

OBAMACARE WILL DESTROY THE VERY HEALTH AND WELL-BEING OF WORKERS

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

Mr. BURGESS. Mr. Speaker, here it is, Patient Protection and Affordable Care Act, section 1513, page 159, paragraph D, Effective Date. This is the section that deals with the so-called "employer responsibility," what we call the "employer mandate," the effective date as defined in law:

The amendments made by this section shall apply to the months beginning after December 31, 2013.

Mr. Speaker, I'd like to bring the House's attention to a letter that was submitted to Leader PELOSI and Leader REID by leaders of some of our country's labor unions. This is from James Hoffa from the Teamsters Union.

Since the Affordable Care Act was enacted, we have been bringing our deep concerns to the administration seeking reasonable regulatory interpretations to the statute that would help prevent the destruction of non-profit health plans. As you both know firsthand, our persuasive arguments have been disregarded and met with a stone wall by the White House and the pertinent agencies. This is especially stinging because other stakeholders have repeatedly received successful interpretations for their respective grievances. Most disconcerting of course is last week's huge accommodation for the employer community—extending the statutorily mandated December 31, 2013, deadline for the employer mandate and penalties.

BEDFORD MEMORIAL ELEMENTARY

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SHEA-PORTER. Mr. Speaker, I recently had the pleasure of visiting New Hampshire's Bedford Memorial Elementary School to congratulate the school community for their recognition as a National Blue Ribbon School.

Bedford Memorial Elementary educates children from preschool through the fourth grade, and the school is dedicated to each student's academic, emotional, and physical development. The teachers' and staff's attention to every single child and every single detail was obvious from the moment I entered the school. The young students at the schoolwide ceremony I attended were some of the best behaved children I have ever seen, and it was clear that the teachers and the administration celebrated children and were dedicated to their wellness and their education.

At the ceremony, the school recognized the children, the leaders who had worked throughout the year to help other students get along. They also sang, and they danced a very happy and spirited dance that helped showcase their arts and their holistic approach to education.

The ceremony served as a testimony to the tremendous leadership of the

principal and the staff and the school board and, most importantly, the parents.

The Department of Education's Blue Ribbon School Award is exactly the kind of positive recognition that helps our best available schools and shows others what is possible in every school for every child.

Congratulations to them.

THE CENTENNIAL ANNIVERSARY OF DELTA SIGMA THETA SORORITY

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. I rise today to honor the great contributions of Delta Sigma Theta Sorority, which is celebrating its 100th anniversary here in Washington, D.C., this week.

Founded in 1913, on the campus of Howard University, Delta Sigma Theta is committed to sisterhood, scholarship, and service. It's the largest African American women's organization in the country, and provides assistance and support to communities throughout the world.

Delta has played an important part in civil rights and women's rights, and even in 1913, just after its founding, marched in the women's suffrage march. That was its first activity.

For a century, Delta members have been at the forefront of politics, medicine, law, the arts, military, and faith. Esteemed members of Delta include civil rights heroine and Presidential Medal of Freedom recipient, the late Dorothy Height, and two of my heroines, Congresspeople Barbara Jordan and Shirley Chisholm. And in the arts, Ruby Dee Davis, Cicely Tyson, and Lena Horne.

Delta's storied history also includes the accomplishments of many women from my hometown, Memphis: Mary Church Terrell, Representative Johnnie Turner, Speaker Pro Tempore Lois DeBerry, the late and great civil rights leader Maxine Smith, National Civil Rights Museum Director Beverly Robertson, and Olympic Gold Medalist Rochelle Stevens.

I salute both the Memphis and Shelby County alumnae chapters and the thousands of Deltas who are currently in our Nation's Capital to celebrate their first 100 years. I thank them for their service, and wish them many more.

PROVIDING FOR CONSIDERATION OF H.R. 2668, FAIRNESS FOR AMERICAN FAMILIES ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 2667, AUTHORITY FOR MANDATE DELAY ACT

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 300 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 300

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2668) to delay the application of the individual health insurance mandate. 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 on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit.

SEC. 2. Upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2667) to delay the application of the employer health insurance mandate, and for other purposes. 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 on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit.

SEC. 3. (a) In the engrossment of H.R. 2668, the Clerk shall—

(1) add the text of H.R. 2667, as passed by the House, as new matter at the end of H.R. 2668;

(2) conform the title of H.R. 2668 to reflect the addition of the text of H.R. 2667, as passed by the House, to the engrossment;

(3) assign appropriate designations to provisions within the engrossment; and

(4) conform cross-references and provisions for short titles within the engrossment.

(b) Upon the addition of the text of H.R. 2667, as passed by the House, to the engrossment of H.R. 2668, H.R. 2667 shall be laid on the table.

The SPEAKER pro tempore (Mr. DENHAM). The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. For the purpose of debate only, I yield the customary 30 minutes to the gentlelady from New York (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. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 300 provides for consideration of two closely related bills, H.R. 2667, the Authority for Mandate Delay, and H.R. 2668, the Fairness for American Families Act. The rule provides for 1 hour of general debate for each bill, controlled by the Committee on Ways and Means. Further, the minority will be offered a motion to recommit on each bill. Because the issues before us in these two bills are so closely linked, the rule provides that, upon passage, the Clerk will merge the text

of both bills into a single measure to send to the Senate.

Mr. Speaker, we're here today because the President has decided that he alone, without consultation, without advice, consent, or even notice to the United States Congress, has the sole authority to decide which laws he will and which laws he will not enforce. The President has done this with regard to immigration laws; he has done this with regard to duly enacted marriage laws; and now, in an act of too true hubris, he has done this with respect to his own signature issue, the President's health care law.

In a July 2, 2013, blog post—a blog post; not a letter, not a phone call, not a press conference, not even a press release, but a blog post—the President announced three significant changes to his health care law that we have been assured over and over is perfect, it's on track, it's on schedule, we will be ready. But this announcement, posted just before the July 4th holiday, 6 p.m. eastern time, on July 2, when the administration knew that everyone in the country was preparing to celebrate this country's independence, spending time with their families, everyone's attention was diverted so they did not notice that two major provisions to the President's signature piece of legislation were being postponed:

First, the requirement that employers report data to the Internal Revenue Service are postponed for a year;

Second, the requirement that large employers offer coverage to full-time workers or pay a penalty. Large employers are defined as having 50 or more full-time equivalent workers. Well, that's postponed; and

Third, the requirement that coverage offered by large companies be not more than 9.5 percent of an employee's pay for his or her individual coverage.

With the President's supporters chanting they can't wait any longer for the benefits of the health care law to go into effect, the President has responded and told them, "Just wait."

In showing that the House Republicans and the President can, in fact, come together and agree upon an issue, Mr. GRIFFIN from Arkansas introduced H.R. 2667, the Authority for Mandate Delay Act, providing the President with the statutory authority that he has already usurped and codifying the President's announcement.

□ 1245

Although Republicans have long held that all provisions in the health care bill should be delayed—delayed permanently—we can at least come together when we are on the same page as the President and support his efforts by passing his announcement into law.

However, while he's giving a pass to employers by not requiring them to offer health care coverage next year, he is giving no such pass to individual citizens. The individual mandate and other elements of the Affordable Care Act remain unchanged. Republicans be-

lieve providing relief to businesses while denying that same relief to individuals is inherently unfair.

