

Commissioner stated they will no longer hire full-time employees. I have \$39 left for groceries once mortgage payment and bills are paid. ObamaCare will destroy me.

□ 1345

Here's another, from Charles:

I recently applied for a job in Tyler at a new restaurant. At my interview, I asked how many hours I could expect. The owner said, verbatim: I'm sorry but because of ObamaCare I cannot afford to hire anyone for more than 30 hours per week.

Here's another, from Timothy:

I am the only one that works in my house. I support a family of five and would be considered lower middle class. I just received notice from my employer that I now have to pay an additional \$6 per person per month as a surcharge on the new health care law. Also, my premium is going up \$60 per month. It's a total of \$100 per month, or increase of about \$1,200 per year. I am basically looking at a 34 percent increase for nothing. I don't know how I'm going to be able to afford this as my budget is pretty tight already. Repeal the Affordable Health Care Act, please, because for me, it's anything but affordable.

Here's another, from Rose:

I'm 54 years old and have always had health insurance, which I pay for myself. I too received a letter telling me that, due to this so-called affordable health care, they will not be providing me with continued insurance. I will need to make decisions about what insurance I want, but they have no idea what choices I will have and of course, no idea what I will be charged, but were quick to say it will likely be more than I pay now. Thanks a lot, ObamaCare.

We have no extra income to pay for this. Please stop this from happening to our family and families throughout our country who are having their rights taken away from us.

Here's one from Andrea. She sells insurance for State Farm. They partner with Assurant Health for our individual medical plans:

Ever since we were forced this monstrosity in the most partisan vote ever, we have seen major changes come from the health insurance policies we were able to offer. Not only is there a noticeable increase in the price, we no longer offer maternity coverage, we no longer offer prescription copay, we no longer offer an office copay, we no longer offer the low deductibles we once did.

We have lost many of the networks that allowed people in our area the best choice as their doctor being in network. Now, the premium increases at the renewal are much higher than pre-reforms.

Here's another, from Melissa:

I am self-employed, and I'm already paying for my own health insurance. I received a letter from my insurance provider 3 weeks ago that stated there would be changes in my policy and they would be sending me additional information in the coming months. Based on the estimates I've seen, my monthly insurance costs will go up roughly 136 percent.

ObamaCare is damaging real Americans. We owe it to them to do everything we can to stop it, and stop the waivers and exemptions.

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

HOW WE GOT HERE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 3, 2013, the Chair recognizes the gentleman from Iowa (Mr. KING) for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it's my privilege and honor to be recognized to address you here on the floor of the United States House of Representatives, especially at this time, as the House and the Senate hurtle towards some type of perhaps collision and sometimes perhaps a conclusion to the drama that's taking place over the funding of our government. And it seems as though the focus of all this comes down on ObamaCare.

But I'd like to first, Mr. Speaker, paint the picture on how we got here. And it's this: the House has consistently passed a budget, and then, the House-passed legislation, essentially, required the Senate to finally, after over 1,000 days, pass a budget over there themselves.

Of course it was a token and, of course it was pushed off to the side and, of course it wasn't something that could be reconciled with a responsible, legitimate budget here in the House of Representatives. But it met the criterion narrowly.

So the functionality of this Congress, which has been in the past, 12 or so appropriations bills passing here, starting here, being messaged over to the Senate where, when things worked right, the Senate picked up those appropriations bills and, through their appropriations process, their hearings, their deliberation, their subcommittee and their committee process, worked their will with the House bill that had been messaged to them.

And one at a time, 12 or 13 appropriation bills would work their way so that they had passed the House in one form and, generally, the Senate in a different form, in which case, a conference committee would be appointed, and House Republicans and Democrats would sit down with Senate Republicans and Democrats, hammer out the differences in one of 12 or 13 appropriation bills, and come to an agreement, send the conference report to the House or the Senate, for passage, in which case it would pass both, be messaged to the President. That appropriation, then, would be concluded and fulfilled.

A responsible government starts with hearing from our constituents, in November, December and January, as we look forward to the end of the fiscal year, which happens next Monday night at midnight—we're working towards getting all of our government funded appropriately.

