Filner
Fudge
Grijalva
Hahn
Hanabusa
Hastings (FL)
Higgins
Hinchey
Honda
Israel
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kucinich
Lee (CA)
Lowey
Maloney
Matsui
McDermott
McGovern
McNerney
Meeks
Moore
Nadler
Olver
Owens
Pallone
Peters
Pingree (ME)
Reyes
Richmond
Roybal-Allard
Rush
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Sewell
Slaughter
Stark
Thompson (MS)
Tonko
Van Hollen
Waxman
Welch
Wilson (FL)
Woolsey

NAYS—318

Ackerman
Adams
Alexander
Amash
Amodei
Austria
Baca
Bachmann
Bachus
Baldwin
Barletta
Barrow
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Berkley
Berman
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Bono Mack
Boren
Boswell
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Canseco
Cantor
Cardoza
Carnahan
Carney
Carter
Cassidy
Chabot
Chaffetz
Cicilline
Clarke (MI)
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costello
Courtney
Cravaack
Crawford
Crenshaw
Critz
Culberson
Davis (KY)
DeFazio
DeGette
Denham
Dent
DesJarlais
Diaz-Balart
Doggett
Dold
Donnelly (IN)
Doyle
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Eshoo
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gowdy
Granger
Graves (GA)
Graves (MO)
Green, Al
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heinrich
Hensarling
Herger
Herrera Beutler
Himes
Hinojosa
Hochul
Holden
Holt
Hoyer
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jackson Lee (TX)
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Langevin
Lankford
Larsen (WA)
Latham
LaTourette
Latta
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Long
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Manzullo
Marchant
Marino
Markey
Matheson
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Moran
Mulvaney
Murphy (CT)
Murphy (PA)
Myrick
Napolitano
Neal
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Pastor (AZ)
Paul
Paulsen
Pearce
Perlmutter
Peterson
Petri
Pitts
Platts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quayle
Quigley
Rahall
Rangel
Reed
Rehberg
Reichert
Renacci
Richardson
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ruppersberger
Ryan (OH)
Ryan (WI)
Scalise
Schilling
Schmidt
Schrader
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sherman
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stearns
Stivers
Stutzman
Sutton
Terry
Thompson (CA)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton
Tsongas
Turner (NY)
Upton
Velázquez
Visclosky
Walberg
Walden
Walsh (IL)
Walz (MN)
Wasserman Schultz
Waters
Watt
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yarmuth
Yoder
Young (AK)
Young (FL)
Young (IN)

ANSWERED ''PRESENT''—1

Ribble

NOT VOTING—37

Aderholt
Akin
Altmire
Becerra
Bonner
Capito
Capuano
Castor (FL)
Chandler
Costa
Deutch
Dingell
Fattah
Flores
Frank (MA)
Gosar
Green, Gene
Gutierrez
Hirono
Jackson (IL)
Johnson (IL)
Kissell
Larson (CT)
McIntyre
Miller (NC)
Miller, George
Pascrell
Pelosi
Pence
Rothman (NJ)
Schock
Shimkus
Shuler
Sires
Sullivan
Towns
Turner (OH)

□ 1259

Messrs. NEUGEBAUER, GINGREY of Georgia, LEVIN, PERLMUTTER, Ms. RICHARDSON and Mr. BUTTERFIELD changed their vote from ''yea'' to ''nay.''

Messrs. VAN HOLLEN, CLEAVER, CROWLEY, and RUSH changed their vote from ''nay'' to ''yea.''

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. AKIN. Madam Speaker, on rollcall No. 455 I was delayed and unable to vote. Had I been present I would have voted ''nay.''

Mr. TURNER of Ohio. Madam Speaker, on July 10, 2012, I was unable to vote on rollcall vote 455. Had I been present I would have voted ''nay'' on the motion to adjourn.

Mr. GENE GREEN of Texas. Madam Speaker, on rollcall No. 455, the motion to adjourn, had I been present, I would have voted ''nay.''

PERSONAL EXPLANATION

Mr. JOHNSON of Illinois. Madam Speaker, on Tuesday, July 10, 2012, my scheduled flight from Champaign, Illinois, to Washington was delayed well over an hour. As a result, I left immediately for another flight out of Indianapolis to Washington, As a result, I was unable to cast my vote for rollcall No. 455. Had I been present I would have voted ''present.''

PROVIDING FOR CONSIDERATION OF H.R. 6079, REPEAL OF OBAMACARE ACT

Mr. SESSIONS. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 724 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 724

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and any amendment thereto to final passage without intervening motion except: (1) five hours of debate, with 30 minutes equally divided and controlled by the Majority Leader and Minority Leader or their respective designees, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Small Business; and (2) one motion to recommit.

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

Mr. SESSIONS. For the purpose of debate only, I yield the customary 30 minutes to my friend, the gentlewoman from Fairport, New York, and the ranking member of the Committee on Rules, Ms. SLAUGHTER, 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. SESSIONS. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. SESSIONS. House Resolution 724 provides a closed rule for consideration of H.R. 6079.

Madam Speaker, today I rise in support of this rule and the underlying bill. H.R. 6079, the Repeal of Obamacare Act of 2012, was introduced by the Republican majority leader, ERIC CANTOR, the gentleman from Virginia. The bill text has been online since last Thursday, giving Members more than the mandatory 3 days to read and to understand the language.

Madam Speaker, on June 28, just 12 days ago, the United States Supreme Court upheld the individual mandate provisions contained in ObamaCare, thereby forcing every American to purchase health insurance. While I may disagree with how they ruled, I respect their decision and there is nothing we can do to change that. ObamaCare is now the official law of the land.

However, there is something this body can do to reverse the course and to prevent the job-destroying aspects of this bill from taking effect: a complete repeal of the bill that the President asked this Congress to pass under Speaker PELOSI—and they did. We need to repeal ObamaCare today. In 2010, Republicans were elected all across this country because Americans understood the need to stop the tax-and-spend policies of the other party. H.R. 6079 will do exactly that.

Last night in the Rules Committee, my colleague and friend, the gentleman from New Jersey (Mr. ANDREWS), urged us to ''dispassionately examine the facts.'' I agree with just that sentiment and would like to take a moment to do just that.

Earlier this year, the Centers for Medicare and Medicaid Services, CMS, reported that health insurance premiums are expected to rise by over 44 percent over the next 9 years as a result of ObamaCare. And since ObamaCare was signed into law, there has been a steady decline in the number of Americans on private health insurance.

A report from the McKinsey Group found that more than 50 percent of employers with a high awareness of the law say that they will stop offering health insurance, confirming what Republicans have been saying for 3 years, and that is, that ObamaCare is designed to force employers to drop coverage in an attempt to get Americans to enter the new health care exchanges.

A Kaiser Family Foundation report found that health insurance premiums have increased by 9 percent, or $1,200, for the average American family following passage of the President's health care bill.

According to the 2010 Medicare Trustees Report, as a direct result of ObamaCare, more than 90 percent of seniors will lose the retiree prescription drug coverage they have and will see nearly double-digit premium increases. Seniors will also see reduced access to doctors, as Medicare officials explained that physicians ''could find it difficult to remain profitable and might end their participation in the program, which possibly could jeopardize access to care for beneficiaries.''

According to the President's own budget, the cost of ObamaCare subsidies have jumped $111 billion in just 1 year. Earlier this year, during a Ways and Means Committee hearing on February 28, 2012, when asked why this happened, Health and Human Services Secretary Sebelius said, ''I really don't know.''

Finally, earlier this year, the nonpartisan Congressional Budget Office adjusted their long-term outlook of the impact of ObamaCare on our national debt. The revised figures show ObamaCare will cost taxpayers $1.8 trillion—twice as much as the President promised in 2010 when the bill was passed.

These are just a few of the facts that I believe should be considered dispassionately as we debate whether to repeal ObamaCare. If you think that the facts I just listed are what the country needs, vote to keep it. However, if you, like me, find these facts unacceptable for our future, then I urge you to join me in repealing ObamaCare so that we can focus on patient-centered health care solutions which do not increase dramatically insurance premiums, do not restrict access to physicians, and do not mount unsustainable debt onto our children and grandchildren, as well as harming employers who wish to employ more Americans.

I urge my colleagues to vote for the rule and the underlying bill, and I reserve the balance of my time.

[From the Wall Street Journal, June 8, 2011.

STUDY SEES CUTS TO HEALTH PLANS

(By Janet Adamy)

A report by McKinsey & Co. has found that 30% of employers are likely to stop offering workers health insurance after the bulk of the Obama administration's health overhaul takes effect in 2014.

The findings come as a growing number of employers are seeking waivers from an early provision in the overhaul that requires them to enrich their benefits this year. At the end of April, the administration had granted 1,372 employers, unions and insurance companies one-year exemptions from the law's requirement that they not cap annual benefit payouts below $750,000 per person a year.

But the law doesn't allow for such waivers starting in 2014, leaving all those entities—and other employers whose plans don't meet a slate of new requirements—to change their offerings or drop coverage.

Previous research has suggested the number of employers who opt to drop coverage altogether in 2014 would be minimal.

But the McKinsey study predicts a more dramatic shift from employer-sponsored health plans once the new marketplace takes effect. Starting in 2014, all but the smallest employers will be required to provide insurance or pay a fine, while most Americans will have to carry coverage or pay a different fine. Lower earners will get subsidies to help them pay for plans.

In surveying 1,300 employers earlier this year, McKinsey found that 30% said they would ''definitely or probably'' stop offering employer coverage in the years after 2014. That figure increased to more than 50% among employers with a high awareness of the overhaul law.

Behind the expected shift is the fact that the law will give Americans new insurance options outside the workplace, and carriers will no longer be allowed to deny people coverage because they have been sick. McKinsey found that reduced the moral obligation employers may feel to provide coverage.

The Obama administration says it is working to encourage employers to retain coverage. An administration official, Nick Papas, described the McKinsey report as an outlier amid other research suggesting that employers overwhelmingly would keep coverage.

''History has shown that reform motivates more businesses to offer insurance,'' he said. ''When Massachusetts enacted health reform, the number of individuals with employer-sponsored insurance increased.''

The nonpartisan Congressional Budget Office, in a March 2010 report, found that by 2019, about six million to seven million people who otherwise would have had access to coverage through their job won't have it owing to the new law. That estimate represents about 4% of the roughly 160 million people projected to have employment-based coverage in 2019.

However, the CBO estimated that the overall number of Americans with coverage will rise by 32 million because of new subsidies and other steps.

