairman, two-thirds of personal bankruptcies in this country are caused by medical bills, and a lot of those astronomical bills are caused by the debilitating costs of long-term care. And the Republicans aren't trying to solve the problem. Instead, the Republicans want to repeal the first ever Federal law creating a stand-alone long-term care program. Bill Frist, the Republican leader in the Senate some years ago said, Don't repeal it; fix it. But the Republicans can't figure out how to fix it because they don't care about seniors.

Granted, this CLASS Act needs to be fixed. It's not a perfect bill. We know that. And that's what we should be doing so that the country stops allowing long-term health care costs to bankrupt families. That the Republicans don't care enough to do anything about chronic bankruptcies caused by long-term care is bad enough, but the Republican wrecking ball goes even further. The Republicans are trying to get a scalp. They want to please their base by repealing a part of ObamaCare, that law that insures 31 million more Americans and saves taxpayers money—so-called ObamaCare, that law that already is driving down health care costs and getting Americans better service for less money.

In 40 years of legislating, I've seen State houses shift parties, Congress shift parties, but I've never, ever seen a legislative body that failed as badly as this one. This is the most unproductive Congress I've ever seen. And if you think this bill is going to go out of here and go over to the Senate, even the Republican leader, MITCH MCCONNELL, wouldn't want this brought up as the bill that we deal with.

The Republicans are running their demonize everything and do-nothing agenda, and it's having the predictable results. It gets the base whipped up and angry, but it accomplishes nothing for jobs, nothing for health care, nothing for the deficit, nothing for the economy. The American people need the CLASS Act fixed. They need to be able to continue to rely on the Clearinghouse for Long-Term Care Information.

As the Republicans put out their plan for wasting this entire year of 2012 not serving the American people, the voters should look very carefully at what they actually are doing. When they put out their platform, you know, it's going to say, What did you do? Well, I

voted “no.” I voted “no.” I voted “no.” I voted “no.” They will have nothing positive to put on that agenda. What did you do? Well, I tried to get rid of the EPA. I didn’t want clean air. I didn’t want clean water. And I didn’t want labor unions. And, and, “no,” “no,” “no.”

This is a terrible piece of legislation. It should be fixed. There’s none of us who would stand up here and say it’s a perfect piece of legislation, but I urge my colleagues to vote “no.”

The Acting CHAIR. The time of the gentleman has expired.

Mr. FINCHER. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Tennessee is recognized for 5 minutes.

Mr. FINCHER. I yield to my colleague from Georgia (Mr. GINGREY).

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

I appreciate the opportunity to respond to my good friend and the good doctor, my colleague from the State of Washington, who made reference to, I think, Groundhog Day.

Now, my name, Mr. Chairman, is PHIL GINGREY, but as I sat here over the last couple of hours listening to the argument on the other side of the aisle, I feel like Phil Connors, and that was the weatherman. Bill Murray, if you recall, played that role, the weatherman at Punxsutawney, Pennsylvania, covering Groundhog Day. And believe me, we have been listening to Groundhog Day from my colleagues on the other side over and over and over again, and it is indeed getting just a little bit tiring.

My friend also said, the gentleman, the doctor from the State of Washington, Mr. Chairman, and I quote him: “I’ve never seen a Congress that has failed as much as this one.” Well, I’m going to tell you, I have never seen a provision of law in a bill that has failed as much as the CLASS Act. And they can beat this to death—and I think they have done that, Mr. Chairman—but I have in my hand here a summary sheet of the HHS analysis of the CLASS Act over an 18-month period of time.

And they have tried to model eight different options to make this fiscally solvent, and required by the law—thank goodness, thank goodness for the amendment from the Senator from Rhode Island, the Honorable Judd Gregg, at the time chairman or ranking member of the Budget Committee. The eight options, none of them work. I mean, there are things like a work requirement. There are things like not allowing anybody with a preexisting condition to be in the program, allowing people with preexisting conditions to be in the program but only eligible for a benefit for 15 years, and on and on and on. Actually, the one option that’s not on this printout, I guess, is option number nine, and that would be the option, Mr. Chairman, of requiring every individual to sign up for the long-term program under the CLASS Act.

Now, the question on all of these options was: Does the Secretary have legal authority? And in most of the eight: Not completely; HHS vulnerable to legal challenge. Not completely; vulnerable to legal challenge. Not completely—again, vulnerable. No authority. No authority. No authority. No authority.

Well, number nine, individual mandate, making everybody sign up for it, yes, got the authority to do that. She could have done that. But I’m sure that my colleagues and her advisors and the administration probably—and I state this rhetorically. Do you want another mandate to which the American people can rail against us in the next election? And she is smart enough to know that option number nine was not unacceptable.

So, again, we could go on and on. We could do this for another couple of hours and continue this Groundhog Day ruse, but, as I said earlier, Mr. Chairman, what part of “no” do they not understand?

□ 1710

Now, look, when this amendment was added at the last moment back in 2009 by the chairman of the Subcommittee on Health, Mr. PALLONE, during the Energy and Commerce Committee debate on the CLASS Act, Chairman PALLONE stated, and I quote him: “I can’t stress enough that we are not actually setting this up. We are simply suggesting.” That was the end of the quote. In fact, Chairman PALLONE asserted that the program would not take effect until subsequent legislation was passed.

Well, Mr. BARTON, who, at the time, was the ranking member of the overall Committee of Energy and Commerce, said this: “Well, reclaiming my time, I am going to support the Pallone amendment without binding anybody on my side to support it, with the understanding that if this moves forward, there will be a hearing on this in this committee, and there will be bipartisan efforts to flesh it out. Do I have that assurance from the chairman?” And Mr. PALLONE responded, “You certainly have my assurance.”

And then the chairman, HENRY WAXMAN, overall chairman of the committee said, fine with me, but he is the subcommittee chairman.

We never had one hearing. We never had an opportunity to flesh it out.

Defeat this amendment.

The Acting CHAIR. The time of the gentleman from Tennessee has expired.

Ms. JACKSON LEE of Texas. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentlewoman is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. My good friend from Georgia, some things bear repeating. I love February 2. It happens to be my daughter, Erica’s, birthday. Some call it Groundhog Day. I call it a day of great celebration for a bit of joy that came into our lives.

So it’s a day for many that is happy. It’s a day that many humorously look forward to great weather. Some remember our good friend, Bill Murray, and it is a day that symbolizes repetition.

Sometimes the pain of Americans deserves to be repeated over and over again. And I’d like to answer my good friend, not speaking for Mr. PALLONE, but, in actuality, we have the opportunity now to have bipartisan hearings. Nothing is precluded. Mr. PALLONE’s statement was accurate. He was not writing the structure of long-term care. He was indicating that, for Americans, it was vital.

What is disappointing is that my friends on the other side of the aisle are willing to give up so easily. I don’t understand that. Where’s the American genius?

Of course, they will cite HHS; but they know that Congress directs HHS. They know that the repeal of this legislation for long-term care will simply kill the opportunity for Americans to find relief.

As we look to the future, we are just a month away until taxes go up on middle class families, and Americans looking for work lose their unemployment insurance, and seniors face losing access to their doctors. We could be working on that, move the conference committee a little faster. But we’re now adding an extra burden. Let’s repeal the CLASS Act.

It doesn’t disturb me that HHS has made several tries, and in a time frame has not found a cure yet. But knowing research and knowing science and being near and in the community of the Texas Medical Center, I know how long it takes to get a good answer in health care.

But what I do want to stress to my friends, can they deny that 82 percent of Americans say that taking care of relatives who are aging or ill is demanding? Eighty-two percent of them say that; 72 percent indicate that taking care of them is overwhelming; 56 percent said that as they are taking care of their sick relatives, they are getting ill.

Yet we want to abandon the discussion on long-term care when I’ve already said on the floor of the House that \$450 billion of that long-term care is already in private hands. It’s in families. It’s through their labor. They are overwhelmed.

Only \$14 billion is in the private industry sector. See how much they’re standing up to the bar, and \$101 billion in Medicaid.

We have to find a solution that balances benefit and burden. Listen to a constituent from Texas who took care of her son after he was seriously injured in a roadside bombing while patrolling in Iraq. She did not return home 7 years in order to be with her son.

Debbie initially took a leave of absence from her job, but ended up resigning to become a full-time caregiver

for her son. Because she no longer had a paid job, and her husband was the only one working, they had to start using their retirement savings to survive. Her son is now better, great news, and active in the community. And she continues her work. But the catastrophic impact to the family continues on.

Rhonda has gone from a part-time, visiting caregiver to her elderly parents to a live-in, full-time caregiver. Even after the death of her own 23-year-old daughter in a car accident, and her only brother becoming disabled after an illness, before 2001 she was a full-time working mother of two.

Where is the relief for these humans, these individuals, these people in need? Where is it? It's in the amendment I offered that indicated that it is important to note that long-term care is important, and a study should engender to be able to determine that.

But more importantly, let's, again, look at this in a way that we take our time and look at the macroeconomics and take into consideration how we can best configure this. But let me tell you very clearly that if we repeal this CLASS Act, the burden will fall on local and State governments and the millions of caregivers who already, through their own effort and their own toil, with love, I will tell you with love, expend \$450 billion that we don't compensate them for, lose their jobs, raise the deficit, add to the debt because they are not able to take care of themselves.

And as we see, some 76 million baby boomers, Mr. Chairman, going forward. Let me just say, don't repeal this bill. It bears repeating. Help those who need your help.

Mr. Chair, I move to strike the last word. Today, I am joined by Members of the Congressional Progressive Caucus, to call attention to the grievous threats posed by to H.R. 1173, "The Fiscal Responsibility and Retirement Security Act of 2011", to key provisions in the Affordable Health Care Act.

H.R. 1173 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.

This piece of legislation is yet another example of the Republican Majority failing to act on the top priorities of the American people. At a time when we should be focused on building our economy; advancing underserved and underrepresented communities, addressing the needs of our Nation's seniors; and focusing on the deficit, as well as, unemployment insurance. Instead of generating bold new ideas to help small businesses hire more Americans, to aid in the revitalization efforts of our manufacturing industry, to advance the cause for energy independence, to address the needs of families hurt the most by this economic down turn.