And in those months of January, it starts up, and then in February and March, the intensity of hearing from constituents and their budgetary concerns, the appropriations hearings in the Appropriations Committee, and then here on the floor under an open rule, bill after bill after bill, a dozen appropriation bills are debated, and the open rule that allows amendments to be brought forward on that to adjust

the appropriations up or down, or perhaps transfer some of those appropriations, and the House work its will, the Senate work its will.

We come together and agree on a conference report. We send it to the President. The President signs it, and those departments of government that are funded by that appropriation bill then are given their budgetary responsibility and their spending authority for the upcoming fiscal year.

That's how it has worked in the past. It does not work that way under this dysfunctional setup that exists today.

What happens now in this Congress that we have, Mr. Speaker, is this: the House debates the appropriations bills, 12 of them or so. We have passed several of them at this point in the House. We've sent them over to the Senate.

They go, messaged to the Senate, where they arrive at the Majority Leader HARRY REID's desk. And figuratively speaking, HARRY REID then puts that appropriation bill in his desk drawer and closes the drawer, not to be discussed or heard from again for the balance of the fiscal year. And another appropriation bill goes and another and another and another.

And what you see happen is, we've seen this happen in the past, where we have passed, I remember, under Chairman Jerry Lewis, the Appropriations chair at the time, all of our appropriation bills by July. Messaged them all over to the Senate, where they all would go in HARRY REID's desk drawer.

At the end of the fiscal year, some time about now, or maybe a week ahead of this time, HARRY REID would look around and think, oh, we're facing a government shutdown if I don't get those bills out of my desk drawer.

And so he pulls out a dozen appropriations bills. Each one of them is a collective judgment of the majority of the United States House of Representatives, constitutionally messaged to the Senate, stacks them up and takes his little marker through there, and he draws a line through the appropriations that he doesn't like, and he writes in all of the line items and puts on all the Christmas tree spending that he does like, and he puts in the wish list of the Senators that he wants to help out, so to speak, and some are Republicans and many are Democrats.

He creates this omnibus spending bill. Sometimes we call it omnibus if it doesn't show up at the end of the year. Otherwise, if it's at the expiration of our spending of our appropriations, as it is now, we call it a continuing resolution.

We've been operating on continuing resolutions for too long. And it isn't because of ObamaCare, necessarily, that we're at this point today. The leverage has been created because HARRY REID didn't deal with our appropriations bills.

And furthermore, he's not going to deal with our appropriation bills. He is going to create this crisis so that it increases the leverage that he has in defeating the will of the people, which is

to shut off all of the funding to implement or enforce ObamaCare, Mr. Speaker, to put an end to its implementation, to not let ObamaCare become implemented, because—

First of all, I don't agree with the decision made by the Supreme Court. I think it's completely inconsistent to declare a bill to be a tax as it arrives at the United States Supreme Court—excuse me—to declare it not to be a tax as it arrives at the Supreme Court for the purposes of considering the issue of the litigation on ObamaCare, but then to declare it to be a tax as a decision of the Supreme Court.

It can be one or the other. Either ObamaCare is a tax or it's not a tax, but it can't be conveniently not a tax for the purposes of whether the Supreme Court would grant cert, and then conveniently, a tax for the purposes of declaring that it is constitutional. But that's the decisions that were made by the United States Supreme Court.

All of us take an oath to uphold the Constitution, everyone in the House and the Senate and, of course, the Supreme Court as well. And we can't be taking an oath to uphold a decision that no one that I know of in America predicted.

You would think, Mr. Speaker, that of all the constitutional scholars we have that had been writing and reading and thinking and analyzing ObamaCare, that had watched as, by legislative shenanigans, hook and crook, that patchwork of ObamaCare had been jammed through the House and the Senate in a fashion that would not have mirrored any process we had ever seen before, they'd seen the time that the Senate had a filibuster-proof majority.

And I remember going into Christmas Eve, the vote that was taking place over there on the 24th of December, on Christmas Eve, and I remember when the Senate had the ability to delay that vote from 9 in the morning on Christmas Eve morning, December 24, till 9 that night, which truly would have been Christmas Eve.

