

### WE MUST REAUTHORIZE THE EXPORT-IMPORT BANK NOW

(Ms. ADAMS asked and was given permission to address the House for 1 minute.)

Ms. ADAMS. Mr. Speaker, I rise today in support of reauthorizing the Export-Import Bank. Since 2009, the Export-Import Bank has created or sustained 1.3 million private sector jobs, many of which are small businesses. In my district alone, from 2007 to 2014, more than 28 companies, 800 jobs, and more than \$123 million in exports were supported by the Export-Import Bank. In addition to creating jobs, the Export-Import Bank is self-sustaining. At the end of this month, the Bank's charter will expire, hampering growth of small business exports.

Foreign companies are supporting their own like never before, Mr. Speaker. In stores across America, that is evident. It is time for our foreign competitors to see more "made in America." Our American companies deserve a fair chance at success. We must reauthorize the Export-Import Bank now.

### CELEBRATING THE THIRD ANNIVERSARY OF DACA

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

Mr. CÁRDENAS. Mr. Speaker, today we celebrate the third anniversary of the Deferred Action for Childhood Arrivals, otherwise known as the DACA program. Today is also another day of mourning Congress' failure to pass comprehensive immigration reform. DACA is working; 640,000 DREAMers are already part of our American fabric and are contributing to our economy every day thanks to DACA.

In fact, this summer two DACA beneficiaries are interning in my office—Monica moved from Jalisco, Mexico, when she was 7. Her father was deported, but she worked hard and will graduate this fall from Cal State University Northridge with a degree in political science. DACA allowed her to get her driver's license so she could work to pay for her education.

Stephanie was born in Mexico City, moved to Santa Barbara when she was 10, and is pursuing a degree in political science at the University of California Los Angeles, UCLA, and is researching the economic impact of DACA. Thanks to DACA, every day DREAMers like Monica and Stephanie help drive our Nation's economy forward.

□ 1230

### CONGRATULATIONS TO VIRGIN ISLAND GRADUATES

(Ms. PLASKETT asked and was given permission to address the House for 1 minute.)

Ms. PLASKETT. Mr. Speaker, today I rise to congratulate not only the students, but the community of the Virgin Islands on so many graduates of our

high schools these last weeks. While I have not been able to be there in body for some of the graduations, I am there in spirit and in heart.

The Giff Hill School, AZ Academy, Good Hope Country Day, St. Croix Central High School, St. Croix Educational Complex, St. Croix Seventh-day Adventist School, St. Joseph High School, Antilles School, All Saints Cathedral School, Charlotte Amalie High School, Church of God Academy, Ivanna Eudora Kean High School, Sts. Peter and Paul Cathedral School, Seventh-day Adventist High School, the Virgin Island Montessori School and Peter Gruber International Academy, and the Wesleyan Academy.

Students, you know that you are our future, we love you, that you represent the best of us all as a community, and that we expect great things for you. You are entering a world at war, a nation with challenges and conflicts, and our islands in crisis. But we know that, with your passion for learning, discipline, and an ability take risks, we are in great hands.

### PRINTING OF PROCEEDINGS OF FORMER MEMBERS PROGRAM

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that the proceedings during the former Members program be printed in the CONGRESSIONAL RECORD and that all Members and former Members who spoke during the proceedings have the privilege of revising and extending their remarks.

The SPEAKER pro tempore (Mr. GRAVES of Louisiana). Is there objection to the request of the gentleman from Texas?

There was no objection.

### PROVIDING FOR CONSIDERATION OF H.R. 160, PROTECT MEDICAL INNOVATION ACT OF 2015, AND PROVIDING FOR CONSIDERATION OF H.R. 1190, PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2015

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 319 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 319

*Resolved*, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 160) to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices. All points of order against consideration of the bill are waived. The amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, modified by the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto,

to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1190) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board. All points of order against consideration of the bill are waived. The amendment printed in part B of the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Ways and Means and the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

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

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

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 319 provides for a rule to consider two separate bills, which will address two of the most flawed and ill-conceived provisions contained within the so-called Affordable Care Act.

The rule provides for 1 hour of debate on H.R. 160 dealing with the repeal of the medical device tax, equally divided between the majority and minority on the Committee on Ways and Means, as well as the standard motion to recommit provided for the minority.

The rule further provides for 1 hour of debate on H.R. 1190, which would repeal the Independent Payment Advisory Board. This is equally divided between the majority and minority of both the Committee on Ways and Means and the Committee on Energy and Commerce. Further, the rule provides that the Pitts amendment, which will cover the cost of repealing the Independent Payment Advisory Board by using the Affordable Care Act's prevention fund, a slush fund for the Secretary, which has been used to pay for everything from urban gardening to lobbying for higher cigarette taxes, be added to the bill. As with H.R. 160, the standard motion to recommit is also provided to the minority on H.R. 1190.

It is well documented that many provisions contained within the Affordable Care Act will have negative consequences on patients, both in access to care and in affordability. Yet two provisions have been so universally criticized that, on a large bipartisan nature, their repeal was called for almost immediately after the passage of the Affordable Care Act in 2010. One such provision was the tax contained within the bill on medical device manufacturers.