Instead, The Republicans have brought forward a bill to repeal a self sustaining program for the aging and the disabled. The CLASS program is meant to help someone who is unable to bath, cloth, or conduct basic life

actives. We should not be attacking programs that are designed to address issues of long term care.

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 be double today's level.

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

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 for 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 has risen to \$206.6 billion.

Individuals 85 years and older, the oldest old, 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 percent are persons aged 65 and older (6.3 million); the remaining 37 percent 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 percent 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 13 million using services in 2000, to 27 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 percent (1.5 million persons) have substantial long-term care needs—three or more activities of daily living limitations. Of these, about 25 percent are 85 and older and 70 percent report they are in fair to poor health.

Forty percent of the older population with long-term care needs are poor or near poor (with incomes below 150 percent 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 percent to 16.7 percent of the 65+ population. In comparison, 2.1 percent, 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 percent to 42.9 percent between 1984 and 1994. The proportion of cognitive impairment among the 65+ population rose from 34 percent to 40 percent.

INFORMAL CARE GIVERS AND FAMILY

Informal caregiver and family caregiver are terms used to refer to unpaid individuals such as family members, partners, friends and neighbors who provide care.

Informal caregivers and family can be primary or secondary caregivers, full time or part time, and can live with the person being cared for or live separately.

Estimates vary on the number of family and informal caregivers in the United States, depending on the definitions however:

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 age 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.

Over three-quarters (78 percent) 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 percent receive a combination of informal and formal care (i.e., paid help); only 8 percent used formal care or paid help only.

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.

The use of informal care as the only type of assistance by older Americans aged 65 and over increased from 57 percent in 1994 to 66 percent in 1999. The growth in reliance upon informal care between 1994 and 1999 is accompanied by a decline in the use of a combination of informal and formal care from 36 percent in 1994 to 26 percent in 1999.

30 percent of persons caring for elderly long-term care users were themselves aged 65 or over; another 15 percent were between the age of 45–54.

For the family caregiver forced to give up work to care for a family member or friend, the cost in lost wages and benefits is estimated to be \$109 per day.

HOME AND COMMUNITY-BASED CARE

Most people—nearly 79 percent—who need Long-Term Care live at home or in community settings, not in institutions.

More than 13.2 million adults (over half younger than 65) living in the community received an average of 31.4 hours of personal assistance per week in 1995.

Only 16 percent of the total hours were paid care (about \$32 billion), leaving 84 percent of hours to be provided (unpaid labor) by informal caregivers.

The trend towards community-based services as opposed to 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.

The proportion of Americans aged 65 and over with disabilities who rely entirely on formal care for their personal assistance needs has increased to 9 percent in 1999 from 5 percent in 1984.

Between 2000 and 2002, the number of licensed assisted living and board and care facilities increased from 32,886 to 36,399 nationally, reflecting the trend towards community-based care as opposed to nursing homes. Most assisted living facilities, however, are unlicensed.

Most assisted living facilities (ALFs) discharge residents whose cognitive impairments become moderate or severe or who need help with transfers (e.g. 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.

NURSING HOME CARE

The risk of nursing home placement increases with age—31 percent of those who are severely impaired and between the ages of 65 and 70 receive care in a nursing home compared to 61 percent of those age 85 and older.

In 2002, there were 1,458,000 people in nursing homes nationally. Older individuals living in nursing homes require and receive greater levels of care and assistance. In 1999, over three-quarters of individuals in nursing homes received assistance with four to six ADLs. Of the population aged 65 and over in 1999, 52 percent of the nursing home population was aged 85 or older compared to 35 percent aged 75–84, and 13 percent aged 65–74. Between 1985 and 1999 the number of adults 65 and older living in nursing homes in-

creased from 1.3 million to 1.5 million. In 1999, almost three-quarters (1.1 million) of these older residents were women.

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. Chair, 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.

We cannot and we must not allow Medicaid to continue to be the only affordable long-term care service available to Americans. American families should not have to spend down their savings or assets to access long-term care.

American families spend almost twice as much on health care through premiums, paycheck deductions, and out-of-pocket expenses as families in any other countries.

Considering the amount that we spend on health care, it is surprising that Americans do not live as long as people in Canada, Japan, and most of Western Europe. Our health care system was in need of an overhaul.

Under the Affordable Health Care Act, signed into law in 2010 more than 32 million additional Americans are expected to get insurance, either through an extension of Medicaid or through exchanges where low and moderate income individuals and families will be able to purchase private insurance with Federal subsidies.

A key part of the new health law also encourages the development of “accountable care organizations” that would allow doctors to team up with each other and with hospitals, in new ways, to provide medical services. There are dozens of good provisions in the Affordable Health Care Law that will ultimately benefit the public, if they are not repealed one title at a time. The CLASS Act is a good provision too—I stand by that notion—but just improperly designed.

While family caregiving can be a very satisfying job, those who become primary caretakers for their senior loved ones must understand that doing so will touch many aspects of their lives—including work, home and family. This data was developed from the responses of more than 8,000 family caregivers who visited the caregiverstress.com Web site since 2005. The results demonstrate the impact stress can have on family caregivers and they illustrate why it's important to tap into resources that can provide help or support.

I yield back the balance of my time. Ms. WOOLSEY. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Mrs. WOOLSEY. Mr. Chairman, across the United States, anguished families are sitting down at their kitchen table. They're reviewing their financial situation. Many are trying to figure out how in the world they're going to afford

their personal long-term care needs or that of a loved one or another family member.

People who've worked hard their whole lives, who are already coping with a sluggish economy, are being crushed under the weight of long-term care costs, depleting their savings and sometimes spending themselves into bankruptcy.

As we know, Mr. Chairman, long-term care is not covered in most health care plans. If you're already old and sick, you probably can't qualify for a separate long-term care policy; and if you can, it's likely to be insanely expensive. Medicare pays only for the first 100 days of nursing-home care, and Medicaid is only available to the very poor. But you don't have to be poor to be overwhelmed by nursing-home costs that average \$72,000 a year.

We can't forget that we live in an aging society. As our largest generation, the baby boomers, move into their retirement years, and while advances in science and technology have, thankfully, allowed us to live longer, it means that many of us will require more extended, more expensive care. All this has created a perfect storm in which the long-term care crisis will get even worse, not better.

In the coming years, Mr. Chairman, we're going to find ourselves in turmoil over long-term care. So why aren't we putting our heads together on both sides of the aisle and coming up with ideas to solve this dilemma? After all, we're all going to be old.

Instead, we're here today because the majority appears to want to repeal the one modest attempt to help Americans cope with long-term care costs. If the program needs improvement, I ask them, then let's fix it. That's what taxpayers are paying us to do, not throw up our hands and walk away from this problem.

□ 1720

But my friends in the majority seem to have a different version and vision of public service. It seems that instead of providing service to the public, they view it as their job to dismantle and disembowel any government investment that improves the lives of regular people. Nothing seems to drive them to distraction like the commonsense reforms of the Affordable Care Act. They have no innovative health care ideas of their own. They're simply nostalgic for the cruel and unfair health care system that we have finally begun to leave behind us.

So we need to be building on health care reform. We do not need to be whitening away at it. Vote “no,” my colleagues, on the repeal of the CLASS Act.

I yield back the balance of my time. Mrs. CHRISTENSEN. I move to strike the last word.

The Acting CHAIR. The gentlewoman from the Virgin Islands is recognized for 5 minutes.

Mrs. CHRISTENSEN. As I come to the floor today to speak against this

repeal, I cannot help but remember the faces of the individuals with disabilities, individuals with very serious long-term care needs, sitting through the long markup a couple months ago only to, at the end of the day, see the committee majority vote to repeal the CLASS Act. If an expression could convey a thousand words, theirs did that day. I know because I had the same expression, and I felt the exact same way: disappointed and frustrated, saddened at the very real possibility that they and our seniors would be left out in the cold when they are at their most vulnerable.

I'm sure that they and millions of other people with special needs and seniors are watching this now, and they, like all of us here now, know that repealing the CLASS Act will not make 10 million Americans' long-term care needs disappear, and it certainly will not make them suddenly affordable for the overwhelming majority of most families.

The Secretary did the responsible thing. She put the implementation on hold because the actuarial studies did not show that the program, as designed, was sustainable. None of us who supported and voted for the Affordable Care Act thought that everything in it was perfect. Much of it was well put together, well-planned, well-designed. But there were some that we thought might need to be tweaked or even revised in bigger ways, but we needed to take that first big important step in the right direction to make sure that the health care needs of our fellow Americans would be met.

The Secretary in her letter to the Speaker said that the report reflected "The development of information that will ultimately advance the cause of finding affordable and sustainable long-term care options."

So what we should be doing is looking at those options or charging an institute like the Institute of Medicine to look at them and recommend a way forward.

Everyone knows that we have a long-term care crisis in the United States. There are 10 million vulnerable men, women, and children who need this care, and we know that over the next decade that number will grow to 15 million. We also know that there are grave racial, ethnic, as well as geographic disparities that exist across the 10 million Americans with unmet long-term health care needs.

We also know that long-term health care burdens family budgets, as well as Medicaid programs in the States that administer them across our Nation. Only about 8 percent of Americans buy long-term care insurance because the premiums are too expensive in many cases for most individuals to afford.

Despite these facts, and these are indeed facts, and as we have seen time and time again, rather than identify and support a medically, economically, and socially responsible solution to this critically important problem, in

their zeal to attack the Affordable Care Act and undermine the provisions that have already begun to help all of our constituents, our friends on the other side of the aisle would rather slam that door shut and not continue to work with us to find ways to meet this critical need.

We need to have a plan to ensure access to affordable long-term care, and repealing and dismantling the CLASS Act with no safeguard or stopgap in place first is definitely not the right way to go.

I, like everyone here, Republican and Democrat, have 10 million reasons to take a stand and to fight for those who cannot fight for themselves, to provide a voice for the voiceless and to remind our colleagues and those watching that this fight cannot be over and that we cannot stop until our long-term care crisis is addressed and those who need it, as many of us, Republican and Democrat will, address it in a manner that meets the high ideals of this country.

Mr. Chairman, I yield back the balance of my time.