The law contains a disincentive for employers to drop coverage. It requires all employers with more than 50 employees to offer health benefits to every full-time worker or pay a penalty of $2,000 per worker, though it doesn't apply to the first 30 workers. Health-policy experts have questioned whether that is high enough to discourage companies from health coverage.

McKinsey found at least 30% of employers would gain economically from dropping coverage even if they completely compensated employees through other benefits or higher salaries. The study suggests the fallout would be minimal, with more than 85% of employees remaining in their jobs even if their employer stopped coverage.

Nearly half the employers said they would consider alternatives to their current plan after 2014. Besides dropping coverage, those included weighing a switch to a defined-contribution model of insurance, in effect offering coverage only to certain employees.

[From the Kaiser Family Foundation and Health Research & Educational Trust]

EMPLOYER HEALTH BENEFITS: 2011 SUMMARY OF FINDINGS

Employer-sponsored insurance is the leading source of health insurance, covering about 150 million nonelderly people in America. To provide current information about the nature of employer-sponsored health benefits, the Kaiser Family Foundation (Kaiser) and the Health Research & Educational Trust (HRET) conduct an annual national survey of nonfederal private and public employers with three or more workers. This is the thirteenth Kaiser/HRET survey and reflects health benefit information for 2011.

The key findings from the 2011 survey, conducted from January through May 2011, include increases in the average single and family premiums, as well higher enrollment in high deductible health plans with savings options (HDHP/S0s). The 2011 survey includes new questions on the percentage of firms with grandfathered health plans, changes in benefits for preventive care, enrollment of adult children due to the new health reform law, and the use of stoploss coverage by firms with self-funded plans.

HEALTH INSURANCE PREMIUMS AND WORKER CONTRIBUTIONS

The average annual premiums for employer-sponsored health insurance in 2011 are $5,429 for single coverage and $15,073 for family coverage. Compared to 2010, premiums for single coverage are 8% higher and premiums for family coverage are 9% higher. The 9% growth rate in family premiums for 2011 is significantly higher than the 3% growth rate in 2010. Since 2001, average premiums for family coverage have increased 113%. Average premiums for family coverage are lower for workers in small firms (3–199 workers) than for workers in large firms (200 or more

workers) ($14,098 vs. $15,520). Average premiums for high-deductible health plans with a savings option (HDHP/S0s) are lower than the overall average for all plan types for both single and family coverage.

There is significant variation around the average annual premiums as a result of factors such as benefits, cost sharing, and geographic cost differences. Nineteen percent of covered workers are in plans with an annual total premium for family coverage of at least $18,087 (120% of the average family premium), while 21% of covered workers are in plans where the family premium is less than $12,058 (80% of the average premium).

Covered workers contribute on average 18% of the premium for single coverage and 28% of the premium for family coverage, similar to the percentages they contributed in 2010. Workers in small firms (3–199 workers) contribute a significantly lower average percentage for single coverage compared to workers in larger firms (15% vs. 19%), but a higher average percentage for family coverage (36% vs. 25%). As with total premiums, the share of the premium contributed by workers varies considerably around these averages. For single coverage, 59% of covered workers are in plans that require them to pay more than 0% but less than or equal to 25% of the total premium, and 3% are in plans that require more than 50% of the premium; 16% are in plans that require them to make no contribution. For family coverage, 47% of covered workers are in plans that require them to pay more than 0% but less than or equal to 25% of the total premium, and 15% are in plans that require more than 50% of the premium; only 6% are in plans that require no contribution.

Looking at the dollar amounts that workers contribute, the average annual contributions in 2011 are $921 for single coverage and $4,129 for family coverage. Neither amount is a statistically significant increase over the 2010 values. Workers in small firms (3–199 workers) have lower average contributions for single coverage than workers in larger firms ($762 vs, $996), and higher average contributions for family coverage ($4,946 vs. $3,755). Compared to the overall average contributions, workers in HDHP/S0s have lower average contributions for single coverage ($723 vs. $921), while workers in point of service (POS) plans have higher average contributions for family coverage ($5,333 vs. $4,129).

PLAN ENROLLMENT

Overall, PPOs are by far the most common plan type, enrolling 55% of covered workers. Seventeen percent of covered workers are enrolled in an HMO, 10% are enrolled in a POS plan, and 1% are enrolled in a conventional plan. Enrollment in HDHP/S0s continues to rise, with 17% of covered workers in an HDHP/SO in 2011, up from 13% of covered workers in 2010, and 8% in 2009. The enrollment distribution varies by firm size, with PPOs and HMOs relatively more popular among large firms (200 or more workers) and PPOs and HDHP/S0s relatively more popular in smaller firms.

EMPLOYEE COST SHARING

Most covered workers face additional costs when they use health care services. A large share of workers in PPOs (81%) and POS plans (69%) have a general annual deductible for single coverage that must be met before all or most services arc reimbursed by the plan. In contrast, only 29% of workers in HMOs have a general annual deductible. Many workers with no general annual deductible still face other types of cost sharing when they use covered services.

Among workers with a general annual deductible, the average deductible amount for single coverage is $675 for workers in PPOs, $911 for workers in HMOs, $928 for workers in POS plans, and $1,908 for workers in HDHP/S0s (which by definition have high deductibles). As in recent years. workers with single coverage in small firms (3–199 workers) have higher deductibles than workers in large firms (200 or more workers); for example, the average deductibles for single coverage in PPOs, the most common plan type, are $1,202 for workers in small firms (3–199 workers) compared to $505 for workers in larger firms. Overall, 31% of covered workers are in a plan with a deductible of at least $1,000 for single coverage, similar to the 27% reported in 2010, but significantly more than the 22% reported in 2009. Covered workers in small firms (3–199 workers) remain more likely than covered workers in larger firms (50% vs. 22%) to be in plans with deductibles of at least $1,000.

The majority of workers also have to pay a portion of the cost of physician office visits. About three-in-four covered workers pay a copayment (a fixed dollar amount) for office visits with a primary care physician (74%) or a specialist physician (73%), in addition to any general annual deductible a plan may have. Smaller shares of workers pay coinsurance (a percentage of the covered amount) for primary care office visits (17%) or specialty care visits (18%). Most covered workers in HMOs, PPOs, and POS plans face copayments, while covered workers in HDHP/S0s are more likely to have coinsurance requirements or no cost sharing after the deductible is met. For in-network office visits, covered workers with a copayment pay an average of $22 for primary care and $32 for specialty care. For covered workers with coinsurance, the average coinsurance is 18% for both primary care and specialty care. While the survey collects information on only in-network cost sharing, we note that out-of-network cost sharing is often higher.

Almost all covered workers (98%) have prescription drug coverage, and nearly all face cost sharing for their prescriptions. Over three-quarters (77%) of covered workers are in plans with three or more tiers of cost sharing. Copayments are more common than coinsurance for each tier of cost sharing. Among workers with three- or four-tier plans, the average copayments in these plans are $10 for first-tier drugs, $29 for second-tier drugs, $49 for third-tier drugs, and $91 for fourth-tier drugs. These amounts are not significantly higher than the amounts reported last year. HDHP/SOs have a somewhat different cost-sharing pattern for prescription drugs than other plan types: 57% of covered workers are enrolled a plan with three or more tiers of cost sharing while 17% are in plans that pay 100% of prescription costs once the plan deductible is met. Covered workers in these plans are also more likely to pay coinsurance than workers in other plan types.

Most workers also face additional cost sharing for a hospital admission or an outpatient surgery episode. After any general annual deductible, 55% of covered workers have coinsurance and 17% have copayment for hospital admissions.

Lower percentages have per day (per diem) payments (6%), a separate hospital deductible (3%), or both copayments and coinsurance (9%). The average coinsurance rate for hospital admissions is 17%, the average copayment is $246 per hospital admission, the average per diem charge is $246, and the average separate hospital deductible is $627. The cost-sharing provisions for outpatient surgery are similar to those for hospital admissions, as most covered workers have either coinsurance (57%) or copayments (18%). For covered workers with cost sharing for each outpatient surgery episode, the average coinsurance is 17% and the average copayment is $145.

Most plans limit the amount of cost sharing workers must pay each year, generally referred to as an out-of-pocket maximum. Eighty-three percent of covered workers have an out-of-pocket maximum for single coverage, but the limits differ considerably. For example, among covered workers in plans that have an out-of-pocket maximum for single coverage, 38% are in plans with an annual out-of-pocket maximum of $3,000 or more, and 14% are in plans with an out-of-pocket maximum of less than $1,500. Even in plans with a specified out-of-pocket limit, not all spending is counted towards meeting the limit. For example, among workers in PPOs with an out-of-pocket maximum, 77% are in plans that do not count physician office visit copayments, 35% are in plans that do not count spending for the general annual deductible, and 84% are in plans that do not count prescription drug spending when determining if an enrollee has reached the out-of-pocket limit.

AVAILABILITY OF EMPLOYER-SPONSORED COVERAGE

Sixty percent of firms offer health benefits to their workers in 2011—a significant reduction from the 69% reported in 2010, but much more in line with the levels for years prior to 2010. The large increase in 2010 was primarily driven by a significant (12 percentage points) increase in offering among firms with 3 to 9 workers (from 47% in 2009 to 59% in 2010). This year, 48% of firms with 3 to 9 employees offer health benefits. a level which is more consistent with levels from recent years (2010 excluded). These figures suggest that the 2010 results may be an aberration.

Even in firms that offer health benefits, not all workers are covered. Some workers are not eligible to enroll as a result of waiting periods or minimum work-hour rules. Other workers do not enroll in coverage offered to them because, for example, of the cost of coverage or because they have access to coverage through a spouse. Among firms that offer coverage, an average of 79% of workers are eligible for the health benefits offered by their employer. Of those eligible. 81% take up their employer's coverage, resulting in 65% of workers in offering firms having coverage through their employer. Among both firms that offer and do not offer health benefits, 58% of workers are covered by health plans offered by their employer, similar to the percentage in 2010.

HIGH-DEDUCTIBLE HEALTH PLANS WITH SAVINGS OPTION

HDHP/SOs include (1) health plans with a deductible of at least $1,000 for single coverage and $2,000 for family coverage offered with an Health Reimbursement Arrangement (HRA), referred to as ''HDHP/HRAs,'' and (2) high-deductible health plans that meet the federal legal requirements to permit an enrollee to establish and contribute to a Health Savings Account (HSA), referred to as ''HSA-qualified HDHPs.''