It seems illogical that within a piece of legislation that was purported to make medical care more accessible to all Americans, the Federal Government would want to tax the very providers of medical innovation that creates the devices to improve the delivery of health care. Nevertheless, the President and then-Majority Leader HARRY REID in the Senate included this provision in order to pay for part of the astronomical price tag that accompanied this massive bill.

This tax is an unfair burden that actually increases the cost that consumers will pay at the doctor's office. The tax has also been cited by dozens of medical device manufacturers who have or are considering moving their operations overseas so that they can continue to innovate without the heavy burden of the Internal Revenue Service stifling their growth. This tax slows the creation of new techniques, slows the creation of new devices, all of which could make the delivery of medicine more efficient. It also puts at risk the jobs associated with the creation of those devices.

And lest anyone think that we are merely talking about the largest and most expensive pieces of technology found within a hospital, such as the MRI or the CAT scanner and surgical equipment, let's be clear that this tax covers every piece of medical equipment from those large machines to the smallest of items, including the syringes that are used to deliver life-saving antibiotics and vaccines. In my own district, I have met with a number of constituents, including the owner of Retractable Technologies, which makes those very syringes, and have been shown firsthand how this tax is creating a burden on the growth of his company.

The medical device tax has led to the elimination of thousands of good-paying jobs, and repealing it would be the first step in bringing those jobs back to stem the loss of future jobs within an industry that is vital to the country in helping to mitigate the rising cost of health care due to other burdensome provisions within the Affordable Care Act.

Mr. Speaker, plain and simple, this is a tax on business, a tax on small business, a tax on consumers, a tax on innovation. To date, 33,000 jobs have been lost in the medical device industry since the passage of the Affordable Care Act, and it is projected that well over 100,000 additional jobs are on the chopping block.

Actually, who could be surprised about this? Excise taxes, which this tax is, are meant to lead to a reduction in the consumption of the good being taxed. We place an excise tax on cigarettes to discourage their use, making it burdensome to afford a smoking habit. Did the President and HARRY REID intend to make it more burdensome to use more efficient medical devices?

Of course, not only is this burdensome tax ill-conceived as a concept, it was ill-conceived in a practical sense as well. Last year, a Treasury inspector general audit found that the Internal Revenue Service issued 217 erroneous penalties to device companies in a 6-month period. We have all seen how poorly much of the Affordable Care Act was written. One need only to look at the most recent Supreme Court cases for that determination. But how difficult is it to write a clear-cut tax provision? Apparently, for HARRY REID, it is quite difficult.

H.R. 160 has bipartisan and bicameral support and currently has 282 cosponsors. In fact, 18 Democrats in this body sent a letter to Speaker JOHN BOEHNER and Minority Leader NANCY PELOSI calling for the timely passage of this bill. Republican leadership in the House heard their requests and the calls from many other Members of this body and is moving this bill in a responsible way to put Americans back to work and lower the cost of health care for all.

The second bill contained in today's rule, H.R. 1190, repeals one of the most poorly thought-out ideas ever to come out of Congress, and that is really quite impressive considering the many disquieting ideas that have originated in the Pelosi-led House of Representatives. The Independent Payment Advisory Board is an unelected, unaccountable board dedicated to set up within the Affordable Care Act for the sole purpose to cut Medicare payments to providers if Medicare targets within the bill are not met.

Let's be very clear about this. President Obama, Majority Leader HARRY REID, Speaker NANCY PELOSI created a board of unelected officials in order to ration Medicare, to cut Medicare, and every Democrat who supported the Affordable Care Act voted in favor of this Board.

The Independent Payment Advisory Board is a regulatory board composed of 15 health professionals appointed by the President. There is no requirement that any of these professionals have ever actually practiced medicine a day in their lives, and we are well aware that this President prefers academics to those who have real-world experience.

The Board's stated responsibility is to develop proposals to reduce the growth of Medicare spending. What does that mean? It means seniors will face cuts to their health care with no recourse if they don't agree with what the Board proposes.

Former Office of Management and Budget Director Peter Orszag, the President's top budget adviser, called the Independent Payment Advisory Board the single biggest yielding of power to an independent entity since the creation of the Federal Reserve. Think about that. Let that sink in. The Independent Payment Advisory Board has been given the authority to do for Medicare policy what the Fed is able to do with monetary policy. That should be terrifying to every American.

The Independent Payment Advisory Board is set to recommend cuts, amounting to one-half of 1 percent of Medicare spending, and then the number rises until it hits 1½ percent. It makes these cuts by reducing the rates that Medicare pays for medical procedures and drugs, which means the Independent Payment Advisory Board can only make cuts to providers' reimbursements. Instead of being allowed to make real lasting structural reforms that could actually help the solvency of Medicare, this Board's approach to saving money is one of the clumsiest, most bureaucratic ways of achieving this goal.

