

NOT VOTING—9

Davis (CA) Meeks Ros-Lehtinen
Holt Pelosi Rush
McCarthy (NY) Rohrabacher Visclosky

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 2125

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

EDWARD J. DEVITT UNITED STATES COURTHOUSE

The SPEAKER pro tempore (Mr. WOMACK). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 2251) to designate the United States courthouse located at 118 South Mill Street, in Fergus Falls, Minnesota, as the “Edward J. Devitt United States Courthouse”, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BARLETTA) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 416, nays 4, not voting 11, as follows:

[Roll No. 496]

YEAS—416

Aderholt Capuano Dent
Amash Cárdenas DeSantis
Amodi Carney DesJarlais
Andrews Carson (IN) Deutch
Bachmann Carter Diaz-Balart
Bachus Cartwright Dingell
Barber Cassidy Doggett
Barletta Castor (FL) Doyle
Barr Castro (TX) Duckworth
Barrow (GA) Chabot Duffy
Barton Chaffetz Duncan (SC)
Bass Chu Duncan (TN)
Beatty Cicilline Edwards
Becerra Clarke Ellison
Benishek Clay Ellmers
Bentivolio Cleaver Engel
Bera (CA) Clyburn Enyart
Bilirakis Coble Eshoo
Bishop (GA) Coffman Esty
Bishop (NY) Cohen Farenthold
Bishop (UT) Cole Farr
Black Collins (GA) Fattah
Blackburn Collins (NY) Fincher
Blumenauer Conaway Fitzpatrick
Bonamici Connolly Fleischmann
Boustany Conyers Fleming
Brady (PA) Cook Flores
Brady (TX) Cooper Forbes
Bralley (IA) Costa Fortenberry
Bridenstine Cotton Foster
Brooks (AL) Courtney Foxx
Brooks (IN) Cramer Frankel (FL)
Broun (GA) Crawford Franks (AZ)
Brown (FL) Crenshaw Frelinghuysen
Brownley (CA) Crowley Fudge
Buchanan Cuellar Gabbard
Bucshon Culberson Gallego
Burgess Cummings Garamendi
Bustos Daines Garcia
Butterfield Davis, Danny Gardner
Calvert Davis, Rodney Garrett
Camp DeFazio Gerlach
Campbell DeGette Gibbs
Cantor Delaney Gibson
Capito DeLauro Gingrey (GA)
Capps DelBene Gohmert

Goodlatte Maloney, Carolyn
Gosar Maloney, Sean
Gowdy Marchant
Granger Marino
Graves (GA) Matheson
Graves (MO) Matsui
Grayson McCarthy (CA)
Green, Al McCaul
Green, Gene McClintock
Griffin (AR) McCollum
Griffith (VA) McDermott
Grimm McGovern
Guthrie McHenry
Gutiérrez McIntyre
Hahn McKeon
Hall McKinley
Hanabusa Hanna
Hanna Harper
Harris McMorris
Hartzer Rodgers
Hastings (FL) McNeerney
Hastings (WA) Meadows
Heck (NV) Meehan
Heck (WA) Meng
Hensarling Messer
Herrera Beutler Mica
Higgins Miller (FL) Michaud
Himes Miller (MI) Miller (FL)
Hinojosa Miller, Gary Miller (MI)
Holding Moore Miller, George
Honda Moran
Horsford Mullin
Hoyer Mulvaney
Hudson Murphy (FL)
Huelskamp Murphy (PA)
Huffman Nadler
Huizenga (MI) Napolitano
Hultgren Neal
Hunter Negrete McLeod
Hurt Neugebauer
Israel Noem
Issa Nolan
Jackson Lee Nugent
Jeffries Nunes
Jenkins Nunnelee
Johnson (OH) O'Rourke
Johnson, E. B. Olson
Johnson, Sam Owens
Jones Palazzo
Jordan Pallone
Joyce Pascrell
Kaptur Pastor (AZ)
Keating Paulsen
Kelly (IL) Payne
Kelly (PA) Pearce
Kennedy Perlmutter
Kildee Perry
Kilmer Peters (CA)
Kind Peters (MI)
King (IA) Peterson
King (NY) Petri
Kingston Pingree (ME)
Kinzinger (IL) Pittenger
Kirkpatrick Pitts
Kline Pocan
Kuster Poe (TX)
Labrador Polis
Lamborn Pompeo
Lance Posey
Langevin Price (GA)
Lankford Price (NC)
Larsen (WA) Quigley
Larson (CT) Radcliff
Latham Rahall
Latta Rangel
Lee (CA) Reed
Levin Reichert
Lewis Renacci
Lipinski Ribble
LoBiondo Rice (SC)
Loeb sack Richmond
Lofgren Rigell
Long Roby
Lowenthal Roe (TN)
Lowe y Rogers (AL)
Lucas Rogers (KY)
Luetkemeyer Rogers (MI)
Lujan Grisham Rokita
(NM) Rooney
Lujan, Ben Ray Roskam
(NM) Ross
Lummis Rothfus
Lynch Roybal-Allard
Maffei Royce

NAYS—4

Denham Massie
Johnson (GA) Sanford

NOT VOTING—11

Davis (CA) McCarthy (NY) Ros-Lehtinen
Grijalva Meeks Rush
Holt Pelosi Visclosky
LaMalfa Rohrabacher

□ 2132

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: “A bill to designate the United States courthouse and Federal building located at 118 South Mill Street, in Fergus Falls, Minnesota, as the ‘Edward J. Devitt United States Courthouse and Federal Building’.”

A motion to reconsider was laid on the table.

CONTINUING APPROPRIATIONS RESOLUTION, 2014

Mr. ROGERS of Kentucky. Mr. Speaker, pursuant to House Resolution 366, I call up the joint resolution (H.J. Res. 59) making continuing appropriations for fiscal year 2014, and for other purposes, with a Senate amendment thereto, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The Clerk will designate the Senate amendment.

The text of the Senate amendment is as follows:

Strike all after the first word and insert the following:

the following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, and out of applicable corporate or other revenues, receipts, and funds, for the several departments, agencies, corporations, and other organizational units of Government for fiscal year 2014, and for other purposes, namely:

SEC. 101. (a) Such amounts as may be necessary, at a rate for operations as provided in the applicable appropriations Acts for fiscal year 2013 and under the authority and conditions provided in such Acts, for continuing projects or activities (including the costs of direct loans and loan guarantees) that are not otherwise specifically provided for in this joint resolution, that were conducted in fiscal year 2013, and for which appropriations, funds, or other authority were made available in the following appropriations Acts:

(1) The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2013 (division A of Public Law 113–6), except section 735.

(2) The Commerce, Justice, Science, and Related Agencies Appropriations Act, 2013 (division B of Public Law 113–6).

(3) The Department of Defense Appropriations Act, 2013 (division C of Public Law 113–6).

(4) The Department of Homeland Security Appropriations Act, 2013 (division D of Public Law 113–6).

(5) The Military Construction and Veterans Affairs, and Related Agencies Appropriations Act, 2013 (division E of Public Law 113–6).

(6) The Full-Year Continuing Appropriations Act, 2013 (division F of Public Law 113–6).

(b) The rate for operations provided by subsection (a) for each account shall be calculated to reflect the full amount of any reduction required in fiscal year 2013 pursuant to—

(1) any provision of division G of the Consolidated and Further Continuing Appropriations

Ruiz Runyan
Ruppersberger
Ryan (OH)
Ryan (WI)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schock
Schrader
Schwartz
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southernland
Speier
Stewart
Stivers
Stockman
Stutzman
Swalwell (CA)
Takano
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton
Titus
Tonko
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Wagner
Walberg
Walden
Walorski
Walz
Wasserman
Schultz
Waters
Watt
Waxman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (FL)
Young (IN)

Act, 2013 (Public Law 113-6), including section 3004; and

(2) the Presidential sequestration order dated March 1, 2013, except as attributable to budget authority made available by—

(A) sections 140(b) or 141(b) of the Continuing Appropriations Resolution, 2013 (Public Law 112-175); or

(B) the Disaster Relief Appropriations Act, 2013 (Public Law 113-2).

SEC. 102. (a) No appropriation or funds made available or authority granted pursuant to section 101 for the Department of Defense shall be used for: (1) the new production of items not funded for production in fiscal year 2013 or prior years; (2) the increase in production rates above those sustained with fiscal year 2013 funds; or (3) the initiation, resumption, or continuation of any project, activity, operation, or organization (defined as any project, subproject, activity, budget activity, program element, and subprogram within a program element, and for any investment items defined as a P-1 line item in a budget activity within an appropriation account and an R-1 line item that includes a program element and subprogram element within an appropriation account) for which appropriations, funds, or other authority were not available during fiscal year 2013.

(b) No appropriation or funds made available or authority granted pursuant to section 101 for the Department of Defense shall be used to initiate multi-year procurements utilizing advance procurement funding for economic order quantity procurement unless specifically appropriated later.

SEC. 103. Appropriations made by section 101 shall be available to the extent and in the manner that would be provided by the pertinent appropriations Act.

SEC. 104. Except as otherwise provided in section 102, no appropriation or funds made available or authority granted pursuant to section 101 shall be used to initiate or resume any project or activity for which appropriations, funds, or other authority were not available during fiscal year 2013.

SEC. 105. Appropriations made and authority granted pursuant to this joint resolution shall cover all obligations or expenditures incurred for any project or activity during the period for which funds or authority for such project or activity are available under this joint resolution.

SEC. 106. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act for fiscal year 2014, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation for any project or activity provided for in this joint resolution; (2) the enactment into law of the applicable appropriations Act for fiscal year 2014 without any provision for such project or activity; or (3) November 15, 2013.

SEC. 107. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 108. Appropriations made and funds made available by or authority granted pursuant to this joint resolution may be used without regard to the time limitations for submission and approval of apportionments set forth in section 1513 of title 31, United States Code, but nothing in this joint resolution may be construed to waive any other provision of law governing the apportionment of funds.

SEC. 109. Notwithstanding any other provision of this joint resolution, except section 106, for those programs that would otherwise have high initial rates of operation or complete distribution of appropriations at the beginning of fiscal year 2014 because of distributions of funding to States, foreign countries, grantees, or others, such high initial rates of operation or complete

distribution shall not be made, and no grants shall be awarded for such programs funded by this joint resolution that would impinge on final funding prerogatives.

SEC. 110. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 111. (a) For entitlements and other mandatory payments whose budget authority was provided in appropriations Acts for fiscal year 2013, and for activities under the Food and Nutrition Act of 2008, activities shall be continued at the rate to maintain program levels under current law, under the authority and conditions provided in the applicable appropriations Act for fiscal year 2013, to be continued through the date specified in section 106(3).

(b) Notwithstanding section 106, obligations for mandatory payments due on or about the first day of any month that begins after October 2013 but not later than 30 days after the date specified in section 106(3) may continue to be made, and funds shall be available for such payments.

SEC. 112. Amounts made available under section 101 for civilian personnel compensation and benefits in each department and agency may be apportioned up to the rate for operations necessary to avoid furloughs within such department or agency, consistent with the applicable appropriations Act for fiscal year 2013, except that such authority provided under this section shall not be used until after the department or agency has taken all necessary actions to reduce or defer non-personnel-related administrative expenses.

SEC. 113. Funds appropriated by this joint resolution may be obligated and expended notwithstanding section 10 of Public Law 91-672 (22 U.S.C. 2412), section 15 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2680), section 313 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (22 U.S.C. 6212), and section 504(a)(1) of the National Security Act of 1947 (50 U.S.C. 3094(a)(1)).

SEC. 114. (a) Each amount incorporated by reference in this joint resolution that was previously designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985 or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act is designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of such Act or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act, respectively.

(b) Of the amounts made available by section 101 for "Social Security Administration, Limitation on Administrative Expenses" for the cost associated with continuing disability reviews under titles II and XVI of the Social Security Act and for the cost associated with conducting redeterminations of eligibility under title XVI of the Social Security Act, \$273,000,000 is provided to meet the terms of section 251(b)(2)(B)(iii) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, and \$469,639,000 is additional new budget authority specified for purposes of section 251(b)(2)(B) of such Act.

(c) Section 5 of Public Law 113-6 shall apply to amounts designated in subsection (a) for Overseas Contingency Operations/Global War on Terrorism.

SEC. 115. Section 3003 of division G of Public Law 113-6 shall be applied to funds appropriated by this joint resolution by substituting "fiscal year 2014" for "fiscal year 2013" each place it appears.

SEC. 116. Section 408 of the Food for Peace Act (7 U.S.C. 1736b) shall be applied by substituting the date specified in section 106(3) of this joint resolution for "December 31, 2012".

SEC. 117. Amounts made available under section 101 for "Department of Commerce—Na-

tional Oceanic and Atmospheric Administration—Procurement, Acquisition and Construction" may be apportioned up to the rate for operations necessary to maintain the planned launch schedules for the Joint Polar Satellite System and the Geostationary Operational Environmental Satellite system.

SEC. 118. The authority provided by sections 1205 and 1206 of the National Defense Authorization Act for Fiscal Year 2012 (Public Law 112-81) shall continue in effect, notwithstanding subsection (h) of section 1206, through the earlier of the date specified in section 106(3) of this joint resolution or the date of the enactment of an Act authorizing appropriations for fiscal year 2014 for military activities of the Department of Defense.

SEC. 119. Section 14704 of title 40, United States Code, shall be applied to amounts made available by this joint resolution by substituting the date specified in section 106(3) of this joint resolution for "October 1, 2012".

SEC. 120. Notwithstanding any other provision of this joint resolution, except section 106, the District of Columbia may expend local funds under the heading "District of Columbia Funds" for such programs and activities under title IV of H.R. 2786 (113th Congress), as reported by the Committee on Appropriations of the House of Representatives, at the rate set forth under "District of Columbia Funds—Summary of Expenses" as included in the Fiscal Year 2014 Budget Request Act of 2013 (D.C. Act 20-127), as modified as of the date of the enactment of this joint resolution.

SEC. 121. Notwithstanding section 101, amounts are provided for "The Judiciary—Courts of Appeals, District Courts, and Other Judicial Services—Defender Services" at a rate for operations of \$1,012,000,000.

SEC. 122. For the period covered by this joint resolution, section 550(b) of Public Law 109-295 (6 U.S.C. 121 note) shall be applied by substituting the date specified in section 106(3) of this joint resolution for "October 4, 2013".

SEC. 123. The authority provided by section 532 of Public Law 109-295 shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 124. The authority provided by section 831 of the Homeland Security Act of 2002 (6 U.S.C. 391) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 125. (a) Any amounts made available pursuant to section 101 for "Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses", "Department of Homeland Security—U.S. Customs and Border Protection—Border Security Fencing, Infrastructure, and Technology", and "Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses" shall be obligated at a rate for operations as necessary to respectively—

(1) sustain the staffing levels of U.S. Customs and Border Protection Officers, equivalent to the staffing levels achieved on September 30, 2013, and comply with the last proviso under the heading "Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses" in division D of Public Law 113-6;

(2) sustain border security operations, including sustaining the operation of Tethered Airstat Radar Systems; and

(3) sustain the staffing levels of U.S. Immigration and Customs Enforcement agents, equivalent to the staffing levels achieved on September 30, 2013, and comply with the sixth proviso under the heading "Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses" in division D of Public Law 113-6.

(b) The Secretary of Homeland Security shall notify the Committees on Appropriations of the House of Representatives and the Senate on each use of the authority provided in this section.

SEC. 126. In addition to the amount otherwise provided by section 101 for "Department of the Interior—Department-wide Programs—Wildland Fire Management", there is appropriated \$36,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: Provided, That of the funds provided, \$15,000,000 is for burned area rehabilitation: Provided further, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of the Interior notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: Provided further, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 127. In addition to the amount otherwise provided by section 101 for "Department of Agriculture—Forest Service—Wildland Fire Management", there is appropriated \$600,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: Provided, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of Agriculture notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: Provided further, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 128. The authority provided by section 347 of the Department of the Interior and Related Agencies Appropriations Act, 1999 (as contained in section 101(e) of division A of Public Law 105-277; 16 U.S.C. 2104 note) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 129. The authority provided by subsection (m)(3) of section 8162 of the Department of Defense Appropriations Act, 2000 (40 U.S.C. 8903 note; Public Law 106-79), as amended, shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 130. Activities authorized under part A of title IV and section 1108(b) of the Social Security Act (except for activities authorized in section 403(b)) shall continue through the date specified in section 106(3) of this joint resolution in the manner authorized for fiscal year 2013, and out of any money in the Treasury of the United States not otherwise appropriated, there are hereby appropriated such sums as may be necessary for such purpose.