For this reason, Representative TODD YOUNG from Indiana has introduced H.R. 2668, the Fairness for American Families Act. This bill would provide the same relief to individuals and families that the President has provided to business owners. It is the fair thing to do. It is the right thing to do.

The President has justified his postponement of the employer mandate by pointing out that the regulations surrounding the mandate are just so very complicated, businesses will need at least one more year to comply. And, quite frankly, his administration will need at least one more year to put the regulations into place. This is the same argument that could be used for the individual mandate. I am highly skeptical, as are many of my colleagues on both sides of the aisle, that this administration will be able to have the exchanges and the insurance programs up and running.

Remember, open enrollment starts in just a few weeks, October 1 of this year, a prerequisite for the individual mandate to be able to be implemented. Although officials from the administration repeatedly claim they are on track to implement this law and meet its deadlines, the employer mandate postponement shows that the train, in fact, is not coming off the rails, it's already off the rails with regard to implementation.

On October 1, navigating the exchanges will be a nightmare for our constituents, and yet the administration has turned its back on giving them any relief from their law. Even the law's original proponents are beginning to become more vocal about the law's unintended consequences and negative effects on Americans' lives. In a letter sent to NANCY PELOSI and Leader REID last Friday, three major unions wrote:

When you and the President sought our support for the Affordable Care Act, you pledged that if we liked the health plans we have now, we could keep them. Sadly, that promise is under threat. Right now, unless you and the Obama administration enact an equitable fix, the Affordable Care Act will shatter not only our hard-earned benefits, but destroy the foundation of the 40-hour workweek that is the backbone of the American middle class.

After detailing in the letter how Democrats have repeatedly ignored the unions' pleas to fix this ill-conceived bill, the letter concludes:

Time is running out: Congress wrote this law; we voted for you. We have a problem; you need to fix it. The unintended consequences of the Affordable Care Act are severe. Perverse incentives are already creating nightmare scenarios.

Mr. Speaker, I hope that the Democrats will join Republicans today and, quite frankly, follow the President's lead and postpone this law. What's good for business should be good for the American people. Republicans have sided with the American people on this

issue time and again. The American people do not want this law to be implemented as its written, and we're here today to see that it is not. I am encouraging my colleagues to vote "yes" on the rule and "yes" on the two underlying bills.

With that, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I want to thank my friend for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, I feel as though I could give the same speech today that I have delivered repeatedly in the Rules Committee and on the House floor for the past 3 years. Despite failing 37 times before, the majority is trying the 38th and 39th time today to repeal, defund, or otherwise undermine the Affordable Care Act.

However, unlike past votes, today's attempt to undermine the law occurs on the very same day that my home State of New York delivered incredible news to New York families. Today we learned that, thanks to the Affordable Care Act, health insurance premiums for many of my fellow New Yorkers will be reduced by 50 percent or more. In my district alone, 56,330 persons will be eligible to access those savings through New York's new health insurance exchange.

New York is just the latest in a growing number of States finding the same thing—including Oregon, California, and Washington—where the cost of health care premiums are being reduced because of the Affordable Care Act.

As The New York Times reported this morning, some low-income individuals in New York could see their premiums go from \$1,000 a month to as low as \$308 a month, and subsidies provided for lower-income persons through the Affordable Care Act will drive those premiums even lower. Believe me when I tell you that New York does not want to be relieved of the burden of the Affordable Care Act. For many of them, it will be the first time in their lives they've been able to afford it.

This is incredibly good news for millions of people in New York and a realization of the law's promise to provide more affordable health care.

Among other accomplishments, the Affordable Care Act is increasing competition in New York because 17 insurers have been approved to participate in the individual insurance marketplace. That competition, again, Mr. Speaker, as all of us know, is what helps to bring down the cost. And that is working. Meanwhile, on top of that, as we know the Affordable Care Act requires all insurance companies to spend 80 cents of your premium dollar on your health care, we know that will even add to the tumbling costs.

And perhaps most importantly, the individual mandate included in the Affordable Care Act will soon take effect, driving down costs even more. Given

this fact alone, it is the height of irresponsibility and nihilistic obstruction for the majority to attempt to delay its implementation one more time. Delaying the individual mandate would undermine the very foundation of the Affordable Care Act and cause health care premiums to skyrocket. In fact, the Urban Institute has estimated that without the individual mandate, an extra 13.8 million people would go without insurance because of the cost.

Everyone from doctors to health insurance companies knows this fact. And, indeed, they are working together in New York to implement this act. That's why organizations such as the American Academy of Family Physicians, the American Heart Association, and the American Diabetes Association are opposing the majority's proposal today.

In a letter to Congress, the American Academy of Family Physicians recently wrote that the individual mandate "is the foundation of improving access to care and vital to ensuring that everyone has health insurance coverage. For that reason, the American Academy of Family Physicians supports the health coverage requirement for individuals" and urges that we get on with the program.

Mr. Speaker, the fact of the matter is the majority's proposal is nothing more than an attempt to score cheap political points. As has been the case for the last 3 years, the Senate will not take up this bill, and everybody here knows that. And even if they did by some strange quirk of fate pass it, the President would veto it. He's said so already. So we're spending another week of legislative business doing another meaningless piece of legislation that we know will not go anywhere.

We should be rejoicing, Mr. Speaker, about the things that are coming in from States that have already set up their exchanges about the money that is being saved and the many, many more people being insured. I've said many times before the estimated cost of running the House of Representatives is \$24 million a week. Of all people, the Members of the majority who claim to care so dearly for stopping wasteful spending should be objecting to a legislative agenda that holds a variation of the same go-nowhere bill for 39 times.

Bridges are collapsing. Our economic growth is anemic. Millions of Americans are unemployed, and if the farm bill passed here last week were to become law, they would not only be unemployed, they would not be allowed to get food stamps to help them feed their families.

Meanwhile, sequestration is closing Head Start programs, furloughing working moms and dads, and cutting programs that serve vulnerable populations such as our Indian populations living on reservations who are hit extremely hard by sequestration.

Yet instead of addressing any of these issues, the majority continues to

play this game. Such a self-serving political pursuit is a shameful mark on the history of this Chamber and our democracy.

Etched above the Speaker's rostrum is a quote from Daniel Webster that speaks to the need to end the political games and to focus on issues that are important to the American people. In part, those words read:

Let us see whether we also in our day and generation may not perform something worthy to be remembered.

In 2010, I was proud to play a central role in the passage of the Affordable Care Act. I faced a lot of vitriol because of it. In the darkest moments, my district office was vandalized and the lives of my grandchildren were threatened. Yet I remained dedicated to passing the law because at the time health care costs were approaching 20 percent of our Nation's GDP, and an unconscionable number of Americans were being denied basic health care because of the cost of preexisting conditions. And in eight States in this United States and the District of Columbia, violence against women, domestic violence, was considered a preexisting condition. No more.

Before voting on the legislation, the Democratic Caucus read the bill three times line by line. By the time it was signed into law, it was clear this legislation would deliver on the promise of secure and affordable care for millions who had been denied health care for far too long.

Looking back at that moment in time, it is my belief that the law we produced will go down in history, as Webster says, as "something worthy to be remembered."

Already, thanks to the Affordable Care Act, seniors have begun receiving free preventive screenings and subsidies to cover the cost of prescription medicines when they fall in the doughnut hole. In a few years, the doughnut hole will be completely closed.

