

but, for decades, they have suffered from a dire lack of resources. This has meant that the 3 million yearly visitors who have flocked there for the trees, trails, and streams have been greeted with graffiti, trash, and safety hazards.

For over 10 years, I and others who love these mountains have fought to get the San Gabriels the resources they deserve; and, just 1 year ago, we celebrated as President Obama declared them a national monument—opening the door to new funding.

Today, I am introducing the San Gabriel Mountains, Foothills and River Protection Act to expand that monument and to create a new national recreation area. This bill, with the support of local water, conservation, and recreation groups, will complete the vision of a city seamlessly and sustainably connected to its mountains, mountains that are accessible for all.

DYSLEXIA AWARENESS MONTH

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

Mr. WESTERMAN. Mr. Speaker, I rise today because October is Dyslexia Awareness Month.

According to the National Center for Learning Disabilities, nearly 5.8 million students in the U.S. have been diagnosed with a learning disorder. Up to one in five of these students suffers from dyslexia.

This learning disability causes difficulty with reading comprehension, math, and a variety of other subject areas. More research is needed to understand dyslexia so students receive research-based instruction and have the best opportunities to learn and succeed in the 21st century.

That is why I have cosponsored the READ Act of 2015, a bill that requires the National Science Foundation to fund dyslexia research. This bill is good for students, good for educators, and good for America.

RAISE THE DEBT LIMIT

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

Mr. HECK of Washington. Mr. Speaker, November 3 is when we reach our statutory budget limit. That is when we must raise our debt limit or we default on our obligations: Social Security payments, Medicare reimbursements, and military paychecks.

Some critics don't want us to raise the limit. They say that spending is too out of control; but, frankly, that is like going into a restaurant, eating a meal, and then skipping out on the check because you wanted to save on calories. If that happens, you are not paying what you owe.

Even if you commit to spending nothing more, you are still on the hook

for your financial obligations and commitments. I have a lot of hardworking small-business owners in my district. They don't skip out on their bills, and they don't expect the government to either.

There is no doubt about it. Our economy will suffer. At a time when our budget deficit is at its lowest level in 8 years, we should not take this step backward. Let's pay our bills, not torch our economy.

□ 0915

RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT OF 2015

Mr. TOM PRICE of Georgia. Mr. Speaker, pursuant to House Resolution 483, I call up the bill (H.R. 3762) to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. CARTER of Georgia). Pursuant to House Resolution 483, the amendment printed in House Report 114-303 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3762

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ‘Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015’.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—COMMITTEE ON EDUCATION AND THE WORKFORCE

Sec. 101. Repeal of automatic enrollment requirement.

TITLE II—COMMITTEE ON ENERGY AND COMMERCE

Sec. 201. Repeal of the Prevention and Public Health Fund.

Sec. 202. Federal payment to States.

Sec. 203. Funding for community health center program.

TITLE III—COMMITTEE ON WAYS AND MEANS

Subtitle A—Revenue Provisions

Sec. 301. Repeal of individual mandate.

Sec. 302. Repeal of employer mandate.

Sec. 303. Repeal of medical device excise tax.

Sec. 304. Repeal of the tax on employee health insurance premiums and health plan benefits and related reporting requirements.

Subtitle B—Repeal of Independent Payment Advisory Board

Sec. 311. Repeal of Independent Payment Advisory Board.

TITLE I—COMMITTEE ON EDUCATION AND THE WORKFORCE

SEC. 101. REPEAL OF AUTOMATIC ENROLLMENT REQUIREMENT.

The Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.) is amended by repealing section 18A (as added by section 1511 of the Patient Protection and Affordable Care Act (Public Law 111-148)).

TITLE II—COMMITTEE ON ENERGY AND COMMERCE

SEC. 201. REPEAL OF THE PREVENTION AND PUBLIC HEALTH FUND.

(a) IN GENERAL.—Section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11) is repealed.

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the funds made available by such section 4002, the unobligated balance is rescinded.

SEC. 202. FEDERAL PAYMENT TO STATES.