SEC. 131. Notwithstanding section 101, the matter under the heading "Department of Labor—Mine Safety and Health Administration—Salaries and Expenses" in division F of Public Law 112-74 shall be applied to funds appropriated by this joint resolution by substituting "is authorized to collect and retain up to \$2,499,000" for "may retain up to \$1,499,000".

SEC. 132. The first proviso under the heading "Department of Health and Human Services—Administration for Children and Families—Low Income Home Energy Assistance" in division F of Public Law 112-74 shall be applied to amounts made available by this joint resolution by substituting "2014" for "2012".

SEC. 133. Amounts provided by section 101 for "Department of Health and Human Services—Administration for Children and Families—Refugee and Entrant Assistance" may be obligated up to a rate for operations necessary to maintain program operations at the level provided in fiscal year 2013, as necessary to accommodate increased demand.

SEC. 134. During the period covered by this joint resolution, amounts provided under section 101 for "Department of Health and Human Services—Office of the Secretary—Public Health and Social Services Emergency Fund" may be

obligated at a rate necessary to assure timely execution of planned advanced research and development contracts pursuant to section 319L of the Public Health Service Act, to remain available until expended, for expenses necessary to support advanced research and development pursuant to section 319L of the Public Health Service Act (42 U.S.C. 247d-7e) and other administrative expenses of the Biomedical Advanced Research and Development Authority.

SEC. 135. Notwithstanding any other provision of this joint resolution, there is appropriated for payment to Bonnie Englehardt Lautenberg, widow of Frank R. Lautenberg, late a Senator from New Jersey, \$174,000.

SEC. 136. Notwithstanding section 101, amounts are provided for "Department of Veterans Affairs—Departmental Administration—General Operating Expenses, Veterans Benefits Administration" at a rate for operations of \$2,455,490,000.

SEC. 137. The authority provided by the penultimate proviso under the heading "Department of Housing and Urban Development—Rental Assistance Demonstration" in division C of Public Law 112-55 shall continue in effect through the date specified in section 106(3) of this joint resolution.

This joint resolution may be cited as the "Continuing Appropriations Resolution, 2014".

MOTION OFFERED BY MR. ROGERS OF KENTUCKY

Mr. ROGERS of Kentucky. Mr. Speaker, I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Mr. ROGERS of Kentucky moves that the House concur in the Senate amendment to House Joint Resolution 59 with each of the two amendments printed in House Report 113-238.

The text of House amendment No. 1 to the Senate amendment to the text is as follows:

In the matter proposed to be inserted by the Senate amendment, strike section 105 and all that follows through section 129 and insert the following (renumbering succeeding sections accordingly):

SEC. 105. Appropriations made and authority granted pursuant to this joint resolution shall cover all obligations or expenditures incurred for any project or activity during the period for which funds or authority for such project or activity are available under this joint resolution.

SEC. 106. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act for fiscal year 2014, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation for any project or activity provided for in this joint resolution; (2) the enactment into law of the applicable appropriations Act for fiscal year 2014 without any provision for such project or activity; or (3) December 15, 2013.

SEC. 107. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 108. Appropriations made and funds made available by or authority granted pursuant to this joint resolution may be used without regard to the time limitations for submission and approval of apportionments set forth in section 1513 of title 31, United States Code, but nothing in this joint resolution may be construed to waive any other provision of law governing the apportionment of funds.

SEC. 109. Notwithstanding any other provision of this joint resolution, except section 106, for those programs that would otherwise have high initial rates of operation or complete distribution of appropriations at the beginning of fiscal year 2014 because of distributions of funding to States, foreign countries, grantees, or others, such high initial rates of operation or complete distribution shall not be made, and no grants shall be awarded for such programs funded by this joint resolution that would impinge on final funding prerogatives.

SEC. 110. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 111. (a) For entitlements and other mandatory payments whose budget authority was provided in appropriations Acts for fiscal year 2013, and for activities under the Food and Nutrition Act of 2008, activities shall be continued at the rate to maintain program levels under current law, under the authority and conditions provided in the applicable appropriations Act for fiscal year 2013, to be continued through the date specified in section 106(3).

(b) Notwithstanding section 106, obligations for mandatory payments due on or about the first day of any month that begins after October 2013 but not later than 30 days after the date specified in section 106(3) may continue to be made, and funds shall be available for such payments.

SEC. 112. Amounts made available under section 101 for civilian personnel compensation and benefits in each department and agency may be apportioned up to the rate for operations necessary to avoid furloughs within such department or agency, consistent with the applicable appropriations Act for fiscal year 2013, except that such authority provided under this section shall not be used until after the department or agency has taken all necessary actions to reduce or defer non-personnel-related administrative expenses.

SEC. 113. Funds appropriated by this joint resolution may be obligated and expended notwithstanding section 10 of Public Law 91-672 (22 U.S.C. 2412), section 15 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2680), section 313 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (22 U.S.C. 6212), and section 504(a)(1) of the National Security Act of 1947 (50 U.S.C. 3094(a)(1)).

SEC. 114. (a) Each amount incorporated by reference in this joint resolution that was previously designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985 or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act is designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of such Act or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act, respectively.

(b) Of the amounts made available by section 101 for "Social Security Administration, Limitation on Administrative Expenses" for the cost associated with continuing disability reviews under titles II and XVI of the Social Security Act and for the cost associated with conducting redeterminations of eligibility under title XVI of the Social Security Act, \$273,000,000 is provided to meet the terms of section 251(b)(2)(B)(ii)(III) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, and \$469,639,000 is additional new budget authority specified for purposes of section 251(b)(2)(B) of such Act.

(c) Section 5 of Public Law 113-6 shall apply to amounts designated in subsection (a) for Overseas Contingency Operations/Global War on Terrorism.

SEC. 115. Section 3003 of division G of Public Law 113-6 shall be applied to funds appropriated by this joint resolution by substituting “fiscal year 2014” for “fiscal year 2013” each place it appears.

SEC. 116. Section 408 of the Food for Peace Act (7 U.S.C. 1736b) shall be applied by substituting the date specified in section 106(3) of this joint resolution for “December 31, 2012”.

SEC. 117. Amounts made available under section 101 for “Department of Commerce—National Oceanic and Atmospheric Administration—Procurement, Acquisition and Construction” may be apportioned up to the rate for operations necessary to maintain the planned launch schedules for the Joint Polar Satellite System and the Geostationary Operational Environmental Satellite system.

SEC. 118. The authority provided by sections 1205 and 1206 of the National Defense Authorization Act for Fiscal Year 2012 (Public Law 112-81) shall continue in effect, notwithstanding subsection (h) of section 1206, through the earlier of the date specified in section 106(3) of this joint resolution or the date of the enactment of an Act authorizing appropriations for fiscal year 2014 for military activities of the Department of Defense.

SEC. 119. Section 14704 of title 40, United States Code, shall be applied to amounts made available by this joint resolution by substituting the date specified in section 106(3) of this joint resolution for “October 1, 2012”.

SEC. 120. Notwithstanding any other provision of this joint resolution, except section 106, the District of Columbia may expend local funds under the heading “District of Columbia Funds” for such programs and activities under title IV of H.R. 2786 (113th Congress), as reported by the Committee on Appropriations of the House of Representatives, at the rate set forth under “District of Columbia Funds—Summary of Expenses” as included in the Fiscal Year 2014 Budget Request Act of 2013 (D.C. Act 20-127), as modified as of the date of the enactment of this joint resolution.

SEC. 121. Notwithstanding section 101, amounts are provided for “The Judiciary—Courts of Appeals, District Courts, and Other Judicial Services—Defender Services” at a rate for operations of \$1,012,000,000.

SEC. 122. For the period covered by this joint resolution, section 550(b) of Public Law 109-295 (6 U.S.C. 121 note) shall be applied by substituting the date specified in section 106(3) of this joint resolution for “October 4, 2013”.

SEC. 123. The authority provided by section 532 of Public Law 109-295 shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 124. The authority provided by section 831 of the Homeland Security Act of 2002 (6 U.S.C. 391) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 125. (a) Any amounts made available pursuant to section 101 for “Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses”, “Department of Homeland Security—U.S. Customs and Border Protection—Border Security Fencing, Infrastructure, and Technology”, and “Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses” shall be obligated at a rate for operations as necessary to respectively—

(1) sustain the staffing levels of U.S. Customs and Border Protection Officers, equivalent to the staffing levels achieved on Sep-

tember 30, 2013, and comply with the last proviso under the heading “Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses” in division D of Public Law 113-6;

(2) sustain border security operations, including sustaining the operation of Tethered Aerostat Radar Systems; and

(3) sustain the staffing levels of U.S. Immigration and Customs Enforcement agents, equivalent to the staffing levels achieved on September 30, 2013, and comply with the sixth proviso under the heading “Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses” in division D of Public Law 113-6.

(b) The Secretary of Homeland Security shall notify the Committees on Appropriations of the House of Representatives and the Senate on each use of the authority provided in this section.

SEC. 126. In addition to the amount otherwise provided by section 101 for “Department of the Interior—Department-wide Programs—Wildland Fire Management”, there is appropriated \$36,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: *Provided*, That of the funds provided, \$15,000,000 is for burned area rehabilitation: *Provided further*, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of the Interior notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: *Provided further*, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 127. In addition to the amount otherwise provided by section 101 for “Department of Agriculture—Forest Service—Wildland Fire Management”, there is appropriated \$600,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: *Provided*, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of Agriculture notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: *Provided further*, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 128. The authority provided by section 347 of the Department of the Interior and Related Agencies Appropriations Act, 1999 (as contained in section 101(e) of division A of Public Law 105-277; 16 U.S.C. 2104 note) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 129. (a) The authority provided by subsection (m)(3) of section 8162 of the Department of Defense Appropriations Act, 2000 (40 U.S.C. 8903 note; Public Law 106-79), as amended, shall continue in effect through the date specified in section 106(3) of this joint resolution.

(b) For the period covered by this joint resolution, the authority provided by the provisos under the heading “Dwight D. Eisenhower Memorial Commission—Capital Construction” in division E of Public Law 112-74 shall not be in effect.

SEC. 130. Section 1244(c)(3) of the National Defense Authorization Act for Fiscal Year 2008 (8 U.S.C. 1157 note) is amended by adding at the end the following:

“(C) FISCAL YEAR 2014.—

“(i) IN GENERAL.—Except as provided in clauses (ii) and (iii), the total number of

principal aliens who may be provided special immigrant status under this section in fiscal year 2014 during the period ending on December 15, 2013 shall be the sum of—

“(I) the number of aliens described in subsection (b) whose application for special immigrant status under this section is pending on September 30, 2013; and

“(II) 2,000.

“(ii) EMPLOYMENT PERIOD.—The 1-year period during which the principal alien is required to have been employed by or on behalf of the United States Government in Iraq under subsection (b)(1)(B) shall begin on or after March 20, 2003, and end on or before September 30, 2013.

“(iii) APPLICATION DEADLINE.—The principal alien seeking special immigrant status under this subparagraph shall apply to the Chief of Mission in accordance with subsection (b)(4) not later than December 15, 2013.”

SEC. 131. (a) REPEAL OF MEDICAL DEVICE EXCISE TAX.—Chapter 32 of the Internal Revenue Code of 1986 is amended by striking subchapter E.

(b) CONFORMING AMENDMENTS.—(1) Subsection (a) of section 4221 of such Code is amended by striking the last sentence.

(2) Paragraph (2) of section 6416(b) of such Code is amended by striking the last sentence.

(3) The table of subchapters for chapter 32 of such Code is amended by striking the item relating to subchapter E.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to sales after the date of the enactment of this joint resolution.

The text of House amendment No. 2 to the Senate amendment to the text is as follows:

In the matter proposed to be inserted by the Senate amendment, strike section 106 and all that follows through section 129 and insert the following (renumbering succeeding sections accordingly):

SEC. 106. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act for fiscal year 2014, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation for any project or activity provided for in this joint resolution; (2) the enactment into law of the applicable appropriations Act for fiscal year 2014 without any provision for such project or activity; or (3) December 15, 2013.

SEC. 107. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 108. Appropriations made and funds made available by or authority granted pursuant to this joint resolution may be used without regard to the time limitations for submission and approval of apportionments set forth in section 1513 of title 31, United States Code, but nothing in this joint resolution may be construed to waive any other provision of law governing the apportionment of funds.

SEC. 109. Notwithstanding any other provision of this joint resolution, except section 106, for those programs that would otherwise have high initial rates of operation or complete distribution of appropriations at the beginning of fiscal year 2014 because of distributions of funding to States, foreign countries, grantees, or others, such high initial rates of operation or complete distribution shall not be made, and no grants shall be awarded for such programs funded by this

joint resolution that would impinge on final funding prerogatives.

SEC. 110. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 111. (a) For entitlements and other mandatory payments whose budget authority was provided in appropriations Acts for fiscal year 2013, and for activities under the Food and Nutrition Act of 2008, activities shall be continued at the rate to maintain program levels under current law, under the authority and conditions provided in the applicable appropriations Act for fiscal year 2013, to be continued through the date specified in section 106(3).

(b) Notwithstanding section 106, obligations for mandatory payments due on or about the first day of any month that begins after October 2013 but not later than 30 days after the date specified in section 106(3) may continue to be made, and funds shall be available for such payments.

SEC. 112. Amounts made available under section 101 for civilian personnel compensation and benefits in each department and agency may be apportioned up to the rate for operations necessary to avoid furloughs within such department or agency, consistent with the applicable appropriations Act for fiscal year 2013, except that such authority provided under this section shall not be used until after the department or agency has taken all necessary actions to reduce or defer non-personnel-related administrative expenses.

SEC. 113. Funds appropriated by this joint resolution may be obligated and expended notwithstanding section 10 of Public Law 91-672 (22 U.S.C. 2412), section 15 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2680), section 313 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (22 U.S.C. 6212), and section 504(a)(1) of the National Security Act of 1947 (50 U.S.C. 3094(a)(1)).

SEC. 114. (a) Each amount incorporated by reference in this joint resolution that was previously designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985 or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act is designated by the Congress for Overseas Contingency Operations/Global War on Terrorism pursuant to section 251(b)(2)(A) of such Act or as being for disaster relief pursuant to section 251(b)(2)(D) of such Act, respectively.

(b) Of the amounts made available by section 101 for "Social Security Administration, Limitation on Administrative Expenses" for the cost associated with continuing disability reviews under titles II and XVI of the Social Security Act and for the cost associated with conducting redeterminations of eligibility under title XVI of the Social Security Act, \$273,000,000 is provided to meet the terms of section 251(b)(2)(B)(ii)(III) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, and \$469,639,000 is additional new budget authority specified for purposes of section 251(b)(2)(B) of such Act.

(c) Section 5 of Public Law 113-6 shall apply to amounts designated in subsection (a) for Overseas Contingency Operations/Global War on Terrorism.

SEC. 115. Section 3003 of division G of Public Law 113-6 shall be applied to funds appropriated by this joint resolution by substituting "fiscal year 2014" for "fiscal year 2013" each place it appears.

SEC. 116. Section 408 of the Food for Peace Act (7 U.S.C. 1736b) shall be applied by sub-

stituting the date specified in section 106(3) of this joint resolution for "December 31, 2012".

SEC. 117. Amounts made available under section 101 for "Department of Commerce—National Oceanic and Atmospheric Administration—Procurement, Acquisition and Construction" may be apportioned up to the rate for operations necessary to maintain the planned launch schedules for the Joint Polar Satellite System and the Geostationary Operational Environmental Satellite system.

SEC. 118. The authority provided by sections 1205 and 1206 of the National Defense Authorization Act for Fiscal Year 2012 (Public Law 112-81) shall continue in effect, notwithstanding subsection (h) of section 1206, through the earlier of the date specified in section 106(3) of this joint resolution or the date of the enactment of an Act authorizing appropriations for fiscal year 2014 for military activities of the Department of Defense.

SEC. 119. Section 14704 of title 40, United States Code, shall be applied to amounts made available by this joint resolution by substituting the date specified in section 106(3) of this joint resolution for "October 1, 2012".

SEC. 120. Notwithstanding any other provision of this joint resolution, except section 106, the District of Columbia may expend local funds under the heading "District of Columbia Funds" for such programs and activities under title IV of H.R. 2786 (113th Congress), as reported by the Committee on Appropriations of the House of Representatives, at the rate set forth under "District of Columbia Funds—Summary of Expenses" as included in the Fiscal Year 2014 Budget Request Act of 2013 (D.C. Act 20-127), as modified as of the date of the enactment of this joint resolution.