Mr. AL GREEN of Texas. I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. AL GREEN of Texas. Mr. Chairman, when it comes to health care and those who need it and can't afford it, I constantly remind myself that but for the grace of God, there go I. You don't believe in God? But for the grace of chance and circumstance, but for the goodness of luck, there go I.

The question we have to ask ourselves is what kind of country are we going to be? Are we going to be a country wherein health care becomes wealth care? Where only the wealthy can afford what is available? The technology's available. The pharmaceuticals are available. But only the wealthy can afford that which is available in the richest country in the world.

Are we going to be a country wherein pregnancy is a preexisting condition; if you are pregnant and you don't have insurance, you cannot get it? Is that the kind of country we are going to be? Are we going to be a country wherein senior citizens who are in need of pharmaceuticals cannot get them because they can't afford them, but if you're wealthy, you can. But for the grace of God, there go I.

No one deserves the status in life to which he or she is born. Born wealthy? You didn't earn it. Born poor? You don't deserve it.

The question is whether we will understand that it can happen to any one of us and that we are a country that can afford to make a difference in the lives of those who are sick and cannot take care of themselves.

So the issue today has not been whether we can afford it or whether we can do it. The question is, do we have the will? We can find the way.

I would yield to my colleague from Georgia, whom I have great respect for

and for whom I hold no animus. I just would like to ask you, is it not true, my dear friend, that we can work this out and find a way to get it done? Is it not true? Can we not find a way to get this done?

Mr. GINGREY of Georgia. Well, here again, when Mr. BARTON, the ranking member of the committee, asked very specifically, Mr. Chairman, when he asked very specifically in the markup on the House side back in 2009, if I vote "yes" for that, will we have hearings to—I think it was "to flesh this out." He was assured, of course, by the chairman at the time of the Health Subcommittee, Mr. PALLONE, and also the chairman of the overall committee, Mr. WAXMAN of California, said, Hey, it's okay with me. No hearings were held.

So this business of can't we work this out, but yet we were reaching out, and it never happened.

I yield back to my friend.

Mr. AL GREEN of Texas. If I may reclaim my time.

I do welcome comments about the past, my dear friend.

But I'm asking you, given that you do have some degree of influence given that you're in the majority, why can we not do now what was not done? I'm not privy to all of what wasn't done and should have been done. But why can we not do now what wasn't done? Why can we not now work to mend, rather than end, something that can benefit persons who cannot help themselves? Why can we not do it now? What prevents us?

I yield to the gentleman.

Mr. GINGREY of Georgia. Mr. Chairman, the gentleman asked me a specific question, and I want to respond to my friend.

You know, the point I will make to him is that we can work together. We absolutely can.

Mr. Chairman, we have discussed this with Mr. PALLONE. I have done so personally, as I know my physician colleague on Energy and Commerce, Mr. BURGESS, has had a conversation with Mr. PALLONE.

□ 1730

We can work together, but we have to remove this failed program first because of that looming deadline of October 1, 2012, where we'll get sued if we don't have a program. So I'd be glad to work with the gentleman.

The Acting CHAIR. The time of the gentleman has expired.

Mr. AL GREEN of Texas. Mr. Chairman, I ask that I be extended the courtesy that the gentleman from Georgia received when he received an additional 5 minutes. I don't need an additional 5 minutes. I would just like to continue this dialogue that we have had, and he did receive an additional 5 minutes earlier.

The Acting CHAIR. Is the gentleman requesting unanimous consent for an additional 5 minutes?

Mr. AL GREEN of Texas. I ask unanimous consent to continue briefly this dialogue with the gentleman.

Mr. GINGREY of Georgia. Point of order, Mr. Chairman.

The Acting CHAIR. The Chair recognizes the gentleman from Georgia.

Mr. GINGREY of Georgia. In regard to you yielding an additional 5 minutes to me, in fact, that is not true.

Mr. Chairman, as you know, the gentleman from Tennessee, Representative FINCHER, moved to strike the last word and was afforded the 5 minutes, as we all are, and he yielded to me.

I certainly would oppose the gentleman's unanimous consent request for you to—I don't think you have the authority to do that quite honestly.

The Acting CHAIR. Objection is heard.

Mr. AL GREEN of Texas. I would ask the Chair for a ruling first as to whether the Chair has the authority to do it. Then, if I am incorrect, let the record always reflect that I will extend an apology when I have made a mistake. So if I have made a mistake, I will do so; but I do ask that the Chair give a ruling as to whether or not we can have the unanimous consent request granted.

Ms. NORTON. Mr. Chairman, could I make a parliamentary inquiry?

The Acting CHAIR. The Chair will first respond to the inquiry of the gentleman from Texas.

The time of the gentleman may be extended in the Committee of the Whole only by unanimous consent.

Ms. NORTON. Mr. Chairman, could I make an inquiry at this time?

The Acting CHAIR. Does the gentleman have a further inquiry?

Mr. AL GREEN of Texas. Before I leave the podium, if I may, I would like to prevail upon my friend whom I am having a colloquy with to show some sense of desire to continue this and reach some sort of—

The Acting CHAIR. The gentleman from Texas will suspend.

The time of the gentleman from Texas has expired.

Mr. AL GREEN of Texas. May I ask for the unanimous consent now, Mr. Chairman?

The Acting CHAIR. The gentleman has requested unanimous consent to extend his time. There has been an objection to that request.

Does the gentleman from the District of Columbia seek recognition?

Ms. NORTON. I ask the Chair: Is it true that there will be no more Members heard on this issue after 5:40?

Mr. GINGREY of Georgia. Mr. Speaker, I'm going to have to insist on regular order here.

The Acting CHAIR. In answer to the gentlewoman's parliamentary inquiry, there is a 3-hour time limit for consideration of amendments that has not yet been reached.

Ms. SCHAKOWSKY. I move to strike the last word.

The Acting CHAIR. The gentlewoman from Illinois is recognized for 5 minutes.

Ms. SCHAKOWSKY. Mr. Chairman, roughly 70 percent of us at some point

are going to have difficulty taking care of ourselves independently, and we're going to need some sort of long-term care or support. So as the population ages, of course the need for these services only increases.

I've been listening to this debate. On the substance, or at least as we identify the problem, there is an enormous amount of agreement. We all know that the costs associated with long-term care are very high, that nursing homes can cost over \$70,000 a year, and that just 20 hours a week of home care costs nearly \$20,000 a year. For working families, there are few practical options in order to plan and pay for long-term care and support services. Only about 3 percent have a private policy covering long-term care while the majority is forced to spend its way into poverty to qualify for the Medicare safety net coverage of those costs.

We know this. We all agree on this.

What the CLASS Act did was to address a number of critical needs, including providing a way for persons with disabilities to remain independent and in their communities by bringing private dollars into the long-term care services system in order to reduce the reliance on Medicaid without impoverishing individuals and their families.

Mr. Chair, here is how: if a person must go into a nursing home—and those are the potential long-term people, Americans—if such Americans must go into a nursing home, first they spend down their resources, and then they go into a nursing home at a cost of about \$80,000 a year.

We all agree that the CLASS Act is far from perfect, but it provides a beginning framework to begin to deal with the problem.

I got a letter from Jonathan Lavin, CEO of AgeOptions in Oak Brook, Illinois, a service provider. He emailed me, actually, to say:

Please do not vote to repeal the CLASS Act. Such a vote will reverse the hope of millions of Americans that one day they may collectively insure themselves for the eventuality of a debilitating disability. When we see a young former Congresswoman gunned down and a healthy vibrant Illinois Senator struck by a stroke, we realize that any of us may suffer from a disability.

A broad-based, effective insurance program will assist those who face such life-altering challenges. We understand why the CLASS Act is delayed in implementation since the economic situation is so dire, but we cannot understand deliberately acting to eliminate the potential for such legislation to do so much good after the economy recovers.

Every American faces the reality that an accident or illness requiring long-term care could devastate them financially.

While this issue affects everyone, I want to focus on the importance of the CLASS Act for women in this country.

Long-term care is very much a women's health issue. Women live longer than men. Their life expectancy exceeds those of men by some 5 years. Because they live longer, women are at greater risk of needing long-term care

services to help them when they become disabled or too sick or frail to care for themselves. Women tend to need more resources for long-term care. Women tend to be ill for longer periods of time, and women are less likely to have a family member to care for them.

Over 70 percent of nursing home residents and nearly two-thirds of home-care users are women. Because women, far more than men, take on the role of caregiver, women are the ones who end up staying at home, sometimes giving up careers to provide care for a sick or disabled family member, adults and children alike. Indeed, women make up three-fourths of the home-care workforce.

CLASS would help make these challenges easier. It would help provide the care women may require if and when they need long-term care or supports for themselves. It would help provide relief or a break, if you will, for those women who spend all day every day at home taking care of others in need of long-term care.

To take away this program is to take away the first real opportunity that the women of this country have to deal with the long-term care challenges they face day in and day out both as patients and as caregivers. Like so many other Republican assaults on the Affordable Care Act, H.R. 1173 is, in fact, an attack on women and women's health.

Like all those other assaults, we should push back and reject this one. CLASS is just one of the many advancements for women's health that is included in the Affordable Care Act. As you have heard many times today, let's fix it, not repeal it, so it can work for women and all Americans as intended.

Instead of passing H.R. 1173 and repealing the CLASS Act with no effective alternative in place, we can and should work together to repair this program. Ignoring the long-term care crisis won't make it go away.

I yield back the balance of my time.

Ms. NORTON. Mr. Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from the District of Columbia is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, we have here one for the books. The Democrats offer a 100 percent private-sector solution to the most costly health care crisis affecting the American people, and Republicans want to repeal it. This is going to go down in history.

The Obama administration is a victim of its own honesty. It, in good faith, put the CLASS Act into the health care bill knowing that we can't do without it. Then the administration looked carefully at the cost factors, and it did the right thing. It informed the Congress that it was suspending implementation of the CLASS Act. It certainly did not repeal it or ask for its repeal, nor should we. Here is why: the Medicare crisis before us, as I speak, is dwarfed by the long-term care crisis.

We know it because that crisis, the CLASS crisis if you will, is already here.

