

While it's important to note their rich history, the Winona chamber also has an eye on the future. By offering low-cost or free educational programs for young professionals in leadership, microenterprise and business management, the local chamber works to ensure future small business owners will continue to have the tools to succeed.

Today I pay tribute to the foresight and leadership and wish the Winona Area Chamber of Commerce a happy 100th anniversary. Here's to another 100 years of promoting opportunity, small business growth and community involvement in Winona, Minnesota.

NATIONAL OCEANS MONTH

(Mr. FARR asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, the oceans on either side of the United States defined this great country, and these oceans are in trouble. They are so big and so vast with so many aspects not understood that it's hard for people to comprehend that they are in trouble.

Without the ocean, we wouldn't have the air we breathe or much of the protein we eat. It is our world's largest public trust, and it is essential to human life as we know it.

It captures one-third of our carbon emissions, hosts millions of species, and offers limitless recreational and educational opportunities worldwide. Yet over 14 billion pounds of trash end up in our ocean and our beaches each year.

Therefore, I urge the Nation to celebrate National Oceans Month and honor World Oceans Day, which is tomorrow, by taking advantage of activities of the Capitol Hill Ocean Week.

This summer get wet, go to the beach, clean it up. Clean up the polluted rivers that flow into our oceans, and get in there and volunteer and learn more about the ocean resources upon which we so undeniably rely and how you can work to protect them.

I thank all those who have come to Washington for Capitol Hill Ocean Week. We need political friends. The ocean needs political friends.

BAN ON CORPORATE EXPENDITURES IN FEDERAL CAMPAIGNS

(Mrs. CHRISTENSEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CHRISTENSEN. Mr. Speaker, 2 years ago in Citizens United, the Supreme Court overturned two decades of precedents to strike down the ban on corporate expenditures in Federal campaigns. This opened the floodgates and allows corporations to spend unlimited funds, so now money comes from a handful of billionaires looking to wield their influence, and no one has to know who they are.

Campaigns like the one in Wisconsin and many others are being bought with

that money instead of being decided by an honestly and factually informed public, as they should be. Romney's secretly funded PAC alone spent \$46 million before Memorial Day to sway your opinion, and it will continue to spend even more.

We have to end the influence of the secret money on our elections. That's why I am a cosponsor of the DISCLOSE Act, which will restore accountability in our elections. Americans want and deserve a more open and honest political process. Republicans blocked that bill in 2010. The GOP needs to listen to Americans and bring the DISCLOSE Act to the floor.

The American public has a right to know who is paying for campaign ads that they will be swamped with this election cycle, and they need to know sooner rather than later.

□ 1230

STUDENT LOAN INTEREST RATES

(Mr. CLEAVER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLEAVER. Mr. Speaker, I rise to support the extension of student loan interest rates. Student loans have been an essential tool for many students and families who otherwise wouldn't be able to afford the soaring costs of college tuition. However, in a few short weeks, Federal student loan interest rates are set to double from 3.4 to 6.8 percent, making the dream of attaining college even more difficult for millions of students and families.

We need to act now. It is our responsibility to ensure that all children have the ability to pursue higher education. The cost of attending college has gone up almost 30 percent in the last 10 years. We cannot afford to ignore struggling students across this Nation. In these uncertain economic times, we can make no greater investment than in education. More and more jobs require some sort of post-secondary education, and by 2018, just 6 years from now, 63 percent of employment opportunities will demand an education beyond high school.

It is pathological partisanship that is preventing us from dealing with this important issue.

PASS THE DISCLOSE ACT

(Mr. AL GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AL GREEN of Texas. Mr. Speaker, a great and noble President, Abraham Lincoln, proclaimed that government of the people, by the people, for the people, shall not perish from the Earth. It was government of the people, by the people, for the people, that gave us Social Security and Medicare.

But I regret to inform you today, Mr. Speaker, that government of the peo-

ple, by the people, for the people is at risk—and it is at risk because there is a new concept that is evolving. It is government of the money, by the money, for the money. It is the notion that he who has the gold rules, changing the Golden Rule, Father.

I want you to know, dear friends, that if we do nothing, we will find ourselves with a new form of government. The Republic is at risk. We must do something about government of the money, by the money, for the money.

The DISCLOSE Act is one thing that we can do. We must act and pass the DISCLOSE Act.

PROVIDING FOR CONSIDERATION OF H.R. 436, HEALTH CARE COST REDUCTION ACT OF 2012, AND PROVIDING FOR CONSIDERATION OF H.R. 5882, LEGISLATIVE BRANCH APPROPRIATIONS ACT, 2013

Mr. SCOTT of South Carolina. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 679 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 679

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 436) to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-23, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) 90 minutes of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

SEC. 2. At any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5882) making appropriations for the Legislative Branch for the fiscal year ending September 30, 2013, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill for failure to comply with clause 2 of rule XXI are waived. No amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution and except pro forma amendments offered at any time by the chair or ranking minority member of the Committee on Appropriations or

their respective designees for the purpose of debate. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore (Mr. GARDNER). The gentleman from South Carolina is recognized for 1 hour.

Mr. SCOTT of South Carolina. For the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. SCOTT of South Carolina. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. SCOTT of South Carolina. House Resolution 679 provides for consideration of H.R. 436, a bill to repeal the 2.3 percent excise tax on medical devices enacted as part of the President's health care law. It also provides for a structured rule for consideration of H.R. 5882, the Legislative Branch Appropriations Act. The legislative branch appropriations rule is typically the only structured rule in the appropriations process, and we are continuing that bipartisan tradition here today.

We are voting here today to stand up for more than 423,000 American employees and the health of millions that their work protects. A new \$29 billion tax on medical devices, passed as part of the President's health care package, threatens to stifle innovation in the health care industry. If medical device manufacturers are punished with this new tax, we are all punished. Our health is punished. Our parents' health is punished. Our kids' health is punished.

Yesterday, I talked with one of my constituents, Dan Denson, who owns a medical device company in Summerville, South Carolina. He shared two concrete examples of how this new tax will hurt his company, the health care industry, and most importantly, it will hurt those in need of medical care.

For Dan's home health company the profit margin is about 10 percent. That profit is used to pay their employees, improve technology, and expand when

it's needed. So if you cut into it by 2.3 percent, you're cutting into their ability to create better devices that then provide better care for patients.

As Dan put it, "I can assure you that any additional impact to our cash flow will reduce the money available for innovation."

Dan also talked to me about his fellow medical device companies who make the hoses for oxygen tanks and other devices which make life bearable for so many Americans. They are absolutely dependent on these devices. And what happens when we add a 2.3 percent tax to these smaller companies? Well, these companies work on a margin of around 3 percent. So you don't have to be a math major to figure out that when you have a 3 percent profit margin and you have a new 2.3 percent tax, you are pretty close to zero.

You simply cannot afford to run a business in this environment. You certainly cannot start a new business in this environment. We're not only hurting our medical device companies, we're also discouraging new entrepreneurs and innovators from being able to enter the ring.

I felt it was so important to share Dan's thoughts today, as it shows in clear terms how this new tax will not only affect Americans' wallets, but it could impact the health of Americans in this country.

□ 1240

If our medical device manufacturers cannot continue to adapt and move forward with new and better technologies, our medical care system will slow down right alongside it.

Because of innovation, life expectancy in the United States has increased by more than 3 years from 1986 to 2000, and the burden of chronic diseases representing more than 70 percent of the overall health care cost has been reduced. This tax affects devices ranging from cardiac defibrillators to artificial joints to MRI scanners, or, in plainer terms, the very devices that identify and treat patients in their time of need, and even those devices that could save lives. These days, technology is improving every single day.

Why in the world would we want to put our innovators at a disadvantage? Why in the world would we want to take another \$29 billion worth of investments out of our future, out of our health care industry and put it in the hands of this government? There's no good answer to these questions, and there's no good reason for another new tax.

Once again, Mr. Speaker, I rise in support of this rule and the underlying legislation. I encourage my colleagues to vote "yes" on the rule and "yes" on the underlying bill, and I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I thank the gentleman for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, I rise today in opposition to the rule for the underlying bills

H.R. 436, the Protect Medical Innovation Act, and H.R. 5882, the Legislative Branch Appropriations Act for Fiscal Year 2013. Frankly, I'm disappointed that the House Republicans continue to bring bills to the House under a closed process that restricts debate and discussion and doesn't allow amendments that could improve the underlying legislation and help forge a strong bipartisan majority.