And I sent the message over there to my Senator and I said, please delay that vote as long as you can. Keep that thing delayed until the last possible minute. If they want to jam this country and give us a Christmas present of ObamaCare so badly that they will sit there on Christmas Eve, keep them there then, and let them miss Christmas with their families because the flights will be gone out of Dulles by then. That's what I asked to happen.

There was a negotiation that took place, allowed an agreement from Republicans that there'd be a couple of votes in January that they wanted on some taxes or something of that nature. So they had a vote at 9:00 in the morning, December 24, that allowed for ObamaCare to move ahead one more time.

And then I wrote back to my Senator, and I said, what do we do now?

And his answer was pray, and pray for a Republican victory in the United States Senate race in Massachusetts, the special election because of the passing of Senator Teddy Kennedy.

None of us thought on December 24, that year, that the following January 18 or 19th—that's very close to the election date—that Scott Brown would be elected as a United States Senator out of Massachusetts.

That is what happened. That was the people in Massachusetts rising up and saying, we don't want ObamaCare. We reject ObamaCare. We'll even go so far as that entirely blue State of Massachusetts, that had a delegation of eight Members of Congress, every single one of them a Democrat, and none of them known as conservative Democrats by the measure that I know.

That's Massachusetts, and they sent us Scott Brown. And they're the ones that had the most example with something that looked like a preview, perhaps, of ObamaCare.

So who knew more than the Bay Staters about this?

Who had the most loaded politics that should have been electing a Democrat in that election?

No, they said, we don't want to see anything that looks like ObamaCare, and we're going to send you a young, fresh Republican whose job it is to help kill ObamaCare. And he came here and began to engage in that effort, and was significant in his role. My hat's off to former Senator Scott Brown.

But, in the end, legislative shenanigans defeated even the voters in Massachusetts' will, and they put legislation through back over from the Senate under that process they call reconciliation. They carved out some, put it into the reconciliation process to avoid the filibuster because they no longer had a filibuster-proof majority. The people had spoken. And then the legislative shenanigans began.

While that was going on, there was a drama here in the House. Now that takes us to March of that year. And the drama in the House was that there were the "Stupak Dozen" who said, I'm not going to vote for an ObamaCare piece of legislation that will fund abortion.

So the President made an offer—this is what's reported in the news at least, Mr. Speaker—that he would write an Executive order that would nullify the Stupak amendment, or nullify the ban on funding abortion. And that promise was made by the President before ObamaCare was passed in order to get the votes to get ObamaCare to pass here on the floor of the House of Representatives.

□ 1400

The President of the United States, a former adjunct professor of constitutional law at the University of Chicago, made a promise to a Democrat Congressman from Michigan, who, presumably, controlled 12 votes of the unnamed "Stupak dozen," who were

anonymous, oddly. It's hard to think you're going to control votes if nobody knows who they are.

In any case, the President made a promise that he would sign an Executive order that would nullify some of the language that's in the law. Congressman Stupak took that promise and the former adjunct law professor, President Obama, made a promise that said that the President thought that he could amend law after he signed it into law. Now what constitutional professor would take a position like that?

I dig this up for a little bit, Mr. Speaker, because I want people to understand this piece of ObamaCare legislation is not the will of the people. It never was the will of the people. It's the product of hook and crook and legislative shenanigans. It's done against the will of the people.

And furthermore, Thomas Jefferson, whom both parties revere, once said:

Large initiatives should not be advanced on slender majorities.

Large initiatives need to be bipartisan initiatives, not completely 100 percent partisan initiatives, which ObamaCare is. And the slender majority that Thomas Jefferson was talking about was a slender majority that he presumed to be a bipartisan majority. If Jefferson had been talking about a partisan majority, it would have been very clear, in my opinion, what he would have said. He would have said that large initiatives should never be advanced on partisan majorities. That's what happened with ObamaCare.

The largest initiative that has been jammed down the throats of the American people in its entire history is ObamaCare, advanced on a purely partisan majority by utilization of legislative shenanigans and hook and crook. That's what got us to this point.

People wonder, Why don't you just throw up your hands, why don't you accept reality? ObamaCare is the law of the land. Let it be. Fund it. Because the people have spoken.