□ 1740

That crisis, my friends, is long-term care. Who pays for it? We pay for it. We, the taxpayers, because Medicaid pays for it. They're coming at an increasing clip because the fact is that the number of Americans who are living longer, who don't have the resources themselves, grows exponentially. Government is now paying 100 percent.

Let's look at the CLASS Act. That is a 100 percent privately financed plan. It means that we should all, not wait for long-term care to be needed when we would have to ask the government, through Medicaid, to pay for nursing home care. We should begin now to take care of our own long-term needs.

What are you going to do if we don't have the CLASS Act—pass off the elderly who are in the nursing homes? To where? To whom?

Clearly, the CLASS Act is the only solution, unless you want the Federal Government to continue to pick up the loss for those who need long-term care, and that is what people in nursing homes are there for. Only 8 percent of Americans buy long-term care insurance.

I bought long-term care insurance, and then I was a little concerned to read that people who have bought long-term care insurance find they are not going to get what they thought they paid for.

I think this House ought to be having hearings on what is out there now if we want to encourage people to buy their own long-term care insurance. We are doing none of that. We are not encouraging people to do what the CLASS Act would encourage them to do. Instead, we are saying repeal this private sector solution.

That makes no sense, because when the crisis comes, the elderly are going to come to us. They are going to say they have no long-term care; they want what the last generation had. You spend down your resources and then Medicaid picks it up. That's the solution on the table now. If you want a private solution, this is golden. It is in law.

We should grab it, keep it, have hearings on it. How can we make it feasible? Thank the administration for deciding not to implement it. They had an alternative. They could have allowed it to lie dormant, gone on with the rest of the health care bill. Instead, they told the truth.

Now we are here trying to repeal it, knowing full well that when the crisis is upon us, we will never be able to put forward a private, 100 percent private solution because it will be too late.

Take this for what it's worth. You have a bird in hand.

I yield back the balance of my time.

Mr. PITTS. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Mr. Chairman, to summarize briefly, first of all, there is no CLASS program. The gentlelady was right; this is a woman issue. Women have been promised something that they'll never get with the CLASS Act. Zero people will be enrolled in the CLASS Act. They have a program that doesn't work, they know it won't work, and it's a false sense of hope to say that it will.

HHS studied for 18 months eight different scenarios to fix the CLASS Act from \$391 a month premium to \$3,000 a month premium. They concluded the same result: The CLASS Act is not fixable. Short of a mandate, there's no way to fix the CLASS Act.

Now, our friends on the other side have had several opportunities to offer amendments to fix the CLASS Act. First of all, H.R. 1173 was marked up in the Energy and Commerce Health Subcommittee, and they didn't offer an amendment. At full committee, the Democrats didn't offer a comprehensive plan to fix the program. And now, with nearly 4 hours of debate, still no amendments to fix the program. Without a mandate, there's no way to fix it.

Mr. Chairman, we must get this program off the books and start over. It was wrong when it was passed. It's simply a liability in our budget, and the American taxpayers who would reject any further attempt by the Federal Government to require something upon them, that is another mandate.

I urge a vote for H.R. 1173 to repeal this CLASS Act. Let's start over again.

I yield back the balance of my time.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in the CONGRESSIONAL RECORD on which further proceedings were postponed, in the following order:

Amendment No. 2 by Ms. JACKSON LEE of Texas.

Amendment No. 1 by Ms. JACKSON LEE of Texas.

Amendment No. 4 by Mr. DEUTCH of Florida.

Amendment No. 5 by Mr. DEUTCH of Florida.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

AMENDMENT NO. 2 OFFERED BY MS. JACKSON LEE OF TEXAS

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 161, noes 263, not voting 8, as follows:

[Roll No. 13]

AYES—161

Ackerman	Gutierrez	Pastor (AZ)
Altmire	Hahn	Payne
Andrews	Hanabusa	Pelosi
Baca	Hastings (FL)	Peters
Baldwin	Heinrich	Pingree (ME)
Bass (CA)	Higgins	Polis
Becerra	Hinojosa	Price (NC)
Berman	Hirono	Quigley
Bishop (GA)	Hochul	Rahall
Bishop (NY)	Holden	Rangel
Blumenauer	Holt	Reyes
Boswell	Honda	Richardson
Brady (PA)	Hoyer	Richmond
Brown (FL)	Inslee	Rothman (NJ)
Butterfield	Israel	Ruppersberger
Capps	Jackson (IL)	Rush
Capuano	Jackson Lee	Ryan (OH)
Carnahan	(TX)	Sánchez, Linda
Carney	Johnson (GA)	T.
Chu	Johnson, E. B.	Sanchez, Loretta
Cicilline	Kaptur	Sarbanes
Clarke (MI)	Keating	Schakowsky
Clarke (NY)	Kildee	Schiff
Clay	Kissell	Schwartz
Cleaver	Kucinich	Scott (VA)
Clyburn	Langevin	Scott, David
Cohen	Larsen (WA)	Serrano
Connolly (VA)	Larson (CT)	Sewell
Conyers	Lee (CA)	Sherman
Cooper	Levin	Sires
Costello	Lewis (GA)	Slaughter
Courtney	Loeb sack	Smith (NJ)
Critz	Lowey	Smith (WA)
Crowley	Lujan	Stark
Cuellar	Lynch	Sutton
Cummings	Maloney	Thompson (CA)
Davis (IL)	Markey	Thompson (MS)
DeGette	Matsui	Tierney
DeLauro	McCollum	Tonko
Deutch	McDermott	Towns
Dicks	McGovern	Tsongas
Dingell	McNerney	Van Hollen
Doggett	Meeke	Velázquez
Doyle	Michaud	Visclosky
Edwards	Miller (NC)	Walz (MN)
Ellison	Miller, George	Wasserman
Engel	Moore	Schultz
Fattah	Moran	Waters
Frank (MA)	Nadler	Watt
Fudge	Napolitano	Waxman
Garamendi	Neal	Welch
Gonzalez	Olver	Wilson (FL)
Green, Al	Owens	Woolsey
Green, Gene	Pallone	Yarmuth
Grijalva	Pascrell	

NOES—263

Adams	Burgess	Duffy
Aderholt	Burton (IN)	Duncan (SC)
Akin	Calvert	Duncan (TN)
Alexander	Camp	Ellmers
Amash	Campbell	Emerson
Amodei	Canseco	Eshoo
Austria	Cantor	Farenthold
Bachmann	Capito	Farr
Bachus	Cardoza	Fincher
Barletta	Carter	Fitzpatrick
Barrow	Cassidy	Flake
Bartlett	Castor (FL)	Fleischmann
Barton (TX)	Chabot	Fleming
Bass (NH)	Chaffetz	Flores
Benishek	Chandler	Forbes
Berg	Coble	Fortenberry
Berkley	Coffman (CO)	Fox
Biggart	Cole	Franks (AZ)
Bilbray	Conaway	Frelinghuysen
Bilirakis	Costa	Gallely
Bishop (UT)	Cravaack	Gardner
Black	Crawford	Garrett
Blackburn	Crenshaw	Gerlach
Bonner	Culberson	Gibbs
Bono Mack	Davis (CA)	Gibson
Boren	Davis (KY)	Gingrey (GA)
Boustany	DeFazio	Gohmert
Brady (TX)	Denham	Goodlatte
Braley (IA)	Dent	Gosar
Brooks	DesJarlais	Gowdy
Broun (GA)	Diaz-Balart	Granger
Buchanan	Dold	Graves (GA)
Bucshon	Donnelly (IN)	Graves (MO)
Buerkle	Dreier	Griffin (AR)

Griffith (VA) Matheson Ros-Lehtinen
 Grimm McCarthy (CA) Roskam
 Guinta McCarty (NY) Ross (AR)
 Guthrie McCaul Ross (FL)
 Hall McClintock Royce
 Hanna McCotter Runyan
 Harper McHenry Ryan (WI)
 Harris McIntyre Scalise
 Hartzler McKeon Schilling
 Hastings (WA) McKinley Schmidt
 Hayworth McMorris Schock
 Heck Rodgers Schrader
 Hensarling Meehan Schweikert
 Herger Mica Scott (SC)
 Herrera Beutler Miller (FL) Scott, Austin
 Himes Miller (MI) Sensenbrenner
 Huelskamp Miller, Gary Sessions
 Huizenga (MI) Mulvaney Shimkus
 Hultgren Murphy (CT) Shuler
 Hunter Murphy (PA) Shuster
 Hurt Myrick Simpson
 Issa Neugebauer Smith (NE)
 Jenkins Noem Smith (TX)
 Johnson (IL) Nugent Southerland
 Johnson (OH) Nunes Speier
 Johnson, Sam Nunnelee Stearns
 Jones Olson Stivers
 Jordan Palazzo Stutzman
 Kelly Paulsen Blumenauer
 Kind Pearce Sullivan
 King (IA) Pence Terry
 King (NY) Perlmutter Thompson (PA)
 Kingston Peterson Thornberry
 Kinzinger (IL) Petri Tiberi
 Kline Pitts Tipton
 Labrador Platts Turner (NY)
 Lamborn Poe (TX) Turner (OH)
 Lance Pompeo Upton
 Landry Posey Walberg
 Lankford Price (GA) Walden
 Latham Quayle Walsh (IL)
 Latta Reed Webster
 Lewis (CA) Rehberg West
 Lipinski Reichert Westmoreland
 LoBiondo Renacci Whitfield
 Lofgren, Zoe Ribble Wilson (SC)
 Long Rigell Wittman
 Lucas Rivera Wolf
 Luetkemeyer Roby Womack
 Lummis Roe (TN) Woodall
 Lungren, Daniel Rogers (AL) Yoder
 E. Rogers (KY) Young (AK)
 Manzullo Rogers (MI) Young (FL)
 Marchant Rokita Young (IN)
 Marino Rooney

NOT VOTING—8

Carson (IN) LaTourette Rohrabacher
 Filner Mack Roybal-Allard
 Hinchey Paul

□ 1815

Messrs. POMPEO, LANDRY, POSEY, WILSON of South Carolina, MURPHY of Pennsylvania, CALVERT, ROKITA, BURGESS, Ms. BERKLEY, and Ms. SPEIER changed their vote from “aye” to “no.”