The Independent Payment Advisory Board has massive structural and constitutional defects in its design. If Congress fails to act on the Board's recommendations, they automatically go into effect. And even if the Congress did pass a bill countering the Board's cuts to Medicare, the President can simply veto the bill. And the judiciary—and how this passes constitutional muster, I seriously question—specifically the judiciary, is forbidden to review the Independent Payment Advisory Board's recommendations.

For these and many other reasons, over 500 organizations have urged Congress to get rid of this thing—repeal the Independent Payment Advisory Board—including the American Medical Association, the American College of Surgeons, and the Veterans Health Council.

Repealing the Independent Payment Advisory Board would protect seniors' access to Medicare, encourage us to do real Medicare reforms, and put an end to the constitutionally questionable Board of unelected bureaucrats—right now under the President's healthcare law—the very decisions that they are empowered to make changes to Medicare.

All Americans will benefit from the repeal of this draconian idea. It is a clumsy way that then-majority Democrats were able to buck their responsibility at addressing cost concerns over entitlements. Government by bureaucrats instead of government by the people, government by bureaucrats instead of government by representatives, it is no way to run this country. And yet that is how then-Majority Leader HARRY REID and then-Speaker NANCY PELOSI preferred that we operate.

□ 1245

The Independent Payment Advisory Board's design undermines seniors' access to Medicare and the health care that they need and have paid for throughout their working lives.

This Board should have been repealed years ago, but so long as HARRY REID was majority leader in the Senate, the Independent Payment Advisory Board continued to live. Last year's election created a sea change over in the other body, changed the majority leader in the Senate, and now, the American people may finally see their government begin to work for them yet once again.

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

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

Mr. Speaker, today, I rise in opposition to the rule which, once again, deprives Members of this body the opportunity to debate amendments that will improve the underlying legislation.

I rise in opposition to this body's misguided priorities. Again, the American people are seeing Congress rehash the same tired debates. How many references were there to people that were Speakers of this House, that were Senate majority leaders, to healthcare reform, which has already withstood several elections and is the law of the land?

What we have before us today are two more bills that repeal part of the Affordable Care Act. We have now considered over 60 bills to repeal, defund, or dismantle the Affordable Care Act, rather than improve and build upon it.

With all the work that remains to be done, we could be debating legislation to renew our expiring highway trust fund and repair our crumbling roads and bridges.

We could take up legislation to renew the charter of the Import-Export Bank, and we will be offering that soon on the previous question.

We could consider a bill to repair our broken immigration system or help the millions of Americans who are living below the poverty line, even though they work two jobs and it is increasingly hard to support their families; or we could take on the critical matter of climate change and confront the fact that it has contributed to one of the worst droughts in our Nation's history.

But, oh, no, it is more important to have the 61st and 62nd repeal of parts of the Affordable Care Act, rather than move forward with a future-oriented agenda for the American people.

Now, let's get into some of the specifics of the underlying legislation. The most recent estimate by the Congressional Budget Office found that a total of 27 million people will gain access to healthcare coverage through the Affordable Care Act over the next 10 years, who otherwise would not have had coverage.

That is to say nothing of the additional millions of Americans who ben-

efit from the Affordable Care Act by having coverage for preexisting conditions for the first time in their lives, are no longer subject to lifetime caps that could leave them bankrupt if they get a serious illness, or people that are able to stay as young adults up to age 26 on their parents' plan.

Constituents from all areas of my district have shared stories of their success using our State's health exchange, Connect for Health Colorado, and described how the Affordable Care Act's coverage provided by the ACA has improved their lives.

I have heard from constituents like Morgan, from Nederland, Colorado, who used the exchange to enroll in the exact same plan she had before the Affordable Care Act, but her premiums decreased, and the services that were covered expanded—more value for her money.

Or Donna, who recently moved to Boulder, Colorado—Donna is an outdoor enthusiast, like so many in my district, but was afraid to make her way to the mountains until she had secured healthcare coverage.

Through Connect for Health Colorado and the premium tax credits she has access to under the Affordable Care Act, she is now enrolled in a comprehensive medical and dental plan that ensures she won't become bankrupt if she sustains an injury.

These are far from isolated cases. In my home State of Colorado, 16.5 percent of people lacked health insurance before ACA. According to a recent study of the Kaiser Family Foundation, that figure has dropped to 9 percent by last year.

The success is not limited to my State. According to a Gallup poll released in April, the percentage of Americans lacking health care nationwide has dropped by more than a third since the marketplace opened at the end of 2013, from 18 percent to under 12 percent.

The Affordable Care Act is working; instead of continuing in that vein, once again, the Republican Congress is seeking to repeal various parts of that law, rather than move forward and improve it.

The first of today's two bills, the so-called Protecting Seniors' Access to Medicare Act, doesn't protect anyone's access to anything. The Advisory Board it seeks to repeal, which has been vilified and completely mischaracterized in the past, is actually something far more mundane and important to the processes of Medicare.

It is a board of advisers who make nonbinding recommendations to Congress about how we can reduce healthcare costs and strengthen Medicare solvency over the long term, without sacrificing the quality of care, something that all of us, as cost-conscious Members of Congress, should be interested in seeing.