Mr. Speaker, the Republicans started this Congress with cries to repeal and replace the Affordable Care Act, and yet here we are a year and a half later, this body has voted several times to repeal the bill, but we've yet to see any plans to replace it. And here we are again with another bill to repeal the Affordable Care Act. As far as I can tell, my colleagues on the other side of the aisle have not presented a plan to reduce rising health care costs, to provide health care insurance to 30 million uninsured Americans.

This body, and those who advocate repeal of the Affordable Care Act, it should be incumbent upon them to talk about what we should replace it with to prevent the rising cost of health care from being an increasing burden on American businesses and American families. The motivations for repealing the Affordable Care Act are weaker and more blatantly political than ever, especially after several votes of this body to repeal the Affordable Care Act.

There are many provisions of the Affordable Care Act that the American people broadly support, including young adults staying on their parents' health insurance until they're 26, including creation of exchanges. Seniors throughout the United States are already benefiting from the Affordable Care Act's elimination of the Medicare prescription drug doughnut hole. In fact, in 2011, over 5.1 million Medicare beneficiaries saved over \$3.2 billion on prescription drugs thanks to the Affordable Care Act.

States across the country, including my home State of Colorado, are enthusiastically implementing health insurance exchanges in a bipartisan way that will help us reduce health care costs and expand access to high quality, affordable health care. So why are we still here talking about repealing the Affordable Care Act instead of focusing on areas where we share common ground?

Unfortunately, the Protect Medical Innovation Act has been brought under a closed process which prohibits Members from being able to offer any amendments to this collection of four different bills. If my colleagues made an effort to compromise on health care proposals, there might actually be a chance to see legislation pass both Chambers with broad bipartisan support and signed by the President. This specific bill already has a veto threat from the President, and none of my colleagues on my side of the aisle were consulted with regard to a method of paying for this particular set of changes.

Instead, the Republicans have chosen to cobble together three unrelated bills that do three totally different things, along with a very partisan offset with no opportunity to revise these bills; no opportunity for us to do our job as legislators, to amend these bills; no opportunity for us to work to forge a majority around commonsense proposals that can improve health care and create jobs.

Let's take a look at what's in this diverse package of bills.

Now, the original Protect Medical Innovation Act, that was the original bill before these three other bills were added and before this payment mechanism was added, would've repealed the excise tax on the manufacture or import of certain medical devices, one of the methods of funding the Affordable Care Act.

Now a solid group of Members support repealing the tax. In fact, this tax impacts companies in my district like ZOLL Data Systems. And I hope we can have a straight up-or-down vote on this particular provision of this bill. But instead, it has been cobbled together with two unrelated bills and an unrelated method of paying for it.

Similarly, there's solid support for two other pieces of legislation that are contained in this bill. One bill would have repealed the Affordable Care Act's prohibition on using HSAs and FSAs to purchase over-the-counter drugs, and another would have allowed individuals with FSAs to redeem money left in their accounts at the end of the year.

Now, we all have our different opinions about these bills. I personally support allowing HSAs and FSAs to purchase over-the-counter drugs, and I personally oppose the FSA measure because I think that people should be able to spend the money that's left in their FSAs by the end of year; otherwise, what's the purpose of an FSA? It kind of ceases to exist and simply becomes a tax shelter if it's not dedicated to health.

But the fact of the matter is, under this rule, no Members of this body will be able to express their support or opposition to any of these bills in particular because they've all been cobbled together into an incoherent mess of a bill which this rule is trying to jam down the throat of this body. We should have brought up these bills one at a time and found a reasonable offset. Instead, the Republicans have chosen to place the burden of paying for this cluster of bills on the backs of middle class American families.

Now, there's a number of alternative ways that we could have paid for these bills. The most obvious one would have been repealing oil and gas subsidies. This was an offset that was included in the Democratic substitute which the majority failed to even allow to come up for a vote by this body. That offset would have provided \$32 billion in reductions of oil and gas subsidies over 10 years, making sure that the government doesn't pick winners and losers in

the energy space, allowing oil and gas to compete on a level playing field with all other energy resources instead of being designated as a recipient of taxpayer money and government subsidies. Now, that particular offset would have not only paid for eliminating the medical device tax, but also reduced our deficit by \$3 billion.

Today I introduced a bill, H.R. 5906, which would repeal the medical device tax and replace those lost revenues by eliminating tax loopholes and subsidies for oil and gas companies. Personally, I'm supportive of other ways of paying for the medical device tax as well. Let us work together to find a way to pay for any changes in the Affordable Care Act that don't fall squarely on the back of middle class American families.

However, Mr. Speaker, instead of a thoughtful offset, the Republicans have chosen to dig into the pockets of low- and middle-income Americans to pay for this bill. So let's look at how this bill would affect American families.

According to the Joint Committee on Taxation, this proposal would force 350,000 people to lose their health care insurance. Yes, that's 350,000 people less that would have health care insurance.

Now, how devastating and misguided is this? Let's take an example. Let's take a hypothetical family of four in Colorado, in Ohio, in Florida, in Pennsylvania. Let's say their household income is \$36,000 a year. They're working hard to stay in that middle class. It's getting harder and harder. The family income, \$36,000 a year; father and a mother. The mother has been out of work for 3 years. The total family cost of health care insurance is \$12,000. Now, let's say the mother finds a job midway through the year. She's able to go back to work and she earns an additional \$36,000 for her family, bringing that family of four's earnings to \$72,000. They're fighting hard to stay in that middle class to afford their kids' college education. Now, under this bill, at the end of the year, that family is sent an additional health care bill for \$5,160, a tax increase of over \$5,000 for that middle class American family. Now, that's more likely to make it less of an incentive for that woman to get the extra job. What's the extra incentive to work if the government is going to stick you with a huge tax bill just for trying to support your family?

Let's take another example. A family of four in Michigan, in Nevada, a father and mother with two young children. Let's say that the mother doesn't work outside the home. They're earning \$36,000 a year and the family is struck with tragedy. The mother passes on early in the year leaving the father to support the kids. He takes a second job, as any good father would do, and is able to earn an additional \$18,000 during the year working a 40-hour-a-week job and working a 20-hour-a-week job to put food on the table. Now, that increases that family's income to \$54,000

from \$36,000. And what does this Republican tax increase do? Well, it presents them at the end of the year with an additional \$3,330 tax increase, a \$3,330 tax increase for a father who's just trying to put food on the table for his kids.

□ 1250

We can do better. The bill we are considering today would actually increase the tax hike on families by removing the restriction on the amount that families are required to pay. This has the perverse incentive of discouraging families from working and taking on additional jobs and working hard to get promoted. It takes away the incentive to perform well at your job and get a promotion or raise. Frankly, this payment mechanism encourages people to remain in poverty and on government assistance rather than striving to do better and earn more. This Republican bill punishes work, plain and simple, and is a huge tax increase on the middle class.

Now, Mr. Speaker, if we want to repeal the medical device tax, let's discuss how to pay for it. If some people in this body think protecting subsidies for oil and gas companies is more important than getting rid of the medical device tax, well, fine, let's find another way to do it. But, unfortunately, this approach before us today isn't a serious approach to reducing the deficit. It's an approach that the President would veto, it's an approach that puts a huge tax burden squarely on the shoulders of working families in this country, and it doesn't help get Americans back to work.

This proposal is based on politics, plain and simple, not on sound economic policies that are good for the middle class, good for the medical device industry, and good for America.

This underlying rule also makes in order the Legislative Branch Appropriations Act for 2013. Now, that's an act that funds Congress itself and its supporting agencies. In these times of fiscal austerity, everyone—especially Members of Congress—should be tightening their belts.

This bill provides a 1 percent reduction from last year's spending bill. Now, I am also heartened that it still ensures congressional support agencies have the sufficient funding they need to function so that we in this body can do our job.

But even while the House's budget has been cut over 10 percent over the last 2 years, the House majority has chosen to spend scarce resources that the taxpayers have appropriated to us to defend the constitutionality of the Defense of Marriage Act, which bars gay and lesbian servicemembers, veterans and their spouses from securing the same benefits offered to straight military couples.

As President Obama has determined, the law is simply indefensible constitutionally. And yet to date, this body, out of this bill, this Legislative appropriations bill, has spent three-quarters

of a million dollars of taxpayer money on fancy lawyers defending this discriminatory and offensive law. This waste of tax dollars is especially troubling given the recent First Circuit decision which found that DOMA is unconstitutional.

Mr. Speaker, I can't support these underlying rules. It's beyond troubling to have a closed rule, not allowing amendments and thoughtful input from Members of both parties on four separate pieces of health care legislation that completely shuts out Republican ideas and Democratic ideas to improve the Affordable Care Act, improve job growth in this country, and help get our economy back on track.