In addition, children under the age of 26 are now protected under their parent's insurance coverage while they find their first job and start a life of their own. Finally, prior to passage of the Affordable Care Act, in eight States, disgracefully, domestic violence was considered a preexisting condition. Those policies are now outlawed. And soon, no health insurance plan in the country will be allowed to deny an individual coverage because of a preexisting condition, and women will no longer have to pay a higher price for their insurance than men simply because of their gender.

All of this incredible progress is because of the Affordable Care Act. So while repealing the mandate may serve the narrow political interests of the majority, it is a dangerous proposition for the health and wellbeing of American families. Americans deserve a Congress focused on solutions, not a 39th attempt to rehash debates of the past.

Mr. Speaker, as we debate yet another go-nowhere attempt to under-

mine the Affordable Care Act, I urge the majority to read the words above the Speaker's rostrum and put an end to their tired political games. It is past time for us to get to work on meaningful legislation to help the American people.

I urge my colleagues to oppose this rule and the underlying legislation.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, at this time I yield 3 minutes to the gentleman from Minnesota (Mr. KLINE), the distinguished chairman of the Committee on Education and the Workforce.

Mr. KLINE. Mr. Speaker, I thank the gentleman for yielding. Mr. Speaker, I rise today in strong support of the rule and the underlying legislation.

As the attention of the American people turned to celebrating the July 4th holiday, the Obama administration quietly announced through a blog post on the Treasury Department's Web site it would delay enforcement of a vital part of the President's health care law—the employer mandate.

The reason for the delay? According to administration officials, the Federal bureaucracy needs more time to get it right. Let's be honest: no amount of time or bureaucratic tinkering will ease the pain ObamaCare is inflicting on workplaces across the country. The employer mandate will destroy jobs, whether it's implemented a year from now or 10 years from now. In fact, Mr. Speaker, jobs are already being lost and employees' work hours are being cut today because of the law.

That's the difficult reality facing workers and job creators from my home State of Minnesota and across the country.

□ 1300

It's part of the reason we are stuck in a jobs crisis with 12 million Americans searching for full-time work. Even union leaders are beginning to realize how the health care law they supported is hurting workers.

And the quote from my colleague, Mr. BURGESS, laid that out very clearly. They were promised, as all Americans were promised, if they liked their health care, they could keep it; and they're finding out that's simply not true.

The delay of the employer mandate is the latest confirmation of the fatally flawed nature of ObamaCare and the need to dismantle it. That is why I support the proposal to delay the employer mandate for 1 year, as well as a bill the House will also consider today to delay enforcement of the individual mandate.

In less than a year, individuals who fail to purchase government-approved health insurance will be forced to pay higher taxes. It isn't right, Mr. Speaker, to deny American families the same relief available to American businesses.

The American people didn't ask for this government takeover of health

care, and they don't want it. Let's give every family and business the reprieve from ObamaCare they deserve.

I urge my colleagues to support this rule and the underlying legislation.

Ms. SLAUGHTER. Mr. Speaker, before I yield time, I'd like to insert in the RECORD the article from The New York Times this morning entitled "Health Plan Cost For New Yorkers Set to Fall 50 Percent."

[The New York Times, Jul. 16, 2013]

HEALTH PLAN COST FOR NEW YORKERS SET TO FALL 50%

(By Roni Caryn Rabin and Reed Abelson)

Individuals buying health insurance on their own will see their premiums tumble next year in New York State as changes under the federal health care law take effect, Gov. Andrew M. Cuomo announced on Wednesday.

State insurance regulators say they have approved rates for 2014 that are at least 50 percent lower on average than those currently available in New York. Beginning in October, individuals in New York City who now pay \$1,000 a month or more for coverage will be able to shop for health insurance for as little as \$308 monthly. With federal subsidies, the cost will be even lower.

Supporters of the new health care law, the Affordable Care Act, credited the drop in rates to the online purchasing exchanges the law created, which they say are spurring competition among insurers that are anticipating an influx of new customers. The law requires that an exchange be started in every state.

"Health insurance has suddenly become affordable in New York," said Elisabeth Benjamin, vice president for health initiatives with the Community Service Society of New York. "It's not bargain-basement prices, but we're going from Bergdorf's to Filene's here."

"The extraordinary decline in New York's insurance rates for individual consumers demonstrates the profound promise of the Affordable Care Act," she added.

Administration officials, long confronted by Republicans and other critics of President Obama's signature law, were quick to add New York to the list of states that appear to be successfully carrying out the law and setting up exchanges.

"We're seeing in New York what we've seen in other states like California and Oregon—that competition and transparency in the marketplaces are leading to affordable and new choices for families," said Joanne Peters, a spokeswoman for the Department of Health and Human Services.

The new premium rates do not affect a majority of New Yorkers, who receive insurance through their employers, only those who must purchase it on their own. Because the cost of individual coverage has soared, only 17,000 New Yorkers currently buy insurance on their own. About 2.6 million are uninsured in New York State.

State officials estimate as many as 615,000 individuals will buy health insurance on their own in the first few years the health law is in effect. In addition to lower premiums, about three-quarters of those people will be eligible for the subsidies available to lower-income individuals.

"New York's health benefits exchange will offer the type of real competition that helps drive down health insurance costs for consumers and businesses," said Mr. Cuomo.

The plans to be offered on the exchanges all meet certain basic requirements, as laid out in the law, but are in four categories from most generous to least: platinum, gold,

silver and bronze. An individual with annual income of \$17,000 will pay about \$55 a month for a silver plan, state regulators said. A person with a \$20,000 income will pay about \$85 a month for a silver plan, while someone earning \$25,000 will pay about \$145 a month for a silver plan.

The least expensive plans, some offered by newcomers to the market, may not offer wide access to hospitals and doctors, experts said.

While the rates will fall over all, apples-to-apples comparisons are impossible from this year to next because all of the plans are essentially new insurance products.

The rates for small businesses, which are considerably lower than for individuals, will not fall as precipitously. But small businesses will be eligible for tax credits, and the exchanges will make it easier for them to select a plan. Roughly 15,000 plans are available today to small businesses, and choosing among them is particularly challenging.

"Where New York previously had a dizzying array of thousands upon thousands of plans, small businesses will now be able to truly comparison-shop for the best prices," said Benjamin M. Lawsky, the state's top financial regulator.

Officials at the state Department of Financial Services say they have approved 17 insurers to sell individual coverage through the New York exchange, including eight that are just entering the state's commercial market. Many of these are insurers specializing in Medicaid plans that cater to low-income individuals.

North Shore-LIJ Health System, the large hospital system on Long Island, intends to offer a health plan for individuals as well as businesses for the first time. Some of the state's best-known insurers, UnitedHealth Group and WellPoint, are also expected to participate. Insurers may decline to participate after they receive approval for their rates, but this is unlikely.

For years, New York has represented much that can go wrong with insurance markets. The state required insurers to cover everyone regardless of pre-existing conditions, but did not require everyone to purchase insurance—a feature of the new health care law—and did not offer generous subsidies so people could afford coverage.

With no ability to persuade the young and the healthy to buy policies, the state's premiums have long been among the highest in the nation. "If there was any state that the A.C.A. could bring rates down, it was New York," said Timothy Jost, a law professor at Washington and Lee University who closely follows the federal law.

Mr. Jost and other policy experts say the new health exchanges appear to be creating sufficient competition, particularly in states that have embraced the exchanges and are trying to create a marketplace that allows consumers to shop easily.