SEC. 121. Notwithstanding section 101, amounts are provided for "The Judiciary—Courts of Appeals, District Courts, and Other Judicial Services—Defender Services" at a rate for operations of \$1,012,000,000.

SEC. 122. For the period covered by this joint resolution, section 550(b) of Public Law 109-295 (6 U.S.C. 121 note) shall be applied by substituting the date specified in section 106(3) of this joint resolution for "October 4, 2013".

SEC. 123. The authority provided by section 532 of Public Law 109-295 shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 124. The authority provided by section 831 of the Homeland Security Act of 2002 (6 U.S.C. 391) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 125. (a) Any amounts made available pursuant to section 101 for "Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses", "Department of Homeland Security—U.S. Customs and Border Protection—Border Security Fencing, Infrastructure, and Technology", and "Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses" shall be obligated at a rate for operations as necessary to respectively—

(1) sustain the staffing levels of U.S. Customs and Border Protection Officers, equivalent to the staffing levels achieved on September 30, 2013, and comply with the last proviso under the heading "Department of Homeland Security—U.S. Customs and Border Protection—Salaries and Expenses" in division D of Public Law 113-6;

(2) sustain border security operations, including sustaining the operation of Tethered Aerostat Radar Systems; and

(3) sustain the staffing levels of U.S. Immigration and Customs Enforcement agents, equivalent to the staffing levels achieved on

September 30, 2013, and comply with the sixth proviso under the heading "Department of Homeland Security—U.S. Immigration and Customs Enforcement—Salaries and Expenses" in division D of Public Law 113-6.

(b) The Secretary of Homeland Security shall notify the Committees on Appropriations of the House of Representatives and the Senate on each use of the authority provided in this section.

SEC. 126. In addition to the amount otherwise provided by section 101 for "Department of the Interior—Department-wide Programs—Wildland Fire Management", there is appropriated \$36,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: *Provided*, That of the funds provided, \$15,000,000 is for burned area rehabilitation: *Provided further*, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of the Interior notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: *Provided further*, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 127. In addition to the amount otherwise provided by section 101 for "Department of Agriculture—Forest Service—Wildland Fire Management", there is appropriated \$600,000,000 for an additional amount for fiscal year 2014, to remain available until expended, for urgent wildland fire suppression activities: *Provided*, That such funds shall only become available if funds previously provided for wildland fire suppression will be exhausted imminently and the Secretary of Agriculture notifies the Committees on Appropriations of the House of Representatives and the Senate in writing of the need for these additional funds: *Provided further*, That such funds are also available for transfer to other appropriations accounts to repay amounts previously transferred for wildfire suppression.

SEC. 128. The authority provided by section 347 of the Department of the Interior and Related Agencies Appropriations Act, 1999 (as contained in section 101(e) of division A of Public Law 105-277; 16 U.S.C. 2104 note) shall continue in effect through the date specified in section 106(3) of this joint resolution.

SEC. 129. (a) The authority provided by subsection (m)(3) of section 8162 of the Department of Defense Appropriations Act, 2000 (40 U.S.C. 8903 note; Public Law 106-79), as amended, shall continue in effect through the date specified in section 106(3) of this joint resolution.

(b) For the period covered by this joint resolution, the authority provided by the provisos under the heading "Dwight D. Eisenhower Memorial Commission—Capital Construction" in division E of Public Law 112-74 shall not be in effect.

SEC. 130. Section 1244(c)(3) of the National Defense Authorization Act for Fiscal Year 2008 (8 U.S.C. 1157 note) is amended by adding at the end the following:

"(C) FISCAL YEAR 2014.—

"(i) IN GENERAL.—Except as provided in clauses (ii) and (iii), the total number of principal aliens who may be provided special immigrant status under this section in fiscal year 2014 during the period ending on December 15, 2013 shall be the sum of—

"(I) the number of aliens described in subsection (b) whose application for special immigrant status under this section is pending on September 30, 2013; and

"(II) 2,000.

"(ii) EMPLOYMENT PERIOD.—The 1-year period during which the principal alien is required to have been employed by or on behalf

of the United States Government in Iraq under subsection (b)(1)(B) shall begin on or after March 20, 2003, and end on or before September 30, 2013.

“(iii) APPLICATION DEADLINE.—The principal alien seeking special immigrant status under this subparagraph shall apply to the Chief of Mission in accordance with subsection (b)(4) not later than December 15, 2013.”.

SEC. 131. (a) ONE-YEAR DELAY IN IMPLEMENTATION OF ACA.—Notwithstanding any other provision of law (including section 106 of this joint resolution), to the extent that a provision of ACA (or a change in law attributable to such a provision) is scheduled to and would otherwise take effect on a date during the period beginning on October 1, 2013, and ending on December 31, 2014, such provision (or change) shall not be effective during the 1-year period beginning on such date. During such 1-year period, the previous sentence shall be implemented in a manner as to continue the law as in effect as of the day before such date and shall take into account changes that would otherwise be made without regard to any such provision. Upon the expiration of such 1-year period, except as may otherwise be provided, the provisions of ACA (including the changes in law attributable to such provisions) shall be implemented as if the previous provisions of this subsection had not applied. Section 2713(a)(4) of the Public Health Service Act (42 U.S.C. 300gg–13(a)(4)) shall not be effective for any period before January 1, 2015, with respect to the requirement for specific coverage for any sponsor of a group health plan (or, in the case of student health plans, the institution of higher education offering such plans), health insurance issuer, or individual opposing such requirement for coverage based on religious or moral objections.

(b)(1) INTERNAL REVENUE CODE OF 1986.—In the case of any amendment made by ACA to the Internal Revenue Code of 1986, such amendment shall not apply to—

(A) except as otherwise provided in this paragraph, taxable years or plan years, as the case may be, beginning during 2014.

(B) in the case of sections 36B and 4980H of such Code, months beginning during 2014.

(C) in the case of section 4191 of such Code, sales during 2014.

(D) in the case of subchapter B of chapter 34 of such Code, policy and plan years beginning during 2014.

(E) in the case of section 5000B of such Code, services performed during 2014.

(F) in the case of sections 6055 and 6056 of such Code, calendar year 2014.

(G) in the case of any amendment made by ACA to section 6103 of such Code, disclosures during 2014.

(H) in the case of any amendment made by section 9004 of the Patient Protection and Affordable Care Act, distributions made during 2014, and

(I) in the case of any amendment made by section 1409 of the Health Care and Education Reconciliation Act of 2010, transactions entered into during 2014.

(2)(A) ANNUAL FEES.—Sections 9008 and 9010 of the Patient Protection and Affordable Care Act shall not apply to annual payment dates (within the meaning of such sections) during 2014.

(B) PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND.—Notwithstanding any other provision of law, during 2014, no amount may be—

(i) appropriated, credited, or otherwise transferred to the Patient-Centered Outcomes Research Trust Fund, or

(ii) transferred from such Fund.

Subsections (a) and (b)(1) shall not apply to section 9511 of the Internal Revenue Code of 1986.

(3)(A) COORDINATION WITH PROVISIONS SUSPENDED UNDER THIS SUBSECTION.—Subsection (a) shall not apply with respect to any provision of ACA to which this subsection applies.

(B) COORDINATION WITH PROVISIONS NOT SUSPENDED UNDER SUBSECTION (a).—Paragraph (1) shall not apply to—

(i) section 9815 of the Internal Revenue Code of 1986,

(ii) the amendments made by section 1322(h) of the Patient Protection and Affordable Care Act, and

(iii) the amendments made by section 1004(d) of the Health Care and Education Reconciliation Act of 2010.

(c) IMPLEMENTATION.—The Secretaries of Health and Human Services and the Treasury shall take such steps as may be required to implement the provisions of this section on a timely basis.

(d) ACA DEFINED.—In this section, the term “ACA” means—

(1) the Patient Protection and Affordable Care Act (Public Law 111–148), including any amendment made by such Act; and

(2) title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), including any amendment made by such title or subtitle.

The SPEAKER pro tempore. Pursuant to House Resolution 366, the motion shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations.

The gentleman from Kentucky (Mr. ROGERS) and the gentlewoman from New York (Mrs. LOWEY) each will control 30 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. ROGERS of Kentucky. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the further consideration of H.J. Res. 59.

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

There was no objection.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to move forward with H.J. Res. 59, the continuing resolution that will keep the doors of the government open after the end of the fiscal year on Monday.

It's unfortunate that yet again we are in this situation facing yet another shutdown showdown with no solution to our many fiscal problems in sight. Funding the government with a continuing resolution should not be plan A, plan B, or even plan Z. But our challenges are many, our timeline is short, so passing this CR today is absolutely essential.

The House passed a version of this bill last Friday. The Senate amended it and sent it back to us to consider once again. The motion before us agrees to the Senate amendments with two further amendments: one delaying ObamaCare for a year, and one repealing the medical device tax.

Included in each amendment are three changes that I've requested. The

first changes the date back to the House-passed end date of the CR of December 15 to give us more time to pass the fiscal year 2014 appropriations bills. I've been flexible on this issue from the very beginning, but this longer timeframe will help us avoid the potential need for another CR in the interim.

The second change would make a technical change to an anomaly for the Eisenhower Commission added by the Senate. This change will simply continue the status quo of a hold on that project.

Finally, the third will add a new anomaly to extend the authority for the United States to issue special immigrant visas for the length of this CR. This authority is necessary to ensure that the visas continue for Iraqis who assisted the U.S. during the war, many of whom put their lives on the line to do so. It's become clear that since this CR was first introduced that this new provision has wide bipartisan support.

Mr. Speaker, one of our primary jobs as Members of Congress is to provide our people with important programs and services only the Federal Government can provide and to ensure that these services are available. This bill does that. However, it's also our responsibility to address the Nation's fiscal challenges head-on with a realistic and pragmatic approach that will allow for attainable solutions.

With the debt ceiling looming, a fragile economy in recovery, and the threat of additional, draconian sequestration cuts that will gut our national defense, it's essential that we come together to find common ground. One side cannot do it alone, and inaction or failure on these crucial issues could lead to disastrous results for our people and our Nation for years to come.

Let me take a moment now to remind us all of just a few of the consequences if the government were to shut down: our troops will not be paid and national security will be put at risk; our borders will weaken; our most vulnerable citizens, the elderly and our veterans, may not get the assistance they rely upon; our businesses, facing great uncertainty, will take a hit; our economy will suffer.

We must act responsibly to keep our government open and our country on stable economic footing. Now and in the near future, we must also act as productive partners to keep the Nation safe, provide our people with essential services, rein in unsustainable entitlement programs, and secure a responsible and realistic Federal budget.

And we must remember that we do this not just for ourselves and our districts, but we do it for the Nation as a whole. I hope that today—with the countdown to shutdown clocks ticking away—my colleagues will understand that funding the government is one of those essential duties, and I ask you to vote “yes” on this continuing resolution.

I reserve the balance of my time.

Mrs. LOWEY. Mr. Speaker, I yield myself such time as I may consume to discuss the majority's intransigence.

The bill the House is considering tonight takes yet another step towards total dysfunction. Instead of working with Democrats to prevent a shutdown, the majority has gotten even more extreme by writing a bill that has no chance of becoming law and will be the 43rd vote on repealing or undermining the Affordable Care Act.

While the old saying goes, if at first you don't succeed, try and try again, I say to my colleagues across the aisle tonight: stop trying. You will not succeed in giving our medical choices back to the insurance companies and keeping health insurance costs too high for too many families, and it continues the Republican war on women by allowing a woman's employer to determine what safe and legal health services she can access.

The bill the Senate returned to the House would not increase spending, but one provision within the jurisdiction of Ways and Means would cost \$30 billion. The majority is wasting time as we get closer and closer to a shutdown, because we all know this bill will be dead on arrival in the Senate.

Here's a sample of what the House majority shutdown will do: small business owners will stop receiving Federal loans to hire and expand their businesses; the National Institutes of Health will stop receiving new patients; veterans' benefits will be disrupted; and housing loans for middle class families will be put on hold.

These are the painful results of the Republicans' refusal to act responsibly.

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They walked out of negotiations with the President last year. They ignored the President's deficit reduction plan in his budget. They refused to go to conference on a budget resolution. And they repeatedly voted down Democrat amendments to replace sequestration.

And now, when it's time to fulfill our most basic task of funding government operations, Republicans push us further to the brink of a shutdown. Anyone who votes to amend the Senate bill is voting for a shutdown.

Vote "no" on the Republican shutdown proposal, and I reserve the balance of my time.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 5 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), vice chairman of the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, I rise in support of amendment No. 1 to the continuing resolution, the bill that is bringing us to the floor tonight, and how vital it is that we address the funding needs of this Nation and how vital it is that we do it in a manner that is respectful of the American people and of our constituents. One of the things they have repeatedly said is they want to make certain that we delay the onset of ObamaCare, and that is what we are going to do.

Included in the amendment would be the delay of the 20 new taxes of ObamaCare. It would delay the individual mandate and the costly surtax for noncompliance. It would delay the employer mandate, the Medicaid expansions, the new exchanges, and all those subsidies to try to get people to enroll. It would delay the dozens of enforcement powers which ObamaCare gives to the IRS. And it would delay the collection of all your personal information and data by the navigators and those seeking to put this program into effect with these exchanges.

So that is what this amendment would do.

Why are we doing this? Number one, this is a program that is too expensive to afford. We have seen that already it has tripled in cost. From its \$860 billion estimate, it is up to \$2.6 trillion. We know that it is making \$600 billion in cuts to Medicare. We know that it is not ready for prime time. There have been 1,200 waivers given to this program. People that are friends of the administration were seeking to be opted out. And it's not good for the American people.

There have been 19 administrative and Presidential delays of this program. We also have learned that there are missed deadlines. We see the impact that it's having on our hospitals. They're laying off people. Hospital doors are closing. Jobs are being lost. Insurance costs are escalating. They have missed 47 percent of all their deadlines as they have sought to put this into place. And the list goes on and on.

But most important is what we hear from our constituents, what we hear from the American people, and the rate shock that is out there. And among my constituents I have a small business owner who wrote me this week. Her insurance cost is going up five times over what it is right now; a teacher with a husband and two children, 105 percent.

We also have people that are writing in and they're talking about how disappointed they are. They had a plan they liked, but they can't keep it now. One said, "Our insurance would cost more than what we make. We would be paying our employer \$71.50." Another said they have lost their insurance. The reason they were given is because of ObamaCare. Discontinued due to ObamaCare. This is what we're hearing from our constituents.

Parents of children, a family, a child, type 1 diabetes. They need those reimbursement accounts. They're being cut in half. They're not able to keep that. For an employer whose employees are seeing their out-of-pocket expense go up, do you know what that amounts to for this family? It's a \$7,600 pay cut.

So what we do is come to the floor tonight to say it's not ready. We are seeing the impact of delay after delay that is being done by this administration. And what we are saying is that it is time, as a fairness issue to the American people, to delay the whole thing.

Delay it for a year. Continue to work on it. Make certain that we listen to the American people and respond to their wish.

Delay ObamaCare.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 2½ minutes to the gentlewoman from Connecticut (Ms. DELAURO), a distinguished ranking member on the Appropriations Committee.

Ms. DELAURO. Mr. Speaker, let me begin by quoting Sir Walter Scott:

What a tangled web we weave, when first we practice to deceive.

This amendment is an exercise in deception. It is designed to shut the government down. It drastically underfunds the fundamental priorities of the American people, and it tries yet again to delay families' access to affordable health care. We do not have time for this sort of recklessness.

The nonpartisan Congressional Budget Office and Federal Reserve Chairman Ben Bernanke warned us that the automatic across-the-board cuts could cost us as many as 750,000 jobs in 2013. The majority wants to make these cuts permanent, regardless of the job loss, damage to our economy, or harm to working families across the country.

Because of the deep cuts enshrined here, over 57,000 children lose access to early learning through Head Start. These children never get that opportunity back. The biomedical research that saves lives is being curtailed, delayed, or lost. Educational programs are sharply reduced for over a million of our most disadvantaged kids, even though one in five children currently live in poverty.

Hundreds of thousands of unemployed adults are losing access to job training. Low-income seniors lose out on 5 million congregate and home-delivered meals. Mental health programs are being gutted. And with this funding, labor, health, and education programs are slashed 17 percent.

Beyond the deep cuts, the Republican majority is, once again, trying to use the budget process to take the government hostage unless we delay the Affordable Care Act. Because of the Affordable Care Act, Americans with pre-existing conditions finally have coverage. Women's health is finally on an equal footing. Maternity and pediatric care is covered, and preventive care can be obtained with no out-of-pocket costs. The doughnut hole is closing for seniors. Young people stay on their parents' plans. It empowers patients and doctors. And yes, insurance companies no longer can make the decision about whether or not you will get health insurance or not get it.