I reserve the balance of my time.

Mr. SCOTT of South Carolina. Mr. Speaker, I find it quite interesting and almost hilarious that my friend to the left would talk about tax increases when in fact embedded in this health care bill is \$123 billion in new taxes on property owners. Really? \$123 billion of new taxes on property owners in addition to the \$29 billion new tax they were talking about today, in addition to eliminating \$500 billion from Medicare in order to fund this health care plan.

I think the conversation about tax increases is a conversation we could spend a day on, and we'd be happy to have that conversation. But today, I'm going to yield 2 minutes to the gentleman from Texas, Chairman SESSIONS.

Mr. SESSIONS. Mr. Speaker, today, once again, we're on the floor of the House of Representatives with our friends on the other side of the aisle arguing about how we tax the American people, how if we're going to take this tax out we've got to replace it with another tax. Good gosh, aren't energy prices high enough already? Why do we want to pass that on to consumers and make gasoline more expensive? It does not make sense, and that's why we are here today to repeal a tax.

Mr. Speaker, what is the tax we're talking about? It is a tax on business, on high tech. It is on medical devices that have allowed America to lead the world in solving problems, to give people medical devices, things that will make their lives even better.

Mr. Speaker, I received a letter from Walter J. Humann, president and CEO, OsteoMed. He came and met with me at my office and then sent me a letter. Here's what Mr. Humann said—and I believe he represents not just the industry, but thousands of people, patients also who rely on high-tech and medical devices that would be without. He said:

In addition to challenges with the FDA and reimbursement, this 2.3 percent excise tax—which is on gross sales, whether or not a business has any profits or not—will directly impact our ability to create new jobs, invest in research and development and effectively compete in a global marketplace.

Further, he says:

It should be noted that OsteoMed is also aggressively re-directing its business focus

to international markets that provide a less cumbersome and lengthy regulatory pathway with revenue streams that are not subject to the medical device tax . . . immediately saving 2.3 percent in the process. In the past month, OsteoMed initiated the search for sales managers in China and the Middle East to supplement recent managers hired in Korea and Italy.

Mr. Speaker, this is not just a tax. It is not just making it more difficult for employers to hire people. But it will stop America's innovative-ness to compete in the future.

OSTEOMED,

Addison, TX, June 5, 2012.

Hon. PETE SESSIONS,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE SESSIONS: Thank you for taking time to visit with me last week regarding OsteoMed and my concerns about the significant "headwinds" we face, especially related to the 2.3% medical device tax that is scheduled for implementation in 2013. On behalf of OsteoMed's 400 employees, I thank you for your support of H.R. 436, which would repeal this onerous provision that otherwise will negatively impact innovation and job creation at a time when we can least afford it.

As president & CEO of OsteoMed, a dynamic, 20 year old surgical device manufacturing company based in your district, I confront the challenges that America's innovators face every day. In addition to challenges with the FDA and reimbursement, this 2.3% excise tax—which is on gross sales, whether or not a business has any profits—will directly impact our ability to create new jobs, invest in research and development and effectively compete in the global market.

OsteoMed formed a new subsidiary company a couple of years ago to develop an innovative spine product that greatly simplifies spine fusion surgery and improves patient outcomes. OsteoMed launched this product last year which quickly grew to almost \$5MM in sales in 2011 and currently employs a number of highly skilled, high paid individuals. Due to the significant upfront investment and on-going development costs, this new company is not projected to make a profit in the near future but is nevertheless subject to the device tax which will further delay this subsidiary's success. As a result, OsteoMed has now delayed additional new product developments and personnel in order to make "ends meet" and achieve the returns initially envisioned when this company was created.

OsteoMed's core business manufactures surgical implant systems for use in craniofacial, neurosurgical and small bone orthopedic (upper and lower extremities) surgeries. These systems require extensive, specialized instruments that are typically not sold, but are used to implant the devices that drive OsteoMed's revenue stream. The device tax will not only tax gross product revenues, but my understanding is it will also tax the instruments OsteoMed must invest in and place into hospitals at no charge thereby further reducing my company's profit opportunities and forcing expense reductions in other areas in order to achieve our profit goals.

OsteoMed's products are sold through a variety of sales channels and will require a new level of administrative burden in order to track the "gross" revenues defined by this tax. This requirement, along with the recent challenges imposed by the Physician Payment Sunshine Act, force additional levels of administration and non value added expenses that make OsteoMed less competitive and viable.

The market in which OsteoMed competes is in turmoil and has become increasingly competitive with many new offshore competitors. As economics and recent government restrictions have largely removed surgeons from the surgical device purchase decision process, hospitals are now forcing increasingly price concessions. Despite increased raw material and labor costs, OsteoMed has been unable to raise product prices over the past several years and is now equally unlikely to simply pass along the device tax to our customers.

Like any other responsible business, OsteoMed must carefully manage expenses in order to make profit and continue to grow and succeed. In order to cover the shortfall the new device tax will create, OsteoMed has already started to implement cut backs in its operations including the delay/cancellation of new product development projects and the hiring of additional personnel, including biomedical engineering positions. It should be noted that OsteoMed is also aggressively re-directing its business focus to international markets that provide a less cumbersome and lengthy regulatory pathway with revenue streams that are not subject to the medical device tax. . . . immediately "saving" 2.3% in the process. In the past month, OsteoMed initiated the search for sales managers in China and the Middle East to supplement recent managers hired in Korea and Italy. Unfortunately, OsteoMed has already started to effectively trade U.S. jobs for overseas positions as a direct result of the medical device tax and other governmental involvement.

The medical device industry not only provides numerous highly skilled and attractive jobs across the U.S., but it also pays its workers on average 40% more than the typical job. We are a vibrant sector of the economy and one of the few remaining industries that produces a healthy export of products. Tragically, this industry has now become the focus of misguided and short-term government intervention and the growth and continued prosperity of this proud American industry now faces great hurdles.

Again, I thank you for your service to our country and specifically for your support of H.R. 436 to repeal this tax and to help America's innovators continue to improve patient care and drive job creation. I look forward to your ability to visit OsteoMed when you are back in Dallas so you can see firsthand our great employees and the innovative products they produce to help people around the world. Please do not hesitate to contact me to discuss this issue or any other issues impacting the medical device industry.

Sincerely,

WALTER J. HUMANN,
President & CEO,
OsteoMed.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. Mr. Speaker, I rise in strong support of the legislation we will be voting on this afternoon to repeal the \$30 billion excise tax on medical device companies, and I'm proud to join Mr. PAULSEN in his effort to prevent this misguided tax from taking effect next year.

The district I represent in western Pennsylvania is home to a number of medical device companies that have planted their roots in our region. They offer high-paying, quality jobs and are developing innovative devices that are saving lives.

One example is Zoll Medical, which manufactures the LifeVest, a lightweight, wearable defibrillator that continuously monitors a patient's heart. The device allows patients with medical conditions to return to their daily lives with the peace of mind that they are protected from sudden cardiac arrest. This is the type of innovation that we should be encouraging in this country, not penalizing.

The excise tax is simply misguided policy. The American medical device industry has proven that when given the chance to succeed, it has the ability to produce devices that can better the quality of life for Americans and even save lives.

The industry is already facing challenges from foreign competitors that have an easier time getting their products to market. We must give the U.S. device manufacturers the opportunity to succeed, not punish them for being innovators and risk losing the incalculable contributions they provide to our economy, the delivery of health care and quality of life for every American.

The rule that we are debating today provides us with the chance to vote to help ensure that the next great medical breakthrough is developed in this country right here in the United States and not overseas.

I urge my colleagues to support its passage, and I thank Mr. POLIS for yielding me the time.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. NUGENT).

Mr. NUGENT. Mr. Speaker, I first want to thank my friend, Mr. SCOTT, and fellow Rules Committee member, for allowing me time to speak on this important issue.

This rule brings to the floor a series of health issues that I hear about every day from constituents back home. About 46 million Americans have either a flexible spending account or a health savings account. These are hardworking American families that plan ahead for their health care. They're folks who don't want to be a drain on the health care system. But the Federal Government has the audacity to look at these funds from these families that have put aside for their health needs and see this as money for the government's taking. We need to be rewarding these people, not seeing them as a revenue source to pay for ObamaCare. But the government takeover of health care is going to punish them and encourage them to use more expensive treatment options.

The bill we are considering today will undo ObamaCare's limitation on purchasing over-the-counter medications, freeing both health savings accounts and physicians' offices from these new, burdensome regulations that go into effect.