Messrs. COOPER, CARNEY, OWENS, and Ms. HOCHUL changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Mr. Speaker, on rollcall 13, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “aye.”

Stated against:

Mr. SMITH of New Jersey. Mr. Chair, on rollcall No. 13, I inadvertently voted “yes” when I intended to vote “no.”

AMENDMENT NO. 1 OFFERED BY MS. JACKSON
 LEE OF TEXAS

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 157, noes 264, not voting 11, as follows:

[Roll No. 14]

AYES—157

Ackerman Hahn Peters
 Andrews Hanabusa Pingree (ME)
 Baca Hastings (FL) Polis
 Baldwin Heinrich Price (NC)
 Bass (CA) Higgins Quigley
 Becerra Hinojosa Rahall
 Berman Hirono Rangel
 Bishop (GA) Holden Reyes
 Blumenauer Holt Richardson
 Boswell Honda Richmond
 Brady (PA) Hoyer Rothman (NJ)
 Braley (IA) Inslee Ruppertsberger
 Brown (FL) Israel Rush
 Butterfield Jackson (IL) Ryan (OH)
 Capps Jackson Lee Sanchez, Linda
 Capuano (TX) T.
 Carnahan Johnson (GA) Sanchez, Loretta
 Castor (FL) Johnson, E. B. Sarbanes
 Chu Kaptur Schakowsky
 Cicilline Keating Schiff
 Clarke (MI) Kissell Schrader
 Clarke (NY) Kucinich Schwartz
 Clay Langevin Scott (VA)
 Clyburn Larson (CT) Scott, David
 Cohen Lee (CA) Serrano
 Connolly (VA) Levin Sewell
 Conyers Lewis (GA) Sherman
 Costello Loebbeck Sires
 Courtney Lofgren, Zoe Slaughter
 Critz Lowey Smith (WA)
 Crowley Lujan Speier
 Cummings Maloney Stark
 Davis (IL) DeFazio Sutton
 DeFazio Matsui Thompson (CA)
 DeGette DeLauro McCarthy (NY) Thompson (MS)
 Deutch Dicks Tierney
 Dicks McDermott Tonko
 Dingell McGovern Towns
 Doggett McNeerney Tsongas
 Doyle Meeke Van Hollen
 Edwards Michaud Velazquez
 Ellison Miller (NC) Vislosky
 Engel Miller, George Walz (MN)
 Eshoo Moore Wasserman
 Farr Moran
 Fattah Nadler Schultz
 Frank (MA) Napolitano Waters
 Fudge Neal
 Garamendi Oliver Watt
 Gonzalez Pallone Waxman
 Green, Al Pascrell Welch
 Grijalva Burton (IN) Wilson (FL)
 Gutierrez Payne Woolsey
 Yarmuth

NOES—264

Adams Black Cassidy
 Aderholt Blackburn Chabot
 Akin Bonner Chaffetz
 Alexander Bono Mack Chandler
 Altmire Boren Cleaver
 Amash Boustany Coble
 Amodei Brady (TX) Coffman (CO)
 Austria Brooks Cole
 Bachmann Broun (GA) Conaway
 Bachus Buchanan Cooper
 Barletta Bucshon Costa
 Barrow Buerkle Cravaack
 Bartlett Burgess Crawford
 Barton (TX) Burton (IN) Crenshaw
 Bass (NH) Calvert Cuellar
 Benishek Camp Culberson
 Berg Campbell Davis (CA)
 Berkley Canseco Davis (KY)
 Biggert Cantor Denham
 Bilbray Capito Dent
 Bilirakis Cardoza DesJarlais
 Bishop (NY) Carney Diaz-Balart
 Bishop (UT) Carter Dold

Kingston Reed
 Dreier Kinzinger (IL) Rehberg
 Duffy Klime Reichert
 Duncan (SC) Labrador Renacci
 Duncan (TN) Lamborn Ribble
 Ellmers Lance Rigell
 Emerson Landry Rivera
 Farenthold Lankford Roby
 Fincher Larsen (WA) Roe (TN)
 Fitzpatrick Latham Rogers (AL)
 Flake LaTourette Rogers (KY)
 Fleischmann Latta Rogers (MI)
 Fleming Lewis (CA) Rohrabacher
 Forbes Lipinski Rokita
 Fortenberry LoBiondo Rooney
 Foxx Long Ros-Lehtinen
 Franks (AZ) Lucas Roskam
 Frelinghuysen Luetkemeyer Ross (AR)
 Gallegly Lummis Ross (FL)
 Gardner Lungren, Daniel Runyan
 Garrett E. Ryan (WI)
 Gerlach Lynch Scalise
 Gerlach Lynch Scalise
 Gibbs Manzullo Schilling
 Gibson Marchant Schmidt
 Gingrey (GA) Marino Schock
 Gohmert Matheson Schweikert
 Goodlatte McCarthy (CA) Scott (SC)
 Gosar McCaul Scott, Austin
 Gowdy McClintock Sensenbrenner
 Granger McCotter Sessions
 Graves (GA) McHenry Shimkus
 Graves (MO) McIntyre Shuler
 Green, Gene McKeon Simpson
 Griffin (AR) McKinley Smith (NE)
 Griffith (VA) McMorris Smith (NJ)
 Grimm Rodgers Smith (TX)
 Guinta Meehan Southerland
 Guthrie Mica Miller (FL)
 Hall Miller (FL) Miller (MI)
 Hanna Miller (MI) Miller, Gary
 Harper Mulvaney Stutzman
 Harris Murphy (CT) Terry
 Hartzler Murphy (PA) Thompson (PA)
 Hastings (WA) Myrick Thornberry
 Hayworth Neugebauer Tiberi
 Heck Noem Tipton
 Hensarling Noem Turner (NY)
 Herger Nugent Turner (OH)
 Herrera Beutler Nunes Upton
 Himes Nunnelee Walberg
 Hochul Olson Walden
 Huelskamp Owens Walsh (IL)
 Huizenga (MI) Palazzo Webber
 Hultgren Paulsen West
 Hunter Pearce
 Hurt Pence Westmoreland
 Jenkins Perlmutter Whitfield
 Johnson (IL) Peterson Wilson (SC)
 Johnson (OH) Petri Wittman
 Johnson, Sam Pitts Wolf
 Jones Platts Womack
 Jordan Poe (TX) Woodall
 Kelly Pompeo Yoder
 Kind Posey Young (AK)
 King (IA) Price (GA) Young (FL)
 King (NY) Quayle Young (IN)

NOT VOTING—11

Carson (IN) Issa Roybal-Allard
 Filner Mack Royce
 Flores Paul Sullivan
 Hinchey Pelosi

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

□ 1819

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Mr. Speaker, on rollcall 14, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “aye.”

AMENDMENT NO. 4 OFFERED BY MR. DEUTCH

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Florida (Mr. DEUTCH) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 164, noes 260, not voting 8, as follows:

[Roll No. 15]

AYES—164

Ackerman	Grijalva	Pastor (AZ)
Altmire	Gutierrez	Payne
Andrews	Hahn	Pelosi
Baca	Hanabusa	Perlmutter
Baldwin	Hastings (FL)	Peters
Bass (CA)	Heinrich	Pingree (ME)
Becerra	Higgins	Polis
Berman	Hinojosa	Price (NC)
Bishop (GA)	Hirono	Quigley
Blumenauer	Holden	Rahall
Boswell	Holt	Rangel
Brady (PA)	Honda	Reyes
Braley (IA)	Hoyer	Richardson
Brown (FL)	Inlee	Richmond
Butterfield	Israel	Rothman (NJ)
Capps	Jackson (IL)	Ruppersberger
Capuano	Jackson Lee	Rush
Cardoza	(TX)	Ryan (OH)
Carnahan	Johnson (GA)	Sánchez, Linda
Castor (FL)	Johnson, E. B.	T.
Chu	Kaptur	Sanchez, Loretta
Ciilline	Keating	Sarbanes
Clarke (MI)	Kildee	Schakowsky
Clarke (NY)	Kissell	Schiff
Clay	Kucinich	Schwartz
Cleaver	Langevin	Scott (VA)
Clyburn	Larsen (WA)	Scott, David
Cohen	Larson (CT)	Serrano
Connolly (VA)	Lee (CA)	Sewell
Conyers	Levin	Sherman
Costello	Lewis (GA)	Sires
Courtney	Loeb sack	Slaughter
Critz	Lofgren, Zoe	Smith (WA)
Crowley	Lowey	Speier
Cummings	Lujan	Stark
Davis (CA)	Lynch	Sutton
Davis (IL)	Maloney	Thompson (CA)
DeGette	Markey	Thompson (MS)
DeLauro	Matsui	Tierney
Deutch	McCarthy (NY)	Tonko
Dicks	McCollum	Towns
Dingell	McDermott	Tsongas
Doggett	McGovern	Tsongas
Doyle	McNerney	Van Hollen
Edwards	Meeks	Velázquez
Ellison	Michaud	Vislosky
Engel	Miller (NC)	Walz (MN)
Eshoo	Miller, George	Wasserman
Farr	Moore	Schultz
Fattah	Moran	Waters
Frank (MA)	Nadler	Watt
Fudge	Napolitano	Waxman
Garamendi	Neal	Welch
Gonzalez	Olver	Wilson (FL)
Green, Al	Pallone	Woolsey
Green, Gene	Pascrell	Yarmuth

NOES—260

Adams	Bishop (UT)	Carney
Aderholt	Black	Carter
Akin	Blackburn	Cassidy
Alexander	Bonner	Chabot
Amash	Bono Mack	Chaffetz
Amodei	Boren	Chandler
Austria	Boustany	Coble
Bachmann	Brady (TX)	Coffman (CO)
Bachus	Brooks	Cole
Barletta	Broun (GA)	Conaway
Barrow	Buchanan	Cooper
Bartlett	Bucshon	Costa
Barton (TX)	Buerkle	Cravaack
Bass (NH)	Burgess	Crawford
Benishek	Burton (IN)	Crenshaw
Berg	Calvert	Cuellar
Berkley	Culberson	Davis (KY)
Biggart	Campbell	DeFazio
Billbray	Canseco	Denham
Bilirakis	Cantor	Dent
Bishop (NY)	Capito	