Well, the people had spoken. They spoke when they elected Scott Brown. And in the aftermath of the passage of ObamaCare about March 20 or 21, 2010, the people spoke again that following November. And I remember when ObamaCare passed in the night. I had been battling this thing for days, and I went home about 1:30 or 2 o'clock in the morning, maybe a little later than that, but it was when the business wound down here in the House, Mr. Speaker, and I went home and I thought, I'm going to lay down and I'm going to sleep the sleep of the exhausted. And I'm going to get completely rested up, and I'm going to wake up in the morning and then I'm going to put a plan together on what we do now. Because I knew that the bill was messaged to the White House, and I knew the President was salivating to sign it. Well, he did that within about 48 hours.

I woke up, though, in about 2½ hours because the wheels were turning and I

couldn't take it any longer. And I drafted the language to repeal ObamaCare. I had that formal request to get that bill handed back to me by the draft people we have here when the door opened at 9 o'clock that morning.

We've been doing battle with ObamaCare ever since. Not only me, but the gentlelady from Minnesota that was down here and led an hour Special Order earlier today has been standing in there. And she ran for President on the issue, MICHELE BACHMANN. No one wondered what she would do if she were elected President. She would have repealed ObamaCare. LOUIE GOHMERT has been putting in hour after hour here on the floor and around this country, doing battle with ObamaCare.

The list of people that deserve credit for stepping up to this fight is long. And it isn't exclusive here in the House, Mr. Speaker. It includes a group of stalwarts in the Senate, led in this latest episode by Senator TED CRUZ of Texas, who stood on the floor for more than 21 hours and delivered a whole series of arguments against ObamaCare.

But I'll say here's the argument that is at the center of ObamaCare, Mr. Speaker, and it is this: ObamaCare is, by my opinion, an unconstitutional taking of God-given American liberty. It takes away our right to manage our health. The most sovereign thing that we have as an American people is our soul. And the eternal nature of our soul is controlled by God and our will. This Federal Government hasn't figured out how to nationalize our soul.

But the second most sovereign thing we have is our bodies, our health, our skin, and everything inside it. It's the second most sovereign thing that we have. And the Federal Government, under ObamaCare, has figured out how to nationalize our skin and everything inside it.

It's a Federal Government takeover of the management of our health where, under ObamaCare, if you walk into a clinic, if you walk into an emergency room, if you apply for government-approved insurance under whatever means that might emerge, when no one really can tell us at this point, the government decides whether you get the insurance, the government decides whether you get a subsidy for the premium, the government decides what kind of research gets done, what kind of treatment one gets.

The government decides if you are worth the hip replacement or the knee replacement or whether you get just painkillers for as long as you can live with a broken hip. The government decides that, not us any longer. We understand that, those of us that have a little bit of gray hair, or maybe have lost some. We understand that. But do the children in our grade schools and in nurseries today understand that?

Mr. Speaker, we know that answer is no. They don't understand that. When these children grow up and they get out of school and they step into adult-

hood and they have already been brought up under a system of ObamaCare that makes these decisions for them, what happens to their dreams, what happens to their aspirations, what happens to their ability to think big? What happens to their ability to manage their life?

The institutional memory will disappear of the culture and civilization that remembers the glorious time when we could choose our doctor, when the market demand created the insurance policies that suit us, the consumers, when we could shop from doctor to doctor, from clinic to clinic, when we could say, But you know, I want this care for my mother this badly that I think even though she is 85, she needs a hip replacement. Because I don't want to see her die in a wheelchair. That's a different world than we have today.

Mr. Speaker, we've just gotten messaged to us on the CR—the continuing resolution—from the United States Senate, that the vote had concluded over on the other side, down on the other end, through the Rotunda. The Senate has now acted to peel out the ban on funding for ObamaCare and send us back what they would call a clean CR with their changes and provisions, which would include a continuing resolution up until November 15. So it is a shorter-term CR than we offered to them.

But what it says is, We as Senators are not going to let you prohibit the funding of ObamaCare. So, again, we're back to the center and the crux of this. Another dramatic event has taken place here in the United States Capitol. And the drama of this now is in the lap of the House of Representatives, where our Speaker has just received the message of H.J. Res. 59, the CR.