□ 1300

It will allow families to cash out up to \$500 in their unused FSA balances at the end of the year as regular taxable

income, and it will repeal a 2.3 percent tax imposed on the sale of medical devices. This tax will make health care more expensive. It will be passed down to the consumer, and it's already costing innovation and jobs in the medical device industry.

I applaud the Ways and Means Committee for their work on this legislation and encourage my colleagues on both sides of the aisle to pass not only the rule, but support the underlying legislation.

Mr. POLIS. Mr. Speaker, if we defeat the previous question, I'll offer an amendment to the rule to make in order the Connolly amendment, which proposes that Members who repeal Federal benefits for their constituents must forfeit such benefits themselves. Why should Members of Congress get special benefits that we deny to our own constituents?

To discuss our proposal, I yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. I thank my friend for yielding.

Chairman of the Federal Reserve Bernanke is on Capitol Hill today warning that if the Congress doesn't get the debt and deficit under control, we could be facing a fiscal collapse, a calamity. And he's right. And I think we all know that one of the ways to avoid a calamity is to move Americans from unemployment lines to payrolls.

But this is another day when the House will not consider legislation that would cut taxes for small businesses that hire people. This is another day when the House will not consider legislation that would rehire police officers, firefighters, teachers. This is another day when the House will not consider legislation to rebuild our roads and our bridges and our electronic infrastructure.

There is going to come a day when the House, I fear, will consider reductions in Medicare, Social Security, and Medicaid to deal with the deficit problem. Now, we need to consider these kinds of issues because they're an important part of the deficit. But when we do, I think most Members would agree with the proposition—I think all Members would probably agree with the proposition—that we should live under the laws that we write. If the Congress is going to consider a change to Social Security, we should live with that change. If the Congress is going to consider a change to Medicare, we should live with that change. We say this to our constituents when we go back to our districts.

Let's vote for it today. We propose to put on the floor, as part of today's legislative agenda, legislation that would say, pure and simple, if there's a change to Social Security, Members of Congress will live under the same change. If there is a change to Medicare, Members of Congress will live

under the same change. If there's a change to Medicaid, Members of Congress will live under the same change. I think we'd probably get a unanimous vote for that proposition.

Let's put it on the floor and affirm to the people of this country who pay the bills and serve the country, we live under the same laws that we write.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the rule and underlying H.R. 436, the Protect Medical Innovation Act. This bill will make a positive impact in two critical areas: jobs and innovation.

For 40 consecutive months now, unemployment has exceeded 8 percent. Just last week, we received the unwelcome news that unemployment had increased in May from the prior month. We're on the wrong track, and the medical device tax included in the Affordable Care Act will make a bad situation even worse.

According to one industry study, the 2.3 percent medical device tax could result in the loss of 43,000 American jobs, and this is just outrageous. We should be taking steps to create good-paying American jobs, not preserving a tax hike that would ship these jobs overseas.

Let me just put that in perspective, Mr. Speaker. I have a unique observation point as a physician in practice for over 30 years, and let me take you through some innovations that I've seen.

In 1974, I learned how to do laparoscopy, which is where you place a scope inside the abdomen and look, just observe. And that's really about all we could do.

I remember, 1986, my partner and I did the first ectopic pregnancy. That's a tubal pregnancy, where pregnancy has occurred in the fallopian tube, and we were in there trying to get this pregnancy out through a scope. We did not have the equipment to do it.

Today you can take an ultrasound, diagnose this before rupture; and before, most of these were diagnosed after rupture, required blood transfusions, an open laparotomy, and days in the hospital. Today, I'm happy to report that we diagnose almost all of these before they rupture. We take a simple scope, with the new equipment and devices that have been discovered and utilized and developed, remove this, and send the patient home within hours.

I've watched, now, this go from just a rudimentary observation to incredible surgery with the new Da Vinci device—we're able to do very complicated pelvic surgery, prostate cancer surgery, other abdominal surgeries, heart surgeries—that have done many things, have reduced suffering, lowered morbidity, mortality, and we certainly do not need to go in a different direction.

Let me give you a very personal example that happened to me just 8 or 9 months ago.

In September of 2011, I was walking through the airport in Charlotte, North Carolina, when a gentleman arrested. If it had not been for an AED, a medical device, this gentleman would not be here with his family today. We were able to resuscitate him and send him successfully home to his family.

We do not need to decrease this innovation. I've seen absolutely spectacular things that have occurred over the last 30 years.

Also, this legislation is very simple. It does two other things. It allows an individual to use their HSA, which I have, to buy an across-the-counter medication instead of coming to my office, the most expensive entry point into the health care system other than the emergency room, to get a prescription. It's counterproductive. It wastes time for the patient and their families.

I also would certainly support the FSA agreement for letting someone keep \$500 of their money.

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

Mr. SCOTT of South Carolina. I yield the gentleman an additional 30 seconds.

Mr. ROE of Tennessee. And letting that individual and that family roll it over so they can use it the next year. Three very simple things and I will close.

Regardless of what you believe in the Affordable Care Act, or how you believe, I urge my colleagues to support this. And I find it a little bit comical that we are fussing about a closed rule on these three simple items when we discussed a 2,700-page health care bill on a closed rule.

Mr. POLIS. I yield myself such time as I may consume.

In response to my colleague, Mr. ROE's discussion of very expensive medical devices and equipment, part of the justification for looking at revenues for medical devices is, through making sure that more Americans have access to insurance, we're able to increase demand and compensation for procedures that involve costly medical devices. This is a way that can actually drive business and job growth for the medical device industry by having more people covered by insurance. The Affordable Care Act will cover millions and millions of more Americans to ensure that they have access to medical devices, driving consumption and purchase of medical devices as well.

Look, there's plenty of ways that we can talk about to pay for this bill. Unfortunately, this closed rule allows for no discussion, other than the extremely partisan, middle class tax increase, which the Republicans have proposed to pay for this bill.

Personally, I've also supported and continue to support looking at a soda tax. Rather than tax something that makes people healthier and improves public health, like medical devices, why not tax something that makes people less healthy, like corn syrup with food coloring and water, a little

bit of caffeine added, no nutritional content, increases diabetes, increases obesity, tooth decay, even been shown to hurt kids' performance in schools. And a study by Health Affairs, a nationwide tax of 1 percent on sugary drinks would actually go a long way towards being able to pay for repealing the medical device tax.

So look, these are decisions that our constituents send us here to make. How do we want to pay for things? If we don't want to tax medical devices, are we going to tax the middle class instead, as this proposal will do?

We talked about a family of four in Ohio, family of four in New York, that would pay over \$5,000 a year in extra tax just because the mother went back to work, just because one member of the family might have passed away in a year, sticking them with an enormous tax bill? This tax-and-spend Republican majority continues to advocate tax after tax after tax increase directly targeted to middle class and working American families.

□ 1310

Look, let's evaluate how we want to pay for health care in this country. Health care is important. Health care is expensive. If you have better ideas than the Affordable Care Act—better ways to reduce health care costs for businesses, help families access health care—let's get them on the table in an open process and talk about what we want to do to help drive down costs.

But this cobbled-together set of bills will only decrease access to health care in this country. It will undermine the very demand for the medical devices that are so important to job growth and creation in this country. It will undermine the incentive of middle class families to try to improve their stations in life—to take on a second part-time job, to seek a promotion at work. It's very contrary to our American values that hard work gets you ahead in this country. If you work hard and if you play by the rules, you have a shot in this country, and this cobbled-together set of bills is an affront to that very concept that makes me so proud to be an American.

I reserve the balance of my time.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. I just heard the previous speaker say that the Affordable Care Act is going to provide so much opportunity for medical device manufacturers that they will simply be able to eat this device tax. Well, that's not the case in my district, and there are three principal reasons why we must repeal this device tax:

One, it increases health care costs for consumers on everything from wheelchairs, to bedpans, to prosthetics, to tongue depressors. Two, this is going to kill jobs. More than 400,000 jobs in the U.S. and 22,000 in Pennsylvania are directly employed by the medical device industry. This tax will put up to 43,000

American jobs at risk. Three, this is going to stifle innovation by reducing investment in R&D, which leads to medical breakthroughs.

By the way, this is a familiar health care law trifecta: higher costs, lost jobs, lost innovation.

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

Mr. SCOTT of South Carolina. I yield the gentleman an additional 15 seconds.

Mr. DENT. This tax is going to have a profound impact in my congressional district on companies like Aesculap, Boas Surgical, BioMed, B. Braun, Olympus, OraSure, and Precision Medical Instruments.