The Affordable Care Act is, at last, affordable health care for more American families.

We stand on the verge of a government shutdown. Instead of behaving responsibly, of working towards a reasonable compromise, the majority continues to put their personal, radical ideology above the fundamental priorities of the American people. This is

wrong. I urge my colleagues to vote against it.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. STUTZMAN).

Mr. STUTZMAN. Mr. Speaker, almost 3½ years ago, many stood in this Chamber claiming to have made history by overhauling our Nation's health care laws and subjecting one-sixth of our economy to Federal control. The American people disagree. They understand that ObamaCare broke with history—and that's exactly the problem here today.

When government mandates that every American buy insurance established by bureaucrats and threatens to severely tax them if they don't, that is an unconstitutional mandate. This country was founded on the principles of limited government, personal responsibility, and consent of the governed. But ObamaCare is based on limitless government, bureaucratic arrogance, and a disregard of the will of the people.

That is why 3½ years ago, Washington broke with history. Washington ignored our country's founding principles. Back home, Hoosiers still know what this town forgot. They know that their freedom diminishes when government raises taxes, empowers bureaucrats, and issues oppressive mandates. That's exactly why ObamaCare was unpopular 3 years ago, and it is unpopular 3 days ahead of its implementation.

The People's House refuses to ignore the will of the American people.

Today, Senate Democrats who refuse to acknowledge ObamaCare's mounting failures have left Washington, D.C. for the weekend but families back home don't have the luxury of ignoring this train wreck.

With just three days until millions of Americans are forced onto ObamaCare's exchanges, my colleagues and I will vote to stop ObamaCare. We will vote to protect religious freedom with strong conscience protections. We will vote to restore individual choice and freedom. We will vote to return to this nation's founding principles.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentlelady for yielding.

Mr. Speaker, I rise in strong opposition to the Republican amendments that are designed, quite frankly, to shut the government down.

It's no secret that the Tea Party Republicans came here not as public servants but to destroy and decimate our government. And to add insult to injury, they want to destroy and dismantle the Affordable Care Act, which is the law of the land and was upheld by the Supreme Court. This is morally wrong and is lawless, quite frankly. And not to mention that they want to put insurance companies, once again, back in charge of the health care decisions that should be made by our constituents. This hostage-taking must end.

Mr. Speaker, why in the world would any Member of Congress want to jeop-

ardize the jobs of our dedicated government workers who provide desperately needed services to millions of our constituents—and who, by the way, have their own families to feed?

Today, the Tea Party extremists who came here to shut down the government will see their dream come true. These dangerous amendments would hurt children, seniors, and families—yes, the most vulnerable—and would create havoc and uncertainty in so many lives. But it's their first step to create a country, quite frankly, based on a free-for-all—survival of the fittest—that none of us will recognize. That's what happens when there is no government, Mr. Speaker.

We should reject these irresponsible, dangerous, and un-American amendments. They will shut down the government. And the American people, quite frankly, do not deserve this.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. KINGSTON), the distinguished chairman of the Labor-HHS Subcommittee on Appropriations.

Mr. KINGSTON. I thank the chairman for the time.

Mr. Speaker, I want to say that we're here tonight on a continued debate over ObamaCare for a good reason. In fact, there's three reasons.

Number one, health care is one-sixth of the economy. I think that before we turn over one-sixth of the economy to the Federal Government, we need to be very clear on the path that we're going on. Right now, the path is anything but clear. In fact, to quote one of the leading Democrat architects from the Senate, Senator BAUCUS, he said it's a train wreck.

So to me, to continue the debate on ObamaCare is the proper thing to do. One-sixth of the economy, Mr. Speaker. Think about that.

Secondly, in terms of our health care system now, as flawed as it may be, it's still the best health care system in the world. Indeed, 40 percent of the medical tourists come to America for procedures and operations. You can't say that about any other country.

Number three, ObamaCare has failed. Two of its prime objectives were, number one, to decrease the cost of health care, and number two, to increase the access. And let's examine those. Do you know anybody whose health care premium has decreased this year? I have asked this question many, many times back home and on the floor of the House. And I've invited people to call my office if their premiums have in fact decreased. I haven't heard from an individual. I haven't heard from a business. I've talked to many businesses who have had 25 and 30 percent increases. My own daughter's premium, a healthy 30-year-old, went from \$170 a month to \$270 a month.

□ 2200

The premiums are not going down because the cost isn't going down. ObamaCare has failed on that.

Then number two—and very importantly—accessibility has not increased. Two Fortune 500 companies in my home State of Georgia have announced the following: one says that they will no longer cover 15,000 spouses of their employees under their health care.

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

Mr. ROGERS of Kentucky. I yield 1 minute to the gentleman.

Mr. KINGSTON. I thank the gentleman.

Another Fortune 500 company in Georgia has announced that 20,000 part-time employees will no longer have company-sponsored health care. We're hearing this over and over again.

I talked to one man who has a successful startup business. He got to 42 employees and he said, And I quit growing because I did not want to get to 50 because not only am I concerned about the cost of ObamaCare, but I don't know how it's going to be implemented. I don't know the rules of it.

So I would say this debate is well worth having. And I would say to our Democrat friends, whether you're voting for it or not, at this point it's not a matter of philosophy; it's a matter of admitting that it is a matter of mistake to go on with ObamaCare. It has not decreased the cost, and it has not increased the access of health care.

Before we say good-bye to the best health care system in the world and one-sixth of our economy, turning it over to the Federal Government, we need to stop and retool and start all over. So it is the right thing to do to fund the government, avoiding a shutdown, but not to fund ObamaCare.

Mrs. LOWEY. I just want to thank my friend, the gentleman, Mr. KINGSTON, for making a good case for the Affordable Care Act. You want to turn it back over to the insurance companies who are raising these rates in your district and my district.

I'm very pleased to yield 2 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, as a member of the House Appropriations Committee, I rise in opposition to this, the 43rd attempt to defund, delay, or undermine the Affordable Care Act by House Republicans.

What is even more disturbing is that this latest attempt comes with the very distinct possibility for a costly and disruptive government shutdown.

As Members of Congress, we have a constitutional obligation to fund our government. The Senate sent us a bill yesterday that would accomplish that goal; but rather than pass it, House Republicans are pressing their ideological agenda once more, pushing us closer to a government shutdown.

Look, I get it. The Republican Conference is desperate to halt the Affordable Care Act because they bet against it and they came up short; but now they're gambling with our entire economy. They're desperate because they

bet against a law that is already benefiting millions of Americans, from seniors on Medicare, to children with pre-existing conditions, to millions of Americans who are being overcharged by their insurance companies. And starting January 1, millions more uninsured Americans will be able to obtain quality, affordable health insurance. In fact, just this week, it was announced that a family of four in my congressional district making \$50,000 a year will be able to obtain private health insurance for as little as \$24 a month.

The Affordable Care Act is working, and I urge my colleagues to stop betting the same losing hand on our economy. Enough already. Let it go.

Now, let me tell you something that your little stunt that you're pulling here—which has no chance of becoming law—what it does for the millions of breast cancer survivors like me.

Ninety-five days from today, the millions of survivors, the 150 million people who live in this country with a pre-existing condition, you are trying to rob us of the peace of mind that that provision gives us.

What you're trying to do is make sure that every single day, when each of us who survived cancer or another life-threatening illness, waiting for the other shoe to drop, what you're trying to do is say you should stay living in fear for an insurance company to boot you off your insurance because of the possibility of you getting sick again. It's unconscionable. It's unacceptable. Walk a mile in our shoes.

The SPEAKER pro tempore. The Chair would remind Members they should address their remarks to the Chair.

Mr. ROGERS of Kentucky. Mr. Speaker, may I inquire of the time remaining.

The SPEAKER pro tempore. The gentleman from Kentucky has 16 minutes remaining, and the gentlewoman from New York has 20¼ minutes remaining.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 5 minutes to the gentleman from Minnesota (Mr. PAULSEN), a very important member of the Ways and Means Committee of the House.

Mr. PAULSEN. Mr. Speaker, we all know that the medical technology industry is one of America's leading manufacturing industries and has huge potential to continue being a vehicle for creating jobs.

This American success story employs more than 400,000 workers, pays salaries 40 percent higher than the average national wage, is one of our country's few industries that actually exports more than it imports; and it is an industry that is fueled by innovation and is made up of mostly small businesses. Eighty percent of these businesses have less than 50 employees; 98 percent of them have less than 500. Most importantly, however, this is an industry that saves and improves lives for patients.

Medical devices helped slash the death rate from heart disease by a

stunning 50 percent and cut the death rate from stroke by 30 percent. But, Mr. Speaker, last January, a new \$30 billion medical device tax was enacted as a part of ObamaCare. It's not a tax on profit; it's a tax on revenue. It's a tax on sales.

Nobody can explain why this industry was singled out, other than tens of billions of dollars needed to be brought in to pay for an over-trillion-dollar law. But you know what, the effects have been devastating—10,000 job losses across the country have been announced; companies are moving their operations overseas. And once these jobs move overseas, they don't just come back.

Countless small, privately held companies, they've cut jobs and investment in research and development to deal with this onerous policy; and research and development is the very lifeblood of this industry.

I have a letter, Mr. Speaker, from 975 organizations in support of repealing the device tax. The signers include the Chamber of Commerce, the National Association of Manufacturers, numerous doctors and physicians and health care groups, and others who are directly impacted by the tax. I will include it in the RECORD.

Mr. Speaker, we know this tax is bad policy. We know there is support in this Chamber and in the Senate to repeal this tax. Last year, the House passed my repeal legislation with overwhelming bipartisan support, but the Senate didn't act before the end of the year. But this year, we have 263 cosponsors of my legislation to repeal this tax—far more than last year and more than enough to pass it in the House.

Last April, when the Senate was debating their budget resolution, 79 Senators voted their intention to also repeal the device tax, and 33 of those Senators were Democrats. Mr. Speaker, how often do we have such an overwhelming bipartisan support on an issue? This is our opportunity.

Winston Churchill is to have said that people "occasionally stumble over the truth, but most of them pick themselves up and hurry off as if nothing ever happened."

The truth that we all know about the medical device tax is that it has destroyed jobs, it's destroyed innovation, and it has hurt patient care. These are the very pillars that the health care reform was actually supposed to support.

Repealing this policy sends a very strong and commonsense message to the American people that Congress may not always agree on what is the right path forward, but we can absolutely recognize when a policy has set us on the wrong path; and today we have an opportunity to right this wrong.

This amendment repeals a tax that is threatening America's global leadership in innovation. This is about saving lives. It's important that we do act now—and today. Let's stop the job losses. Let's protect these high-wage

jobs; and let's ensure that America continues to invent, continues to innovate, and continues to develop the very cutting-edge and lifesaving technologies for our patients.

Vote for the repeal of the medical device tax.

SEPTEMBER 28, 2013.

Hon. HARRY REID,
Majority Leader, U.S. Senate.

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

Hon. MITCH MCCONNELL,
Republican Leader, U.S. Senate.

Hon. NANCY PELOSI,
Minority Leader, U.S. House of Representatives.

DEAR MAJORITY LEADER REID, SPEAKER BOEHNER, MINORITY LEADER MCCONNELL AND MINORITY LEADER PELOSI: As Congress nears the end of the calendar year, we respectfully request that repeal of the medical device excise tax be addressed as a top priority. Implementation of what was to be a \$20 billion excise tax and is now estimated to collect over \$30 billion in taxes—is adversely impacting patient care and innovation, and will substantially increase the costs of health care. The Senate and House have both passed repeal legislation with strong bipartisan majorities. On behalf of the more than 975 undersigned organizations, associations, companies, patients, providers and venture capital firms representing hundreds of thousands medical technology jobs, we ask that you act to repeal the medical device tax during this session of Congress.

As you know, the medical device industry is a unique American success story—both for patients and our economy. The United States is the world leader in manufacturing life-saving and life-enhancing treatments, and the industry is an important engine for economic growth. The industry employs more than 400,000 workers nationwide; generates approximately \$25 billion in payroll; pays out salaries that are 40 percent more than the national average (\$58,000 vs. \$42,000); and invests nearly \$10 billion in research and development (R&D) annually. The industry is fueled by innovative companies, the majority of which are small businesses with 80 percent of companies having fewer than 50 employees and 98 percent with fewer than 500 employees.

Unfortunately, the health care law imposes over \$30 billion in new excise taxes on medical technology companies that are stifling innovation and U.S. competitiveness. The tax is already having an adverse impact on R&D investment and job creation, jeopardizing the U.S. global leadership position in medical device innovation. If this tax is not repealed, it will continue to force affected companies to cut manufacturing operations, research and development, and employment levels to recoup the lost earnings due to the tax. It will also adversely impact patient access to new and innovative medical technologies.

In short, this tax on innovation should be repealed for the following three important reasons:

The tax stifles innovation and has already costs thousands of high-paying jobs. It has increased the effective tax rate for medical technology companies, thereby reducing financial resources that should be used for R&D, clinical trials and investments in manufacturing. The impact is especially hard on smaller companies whose innovations are not immediately profitable.

The tax will increase health care costs as confirmed by a report issued in April 2010 by the Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS). In some cases, the 2.3% tax will be passed on to

consumers, leading to higher health care costs.

The tax is not being offset by increased demand for medical devices. In fact, it is important to note that there is no evidence suggesting a device industry “windfall” from healthcare reform. Unlike other industries that may benefit from expanded coverage, the majority of device-intensive medical procedures are performed on patients that are older and already have private insurance or Medicare coverage. Where states have dramatically extended health coverage, such as in Massachusetts where they added 400,000 new covered lives, there is no evidence of a device “windfall.”

At a time when the federal government is working to promote investment in U.S. industries of the future, it is inconsistent that a tax of this magnitude is placed on the medical device industry. We must do all we can to encourage and promote research, development, investment and innovation. Instead, increased taxes, such as this one on the medical device industry, coupled with the increased regulatory uncertainty the industry also faces, is leading to further job losses, hindering the development of breakthrough treatments and delaying patient access to medical technology.

We respectfully request timely action on legislation to repeal this over \$30 billion excise tax.

3C Spine, Inc., 3D Medical Manufacturing, Inc., 3M Healthcare, A-dec, A.R. Hinkel Company, Abaxis, Abbey Moor Medical, Abiomed, Inc., Acacia Research Corporation, Academy of General Dentistry, AccessClosure, Accuitive Medical Ventures, Accuray Incorporated, Acertara Acoustic Laboratories, LLC, Aciont Inc., ActivaTek Inc., Active Implants, Actus Medical, Acumen Healthcare Solutions, LLC.

Adagio Medical, Inc., Adept-Med International, Inc., Adhezion Biomedical, LLC, ADM Tronics, Adroit Medical, Advanced Bio-Healing, A Shire Company, Advanced Bionics, Advanced Circulatory Systems, Inc., Advanced Medical Technology Association, Advanced Orthopaedic Solutions (AOS), Advanced Surgical Instruments, Advanced Technology Ventures, AdvanDx, Aerocrine, Inc., Aesculap, Inc., AestheTec, Inc., Aethlon Medical, Inc., AFC Tool, Affinity Capital, Agamatrix, Inc., Agendia, Inc., Alabama Dental Association,

Albright Technologies, Alcon, A Novartis Group Company, Aleeva Medical Inc, Align Technology, Inc., Alkaline Corporation, Allegro Diagnostics Corp., Allergan, Allvivo Vascular, Inc., ALPCO Diagnostics, Alphatec Spine, Inc., Alta Partners, ALung Technologies, Inc., AlvaMed Inc., Alverix, Inc., Ambio Health, Ambu, Inc., Amedica Analogic Corp, America's Blood Centers (ABC), American Academy of Facial Plastic & Reconstructive Surgery.

American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Neurological Surgeons, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American College of Prosthodontists, American College of Radiology, American Dental Association, American Medical Systems, American Society of Cataract and Refractive Surgery, American Society of Dentist Anesthesiologists, American Society of Plastic Surgeons, Andersen Products, Andover Healthcare, Andrew Technologies, Angel Medical Systems, AngioDynamics.

AngioScore Inc., Anulex Technologies, Inc., AOTI Inc., Apnex Medical, Inc., Apollo Endosurgery, Applied Dexterity, Inc., Applied Research & Photonics, Inc., Aptus Endosystems, Inc., Aqueduct Neurosciences,

Inc., Aqueous Biomedical, Inc., AcrueSys, Inc., ARC Medical, Inc., Ardium Medical, Inc., Argenta Advisors, ARIBEX, Inc., Arizona BioIndustry Association, ArKal Medical, Inc., ARKRAY Arterioocyte, ARTHROSURFACE, INCORPORATED.