Twenty-three percent of firms offering health benefits offer an HDHP/SO, up from 15% in 2010. Firms with 1,000 or more workers are more likely to offer an HDHP/SO than smaller firms (3–199 workers) (41% vs. 23%). Seventeen percent of covered workers are enrolled in HDHP/SOs, up from 13% in 2010, and 8% in 2009. Eight percent of covered workers are enrolled in HDHP/HRAs and 9% are enrolled in an HSA-qualified HDHP. Twenty-three percent of covered workers in small firms (3–199 workers) are enrolled in HDHP/SOs, compared to 15% of workers in large firms (200 or more workers).

The distinguishing aspect of these high deductible plans is the savings feature available to employees. Workers enrolled in an

HDHP/HRA receive an average annual contribution from their employer of $861 for single coverage and $1,539 for family coverage. The average HSA annual contribution is $611 for single coverage and $1,069 for family coverage. In contrast to HRAs, not all firms contribute to HSAs. Sixty percent of employers offering single coverage and 57% offering family coverage through HSA-qualified HDHPs make contributions towards the HSAs that their workers establish. The average employer contributions to HSAs in these contributing firms are $886 for single coverage and $1,559 for family coverage.

The average premiums for single coverage for workers in HSA-qualified HDHPs and HDHP/HRAs are lower than the average premiums for workers in plans that are not HDHP/SOs. For family coverage, the average premium for HSA-qualified HDHPs is lower than the average family premium for workers in plans that are not HDHP/SOs. For single and family coverage, the average worker contributions to HSA-qualified HDHPs are also lower than the average worker contributions to non-HDHP/SO plans.

RETIREE COVERAGE

Twenty-six percent of large firms (200 or more workers) offer retiree health benefits in 2011, which is the same percentage that offered retiree health benefits in 2010. The offer rate has fallen slowly over time, with significantly fewer large employers offering retiree health benefits in 2011 than in 2007 and years prior.

Among large firms (200 or more workers) that offer retiree health benefits, 91% offer health benefits to early retirees (workers retiring before age 65) and 71% offer health benefits to Medicare-age retirees.

HEALTH REFORM

While many of the most significant provisions of the Patient Protection and Affordable Care Act (ACA) will take effect in 2014, important provisions became effective in 2010 and others will take effect over the next few years. The 2011 survey asked employers about some of these early provisions.

Grandfathered Health Plans. The ACA exempts ''grandfathered'' health plans from a number of its provisions, such as the requirements to cover preventive benefits without cost sharing or to have an external appeal process. An employer-sponsored health plan can be grandfathered if it covered a worker when the ACA became law (March 23, 2010) and if the plan does not make significant changes that reduce benefits or increase employee costs. Seventy-two percent of firms had at least one grandfathered health plan when they were surveyed (January through May of 2011). Small firms (3–199 workers) were more likely than larger firms to have a grandfathered health plan (72% vs. 61%). Looking at enrollment, 56% of covered workers were in grandfathered health plans when the survey was conducted. The percentage of covered workers in grandfathered plans is higher in small firms (3–199 workers) than in larger firms (63% vs. 53%).

Firms with plans that were not grandfathered were asked to respond to a list of potential reasons why each plan is not a grandfathered plan. Twenty-eight percent of covered workers are in plans that were not in effect when the ACA was enacted. Roughly similar percentages of workers are in plans where the deductibles (37%), employee premium contributions (35%), or plan benefits (29%) changed more than was permitted for plans to maintain grandfathered status. The reasons plans were not grandfathered varied by firm size, with workers in small firms (3–199 workers) much more likely than workers in large firms to be in a new plan that was not in effect when the ACA was enacted (63% vs. 18%) and generally less likely to be affected by plan changes.

Preventive Benefits. The ACA requires non-grandfathered plans to provide certain preventive benefits without cost sharing. Firms were asked whether changes were made to their cost sharing for preventive services or the services that were classified as preventive because of health reform. Twenty-three percent of covered workers are in a plan where the employer reported changing the cost-sharing requirements because of health reform. Workers in large firms (200 or more employees) are more likely than workers in smaller firms to be in such a plan (28% vs. 13%). Thirty-one percent of covered workers are in a plan where the employer reported changing the services that are considered preventive services because of health reform.

Coverage for Adult Children to Age 26. The ACA requires firms offering health coverage to extend benefits to children of covered workers until the child reaches age 26. The child does not need to be a legal dependent, but until 2014, grandfathered plans do not have to enroll children of employees if those children are offered employer-sponsored health coverage at their own job. The survey asked firms whether any adult children who would not have been eligible for the plan prior to the change in law had enrolled in health coverage under this provision. Nineteen percent of small firms (3–199 workers) and 70% of larger firms enrolled at least one adult child under this provision.

The numbers of children who enroll under this provision are closely related to the number of workers in the firm. Smaller firms (3–24 workers) on average enroll two adult children due to the provision, while the largest firms (5,000 or more workers) enroll an average of 492 adult children. In total, an estimated 2.3 million adult children were enrolled in their parent's employer sponsored health plan due to the Affordable Care Act.

Small Employer Tax Credit. The ACA provides a temporary tax credit for small employers that offer insurance, have fewer than 25 full-time equivalent employees, and have average annual wages of less than $50,000. The survey included several questions for both offering and non-offering employers about their awareness of the tax credit and whether they considered claiming it.

Because our survey gathers information on the total number of full-time and part-time employees in a firm, we cannot calculate the number of full-time equivalent employees and therefore could not limit survey responses only to firms within the size range eligible for the credit. To ensure that we included employers that may have a number of part-time or temporary employees but could still qualify for the tax credit, we directed these questions to employers with fewer than 50 total employees. This approach allowed us to capture some employers with more than 25 employees who would nonetheless be eligible for the tax credit, but this also means some employers who are unlikely to be eligible for the tax credit (because they have more than 25 full-time equivalent employees) were asked these questions.

Among firms with fewer than 50 employees that offer coverage, 29% said they have made an attempt to determine if the firm is eligible for the small employer tax credit. Of the firms which attempted to determine eligibility, 30% said that they intend to claim the credit for both 2010 and 2011, 21% said they do not intend to claim the credit for either year, 41% are not sure, and small percentages said they do not know if they will claim the credit or they intend to claim it for only one of the two years. The vast majority of those saying they do not intend to claim the tax credit indicated they were not eligible to receive it.

Firms with fewer than 50 workers that do not offer health insurance were asked if they were aware of the small business tax credit. One-half (50%) of these firms said they were aware of the credit, and of those aware, 15% are considering offering coverage as a result of the credit.

OTHER TOPICS

Stoploss Coverage. Many firms that have self-funded health plans purchase insurance, often called ''stoploss'' coverage, to limit the amount they may have to pay in claims either overall, or for any particular plan enrollee. Fifty-eight percent of workers in self-funded health plans are enrolled in plans covered by stoploss insurance. Workers in self-funded plans in small firms (3–199 workers) are more likely than workers in self-funded plans in larger firms to be in a plan with stoploss protection (72% vs. 57%). About four in five (81%) workers in self-funded plans that have stoploss protection are in plans where the stoploss insurance limits the amount the plan spends on each employee. The average per employee claims cost at which stoploss insurance begins paying benefits is $78,321 for workers in small firms (3–199 workers) with self-funded plans, and $208,280 for workers in larger firms with self-funded plans.

High-Performance Networks. Some plans offer tiered or high-performance networks, which group providers in the network based on quality, cost, and/or efficiency of the care they deliver. Plans encourage patients to visit higher performing providers either by restricting networks to efficient providers, or by having different copayments or coinsurance for providers in different tiers in the network. Twenty percent of firms offering coverage in 2011 include a high-performance or tiered provider network in their health plan with the largest enrollment. Small firms (3–199 workers) and larger firms are equally likely to offer a plan that includes a high-performance or tiered network.

CONCLUSION

The 2011 survey saw an upturn in premium growth, as the average premiums for family coverage increased 9% between 2010 and 2011, significantly higher than the 3% increase between 2009 and 2010. The percentage of workers in HDHP/SOs continues to rise as employers seek more affordable coverage options and are potentially seeking to shift increased costs to workers. In 2011, 17% of covered workers were enrolled in an HDHP/SO, compared to 13% in 2010 and 8% in 2009.

Changes from the new health reform law are beginning to have an impact on the marketplace. Significant percentages of firms made changes in their preventive care benefits and enrolled adult children in their benefits plans in response to provisions in the new health reform law. Most employees with employment-sponsored insurance are in grandfathered plans that are exempt from some of the law's new provisions, but this may change over time as firms adjust benefits and cost sharing or change plan design to incorporate new features. The survey will continue to monitor employer responses to health reform as firms adapt to early provisions in the law and as new provisions take effect.

METHODOLOGY

The Kaiser Family Foundation/Health Research & Educational Trust 2011 Annual Employer Health Benefits Survey (Kaiser/HRET) reports findings from a telephone survey of 2,088 randomly selected public and private employers with three or more workers. Researchers at the Health Research & Educational Trust, NORC at the University of Chicago, and the Kaiser Family Foundation designed and analyzed the survey. National Research, LLC conducted the fieldwork between January and May 2011. In 2011 our

overall response rate is 47%, which includes firms that offer and do not offer health benefits. Among firms that offer health benefits, the survey's response rate is 47%.

From previous years' experience, we learned that firms that decline to participate in the study are less likely to offer health coverage. Therefore, we asked one question to all firms with which we made phone contact, but the firm declined to participate. The question was, ''Does your company offer a health insurance program as a benefit to any of your employees?'' A total of 3,184 firms responded to this question (including 2,088 who responded to the full survey and 1,096 who responded to this one question). Their responses are included in our estimates of the percentage of firms offering health coverage. The response rate for this question was 71%. Since firms are selected randomly, it is possible to extrapolate from the sample to national, regional, industry, and firm size estimates using statistical weights. In calculating weights, we first determined the basic weight, then applied a nonresponse adjustment, and finally applied a post-stratification adjustment. We used the U.S. Census Bureau's Statistics of U.S. Businesses as the basis for the stratification and the post-stratification adjustment for firms in the private sector, and we used the Census of Governments as the basis for post-stratification for firms in the public sector. This year, we modified the method used to calculate firm-based weights resulting in small changes to some current and past results. For more information on the change consult the Survey Design and Methods section of the 2011 report. Some exhibits in the report do not sum up to totals due to rounding effects and, in a few cases, numbers from distribution exhibits referenced in the text may not add due to rounding effects. Unless otherwise noted, differences referred to in the text use the 0.05 confidence level as the threshold for significance.