If you don't believe me, Chris Field of Boas Surgical in Allentown, a small business that manufactures custom orthotics and prosthetics, explained that the tax may ultimately force the employer out of business:

The medical device tax would simply destroy what is left of our company. After giving it our all, we would simply have to turn out the lights, lock the doors and send 45 employees to the unemployment lines; and our patients, including many of our soldiers returning from combat, would no longer be able to receive medical devices, such as their prostheses, from a company which has faithfully served the Lehigh Valley for over 90 years.

Mr. POLIS. I yield myself such time as I may consume.

An executive summary of a report by the Bloomberg Government is entitled "Medical Device Industry Overstates Tax Impact," which was put together by health care policy analysts.

This study calls into question the assumption that several of my colleagues on the other side have indicated that the medical device tax results in the loss of 43,000 jobs. After investigating, the Bloomberg Government officials found that this figure was based on the hypothetical assumptions of a 10 percent reduction in domestic employment resulting from manufacturing moving their operations offshore. So it was just based on guesswork. It was said, Well, how many jobs do we want to say this would cost? Let's just say 10 percent.

Then they just put it down. There was no analysis. It was simply based on a guess, which I can just say with the same amount of backing that it will create 10,000 jobs or that it will eliminate 5,000 jobs or that it will create 20,000 jobs. You can say whatever you want, but there is no scientific analysis that leads to that conclusion.

In fact, throwing 350,000 Americans into the ranks of the uninsured as this cobbled-together set of bills would do and reducing the number of insured Americans by 350,000 is certain to reduce the demand for medical devices. It is certain to reduce job growth and to hurt many of the companies that are complaining about the medical device tax.

Again, if we can find a way to pay for it that doesn't throw over a quarter million Americans out of health care

insurance and that doesn't increase taxes for a family making \$72,000 a year by over \$5,000, let's do it. We can. We can look at taxing things that make people less healthy rather than taxing things that make people more healthy. We can eliminate tax loopholes and subsidies for the oil and gas industry. We can discuss eliminating agriculture subsidies.

There are a lot of great ideas that Republicans and Democrats have to help replace the revenue that might be lost under this proposal; but under this closed rule, both Republicans and Democrats are prohibited from bringing any ideas forward about how to pay for this bill other than with an enormous tax increase on the middle class, throwing Americans off the insurance rolls, which actually reduces the demand for medical devices and will cost jobs in this country under this bill.

I reserve the balance of my time.

EXECUTIVE SUMMARY

An excise tax on medical devices imposed by the 2010 federal health-care overhaul isn't likely to reduce industry revenue as much as the device manufacturers say. This Bloomberg Government Study finds that while some reduction in revenue is likely if the tax leads to higher prices, it won't hit manufacturers on the magnitude forecast in 2011 by an industry trade group.

The price effect of the tax will be offset to some degree by the expected increase in demand for medical devices as a result of the estimated 32 million Americans who will obtain health insurance under the law. The net impact on revenue remains uncertain.

The 2.3 percent tax on medical devices, which include pacemakers, artificial joints, and magnetic resonance imaging machines, takes effect in 2013. The tax may be passed along to the buyers of most medical devices, which will increase prices. A 2011 study commissioned by the Advanced Medical Technology Association, or AdvaMal, an industry trade group, estimates the resulting drop in revenue will be \$1.3 billion—close to the median of 12 scenarios in its economic model. That projection represents about 1.1 percent of the industry's \$116 billion in annual revenue. The group based its estimates on expected reactions by suppliers and buyers of medical devices to changes in price, a phenomenon that economists call price elasticity.

This study examines the economic assumptions underlying the industry group's findings. Using relevant research, this study finds that the price elasticity for medical devices is likely to be weaker than the industry put forward; in other words, an increase in price is not likely to lead to a severe contraction in demand. Even the most modest scenario considered by the AdvaMed study, projecting annual revenue losses of \$670 million, may be too high because it doesn't account for the likelihood of an increase in demand for medical devices by the newly insured.

This study also calls into question the assumptions behind another industry assertion that the medical-device tax will result in a loss of 43,000 U.S. jobs. That figure, the AdvaMed authors told Bloomberg Government, was based on a "hypothetical" assumption of a 10 percent reduction in domestic employment resulting from manufacturers moving their operations offshore to avoid the tax.

The study is AdvaMed's only quantitative analysis of the impact of the tax supporting

the group's assertion that the medical-device tax will be harmful to manufacturers' revenue. This Bloomberg Government review of those findings gives lawmakers reason to be skeptical of its main findings.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. LANKFORD).

Mr. LANKFORD. It is interesting to talk about an open or closed rule when we are discussing something with the Affordable Care Act. We all know what an open process that it was developed under and how wide open and inclusive that that was.

Let's talk some basic economics with this.

If you tax something more, you get less of it. That's simple economics. Apparently, somehow there is a desire to get less medical innovation. If we go to the medical innovators—the people with the latest devices, the newest devices, the best devices that are getting Americans healthier, that are providing a better quality of life for people from infants to senior adults—and then tax them more, we are discouraging them from future innovation and from creating the next products that create the next big medical wave on it.

Currently, the best medical innovation in the world is happening in the United States of America. We want to keep it that way. We talk a lot about: Why are we losing manufacturing jobs? Why are manufacturing jobs going around the world? I'll tell you why we're losing manufacturing jobs. It's because, every time you turn around when you're in a manufacturing segment, you've got a Federal regulator in your building who is checking out something else. Whether it's your paperwork or your process or your people, they are constantly checking everything else. We also have this very high corporate tax structure. We have the highest in the industrial world. Now we're taking it to the medical device folks and making it even higher and making it even harder.

What we need to do is have the best medical innovation in the world here, but we don't do that by punishing those companies for doing it here. If we want companies to go overseas and to do the best innovation in the world somewhere else, then we should continue to raise taxes on them. This solves that. This keeps it here. It keeps the companies here and keeps them from relocating and offshoring. It keeps premiums from going up. As the medical device cost goes up—guess what?—insurance premiums go up as well, as well as dental costs for dental devices.

This is just another example of picking winners and losers and finding an industry that is successful and saying, Let's tax them more so we can move that money somewhere else. I'll tell you what. Let's just have the best medical innovation in the world continue to be here. Let's take care of that medical device tax and clear it out as of today.

Mr. POLIS. My colleague from Oklahoma said, if you tax something, you get less of it. Under this bill, we tax work, and we tax middle class families taking a second job or getting a promotion at work. This bill will force families to stay on the government payroll. It will force people to continue to get their benefits because, if they try to work harder, you're increasing their taxes.

Yes, if you tax something, you get less of it. This bill will result in people working less, having less of an incentive to work, less of an incentive to lift yourself up and to get off the government subsidies, less of an incentive to take a second job, less of an incentive to get a promotion. Why would we put squarely the burden of paying for this on people who just want to work harder to get ahead?

If you tax something, you get less of it. This bill in its current form results in less work, fewer jobs, fewer chances for middle class families to stay in the middle class, fewer chances for aspiring middle class families to reach the middle class.

I reserve the balance of my time.

Mr. SCOTT of South Carolina. Mr. Speaker, we keep hearing consistently that somehow a tax that isn't a tax is now considered a tax, so the notion of recapturing overpayments from health care subsidies should not be considered a tax. It should be considered being honest and fair. So let me say it one more time: that requiring people to return money not correctly given to them is not a tax increase; it is a matter of honesty and integrity.

Mr. Speaker, I yield 2 minutes to the gentleman from South Carolina (Mr. MULVANEY).

Mr. MULVANEY. I thank my colleague.

Mr. Speaker, I think something has gone overlooked here today, which is that this is a bill that has bipartisan support. So often back home, the folks want us to do things that have bipartisan support. We've seen several Members from across the aisle speak in favor of this bill and of this rule today; but I think something else is going overlooked, which is that the President should support this. This should be a bill that the President of the United States supports. After all, he was the one who said when he was campaigning—and I'm quoting now from candidate Barack Obama:

I can make a firm pledge. Under my plan, no family making less than \$250,000 a year will see any form of tax increase—not your income tax, not your payroll tax, not your capital gains taxes, not any of your taxes.

□ 1320

By the way, Mr. Chairman, it's very rare that we speak that boldly in politics. Oftentimes, we give ourselves space to walk things back. But that is about as unequivocal a statement as you can get.