Now, we can debate all day the exact composition of the Board or which committees in Congress should have ju-

risdiction over its recommendations. Those are valid considerations—or, instead, we can discuss repealing the Board in its entirety, which is what we are talking about here today. This Advisory Board will provide critical advice to help Congress reduce the cost of providing health care.

Now, interestingly enough, this amendment pays for the \$7 billion cost of eliminating this Board by slashing nearly \$9 billion in funding from the prevention and public health fund. This fund is used for vital preventative health programs, like childhood vaccines, helping people quit smoking, stroke prevention, and maternal wellness. The cornerstone of health savings is preventative medicine.

In fact, I cosponsor a bill with my friend, Mr. BURGESS, who is managing the bill on the other side, that would allow the Congressional Budget Office to account for the long-term savings of preventative health initiatives when it scores legislation.

If Mr. BURGESS' own bill were to become law, and I hope it does, it would show that the so-called way that we are paying for this repeal is illusory. Eliminating the preventative healthcare program actually can cost money in the long run. Under the congressional scoring model that we both support, it would likely not even register as a cost saving, or if it did, it would be much less than the \$9 billion.

The second bill being considered, the Protect Medical Innovation Act, aims to do something that many of us on both sides support, repealing the Affordable Care Act's excise tax on medical devices. The medical device tax is one of the measures originally included by the Senate in the Affordable Care Act to fund the badly needed consumer protections and benefits that form the core of the bill.

Now, again, it is easy to support tax cuts. This body has put before us many, tax cut after tax cut after tax cut that are unfunded. The whole discussion about how you can afford to cut taxes is how you pay for it. What government waste do you cut? What other taxes or income do you use to offset the cost of these tax cuts?

Of course, we don't want to slow the pace of progress with unnecessary costs and burdens, and we want to make sure that medical device manufacturers have every incentive to increase their research and development and not pass these costs along to consumers.

Unfortunately, even though I, along with ALMA ADAMS from North Carolina and MATT CARTWRIGHT from Pennsylvania, offered an amendment in the Rules Committee that would have paid for repealing the medical device tax using a commonsense approach that wouldn't suppress economic growth, our amendment was not allowed to even be discussed here on the floor of the House.

Not only would our amendment to pay for the medical device repeal have avoided adding nearly \$30 billion to our

deficit, as this bill would do before us today, but it also would have helped bring balance to our Nation's energy sector by stopping the government from choosing winners and losers in energy and lessen our dependence on fossil fuels.

Unfortunately, under this rule, we don't get a vote or debate on the floor. We are left with two bad choices. We can, of course, leave in place a tax that many of us want to remove; or we can add \$25 billion to our deficit. Neither of those are the right answers for the American people or for medical device companies or the consumers who use medical device products.

The American people deserve better. If we defeat this rule, an open process will allow Republicans and Democrats to offer real, constructive, better ideas of how to improve upon these two pieces of legislation.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUCSHON), a member of our Committee on Energy and Commerce.

Mr. BUCSHON. Mr. Speaker, in Indiana, the medical device industry employs over 20,000 Hoosiers in over 300 medical device companies. These are good-paying jobs that pay 56 percent more than the average wage.

As Indiana Governor Mike Pence recently put it in a letter to our delegation: "This industry is vital to Indiana's economy and the health and well-being of people across the Nation and the world."

Unfortunately, this critical industry is living under the shadow of a job-killing tax put in place to pay for the Affordable Care Act. In fact, companies in Indiana have already halted research projects and plans for expansion.

The medical device tax is crippling innovation of lifesaving products like the ones I used as a surgeon, and it is putting patients and jobs at risk. This is about patients, at the end of the day, and their access to health care.

We have had broad bipartisan support for repeal of the medical device tax in both Chambers before. It is time to put an end to this onerous tax once and for all.

I also support an IPAB repeal. As a physician, I urge my colleagues to support the rule and the underlying bills.

Mr. POLIS. Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to allow for the consideration of legislation that would reauthorize the Export-Import Bank for 7 years.

To discuss our proposal, I yield 3 minutes to the gentlewoman from California (Ms. MAXINE WATERS), the distinguished ranking member on the Committee on Financial Services.

Ms. MAXINE WATERS of California. Mr. Speaker, I thank the gentleman from Colorado, as well as Leader PELOSI and Whip HOYER, for their unyielding support for thousands of American jobs and businesses.

I rise to urge my colleagues to defeat the previous question in order to force a vote on legislation sponsored by myself, Mr. HECK, Ms. MOORE, Mr. HOYER, and 186 other Democrats that will renew and reform the Export-Import Bank's charter for the long term.

Mr. Speaker, Congress has just 5 days to act before the Export-Import Bank shuts down. We are in the eleventh hour, and despite a recent bipartisan vote in the Senate and broad support across the aisle in this House, we are still fighting to keep this engine of job creation and economic growth alive.

It is interesting to note that, contrary to most of the disagreements that take place in this Chamber, in the debate over the Export-Import Bank, the facts remain undisputed.