2010 ANNUAL REPORT OF THE BOARDS OF TRUSTEES OF THE FEDERAL HOSPITAL INSURANCE AND FEDERAL SUPPLEMENTARY MEDICAL INSURANCE TRUST FUNDS

Each drug plan receives direct subsidies (calculated as the risk-adjusted plan bid amount minus the plan premium), prospective reinsurance payments, and low-income cost-sharing subsidies from Medicare, as well as premiums from the beneficiaries. At the end of the year, the prospective reinsurance and low-income cost-subsidy payments are reconciled to match the plan's actual experience. In addition, if actual experience differs from the plan's bid beyond specified risk corridors, Medicare shares in the plan's experience gain or loss.

Expenditures for this voluntary prescription drug benefit, which started on January 1, 2006, were determined by combining estimated Part D enrollment with projections of per capita spending. Actual Part D spending information for 2009 was used as the projection base.

a. Participation Rates

All individuals enrolled in Medicare Part A or Part B are eligible to enroll in the voluntary prescription drug benefit.

(1) Employer-Sponsored Plans

There are several options for employer-sponsored retiree health plans to benefit from the Part D program. One option is the retiree drug subsidy (RDS), in which Medicare subsidizes qualifying employer-sponsored plans a portion of their qualifying retiree drug expenses (which are determined without regard to plan reimbursement). About 20 percent of beneficiaries participating in Part D were covered by this subsidy in 2009. Effective with 2013 under the Affordable Care Act, employers will no longer be able to deduct retiree health plan costs that are reimbursed by the RDS. In addition, retiree drug claims in the coverage gap will not be eligible for the 50-percent brand-name drug discount, and the 28-percent RDS subsidy rate will remain constant even though the coverage gap will be closing over time for other Part D drug plan participants. As a result of these changes, RDS program participation is assumed to decline quickly to about 2 percent in 2016 and beyond. It is expected that the retirees losing drug coverage through qualifying employer plans will participate in other Part D plans.

□ 1310

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

Madam Speaker, I guess I'd better start by saying that one man's facts are another woman's folly. I want everybody who is listening today to clear their minds of what they just heard and also to remind them that when Medicare and Social Security were also before the Congress of the United States, Republicans didn't like them either, and almost all of them voted against it. So to hear people whose plan for Medicare is to simply do away with it and give vouchers to the Medicare recipients no matter what their physical condition or their mental condition to go into the private market and try to buy insurance if they can with the amount of money that may not even cover it, this crying about Medicare in this bill, which really strengthens it, is hard to take.

This is an incredible milestone today, and those of you in the gallery are here on a very important day. Over the last 2 years, over 30 votes have been taken on this health care bill alone. Today is the 31st. They want to defund or dismantle or do whatever to it. Never in the history of this Congress, and I feel perfectly secure in saying this, has anybody voted this many times on a single issue. Why? Because we don't have anything else to do.

We are here simply killing time because everybody knows the Senate has already done away with this bill, so we know it's never going to become law. What it's going to do is, as I said yesterday at the Rules Committee, we're not trying to make law here, we're making political points. And that is a shame, because it's not that the country doesn't need our attention. It isn't as though the unemployment rate isn't so high and that people's futures are not so grim that they are crying out for us to get something done, but it has been said that this is the least productive Congress since the beginning of Congresses, apart from the Continental Congress.

So here today, no jobs bill has been passed here, and over that time while everybody is clamoring for it, we do the 31st vote on this measure which, again, everybody knows is going nowhere. So we have just months left in the 112th Congress, and yet we vote again on this. We voted at least nine times on women's reproductive health, which shows you what are the real issues here that people care about.

Sadly, we're not going to be able to vote this year, the rest of this term, on creating jobs or rebuilding the infrastructure or even ending the war in Afghanistan, but we vote for the 31st time on dismantling historic health care concerns.

I am sure that while time runs out on this Congress to tackle the major issues that face us, to create jobs and to rebuild our country, we have failed to answer the call. I shouldn't say ''we'' because that's the polite way to do it on the floor of the House. But everybody knows who is wasting time.

This year, thanks to the Affordable Care Act, already more than 360,000 small businesses are expected to receive tax credits that reduce the cost of health care for their employees. And meanwhile, the new guarantees, one that ensures that the insurance companies will spend 85 percent of the cost on health care, of your premium dollar for the first time in history, 85 cents of that dollar is going to go to health care, not administrative costs, not being put away to something or building buildings or whatever else. It will go to health care. That in itself is going to reduce the cost. This increased efficiency is very good news not only for small business owners but all the rest of us who bear the burden of inefficient care.

In addition, more than 3 million young adults are already insured on their parents' health care, and more than 5 million seniors have cheaper prescription drugs simply thanks to this health care reform, and we have not even started. It is not going to go into full effect until 2014, which I deplore, but nonetheless that's where we are.

Despite these benefits for millions of Americans, the majority wants to take it all away. Now they talk about repeal and replace. With what? We've had no plan of replacement. There is no answer to what's going to happen to the seniors and others who are already benefiting from this plan. They have offered no solution of their own; and 537 days ago, the majority passed legislation requiring this Congress to craft a proposal that would keep popular provisions of the Affordable Care Act, such as health care for people with preexisting conditions.

I hope everybody understands that your health care, as it is written now, has a yearly limit and a lifetime limit. If you exceed the lifetime limit, you are not insurable again in the United States. And you can do that very easily with, let's say, a serious head wound or other trauma. But we have waited for a year for this bill that was promised 537 days ago. I really believe, and I don't want to be cynical, but I certainly do believe, because I must, that no such bill will ever come.

So what's going to happen if this bill passes and the Affordable Care Act is

repealed? What's going to happen to the millions of women who will, once again, be charged more money than men for the same health insurance coverage? Do you know women pay 40 percent more? What will happen to the millions of seniors who will, once again, face the financial threat of the doughnut hole? What's going to happen to the thousands of children who will, once again, be denied health insurance coverage because they were born with a preexisting condition? And what will happen to the young people on their parents' health care unable to find work because Congress is not involved with that—or at least the majority is not? What will happen to them?

Today's vote will take away health care from women like Nancy O'Donnell, who is 60 years old and lives in my district in Rochester, New York. She works four jobs to make ends meet, and not a single one of them offers health care. Her life changed when she was diagnosed with cancer and told she would need a mastectomy. With no insurance to help cover the cost of major surgery, she faced the very real prospect of suffering with cancer and having no hope of being cured. And if anybody out there believes that you can be diagnosed with cancer and not be able to get treatment for it because you have no insurance, you've got another think coming.

Prior to the Affordable Care Act, there would have been no recourse for a woman like Nancy. For years, millions of women and men in America were denied health insurance because cancer was a ''preexisting condition'' or if they had ever had it and they changed jobs and they had to get new health care, they probably would not be able to because they had had cancer. Even patients like Nancy who had insurance—and she did not, remember—would face lifetime and yearly limits on their health care, meaning that they would stop providing treatment because they didn't want her high-cost disease affliction.

Thanks to the Affordable Care Act, these tragic stories are no more. Thanks to the Affordable Care Act, Nancy was able to access health insurance at a price she could afford. And with that health insurance in hand, she was able to access treatment and found out that a mastectomy was no longer needed. She has now had four clean CAT scans and no sign of cancer, and we are all delighted for her.

Women like Nancy are the reason I brought the Affordable Care Act through the Rules Committee to the House floor. Women like Nancy are the reason I stood up to those who threw a brick through one of my district office windows and who threatened my family because I wanted to provide affordable, lifesaving health care to Americans in need. Health care was costing us 17, going on 18, percent of GDP, and we could not afford it unless we wanted to become the one industrial Nation on Earth that was only able to provide health care and do war.

Surely to goodness, we would like to join the community of other nations. And in addition to that, we have put the burden on our employers to provide the health care for their employees that none of their competitors from overseas or Canada have to put up with. This has been really sad and really the start of the debate for Clinton health care which came from Lee Iacocca, who said that the cost of health care forced him to put about $2,000 more for the cost of each automobile he sold. It was unsupportable. But we're still at it here.

The United States, as I said, is the only one that does not provide its citizens with safe, secure, and affordable health care. They do it much cheaper than we do with much better outcomes. Instead, we put the burden back on the employers. That puts us at a disadvantage with competitors all around the world. Despite not providing reliable health care to millions of our citizens, the cost of health care rises. Prior to the Affordable Care Act, we were on a trajectory to soon be bankrupt simply through the skyrocketing cost of care.

□ 1320

Since the Presidency of President Roosevelt—and I'm talking about Teddy here, we're going way back beyond, ahead of Franklin—numerous Presidents have tried to provide health care—President Nixon, President Truman, President Clinton—to the millions of the uninsured to lower the cost of care.

We, each of us, when we talk about having other people buy health insurance if they can afford it, and if they can't, we help them, each family is expected, and has been for some time, paying what is estimated to be between $1,000 and $1,500 more on your own health care to cover for the uncompensated cost of people who don't have it.

So why don't we deal with this in a mature and grown-up way? Because somehow or other we can't. But the reason could be this: yesterday morning, Politico, one of the newspapers that we have here on the Hill, reported on the plans of the majority over the next 4 weeks. They had been talking to members of the majority. In part, they wrote: ''House Republicans have planned a series of hot-button votes over the next 4 weeks to contrast the party's agenda with that of Democrats and put President Barack Obama and Democratic candidates on the defensive,'' as though we are not capable of standing up and defending the votes that we take. ''The main goal is to boost the party's prospects on Election Day.''

Madam Speaker, the record is clear: today's vote is nothing more than a show. It is political theater. It puts political games ahead of the health of the Nation's citizens.

So, on behalf of the millions of Americans who are already benefiting from affordable care, I urge my colleagues to change course and reconsider the legislation before us today. Frankly, we should drop it. There's no point in taking this vote at all. Too much needs to be done, from creating jobs to investing in schools, rebuilding our broken highways and bridges. And we have only been able, in the United States, to build one airport from the ground up since 1972, in Denver. That tells you how modernized we are. But we are playing politics with health care reform instead, and health care is already saving lives.

So I urge my colleagues to oppose today's rule, the underlying legislation, and I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, at this time I'd like to yield 3 minutes to the gentleman from Spring Hill, Florida (Mr. NUGENT), the gentleman from the Rules Committee.