I imagine that since that statement was made in 2008, it's by accident that

we have, by my count, at least 13 taxes that violate that pledge. We have a new tax on cigarettes, a tax on non-qualified HSA distributions, a tax on insured and self-insured health plans, a tax on tanning services, a tax on brand name pharmaceuticals, and, of course, this tax on certain medical devices. My guess is that was done by mistake, and we need to fix that so that the President can keep his promises.

So I encourage my friends across the aisle, as well as my own colleagues, to vote for the rule and to vote for the bill to help the President out, to help the President keep his promises so that we do not raise taxes on anybody in this country who makes less than \$250,000.

Mr. POLIS. Mr. Speaker, my colleague ended his remarks by saying don't raise taxes on people making under \$250,000. This bill increases taxes on people making \$40,000, \$70,000, even as much as \$90,000. That's what it is—it's a huge middle class tax increase.

With that, I yield 2 minutes to the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank my friend from Colorado.

Mr. Speaker, I rise today to encourage my colleagues to vote "no" on ordering the previous question so we can consider Mr. CONNOLLY's amendment that would give our constituents a chance to see whose side their representative is on.

Since the Republican majority took office, they have repeatedly focused on chipping away at the protections afforded by Medicare, Medicaid, Social Security, and the Affordable Care Act. Yet many of these same Members are happy to claim these benefits for themselves and their families, even as they vote to deny access to these benefits for the very people who put them in office. The American people deserve better.

We're saying to our colleagues on the other side of the aisle: if you're going to force your constituents to give up the right to access affordable insurance or retirement security, then you should do the same.

Last year, I introduced a resolution that would require all Members of Congress to publicly disclose whether they participate in the Federal Employees Health Benefits program. The reasoning was simple: if Republicans wish to take away quality affordable health care from Americans, then they can no longer hide their benefits from the taxpayers that subsidize their own care.

The taxpayers are our employers, and they deserve to know which Members are keeping taxpayer subsidized health benefits for themselves and their families while they vote to deny those same health care benefits and rights to all American families.

For all their talk of transparency and accountability, my resolution was met with silence from the other side of the aisle. Today, they have a chance to try again and say to their constituents: I won't take away your benefits unless

I'm willing to give up mine as well. How many will take that promise? Everyone should. But I fear that their party's political promises will trump the promises they should make to help their constituents.

I will vote to stand on the side of the American people, and I encourage every one of my colleagues in this Chamber to join me and vote "no" on ordering the previous question.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. RENACCI).

Mr. RENACCI. Mr. Speaker, I rise today in support of H.R. 436, the Health Care Cost Reduction Act.

Over the past 18 months, the House has been focused on legislation that will help set the table for job creation. This recession has proven more stubborn than previous ones in part because it hits solid, middle class jobs the hardest. The medical technology industry, however, is one area where America remains a global leader in manufacturing. There are more than 35,000 medical technology industry jobs in Ohio alone, well paying jobs too. Unfortunately, the President's health care law wants to punish this industry's success.

His overhaul of the health care industry created a 2.3 percent tax on medical device sales in the U.S., which will be implemented just 6 months from now. As a small business owner myself, I understand this tax will have a huge negative impact on this industry, killing American jobs, slowing medical innovation, and harming America's global competitiveness. That is because this tax is on revenues, not profits.

Some in the Halls of Congress and in this administration who have never worked in the private sector may not realize it, but that is an important distinction. Placing the tax on the revenue side makes it much more costly for small device makers to pay for it because many of them have high revenue levels, but much smaller profit margins. You're taxing them based on how much business they do, not on how much money they make, an idea only career politicians could dream up and attempt to implement.

Over 75 percent of medical device makers are small businesses with fewer than 50 employees. As such, it has been estimated that this tax will lead to somewhere between 15,000 and 50,000 lost jobs. I will not stand idly by while this tax threatens jobs across the country and my home State of Ohio. That is why I stand in strong support of the Health Care Cost Reduction Act, which would repeal this tax. And I thank Representative PAULSEN for introducing it. We simply cannot be competitively global when we tax our manufacturers and our small businesses at a higher rate than our foreign competitors tax theirs.

I call on my colleagues from both sides of the aisle to practice some economic common sense and join me in voting to repeal this tax.

Mr. POLIS. Why should Members of Congress get special benefits because they're Members of Congress that they vote to deny to their constituents? Thankfully, if we defeat the previous question, Mr. CONNOLLY will bring forward an amendment that will address this issue.

With that, I am proud to yield 2 minutes to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. I thank my colleague, Mr. POLIS.

Mr. Speaker, I rise to urge my colleagues to defeat the previous question.

If we defeat the previous question, we will move immediately to consideration of an amendment that will ensure that Members of Congress do not shield themselves from changes in health care benefits that would reduce the level of care for our constituents. In fact, we might even call this the "what's good for the goose" amendment.

In fact, the simple commonsense amendment would add a new section at the end of the Legislative Branch Appropriations Act to prohibit any proposed repeal of benefits in Social Security, Medicare, Medicaid, or the Affordable Care Act from taking effect until it has certified that a majority of Members in this body and the Senate are no longer eligible, whether through automatic or voluntary withdrawal, to receive the very same benefits being repealed.

My colleagues will recall that during the health care reform debate, we responded to false claims about Members of Congress having gold-plated health care by removing ourselves from the Federal Employees Health Benefits program. Members will soon use their own State-based exchanges to purchase insurance just like any other family in their community.

We wanted our constituents to have as much confidence as we do that the exchanges will deliver the care that's promised. In keeping with that spirit, my simple amendment would ensure Members of Congress stand with their residents in living with any changes in benefits we might legislate.

Mr. Speaker, we can offer our residents comfort of mind knowing that Members of Congress will share in those same benefits or reduced benefits by adopting this simple commonsense amendment, proving that what is good for the goose is also good for the gander.

I urge defeat of the previous question.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. ROKITA).

Mr. ROKITA. I thank the gentleman.

Mr. Speaker, Indiana is a global leader in medical device innovation in the United States, providing tens of thousands of high-wage jobs to Hoosiers. There are over 300 medical device manufacturers in the State, many of them small businesses, all working on cutting-edge innovation.

Mr. Speaker, we need to preserve what is working in America. The medical device industry is working. In fact, it's helping to save manufacturing in this country, period. One of the biggest threats to the medical device industry is the tax punishing policies put forth by the last Congress and the President of the United States, commonly known as ObamaCare. It will send these manufacturing jobs to other countries so the cost of the tax can be made up.

□ 1330

In addition to sending jobs out of the country, this tax, if not repealed, will only drive up the cost of health care by shifting the costs onto consumers.

Medical device jobs provide an average of \$60,000 in Indiana alone, which is 56 percent higher than the State average. The economic impact of Indiana's medical device industry eclipses \$10 billion, and job growth has increased nearly 40 percent in the last few years. Similar numbers can be applied to the State and across this Nation.

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

Mr. SCOTT of South Carolina. I yield the gentleman an additional 30 seconds.

Mr. ROKITA. Although the tax is not scheduled to take effect until next January, we are already feeling its choking boot on the necks of hardworking Americans and sick people. Indiana medical device companies have already laid off good Americans, thanks to this tax, which is just one more example of this failed Presidency.

The national unemployment rate increased again last month. We cannot afford to move forward with this ill-conceived tax on American innovation, on American companies who add value to this Nation and its economy.

I encourage all of my colleagues, Mr. Speaker, to vote "yes" on the rule and for final passage of H.R. 436.

Mr. POLIS. I have no additional speakers on this huge Republican middle class tax increase. I would like to ask my colleague if he has any remaining speakers. I am prepared to close.

I reserve the balance of my time.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. WALSH).

Mr. WALSH of Illinois. I thank the gentleman for yielding.

Mr. Speaker, Illinois is hurting. Unemployment has been above 8 percent for the past 3 years. The medical technology industry is one of the only success stories in the State, employing thousands and still growing.

The district I represent is home to many of these medical technology companies. These are quality jobs with employees earning, on average, 10 percent more than their counterparts in similar manufacturing fields.

We must act now without hesitation. Illinois alone could lose anywhere from 1,200 to 1,300 good-paying jobs that support American families. That's why I cosponsored H.R. 436, rise in support

now, and will continue to support all efforts to repeal the medical device tax.

Mr. Speaker, the highest level of prosperity occurs when there is a free market economy and a minimum of government regulations. Illinois has suffered enough. We can't stand idly by and watch more burdensome taxes prevent honest, hardworking American from getting the quality jobs they deserve.

Mr. POLIS. I would like to inquire if my colleague has any remaining speakers, and I would like to inquire of the Speaker how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from Colorado has 2¼ minutes remaining, and the gentleman from South Carolina has 6¾ minutes remaining.