Over the past 5 years, it is estimated that the Bank has created or sustained more than 1.3 million private sector jobs, 164,000 in the past year alone. In 2014, the Bank returned more than \$674 million back to the American taxpayers, an amount totaling \$6.9 billion over the past two decades.

Democrats, Republicans, business, and labor all understand the important role that the Export-Import Bank plays in our economy. Presidents, ranging from Ronald Reagan and George W. Bush to Bill Clinton, have been outspoken in their support for the Bank's ability to create and sustain American jobs and keep our businesses competitive.

Ex-Im levels the playing field with countries like China, Russia, and countless others, all of which have their own version of the Bank supporting American competitors.

Mr. Speaker, Democrats are coming to the floor today to implore our numerous Republican colleagues who support the Export-Import Bank, starting with Speaker BOEHNER, to stand up for jobs, businesses, and American competitiveness by standing up to the extremists who want to close the Bank.

Let's send a strong message to America's manufacturers, businesses, and workers, that we are committed to preserving an institution that, for decades, has helped this Nation create jobs and grow the economy.

I would urge a "no" vote on the previous question.

Mr. BURGESS. Mr. Speaker, at this time, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a valued member of the Energy and Commerce Committee.

Mr. BILIRAKIS. I thank the chairman.

Mr. Speaker, I rise today in support of the rule for H.R. 160, the Protect Medical Innovation Act. Last August, I held two 21st Century Cures roundtables in my district in the Tampa Bay area.

The second roundtable featured healthcare providers. One participant was Lisa Novorska, CFO of Rochester Electro-Medical. Rochester Electro-Medical is a medical device manufacturer in my district, and it is a small business.

The medical device tax, originally included in the President's healthcare law, is devastating to these small businesses. Eighty percent of the device manufacturers in Florida have less than 25 employees. In total, Florida has 662 device manufacturers, and one-third of them are in the Tampa Bay area, as I said, in the area that I represent in the Congress.

This bill has over 280 bipartisan co-sponsors. Voting for this rule and bill should be easy, despite the administration's veto threat. Let's support device manufacturers and give them the flexibility to innovate and help our constituents.

□ 1300

Mr. POLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. HECK), a leader in the effort to reauthorize the Export-Import Bank.

Mr. HECK of Washington. Mr. Speaker, I rise to oppose the previous question so that we might, indeed, get to H.R. 1031, the Promoting U.S. Jobs through Exports Act of 2015.

H.R. 1031—which, as it has been indicated, reauthorizes the Export-Import Bank—is a deficit-cutting, job-creating machine. And why is it important that we get to it? Because, indeed, the charter of the Bank expires in 5 legislative days.

Last week, I was at home and had occasion to be channel surfing, and I came across, inarguably, one of the top 10 movies in all of the history of American cinema, "Blazing Saddles." And there is this wonderful scene where the actor, Cleavon Little, rides into town, and he is not met very favorably by the townsfolks. They all pull their guns on him. And in response, he pulls his revolver, and he puts it to his head, and he says, Stop, stop, or I will shoot myself.

Well, of course, what he was doing, given the situation, was completely turning logic on its ear and confusing everybody in his presence. And that is how I feel about this.

Those who want to end the Export-Import Bank purport to be in favor of cutting the deficit. But the Export-Import Bank has reduced the Federal deficit by \$6 billion over the last 20 years. Those who want to terminate the Export-Import Bank say they are in favor of faster economic growth. But the Export-Import Bank supported 164,000 jobs just last year alone in virtually every congressional district in this great land.

Make no mistake, if the Bank expires, we will lose jobs; and we will lose jobs immediately here and there and everywhere.

And stop and think about that. What is more important than a job? It is the means by which we provide for ourselves. We are self-sufficient.

Is anyone suggesting we have too many jobs? Is anybody suggesting that work isn't worthwhile?

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

Mr. POLIS. I yield the gentleman an additional 30 seconds.

Mr. HECK of Washington. I will never forget when former Vice President Mondale once said, You want to know how important work is in this society? Stop, ask yourself what is the first thing you ask somebody when you meet them. "What do you do?"

Work is important. Jobs are important. The Export-Import Bank creates jobs. Vote "no" on the previous question. Reauthorize the Export-Import Bank. We have 5 legislative days to go.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentlewoman from North Carolina (Ms. FOXX), the vice chairman of the Committee on Rules.

Ms. FOXX. I thank my colleague on the Rules Committee, who handles our rules and legislation so effectively on the floor.

Mr. Speaker, I rise today in support of the rule and the underlying bills. When the Democrat-controlled Congress rammed the so-called Affordable Care Act through this Chamber, I joined my Republican colleagues in expressing our grave concerns over the effects of the law's tax increases. Specifically, we warned that the excise tax on medical devices would hinder innovation as well as restrict growth and job creation in an industry that has improved the quality of life for millions around the world.

And just as we cautioned, this tax on devices that restore mobility, keep hearts in rhythm, and help doctors diagnose life-threatening diseases earlier than ever before has cost us local jobs and reduced research capabilities.

Cook Medical is a privately owned company, with facilities around the world. It employs about 500 people in Winston-Salem, North Carolina, where the company focuses on endoscopic and urological medicine.