Mr. NUGENT. Madam Speaker, I want to thank the gentleman from Dallas, my Rules Committee colleague, PETE SESSIONS, for yielding me the time.

Over the past couple of years, I've met with thousands of people in Florida's Fifth Congressional District, whether it's businessmen, people on Medicare, veterans, and they all have the same appeal to me: Please, please repeal ObamaCare.

It's clear the American people know what our Democratic leaders still, to this day, don't want to admit: ObamaCare eliminates millions of American jobs, it cuts hundreds of billions of dollars from Medicare, and it puts in place 21 tax hikes that are going to cost the American people more than $800 billion over the next 10 years. And guess what. It only pays for 6 years of coverage. What a scam.

Everybody knows the health care system is broken and reform is needed, but ObamaCare is not the answer. Madam Speaker, I think a number of my colleagues forget that although the Supreme Court upheld the individual mandate—because it's a tax—it did declare parts of the bill unconstitutional. The Court explicitly stated the Affordable Care Act is constitutional in part and unconstitutional in part. And expansion, they said, of ObamaCare unconstitutionally forces States to expand Medicaid.

So the vote we take on this rule, H.R. 6097, gives Members of this body two things: repeal a law that is in part unconstitutional, and repeal an $800 billion tax increase on the American middle class. I have to think that if the other side knew that this was a tax increase back when they first implemented it, that—you know what?—they probably would rethink their thought on it.

Last night, my colleagues on the other side said that ObamaCare reduces the deficit, but it's also a tax cut. Only in Washington does that work—creating a new trillion-dollar health care program means reducing government spending. Only in Washington is $800 billion in new taxes a cut. These are numbers I know my colleagues on the

other side of the aisle know, and, more importantly, the American people know it.

For all these reasons, I'm grateful to Leader CANTOR for introducing the Repeal of Obamacare Act, and I'm proud to be a cosponsor of this legislation. I support the rule, I support the underlying legislation, and I encourage all of my colleagues who want real health care reform to do the same.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS), the ranking member of the Education and the Workforce Subcommittee on Health.

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

Mr. ANDREWS. I thank my friend from New York. It's great to be with her on the floor today, and my colleagues on the Republican side as well.

Today we could be voting on a bill where we work together to cut taxes for small businesses that put Americans back to work, but we are not. Today we could be voting on a bill that would help cities and counties and States around the country rehire police officers and firefighters and teachers they've had to lay off—over 600,000 of them the last few years—but we are not. Today we could be voting on a bill that would say that, if an American company brings jobs back from overseas, we'll cut their taxes and we'll pay for it by eliminating tax giveaways and loopholes for companies that outsource their jobs outside of the United States and take them overseas, but we're not voting on that. For the 31st time in the last 18 months, we're voting on a bill to repeal the health care law.

Now, I know there are Americans who feel strongly for and against the health care law, but almost every person I listen to feels very strongly we should be working together to help create an environment where businesses can create jobs for the American people, not voting for the 31st time on essentially a political argument.

Now, I do agree with my friend from Texas—and I thank him for mentioning my name; I respect him very much—about the need for facts in this debate. There is one fact that I think we've got to get to right away, which is whether or not the law that they are trying to repeal for the 31st time increases or decreases the Federal deficit.

The Congressional Budget Office, which is our neutral, nonpartisan auditor, said in January 2011—the first time of the 31 when the other side tried to repeal this law—that repeal of the law would add $220 billion to the deficit. In other words, if you write the law off the books, the deficit goes up because of the spending restraints and the new revenues that are in the bill.

I would want to ask my friend from Texas if he can tell us what the effect of the repeal of this bill—in other words, if this bill passes, what will this bill do to the deficit, according to the Congressional Budget Office?

I yield to the gentleman from Texas.

Mr. SESSIONS. I appreciate the gentleman asking the question.

The gentleman also understands that the Congressional Budget Office has not, as a result of the Supreme Court, been able to render that decision.

Mr. ANDREWS. Reclaiming my time, I would then respectfully ask my friend: Why don't we wait and see what the auditor says the bill will cost before we vote on it? My understanding is that they're going to do that probably by the end of this month. Why don't we wait and see what the auditor says it's going to cost before we vote on this bill?

And I would yield to the gentleman.

Mr. SESSIONS. I appreciate the gentleman engaging me. This really is of substance to the American people.

The cost of the bill is twice now—we found out a year after it was passed—twice as expensive as it was originally started.

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

Mr. SESSIONS. Madam Speaker, at this time, I'd like to yield 2 minutes to the gentleman from San Antonio, Texas (Mr. CANSECO), from the Financial Services Committee.

Mr. CANSECO. I thank the gentleman from Texas for yielding this time, and I rise in support of the rule and the underlying bill to completely repeal ObamaCare.

Though ObamaCare has been found to be constitutional, it doesn't mean it is good for our health care nor good for our economy. ObamaCare is still a government takeover of health care, putting Federal bureaucrats in charge of decisions that should be made by you and your doctor by creating 159 different boards, bureaucracies, and programs that will increase Washington's control over health care, like the Independent Payment Advisory Board, which is compromised of 15 unelected bureaucrats that will be empowered to decide what treatments Medicare will and will not cover.

□ 1330

ObamaCare also could lead to less access to care and lower quality health care. I recently visited with several physicians last week in my district, and they told me that ObamaCare could lead to a large exodus of physicians from active practice, leaving many Americans with health care coverage but without health care access.

ObamaCare also cuts over half a trillion dollars from Medicare to pay for other spending, which could lead physicians to cut back on the number of American seniors that they will see, negatively impacting their care by leaving seniors with health care coverage but without access to care.

Besides being bad for health care, ObamaCare is bad for our economy. I've visited with numerous small businesses throughout the 23rd Congressional District of Texas, and almost every one of them has told me that the biggest factor keeping them from expanding their businesses and hiring more employees is the uncertainty about health care costs due to various taxes and mandates contained in ObamaCare.

Given the Supreme Court's ruling, it's now up to the people's elected representatives in the Congress to provide American families and small businesses with much-needed relief from the burdens of ObamaCare by repealing it completely. Only after ObamaCare is repealed can we then work to implement commonsense reforms to make health care more affordable and accessible.

Ms. SLAUGHTER. Madam Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a member of the Committee on Energy and Commerce.

Ms. MATSUI. I thank the gentlelady from New York for yielding me time.

Madam Speaker, I rise today in strong opposition to this rule and the underlying legislation. This bill marks the 31st time that the Republicans attempted to repeal the Affordable Care Act, even though the Supreme Court of the United States has ruled it constitutional.

Unfortunately, instead of focusing on job creation, here we are again. The underlying legislation exemplifies the majority's continuous drumbeat to abolish the ACA, fearful that Americans may have a chance to fully realize its tremendous benefits.

Instead, the majority has only offered vague phrases and empty rhetoric, such as ''patient-centered health care,'' while repeatedly attempting to repeal legislation that will expand access to care for millions of Americans. Clearly, their idea of ''patient-centered health care'' refers only to those patients who can afford skyrocketing health insurance rates and do not have any preexisting conditions. What is the point of ''patient-centered health care'' when only a small portion of the public can access the care?

The underlying legislation before us today would deny my constituents and the American people the consumer protections for which they've been asking for for years. This legislation would increase costs to families, small business owners, and seniors across the board. It would allow insurance companies to deny coverage to Americans with preexisting conditions, drop coverage when people get sick, re-institute lifetime limits on coverage, and charge people more based merely on gender.

The ACA has already created long-lasting benefits for many of my constituents, including Paula, who, in March of 2010, was diagnosed with Ewing's sarcoma, a rare children's bone cancer, and given a 15 percent chance of survival. Initially, she was lucky to have health insurance. But at an average of $60,000 per chemotherapy treatment, she quickly approached her lifetime benefits cap. These are not burdens anyone can or should have to bear.

Because of the ACA, she remained covered and was able to complete her full treatment plan. And in the future, because of the law, Paula will not have to fear being denied coverage due to this preexisting condition.

It is time that we move forward and focus our efforts on job creation. I urge my colleagues to vote down this rule and vote against this underlying legislation.

Mr. SESSIONS. Madam Speaker, at this time I yield 1 minute to the gentlewoman from Dunn, North Carolina (Mrs. ELLMERS), a nurse, a health care professional prior to her service in the United States Congress.

Mrs. ELLMERS. I thank my colleague from Texas for acknowledging me.

Madam Speaker, I'm here today to join my colleagues and call for the immediate repeal of ObamaCare, with its massive tax increases.

Last month, as we know, the Supreme Court verified that ObamaCare is, in fact, a tax, one that has increased financial burdens of every American by over $500 billion, and will go down in history as the most significant expansion of the Federal Government and its power. This law has and continues to be bad policy for all Americans and future generations.

The Supreme Court's decision has sent a direct message to Congress and policymakers that we have to get back to work to repeal this law and replace it with effective, efficient reforms. I have begun circulating a letter that will be sent to Senator HARRY REID, calling on him to allow for his colleagues in the Senate to have an up-or-down vote on the repeal. Every American needs to know how his senator feels about this as well.

We each have an obligation to vote our conscience and carry out the business of the American people. I am encouraging all of my colleagues here in the House to sign on to this letter so that each Member of Congress can decide whether or not they are in favor of raising taxes on millions of hard-working American taxpayers.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS. Madam Speaker, I thank the gentlelady from New York, and join her in opposing the rule and the underlying bill.

This is the way it's supposed to work. Passed by the House, passed by the Senate, signed into law by the President, and upheld by the United States Supreme Court.

The ruling provided certainty for Americans and businesses all across the country, knowing that the popular provisions they've already enjoyed are going to remain in place, and we can continue to implement the law of the land.

So America, here's what Republicans want to take away from you today. They want to take away covering 7 million children, young adults who can remain on their parents health insurance plans until they're 26. They want to ban insurance companies from denying coverage to 17 million children with preexisting conditions. They want to end tax cuts that benefit 360,000 businesses that employ 2 million workers, all provisions that have popular and bipartisan support.

But rather than building on and moving forward from last month's ruling, nope, the Republicans, not surprisingly, decided to spend yet another day in Congress considering the repeal of the Affordable Care Act; 31 times that the House will vote on repeal. What a waste of America's time.

Thirty times that we haven't voted on jobs bills. Thirty times we haven't focused on extending tax cuts for the middle class.

For the American people in congressional districts all across the country, this is also the 31st time that the Republicans have put in jeopardy their access to quality, affordable, and comprehensive care. And so 250 million Americans could lose their benefits and protections with the vote today.