DesJarlais	King (IA)	Renacci
Diaz-Balart	King (NY)	Ribble
Dold	Kingston	Rigell
Donnelly (IN)	Kinzinger (IL)	Rivera
Dreier	Kline	Roby
Duffy	Labrador	Roe (TN)
Duncan (SC)	Lamborn	Rogers (AL)
Duncan (TN)	Lance	Rogers (KY)
Eilmers	Landry	Rogers (MI)
Emerson	Lankford	Rohrabacher
Farenthold	Latham	Rokita
Fincher	Latta	Rooney
Fitzpatrick	Lewis (CA)	Ros-Lehtinen
Flake	Lipinski	Roskam
Fleischmann	LoBiondo	Ross (AR)
Fleming	Long	Ross (FL)
Flores	Lucas	Royce
Forbes	Luetkemeyer	Runyan
Fortenberry	Lummis	Ryan (WI)
Fox	Lungren, Daniel	Scalise
Frelinghuysen	E.	Schilling
Gallely	Manzullo	Schmidt
Gardner	Marchant	Schock
Garrett	Marino	Schrader
Gerlach	Matheson	Schweikert
Gibbs	McCarthy (CA)	Scott (SC)
Gibson	McCaul	Scott, Austin
Gingrey (GA)	McClintock	Sensenbrenner
Gohmert	McCotter	Sessions
Goodlatte	McHenry	Shimkus
Gosar	McIntyre	Shuler
Gowdy	McKeon	Shuster
Granger	McKinley	Simpson
Graves (GA)	McMorris	Smith (NE)
Graves (MO)	Rodgers	Smith (NJ)
Griffin (AR)	Meehan	Smith (TX)
Griffith (VA)	Mica	Southerland
Grimm	Miller (FL)	Stearns
Guinta	Miller (MI)	Stivers
Guthrie	Miller, Gary	Stutzman
Hall	Mulvaney	Sullivan
Hanna	Murphy (CT)	Terry
Harper	Murphy (PA)	Thompson (PA)
Harris	Myrick	Thornberry
Hartzler	Neugebauer	Tiberi
Hastings (WA)	Noem	Tipton
Hayworth	Nugent	Turner (NY)
Heck	Nunes	Turner (OH)
Hensarling	Nunnelee	Upton
Herger	Olson	Walberg
Herrera Beutler	Owens	Walden
Himes	Palazzo	Walsh (IL)
Hochul	Paulsen	Webster
Huelskamp	Pearce	West
Huizenga (MI)	Pence	Westmoreland
Hultgren	Peterson	Whitfield
Hunter	Petri	Wilson (SC)
Hurt	Hurt	Wittman
Issa	Platts	Wolf
Jenkins	Poe (TX)	Womack
Johnson (IL)	Pompeo	Woodall
Johnson (OH)	Posey	Yoder
Johnson, Sam	Price (GA)	Young (AK)
Jones	Quayle	Young (FL)
Jordan	Reed	Young (IN)
Kelly	Rehberg	
Kind	Reichert	

NOT VOTING—8

Carson (IN)	Hinchey	Paul
Filner	LaTourette	Roybal-Allard
Franks (AZ)	Mack	

□ 1824

So the amendment was rejected. The result of the vote was announced as above recorded.

Stated for: Mr. FILNER. Mr. Speaker, on rollcall 15, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “aye.”

Stated against: Mr. FRANKS of Arizona. Mr. Chair, on rollcall No. 15, I was unavoidably detained. Had I been present, I would have voted “no.”

AMENDMENT NO. 5 OFFERED BY MR. DEUTCH

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Florida (Mr. DEUTCH) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 160, noes 264, not voting 8, as follows:

[Roll No. 16]

AYES—160

Ackerman	Green, Al	Payne
Altmire	Green, Gene	Pelosi
Andrews	Grijalva	Peters
Baca	Hahn	Pingree (ME)
Baldwin	Hanabusa	Polis
Bass (CA)	Hastings (FL)	Price (NC)
Becerra	Heinrich	Quigley
Berman	Higgins	Rahall
Bishop (GA)	Hinojosa	Rangel
Bishop (NY)	Hirono	Reyes
Blumenauer	Holden	Richardson
Boswell	Holt	Richmond
Brady (PA)	Honda	Rothman (NJ)
Braley (IA)	Inlee	Ruppersberger
Brown (FL)	Israel	Rush
Butterfield	Jackson (IL)	Ryan (OH)
Capps	Jackson Lee	Sánchez, Linda
Capuano	(TX)	T.
Cardoza	Johnson (GA)	Sanchez, Loretta
Carnahan	Johnson, E. B.	Sarbanes
Castor (FL)	Kaptur	Schakowsky
Chu	Keating	Schiff
Ciilline	Kildee	Schwartz
Clarke (MI)	Kissell	Scott (VA)
Clarke (NY)	Kucinich	Scott, David
Clay	Langevin	Serrano
Cleaver	Larson (CT)	Sewell
Clyburn	Lee (CA)	Sherman
Cohen	Levin	Sires
Connolly (VA)	Lewis (GA)	Slaughter
Conyers	Loeb sack	Smith (WA)
Costello	Lofgren, Zoe	Speier
Courtney	Lowey	Stark
Critz	Lujan	Sutton
Crowley	Maloney	Thompson (CA)
Cuellar	Markey	Thompson (MS)
Cummings	Matsui	Tierney
Davis (CA)	McCarthy (NY)	Tonko
Davis (IL)	McCollum	Towns
DeGette	McDermott	Tsongas
DeLauro	McGovern	Van Hollen
Deutch	McNerney	Velázquez
Dicks	Meeks	Vislosky
Dingell	Michaud	Walz (MN)
Doggett	Miller (NC)	Wasserman
Doyle	Miller, George	Schultz
Edwards	Moore	Waters
Ellison	Moran	Watt
Engel	Nadler	Waxman
Eshoo	Napolitano	Welch
Farr	Neal	Wilson (FL)
Fattah	Olver	Woolsey
Frank (MA)	Pallone	Yarmuth
Fudge	Pascrell	
Garamendi	Pastor (AZ)	

NOES—264

Adams	Blackburn	Chabot
Aderholt	Bonner	Chaffetz
Akin	Bono Mack	Chandler
Alexander	Boren	Coble
Amash	Boustany	Coffman (CO)
Amodei	Brady (TX)	Cole
Austria	Brooks	Conaway
Bachmann	Broun (GA)	Cooper
Bachus	Buchanan	Costa
Barletta	Bucshon	Cravaack
Barrow	Buerkle	Crawford
Bartlett	Burgess	Crenshaw
Barton (TX)	Burton (IN)	Culberson
Bass (NH)	Calvert	Davis (KY)
Benishek	Camp	DeFazio
Berg	Campbell	Denham
Berkley	Canseco	Dent
Biggart	Cantor	DesJarlais
Billbray	Capito	Diaz-Balart
Bilirakis	Carney	Dold
Bishop (UT)	Carter	Donnelly (IN)
Black	Cassidy	Dreier

Duffy	Kinzinger (IL)	Reichert
Duncan (SC)	Kline	Renacci
Duncan (TN)	Labrador	Ribble
Ellmers	Lamborn	Rigell
Emerson	Lance	Rivera
Farenthold	Landry	Roby
Fincher	Lankford	Roe (TN)
Fitzpatrick	Larsen (WA)	Rogers (AL)
Flake	Latham	Rogers (KY)
Fleischmann	LaTourette	Rogers (MI)
Fleming	Latta	Rohrabacher
Flores	Lewis (CA)	Rokita
Forbes	Lipinski	Rooney
Fortenberry	LoBiondo	Ros-Lehtinen
Fox	Long	Roskam
Franks (AZ)	Lucas	Ross (AR)
Frelinghuysen	Luetkemeyer	Ross (FL)
Gallely	Lummis	Royce
Gardner	Lungren, Daniel E.	Runyan
Garrett	E.	Ryan (WI)
Gerlach	Lynch	Scalise
Gibbs	Manzullo	Schilling
Gibson	Marchant	Schmidt
Gingrey (GA)	Marino	Schock
Gohmert	Matheson	Schrader
Goodlatte	McCarthy (CA)	Schweikert
Gosar	McCaul	Scott (SC)
Gowdy	McClintock	Scott, Austin
Granger	McCotter	Sensenbrenner
Graves (GA)	McHenry	Sessions
Graves (MO)	McIntyre	Shimkus
Griffin (AR)	McKeon	Shuler
Griffith (VA)	McKinley	Shuster
Grimm	McMorris	Simpson
Guinta	Rodgers	Smith (NE)
Guthrie	Meehan	Smith (NJ)
Hall	Mica	Smith (TX)
Hanna	Miller (FL)	Southerland
Harper	Miller (MI)	Stearns
Harris	Miller, Gary	Stivers
Hartzler	Mulvaney	Stutzman
Hastings (WA)	Murphy (CT)	Sullivan
Hayworth	Murphy (PA)	Terry
Heck	Myrick	Thompson (PA)
Hensarling	Neugebauer	Thornberry
Herger	Noem	Tiberi
Herrera Beutler	Nugent	Tipton
Himes	Nunes	Turner (NY)
Hochul	Nunnelee	Turner (OH)
Hoyer	Olson	Upton
Huelskamp	Owens	Walberg
Huizenga (MI)	Palazzo	Walden
Hultgren	Paulsen	Walsh (IL)
Hunter	Pearce	Webster
Hurt	Pence	West
Issa	Perlmutter	Westmoreland
Jenkins	Peterson	Whitfield
Johnson (IL)	Petri	Wilson (SC)
Johnson (OH)	Pitts	Wittman
Johnson, Sam	Platts	Wolf
Jones	Poe (TX)	Womack
Jordan	Pompeo	Woodall
Kelly	Posey	Yoder
Kind	Price (GA)	Yoder
King (IA)	Quayle	Young (AK)
King (NY)	Reed	Young (FL)
Kingston	Rehberg	Young (IN)

NOT VOTING—8

Carson (IN)	Gutierrez	Paul
Filner	Hinchev	Roybal-Allard
Gonzalez	Mack	

□ 1829

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Mr. Speaker, on rollcall 16, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted "aye."