"That's a very different dynamic for these companies, and it's prodding them to be more aggressive and competitive in their pricing," said Sabrina Corlette, a professor at Georgetown University's Center on Health Insurance Reform.

But some consumers may still find the prices and plans disappointing. Jerry Ball, 46, who owns a recycling business in Queens, said the cost of covering his family increased so rapidly in the last few years that he had to scale back their coverage. Still, he pays nearly \$18,000 a year for a high-deductible policy for a family of three.

He said he would be reluctant to part ways with his insurer, Oxford, and was disappointed that even the least expensive Oxford plan being offered next year would cost about as much as he pays now.

With another plan, he said: "Will I be able to maintain my doctors? I'm concerned that

some of the better doctors aren't going to take health insurance."

He acknowledged that the new law would allow him for the first time to easily switch plans, but it is still hard for him to believe it guarantees coverage for pre-existing conditions. "I have to be careful. I can't be denied coverage, right?" he asked.

I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, the premise of H.R. 2667, the employer mandate bill, which is part of the rule here today, is that somehow the administration overreached by announcing this postponement of the employer tax measure which was part of the Affordable Care Act.

The fact of the matter is, if the proponents had picked up the phone and called the Congressional Research Service and asked them if the IRS has postponed imposition of statutorily required requirements, the fact of the matter, they would have found out what I hold in my hand, which is a memo that was issued today that cites four examples, just within the last 2 or 3 years, where the IRS delayed statutory reporting requirements because of the fact that comments from private sector voices around the country warned that it needed more time to be implemented.

The 2006 law imposing a 3 percent withholding requirement effective December 31, 2010, was delayed till 2012. The 2009 Worker Home Ownership and Business Assistance Act was delayed for a year for a statutory electronic filing requirement.

The Foreign Account Tax Compliance Withholding Act was postponed 2 years, again, because of a comment that came in from the private sector.

And the FAA law, which was passed in 2011, which had a retroactive collection of excise tax, that was waived by the IRS, again, because of the fact that, after passage of the act, they listened to the American people and to the American business community about the fact that there were some honest-to-God logistical issues that needed to be worked out.

That's exactly what was announced right before the July 4 weekend.

Mr. Speaker, I would ask that this Congressional Research Service memo be admitted to the RECORD so that we at least have some reality basis about what exactly occurred here. This is totally within the IRS's province of authority, with well-established precedent.

The fact of the matter is that this vote is a nullity. It does nothing as a matter of law. CBO has scored it as zero. So the fact of the matter is we're just filling up more time here.

The fact is that we've got people all over this country whose paychecks are being furloughed because of inaction by this Congress.

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

Ms. SLAUGHTER. I yield the gentleman another minute.

Mr. COURTNEY. Because of inaction of this Congress, people are losing 20

percent of their paycheck. That's what's hurting the American economy right now.

We have a bipartisan immigration bill which cleared the Senate which we know, from CBO, would actually reduce the deficit and grow the economy. That's what we should be voting on.

We had a bipartisan farm bill which passed the Senate which, again, provides a real horizon for rural America. That's what we should be voting on.

Instead, we are filling this Chamber up with more of the tired rhetoric for a bill that does absolutely nothing and which the Congressional Research Service shows us is completely, totally outside of well-established precedent of American law.

CONGRESSIONAL RESEARCH SERVICE,
Washington, DC, July 16, 2013.

MEMORANDUM

To: Honorable Joe Courtney—Attention: Maija Welton

From: Erika K. Lunder, Legislative Attorney; Carol A. Pettit, Legislative Attorney

Subject: Recent Examples of IRS Postponement of Statutory Effective Dates

This memorandum responds to your request for examples of instances in which the Internal Revenue Service (IRS) has postponed statutorily imposed effective dates. This memorandum does not discuss the July 2013 announcement by the Obama Administration to delay implementation of the employer reporting responsibility requirements in the Patient Protection and Affordable Care Act. Four recent examples where the Treasury Department, through IRS, has postponed statutorily imposed effective dates are detailed in this memorandum.

1. The IRS postponed the effective date for a requirement that federal and state governments, along with their political subdivisions and instrumentalities, withhold 3% of payments to persons providing property or services. The 2006 law imposing the requirement stated the withholding provision “shall apply to payments made after December 31, 2010.” In 2008, the IRS issued proposed regulations that would “generally be effective for payments made after the later of December 31, 2010, or the date that is 6 months after the publication of final regulations.” In 2009, and prior to the regulations being finalized, Congress extended the effective date in the original Act, from December 31, 2010, to December 31, 2011. In May 2011, the IRS issued final regulations, which provided that the withholding requirements would “apply to payments made after December 31, 2012.” The IRS explained the reasons for the postponed effective date:

Numerous commenters indicated that an extended period of time following the issuance of final regulations would be necessary for government entities to adopt the systems and processes necessary to comply with the §3402(t) withholding and related reporting requirements. Noting the necessity to formulate government acquisition rules that are consistent with the final regulations, as well as the infrastructure needed to apply those rules, some commenters stated that government entities would need at least 18 months from the issuance of final regulations under section 3402(t) to be able to comply.

In response to these practical considerations, the final regulations provide that the withholding and reporting requirements under these regulations apply to payments made after December 31, 2012, subject to an

existing contract exception . . . With respect to payments before January 1, 2013, government entities are not required to apply section 3402(t) withholding and the related reporting, and accordingly will not be subject to any liability, penalties or interest for failure to do so.

In November 2011, Congress repealed the 3% withholding requirement, so it never went into effect.

2. The IRS provided a transitional period for the electronic filing mandate enacted by the Worker, Homeownership, and Business Assistance Act of 2009. As a result, the effective date of the provision was postponed for one year for preparers who anticipated filing more than 10 but fewer than 100 returns during calendar year 2011.

As enacted, the provision generally required that tax return preparers who anticipated filing more than 10 individual tax returns during a calendar year must file those returns on magnetic media. The requirement was statutorily effective for returns filed after December 31, 2010. However, on December 2, 2010, the IRS issued both a notice and proposed regulation postponing the electronic filing mandate for those otherwise affected preparers who anticipated filing fewer than 100 individual tax returns. Those preparers generally would only be required to electronically file returns that they filed after December 31, 2011. The reason given for the transition period was “to promote the effective and efficient administration of the electronic filing requirement in section 6011(e)(3).” The final regulation basically adopted the proposed regulation and was effective March 30, 2011.

3. The IRS has extended various deadlines under the Foreign Account Tax Compliance Act (FATCA). FATCA imposes reporting, withholding, and other requirements on certain foreign financial institutions (FFIs) and payments. The 2010 law enacting FATCA provides that, in general, “the amendments made by this section shall apply to payments made after December 31, 2012.” In July 2011, the IRS released a notice that provided a timeline for implementing some of the Act's requirements. For example, the notice provided that certain reporting requirements would start in 2014, and that the withholding requirements would begin on January 1, 2014, and be fully phased in on January 1, 2015. The notice explained the reasons for the phased-in implementation:

Treasury and the IRS have received numerous comments concerning the practical difficulties in implementing aspects of the Chapter 4 rules within the time frames provided in the Act and under Notice 2010-60 and Notice 2011-34. The challenges identified relate to the time to develop compliance, reporting, and withholding systems necessary to comply with Chapter 4 and the implementing notices. In addition, a number of stakeholders have noted that complying with certain provisions may require coordination with a number of foreign governments. Treasury and the IRS have met with stakeholders and foreign governments to understand the specific administrative and legal challenges that must be addressed and the time necessary to do so. While the Act provides that the provisions of Chapter 4 are effective beginning in 2013, Treasury and the IRS have determined that because Chapter 4 creates the need for significant modifications to the information management systems of FFIs, withholding agents, and the IRS, it is reasonable for regulations to provide for a phased implementation of the various provisions of Chapter 4.