It's a step backward for Marylanders like Doug Masiuk, who watched the Affordable Care Act because he couldn't afford to keep paying a third of his income for health care and had started using bags of coins to pay for his medicines. The Affordable Care Act saves Americans like him $4 billion.

Families like the Mosbys in my county, in Prince Georges County, who suffered three traumatic health events and fell behind on their mortgage, almost lost their home. But the Affordable Care Act saves 105 million Americans who would reach lifetime limits but for the Affordable Care Act that the Republicans today want to repeal.

It's time to get on with it. It's enough. It's time for Republicans to move on, approve the settled law of the land, and start to implement the law.

I urge my colleagues to vote down the rule and to vote against this repeal.

Mr. SESSIONS. Madam Speaker, at this time I yield 2 minutes to the gentleman from Brigham City, Utah (Mr. BISHOP), a member of the Rules Committee.

Mr. BISHOP of Utah. Madam Speaker, if, indeed this will be the 31st time we will vote to repeal what is commonly called ObamaCare, that number signifies also the number of job-creating bills this House has passed and sent over to the Senate. It would be nice if the Senate would actually deal on any of those issues to move us forward on all of these concerns.

I do want to speak for just 1 minute here, though, about the concept of the 10th amendment, one of the task forces on which I serve. Everything that we are talking about, there's nothing wrong with helping people provide for themselves. The issue always is where should that decision be made. There's nothing wrong about that at all, but where should it be made.

The brilliance of our Founding Fathers in coming up with federalism was simply the idea of choices should be made by people in the areas in which they can affect themselves.

Massachusetts appears to have a health care system they imposed upon themselves. They like it. That's fine.

□ 1340

It won't work in the State of Utah because we are different. We have far more kids than Massachusetts has. We have a higher percentage of small business. Our solution is not their solution.

The brilliance of federalism is that the people who live in the States and the leaders of the States, they care as much as we do. They also can decide for themselves as much as we do. The other brilliance of federalism is that States can decide to be wrong if they want to without impacting the entire Nation. There are some States that may want to have a robust government involvement and tax themselves to do it. Allow them to do so. There are other areas that want to have a less robust government and tax themselves less. Allow them to do it. Only the States have the ability of becoming efficient, creating justice and creativity in their approaches.

My State of Utah came up with a legislative exchange program that better meets the needs of my State, of the demographics of my State. It is, in my opinion, still a better way of going, but unfortunately, it is stopped by ObamaCare. That is not what we should be doing. Not all great decisions have to emanate from this particular body.

Now, the Supreme Court has said this is a tax. Fine. It must be enforced by the Internal Revenue Service, and we need to realize that there will be 12,000 to 17,000 new employees of the Internal Revenue Service to enforce this provision. Will they be outsourced, as the IRS has done in the past—and does that present problems for it—or will they be funded in-house, which will cost us again?

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Massachusetts, who knows health care, the distinguished ranking member of the Committee on Natural Resources, Mr. MARKEY.

Mr. MARKEY. The Affordable Care Act is now part of our Nation's fabric of health care laws. Right alongside Social Security and Medicare now stands the Affordable Care Act. Yet the Republicans keep trying to take away or to take apart the benefits included in this law for the 31st time since they took over the House of Representatives. What we have here, Madam Speaker, is a severe case of Republican reflux.

Again and again, the Republicans keep coming up with harmful attempts to destroy all of the protections Americans have gained under this law—a Groundhog Day Republican reflux attempt to repeal this historic piece of

legislation that helps every family in our country. Again and again, the Republicans keep choosing corporations over consumers. The side effects of this Republican reflux are serious.

If the Republicans succeed, insurance companies could, once again, deny coverage because of preexisting conditions. Kids with asthma, women with breast cancer, all of these protections would just go away, and the Republicans will replace it with nothing. Americans could, once again, be forced into bankruptcy just because they got sick. Just because they got sick, they could go bankrupt if the Republicans' repeal attempt is successful this afternoon on the House floor. And what are they going to put in place of that protection against going bankrupt just because you are sick? Nothing. They have no proposal to have something replace those protections for American families.

Women could, once again, be discriminated against with higher insurance premiums. Just being a woman, unfortunately, under existing law is a condition which has women paying more. What are the Republicans going to replace this protection for women with, a protection that is now in the law? Nothing. They have no proposal they're bringing out here today onto the House floor.

With this Republican reflux, it's the American people who get burned. All they are doing is bringing out a proposal to repeal protections that ensure for every American family all of these extra protections which the Republicans have always denied them. They keep saying: Oh, no. We care about preexisting conditions. Oh, no. We care about people going bankrupt. Oh, no. We care about women being discriminated against. Then you say to them: Well, where is your proposal? Bring it out here. Let's have a vote on it.

But do you know what? This is about insurance companies over the consumers of our country. Vote ''no'' on this Republican reflux bill.

Mr. SESSIONS. Madam Speaker, I would like to yield 2 minutes to the gentleman from Knoxville, Tennessee (Mr. DUNCAN).

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

Madam Speaker, I rise in support of the rule and of the underlying legislation, the so-called Affordable Care Act, which should be called the ''Unaffordable Care Act.'' Even if the President's plan were the best thing since sliced bread, we simply cannot afford it.

Both Medicare and Medicaid now cost many times more than what was estimated when they were first passed. Already, the estimate for the President's plan is double what it was just 1 year ago, and most of it will not be fully implemented until 2014 and some parts until 2016. And much of it is ''paid for'' by placing millions more onto the Medicaid rolls. This will cost all the States many billions they do not have.

The nonpartisan Congressional Quarterly estimated these additional Medicaid costs at $627 billion over the next 10 years. In addition, in June, the Joint Committee on Taxation estimated that increased taxes over the next 10 years just to cover the plan would be from $675 billion up to possibly as much as $804 billion. If these are lowball front-end estimates, as is typical, the health care plan will not work unless medical care is limited or restricted more and more each year.

In considering their votes on this legislation, on this so-called Affordable Care Act, I hope that my colleagues will consider these strong words by Dr. Milton R. Wolf, President Obama's cousin. He wrote this:

> For the first time in the history of our Republic, our government has demanded that every American, upon the condition of breathing, be forced to enter a legal contract with government-approved corporations. Not even King George III dared impose such control. In truth, if a government can force you to patronize companies of its choosing, the fundamental relationship between the government and the individual is irrevocably changed. If it is allowed to stand, there will be no part of your life the government cannot control, and no crony it cannot enrich with your money.

I urge the support for this rule and this underlying legislation.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to my colleague, the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY. I thank the gentlelady for yielding and for her leadership.

Madam Speaker, today Congress must, once again, spend time in an empty gesture even as this country waits for real solutions to serious problems.

Instead of dealing with ways to speed up and expand the creation of jobs, once again, our colleagues on the other side of the aisle insist that we pretend like we are going to repeal the Affordable Care Act—even though that could drop over 6.6 million young adults under the age of 26 off their parents' health care policies; even though that could throw 17 million children with preexisting conditions to the mercy of the marketplace; even though that would drop 5.3 million seniors down the doughnut hole of Medicare; even though it would just create new uncertainties for small businesses.

Even though all of this is true and more, you make Congress, once again, engage in this crude Kabuki, which is totally without meaning because, if by some dark miracle you are able to pass the bill in the House and the Senate, do you believe for one second that the President would sign it? So what are we doing today? We are taking a vote on repealing the Affordable Care Act for the 31st time. It was a waste of time the first time, the second time, the third time, and so on and so on, and it's a waste of time today.

So I would say let's just hurry up. Vote ''no'' on the rule and on the underlying bill, and let's get back to the business of working to create jobs for the American people.

□ 1350

Mr. SESSIONS. At this time, I yield 1½ minutes to the gentleman from Savannah, Georgia (Mr. KINGSTON).

Mr. KINGSTON. Madam Speaker, there are five quick reasons why I think this bill should be repealed:

Number one, it does not decrease the cost of health care. In fact, it is estimated that it will increase costs by 13 percent per family and is already moving toward a $2,100 increase.

Number two, the loss of health care. The nonpartisan Congressional Budget Office estimates that 20 million people will lose their employer-based health insurance because of the mandates in ObamaCare.

Number three, it interferes with the patient-doctor relationship. The law creates 159 new boards, offices, and panels within the Federal Government to be in charge of people's health care decisions.

Number four, increased government spending at a time where we borrow 40 cents on every dollar we spend and our national debt is 100 percent of the GDP. ObamaCare is expected to cost over $1.8 trillion over the next decade. We don't have the money.

Number five, loss of jobs. The nonpartisan Congressional Budget Office estimates that nearly 800,000 jobs will be lost because of ObamaCare.

Madam Speaker, we need to repeal ObamaCare and replace it with the best ideas of Republicans and Democrats, which should include expanded health savings accounts, ending frivolous lawsuits, association health plans, across-State-line health care purchases, and State-run high-risk pools. These ideas will bring America together rather than divide us as a country over this very important issue.

Madam Speaker, following are my remarks in their entirety:

Rising Health Care Costs—Under the Patient Protection and Affordable Care Act (PPACA), CBO projects health insurance premiums will increase by $2,100 per family.

By 2016, health insurance premiums for individuals and families will increase by 13%.

Loss of Health Care Coverage—CBO estimates 20 million people could lose their employer-based health insurance because of the mandates imposed by PPACA.

According to HHS's own assumptions, as high as 80% of small businesses and 64% of large businesses will discontinue offering health insurance to its employees.

According to a survey by House Ways and Means, 71 of the nation's largest employers could save more than $28 billion in 2014 alone and $422.4 billion over a decade, by deciding to drop health insurance coverage for their 10.2 million employees and dependents and paying the $2,000 per-employee penalty instead.

Some colleges have already begun dropping student health insurance plans for the coming academic year and others are warning students of premium increases because of a provision in the Obamacare requiring plans to expand their coverage benefits.

For example, Bethany College in Kansas is cancelling its health insurance plan for students rather than face a premium increase of over 350 percent, causing the plans to increase from $445 per year to more than $2,000 per year.

A mandate in Obamacare requires all child-only health insurance carriers to guaranty issue plans, which allows individuals to purchase health insurance on the way to the emergency room. As a result, 17 states including Georgia no longer offer new child-only health insurance policies.

Interference with Patient-Doctor Relationship—PPACA creates the Independent Payment Advisory Board (IPAB) consisting of 15 bureaucrats responsible for making spending and coverage decisions for Medicare.