The Acting CHAIR (Mr. DOLD). The question is on the committee amendment in the nature of a substitute.

The amendment was agreed to.

The Acting CHAIR. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. YODER) having assumed the chair, Mr. DOLD, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee,

having had under consideration the bill (H.R. 1173) to repeal the CLASS Program, and, pursuant to House Resolution 522, reported the bill back to the House with an amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

The question is on the committee amendment in the nature of a substitute.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

□ 1830

MOTION TO RECOMMIT

Mr. GARAMENDI. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. GARAMENDI. I am in its present form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Garamendi moves to recommit the bill H.R. 1173 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith, with the following amendment:

At the end of the bill, add the following:

SEC. 3. ENSURING LONG-TERM CARE SERVICES FOR SENIORS WITH ALZHEIMER'S DISEASE AND OTHER DISABLED INDIVIDUALS.

(a) IN GENERAL.—Section 2 shall not take effect until such date as the Secretary of Health and Human Services certifies that a national voluntary insurance program is in effect for purchasing community living assistance services and supports for individuals who—

(1) have—

(A) Alzheimer's disease or other cognitive impairment;

(B) chronic diabetes, heart disease, or advanced stages of cancer;

(C) a disability or traumatic injury; or

(D) any other serious disease or health condition; and

(2) require assistance with two or more activities of daily living (such as eating, bathing, dressing, and toileting).

(b) EXCEPTION.—Notwithstanding subsection (a), section 2(b)(3)(B) shall take effect upon the enactment of this Act.

The SPEAKER pro tempore. The gentleman from California is recognized for 5 minutes.

Mr. GARAMENDI. Mr. Speaker, I want all Members to pause for a moment and think about your family, think about your community, and the people you represent. I want you to put in your mind Alzheimer's and the effect that it has on the individuals and families. Now are you envisioning the effect of Alzheimer's, not only on the individual but on the family?

I want you to put in your mind that terrible auto accident that left that young child totally disabled. I want you to put in your mind the diabetic,

think about the diabetic, long-term diabetes, and the effect that it has.

Now, the point of my amendment is not to kill this bill but rather to amend it in such a way that it can be taken up on the floor with all of us supporting this.

Long-term care is a major challenge for families, for individuals, and for this Nation. Today 5.4 million Americans have Alzheimer's, and at the end of this decade, it's expected to double, more than 10 million.

Keep that vision of the Alzheimer's patient in mind. It may be someone in your family or in your circle. Twenty-four million Americans have diabetes, 26 million have heart disease. Think of that stroke victim. You know that person. They've been our colleagues, disabled, and in many cases, totally disabled.

What this amendment does is to deal with a profound problem in America. How do we care for those who are disabled, unable to care for themselves for a lengthy period of time? How do we do that? There is no effective way to do it today until that individual and family is flat broke.

There is no mechanism today to deal with this problem unless you have become totally bankrupt, no assets, and then you get to go on the Medicaid program, a burden on our general fund and on every State's general fund.

This amendment offers a solution. This amendment says that we will keep the CLASS Act in effect but seek a national voluntary insurance program. Now, I happen to know insurance, and I happen to know that all of the long-term insurance programs out there have failed to work because they are narrow, because they've been unable to reach across the broad spectrum of America to provide a broad base of risk. You need a very, very large pool to deal with this very large and very expensive problem.

If my amendment is adopted, we will be able to go forward and to repair the CLASS Act into a voluntary insurance program that would involve the entire Nation and thereby provide a premium that is affordable. The present programs do not.

As we know from the CLASS Act itself and the work done by the Department of Health and Human Services, it too is flawed. But the problem remains. The problem has not disappeared. It is in fact in every one of our families and, quite possibly, with us as individuals.

We need a solution. Whether you're a Democrat or a Republican, we have to find a solution to this problem because now it falls back. When all other resources are gone for the individual and the family, it falls back onto the general fund of the State and the Federal Government. Not a good solution at all.

So I ask for your support on this. If you adopt this amendment, we will immediately vote on the CLASS Act itself, and it will be repealed, but not real. It will be maintained as we work

forward towards a solution. That's our task here. That's our task as Members of Congress. Find solutions for the real problems that face every American.

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

Mr. GINGREY of Georgia. Mr. Speaker, I claim the time in opposition to the motion.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman from California in mentioning these categories of suffering seniors, people with Alzheimer's disease, chronic diabetes, heart disease, advanced stages of cancer, disability, or traumatic injury, I'd like to tell the gentleman and my colleagues on the other side of the aisle, Mr. Speaker, that we on this side of the aisle always have these victims in our mind, in our heart, in our prayers. But we have the compassion and the honesty not to promote and present a ruse and false hope. That's what this so-called CLASS Act non-program does to these suffering individuals that suffer from these chronic medical conditions and disabilities.

H.R. 1173 is an opportunity for this Congress to reverse one of the most costly coverups—yes, coverups—this administration has imposed upon the American taxpayer. The failure of this administration to implement the CLASS program came as no surprise to the many of us who had actually listened to the concerns from the unbiased actuaries—even the administration's own chief health actuary, Richard Foster, from CMS—about the certain failure of the CLASS program.

The concerns, Mr. Speaker, were bipartisan during debate on the President's health care law, and even the President's own fiscal commission called for the program's repeal.

So today we have the opportunity to finally get this failed program off of the books. This administration has spent millions of dollars and, yes, eight ways of Sunday, here they are, colleagues, eight ways, short of having yet another mandate that all people have coverage.

□ 1840

They have tried to implement a program that never had a chance of being implemented, and today we're faced with an \$80 billion hole in the budget that this administration claims would be filled by the implementation of the CLASS program.

Listen, colleagues, key Senate Democrats, like Senator HARKIN, believe that there is still one last option worth considering: another unconstitutional mandate on every American. In fact, in comments to reporters yesterday, Senator HARKIN made the claim that the problem with the current CLASS program is that it is voluntary. In the opinion of the esteemed Senator, it needs to be mandatory.

The need for long-term care reform is an important issue, and I am confident

that solutions can be accomplished and that we can do this in a bipartisan way as they have been done before on this issue. We cannot, however, continue to deny the fact that the CLASS program is an abject failure and that its repeal is necessary today.

I say to my Democrat colleagues, admit your failure. You rushed this provision into the health care law. I understand your compassion toward the late Senator Kennedy and your wanting this to be a legacy for him, but it was his staff that maybe misled the committee and the Democrat majority. Admit your failure. Get over it. Vote to repeal this failed CLASS Act, and live to fight another day.

I recommend that we vote down this motion to recommit and for the bill to be repealed.

I yield back the balance of my time. The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

RECORDED VOTE

Mr. GARAMENDI. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of H.R. 1173, if ordered, and motions to suspend the rules on H.R. 3835 and H.R. 3567.

The vote was taken by electronic device, and there were—ayes 175, noes 247, not voting 10, as follows:

[Roll No. 17]

AYES—175

Ackerman	Crowley	Hoyer
Altmire	Cuellar	Inlee
Andrews	Cummings	Israel
Baca	Davis (CA)	Jackson (IL)
Baldwin	Davis (IL)	Jackson Lee
Bass (CA)	DeFazio	(TX)
Becerra	DeGette	Johnson (GA)
Berkley	DeLauro	Johnson, E. B.
Berman	Deutch	Kaptur
Bishop (GA)	Dicks	Keating
Bishop (NY)	Dingell	Kildee
Blumenauer	Doggett	Kind
Boswell	Doyle	Kissell
Brady (PA)	Edwards	Kucinich
Braley (IA)	Ellison	Langevin
Brown (FL)	Engel	Larsen (WA)
Butterfield	Eshoo	Larson (CT)
Capps	Farr	Lee (CA)
Capuano	Fattah	Levin
Cardoza	Frank (MA)	Lewis (GA)
Carnahan	Fudge	Loeback
Carney	Garamendi	Lofgren, Zoe
Castor (FL)	Gonzalez	Lowe
Chu	Green, Al	Luján
Cicilline	Green, Gene	Lynch
Clarke (MI)	Grijalva	Maloney
Clarke (NY)	Gutierrez	Markey
Clay	Hahn	Matsui
Cleaver	Hanabusa	McCarthy (NY)
Clyburn	Hastings (FL)	McCollum
Cohen	Heinrich	McDermott
Connolly (VA)	Higgins	McGovern
Coopers	Himes	McIntyre
Cooper	Hinojosa	McNerney
Costa	Hirono	Meeks
Costello	Holden	Michaud
Courtney	Holt	Miller (NC)
Critz	Honda	Miller, George

Moore	Richardson	Sutton
Moran	Richmond	Thompson (CA)
Murphy (CT)	Rothman (NJ)	Thompson (MS)
Nadler	Ruppersberger	Tierney
Napolitano	Rush	Tonko
Neal	Ryan (OH)	Towns
Olver	Sánchez, Linda	Tsongas
Pallone	T.	Van Hollen
Pascarell	Sanchez, Loretta	Velázquez
Pastor (AZ)	Sarbanes	Vislosky
Payne	Schakowsky	Walz (MN)
Pelosi	Schiff	Wasserman
Perlmutter	Schwartz	Schultz
Peters	Scott (VA)	Waters
Peterson	Scott, David	Watt
Pingree (ME)	Serrano	Waxman
Polis	Sewell	Welch
Price (NC)	Sherman	Wilson (FL)
Quigley	Sires	Woolsey
Rahall	Slaughter	Smith (WA)
Rangel	Smith (WA)	Stark
Reyes	Stark	