(a) IN GENERAL.—Notwithstanding sections 504(a), 1902(a)(23), 2002, 2005(a)(4), 2102(a)(7), or 2105(a)(1) of the Social Security Act (42 U.S.C. 704(a), 1396b(a)(23), 1397a, 1397d(a)(4), 1397bb(a)(2), 1397ee(a)(1)), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that is approved under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for the one-year period beginning on the date of the enactment of this Act no Federal funds may be made available to a State for payments to a prohibited entity, whether made directly to the prohibited entity or through a managed care organization under contract with the State.

(b) DEFINITION OF PROHIBITED ENTITY.—In this section, the term ‘prohibited entity’ means an entity, including its affiliates, subsidiaries, successors, and clinics—

(1) that, as of the date of enactment of this Act—

(A) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(B) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations, that is primarily engaged in family planning services, reproductive health, and related medical care; and

(C) provides for abortions, other than an abortion—

(i) if the pregnancy is the result of an act of rape or incest; or

(ii) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(2) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act in fiscal year 2014 made directly to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded \$350,000,000.

SEC. 203. FUNDING FOR COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114-10, 129 Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting after ‘Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(1)(E)) is amended’ the following: ‘by striking ‘\$3,600,000,000’ and inserting ‘\$3,835,000,000’ and’.

TITLE III—COMMITTEE ON WAYS AND MEANS

SEC. 301. REPEAL OF INDIVIDUAL MANDATE.

(a) IN GENERAL.—Section 5000A of the Internal Revenue Code of 1986 is amended by adding at the end the following:

‘(h) TERMINATION.—This section shall not apply with respect to any month beginning after December 31, 2014.’.

(b) CONFORMING AMENDMENTS.—

(1) Section 5000A(c) of such Code is amended—

(A) in paragraph (2)(B) by striking clauses (ii) and (iii),

(B) in paragraph (3)(B) by striking “2014” and all that follows and inserting “2014.”, and

(C) in paragraph (3) by striking subparagraph (D).

(2) Section 5000A(e)(1) of such Code is amended by striking subparagraph (D).

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 302. REPEAL OF EMPLOYER MANDATE.

(a) **IN GENERAL.**—Section 4980H of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“(e) **TERMINATION.**—This section shall not apply with respect to any month beginning after December 31, 2014.”.

(b) **CONFORMING AMENDMENT.**—Section 4980H(c) of such Code is amended by striking paragraph (5).

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 303. REPEAL OF MEDICAL DEVICE EXCISE TAX.

(a) **IN GENERAL.**—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.

(c) **CLERICAL AMENDMENT.**—The table of subchapters for chapter 32 of such Code is amended by striking the item relating to subchapter E.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to sales in calendar quarters beginning after the date of the enactment of this Act.

SEC. 304. REPEAL OF THE TAX ON EMPLOYEE HEALTH INSURANCE PREMIUMS AND HEALTH PLAN BENEFITS AND RELATED REPORTING REQUIREMENTS.

(a) **EXCISE TAX.**—Chapter 43 of the Internal Revenue Code of 1986 is amended by striking section 4980I.

(b) **REPORTING REQUIREMENT.**—Section 6051(a) of such Code is amended by inserting “and” at the end of paragraph (12), by striking “, and” at the end of paragraph (13) and inserting a period, and by striking paragraph (14).

(c) **CLERICAL AMENDMENT.**—The table of sections for chapter 43 of such Code is amended by striking the item relating to section 4980I.

(d) **EFFECTIVE DATES.**—

(1) **IN GENERAL.**—Except as provided by paragraph (2), the amendments made by this section shall apply to taxable years beginning after December 31, 2017.

(2) **REPORTING REQUIREMENT.**—The amendment made by subsection (b) shall apply to calendar years beginning after December 31, 2014.

The SPEAKER pro tempore. The bill shall be debatable for 2 hours equally divided and controlled by the chair and ranking minority member of the Committee on the Budget or their designees.

The gentleman from Georgia (Mr. PRICE) and the gentleman from Maryland (Mr. VAN HOLLEN) each will control 60 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. TOM PRICE of Georgia. Mr. Speaker, I ask unanimous consent that

all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015.