CBO projects IPAB will have a marginal effect on reducing Medicare spending.

The law does create 159 new boards, offices and panels within the federal government in charge of making decisions for people's health care.

Increased Government Spending—PPACA is expected to cost $1.8 trillion over the next decade, which is nearly double the original estimate.

Total federal spending on health care will increase from 5.4 percent of GDP this year to 10.7 percent of GDP in 2037 and 18.3% by 2087.

Loss of Jobs—The CBO estimates nearly 800,000 jobs will be lost because of passages of PPACA. This is because of the law's misguided incentives that increase the marginal tax rates discouraging work and labor supply.

According to a survey by the U.S. Chamber of Commerce, 74 percent of small businesses stated PPACA makes it harder for firms to hire new workers.

The same survey found 30% of the businesses surveyed are not hiring at all thanks to PPACA.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentleman from Texas, a member of the Committee on Ways and Means, Mr. DOGGETT, who also served on the Subcommittee on Health during the health care debate.

Mr. DOGGETT. ''I have lived through a terminal illness while struggling to get well and struggling to get and keep my insurance. I have been denied insurance because of a preexisting condition. I have lived this. It is very real for me. Today I breathe a little better. Life is good because now I have hope.''

That was the reaction of my constituent, Erin Foster, to the approval of the Affordable Health Care Act by the Supreme Court. And today's legislation ought to be called the Take Away Erin Foster Hope Act, because that's what it is, replacing the Affordable Health Care Act with only tax breaks for Tylenol.

In a few days, thousands of Texans will be receiving checks of almost $200 each, of almost $200 million in rebates from private insurance companies that overcharged and abused them. This bill should be called the Return to Sender Act, because it says those abusive health insurance companies get their money back if this act became law.

There are seniors today who are trying to make use of the flawed Republican prescription drug act that is now law. They left a giant gap—sometimes referred to as a ''doughnut hole''—in the coverage of that act.

Our seniors, as a result of the Affordable Health Care Act, have seen their prescription costs go down, some of that doughnut hole plugged, eventually to fill it all, and provide them the protection that they have earned.

This bill, if enacted, would double the cost of prescription drugs for those in the doughnut hole. About 2,250,000 Texas seniors would also no longer receive free preventive services. This act should be called the Charge Seniors More for Their Prescription Act, because that's what it does.

You see, the problem is that in their near fanatic determination to see that President Obama fails on everything, Erin Foster and that senior and that individual that is counting on one of those rebate checks, they are just collateral damage to these Republicans.

Mr. SESSIONS. Madam Speaker, at this time, I yield 1 minute to the gentleman from Laurens, South Carolina (Mr. DUNCAN), from the Foreign Affairs Committee, one of the most influential committees we have here in the House of Representatives.

Mr. DUNCAN of South Carolina. Madam Speaker, Americans know that the government takeover of health care is wrong. They spoke very loudly when the other side of the aisle forced this on America in the last Congress. It was bad policy before the Supreme Court ruled, and it was bad policy in January when we first passed the repeal bill. It's bad policy today, and it will be bad policy tomorrow. It takes $500 billion away from Medicare. It puts government bureaucrats between Americans and their doctors. It rations care for American seniors. It adds exponentially to the Nation's debt. It grows government. Specifically, it grows the Internal Revenue Service to collect the tax, which the Supreme Court so evidently pointed out that it is a tax that will be assessed if you fail to meet government's requirement to buy something.

Socialized medicine is wrong for America, and it is time to repeal the bill.

Ms. SLAUGHTER. I am pleased to yield 2½ minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Speaker, Albert Einstein once said the definition of ''insanity''—and you've heard this before, Madam Speaker—is doing the same thing over and over and expecting different results. Well, we've already voted over 30 times to repeal or restrict the Affordable Care Act, and here we are again, wasting time with politics instead of putting people back to work.

We're offering you the opportunity to help your constituents right now, Madam Speaker. You can defeat the previous question and take up the Bring the Jobs Home Act, which, for the first time, makes sure we promote insourcing of jobs and stops the corporate welfare for outsourcing jobs.

In the last decade, we have lost 5.5 million manufacturing jobs and 1.3 million back-office jobs. However, we have seen that the light of our economic recovery is powered by domestic production, not the outsourcing of jobs, and we've added over half a million manufacturing jobs in just the last 2 years.

There are some who think outsourcing is a good policy. In fact, they have made hundreds of millions doing just that.

I believe that the American Dream starts by creating good jobs right here in the United States, and that we should not outsource the American Dream to China or any other country.

This bill is very simple here. We're going to end the tax breaks that encourage companies to shift their jobs overseas, and use that to pay for tax credits for patriotic companies that want to bring jobs back home. That's pretty simple.

With all due respect, Madam Speaker, why are we wasting our time? The Supreme Court has ruled. The Affordable Care Act is the law of the land. If the law is repealed, according to a report by the New Jersey Public Interest Research Group, employers would see health care costs grow by more than $3,000 a year, and premiums would be increased from 14 percent to 18 percent per year higher to those who want to buy insurance, and my home State of New Jersey would have 10,000 fewer jobs by the end of the decade.

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

Ms. SLAUGHTER. I yield an additional 10 seconds to the gentleman from New Jersey.

Mr. PASCRELL. Despite the rhetoric, the majority is yet to propose a replacement that will cover all of the people they want to throw off the health care rolls. And they continue to ignore the number one priority of the American people: creating jobs.

A week after the Fourth of July, Madam Speaker, I urge my colleagues to defeat this motion and let the House vote on a patriotic American bill that will create jobs right here.

Mr. SESSIONS. Madam Speaker, at this time, I yield 2 minutes to the gentleman who, before he came to Congress, was on the front line of health care as an anesthesiologist on the eastern shore of Maryland, Congressman HARRIS.

Mr. HARRIS. Thank you very much, Mr. Chairman, for yielding the time.

Madam Speaker, my, my, my. Former Speaker PELOSI was so right when she said Congress had to pass this bill so Americans could just find out what's in it.

□ 1400

Well, Americans have learned a lot since we first tried to repeal the President's health care act last January. We learned that it still continues to stifle job growth as we learn more and more about it, and that's why we have to attempt to repeal it once again.

Earlier this year, Americans discovered that the law creates a new nationwide mandate for coverage that doesn't allow people to opt out when they have a religious or moral objection to those covered services, a violation of the Religious Freedom Restoration Act duly passed by this Congress and, more importantly, a violation of their First Amendment rights. These inflexible mandates jeopardize the ability of institutions and individuals to exercise their rights of conscience, one of the most basic rights, and, yes, we discovered this since we voted on the repeal last January.

Mr. Speaker, by now Americans have learned enough about this bill. They want it repealed, and we should listen to them. We should pass the rule and pass the bill.

Ms. SLAUGHTER. I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I yield 3 minutes to the Rules Committee chairman, the gentleman from California (Mr. DREIER).

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

Mr. DREIER. Mr. Speaker, I would like to express my appreciation to the distinguished vice chairman of the Committee on Rules, our friend from Dallas, Mr. SESSIONS, for his superb management of this rule.

I would like to say that as we look at where we're going, contrary to arguments that have been propounded here on the floor, it's important to note that everybody wants to do everything we possibly can to ensure that our fellow Americans have access to the best quality, affordable health care in the world. We have the best health care system in the world; we all know that. We want to make sure that we continue to see that health care system improve, and we have just come to the conclusion that the massive expansion of government is not the answer to the goal of ensuring that people have access to quality health care.

The Supreme Court made their decision. We know what the Supreme Court's decision was. I think that that decision pointed out a few things. It's a tax. We were told consistently it wasn't a tax, and, frankly, if we had known what the Supreme Court told us about it being a tax, I don't believe that we would have had the passage of that measure from the House.

That decision has been made, and also the Supreme Court, by virtue of determining what is constitutional, does not mean that it's good public policy. In fact, the Chief Justice has made it clear that they are not casting an opinion as to whether or not this is a right measure.

I think that most of us have come down on the side of saying that we should have taken an incremental approach in dealing with this. There are a number of things that if we had done that would have, I believe, immediately reduced the cost of health insurance and direct health care costs, Mr. Speaker.

They include things like allowing for the purchase of insurance across State lines, things like saying that there should be association health plans, which interestingly enough passed the House and died because of Democrats blocking it in the Senate when my party was last in the majority here. Also, things like allowing for real meaningful lawsuit abuse reform, which the President of the United States said he advocated when he was here, and I acknowledge pooling to deal with pre-existing conditions is something that needs to be done.

The fifth point is expanded medical savings accounts, which encourage people to put some dollars aside with a tax incentive plan for their health care needs.

If we had done these five things, Mr. Speaker, and these are things that we as Republicans have put forward and again—as I said when we were last in the majority, when people on the other side often said that we did nothing—we passed association health plans, which, again, allow small business to pool together, come together and work to get lower rates as large corporations do.

It seems to me, Mr. Speaker, that as we look at the challenges that we have, we can make this happen. The reason that we are casting the vote, as we will today to repeal, is that we need to do that so that we can do this in an open way.

Now, I have got to say some would say this is a closed rule. This is simply an up-or-down vote on whether or not we should repeal this. When we last considered this measure that we are voting to repeal today, Mr. Speaker, I have got to tell you it was done under the most closed process we have ever had.

The SPEAKER pro tempore (Mr. POE of Texas). The time of the gentleman has expired.

Mr. SESSIONS. I yield the gentleman an additional 2 minutes.

Mr. DREIER. Let me just say that when we did this, when we did this here, it was done under a process that was unprecedented for an issue of this magnitude.

That closed process, Mr. Speaker, is one of the things that I believe played a role in seeing the Speaker of the House of Representatives, then NANCY PELOSI, have to hand the gavel to JOHN BOEHNER.

The American people understood the fact that things were so closed around here, and I am very proud and happy that since we have been in the majority our Rules Committee has reported out bills that have allowed for a structure that has made more amendments considered in the first several months of this Congress than have been considered in the entire last Congress.

So we have tried to work for more openness and, again, a real example of that closed process was what took place in the last Congress.

Well, we need to take this measure, we need to repeal it. I hope very much that some of our colleagues in the other body will agree to that. People always say it's a foregone conclusion what's going to happen. Well, you know what? I never come to an absolute foregone conclusion.

We have our responsibility, as Members of the House of Representatives, to step up to the plate and do what we as a body think is the right thing for us to do, and that's exactly what is going to take place today.