Now we have a decision to make. My message, Mr. Speaker, is this: if 218 House Members hold our ground, if we say we will not fund ObamaCare and we will not fund an appropriation that fails to cut off the funding to ObamaCare, if we hold our ground, we will win.

This contest now that's going on in is a contest of wills. There's a relatively narrow majority in the Senate. There's a little bit broader majority in the House, I believe. And the strength of will is being measured. This is like holding a gun on each other now, standing in a burning building, and deciding who's going to blink. But we can't just let down the hammer and stand there because the building is burning. Somebody's got to walk away from this confrontation and say, I'm going to give you your way.

Well, my message to this, Mr. Speaker, is that we've heard this message over and over again: if there is a government shutdown, House Republicans will always lose in a confrontation with the President. I don't know that that's true. And I don't know if it was even true in 1995 and 1996, when there was a government shutdown that lasted for 21 days.

What I do know is this House sent the funding to keep our government open over to the Senate. With it was language that said there would be no funding to implement or enforce ObamaCare. It happens that's language I wrote and presented here in this Congress in February of 2011.

We have said we want this government to stay open. We want to avoid a shutdown, avoid a shutdown, avoid a shutdown. If we repeat that enough times, it might be sending a message to the Senators that we really don't mean it when we say that we're not going to fund ObamaCare.

I want to send the message, Mr. Speaker, that we do mean it. And I want to send the message that we're going to hold our ground. And I'd like to remind, Mr. Speaker, that there have been a whole series of shutdowns throughout history. And I have a list of them printed here. There were at least five government shutdowns when Jimmy Carter was President. Five of them. Five incidents. One of them was over a nuclear ship of some kind. The longest shutdown he had was 18 days. Does anybody remember those shutdowns from the eighties? Kind of. It didn't change my life, that I remember.

But that was Democrats in majority in the House and the Senate and a Democrat President. Their infighting caused government shutdowns for a total of 57 days—57 days between 1977 and 1981. And sometimes Jimmy Carter won, sometimes the Democrats in the House and Senate prevailed over the President of the United States. All the same party.

So if we don't remember the price paid for a government shutdown, if the inconvenience of it doesn't linger in anybody's memory, I take you to the era of Ronald Reagan, when there were a number of shutdowns under Ronald Reagan—fewer and for a shorter period of time. One of them was over a billion dollars in social spending. Of that billion dollars, the government was shut down for about 3 days. In that period of time, by the way, there was a Republican majority in the United States Senate and we had a principled Republican President, Democrats in the majority here in the House. The Democrats refused to agree with the President and the Senate. It resulted in a government shutdown.

In that shutdown that lasted—in the end, the \$1 billion in spending that Democrats here wanted was negotiated down to \$900 million dollars. They gave up 10 percent of what they asked for and the government was opened back up again.

So a determined majority in the House of Representatives prevailed to the level of 90 percent of their ask against a Republican majority in the Senate that opposed them and a President who has clearly held his ground in case after case.

It isn't clear who prevails in an issue like this, but I'll say this: the American people will judge our resolve and

our determination. And the determination on who wins and who loses, if that actually matters, will be written by history.

But I say this, Mr. Speaker. If we hold our ground, I believe there will not be a political price for House Republicans to pay. When House Republicans held their ground and eventually caved in 1995 and 1996, some say House Republicans lost that. They lost eight seats in the following election. They did not lose the majority. Six of those eight seats were marginal seats they were likely to lose anyway. So perhaps they lost two congressional seats.

If we don't want to put at risk two congressional seats out of the House Republican majority to stand on the principle that cuts off all funding to implement and enforce ObamaCare, is our fear for our political jobs greater than our love of principle and the people we represent?

I would argue instead that there will not be political consequences for standing on principle and refusing to fund ObamaCare. If there are political consequences, they will be recovered from over time.

□ 1415

But we, Mr. Speaker, can never recover from ObamaCare if it's implemented and enforced. That is the bottom line.