The IRS subsequently issued proposed regulations in February 2012, and in October 2012 released an announcement that extended

an additional deadline, citing to practical concerns with the proposed regulations' time frames. The announcement explained that:

The Treasury Department and the IRS have received comments identifying certain practical issues in implementing the chapter 4 rules within the time frames prescribed in the proposed regulations. In particular, comments have noted that the chapter 4 status of entity account holders may change during 2013 as FFIs enter into FFI agreements with the IRS, with the result that withholding agents that put in place new account opening procedures by January 1, 2013, could be required to undertake duplicative efforts to verify an FFI's status as a participating, deemed-compliant, or nonparticipating FFI. Furthermore, comments have indicated that global financial institutions intend to implement uniform due diligence procedures for all affiliates. Accordingly, these comments have suggested aligning the timelines for due diligence for U.S. withholding agents, FFIs in countries with Intergovernmental Agreements, and FFIs in countries without Intergovernmental Agreements in order to significantly reduce administrative burden.

On July 13, 2013, the IRS issued another notice, which extended the effective date for withholding on some payments to July 1, 2014.

4. The IRS extended the effective date of legislation that had provided for retroactive application of several aviation-related taxes. On July 23, 2011, the federal excise taxes on amounts paid for air transportation of people and property expired, and the tax rates on aviation fuel and gasoline were reduced. The Airport and Airway Extension Act of 2011, enacted into law on August 5, 2011, extended the two taxes and the prior rates, retroactive back to July 23, 2011. On August 5, 2011, the IRS announced that it would not require the payment or collection of the two air transportation taxes until August 8, 2011, due to the administrative burden that would arise from requiring payment and collection on past purchases, and would provide penalty relief for taxpayers paying the fuel taxes until that same day.

Mr. BURGESS. Mr. Speaker, I yield as much time as he may consume to the gentleman from Texas (Mr. SESSIONS), the distinguished chairman of the Rules Committee.

Mr. SESSIONS. Mr. Speaker, I want to thank the gentleman, the member of the Rules Committee, Dr. MICHAEL BURGESS, from Lewisville, Texas. Dr. BURGESS is a brand-new member of the Rules Committee and came to the Rules Committee because of his understanding, not just of medicine and health care as a doctor and a provider for many, many years, but also because of his grasp of knowledge of this health care bill which is an enormous bill, which, while we are talking about the economic consequences primarily today on the marketplace where this bill is causing employers to not hire more employees, is causing more employers to take to part-time worker status their employees because of the extreme ramifications of this, what was called Affordable Care Act, known as the ObamaCare Act.

And today we are here for the simple purpose to say what the President of the United States has now recognized, without comment, and done, not just in the middle of the night on a Web site, but even done on a weekend, and

I believe when the President potentially was out of the country.

We're now dealing with the United States Congress speaking our viewpoints about that bill. And the gentleman, Dr. BURGESS, is going to consume time today where he's going to talk about also the problems that physicians have, that patients have, that we look at from a family perspective of trying to make sure we get health care in an affordable way without ruining it.

But today I'd like to focus, if I can, my comments on that it's not a surprise that we have a problem. It's not a surprise that we have a problem with this ObamaCare, or is known as the Affordable Care Act, not just because of the concept that it is, and not just because of how it was run through this Congress, but really, the concept that the Democrats are trying to overlay on the American people a system of government-controlled health care that does not work.

It does not work and will not work in America because America has a vibrant free-enterprise system whereby a person, whether they're an employer or an employee or just as a regular citizen, could contract to get the health care that they would choose to have.

And the reason why health care has become more expensive is that the Federal Government does not pay their fair share for Medicare or Medicaid. This United States Congress does not adequately pay their fair share for our seniors or for poor people, and so what happens is it's taken out on people that work. It is showing up in their cost of health care.

So rather than trying to fix their problem and their responsibility, what President Obama and Democrats did is stick it, more of it, the cost, and a system on the American worker, rather than living up to their responsibility.

And we are here today because the President of the United States got worried because he's hearing so many people come back and say this won't work in America; this is harming job creation; this is harming businesses that want to employ people, and it's causing a huge distortion in the marketplace.

So what the President did, literally, without comment, except on a Web site, he said, we will back off this for 1 year.

Now, we heard testimony last night at the Rules Committee, everything is okay. Everything is okay. We just are trying to hear feedback from business, and we're going to back off for a year.

That's not really the case. The facts of the case are that this administration, from top to bottom, has failed to provide information to the American people and to business about how they intended for their socialist, government-run plan to work. And they have not provided leadership for 3 years. They've not answered questions. They've not made decisions. They've not been open about how it would really work.

So business has the problem of a legal side. They have a legal responsibility.

Now, you won't have the White House come out and admit this, but they have failed to do their job. And so business has a legal requirement on them of providing notice. They have notice that they have to provide to consumers under State laws and under Federal law.

The facts of the case are they couldn't figure it out because they did not know enough about how this government-run health care system would work. They didn't understand legal consequences. They don't understand reporting consequences. They don't understand consequences because this government is so big and so powerful that they control too much of our life.

Now, in this equation, we also see where a number of unions have now let their opinion be known, and they are directly on the side of this bill today because now they have learned more about this bill, and they are worried. They're worried sick about not just the health care for their members, but how it will individually affect their own families' lives.

The facts of the case are simple. The Democrat Party here is trying to do everything they can do to cover up what is a monster mistake, an inability by the Obama administration to effectively lead on a government-run health care system.

Their only back-up point is to say, if you do this, you're going to put everything in jeopardy. My response is, thank goodness. It needs to be in jeopardy.

What they have done is, effectively, picked on, by doing what they've done, individuals who are not as powerful as groups of individuals collectively under business or under labor unions.

We need to look at the entire scope of this. What is bad for business is superbad for individuals. And individuals are going to find themselves at the behest of working with the IRS on their health care.

They're going to work with the IRS, an organization that is incapable of effectively delivering a fair product and rationally following the law. They think they're above the law. They think that they can control our lives, and, in fact, Mr. Speaker, they can.

So there's far more to this entire debate than simply we're trying to go against precedent of what this President has within his authorities or responsibilities or precedents. Far bigger than that.

What we're here to say today is this Obama health care plan, and his decision that he has made about not moving forward with the law, is a selective enforcement, and it's really their fault. It is their fault for a lack of leadership. It is their fault because they passed a bill that was entirely done by the United States Senate.

And we agreed up in the Rules Committee, no Republican in this House,

that we would simply take it as it was, without understanding it, without making it workable and without ever understanding the consequences, because the bottom line is Democrats have been trying to do this for 50 years. And what they're really after is a single-payer system, where the government literally, completely makes every decision, not some of the decisions.

So Republicans are on the floor of the House today to say we ought to repeal the whole thing. We're going to start by this action today, and we're going to follow it up by saying we ought to give individuals the same opportunity to evade this that the President has given to special interests and to business.