So if it doesn't happen, I think that there might be a chance for us next year to do this. Again, Republicans, contrary to what is often said, do want to take steps to ensure that all of our fellow Americans—and we listen to these horror stories, and they are terrible stories of the way people have been treated.

That's why I am a proponent of a structure that will allow for ways to deal with pre-existing conditions. I believe that we can in a bipartisan way, since the President advocated it, deal with meaningful lawsuit abuse reform.

Again, we need to remember that if we want to keep our Nation on the cutting edge of technological development to find a cure for cancer, Alzheimer's and these other ailments, we need to make sure that there's still an incentive for that to take place.

Mr. Speaker, I support the rule, and I support our underlying measure.

Ms. SLAUGHTER. I continue to reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, the Republicans today have brought forth the ideas about why we are repealing the ObamaCare health care bill. The process that was gone through has been under wide debate, but the results are factually known and understood.

Mr. Speaker, our economy is in shambles. Our economy is in shambles because of uncertainty, uncertainty in the marketplace about the rules and regulations, not just of health care, but about the impact of Big Government, and this is the big daddy of all of them. The health care bill is the big daddy that invades every single piece, part of not just this country and our society, but because of the way it reaches into individuals and to families, it is very disruptive.

The IRS will be empowered to hire up to 17,000 new IRS agents to make sure that not only are taxes being paid, but to make sure that the government has its way with people who, even though they may or may not choose to get health care, will be required to by this government. We well understand what the results are of this bill; and as a result of that, that's why Republicans are on the floor of the House of Representatives today.

Ms. SLAUGHTER. I continue to reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LOBIONDO).

Mr. LOBIONDO. I appreciate the chairman for yielding.

Mr. Speaker, I would like to reemphasize some points that I think probably have already been made, that health care is not a partisan issue. Whether we're Republicans or Democrats or Independents, we want to see health care more affordable and more accessible. Unfortunately, President Obama's health care bill does not do the job.

The Supreme Court made it completely clear that this is a new tax.

□ 1410

With a very fragile economy, the last thing we need to do is impose a new tax on our businesses. In my district, the average unemployment rate is hovering around 13 percent. I've talked to many of the businesses. The uncertainty of this legislation is killing their incentive to hire new people. It's something that we really shouldn't let happen. And maybe more important, I believe that the sacrosanct doctor-patient relationship is jeopardized by the 111 new boards and commissions that will put cost before care.

This is something that we cannot allow to happen. The best way to do it is for a total repeal, to start over with the points that will make sense, that most of America can get their arms around, that the medical community will say will help the doctor-patient relationship and businesses will have a clear understanding.

Ms. SLAUGHTER. May I inquire of my colleague if he has further speakers?

Mr. SESSIONS. At this time, I'd inquire of the Speaker how much time remains on both sides.

The SPEAKER pro tempore. The gentlewoman from New York has 1 minute 50 seconds remaining, and the gentleman from Texas has 3 minutes remaining.

Mr. SESSIONS. Thank you very much, Mr. Speaker.

I have no further requests for time, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, Presidents from both sides of the aisle have tried to do health care in the United States for a hundred years. Finally, 2 years ago, we were able to achieve the goal. Today, we vote on a bill that would dismantle that achievement for political points only, because the 31st time is not going to be the charm here.

We have heard, again, the dire straits of this country. Please ask your Member of Congress why it is that we're voting on this for the 31st time instead of doing something about jobs, for heaven's sake.

I've not heard anything in that bill or anyplace else that 17,000 IRS agents are going to be hired. I think that's, again, something that we really don't know about.

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

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. I urge my colleagues to vote ''no'' and defeat the previous question.

I urge a ''no'' vote on the rule, and I yield back the balance of my time.

Mr. SESSIONS. I appreciate the gentlewoman from New York not only for her indulgence of this issue the past few days but also for her professional nature today.

Mr. Speaker, we're on the floor because the health care bill that the President and House Democrats and Senate Democrats supported costs twice as much 1 year later as was guesstimated the year before.

The United States is suffering economically, people are suffering economically, and we are losing our competitiveness with the world. We are here because the biggest driver of what I would consider to be not just lack of jobs in this country but also continued uncertainty for the business community. Someone called them corporations. They're really employers. Employers across this country are saying to Members of Congress not just in sworn testimony but in media after media, newspaper after newspaper, that it is uncertainty related to the health care bill that is causing them not to move forward on their plans to grow their business.

We are here today because we need to make sure that we also understand the cost—the cost that is twice as much in 1 year as was guesstimated to be in the year before. This cost in doubling, this would mean that this body either needs to come up with a way to pay for it, which would mean, following the Democrats' proposal, instead of taking $500 billion out of Medicare, we would take $1 trillion out of Medicare. Instead of raising taxes $570 billion, we would have to raise taxes $1 trillion. Instead of all these things that the bill does that taxes people, instead of it being exactly the way they said it would be, including $70 billion for a plan for long-term care that now they cannot sustain, it would have to be $140 billion.

Mr. Speaker, the American people do understand that health care is important, and Republicans would insist upon us following, just as we have in the past, health care bills which would better the marketplace, and people would have the ability to purchase health care at an affordable amount and to make sure that we have physicians and patients that have a close relationship. Please make no mistake: tort reform would be at the top of our order.

Secondly, buying insurance across State lines would include a healthy marketplace. Third, 26-year-olds being on their parents' insurance, that's a bipartisan idea. High-risk pools to help spread out the cost would become available. We're for those, too. And certainly associated health care plans that are able to pool their resources so that they can have a bigger team size in which to purchase health care would be important. But more importantly, we need to make sure that every single American gets health care on a pretax basis.

We've made our case today, Mr. Speaker. I am very proud of what we're doing. I urge my colleagues to vote for the rule and the underlying bill.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 724 OFFERED BY MS. SLAUGHTER OF NEW YORK

Amendment in nature of substitute:

Strike all after the resolved clause and insert:

That immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5542) to amend the Internal Revenue Code of 1986 to encourage domestic insourcing and discourage foreign outsourcing. 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 among and controlled by the chair and ranking minority member of the Committee on Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

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

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

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the

control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

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

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

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

Mr. SESSIONS. 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.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minutes votes on adopting the resolution, if ordered; and agreeing to the Speaker's approval of the Journal.

The vote was taken by electronic device, and there were—yeas 238, nays 184, not voting 9, as follows:

[Roll No. 456]

YEAS—238

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

NAYS—184

Ackerman
Altmire
Andrews
Baca
Baldwin
Barber
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Braley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

NOT VOTING—9

Akin
Bonner
Gutierrez
Hirono
Jackson (IL)
King (IA)
Miller, George
Platts
Sullivan

□ 1440

Messrs. HASTINGS of Florida, BUTTERFIELD, and KUCINICH, Ms. LORETTA SANCHEZ of California and Ms. JACKSON LEE of Texas changed their vote from ''yea'' to ''nay.''

Mr. POSEY changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 240, nays 182, not voting 9, as follows:

[Roll No. 457]

YEAS—240

Adams
Aderholt
Alexander
Amash
Amodei
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess

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

NAYS—182

Ackerman
Altmire
Andrews
Baca
Baldwin
Barber
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Blumenauer
Bonamici
Boswell
Brady (PA)
Braley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

NOT VOTING—9

Akin
Bishop (NY)
Bonner
Gutierrez
Hirono
Jackson (IL)
King (IA)
Miller, George
Woodall

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1446

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 312, nays 105, answered ''present'' 3, not voting 11, as follows:

[Roll No. 458]

YEAS—312

Ackerman
Aderholt
Alexander
Altmire
Amodei
Austria
Baca
Bachmann
Bachus
Barber
Barletta
Bartlett
Barton (TX)
Bass (NH)
Becerra
Berg
Berkley
Berman
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Bono Mack
Boren
Boustany
Brady (TX)
Braley (IA)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Capps
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castor (FL)
Chabot
Chaffetz
Chu
Cicilline
Clarke (NY)
Clay
Cleaver
Clyburn
Coble
Cohen
Cole
Connolly (VA)
Cooper
Courtney
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Davis (CA)
Davis (IL)
Davis (KY)
DeGette
DeLauro
DesJarlais
Deutch
Diaz-Balart
Dicks
Dingell
Doggett
Dreier
Duncan (SC)
Duncan (TN)
Edwards
Ellmers
Emerson
Engel
Eshoo
Farenthold
Farr
Fattah
Fincher
Flake
Fleischmann
Fleming
Flores
Fortenberry
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Gibbs
Gingrey (GA)
Gonzalez
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Green, Al
Griffith (VA)
Grimm
Guthrie
Hahn
Hall
Hanabusa
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heinrich
Hensarling
Herger
Higgins
Himes
Hinojosa
Hochul
Holden
Honda
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Kaptur
Kelly
Kildee
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Langevin
Lankford
Larsen (WA)
LaTourette
Latta
Levin
Lewis (CA)
Lipinski
Loebsack
Lofgren, Zoe
Long
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Mack
Maloney
Manzullo
Marchant
Marino
Markey
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
McNerney
Meeks
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Moran
Mulvaney
Murphy (CT)
Myrick
Nadler
Napolitano
Neal
Neugebauer
Noem
Nunes
Nunnelee
Olson
Palazzo
Pascrell
Paul
Pearce
Pence
Perlmutter
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quigley
Rangel
Rehberg
Reichert
Reyes
Richardson
Richmond
Rivera
Roby
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Rothman (NJ)
Roybal-Allard
Royce
Runyan
Ruppersberger
Rush
Ryan (WI)
Sarbanes
Scalise
Schiff
Schmidt
Schock
Schrader
Schwartz
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell
Sherman
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stark
Stearns
Stutzman
Sullivan
Sutton
Thompson (PA)
Thornberry
Tiberi
Tierney
Tonko
Tsongas
Turner (NY)
Turner (OH)
Upton
Van Hollen
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Webster
West
Westmoreland
Whitfield
Wilson (FL)
Wilson (SC)
Wolf
Womack
Woolsey
Yarmuth
Young (FL)
Young (IN)

NAYS—105

Adams
Andrews
Baldwin
Barrow
Bass (CA)
Benishek
Boswell
Brady (PA)
Brown (FL)
Burgess
Capuano
Cardoza
Chandler
Clarke (MI)
Coffman (CO)
Conaway
Conyers
Costa
Costello
Cravaack
Critz
DeFazio
Denham
Dent
Dold
Donnelly (IN)
Doyle
Duffy
Ellison
Filner
Fitzpatrick
Forbes
Foxx
Gardner
Garrett
Gerlach