No political consequences will be delivered to the people who stand up for the American people. That's the House Republican stance. That's the Senate conservative stance—that came a little short over here a few minutes ago down the other side of the Capitol. But if we stand together as House Republicans, as Senate Republicans, as principled people who look back at that time and saw that Scott Brown came to the United States Senate because the blue State Massachusetts rejected ObamaCare.

There was a wave election in 2010 that elected 87 new House Republicans—every one of them ran on repeal of ObamaCare. Every Republican in the House and Senate has voted multiple times to undue, repeal, unfund and defund ObamaCare. All of us stand together—it was bipartisan the last time. We had two Democrats that also agreed with us on this CR.

We must stand on principle. If there's a political price to be paid for standing on principle, I say it's worth it. We can recover from any political price, even though I don't believe there will be anything but a political reward; but we can never recover if we allow ObamaCare to be implemented or enforced.

That's my stand, Mr. Speaker. That's the stand that I ask my colleagues to take today, tomorrow, the next day, and every day. If we hold together and we hold strong, in the end the beneficiaries will be the American people and God-given liberty.

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

MESSAGE FROM THE SENATE

A message from the Senate by Mr. (Ms.), one of its clerks, announced that the Senate has agreed to an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.J. Res. 59. Joint Resolution making continuing appropriations for fiscal year 2014, and for other purposes.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1348. An act to reauthorize the Congressional Award Act; to the Committee on Education and the workforce.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 1412. An act to amend title 38, United States Code, to extend certain expiring authorities affecting veterans and their families, and for other purposes.

ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 16 minutes p.m.), under its previous order, the House adjourned until tomorrow, Saturday, September 28, 2013, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3118. A letter from the Secretary, Department of Education, transmitting the Department's final rule — Program Integrity Issues [Docket ID: ED-2010-OPE-0004] (RIN: 1840-AD02) received September 18, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

3119. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 2,5-Furandione, Polymer with Ethynylbenzene, Hydrolyzed, 3-(Dimethylamino)propyl Imide, Imide with Polyethylene-Polypropylene Glycol 2-Aminopropyl Me Ether, 2,2'-(1,2-Diazenediyl)bis[2-Methyl utanenitrile]-Initiated; Tolerance Exemption [EPA-HQ-OPP-2013-0383; FRL-9398-4] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3120. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Massachusetts; Regional Haze [EPA-R01-OAR-2012-0025; A-1-FRL-9732-4] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3121. A letter from the Director, Regulatory Management Division, Environmental

Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Ohio; Redesignation of the Cleveland-Akron-Lorain Area to Attainment of the 1997 Annual Standard and 2006 24-Hour Standard for Fine Particulate Matter [EPA-R05-OAR-2011-0868; EPA-R05-OAR-2012-0463; FRL-9900-92, Region 5] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3122. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Ohio; Redesignation of the Steubenville-Weirton Area to Attainment of the 1997 Annual Standard and the 2006 24-Hour Standard for Fine Particulate Matter [EPA-R05-OAR-2012-0337 and EPA-R05-OAR-2012-0462; FRL-9900-79, Region 5] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3123. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; State of Colorado Second Ten-Year PM10 Maintenance Plan for Aspen [EPA-R08-OAR-2012-0475; FRL-9901-06, Region 8] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3124. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Wisconsin; Amendments to Vehicle Inspection and Maintenance Program for Wisconsin [EPA-R05-OAR-2012-0465; FRL-9827-9] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3125. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; North Carolina; Removal of Stage II Gasoline Vapor Recovery Program [EPA-R04-OAR-2009-0140; FRL-9901-10, Region 4] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3126. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; State of Missouri; Conformity of General Federal Actions to State Implementation Plan [EPA-R07-OAR-2013-0511; FRL-9901-01, Region 7] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3127. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Washington; Puget Sound Clean Air Agency Regulatory Updates [EPA-R10-OAR-2013-0174; FRL-9901-03, Region 10] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3128. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Chlorantraniliprole; Pesticide Tolerances [EPA-HQ-OPP-2012-0635; FRL-9395-1] received September 17, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3129. A letter from the Chief of Staff, Wireline Competition Bureau, Federal Communication Commission, transmitting the Commission's final rule — Modernizing the