Since the medical device tax was levied in 2013, Cook Medical has paid roughly \$13 million annually. As a result, the company has pulled back on capital improvements as well as research and development investments. They have also considered moving manufacturing capacity outside the United States.

Scott Sewell, vice president of technology acquisition and development for the company's Winston-Salem office, recently told the Triad Business Journal that if the medical tax device is repealed, they would look at expanding operations in North Carolina with a new plant in Winston-Salem.

I would like to submit for the RECORD this May 1 article from the Triad Business Journal.

[From Triad Business Journal, May 1, 2015]  
DEVICE TAX THWARTS EXPANSION IN WINSTON-SALEM

(By Owen Covington)

The push to repeal an Affordable Care Act tax on the sale of medical devices appears to be gaining steam with a prominent device manufacturer with a strong Triad presence recently lobbying Congress for action.

In written testimony to a Senate committee this month, Cook Medical Board

Chairman Stephen Ferguson said the company has had to pull back on capital improvements and R&D investments because of the tax. Cook is also considering moving manufacturing capacity outside the country.

"Make no mistake about it: We want to develop and manufacture our devices in the U.S., but this tax is preventing this growth in this country," Ferguson wrote.

I caught up with Scott Sewell, vice president of technology acquisition and development at Cook Medical's Winston-Salem operation, where the focus is on endoscopy and urological medicine.

Just for further explanation, the tax is a 2.3 percent levy on the sale of many medical devices that's expected to generate \$29 billion during its first 10 years.

Proponents have argued that increased health insurance coverage will mean more sales for these companies, which also have the option of passing that increase along to consumers rather than absorbing it themselves.

Sewell said that since the tax was levied in 2013, Cook Medical has paid roughly \$13 million annually. That accounts for only a portion of Cook's overall sales, since it isn't paid on the roughly 60 percent of Cook's products that are sold abroad.

Both Sewell and Ferguson said that uptick in sales hasn't occurred, and the company has generally been unable to pass along the cost of the tax to consumers, which are typically very cost-conscious hospitals. That's meant pulling back on plans to expand in Winston-Salem and elsewhere, Sewell said.

"I think if the device tax were repealed, in the next couple of years, we would probably be looking at a new plant in Winston-Salem," he said.

Cook's arguments are grabbing the attention of more in Congress. That said, advocates of the tax say claims like those of Cook are overblown.

"A manufacturer can't avoid the tax by shifting production abroad, doesn't pay the tax for devices it produces here but sells abroad, and suffers no competitive disadvantage from foreign producers, who also have to pay the tax for devices that they sell here," wrote Chad Stone, chief economist of the left-leaning Center on Budget and Policy Priorities, in U.S. News & World Report.

Ms. FOXX. It is clear that ObamaCare's medical device tax has directly and negatively impacted the people who live in North Carolina's Fifth District, as well as people around the country and around the world.

Mr. Speaker, this tax must be repealed, and its harmful effects undone.

Mr. POLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. I thank my friend from Colorado for yielding.

Mr. Speaker, I rise today to speak in opposition to the previous question in order to make in order a vote to reauthorize the Export-Import Bank.

For Americans, the Export-Import Bank means jobs. It means economic growth. Failing to reauthorize Ex-Im threatens American jobs, threatens American businesses, threatens our economy.

Supporting Ex-Im used to be a bipartisan issue. Just read a little history: Dwight Eisenhower supported it. Ronald Reagan supported it. If you want a more recent example, George W. Bush supported it.

This never has been a partisan issue until just recently, where even the

House leadership—the Speaker, I think, supports it—has now been captured by a small group of very far right-leaning ideologues to whom, apparently, much is owed because we can't get a floor vote on a piece of legislation supported by a majority of the House of Representatives that helps American business and helps American workers. What is wrong with this picture? This makes no sense whatsoever.

The Export-Import Bank is an essential part of a growing economy, and particularly in supporting American businesses to grow their exports and put Americans to work.

In my home State alone, 228 companies, \$11 billion in export value, are at risk if we don't reauthorize the Export-Import Bank, and we have 5 days to do it. But we could do it in 5 minutes if we defeat the previous question, bring to the floor of the House legislation, H.R. 1031, that would reauthorize the Export-Import Bank through 2022.

Let's let the will of the American people and, frankly, the will of a majority of the United States Congress, be manifest in our policy. A majority of Congress supports the reauthorization of the Export-Import Bank. Bring a vote to the floor of the House. Let's put America to work, support American business, support American workers, and support the Export-Import Bank.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, previously it was brought up about the prevention fund, which was being used as one of the offsets for the repeal of the Independent Payment Advisory Board. And I just wanted to give the Congress a sense of some of the activities that have been funded under the Secretary's so-called prevention fund.

How about pickle ball? I didn't even know what that was. I had to Google it after that came to light in our committee. Massage therapy, kickboxing, kayaking, and Zumba—a separate grant was given for that. A grant for signage for bike lanes. A grant to promote free pet neutering. A grant for urban gardening. A grant to lobby for a soda tax in New York, block construction of job-creating fast food small businesses, and another grant to boost bike clubs.