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

There was no objection.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this year, for the first time in over a decade, Congress adopted a 10-year balanced budget agreement. The House and Senate were able to agree on a plan that would reduce spending by over \$5 trillion, save and strengthen important health and retirement programs, provide for a strong national defense, and support a growing economy with greater opportunity for more Americans to achieve their dreams.

It is a bold plan at a time in our Nation's history when we face tremendous fiscal and economic challenges, challenges that are being fueled by an ineffective, inefficient, and unaccountable government bureaucracy right here in Washington. It is this bureaucracy that is interfering in the daily lives and livelihoods of the American people.

The most prominent example of how intrusive Washington has become is the President's healthcare law. ObamaCare imposes taxes and onerous mandates on individuals, families, and job creators. It undermines the sacred doctor-patient relationship. It is driving up the cost of health care with higher premiums and higher deductibles, while destroying access to quality, innovative healthcare choices. It is discouraging work and making job creation and economic growth more challenging. All this, Mr. Speaker, at a time when we are experiencing the worst economic recovery in the modern era.

Now, when Congress passed our bicameral budget resolution earlier this year, we initiated a powerful process called reconciliation. Under reconciliation, we are able to move legislation through the House and the Senate in an expedited manner and put a bill on the President's desk. So with the legislation before us today, the Restoring Americans' Healthcare Freedom Reconciliation Act, we are using this powerful budgetary tool to help end ObamaCare's attack on Americans' health care and its attack on our economy. We are doing so to pave the way for a more appropriate, responsive, patient-centered healthcare system that puts patients, families, and doctors in charge of health care, not Washington, D.C.

Under the guidelines of our budget and the rules governing reconciliation, three committees in the House—the Education and Workforce Committee, the Ways and Means Committee, and the Energy and Commerce Committee—produced individual pieces of legislation to repeal major components

of ObamaCare. The House Budget Committee then took those pieces and combined them into a single bill that we have now brought to the House floor today.

The Restoring Americans' Healthcare Freedom Reconciliation Act repeals the individual and the employer mandates. It repeals the onerous Cadillac tax, it repeals the medical device tax, and it repeals an ObamaCare slush fund, as well as undue demands on employers and employees. Additionally, it prohibits, for 1 year, taxpayer dollars from being used to pay abortion providers that are prohibited under the legislation, while dedicating additional resources—that is, more money, Mr. Speaker—to community healthcare centers across this country for women's health care.

Taken together, the Congressional Budget Office and the Joint Committee on Taxation estimate that this legislation will lower deficits by \$130 billion over the 10-year budget window. Roughly \$51 billion of those savings would come from the positive macroeconomic effect of what we are proposing. CBO and JCT estimate that this bill will lead to an increase in the labor supply, an increase in economic growth, an increase in capital investment, and an increase in total compensation. That is take-home pay, Mr. Speaker. It would also eliminate work disincentives while decreasing Federal borrowing.

The major components of ObamaCare that are repealed under this legislation represent the core of the coercive nature of the President's healthcare law, policies that are forcing people into a healthcare system that Washington is simultaneously making more expensive, less accessible, lower quality, and with fewer choices. Nothing in what we are proposing would take insurance coverage away from Americans or their families or preclude anyone from purchasing coverage. What we are doing is freeing Americans from government coercion.

The provisions included in this legislation also share another important distinction, and that is that they all fall within the limited scope of the reconciliation process. This is vitally important. Reconciliation is not a silver bullet. There are limitations. And if a piece of legislation breaches those limitations, it runs the risk of derailing the entire process.

Ultimately, however, Mr. Speaker, this discussion is not about process. It is about people. It is about the men and women, the families that we have the privilege of representing who know that the only folks who should be making personal healthcare decisions are individuals, their doctors, and their families.

This debate is about the millions of Americans who have seen their premiums go up and their deductibles go up and their out-of-pocket costs skyrocket after being told that the law, in fact, would bring those costs down, which it has not.

This is about low-wage workers, Mr. Speaker—2.6 million, according to the Hoover Institution—who are at risk of seeing their working hours cut because of ObamaCare.