It's a sad day today, but let's not twist the facts of the case. A government-run health care system is, at its very basis, a beginning of socialism in medicine, and we oppose that.

I thank the Speaker for the time. I thank the gentleman for the time.

□ 1315

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

By happenstance, I have some figures here that will explain to my colleague and friend, Mr. SESSIONS, the chair of the Rules Committee, what will really happen in his district if he should have his way and this were to go away, and who is really going to be hurt and who really is going to be in jeopardy:

9,200 young adults right now are on their parents' health insurance in his district; more than 6,600 seniors receive prescription drug discounts worth \$10.1 million, or an average discount of \$700 a person; 66,000 seniors are now eligible for Medicare preventive services without paying copays, coinsurance, or a deductible; 182,000 individuals in his district, including 39,000 children and 74,000 women, now have health insurance that covers preventive services without copays, coinsurance or a deductible; 182,000 individuals are saving money due to the ACA provisions that prevent insurance companies from spending more than 20 percent of their premiums on profits and administrative overhead.

Over 46,000 customers in his district received approximately \$6.5 million in insurance company rebates. That's pretty impressive—\$6.5 million. I wonder how many in my district. They will receive an average rebate of at least \$95 a family.

Up to 42,000 children in his district with preexisting health conditions can no longer be denied coverage, and 237,000 individuals—that's a lot of constituents—in his district now have insurance that cannot place a lifetime limit on their coverage and will not face an annual limit for what will be covered. Up to 152,000 individuals in his district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or

higher rates because of a preexisting condition. In addition, the 43,000 individuals who currently purchase private health insurance on the individual or small group market will have access to a more secure, higher quality coverage. And many will be eligible for financial assistance.

I think I've made the point that those are the people who are really going to be hurt, should he get his wishes today.

I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, one of the gentlemen who spoke a few minutes ago said the facts should not be twisted. I completely agree.

Here are some facts that the House and the country should have under consideration as we debate this bill. We hear repeatedly on the other side that the Affordable Care Act is a job-killing health care law. In the months prior to the enactment of the Affordable Care Act, the economy lost 6.9 million jobs. In the months since the enactment of the Affordable Care Act, the economy has gained 6.5 million jobs. If it were true that the Affordable Care Act is a job-killing health care law, then why did the number of jobs go up and not down?

Second, we hear that the Affordable Care Act is responsible for an explosion in health care premiums. Today, the State of New York reported that the bids on offering coverage through the new New York health insurance exchange have come in. The typical New Yorker who buys health care for himself or herself will have a premium 50 percent lower than they do today.

Similar numbers have been reflected in California, Oregon, Washington, and other States around the country. If it were true that the Affordable Care Act has led to an explosion of premiums, how do we explain what has happened in New York, California, Oregon, Washington, and other States?

Finally, we hear the conclusion that this is a socialist takeover of the health care system by the government. Well, here's the way it works. A person who goes into the exchange receives a voucher, a tax credit, and shops among competing private health insurance plans and chooses the one that they like best for their family, much in the nature of a Pell Grant or an FHA loan when one is borrowing a house.

The House deserves the facts. It is not factual that jobs have gone down since the law was passed. They have gone up. It is not factual that premiums have skyrocketed. In the places where the law has been implemented, they have gone down. Finally, a government takeover is false. This is a consumer takeover of health care away from the insurance companies.

Mr. BURGESS. Mr. Speaker, may I inquire as to the remaining time?

The SPEAKER pro tempore. The gentleman from Texas has 10½ minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to a member of the Education and Workforce Committee, the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Mr. Speaker, I was a practicing physician for 15 years, and I rise today to support the rule and support delaying the Affordable Care Act's employer and individual mandates. I support these delays because it's unfair to employees in my district who have suffered lost wages and lost hours at work because of these mandates:

the 54 employees in the Greencastle, Indiana, school district who had their hours cut from full time to part time;

the 150 employees in the Washington/Greene County school district who had their hours cut from full time to part time;

the Spencer County employees who saw their hours cut from 40 hours a week to 28 hours a week;

Wolfe's Auto Auction in Terre Haute, which I recently visited, that has had to cut many employees from full to part time.

There are countless other middle-class Hoosiers who are suffering across Indiana because of these mandates. They're schoolbus drivers, teachers, hospital nurses, and county government employees. Hoosiers work hard every day to provide for their families. Rather than helping them, the government is keeping them from doing it.

This administration would like everybody to believe the economy is growing and over 700,000 jobs were recently created. They failed to mention that 500,000 of those jobs were part time. It's hard to find a full-time job when the government penalizes your employer for giving you more than 30 hours of work.

We talk a lot in this body about how we need to help everyone in these difficult economic times. Yet my colleagues have supported legislation that they know has compromised the opportunity to find a good-paying job and provide for your family. But they stand here and argue that that has not been the case.

A 1-year delay to these mandates is just a Band-Aid. I'll be voting in favor of the rule and the bill. Ultimately, we need to fully repeal the Affordable Care Act.

Ms. SLAUGHTER. If we defeat the previous question, we want to offer an amendment to the rule that would allow the House to consider the Invest in American Jobs Act of 2013. This bill would ensure, at last, that Federally funded transportation and infrastructure projects are constructed with steel, iron, and manufactured goods that are made in America.

To discuss this proposal, I yield 3 minutes to the gentleman from West Virginia (Mr. RAHALL), the distinguished ranking member of the Committee on Transportation and Infrastructure.

Mr. RAHALL. I appreciate the gentleman's kind words.

Mr. Speaker, when I go home to West Virginia each week and discuss the

state of our Nation with my friends and neighbors, I hear about three things: jobs, jobs, jobs.

That's what this Congress should focus on.

We should stop the political charade of spending time on one bill after another which will not see the light of day in the other body and work together on something that Members of all political stripes should be able to agree upon: creating American jobs and ensuring that our Federal tax dollars are spent wisely.

We are here today in support of those twin goals by ensuring that the investments that we make in our Nation's transportation infrastructure truly help rebuild America—our infrastructure, our companies, and our workers.

Mr. Speaker, in just a few months' time, one of the largest publicly supported infrastructure projects in this country is scheduled to be completed with the opening of the \$6.3 billion east span of the San Francisco-Oakland Bay Bridge. But instead of steel cast in the Alleghenies or roadbed segments assembled in Alameda, cars and trucks using the bridge will be driving over 43,000 tons of steel imported from China, which supported 3,000 Chinese jobs and was financed by U.S. taxpayers.

Last year, Committee on Transportation and Infrastructure Democrats insisted on closing the loopholes in our "Buy America" laws to prevent the continuation of this outrageous and economically harmful practice of outsourcing our Federal highway and transit construction as part of the Surface Transportation Reauthorization Act, known as MAP-21. Unfortunately, despite being passed out of committee and attracting 245 votes on the House floor as part of a motion to instruct, many provisions we pushed for that would have guaranteed strong Buy America requirements for all surface transportation infrastructure investments were left on the cutting-room floor during the conference process.

Today, we're here to finish the job and ensure that all taxpayer-funded infrastructure investments support American jobs.

If we defeat the previous question, the gentlewoman from New York (Ms. SLAUGHTER), the ranking member of the Committee on Rules, will offer an amendment that will make in order H.R. 949, the Invest in American Jobs Act of 2013, under an open rule. The bill spurs job creation and fosters domestic manufacturing. It will ensure that investments in highways, bridges, public transit and passenger rail systems, airport projects and water infrastructure projects will be stamped Made in America and crafted with American workmanship.