Mr. POLIS. I yield myself the remainder of the time.

Mr. Speaker, at a time when millions of Americans are still out of work, here's yet another bill on the House floor that does nothing to create jobs or get our economy back on track.

This House has already passed repeals of the Affordable Care Act several times, and here we have another bill that takes three bills and lumps them together with a controversial payment mechanism that's a huge tax increase on the middle class, and it drives Congress further from consensus and sound governance.

Again, we're spending another legislative day repealing parts of the Affordable Care Act that the President has said he would veto with no opportunity for Members of either party to offer amendments or substitutes.

Instead of seeking a bipartisan agreement on reducing health care costs or even doing anything to further the repeal of the medical device tax, the Republicans have made it impossible for many to support this bill by combining a number of unrelated bills with a huge middle class tax increase. This is not the transparent one-bill-at-a-time House that the American people deserve.

My colleagues are once again passing on an opportunity for bipartisan reform in favor of simply scoring political points.

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

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

There was no objection.

Mr. POLIS. Mr. Speaker, I urge my colleagues to vote "no" and defeat the previous question so we can make sure that Members of Congress don't receive special benefits that we would deny to our constituents.

I urge a "no" vote on the rule, so we can avoid this enormous Republican middle class tax increase, and I yield back the balance of my time.

Mr. SCOTT of South Carolina. Mr. Speaker, I yield myself the remaining time.

My assumption is my friends to the left truly believe if you say it often enough, it might become true. Even if it doesn't become true, if you say it often enough, perhaps someone watching will assume that the words being spoken are somehow true.

We've heard it several times in the last hour, things that have been said over and over again because we are obviously once again in an election year. After hearing the arguments made by the other side regarding the previous question, there is no doubt that we are in an election year.

To clarify, any future changes in benefits to Social Security or Medicare would also and always apply to Members of this body. There are no exceptions, Mr. Speaker, no, not one exception whatsoever. There are no carve-outs in the law giving special treatment to Members of Congress under Social Security or Medicare.

But if you say it often enough, perhaps someone, somewhere watching somewhere in this Nation will come to the conclusion that it must be right. Let me say it one more time.

Members of Congress will comply with the law as it is on Social Security and Medicare.

Secondly, we have heard consistently over and over again—and this is another part of that alternate universe that doesn't exist unless you want someone to believe something that is simply not true—that somehow recapturing overpayments of health care subsidies is now considered a tax. I would say that at a time when we face a \$16 trillion debt, we cannot afford to not recapture all the money owed to the Federal Government.

My friends on the left want people to believe that if you recapture the dollars that were given inappropriately that somehow, some way this becomes a tax increase. Let me say it just in case folks listening didn't understand the words that I was speaking.

Requiring people to return money not correctly given to them, this is not a tax, and it certainly is not a tax increase. It is simply a matter of honesty and integrity.

Mr. Speaker, we're talking about the health care bill that took \$500 billion from Medicare. We're talking about the health care bill that takes \$500 billion out of the pockets of everyday, average middle class Americans in the form of tax increases. There is one tax increase on those folks who own property, \$123 billion through a new 3.8 percent tax. Today we find ourselves in the position of repealing a \$29 billion medical device tax because the people who need the medical devices will end up paying that tax.

I think we are in a position today, Mr. Speaker, to make sure that over 423,000 Americans who are employed in this country are able to continue to work. I believe that we are in a position, Mr. Speaker, to ensure that the

health care of millions of Americans continues to be a critical part of the discussion.

Mr. Speaker, we are in a place to make sure that new taxes, \$29 billion of new taxes, don't continue to destroy American jobs.

Mr. Speaker, I urge my colleagues not only to vote for the rule but to vote for the underlying legislation.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 679 OFFERED BY MR. POLIS OF COLORADO

At the end of section 2, add the following: Notwithstanding any other provision of this resolution, the amendment printed in section 3 shall be in order as though printed as the last amendment in the report of the Committee on Rules if offered by Representative Connolly of Virginia or a designee. That amendment shall be debatable for one hour equally divided and controlled by the proponent and an opponent.

Sec. 3. The amendment referred to in section 2 is as follows:

At the end of the bill (before the short title), insert the following:

Members who repeal federal benefits for their constituents must forfeit such benefits for themselves.

SEC. ____ (a) IN GENERAL.—Any proposed repeal of benefits in Social Security, Medicare, or Medicaid, or of any benefit provided under the Patient Protection and Affordable Care Act (Public Law 111-148), shall not take effect until the Director of the Office of Personnel Management certifies to the Congress that a majority of the Members of the House of Representatives and a majority of Members of the Senate have, as of the date that is 30 days after the date of the passage of the repeal in the respective House, voluntarily and permanently withdrawn from any participation, and waived all rights to participate, as such a Member in that benefit. (b) MEMBER DEFINED.—In this section, the term “Member of the House of Representatives” means a Representative in, or a Delegate or Resident Commissioner to, the Congress.

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

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as “a motion to direct or control the consideration of the subject before the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry,

asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

Because the vote today may look bad for the Republican majority they will say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: “Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.”

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

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

Mr. SCOTT of South Carolina. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

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

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

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption.

The vote was taken by electronic device, and there were—yeas 240, nays 179, not voting 12, as follows:

[Roll No. 358]

YEAS—240

Adams	Bachmann	Berg
Aderholt	Bachus	Biggart
Akin	Barletta	Billbray
Alexander	Bartlett	Bishop (UT)
Amash	Barton (TX)	Black
Amodei	Bass (NH)	Blackburn
Austria	Benishak	Bonner

Bono Mack	Harris	Petri
Boren	Hartzler	Pitts
Boustany	Hastings (WA)	Platts
Brady (TX)	Hayworth	Poe (TX)
Brooks	Heck	Pompeo
Broun (GA)	Hensarling	Posey
Buchanan	Herger	Price (GA)
Bucshon	Herrera Beutler	Quayle
Buerkle	Huelskamp	Reed
Burgess	Huizenga (MI)	Rehberg
Burton (IN)	Hultgren	Reichert
Calvert	Hunter	Renacci
Camp	Hurt	Ribble
Campbell	Issa	Rigell
Canseco	Jenkins	Rivera
Cantor	Johnson (IL)	Roby
Capito	Johnson (OH)	Roe (TN)
Carter	Johnson, Sam	Rogers (AL)
Cassidy	Jones	Rogers (KY)
Chabot	Jordan	Rogers (MI)
Chaffetz	Kelly	Rohrabacher
Coffman (CO)	King (NY)	Rokita
Cole	Kingston	Rooney
Conaway	Kinzinger (IL)	Ros-Lehtinen
Cravaack	Kissell	Roskam
Crawford	Kline	Ross (FL)
Crenshaw	Labrador	Royce
Culberson	Lamborn	Runyan
Davis (KY)	Lance	Ryan (WI)
Denham	Landry	Scalise
Dent	Lankford	Schilling
DesJarlais	Latham	Schmidt
Diaz-Balart	LaTourette	Schock
Dold	Latta	Schweikert
Dreier	LoBiondo	Scott (SC)
Duffy	Long	Scott, Austin
Duncan (SC)	Lucas	Sensenbrenner
Duncan (TN)	Luetkemeyer	Sessions
Ellmers	Lummis	Shimkus
Emerson	Lungren, Daniel	Shuster
Farenthold	E.	Simpson
Fincher	Mack	Smith (NE)
Fitzpatrick	Manzullo	Smith (NJ)
Flake	Marchant	Smith (TX)
Fleischmann	Matheson	Southerland
Fleming	McCarthy (CA)	Stearns
Flores	McCaul	Stivers
Forbes	McClintock	Stutzman
Fortenberry	McCotter	Sullivan
Fox	McHenry	Terry
Franks (AZ)	McIntyre	Thompson (PA)
Frelinghuysen	McKeon	Thornberry
Galleghy	McKinley	Tiberi
Gardner	McMorris	Tipton
Garrett	Rodgers	Turner (NY)
Gerlach	Meehan	Turner (OH)
Gibbs	Mica	Upton
Gibson	Miller (FL)	Walberg
Gingrey (GA)	Miller (MI)	Walden
Gohmert	Miller, Gary	Walsh (IL)
Goodlatte	Mulvaney	Webster
Gosar	Murphy (PA)	West
Gowdy	Myrick	Westmoreland
Granger	Neugebauer	Whitfield
Graves (GA)	Noem	Wilson (SC)
Graves (MO)	Nugent	Wittman
Griffin (AR)	Nunes	Wolf
Griffith (VA)	Nunnelee	Womack
Grimm	Olson	Woodall
Guinta	Palazzo	Yoder
Guthrie	Paulsen	Young (AK)
Hall	Pearce	Young (FL)
Hanna	Pence	Young (IN)
Harper	Peterson	