This is about those Americans, particularly the one in four Americans living in rural parts of our country who found that, in many cases, their healthcare coverage comes with such narrow provider networks that they have to travel long distances to find the treatment that they need and run the risk of even higher costs.

Mr. Speaker, we can do better. We can do better by these Americans and all Americans who long for a healthcare system that is responsive to their needs, that is accessible and affordable and not contributing to the decline of economic opportunity and job security.

There are positive patient-centered solutions that would advance the cause of quality health care in this country, and none of them require handing more authority over to Washington. ObamaCare puts Washington in charge. We want to put the American people in charge of their healthcare decisions, and an important step in that direction is this legislation that we have before us today.

I urge my colleagues to vote in favor of this legislation. I look forward to this debate and moving forward on this effort and putting a bill on the President's desk.

I reserve the balance of my time.

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

Mr. Speaker, this bill and the vote we are going to have today is, I guess, a fitting end to an unproductive and shameful week in the United States Congress.

Yesterday, we just witnessed an incredible abuse of power where a so-called special Benghazi committee, funded by taxpayer money, conducted their political witch hunt against Secretary Clinton. The Republican majority leader in this own body told the Nation on television that it was about bringing down Hillary Clinton's polls. That dishonors the memory of the four Americans who were killed in Benghazi.

Then earlier this week, this Congress passed legislation that says, you know what? The United States Government doesn't have to pay all of its bills. We will just pay some of our bills. Forget about the full faith and credit of the United States. We will decide we are going to pay some people and not others.

It is as if, Mr. Speaker, one of us got up in the morning and said we are just going to make our mortgage payments but forget about the car payments, or we are going to pay this person but not that person. When the United States Government tries to do that, the economy goes downhill fast.

To add insult to injury, they said, when we are going to pay certain peo-

ple, we are going to pay the big bondholders first. The Government of China and Wall Street, they are going to get paid. Our veterans aren't going to get paid. Our soldiers aren't going to get paid.

I hope our colleagues are reading what they are passing here in the United States Congress, because that is what they did earlier this week.

So what are we doing here today? For the 61st time in this House of Representatives, our Republican colleagues are moving forward on legislation to dismantle the Affordable Care Act.

Now, the chairman is entitled to his own opinions. He is not entitled to his own facts. All you have to do is read the report of the nonpartisan Congressional Budget Office that analyzed this bill, and here is what they say: that, as a result of this legislation, insurance coverage would decline by about 16 million people in most years; 3 million of those people would be children.

Why in the world are we here on the floor of the House of Representatives passing legislation that is going to take away affordable health care to 15 million Americans, including 3 million children?

Look at this chart, Mr. Speaker. This shows the decline in the number of uninsured people in the United States. As you can see, you see a rapid drop in the number of uninsured Americans as a result of the Affordable Care Act. Our Republican colleagues' bill wants to get rid of that progress, put all those people back in the position where they don't have affordable health care.

They also want to go after women's health programs, including Planned Parenthood, where the testimony from the chairman of the Oversight and Government Reform Committee, Mr. CHAFFETZ, is very clear. They haven't violated any laws. He said it on national television. Here is what he was asked: "Is there any evidence, in your opinion, that Planned Parenthood has broken any laws?"

"No. I am not suggesting that they broke the law."

It is another political witch hunt, just like the Benghazi hearing. You know what? When the regular committees found there was no wrongdoing by Planned Parenthood, our Republican colleagues created a special committee on Planned Parenthood as well.

Mr. Speaker, when the American people had been asked what they think of Congress these days, this is a chart of the words they come up with first: Ridiculous. Waste of time. Terrible. Frustrating.

You are just making this chart worse by coming here to this floor, for the 61st time, repealing the Affordable Care Act, a bill that you know has no chance of becoming law because, if it gets to the President's desk, he has told this Congress long ago he will veto it because the President doesn't want to get rid of affordable health care for 15 million Americans and 3 million

American kids. The President doesn't want to do it.

I am really, really disappointed that our Republican colleagues thought this was a good way to end an unproductive week. It is a sad and shameful statement of the state of affairs in this body.

I reserve the balance of my time.