Articulinx, Asante Solutions, Inc., Aso LLC, Aspen Medical Products, Associated Industries of Massachusetts (AIM), Associates of Cape Cod, Inc., Astute Medical, AtCor Medical Holdings, Ltd., ATEK Medical, Ativa Medical, ATL Technology Utah, Atlanta Bio-Medical Corporation (ABC), Atlas Spine, Inc., Atos Medical Inc., AtriCure, Inc., Atrium Medical Corporation, Aurident, Inc., Autonomic Technologies, Inc., Auxogyn, Inc., Avacem MOD Corporation.

Avantis Medical Systems, Inc., Avedro, Avinger, Axiom Medical, Inc., AxioMed Spine Corporation, AxoGen, Inc., B. Braun Medical, Inc., Balchem Corporation, Banyan Biomarkers, BAROnova, Inc., BaroSense, Inc., BARRX Medical, Inc., Baxano Surgical, Inc., Baxter Healthcare, BayBio, BD, BEACON (Biomedical Engineering Alliance & Consortium), Beaver Visitec, Beckman Coulter, Belmont Instrument Corporation.

BeneChill, Inc., Benvenue Medical, Inc., Berlin Heart, Inc., Berman Medical BioBDx, Bioanalytical Systems, Inc., BioBDx, BioCardia, Inc., BioCare Systems, Inc., BIOCUM, Bioconnect Systems, Inc., BioDerm, Inc., BioElectronics, BioFlorida, BIOforward, BioHouston, BioMedical Life Systems, BioMedix, bioMerieux, Inc., Biomerix Corporation, Biomet, Inc., Biomimetic.

BioMimetic Therapeutics, Inc., Bionix Development Corporation, BioOhio, Biophan Technologies, Inc., BIOSAFE, Inc., Bioscale, Bioscience Association of Maine, BioSculpture Technology, Inc., BioSET, Inc., Biotest Laboratories, Inc., BIOTRONIK, Inc., Bioventus LLC, Birchwood Laboratories Inc., Boston Healthcare Associates, Inc., Boston Scientific Corporation, Botanical Laboratories, BrainScope Company, Inc., Breathe Technologies, Breg, BridgePoint Medical, BTE Technologies, Inc., Busse Hospital Disposables.

C.R. Bard, Inc., Cabochon Aesthetics, Inc., Cadence, Inc., Caldera Medical, Inc., California Healthcare Institute (CHI), Calypso Medical, Canaan Partners, Cannuflow Inc., Cantel Medical Corp., Cantimer, Inc., Cape Cod, Inc., Carbylan Biosurgery, Inc., Cardia Access, Cardiac Dimensions, Inc., Cardiac Science, CardiacAssist, Inc., CardIAQ Valve Technologies, Inc., Cardinal Health, Cardinal Scale Manufacturing Company.

CardioDx, Inc., CardioFocus, Inc., CardioKinetic Inc., CardioMEMS, Inc., CardioNexus Corporation, Cardiovascular Systems, Inc., CareFusion Corporation, Carmell Therapeutics Corporation, CarrierCOM, Carrot Medical, Carticept Medical, Cartiva, Inc., Case Medical, Inc., Catheter Connections, Inc., Cayenne Medical, CEA Medical Manufacturing, CEA Technologies, Inc., Celleration, Cellestis Inc., Center for Medical Device Innovations.

Cepheid, CeQur, Cerephex Corporation, Ceterix Orthopaedics, Checkpoint Surgical, CHF Solutions, Inc., Christcot Medical Company, Cianna medical, Circadiance, City Hill Ventures, LLC, CivaTech Oncology, Claret Medical, Inc., Clarity Medical Systems, Inc., Claro Scientific, LLC, Clarus Medical, LLC, ClarVista Medical, Cleveland Medical Devices Inc., Clinical Research Consultants, Inc., CoAlign Innovations, Inc., CoAxia, Inc., Cochlear.

Cohera Medical, Inc., Coherex Medical, Colorado Bioscience Association (CBSA), Colorado Dental Association (CDA), Columbus Chamber of Commerce, Command Medical Products, Inc., COMPASS International Innovations, Compression Therapy Concepts,

Concert Medical, Congress of Neurological Surgeons, ConMed Linvatec, CONNECT, Consensus Orthopedics, Inc., ConvaTec Inc., Cook Medical, Core Medical Imaging, Corgenix Medical Corporation, Corin USA Limited, Corindus Vascular Robotics, Corinthian Ophthalmic, Inc., Cormatrix.

Corventis, Inc., COTERA, Inc., Council for Affordable Health Coverage, Covalent Medical, Inc., Covidien, Creatv MicroTech, Inc., Critch Research, Critical Diagnostics, Crux Biomedical, Cryothermic Systems, CSA Medical, Inc., Curexo Technology Corporation, Curo Medical, Inc., CurveBeam, CV Ingenuity, CVRx Inc., CyberHeart, Cyberonics, Cynosure, CytoMedical Design Group LLC.

Cytopherx, Cytori Therapeutics, Inc., CytoSorbents Corporation, D&D Medical, Inc., D&R Products, Dallen Medical, dataCon Inc., DataPhysics Research, Inc., DaVinci Biomedical Research Prod., Inc., De Novo Ventures, DEKA R&D Corp, Delcath Systems, Inc., Dental Trade Alliance (DTA), Denterprise International, Inc., DERMA SCIENCES, INC., Design Mentor, Devicix, DFine, Inc., DG Medical, Digirad, Direct Flow Medical.

Disposable Instrument Co., Inc., DJO Global, Inc., Domain Associates, L.L.C., Domain Surgical, Inc., Drexler Medical, Dynatronics, E. Benson Hood Laboratories, Inc., EarlySense Inc., eCardio Diagnostics, Echelon Biosciences, Inc., Echo Therapeutics, Edwards Lifesciences, EKOS Corporation, Electrical Geodesics, Inc., Electromed, Inc., Ellipse Technologies, Inc., Ellman International, Emergence, Emergent Medical Partners.

Emerson Consultants, Inc., Endo Health Solutions, Inc., Endo-Therapeutics, Inc., EndoChoice, Inc., EndoClear, LLC, EndoGastric Solutions, EndoShape, Inc., eNeura Therapeutics, Engineered Medical Systems/Pulmodyne, Entellus Medical, EnteroMedics, Inc., EPIC Research & Diagnostics, Erchonia Corp., Essex Woodlands, eVent Medical, Evergreen Medical Technologies, Exactech, Experien Group, ExploraMed Development, LLC, FAST Diagnostics.

FemCap Inc., Ferris Mfg. Corp., Fidia Pharma USA Inc., Figure 8 Surgical, Fisher Wallace Laboratories, Fjord Ventures, Flexicath, Inc., Flexuspine, Inc., Flight Medical, Flocel Inc., Florida Medical Manufacturers' Consortium, Inc., Fluidnet Corporation, ForSight Labs, Fortimedix USA, Inc., FOUNDRY NEWCO XI, Fresenius Medical Care NA, Freshmedx, Frontier Scientific Inc., FTSI, FUJIFILM SonoSite Inc., Fujirebio Diagnostics, Inc., Galil Medical.

Galt Medical, Gambro, GE Healthcare, Genesis Plastics Welding, GENICON, Gentis Inc., Georgia Bio, Georgia Dental Association, GI Dynamics, Inc., Gilero, LLC, Glaukos Corporation, Glenveigh Medical, Globe Composite Solutions, Ltd., Globus Medical, GluMetrics, Gradient Technologies, LLC, Great Lakes NeuroTechnologies Inc., Greatbatch Medical, Ground Zero Pharmaceuticals, GT Urological, LLC, Gulden Ophthalmics,

Haemonetics Corp., Halo Healthcare Inc., HALT Medical, Inc., Hausmann Industries, Inc., Health Industry Distributors Association (HIDA), Health IT Now Coalition, HealthCare Institute of New Jersey, HealthpointCapital, HeartFlow, HeartWare International, Inc., Heidelberg Engineering, HEMERUS, Hemisphere, Hill-Rom, Hispanic Dental Association (HDA), HITACHI MEDICAL SYSTEMS AMERICA, INC., Holaira, Hologic/Gen-Probe, Home Dialysis Plus, Hospira Inc., Hotspur-Cardiac Care.

Hotspur Technologies, Inc., HoverTech International, Hull Associates, Hycor Biomedical, Inc., Hydrocision, ibiliti-ICAD, Inc., ICAP Patent Brokerage, Ichor Medical Systems, ICONACY Orthopedic Implants, LLC,

ICU Medical, Inc., IKARIA, Illinois Biotechnology Industry Organization—iBIO, Illinois State Dental Society, IlluminOss Medical, Inc., ImaCor, Imalux Corporation, IMARC Research, ImpediMed.

Impliant, Inc., ImThera Medical, Inc., InaVein, LLC, Incept LLC, Incline Therapeutics, Indiana Chamber of Commerce, Indiana Dental Association, Indiana Health Industry Forum, Indiana Manufacturers Association, Indiana Medical Device Manufacturers Council, InfoBionic, Infraredx, Inc., InfraScan, Inc., InjectiMed, Inc., Innovative Pulmonary Solutions, Inc., Innovative Surgical Designs, Inc., Innovative Trauma Care Inc., Innovent Medical Solutions, Ltd., Inogen, Insight Medical, inSite Medical Technologies.

Instratek, Inc., Insulet Corporation, Insurgical LLC, Intact Vascular, Inc., Integra LifeSciences, International Franchise Association, International Medical Industries, Inc., International Sterilization Laboratory LLC, Intersect ENT, InterValve, Inc., Interventional Autonomics Corporation, IntraPace, IntriCon, IntriMed Technologies, Intrinsic Therapeutics, Intuitive Marketing Strategists, Intuity Medical, Inc., Ionix Medical, Inc., Iowa Dental Association, iRhythm Technologies, Inc., Irvine Chamber of Commerce.

iSonea, Limited, ISTO Technologies, Inc., Ivantis, Inc., Ivera Medical Corporation, Ivivi Health Sciences LLC, iWalk, J.H. Garver Consulting, LLC, Jabil, Jack Saladow & Associates, Kalypto Medical, KCI, Kensey Nash Corporation, KFx Medical Corporation, Kimberly-Clark Health Care, Kinamed Inc., Knee Creations, LLC, KRONUS, Inc., Kspine, Inc., LAAx, Inc., Laser Peripherals, LLC, LeukoDx Ltd., LFI Medical.

Life Core Technologies, Life Science Tennessee, Life Spine, Inc., Life Technologies, Lifecore Biomedical, LLC, LifeScience Alley, LifeScience Plus, Inc., LifeWave, Lightstone Ventures, Linde Healthcare, LipoScience, Inc., LogicMark, LLC, Logikos, Inc., Lonestar Heart, Inc., Louisiana Dental Association, Luminex Corporation, Lutonix, Inc., Mack Medical, MacuCLEAR, Inc., Magellan Technologies, Inc., Magnolia Medical Technologies, Inc., Maine Standards Company, LLC.

Mammotome, Manufacturers Association of Maine, Mardil Medical, Inc., MarketLab, Masimo, Massachusetts Dental Society, Massachusetts Medical Device Industry Council MedIC, MassBio, Materna Medical, Mauna Kea Technologies, MB Venture Partners, LLC, MBio Diagnostics, Inc., MBL International Corporation, Mectra Labs Inc., MED-EL Corporation, Medafor, Inc., MedDx Capital Advisors, Medenovo, LLC, Medical Device Consultants, Inc., Medical Device Manufacturers Association, Medical Engineering Innovations, Inc., Medical Imaging & Technology Alliance.

Medical innovations Intl. Inc., Medical Polymers, Inc., Mediclever, Medigroup, Inc., MediStim USA, Inc., MedOne Surgical, Inc., Medrobotics Corporation, MedShape, MedTech Association of New York, Med Waves, Inc., Megadyne, Mercury Medical, Merit Medical Systems, Inc., Metric Medical Devices, Inc., Metronom Health, Inc., Mettler Electronics Corp., Mevion Medical Systems, Inc., MGC Diagnostics, Micardia Corporation, Micell Technologies, MichBio, Michigan Dental Association.

MicroCube, Microline Surgical, Inc., Micronics, Inc., MicroTransponder Inc., Midmark Corporation, Mighty Oak Medical, Millar Instruments, Inc., MIM Software Inc., Minerva Medical, Minnesota Dental Association, Minnetronix, Mirabilis Medica, Inc., Mirador Biomedical, Miramar Labs, Mississippi Dental Association, Missouri Biotechnology Association, MitraGen,

Mitralign, Inc., Molecular Detection, Inc., Monebo TEchnologies, Inc., Moog Medical Devices.

Morgenthaler Ventures, Morris Innovative, Mound Laser & Photonics Center, MOXI Enterprises, LLC, Moximed, MPM Capital, MPR Product Development, Mustang Medical, Mustang Vacuum Systems, MyoCardioCare, Inc., Myomo, Inc., Myo Science, nanoMAG LLC, nanoMR, Nanostim, Nasiff Associates Inc., National Association for the Support of Long Term Care (NASL), National Association of Manufacturers (NAM), National Federation of Independent Business, National Venture Capital Association (NVCA), Natus Medical Incorporated, NaviMed Capital.

Naviscan, Inc., NDH Medical, Nebraska Dental Association, Nelson Laboratories, Inc., Neocure, Neodyne Biosciences, Neograft Technologies, Inc., Neomend, Inc., NeoMetrics, Inc., NeoTract, Inc., Neovista Inc., Neuro Kinetics, Inc., Neuro Resource Group, Inc., Neuro-Fitness LLC, Neuronetics, Inc., NeuroPace, NeuroTherm, NeuroTronik, NeuroVista Corporation, NeuroWave Systems Inc., Neuvomedica Ltd., NeuWave Medical.

Nevada Dental Association, Nevro, New Enterprise Associates, New Hampshire Dental Society, New Jersey Life Sciences Vendors Alliance, New Leaf Venture Partners, NexDx, Inc., NinePoint Medical, Niveus Medical, Nocimed, LLC, Non-Invasive Medical Systems, Nonin Medical, Norris Capital, Inc., North Carolina Biosciences Organization, North Carolina Dental Society, Nova Biomedical, NovaSom, Novasys Medical, NRG, NuMED, Inc., NuOrtho Surgical, Inc., NuVasive.

Nuvisedix LLC, NxStage Medical, Inc., NxThera, Inc., O.E. Meyer Co., Obalon Therapeutics, OBMedical Company, OCTANE, Ohio Chamber of Commerce, Ohio Manufacturers' Association, OmniGuide Surgical, OmniGuide, Inc., OMNIlife science, Inc., On-X Life Technologies, Inc., Onciomed, Inc., OncoHealth, ONSET Ventures, OPTEC USA, Inc., OptiMedica, OptiScan Biomedical, Inc., Orange County Business Council.

OraSure Technologies, Inc., Oraya Therapeutics, Orbital Research Inc., Orchid Orthopedic Solutions, Oregon Bioscience Association, Orlucent, Ortho Kinematics, OrthoCor Medical, Orthodontic Manufacturers Association, Orthofix International N.V., OrthogenRx, Inc., Orthopaedic Implant Company (OIC), OrthoSensor, OrthoWorx, OsteoMed, Ostial Corporation, Otobock U.S. HealthCare, Owens & Minor, Palo Alto Health Sciences, Inc., Paracor Medical, Inc., Paradigm Spine, LLC, PasticsOne.

Pathfinder Therapeutics, Inc., Pathway Medical Technolooges, Patient Pocket, LLC, Penn-Century, Inc., Pennsylvania Bio, Pennsylvania Dental Association, Penumbra, Inc., PercSys, Percutaneous Systems, Philips Electronics North America, Phillips Consulting Group, LLC, Phlebotics, Inc., PhotoMed Technologies, Inc., PhotoThera, Inc., Pioneer Surgical, Pittsburgh Life Sciences Greenhouse, Pittsburgh Technology Council Pivot Medical Inc., Plasma Technologies, Inc., Plexus Corp., Pluromed, Inc., Poilgrim Software, Inc., Portaero.

Preceptis Medical, Inc., Precise-Pak Inc., Pressure Biosciences, Inc. (PPIO), Presymtec Medical, Prism VentureWorks, Prizm Medical, Inc., Pro2Med Inc., ProMedTek, Prosolia, Inc., Prospect Venture Partners, Prospex Medical, Proteus Bimedical, Inc., PuriCore, QHeart Medical Inc., Qualcomm Life, Inc., QualPro Consulting, Quasar Bio-Tech Inc., Quidel Corporation, RBC Capital Markets, Redpoint Corporation.