NOES—247

Adams	Franks (AZ)	McHenry
Akin	Frelinghuysen	McKeon
Alexander	Gallely	McKinley
Amash	Gardner	McMorris
Amodei	Garrett	Rodgers
Austria	Gerlach	Meehan
Bachmann	Gibbs	Mica
Bachus	Gibson	Miller (FL)
Barletta	Gingrey (GA)	Miller (MI)
Barrow	Gohmert	Miller, Gary
Bartlett	Goodlatte	Mulvaney
Barton (TX)	Gosar	Murphy (PA)
Bass (NH)	Gowdy	Myrick
Benishek	Granger	Neugebauer
Berg	Graves (GA)	Noem
Biggart	Graves (MO)	Nugent
Bilbray	Griffin (AR)	Nunes
Bilirakis	Griffith (VA)	Nunnelee
Bishop (UT)	Grimm	Olson
Black	Guinta	Owens
Blackburn	Guthrie	Palazzo
Bonner	Hall	Paulsen
Bono Mack	Hanna	Pearce
Boren	Harper	Pence
Boustany	Harris	Petri
Brady (TX)	Hartzler	Pitts
Brooks	Hastings (WA)	Platts
Broun (GA)	Hayworth	Poe (TX)
Buchanan	Heck	Pompeo
Bucshon	Hensarling	Posey
Buerkle	Herger	Price (GA)
Burgess	Herrera Beutler	Quayle
Burton (IN)	Hochul	Reed
Calvert	Huelskamp	Rehberg
Camp	Huizenga (MI)	Reichert
Campbell	Hultgren	Renacci
Canseco	Hunter	Ribble
Cantor	Hurt	Rigell
Capito	Issa	Rivera
Carter	Jenkins	Roby
Cassidy	Johnson (IL)	Roe (TN)
Chabot	Johnson (OH)	Rogers (AL)
Chaffetz	Johnson, Sam	Rogers (KY)
Chandler	Jones	Rogers (MI)
Coble	Jordan	Rohrabacher
Coffman (CO)	Kelly	Rokita
Cole	King (IA)	Rooney
Conaway	King (NY)	Ros-Lehtinen
Cravaack	Kingston	Roskam
Crawford	Kinzinger (IL)	Ross (AR)
Crenshaw	Kline	Ross (FL)
Culberson	Labrador	Royce
Davis (KY)	Lamborn	Runyan
Denham	Lance	Ryan (WI)
Dent	Landry	Scalise
DesJarlais	Latham	Schilling
Diaz-Balart	LaTourette	Schmidt
Dold	Latta	Schock
Donnelly (IN)	Lewis (CA)	Schrader
Dreier	Lipinski	Schweikert
Duffy	LoBiondo	Scott (SC)
Duncan (SC)	Long	Scott, Austin
Duncan (TN)	Lucas	Sensenbrenner
Ellmers	Luetkemeyer	Sessions
Emerson	Lummis	Shimkus
Farenthold	Lungren, Daniel	Shuler
Fincher	E.	Shuster
Fitzpatrick	Manzullo	Simpson
Flake	Marchant	Smith (NE)
Fleischmann	Marino	Smith (NJ)
Fleming	Matheson	Smith (TX)
Flores	McCarthy (CA)	Southerland
Forbes	McCauley	Stearns
Fortenberry	McClintock	Stivers
Fox	McCotter	Stutzman

Sullivan Upton Wittman
 Terry Walberg Wolf
 Thompson (PA) Walden Womack
 Thornberry Webster Woodall
 Tiberi West Yoder
 Tipton Westmoreland Young (AK)
 Turner (NY) Whitfield Young (FL)
 Turner (OH) Wilson (SC) Young (IN)

NOT VOTING—10

Aderholt Lankford Speier
 Carson (IN) Mack Walsh (IL)
 Filner Paul
 Hinchey Roybal-Allard

□ 1859

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Mr. Speaker, on rollcall 17, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “aye.”

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mr. PALLONE. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 267, noes 159, not voting 6, as follows:

[Roll No. 18]

AYES—267

Adams Coble Griffin (AR)
 Aderholt Coffman (CO) Griffith (VA)
 Akin Cole Grimm
 Alexander Conaway Guinta
 Amash Cooper Guthrie
 Amodei Cravaack Hall
 Austria Crawford Hanna
 Bachmann Crenshaw Harper
 Bachus Cuellar Harris
 Barletta Culberson Hartzler
 Barrow Davis (KY) Hastings (WA)
 Bartlett DeFazio Hayworth
 Barton (TX) Denham Heck
 Bass (NH) Dent Hensarling
 Benishek DesJarlais Herger
 Berg Diaz-Balart Herrera Beutler
 Berkley Dold Higgins
 Biggert Donnelly (IN) Himes
 Bilbray Dreier Hochul
 Bilirakis Duffy Huelskamp
 Bishop (NY) Duncan (SC) Huitzenga (MI)
 Bishop (UT) Duncan (TN) Hultgren
 Black Ellmers Hunter
 Blackburn Emerson Hurt
 Blumenauer Farenthold Issa
 Bonner Fincher Jenkins
 Bono Mack Fitzpatrick Johnson (IL)
 Boren Flake Johnson (OH)
 Boswell Fleischmann Johnson, Sam
 Boustany Fleming Jones
 Brady (TX) Flores Jordan
 Brooks Forbes Kelly
 Broun (GA) Fortenberry Kind
 Buchanan Foxx King (IA)
 Bucshon Franks (AZ) King (NY)
 Buerkle Frelinghuysen Kingston
 Burgess Gallegly Kinzinger (IL)
 Burton (IN) Gardner Kline
 Calvert Garrett Labrador
 Camp Gerlach Lamborn
 Campbell Gibbs Lance
 Canseco Gibson Landry
 Cantor Gingrey (GA) Lankford
 Capito Gohmert Larsen (WA)
 Carney Goodlatte Latham
 Carter Gosar LaTourrette
 Cassidy Gowdy Latta
 Chabot Granger Lewis (CA)
 Chaffetz Graves (GA) Lipinski
 Chandler Graves (MO) LoBiondo

Loeb sack Pence
 Long Perlmutter
 Lucas Peterson
 Luetkemeyer Petri
 Lummis Pitts
 Lungren, Daniel Platts
 E. Poe (TX)
 Manzullo Pompeo
 Marchant Posey
 Marino Price (GA)
 Matheson Quayle
 McCarthy (CA) Reed
 McCaul Rehberg
 McClintock Reichert
 McCotter Renacci
 McHenry Ribble
 McIntyre Rigell
 McKeon Rivera
 McKinley Roby
 McMorris Roe (TN)
 Rodgers Rogers (AL)
 Meehan Rogers (KY)
 Mica Rogers (MI)
 Miller (FL) Rohrabacher
 Miller (MI) Rokita
 Miller, Gary Rooney
 Mulvaney Ros-Lehtinen
 Murphy (CT) Roskam
 Murphy (PA) Ross (AR)
 Myrick Ross (FL)
 Neugebauer Royce
 Noem Runyan
 Nugent Ryan (WI)
 Nunes Scalise
 Nunnelee Schilling
 Olson Schmidt
 Owens Schock
 Palazzo Schrader
 Paulsen Schweikert
 Pearce Scott (SC)

NOES—159

Ackerman
 Altmire
 Andrews
 Baca
 Baldwin
 Bass (CA)
 Becerra
 Berman
 Bishop (GA)
 Brady (PA)
 Hays (IA)
 Brown (FL)
 Butterfield
 Capps
 Capuano
 Cardoza
 Carnahan
 Castor (FL)
 Chu
 Cicilline
 Clarke (MI)
 Clarke (NY)
 Clay
 Cleaver
 Clyburn
 Cohen
 Connolly (VA)
 Conyers
 Costa
 Costello
 Courtney
 Critz
 Crowley
 Cummings
 Davis (CA)
 Davis (IL)
 DeGette
 DeLauro
 Deutch
 Dicks
 Dingell
 Doggett
 Doyle
 Edwards
 Ellison
 Engel
 Eshoo
 Farr
 Fattah
 Frank (MA)
 Fudge
 Garamendi
 Gonzalez
 Green, Al

Scott, Austin
 Sensenbrenner
 Sessions
 Shimkus
 Shuler
 Shuster
 Simpson
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Southerland
 Stearns
 Stivers
 Stutzman
 Sullivan
 Terry
 Thompson (PA)
 Thornberry
 Tiberi
 Tipton
 Turner (NY)
 Turner (OH)
 Upton
 Walberg
 Walden
 Walsh (IL)
 Webster
 West
 Westmoreland
 Whitfield
 Wilson (SC)
 Wittman
 Wolf
 Womack
 Woodall
 Yoder
 Young (AK)
 Young (FL)
 Young (IN)

NOT VOTING—6

Carson (IN) Hinchey Paul
 Filner Mack Roybal-Allard

□ 1906

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. FILNER. Mr. Speaker, on rollcall 18, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “no.”

TO EXTEND THE PAY LIMITATION FOR MEMBERS OF CONGRESS AND FEDERAL EMPLOYEES

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3835) to extend the pay limitation for Members of Congress and Federal employees, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. ROSS) that the House suspend the rules and pass the bill.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 309, nays 117, not voting 6, as follows:

[Roll No. 19]

YEAS—309

Adams Carter
 Aderholt Cassidy
 Akin Castor (FL)
 Alexander Chabot
 Amodei Chaffetz
 Amash Chandler
 Amodei Cicilline
 Andrews Coble
 Austria Coffman (CO)
 Bachmann Cole
 Bachus Conaway
 Barletta Cooper
 Barrow Costa
 Bartlett Barrow
 Barton (TX) Costello
 Bass (NH) Cravaack
 Benishek Crawford
 Berg Crenshaw
 Berkley Cuellar
 Biggert Culberson
 Bilbray Davis (KY)
 Bilirakis DeFazio
 Bishop (GA) Denham
 Bishop (NY) Dent
 Bishop (UT) DesJarlais
 Black Diaz-Balart
 Blackburn Dold
 Bonner Donnelly (IN)
 Bono Mack Dreier
 Boren Duffy
 Boswell Duncan (SC)
 Boustany Duncan (TN)
 Brady (TX) Ellmers
 Braley (IA) Emerson
 Brooks Engel
 Broun (GA) Eshoo
 Buchanan Farenthold
 Bucshon Fincher
 Buerkle Fitzpatrick
 Burgess Flake
 Burton (IN) Fleischmann
 Calvert Fleming
 Camp Flores
 Campbell Forbes
 Canseco Fortenberry
 Cantor Foxx
 Cassidy Franks (AZ)
 Chabot Johnson (OH)
 Chaffetz Frelinghuysen
 Chandler Gallegly Jones