By closing critical loopholes in our Buy America laws and changing domestic content requirements for public transit rolling stock and aviation facilities and equipment, our bill ensures that these investments, financed by

U.S. taxpayers, will be used to create and sustain good-paying jobs in our local communities, not outsourced overseas.

Right now we have a lot of Federal transportation and infrastructure dollars in the pipeline and coming down the pike: more than \$50 billion of Federal funding is being invested this year in highway and transit infrastructure projects alone. In the coming months, Congress is also expected to consider legislation to provide significant Federal investment in rail and water infrastructure.

All too often we are giving these contracts—and these high-skill jobs—away to foreign manufacturers and workers. Giving our tax dollars away to support jobs overseas is inexcusable in any instance, but is downright unconscionable when millions of Americans are looking for work.

Let's close these loopholes in our Buy America laws and unleash the American entrepreneurial spirit.

Mr. Speaker, let the House of Representatives vote on H.R. 949, the "Invest in American Jobs Act", because when we make it in America, more Americans can make it.

I urge my colleagues to join me in defeating the previous question.

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

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

Ms. JACKSON LEE. Mr. Speaker, I ask unanimous consent to oppose the rule and the underlying bill because it takes health care away from America's children, seniors, and others. Again, getting a sound bite for America.

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

There was no objection.

Mr. Speaker, I rise in strong opposition to the Rule and the underlying legislation because this bill would delay the implementation of the employer mandate a key provision of the Affordable Care Act until 2014.

The House majority on May 16, 2013 placed before this body another bill in another attempt to end the Affordable Care Act also known as Obama Care. Their efforts to do anything and everything they can think of to stop millions of Americans from enjoying the security of health care enjoyed by all of my colleagues in this body is astounding. The health care we enjoy is at the taxpayer expense so we do know what a federally-supported health plan can do. 27.6% of Texans are without health care coverage.

The Department of Health and Human Services announced over \$9 million in grants to fund community health centers all over the state of Texas. The funds will be used to enroll the uninsured in new health coverage options made available under the Affordable Care Act—or Obama Care Act.

The Affordable Care Act is needed and we should not pretend otherwise. The Administration announced that it would on its own allow a delay to work with the 5% of employers who are having difficulty meeting the mandate for providing health insurance for all of their employees. This means that 95% have met the obligation so the need for this change in law is not founded in fact.

In my district over the weekend, I held a press conference to congratulate Community Health Centers in the City of Houston who received part of \$9 million to the State by the Department of Health and Human Services. The Grants to Community Health Centers will fund work to enroll the uninsured in new health coverage options made available under the Affordable Care Act—or Obama Care Act.

Community Health Centers are non-profit, community focused health care providers who serve low-income and medically underserved communities. Community Health Centers care for over 22 million people nationally.

In 2012, 50 million people in the United States had no health insurance coverage, with many losing insurance as a result of the recent recession.

The grants provided to Community Health Care Centers like Legacy Community Health Services located in my district will help millions of uninsured people in our nation get the medical care they need and deserve.

LIST OF COMMUNITY HEALTH CENTERS AWARDED FUNDS IN THE CITY OF HOUSTON

Fourth Ward Clinic	\$124,395
El Centro Del Corazon	144,525
Houston Community Health Care	90,691
South Central Houston Community	165,755
Asian American Health Coalition of the Greater Houston Area	90,867
Spring Branch Community Health Center	108,346
Houston Area Community Services	73,981
Legacy Community Health Services	267,747
Health Care for the Homeless	104,000
Harris County Hospital District	154,326

In 2012, Texas had 67 health centers operating in 388 sites providing services to over 1 million patients. Fifty-one percent of the 1 million people cared for in my state were uninsured.

Statistics on the Affordable Care Act: Affordable Care Act Benefits to the 18th Congressional District: 11,400 young adults have insurance through their parents; 4,100 seniors received \$5.4 million in discounts for prescription medication an average of \$600 per person. This was a cost savings of \$650 on average and so far in 2013 the savings are \$1,040. 71,000 seniors are now eligible for Medicare prevention services without paying co-pays.

121,000 individuals, including 23,000 children and 50,000 women now have health insurance that prevents insurance companies from spending more than 20% of their premium dollars on profits and administrative overhead; 46,000 children with pre-existing illnesses can no longer be denied insurance; 153,000 people in my district have health insurance that has no lifetime limits on their coverage and will not face annual limits.

Up to 193,000 people in the 18th Congressional District of Houston Texas will have access to quality affordable health care without fear of discrimination or higher rates because of preexisting health conditions.

17,000 individuals who purchase insurance on the private health insurance market established for individuals or small groups will have access to more secure, higher quality coverage and many will have access to financial assistance.

National Benefit of Obama Care: 13 million Americans received \$1.1 billion in rebates from their health insurance companies last year. 105 million Americans have free preventive services. Millions of women now have free

coverage for comprehensive women's preventive medical services.

100 million Americans no longer have a lifetime limit on healthcare coverage. 17 million children with pre-existing conditions can no longer be denied coverage by insurers. 6.6 million young-adults up to age 26 can stay on their parents' health insurance plans.

6.3 million Seniors in the "donut hole" have saved \$6.1 billion on their prescription drugs. 3.2 million Seniors have access to free annual wellness visits under Medicare, and

360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers.

Statistics on Texas and the Affordable Care Act: 3.8 million Texas residents receive preventative care services. 7 million Texans no longer have lifetime limits on their healthcare insurance. 300,731 young adults can remain on their parents' health insurance until age 26.

5 million Texas residents can receive a rebate check from their insurance company if it does not spend 80 percent of premium dollars on healthcare. 4,029 people with pre-existing conditions now have health insurance.

In 2014, Insurance companies will be banned from: Discriminating against anyone with a preexisting condition; charging higher rates based on gender or health status; enforcing lifetime dollar limits; enforcing annual dollar limits on health benefits.

The healthcare law has many benefits. For these reasons, I urge my Colleagues to join me in voting no on the rule for this bad bill.

The House and the Senate have real work to create jobs, strengthen the food security for our most vulnerable—children, elderly, disabled and low-wage workers. We need to address immigration reform and Border Security and we should be focused on the need to pass appropriations bills that eliminate Sequestration that is strangling the financial security of millions of federal workers. Sequestration not only hurt federal workers but the local economies that no longer have the incomes provided by federal agencies to stimulate the recovery our nation is now entering.

We should be about the business of the people sent us to Washington to work in their interest.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from New York (Mr. BISHOP), who got great news this morning.

Mr. BISHOP of New York. Mr. Speaker, we did indeed get great news in New York today with respect to how the exchanges in the Affordable Care Act will affect premiums.

I rise to oppose the rule and urge Members to defeat the previous question so that the House may consider the Invest in American Jobs Act introduced by my friend and colleague, Mr. RAHALL, the distinguished ranking member of the Transportation and Infrastructure Committee. This critically important legislation will support domestic manufacturing and create American jobs by strengthening Buy America requirements for investment in our Nation's infrastructure. I strongly support the provisions of this legislation that will permanently codify Buy America requirements for our Nation's preeminent Federal clean water infrastructure program, the Clean Water State Revolving Fund.