Regenesis Bomedical, Inc., Regulatory & Quality Solutions LLC, Reichert Technologies, Reimbursement Strategies, LLC,

Relievant Medsystems, Inc., ReShape Medical Inc., ResMed, Respicardia, Inc., Respira Therapeutics, Inc., Respiratory Motion, Inc., Respiratory Research, Inc., Respiratory Technologies Inc., Response Biomedical Corporation, ReVent Medical, Inc., Reverse Medical, ReVision Optics, Inc., RhinoSystems, Inc., RhythmLink International, LLC, Richmond Products Inc., Rinovum Women's Health, Inc., RITM America.

Robomedica, Inc., Roche Diagnostics, Rochester Electro-Medical, Inc., Rodman Media Corp, RODO Medical, Inc., Round-Table Healthcare Partners, ROX Medical, Royal Oak Medical Devices, LLC, RxFunction, Inc., s2a molecular, inc., Safeguard Scientifics, Inc., Sakura Finetek USA, Inc., Saladax Biomedical, Inc., Salix Pharmaceuticals, Inc., SandBox Medical LLC, Sanofi, SCBIO, Scientific Imaginetics, SDRS LLC, Sebacia Inc., Second Sight Medical Products, Inc., Sekisui Diagnostics.

Sensible, Sequent Medical Inc., SI-BONE, Inc., Siemens Healthcare, Sight Sciences Inc., SightLine Partners, SIGNUS Medical, LLC, Silere Medical Technology, Inc., Silicon Valley Leadership Group, Silver Bullet Therapeutics, Inc., Sirtex Medical Inc, Skyline Ventures, Small Bone Innovations, Inc., Smart Perfusion, LLC, Smith & Nephew, Inc., Smiths Medical, Soft Tissue Regeneration, Inc., Solace Therapeutics, Solta Medical, Inc., Solvonic Medical.

Sonendo, Inc., Sonitus Medical Inc., Sonoma Orthopedics, SonoSite Inc., Sorin Group USA, Inc., Soteira, Inc., Sotera Wireless, South Carolina Dental Association (SCDA), Southeastern Medical Device Association, Southern California Biomedical Council (SoCalBio), SP Surgical, SPE Medical, SpectraScience, Inc., SpherIngenics, Inc., Spinal Kinetics, Spinal Modulation, Inc., Spinal Ventures, LLC, SpinalMotion, Inc., Spine Wave, Inc., SpineAlign Medical Inc., SpineGuard.

Spineology Inc., Spinofix, Inc., Spiracur Inc., Spiration, Inc., SPIWay, LLC Split Rock Partners, St. Jude Medical, STAAR Surgical Company, STD Med, Inc., SteriPack USA, Ltd, Steris Corporation, Stimwave, Stout Medical Group, Strada Consulting, Streamline, Inc., Streck, Inc., Strohl Medical, Stryker, Sunshine Heart, SunShine Medical LLC.

superDimension, Ltd., Surface Solutions Labs, Inc., SurgeOptix, SurModics, Inc., Svelte Medical Systems, Inc., Swan Valley Medical, Incorporated, Sylvan Fiberoptics, Synapse Biomedical, Inc., Synarc, Inc., SynCardia Systems, Inc., Synecor, LLC, Synergy Life Science Partners, Syntermed, Inc., Sysdyne Corporation, Tactile Systems Technology, Inc., Tandem Diabetes, Targeson, Inc., Target Discovery, Inc., Tarsus Medical Inc., TearScience, Inc., TEI Biosciences Inc., TEKNA Manufacturing, LLC.

Teleflex Incorporated, Temptime, Tenaxis Medical, Inc., Teratech Corporation, Terumo BCT, Inc., Terumo Medical, Tethys Bioscience, Inc., Texas Healthcare and Bioscience Institute, The Eclipse Group, The Foundry, The Innovation Factory, The Plastics Industry Trade Association (SPI), The Spectranetics Corporation, The Tech Council of Maryland, The Vertical Group, Therapeutic Resources, Inc., TheraTogs, Inc., ThermalTherapeutic Systems, Inc.

Thermo Fisher Scientific, ThermoGenesis Corp., Therox, THI, Inc., Thoratec Corporation, Three Arch Partners, ThreeWire, Thubrikar Aortic Valve, Inc., TIDI Products, Tissue Regenix USA Inc., Titan Spine, LLC, Toshiba America Medical Systems, Inc., Tosoh Bioscience Inc., Trademark Medical, Transcend Medical, Transcorp Spine, TransEnterix, TransMedics, Inc., Transonic Systems, Inc., Trillium Diagnostics, LLC, Trillium Engineering.

TriReme Medical, Inc., TriVascular, Inc., Twin Star Medical, TYRX, Inc., U.S. Chamber of Commerce, Ulthera, UltiMed, Unilife medical solutions, Uresil, Urologix, Inc., Uromedica, Inc., Uroplasty, Inc., Urovalve, Inc., USGI Medical, Inc., USHFU, LLC, Utah Dental Association, Utah Technology Council, Valeritas, Inc., Valley Ventures, ValveXchange, Inc., Vapotherm.

Vascular Solutions, Inc., Vector Resources, Vector Surgical, LLC, VectraCor, Inc., Velico Medical, Inc., Velomedix, Inc., Ven-Tel Plastics Corporation, VENITI, Inc., Venous Health, Ventus Medical, Inc., Veracyte, Verax Biomedical Incorporated, Veritomyx, Inc., Versant Ventures, VertiFlex® Inc., Vertos Medical Inc., Vibrynt, Inc., VIDA Diagnostics, Vidacare, Viking Systems, Inc., Virginia Bio.

Virginia Biotechnology Association, Virginia Dental Association, VirtualScopics, Inc., Viscogliosi Bros., LLC, Vision-Sciences, Inc., VisionCare Ophthalmic Technologies, VisionQuest Industries, Inc., Vital Images, Inc., Vital Therapies, Inc., VitalMed Systems Corporation, Vitalcor, Viveve, Volcano Corporation, VueTek Scientific, LLC, W. L. Gore & Associates, Warsaw-Kosciusko County Chamber of Commerce, Washington Biotechnology & Biomedical Association, Water Street Healthcare Partners, Waters Corporation, WaterStreet.

WaveTec Vision, Welch Allyn, Wenzel Spine, Inc., Wescor, White Pine Medical, Inc., Wilson Sonsini Goodrich & Rosati, Wisconsin Dental Association, Woolson Eye Institute, Wright Medical, Wyoming Dental Association, X-Spine, Xlumen, Yukon Medical, ZELTIQ, Zilico Limited, Zimmer, Inc., Zoe Medical, Inc., ZOLL Medical, Zyga Technologies, Zynex.

Mrs. LOWEY. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Pennsylvania (Mr. FATTAH), the distinguished ranking member of the Appropriations Committee.

Mr. FATTAH. I thank the gentlelady. Mr. Speaker, I've been here for 10 terms, and I've seen a lot. I was here when most of the Members of my party voted against the prescription drug program offered by the other team. President Bush pushed it through, and it created a \$7 trillion hole in the budget. It wasn't paid for.

But after we won the majority, we won the Presidency, we didn't go back to try to undo it. We actually worked to fix it a little bit—we got rid of the doughnut hole—and we embraced it and moved forward.

There seems to be a problem on the other side. They don't seem to want to come to grips with the fact that the game is over, that the teams have left the field, and that this question about the affordable health care bill is settled law; that is to say, that this consistency would be admirable except it's somewhat of a kind of foolish consistency to come 40-plus times, attempting to delay or to repeal the ObamaCare Act, as they refer to it. It doesn't make any sense.

We're not in negotiations with the President. We're trying to pass a bill that the Senate will pass, and the Senate has made it clear that they have no intention of retreating or equivocating one inch on this matter. So all we're doing is spinning our wheels.

So to delay health care, I would say this: health care delayed is health care denied. And our country, after some 90-

plus years, multiple Presidents, has come to the conclusion that when there are Americans who need access to health care, that there's going to be a way for them to get it.

Those changes are going to open on October 1 no matter what we do. The majority needs to speak a little hard truth in the mirror to itself on this matter. The sooner the better.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Pennsylvania (Mr. DENT), who is the vice chairman of the Appropriations Subcommittee on State and Foreign Operations.

Mr. DENT. Mr. Speaker, I want to say very clearly: I certainly oppose shutting down the government. I certainly oppose defaulting on this country's obligations. We have an obligation to govern; I take that very seriously. I do support the underlying bill under consideration here today, specifically because of the repeal of the medical device tax, which in my district is real.

The medical device tax is stifling innovation; it is costing us jobs; and it is raising costs, which unfortunately appears to be the health care law trifecta—raising costs, stifling innovation, and destroying jobs.

Specifically, one company in my district, with nearly 2,000 employees, said that there are no raises for their employees because of this tax this year. Another small company called me up. He makes prosthetic limbs for many folks, including troops who come back from the wars. He said, you know, we've been in business for 100 years; we have a little over 50 people. We're probably not going to make it because of this. They need our help. They're crying out for help.

Look, I understand we have to keep the government open, but we know that 79 Senators are on record in support of repealing this tax, Republican and Democrat, States from Minnesota to Massachusetts to New Jersey to Pennsylvania. This is a very big deal, but we need to do it.

I also know there is a delay of the law in this bill. I fully expect that when this is sent over to the Senate, the Senate will likely pull that out, but they will likely seriously consider the medical device tax. Let's get that done. It's imperative for us to do so. Again, so many people's livelihoods are dependent on this.

We make things in this country; we make medical devices in this country; and we ought to make sure that we don't do anything to harm them. Many of these manufacturers are going to be moving operations overseas. We know this. Let's not let it happen.

America has an advantage in this area; let's try to maintain it. A 2.3 percent tax really is harming these small startup companies that need access to capital. It's going to be much harder for folks. I can take you to the University of Pennsylvania and show you startups that are helping us deal with concussions, that are not going to be able to bring their product to market.

At this point I would again ask for support of the bill.

Mrs. LOWEY. Mr. Speaker, I am very pleased to yield 3 minutes to the distinguished whip from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentlelady for yielding.

Mr. Speaker, the gentleman from Georgia said that this health care was about one-sixth of the economy; he's right. This continuing resolution is about 100 percent of the economy.

Why are we here, Mr. Speaker? The American people are asking themselves: What is this debate about? We passed a budget in this House setting spending at \$967 billion. The Senate passed a budget at \$1.058 trillion. There's a \$91 billion difference between the Senate and the House. This House, which talks about negotiations, has refused to go to conference.

□ 2215

So we have not reached an agreement on a number; that's why we are here. Nor have we passed two-thirds of the appropriations bills through this House. In fact, one was brought to the floor and pulled off the floor because at the \$967 billion Republican budget, you cannot pass those appropriations bills if there were no Democrat in the House. My friend, Mr. ROGERS, knows that.

My friend, Mr. ROGERS, talked about responsibility. We ought to be responsible. I believe that on the Republican side of the aisle there are at least 150 Members who believe that we ought to be responsible, who believe this constant harping on the Affordable Care Act, which was the central part of the last election, and you want to deny the fact that elections make a difference.

One of the speakers got up and said this mandate is unconstitutional, so he also wants to deny the fact that the Supreme Court of the United States has specifically said it is constitutional. But it doesn't comport with your view; and, therefore, you reject it as you have rejected the results of the election.

Mr. Speaker, as the Representatives of 316 million Americans, we have a special obligation to see past the politics of the moment and embrace the spirit of cooperation for the sake of the public good, not our good, not our politics. Not a single one of us is here because we were thought to be the best at doing nothing or saying no. Each of us was sent here because our neighbors believe we have something positive to contribute, that we could do what is right for our country.

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

Mrs. LOWEY. I yield an additional minute to the gentleman from Maryland.

Mr. HOYER. Not for our politics, but for our country and for our people.

We have not a matter of days, but hours left to prevent our government from shutting down. A shutdown is not a tactic; it is not a strategy. It is a failure for this country. Let us not be the country whose representatives cannot work together to fulfill the most basic function of government.

My friends across the aisle voted over 40 times to derail the Affordable Care Act without success. When do you say enough is enough, let us move on responsibly to make government work—at, by the way, your level? The President has said he would sign a bill at your level, not a negotiated level, at your level. You've won, but you can't take yes for an answer. The Senate rejected it, as they will reject this new attempt.

Instead, now is the time to try a different approach.

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

Mrs. LOWEY. I yield an additional 30 seconds to the gentleman from Maryland.

Mr. HOYER. Mr. Speaker, it is time to let this House and not just a small faction of the House, which I tell my responsible friends on the Republican side of the aisle, you ought to reject, you ought to say enough is enough, you ought to say let's move on, you've had your votes, we lost.

Let us live up to the responsibility that our Founders instilled in this great people's House and continue to be the democracy that is the envy of the world. Let us make sure that when people look at America they look at America as a country that works, at an America that can be united, at an America that believes "e pluribus unum" still is our motto.

The SPEAKER pro tempore. The Chair would remind Members to address their remarks to the Chair.

Mrs. LOWEY. Mr. Speaker, I'm very pleased to yield 3 minutes to the gentleman from Michigan (Mr. LEVIN), the distinguished ranking member of the Ways and Means Committee.

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

Mr. LEVIN. Mr. Speaker, I urge that we need to pause to consider the real meaning of what's happening tonight. This is more than about a vote or two. I think this is a fateful occasion. It signifies this:

The Republican Party in the House is being thoroughly radicalized. There are Republicans cheering as the U.S. ship of state goes over the cliff.

A House Republican colleague of ours said this, as reported today:

I do believe Republicans will be blamed. There are some, I think, who would relish a showdown. I think that's unfortunate. It's worse than unfortunate. It's historically reckless and radical. This is an eventful and, I think, shameful night for the Republican Party in the House of Representatives.

Mr. ROGERS of Kentucky. Mr. Speaker, I reserve the balance of my time.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New Jersey (Mr. ANDREWS), the distinguished leader of the Steering and Policy Committee of the House of Representatives.

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

Mr. ANDREWS. Mr. Speaker, imagine you lived in a town where the mayor and the council were fighting over a tax increase of the budget, and the mayor of the town said: If I don't get my way, I'm going to stop paying the police department, close the schools, turn off the street lights and not pick up the trash. That mayor would get recalled by the end of the week.

That is what the Republican majority is doing to the country here tonight. They made it very clear they don't like the Affordable Care Act. Forty-six times they voted to repeal it.

Now they're saying something a little bit different. They're saying to the country: you can either have a budget that makes the country run without the Affordable Care Act, or you can't have a country with a budget that runs.

This is not the way to legislate; this is not the way to do the people's business. We should have the Senate bill on the floor and vote on it. This will surely cause a shutdown of the government.

It is an outrage, it is an abandonment of responsibility, and all Members should oppose these amendments so we can keep this government open.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mrs. BROOKS).

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today in support of this amendment.

When the Affordable Care Act was passed, I am certain that the other side did not intend that so many jobs would be lost. Over 10,000 device jobs have already been lost or announced lost in this country. The tax on medical innovation in place since the beginning of this year has already killed these jobs, jobs like 1,700 at Abbott Labs; 2,400 announced by Boston Scientific; 300 to 400 in my State, Cook Medical in Indiana; 200, Hill-Rom; Medtronic, 1,000 jobs lost; Zimmer, 450.

Twenty thousand Hoosiers are employed by the medical device industry in Indiana—many all across the country. The average wage is \$60,000. This tax can result in a loss of over 45,000 jobs nationwide.

It is hurting people with diseases. These innovations that these companies produce help save lives. They do help people with their diseases and with things that are happening with their bodies. It is not an exaggeration to say that this tax has deadly results.

For months, I've heard there's bipartisan support. Where is it?

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the distin-

guished gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Mr. Speaker, this bill shuts down the government. The Senate passed a clean CR. We could take it up right now, we could pass it, and we could keep the government open.

But if we do something to change this Senate bill and we amend it and send it back, the time that would be needed to avoid a shutdown would be gone. No matter what your views are on these amendments, a vote for them is a shutdown, make no mistake about it.

The Republican majority knows this. They are well aware what they're doing is designed to shut down the government. They're shutting it down. The only question before the American people now is will they continue to tolerate this kind of behavior.

We are here to govern; we are here to look after the American people. We are here to make sure that the full faith of this government maintains, and not just in the financial sense but in the mental sense. People have to believe in us.

When they shut this government down, they do something fundamental. They shake the confidence of this Nation. It is wrong. We should oppose it. Vote "no" on all these amendments.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. ROHR-ABACHER).