NAYS—179

Ackerman	Chandler	DeLauro
Altmire	Chu	Deutch
Andrews	Cicilline	Dicks
Baca	Clarke (MI)	Dingell
Barrow	Clarke (NY)	Doggett
Becerra	Clay	Donnelly (IN)
Berkley	Cleaver	Doyle
Berman	Clyburn	Edwards
Bishop (GA)	Cohen	Ellison
Bishop (NY)	Connolly (VA)	Engel
Blumenauer	Conyers	Eshoo
Bonamici	Cooper	Farr
Boswell	Costa	Fattah
Brady (PA)	Costello	Frank (MA)
Brale (IA)	Courtney	Fudge
Brown (FL)	Critz	Garamendi
Butterfield	Crowley	Gonzalez
Capps	Cuellar	Green, Al
Capuano	Cummings	Green, Gene
Carnahan	Davis (CA)	Grijalva
Carney	Davis (IL)	Gutierrez
Carson (IN)	DeFazio	Hahn
Castor (FL)	DeGette	Hanabusa

Hastings (FL)	McCarthy (NY)	Sánchez, Linda
Heinrich	McCollum	T.
Higgins	McDermott	Sanchez, Loretta
Himes	McGovern	Sarbanes
Hinchey	McNerney	Schakowsky
Hinojosa	Meeks	Schiff
Hirono	Michaud	Schrader
Hochul	Miller (NC)	Schwartz
Holden	Miller, George	Scott (VA)
Holt	Moore	Scott, David
Honda	Moran	Serrano
Hoyer	Murphy (CT)	Sewell
Israel	Nadler	Sherman
Jackson (IL)	Napolitano	Sires
Jackson Lee	Neal	Smith (WA)
(TX)	Olver	Speier
Johnson (GA)	Owens	Stark
Johnson, E. B.	Pallone	Sutton
Kaptur	Pascrell	Thompson (CA)
Keating	Pastor (AZ)	Thompson (MS)
Kildee	Pelosi	Tierney
Kind	Perlmutter	Tonko
King (IA)	Peters	Towns
Langevin	Pingree (ME)	Tsongas
Larsen (WA)	Polis	Van Hollen
Larson (CT)	Price (NC)	Velázquez
Lee (CA)	Quigley	Visclosky
Levin	Rahall	Walz (MN)
Lewis (GA)	Rangel	Wasserman
Lipinski	Reyes	Schultz
Loeback	Richardson	Waters
Lofgren, Zoe	Richmond	Watt
Lowey	Ross (AR)	Waxman
Lujan	Rothman (NJ)	Welch
Lynch	Roybal-Allard	Wilson (FL)
Maloney	Ruppersberger	Woolsey
Markey	Rush	Yarmuth
Matsui	Ryan (OH)	

NOT VOTING—12

Baldwin	Coble	Marino
Bass (CA)	Filmer	Paul
Billirakis	Kucinich	Shuler
Cardoza	Lewis (CA)	Slaughter

□ 1404

Messrs. COHEN, CICILLINE, DICKS and LYNCH changed their vote from “yea” to “nay.”

Messrs. CRAWFORD and PETERSON changed their vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated against:

Mr. FILNER. Mr. Speaker, on rollcall 359, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted “nay.”

(By unanimous consent, Mr. HOYER was allowed to speak out of order.)

CONGRATULATING SPEAKER PELOSI ON 25 YEARS OF SERVICE TO CONGRESS

Mr. HOYER. Mr. Speaker, ladies and gentlemen of the House, all of us through our lives meet people, particularly when we were young—and I’m sure this happened to people who were with leaders of our country. Thomas Jefferson, a young man, I’m sure there were people who met Thomas Jefferson when he was 25 and they said to themselves, boy, this guy’s really got his head in the clouds. And then he became one of the great people of democracies in our world.

When I was 23 years of age, in 1962, I was working for a United States Senator whose name was Daniel Brewster from our State of Maryland. That summer, he hired as an intern a young woman—younger than me, but about my age—close—and we had the opportunity to get to know one another. We

sat approximately 12 feet from one another as a young college graduate and a young law school student. That was 1962.

Through the years, I stayed in Maryland, and that young woman got married and moved to California. Just a few years later, I came to the Congress of the United States, and 6 years later she came to the Congress of the United States, after having been the chairman of her party in the largest State in the Union, having been very much involved with the United States Senate, having been a leader in our country, not as a Member of Congress, but in her role as a significant party leader and a member of the Democratic National Committee.

When Sala Burton died, herself a member of a distinguished political family, this young woman ran for Congress of the United States. Her father had served in the Congress of the United States, been a member of the Appropriations Committee, been mayor of Baltimore city, and been the father of a mayor of Baltimore city. How proud he would be of this young daughter he raised at his knee, not, frankly, as somewhat caricatured as a San Francisco, but as a Baltimore City pol—I say that with great affection—who knew how to put neighborhoods together, who knew how to take care of citizens in that city. That’s where she learned her politics.

As Thomas Jefferson had people who attacked him bitterly, she has had the same. We all have that in this game that we participate in that we care deeply about. That young woman that I first worked with in 1962 became the highest-ranking woman in the history of our country in our government. And now we note—some celebrate, others note—her attaining of a quarter of a century of service in this body.

□ 1410

And all of us will be able to tell our grandchildren. I have my grandchildren now. Maybe I’ll have more, but I have a number of them now, and a number of them are young women, and I tell them how proud they can be of the leadership and the trail that has been blazed by this extraordinary woman.

I’ve talked to a number of you on the Republican side of the aisle, my good friend ROY BLUNT, and he says to me, he said, Boy, that woman has a spine of steel. And that she does. Those of us who have dealt with her know that she’s one of the strongest leaders any of us have served with, whether you agree with her or don’t agree with her.

So I rise, Mr. Speaker, to note this anniversary of 25 years of service of NANCY D’ALESSANDRO PELOSI, from the State of Maryland, the very proud State of Maryland, to have a daughter like NANCY, and a State that is proud of its citizen servant, NANCY PELOSI.

Ladies and gentlemen, I now have the great honor of yielding to my friend. He’s of a different party, but we’re both Americans. We both love this institu-

tion, and he is now, himself, not quite as historic a figure because there have been many men who have been Speaker of the House of Representatives, but my friend, JOHN BOEHNER, Speaker of the House.

Mr. BOEHNER. Let me thank my friend, Mr. HOYER, for yielding.

Mr. Speaker, I rise today to commend our colleague, the gentlelady from California, on her 25 years of service to this institution. It’s the latest in a series of milestones for the gentlelady from California.

On January 4, 2007, I had the privilege of presenting Leader PELOSI the gavel when she became the first female Speaker of the House. But just as important as this anniversary is in and of itself, it also represents 25 years of commitment and service to this institution.

Now, the gentlelady from California and I have differing political philosophies, and we’ve had some real battles here on the floor over the 22 years that I’ve served with her, but many of you know that the gentlelady and I have a very, very workable relationship and we get along with each other fine. We treat each other very nicely and actually have a warm relationship, because we all serve in this institution and we all have work to do to protect the institution and serve the institution. And I can tell all of my colleagues on both sides of the aisle that I enjoy my relationship with her and enjoy our ability to work together.

Now, it doesn’t mean that we’re going to agree on taxes or that we’re going to agree on spending, but I know I speak for the whole House when I rise today to say to the gentlelady from California, Mrs. PELOSI, congratulations on 25 years of real service to this institution.

Thank you.

Mr. HOYER. Mr. Speaker, before I yield back, the gentlelady from California would like me to yield, and I do so.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding.

In the political life that we have here and our service to the American people, I take great pride in always saying, when somebody says to me, Were you surprised when somebody did this, that, or this bill did that or that? I say, I’m hardly ever surprised in politics because I know what the possibilities are.

I am thoroughly surprised today. I had absolutely no idea the mischief that Mr. HOYER was up to, going back decades, I might add. But I thank him for his kind words, and all of you for your nice reception.

I thank the Speaker for his gracious comments as well. While he was speaking, I was remembering, oh, my goodness, we’re taking up time on the floor and it’s personal and that. But then I was recalling that it wasn’t that long ago when we—maybe 5, 6 years ago when we came to the floor to acknowledge that then-Speaker Hastert was