When Congress first enacted the Clean Water Act in 1972, it required that any grant funding for wastewater infrastructure—then funded through the Construction Grants program—be used to support “articles, materials or supplies mined, produced, or manufactured in the United States.” Unfortunately, in 1987, when then-President Ronald Reagan urged Congress to abolish the Construction Grants program in favor of the current Clean Water SRF, these initial Buy America requirements expired. It was not until 2009, when Congress enacted the Recovery Act, that Buy America provisions were restored for Federal investment in wastewater infrastructure through the Clean Water SRF.

What was remarkable was both how adept the Nation’s wastewater industry and the States were at implementing these commonsense domestic preference reforms and how important these were to breathing life back into a faltering domestic supply chain for wastewater infrastructure. As the Recovery Act demonstrated, Buy America requirements for wastewater infrastructure can work, can be implemented with relative efficiency, and most importantly, create jobs—both in the casting of raw materials as well as in the finishing work.

I strongly support reinstatement of the Buy America requirements for the Clean Water SRF program that are contained in this bill. I urge Members to support American jobs by defeating the previous question.

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

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Today, we are here to finish the job of ensuring that all taxpayer-funded infrastructure investments support American jobs.

If we defeat the previous question, the gentlewoman from New York (Ms. SLAUGHTER), the ranking member on the Committee on Rules, will offer an amendment to the rules that will make in order H.R. 949, the Invest in American Jobs Act of 2013, under an open rule.

□ 1330

H.R. 949 strengthens domestic manufacturing requirements not only for Federal-aid highways, transit, aviation, and other Federal infrastructure investments, but also in rail.

When I was chair of the Subcommittee on Railroads, Pipelines, and Hazardous Materials, I held a roundtable of the importance of buying American in passenger rail projects. Well over 100 American companies participated and advocated for stronger rules. As a result, we included a provision in the Passenger Rail Investment and Improvement Act of 2008 which required that the federally funded rail projects use domestic steel, iron, and other manufactured goods.

We heard a lot of complaints, but 5 years later we know that it works. Let me just say that in Rochelle, Illinois, they just created more than 300 jobs using American companies. H.R. 949 would extend this same Buy America requirements to Amtrak and the Railroad Rehabilitation and Improvement Financing loan program.

When it comes to transportation, every \$1 billion we spend in infrastructure creates 33,000 new jobs. Now, because of the provision, Buy America, for every \$1 billion we spend, it creates 43,890 good-paying American jobs.

I urge the House to defeat the previous question so we can consider this important bill.

Ms. SLAUGHTER. Mr. Speaker, before I close, Dr. BURGESS is a good doctor. I want to put in the same statistics that I read for Chairman SESSIONS for his district. Almost a third of his constituents would be involved, and I know he’s going to want to read that in the RECORD.

But let me get to closing. As I have repeatedly said over the last 3 years, the majority is again wasting valuable time, millions of taxpayer dollars to vote today, for the 39th time, to undermine the Affordable Care Act. Meanwhile, they have not taken a single vote on jobs in this Congress, so we are going to be able to give you a chance to remedy that.

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

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

There was no objection.

Ms. SLAUGHTER. Mr. Speaker, I urge my colleagues to vote “no” and defeat the previous question so that we can really begin to work on our infrastructure and get Americans back to work.

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

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 26TH CONGRESSIONAL DISTRICT OF TEXAS

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Burgess’s district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

9,500 young adults in the district now have health insurance through their parents’ plan.

More than 4,900 seniors in the district received prescription drug discounts worth \$7 million, an average discount of \$650 per person in 2011, \$720 in 2012, and \$850 thus far in 2013.

55,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

232,000 individuals in the district—including 66,000 children and 86,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

230,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 59,300 consumers in the district received approximately \$8.3 million in insurance company rebates in 2012 and 2011—an average rebate of \$95 per family in 2012 and \$187 per family in 2011.

Up to 48,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

305,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 90,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 44,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

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

Let’s also just deal with a couple of things that have been said during the last hour of debate.

The gentleman from Connecticut stood up and provided a CRS report that detailed various times in the past where rules have been delayed, the Department of the Treasury, regarding tax law. But what he listed were all bills that have passed since President Obama came into office, and they all had to be postponed because they were ill-conceived and ill-thought-out.

I would just submit that it was December 24 of 2009 when this thing passed out of the United States Senate. If, as the gentlelady says is correct, they sat down and read this thing line by line three times, they were bound to have encountered page 159, paragraph D:

Effective Date. The amendments made by this section shall apply to the months beginning after December 31, 2013.

Mr. Speaker, I would just submit, if the Department of the Treasury said this was going to be a problem—they’ve known about it for almost 4 years—where have they been? And why was it necessary for it to come up on July 2 at 6 p.m.?

Mr. Speaker, I have asked representatives from the administration, representatives from the agencies: What are you doing? Are there contingency plans? This thing looks awfully complicated. This thing looks awfully complex. Can you get it done? Are you

thinking about delaying it? Are you thinking about jettisoning other parts? And as late as the end of April, the first of May, I was told, no, there are no such plans.

Now, the Administrator for the Centers for Medicare and Medicaid Services apparently today, in a hearing, testified that, Yes, sometime in June we had actually made the decision that we were going to have to do something here. This is inconsistency coming from the administration.

We ask for information, and no information is forthcoming. And then we're accused of being obstructionists and saying, Well, you never wanted the law in the first place. Maybe so. But how in the world can we even have a meaningful dialogue if, when you come into the committee and you're asked a direct question under oath, you won't respond accurately? The propensity for prevarication of this administration has been absolutely stunning.

Now, we're here today because of a blog post on July 2 at 6 p.m. I would very much like to get the author of this blog post into our Committee on Oversight and Investigations on Energy and Commerce and ask her just exactly what was going on, what led to this decision: Did you get a legal memo? Did you get information from some legal counsel as to the fact that this was okay? I would welcome that opportunity. But, Mr. Speaker, you and I know that that opportunity is never going to occur.

So, Mr. Speaker, today's rule provides for the consideration of two critical bills, ensuring that the American people are not penalized for this administration's inability to implement its own law properly.

I applaud the efforts of my colleagues, Mr. GRIFFIN and Mr. YOUNG, and I look forward to the spirited debate on these two bills in the ensuing hours, and I'm sure this House will produce spirited debate.

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

AN AMENDMENT TO H. RES. 300 OFFERED BY
MS. SLAUGHTER OF NEW YORK

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

SEC. 4. 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. 949) to ensure that transportation and infrastructure projects carried out using Federal financial assistance are constructed with steel, iron, and manufactured goods that are produced in the United States, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided among and controlled by the chair and ranking minority member of the Committee on Transportation and Infrastructure and the chair and ranking minority member of the Committee on Financial Services. 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. 5. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 949 as specified in section 4 of this resolution.

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 Democratic minority 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."

The Republican majority may 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 re-

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

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

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

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 of rule XX, further proceedings on this question will be postponed.

RECESS

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

Accordingly (at 1 o'clock and 36 minutes p.m.), the House stood in recess.

□ 1416

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COOK) at 2 o'clock and 16 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the question previously postponed. Votes will be taken in the following order:

Ordering the previous question on House Resolution 300;

Adopting House Resolution 300, if ordered.

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

PROVIDING FOR CONSIDERATION OF H.R. 2668, FAIRNESS FOR AMERICAN FAMILIES ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 2667, AUTHORITY FOR MANDATE DELAY ACT

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 300) providing for consideration of the bill (H.R. 2668) to