Mr. ROHRABACHER. Mr. Speaker, I have been listening to this debate, and we are not coming to grips with what the central issue is.

The bottom line is we understand that on this side we have people who believe the ObamaCare legislation will be very detrimental to the people of the United States. We have people on this side of the aisle who believe it will be very good for the people of the United States.

How do we work this out in a democratic process? We try to find a compromise. This bill is not about whether ObamaCare is going to come in or not. What we are voting on is whether or not you will accept the compromise which we have reached out to offer to say, look, there's apprehension in the private sector and the government people tell us they aren't even ready to enforce ObamaCare; let's postpone it for a year.

That's what this vote is all about: Will you accept the compromise? If this government shuts down, it's because you have not accepted the compromise that Republicans have reached out to you and offered.

We have to understand, in this democratic process it's not like the President says: There will be no negotiations, no negotiations. He will negotiate with foreign dictators before he will negotiate with us.

We have reached out with a compromise. Please accept the compromise and keep the government open.

The SPEAKER pro tempore. The Chair would once again remind Members to address their remarks to the

Chair and not to others in the second person.

Mrs. LOWEY. Mr. Speaker, I am very pleased to yield 1 minute to the distinguished gentleman from Georgia (Mr. SCOTT).

Mr. DAVID SCOTT of Georgia. Mr. Speaker, let's say exactly what this is. This is about a shutdown being ordered by the Republican Party. It is your initiative.

The reason for that is because you have been hijacked by a small group of extreme folks who simply hate this President. That's all that this is about.

The American people reject it because we had the election and the majority of the American people elected President Obama. You hate that when you see that because—shake your head if you want to—you cannot separate ObamaCare from the President of the United States. It's one and the same. You're the ones that are offering the shutdown.

The SPEAKER pro tempore. The gentleman will suspend.

The Chair has on at least three occasions reminded Members to address their remarks to the Chair. The Chair would advise the gentleman to address his remarks to the Chair.

Mr. DAVID SCOTT of Georgia. Mr. Speaker, Alexander Hamilton and Thomas Jefferson hated each other so much. But that hate that they had for each other did not come before the love of their country. Your hate for this President is coming before the love of this country because if you loved this country, you would not be closing it down.

The SPEAKER pro tempore. Once again, the Chair would ask Members to address their remarks to the Chair.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. MEADOWS).

Mr. MEADOWS. Mr. Speaker, my remarks will change based on the last remarks that were just given.

I think it's important that we do not challenge in this Chamber the love that each Member here has for their country. Many of us have made great sacrifices to represent the people, Mr. Speaker, that we represent.

To question that is certainly looking at history with a very myopic view. Because if we were to blame this just on the Tea Party or some extreme group, we would be ignoring history. This government has been shut down 17 times, Mr. Speaker, and 13 of those times it was when a Democrat was in that chair.

□ 2230

I think it's clear that, under Tip O'Neill, it was shut down more than anybody else, and it's important that we make sure that it's clarified tonight.

One other clarification: the motto behind you, Mr. Speaker, is not what was put forth by the whip from the other side. It says, "In God we trust."

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker and my colleagues, the Republicans would not work with us and figure out how ObamaCare should meet the needs of the American people, but it was passed into law. The courts approved it. The electorate voted and approved the President, who supported it. And now the Republicans say they are offering a compromise?

Their compromise would deny people for a year health care because of pre-existing conditions, and it would make sure that the people who can't afford health care can't get it for a year, but it does worse than that. It takes people on Medicare, and it keeps them from getting the break on their prescription drugs and keeps their doctors from getting the increase in reimbursement for their services. It would stop the expansion of Medicaid for very low-income people.

This isn't just postponing it. It is undercutting the Affordable Care Act, and the tax provision on medical devices will only widen the deficit. Their provision will cost us money. If they shut down the government, it will hurt a lot of people, not just government employees but people all across the country.

Reject this Republican proposal, and let's improve funding for the government.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from Colorado (Mr. COFFMAN).

Mr. COFFMAN. Thank you, Mr. Chairman.

Mr. Speaker, Mr. WAXMAN just got up and eloquently spoke about the need to keep these insurance reforms in place, particularly about preexisting conditions. I would encourage him to read the bill—and it does that.

What the bill, in fact, does say is that those insurance reforms that were in place in the provisions of ObamaCare prior to 1 October will remain in place and that the rest of it will, in fact, be delayed.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Massachusetts (Mr. NEAL).

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

Mr. NEAL. The job killer that we are threatening tonight has nothing to do with the medical device tax. It has to do with our giving up our responsibilities. The idea that we would threaten the full faith and credit of the United States is the issue that's in front of us.

We negotiated that medical device tax. It was originally proposed at 5 percent, and we cut it to 2.3 percent, in addition to which, based upon an industry request, we extended it to foreign competition.

Now, an issue that has been conveniently left out of this discussion is: Who is the biggest purchaser of med-

ical devices? Medicare. By expanding the Affordable Care Act, we are going to have more customers who are going to purchase more medical devices. That's the reality actuarially of what we are discussing tonight.

This notion that you can separate the revenue portion from the overall legislation is ill-considered, and everybody knows it. This was negotiated in the full light of day—thoroughly discussed.

Return to the argument I made a moment ago. If you're interested in not killing jobs, stop this ruse that you're playing on the American people tonight and with the full faith and credit of the United States—with the debt obligations that we have.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, sometimes I wonder if we are discussing the same bill.

This is a bill that is to keep the government open. I looked at the Affordable Care Act. The President made a guarantee, a simple guarantee: If you like your health care plan, you can keep it.

When I go to a store and I buy a product and it comes with a guarantee and it doesn't work, you take it back; you get your money back; and you look for a new product. People are losing their health care plans.

Now is the time to take some time for what would be bipartisan health care reform, not a bill that was rammed through on a party-line vote so that we could pass it to find out what was in it. The American people are finding out what's in it. It's time for a new product, and it's time for bipartisan health care reform.

I ask for the folks across the aisle to come together, and let's do something that empowers the American people and not the elites at HHS here in Washington, D.C.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. I thank the distinguished ranking member.

Mr. Speaker, for people who are tuning in to this debate, I want to make sure there is no confusion. This is not "Saturday Night Live." This is the Republican majority at work. Only they are not working—it is a game. It is a game that they have played since day one. This has been the Congress of chronic chaos since day one, and tonight is just another episode, my colleagues, of that Congress of chronic chaos.

Forget "Saturday Night Live." Mr. Speaker. When I grew up on Long Island, I used to watch one of my favorite cartoons, the "Road Runner." Do you remember the "Road Runner," Mr. Speaker? In every episode, another cliff. They have turned governing into an old cartoon of the "Road Runner."

This is not a game. The American people deserve better than this. This is

not about the Affordable Care Act, Mr. Speaker. This is not about ObamaCare, Mr. Speaker. This is about whether we govern. This is about whether they are willing to hold this economy hostage to their ideology. This is about whether they are willing to put people out of work because of their extremism—and they use the Affordable Care Act as a subterfuge.

Mitt Romney said they're going too far. Karl Rove said they're going too far. The Chamber of Commerce said they're going too far. The Wall Street Journal said they're going too far. And what are they doing tonight? Going farther. They're doubling down.

The American people have gone from deep disappointment in this dysfunctional majority to absolute outrage with this dysfunctional majority. Mr. Speaker, the American people who are watching this and watching this Congress want reasonable leaders with reasonable solutions and commonsense ideas for this country, not shutdowns, not showdowns, not cliffs, not chaos, not cartoons, which we get tonight and which we have gotten every single night since this majority became the majority. When this government shuts down because of them, Mr. Speaker, Americans are going to have to continue to pay their taxes.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. CULBERSON), who is the chairman of the Appropriations Subcommittee on the MilCon and VA.

Mr. CULBERSON. Thank you, Mr. Chairman.

Mr. Speaker, as we say in Texas, it's time to get a few things straight around here.

We in the House of Representatives passed a Defense Department appropriations bill back in June. We passed a Military Construction-VA appropriations bill back in June to make sure our veterans were taken care of. We passed legislation to protect our homeland. The Department of Homeland Security is fully funded. Everything the President asked for and everything the agencies asked for passed out of the House earlier this summer. We even passed an Energy and Water appropriations bill.

They are sitting in the Senate, and they could have been passed back over here very, very easily because the Senate has been known to move like lightning when they need to. They've even deemed the bills before they've passed. Yet, in the democratic process, all of us have learned ever since elementary school that the democratic process requires compromise: two sides that disagree find a way to come closer together.

For the first time today since 1979, the President of the United States reached out to the dictator in Tehran, who has sworn to erase Israel from the map. The President of the United States will talk to the dictator of Tehran, but he won't even negotiate

with the House of Representatives—with the majority that was elected by our constituents to do everything in our power to delay, defund, or stop ObamaCare.

The last time we sent this bill to the Senate, it was a complete and total defunding of ObamaCare. It stopped it cold. We have compromised as the democratic process requires. Tonight, we offer the Democrat minority a compromise. Let's just delay it for a year. Let's give the Nation a chance to see what's in that 2,500-page bill that NANCY PELOSI had no idea what it was. At the time, she said that we have to pass the law before we find out what's in it. We are discovering every day new horror stories.

The American people deserve to have time to see what this monstrosity will do before it is implemented. We are simply offering a compromise of a year's delay. We are even fully funding the troops—another compromise. That's the way it works in the democratic process, but it's hard to do it with people who won't even talk to you.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, we are just 2 days away from a Republican government shutdown. Now, you can try to deny it, but you're going to have to wear the jacket.

The Fiscal Times says that it's going to cost \$150 million a day to shut down the government.

The Chicago Tribune says that the National Park Service would close all 401 national parks, and approximately half the government's civilian workforce—about 1.2 million employees—is expected to have furloughs.

The Washington Post said that the Department of Veterans Affairs told congressional officials last Friday that all benefit checks it issues, including disability claims and pension payments, will be disrupted if a government shutdown lasts for a while.

ABC News talks about the suspension of approval of applications for small business loans and about medical research being interrupted.

The Wall Street Journal has a warning, too. It says that some Republicans think they are sure to hold seats in the House in 2014—no matter what happens—because of gerrymandering, but even those levees won't hold if there is a wave of revulsion against the GOP. Marginal seats still matter for controlling Congress. The kamikazes could end up ensuring the return of all-Democratic rule.

Mr. ROGERS of Kentucky. Might I inquire of the time remaining, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Kentucky has 3½ minutes remaining, and the gentlewoman from New York has 5 minutes remaining.

Mr. ROGERS of Kentucky. I reserve the balance of my time.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. I thank the gentlelady from New York.

Mr. Speaker, I would like to announce breaking news. Texas happens to be a very diverse State, and my good friend from Texas just stood up and made an absurd proclamation—absolutely absurd.

In coming from a State where there are 6 million-plus uninsured individuals, he knows full well that tonight, when we vote to shut down the government, he will, in fact, also eliminate the Affordable Care Act, not delay it. What he will do is he will then tell those who have a preexisting disease that the law is delayed. He will tell children who need preventative care that the law is delayed. Further, he will tell our creditors that we are irresponsible as a country, and he will tell the American people, whose jobs depend upon the government operating, that you don't count.

I don't want to live in a Nation where someone can say to the Nation and say to the people that you don't count.

I have said it before, and I am saying it again: When we vote tonight, we will be voting to shut down the government. You will be voting to ignore the States and the responsibilities of this country in paying its debt.

Mr. Speaker, I rise in strong opposition to the amendment, which is another attempt to veer away from the responsibilities of running the country and into the ditch of selfishness and bitterness which is truly the realm of the un-Patriotic!

I oppose this amendment because it puts an anchor on a clean continuing resolution which unnecessarily and perniciously weighs down the hopes and dreams of my constituents in Houston and the American people. It conditions the funding needed to avoid a government shutdown on a repeal of the excise tax on certain medical devices that helps defray the cost of the affordable, quality healthcare made available for the first time to millions of Americans by the Affordable Care Act (ACA).

I oppose this rule because the amendment it makes "in order" to the "clean" continuing resolution passed yesterday by the Senate will, if approved, result in a shutdown of the government. Both President Obama and Senate Majority Leader Reid have it crystal clear that they will not accept any continuing resolution containing any provision to delay, defund, or weaken the Affordable Care Act.

The ACA was carefully crafted so that it will not add to the budget deficit. To help pay for the expansion of health coverage to 27 million uninsured Americans, the ACA either reduces Medicare payments or increases taxes for a wide range of industries that will benefit from health reform, including hospitals, home health agencies, clinical laboratories, health insurance providers, drug companies, and manufacturers of medical devices.

The concept of "shared sacrifice" is something that every American should embrace; and the medical device tax is part of that sacrifice in which we all share—a true embodiment of this sacred notion.

A 2.3-percent excise tax is imposed on the sale of any taxable medical device by the

manufacturer or importer of the device starting in 2013. Eyeglasses, contact lenses, hearing aids, or any other medical device that the public generally buys at retail for individual use are exempted. Sales for further manufacture or for export are also tax-exempt.

Last year the House passed H.R. 436, which would have repealed the tax, and bills to repeal the tax have been introduced in both the House and Senate this year. Nobody likes higher taxes but—this tax was thoroughly debated—and let us be clear—it is not as if the medical device industry did not have its voice heard—and it is clear that they still have some influence since bills have been introduced to repeal.

As the end of the fiscal year quickly approaches, the sad truth remains unchanged: the Speaker has surrendered the gavel to the tea party's desperate attempts to force a Republican government shutdown to put insurance companies back in charge of Americans' health care.

Democrats have an alternative, introduced by my colleague, Mr. VAN HOLLEN, to fund the government and end the devastating, across-the-board cuts of the sequester with a mix of spending cuts and revenue increases in order to reduce the deficit in a responsible way.

I agree with President Obama that the full faith and credit of the United States is non-negotiable. The United States has been the worldwide standard bearer for many years and many other nations have been comfortable holding our paper, but now our preeminent financial status is in jeopardy.

Mr. Speaker, you may recall that two years ago the Nation's credit rating was downgraded for the first time ever because of politicized negotiations and the initial failure to reach an agreement—and now we risk that and more because an odd lot of Members in this body and one, perhaps two in our bicameral twin, wish ill on the American people out of some misguided principle.

Refusing to raise the debt ceiling poses a cataclysmic danger to the stability of our markets and the economic security of our middle class and complete devastation for the poor.

As Federal Reserve Chairman Ben Bernanke stated last week: "A government shutdown, and perhaps even more so a failure to raise the debt limit, could have very serious consequences for the financial markets and for the economy . . ."

Here are some of those consequences:

Higher interest rates for mortgages, auto loans, student loans, and credit cards. Higher interest rates and less access to business loans needed to finance payrolls, build inventories, or invest in equipment & construction.

Families' retirement savings in 401(k)s dropping as the stock market plummets.

3.4 million veterans not receiving disability benefits.

10 million Americans not receiving their Social Security check on time in just the first week.

Drug reimbursements under Medicare stopping, and doctors and hospitals not getting paid.

Mr. Speaker, let's get to work on behalf of the American people and pass a clean CR and raise the debt limit—now! The people expect nothing less, and time is of the essence.

Mr. Speaker, I rise in strong opposition to the Blackburn Amendment, which delays for one year any provision of the ACA that takes

effect between October 1, 2013 and December 31, 2014.

I oppose this amendment for several reasons. First, the amendment will lead to a government shutdown because it imposes a condition that House Republicans know the Senate and the President will not accept.

Second, I oppose the amendment because it is bad for America and Americans. The proponents of the Blackburn Amendment claim the amendment only delays the imposition of the Affordable Care Act's individual mandate for one year. They are wrong.

In fact, the amendment delays the effectiveness of any provision that takes effect between October 1, 2013 and December 31, 2014. Thus, the amendment operates directly on the following benefits of the Affordable Care Act:

1. The ban on pre-existing condition discrimination for adults;

2. The ban on gender rating (charging women more than men for the same policy);

3. The 3:1 age rating, which limits the amount charged to older people for insurance;

4. The elimination of annual limits on healthcare costs; and

5. The availability of health insurance premium tax credits and other provisions that would save millions of middle class families hundreds of billions of dollars.

Mr. Speaker, this marks the the 43rd time House Republicans have tried to repeal, defund, or delay the Affordable Care Act. To date the record is: ObamaCare—42, House Republicans—zero.

Mr. Speaker, the Blackburn Amendment is misguided, ill-considered, and harmful to America, and especially my constituents in the 18th Congressional District of Texas. Specifically, the Blackburn Amendment would allow insurers to continue denying coverage to those with pre-existing conditions. Were this amendment to become law, up to 17 million children nationally, and 46,000 in my congressional district, could again be denied coverage by insurers due to a pre-existing conditions and it would allow insurers to continue discriminating against women and those with medical conditions in setting premiums.