These are the types of activities that are being funded in the prevention fund, not actual activities that would result in the prevention of disease. This is a good use of these dollars, and I urge adoption.

I reserve the balance of my time.

Mr. POLIS. I yield 2 minutes to the gentlewoman from Wisconsin (Ms. MOORE), the ranking member on the Financial Services Subcommittee on Monetary Policy and Trade.

Ms. MOORE. Mr. Speaker, the clock is ticking on the global competitiveness of U.S. workers, and the GOP has yet—has yet—has yet to put to a vote the reauthorization of the Export-Import Bank.

The Export-Import Bank levels the playing field globally for U.S. businesses to compete with subsidized foreign competitors. Our U.S. exporters and workers will pay the price if this majority, this Republican Congress fails to reauthorize the Bank. My Milwaukee exporters will pay the price if this Republican Congress fails to reauthorize the Bank.

Yes, deals will still be made with the other 60 or so credit agencies around the world, but they will be done without U.S.-made goods and services.

You know, it is so ironic that we have all kinds of deals being cut to get partnership trade agreements with these 12 different Pacific countries so we could export jobs to other places in the world. But there are no deals being made so that we can export U.S.-made goods and services to other parts of the world. That is probably why we have such a huge trade deficit.

With the leadership of Ranking Member WATERS, Representatives HECK of Washington, HOYER, and I, we have introduced H.R. 1031, the Promoting U.S. Jobs Through Exports Act. It makes targeted and prudent reforms to the Bank that enhance its mission, including promoting additional small business participation, greater transparency, and improved governance.

Defeat the previous question. Bring the Export-Import Bank deal to the floor. The American people deserve an opportunity to work.

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

The SPEAKER pro tempore. The gentleman from Texas has 13 minutes remaining, and the gentleman from Colorado has 12 minutes remaining.

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

Mr. POLIS. Mr. Speaker, I yield myself the remainder of my time.

First, with regard to the comments of the gentleman from Texas on the preventative health fund, I want to give a few examples of the important ways that fund helps reduce health care costs. For instance, expenditures on hospitals promoting breast-feeding, on breast and cervical cancer early awareness and diagnosis.

So, I mean, again, the fund community initiative that support breast-feeding mothers has a demonstrable effect in reducing the incidence of disease in infants and promotes better health.

With regard to early identification: breast cancer screenings, outreach through State, territorial, and tribal health organizations, chronic disease self-management—again, making sure that people have better compliance with their regime that can reduce health care costs.

So there are a lot of items in there that I am confident, if our bill were to pass—the bill that I cosponsor with the gentleman from Texas—clearly that \$9 billion in savings is illusory. Now whether that will come back as a net-positive program or not, under the new

CBO scoring, we will just need to pass our bill to see. But it wouldn't be \$9 billion. Again, maybe it would be \$3 billion in savings. Maybe it would be \$1 billion. Again, maybe it would be a negative amount because these preventative expenditures could very well save more than they cost because if you can get an early diagnosis around breast and cervical cancer, not only does it lead to a better outcome for the patient but saves a lot more money, as does making sure that people are able to successfully manage their chronic diseases and not wind up in emergency rooms at a very high cost.

We have before us—no bones about it—two more partial repeals of the Affordable Care Act.

So far this year, the Republicans have brought to the floor \$586 billion in unpaid-for tax extenders and special interest tax expenditures. Those bills have blown through the sequestration caps, all while continuing to cut funding for education programs, violence prevention initiatives, and medical research.

This bill adds another \$25 billion to that \$586 billion. Again, everybody likes to have their cake and eat it too. But unfortunately budgets have to work, and numbers have to add up.

□ 1315

That is why I was particularly disappointed that the Rules Committee didn't allow my amendment that would have simply paid for the medical device tax repeal to come forward. Instead, the Republicans are insisting on adding \$25 billion on top of the \$586 billion in expenditures that they are blowing through the deficit with and increasing the size of the deficit by half a trillion dollars.

This bill also provides for consideration of a bill that cuts \$9 billion from the preventative health initiatives to repeal an advisory board. Again, I would argue that we won't know if that is truly paid for or not until our other bill passes, and I hope that we can bring forward the bill I share with Mr. BURGESS to allow for the proper scoring of that.

So I am ready to say that I don't know if it is paid for or not. I suspect it is not. I suspect that it might cost us more money in the long run to repeal the important expenditures around breast and cervical cancer early diagnosis and chronic disease self-management, but the only way to know that for sure would be to change the way that the CBO scores the bills to allow for preventative measures to show the savings that are reasonably estimated by experts absent any particular bias.

Mr. Speaker, I think there is a lot of interest in reforming the Advisory Board, and I think that is a valid conversation to have: What should its priorities be? What should the reporting process be? What should the membership be composed of? But repealing it and adding costs and preventing simple, cost-saving recommendations from

even coming to Congress, how does that make sense? And how does that further the goal of providing high-quality health care to the American people at the lowest cost possible?