Were the Blackburn Amendment to become law, employers would be permitted to refuse to offer insurance that covers preventive services, including contraception for 50,000 women in my district, that they object to on any religious or moral grounds.

Were the Blackburn Amendment to become law, it would take away tax credits and subsidies to help Americans purchase insurance which would adversely affect 446,800 persons in Harris County and more than 2.5 million persons in my home State of Texas.

Were the Blackburn Amendment to become law, it would take away tax credits and subsidies to help Americans purchase insurance. This would adversely affect 153,000 persons in my district and 105 million Americans nationally.

Were the Blackburn Amendment to become law, it would delay an increase in tax credits to help small businesses buy insurance for their employees. This provision has already helped 360,000 small businesses provide insurance to more than 2 million persons.

Mr. Speaker, instead of debating amendments that have no chance of becoming law and will hurt Americans and our economy, let us work together on behalf of the American

people and pass a clean CR and keep the government open to do the people's business.

I urge all my colleagues to join me in voting against the Blackburn Amendment.

Mr. ROGERS of Kentucky. I continue to reserve the balance of my time.

Mrs. LOWEY. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Wisconsin (Ms. MOORE).

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Ms. MOORE. Mr. Speaker, be not deceived. The people are not mocked. In 24 hours, if we don't send an exact bill back to the Senate, not a colon, not a semicolon, not a paragraph, not a word different, the government will shut down.

This debate is not about medical devices, about birth control, about ObamaCare, the Affordable Care Act; it is about continuing to have our government operate for another few days. We have 24 hours for this Congress to agree on the exact bill. And I agree with my other colleagues, this whole debate is a subterfuge and a proxy for a strong desire to bring this Nation to its knees and to punish the people for electing Barack Obama President of the United States.

Mrs. LOWEY. Mr. Speaker, I'm pleased to yield 1 minute to the gentleman from California (Mr. SHERMAN).

Mr. SHERMAN. Mr. Speaker, soon the government of the world's greatest country will shut down, and it will reopen only when the public decides that one party is uncompromising and unreasonable.

A CR sets our spending level. This CR sets the spending level right there at the Republican Ryan budget level: \$250 billion below the President's request and \$72 billion below Senate Democrats. When it comes to spending levels, we have compromised. It is manifestly unreasonable to say you're going to shut down the government to achieve a legislative objective.

What if Democrats said, We're going to shut down the government if we don't get immigration reform, gay rights, or gun control? We are as passionately dedicated to those issues as our colleagues on the other side of the aisle are to their ceaseless desire to repeal ObamaCare, but we will not shut down the government. We will not destroy the American economy to get our way. We will not take hostages. We will prevail when we persuade Republicans or elect Democrats. We will not hurt this country to get our objectives.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. PITTENGER).

Mr. PITTENGER. Thank you, Mr. Chairman.

Mr. Speaker, this discussion tonight reminds me of a courtroom scene with Jack Nicholson in "A Few Good Men": The truth? You can't handle the truth.

Mr. Speaker, we have shown the other side how premiums are going up, 200 percent and 300 percent. We've told them about the loss of jobs, that we

lost full-time jobs; the unions don't like it; we've lost innovation; we have enormous tax increases. They just don't hear it. Mr. Speaker, the American people are not lemmings, and they don't want to follow the lemmings going off the cliff.

Mr. Speaker, it's time that we recheck this and stop this crazy, delusional idea that nationalized, centralized planning will work.

Mrs. LOWEY. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentlewoman has 2 minutes remaining, and the gentleman from Kentucky has 2½ minutes remaining.

Mrs. LOWEY. Mr. Speaker, my friend, Mr. ROGERS, and I have been trying to pass a bill that would reflect the needs of the people of the United States of America.

My friends know that this bill is delusory. It just reflects the dysfunction of my friends on the other side of the aisle. To allow the extreme wing of the Republican Party to control this debate does not make sense at all.

The truth is we are 2 days away from a shutdown. My friends know that this bill is not going to be accepted by the Senate. They sent over a bill that we could have all passed, sit down and work together, and keep this government from shutting down.

The dysfunction that is occurring because of the Republican wing of the party does not make sense to me at all. You're bowing to the extremists, the Tea Party, who really don't want to see this process move forward.

We know that the Affordable Care Act is the law of the land. We know it's been affirmed by the Supreme Court of the United States. Let's move on. Let's not waste time. People are out of work. Children are not getting what they need in school. The National Institutes of Health are not getting the resources that they need. Let's stop this game. Let's stop the dysfunction. Let's stop playing games.

This is the reality. Let's work together and pass a bill, a continuing resolution, and then I'm sure Chairman ROGERS and I could pass an omnibus bill with the Senate to move forward with the work that we are elected to accomplish.

I yield back the balance of my time.

Mr. ROGERS of Kentucky. Mr. Speaker, I yield myself the balance of my time.

We've heard time and again tonight from the other side that this debate and vote is about shutting down the government. Pardon me. I thought we were voting on a continuing resolution. What do you think a continuing resolution is? It's to continue the government.

Those on the other side also want to say that we're defunding ObamaCare. We're not. We did that in the first bill we sent over to the Senate. The Senate rejected that and sent it back. Now this side of the aisle is offering a peaceable offer.

People all over this country are telling all of us how much they are worried about this ObamaCare that they're having to contend with starting this Monday. They're saying, Please, give us a break. Give us some time to adjust to this. Even the President admitted that the law was not for prime time for the business community, and he gave businesses an extra year. He's excused so many other people that we don't even know about, and yet the individual mandate, the requirement of the law that individuals must comply with, he will not yield on.

That's what this bill does. It says let's take a year off and let's work this thing, let's get the computers which are not working to work. Let's get the computers working right. Let's get the staff in the field. Let's get people out there who can sign people up. That takes time, Mr. Speaker. That's what this bill is all about. It says delay for just 1 year the individual mandate, which is really all that's left that's still in force. Let's take a year and perfect, if you can, this bill for the individual.

To say that what we're after tonight is to shut down the government is just not so. This is a continuing resolution. This continues the government. Like it or not, that's what it does. So I urge a "yes" vote.

I yield back the balance of my time.

Mr. KIND. Mr. Speaker, I rise today in support of the repeal of the medical device tax, but in opposition to this partisan effort to repeal the device tax without fully paying for it.

As lead Democratic sponsor on the Protect Medical Innovation Act that repeals the device tax, I have been, and continue to be, strongly supportive of repealing the medical device tax. There are over 8,000 medical device firms in the United States that employ over 420,000 people, including thousands of high paying manufacturing and research and development jobs in Wisconsin. The medical device industry is one of the most innovative and creative in the U.S. economy today. Their innovation is the key to providing cutting edge, life-saving technology to patients. Some of the greatest cost savings we've seen in the health care system have come through technological breakthroughs in the medical device and biotechnology industries. The device tax will limit the innovation that has extended lives and help cut health care costs due to the squeeze that the tax creates on R&D budgets. Innovative start-up companies that typically lose money in their early years are especially threatened since the tax is based on revenue, regardless of profit. It is important to protect American manufacturing and research jobs in this vital industry by repealing the medical device tax. However, the proper and responsible method of repeal is to fully pay for it without adding to the deficit. What we are doing today is nothing more than political theater.

After years of listening to Republicans berate Democrats for "out of control government spending", the House is voting today to repeal the device tax without any measure to pay for it. The President and House Democrats were committed to ensuring that the Affordable Care Act (ACA) was fully paid for, and in fact, the ACA reduces the deficit, saving more than

\$200 billion over 10 years and more than \$1 trillion over its first 20 years. I fought against including the medical device tax during debate on the ACA and remain opposed to it now, but I am also committed to fiscal responsibility. I've been consistent in pushing for major legislation to be paid for so that we don't leave our debts to our children and grandchildren. In 2003, I opposed the Republican Part D Prescription Plan because the legislation wasn't paid for. That legislation added hundreds of billions of dollars to the deficit. I'm disappointed that the House Republican majority is again trying to take the easy way out by increasing the deficit.

I reluctantly vote no on this amendment to repeal the device tax because it fails to pay for what is an important policy objective—repeal of the medical device tax. I will continue working with my Republican colleagues and our friends in the Senate to repeal the device tax but we need to do so in a fiscally responsible way. I stand ready to work with my colleagues to find a bipartisan way to accomplish that objective.

Mr. GENE GREEN of Texas. Mr. Speaker, it is time we end these games and pass a clean continuing resolution. The American people and our economy deserve the certainty of knowing that our government will remain open for business.

I am disappointed that a topic of such importance: the medical device tax repeal, is being reduced to the level of political squabbling over the CR. I fully support repealing this tax. I didn't support it being included in the ACA and do believe it is bad policy.

But, to repeal this tax should be part of a larger effort to improve the ACA, not a half baked political stunt. This topic deserves thoughtful and careful debate. It should not be paired with delaying the individual mandate, which is a provision, upheld by the Supreme Court and critical to the success of the ACA, and used to take hostage funding for our government.

I am voting no on the tax repeal, not because I oppose the policy, but because I do not support this type of political stunt when we have a job to do.

We must avoid a government shutdown. Our constituents expect for us to act responsibly and rationally. Vote no on the amendment and let's move a clean CR and show the American people that we can work together.

Then, we can reconvene next week and debate the merits of the device tax repeal.

Instead, I fear, we will never see the Protect Medical Innovation Act, H.R. 523, again, because this is not a serious attempt at fixing a real problem. H.R. 523 has 263 cosponsors, including me. It is clearly enough to pass this chamber. Mr. Speaker, bring that bill to the floor, and I will strongly support it.

Prove to the American people and to the medical device manufacturers, who drive innovation, that this is an important issue that you are committed to.

Bring H.R. 523 to the floor and let's pass that as soon as we pass a clean CR.

Mr. MARCHANT. Mr. Speaker, I rise to support the Continuing Resolution and its delay and defunding of Obamacare for one year and all of the taxes assessed to pay for Obamacare. The President's health care law has already produced a significant drag on our economy, making it harder for employers to hire workers and those in need of work to find employment.

We must defund Obamacare before it can do additional damage to our economy and health care system. Health insurance premiums across the country are skyrocketing, and employers are shifting workers from full time status to part time. Employers have been given an extension in complying with the law, but individuals are still subject to the mandate. This double standard is not fair and must be changed.

This resolution also repeals the medical device tax, a very unpopular tax created by Obamacare that is stifling future medical research and development. I encourage my colleague to join me in defunding Obamacare and support this resolution.

Ms. Kaptur. Mr. Speaker, I rise in strong opposition to the bill before us.

The United States has been the world's shining example in how democracy can work.

Our history shows that the nation is stronger when we come together to govern and solve the serious issues that face our country.

Yet, tonight we find ourselves on the precipice of a government shutdown. Make no mistake, the bill we considering at this late hour essentially ensures that the government will shut down.

We cannot continue to "govern" by staggering from manufactured crisis to manufactured crisis. The madness must stop.

It seems we have learned nothing from recent history. To use just one example, during the fiscal cliff in December of 2012, the Dow fell more than 400 points or 3.1 percent.

These sudden drops in the stock market have real impacts, particularly for individuals who have substantial amounts of their family's hard earned savings in the market for retirement.

Our economy is still in the process of recovering from the Great Recession. We should be debating ways to spur economic growth, not debating a shutdown that will slow economic growth.

For the entire country, the Republican shutdown proposal will have real immediate negative consequences.

The impacts will be felt in our economy and in the services that the Federal Government provides, which the taxpayers pay for.

According to the Administration:

Nearly 1.4 million active duty military personnel deployed at home and overseas defending our nation's interests would not be paid for their work until after the shutdown ends.

Hundreds of thousands of Federal employees would be immediately and indefinitely furloughed, and many Federal employees and contractors that continue to work would not be paid during the shutdown.

Housing loans to low and middle-income families in rural communities would be put on hold, as would start-up business loans for farmers and ranchers.

SBA would stop approving applications for small businesses to obtain loans and loan guarantees. In a typical month, SBA approves over \$1 billion in loan assistance to small businesses.

All facilities and services in our national parks would be closed, as would the Smithsonian, impacting the hundreds of thousands of people that visit these sites daily.

This would have severely negative impacts on the surrounding local communities that rely on the revenue generated by travel and tourism to these destinations.

Important government research into life-threatening diseases, environmental protection, and other areas would be halted.

The government would stop issuing permits to conduct drilling operations on Federal lands, and would stop or delay environmental reviews of planned transportation and energy-related projects, keeping companies from working on these projects.

If this CR were to become law, defunding the Affordable Care Act, not only would it put health insurance companies back in charge of our health care, it would end free preventive services that 105 million Americans including 71 million Americans in private plans and 34 million seniors in Medicare have received.

The list of those who would lose under this bill is too long to enumerate. The Affordable Care Act is law. Elections have consequences.

We all know this bill is dead on arrival in the Senate and the President has said he would veto it should it reach his desk. We are wasting our time. Instead we should pass a clean CR and get on with the business of the American people.

In closing, I urge my colleagues to vote against this measure and urge my Republican colleagues to accept reality and not shut the government down.

Ms. BROWN of Florida. Mr. Speaker, I rise today in complete disgust and opposition to the House Republicans misguided plan to shutdown the government. As the current continuing resolution is set to expire on Monday at midnight, the sad truth remains that Speaker Boehner has surrendered the gavel to the Tea Party's hopeless attempts to defund or delay the Affordable Care Act. With the Affordable Care Act, passing both chambers of the United States Congress, being signed into law by the President of the United States, upheld by the United States Supreme Court, and securing the approval of the American people during the last election, it is now time for House Republicans to accept reality and discontinue their obstructionist tactics of trying to prevent a law that is beneficial for millions of Americans across this country. As House Republicans continue to use the Affordable Care Act as the hostage that will trigger a government shutdown, the fact remains that even if the government shuts down, the Affordable Care Act will continue to be implemented with the health insurance exchanges opening on Tuesday, October 1, 2013. Earlier this week, the Senate passed legislation that will keep the government funded and prevent a government shutdown, if the Republican leadership was serious about keeping its commitment to the American people, the House should immediately schedule a vote on the legislation passed in the Senate.

The American people have seen enough. The time has come for Republicans to abandon their reckless and irresponsible agenda and in Democrats to honor America's commitments, create jobs, and strengthen the middle class.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 366, the previous question is ordered.

Pursuant to clause 1(c) of rule XIX, further consideration of the motion offered by the gentleman from Kentucky is postponed.

PAY OUR MILITARY ACT

Mr. KINGSTON. Mr. Speaker, pursuant to House Resolution 366, I call up the bill (H.R. 3210) making continuing appropriations for military pay in the

event of a Government shutdown, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. POE of Texas). Pursuant to House Resolution 366, the bill is considered read.

The text of the bill is as follows:

H.R. 3210

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Pay Our Military Act".

SEC. 2. CONTINUING APPROPRIATIONS FOR MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—There are hereby appropriated for fiscal year 2014, out of any money in the Treasury not otherwise appropriated, for any period during which interim or full-year appropriations for fiscal year 2014 are not in effect—

(1) such sums as are necessary to provide pay and allowances to members of the Armed Forces (as defined in section 101(a)(4) of title 10, United States Code), including reserve components thereof, who perform active service during such period;

(2) such sums as are necessary to provide pay and allowances to the civilian personnel of the Department of Defense (and the Department of Homeland Security in the case of the Coast Guard) whom the Secretary concerned determines are providing support to members of the Armed Forces described in paragraph (1); and

(3) such sums as are necessary to provide pay and allowances to contractors of the Department of Defense (and the Department of Homeland Security in the case of the Coast Guard) whom the Secretary concerned determines are providing support to members of the Armed Forces described in paragraph (1).

(b) SECRETARY CONCERNED DEFINED.—In this section, the term "Secretary concerned" means—

(1) the Secretary of Defense with respect to matters concerning the Department of Defense; and

(2) the Secretary of Homeland Security with respect to matters concerning the Coast Guard.

SEC. 3. TERMINATION.

Appropriations and funds made available and authority granted pursuant to this Act shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation (including a continuing appropriation) for any purpose for which amounts are made available in section 2; (2) the enactment into law of the applicable regular or continuing appropriations resolution or other Act without any appropriation for such purpose; or (3) January 1, 2015.

The SPEAKER pro tempore. The gentleman from Georgia (Mr. KINGSTON) and the gentleman from Virginia (Mr. MORAN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE.

Mr. KINGSTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the consideration of H.R. 3210.

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