We also shouldn't be taking funding away for programs that help Americans prevent injuries or illness in order to pay for the repeal of an advisory board that makes nonbinding recommendations to Congress.

Mr. Speaker, a vote for this rule is yet another vote for misplaced priorities, for increasing the Federal deficit, and for passing policies that are at odds with the needs of the American people and constitute the 62nd time that this body has chosen to repeal part of the Affordable Care Act rather than move forward with a future-oriented agenda to help the American people. This is a vote to add billions of dollars to our deficit at the expense of the basic healthcare needs of the American people.

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

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

There was no objection.

Mr. POLIS. Mr. Speaker, this body can do better. If we defeat this rule, we might have an opportunity to do something about the deficit, to do something about it by going back and getting a rule that if this body chooses to proceed with repealing the medical device tax allows a commonsense way for that to be paid for. If we repeal this rule, we can go back and look at improving the advisory panel rather than repealing it in its entirety, making sure that, if there are costs associated with that, that they are paid for in a real way rather than a way that is illusory.

Mr. Speaker, if we repeal this rule, we can go back and bring forward Mr. BURGESS' and my bill that would allow proper scoring around preventative health care. That would allow a proper discussion on whether this way of paying for a repeal of the advisory panel is even a real way of paying for anything or not.

For those reasons, Mr. Speaker, I strongly urge my colleagues to vote "no" and defeat the previous question.

I yield back the balance of my time.

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

Mr. Speaker, we have talked a lot about the Affordable Care Act here on the floor of this House, and one of the reasons we have talked a lot about it is because, very famously, it was passed before we read it. We had to pass it to find out what was in it. Let me just talk about a couple of those things because I think they are germane to our discussion today.

This is June 17. Around the country, many Members' offices are being contacted by groups asking why Congress

itself isn't following the law that Congress passed. I am referring specifically to section 1312(d) in the bill. It says:

Members of Congress in the exchange requirement notwithstanding any other provision in law, after the effective date of this subtitle, the only health plans that the Federal Government may make available to Members of Congress shall be health plans that are, number one, created under this act, or two, offered through an exchange established unto this act. The term "Member of Congress" means any Member of the House of Representatives or the Senate.

The fact of the matter is most people don't follow the law. I did, Mr. Speaker, and I think it was important to follow the law. I bought my health care in the individual market, in healthcare.gov, started October 1 of 2013. You may remember that night. That was the night the fiscal year ended and the famous government shutdown began. I began early that morning in trying to sign up for the Affordable Care Act because I knew, as a Member of Congress, we were supposed to sign up through healthcare.gov, an unsubsidized policy in the individual market. So I performed as indicated.

It took 3½ months for the check to clear the bank. It was one of the most uncomfortable, god-awful experiences I have ever been through in my life. What is the final result? I have a bronze plan in the individual market in healthcare.gov, the Federal fallback provision in the State of Texas.

Mr. Speaker, that plan cost \$560 a month the first year that I was enrolled, and then it went up 24 percent the next year. It is now up to \$700 a month for me for an individual. These are after-tax dollars. Do you know the worst part, Mr. Speaker? The worst part is that the deductible is \$6,000.

Now, some people have asked me, they say: Well, gee, are you worried about the fact that the networks are so narrow on these plans that you can't see your doctor?

I honestly don't know. I don't know if my doctor is included on the plan. I haven't looked because I ain't going. At a \$6,000 deductible, someone will have to drag me in the backdoor by the time I am dying.

What has happened, Mr. Speaker, is we have created a whole subset of individuals in this country who are functionally uninsured because the cost of their care is so high. Had Members of Congress followed the law, they would be as aware of that as our constituents are.

Mr. Speaker, today's rule provides for the consideration of two bills that begin to right some of the many wrongs included in the Affordable Care Act: H.R. 160, repealing the Independent Payment Advisory Board charged with cutting Medicare; and H.R. 1190, repealing the medical device tax. These are two steps that the House can take this week to help lower the rising costs of health care created under the President's healthcare law.

Mr. Speaker, I urge the adoption of the rule before us and the passage of the two important pieces of legislation.

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

AN AMENDMENT TO H. RES. 319 OFFERED BY  
MR. POLIS OF COLORADO

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

SEC. 3. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1031) to reauthorize the Export-Import Bank of the United States, and for other purposes. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 4. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 1031.

THE VOTE ON THE PREVIOUS QUESTION: WHAT  
IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous

question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

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

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

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

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

#### REMOVAL OF UNITED STATES ARMED FORCES FROM IRAQ AND SYRIA

Mr. ROYCE. Mr. Speaker, pursuant to the order of the House of Tuesday, June 16, 2015, I call up the concurrent resolution (H. Con. Res. 55) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove United States Armed Forces deployed to Iraq or Syria on or after August 7, 2014, other than Armed Forces required to protect United States diplomatic facilities and personnel, from Iraq and Syria, and ask for its immediate consideration.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Pursuant to the order of the House of Tuesday, June 16, 2015, the concurrent resolution is considered read.

The text of the concurrent resolution is as follows:

H. CON. RES. 55

*Resolved by the House of Representatives (the Senate concurring),*