Mr. TOM PRICE of Georgia. Mr. Speaker, so we heard about Benghazi. We heard about the debt limit. It sounds kind of like a political speech, doesn't it, Mr. Speaker?

The gentleman knows that there is nothing in this legislation that would keep families from purchasing coverage for their children—nothing, nothing at all.

The reconciliation package before us only provides tax relief to working families and individuals. It gives them the freedom from government coercion in the area of health care.

I yield 2 minutes to the gentlewoman from Missouri (Mrs. HARTZLER), a wonderful and productive member of the Budget Committee.

Mrs. HARTZLER. Mr. Speaker, I thank the chairman for all the wonderful work you are doing to advance this bill and to advance our budget.

As a member of the Budget Committee, I am proud to support the Restoring Americans' Healthcare Freedom Reconciliation Act, which is a very, very important bill that does dismantle key provisions of ObamaCare that are harming people.

We were sent here to fight for the American people. They do not want their health care dictated to them by Washington, and they don't want their tax dollars going to go abortion providers.

This bill protects life by stopping the flow of taxpayer dollars to abortion providers. The people have, for years, begged Congress to end the flow of taxpayer dollars to Planned Parenthood, especially in the wake of the recent horrendous videos showing Planned Parenthood officials exhibiting a blatant disregard for human life.

This bill places a moratorium on funding for abortion providers and redirects these funds to increase funding for community health centers. These health centers serve eight times more women patients than Planned Parenthood, and they provide more comprehensive care to women.

I am proud to support this bill, and I urge my colleagues to support it as well.

□ 0930

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. TED LIEU), a distinguished member of the Committee on the Budget.

Mr. TED LIEU of California. Mr. Speaker, my parents immigrated to America because they saw that shining city upon the hill. America became exceptional because we invested in education, we invested in infrastructure

that connected our States, in Social Security and Medicare that provided economic freedom for so many Americans.

But this budget bill, one of its main points is to defund Planned Parenthood. These are not the priorities of the American people. This is a hyperpartisan document that is just talking points for extremists.

It is time for the majority party to do what we were all elected here to do in Congress. We were elected to lead the greatest country on Earth. It is time we start acting like it.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Hyperpartisan, Mr. Speaker? Hyperpartisan? Let me show you a chart here. These are four items that are included in this piece of legislation, that are packaged in this piece of legislation:

Reducing, repealing the Prevention and Public Health Fund. When that bill itself came to the floor of the House, 147 Democrats voted "yes"—147.

Delay the individual mandate. When that bill came to the floor of the House, 27 Democrats voted "yes."

Delay the employer mandate. When that bill came to the floor of the House, 35 Democrats voted "yes."

Repeal the medical device tax. When that came to the floor of the House, 46 Democrats voted "yes."

Mr. Speaker, these are mostly—mostly—bipartisan issues. The American people are for repeal of these portions of ObamaCare. Democrats even in this House have recognized the wisdom of it.

I now yield 2 minutes to the gentleman from Michigan (Mr. MOOLENAAR), another good member of the Committee on the Budget.

Mr. MOOLENAAR. Mr. Speaker, as the chairman mentioned, today we are voting to repeal some of the burdensome taxes and mandates the Obama administration has placed on hardworking Americans with this healthcare law.

Today we have the opportunity to vote in a bipartisan way to end the individual mandate, the employer mandate, the medical device tax, the Cadillac tax, the slush fund, and the auto enrollment mandate.

The Affordable Care Act has proven to be unaffordable for millions of Americans who lost the coverage they enjoyed and must now pay higher premiums. Already hardworking families in my district have been told about the rate hikes that will make the healthcare premiums that they pay more expensive this next year.

Today we are repealing mandates. But, unfortunately, we are not, in this legislation, able to repeal the Independent Payment Advisory Board that determines which treatments Americans are allowed to have or the health insurance tax that eliminates consumer choice and access.

Today this is a positive step toward a system of patient-centered alter-

natives, with lower premiums that allow individuals to choose the coverage they want.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlewoman from Wisconsin (Ms. MOORE), a distinguished member of the Committee on the Budget.

Ms. MOORE. Mr. Speaker, since we are considering this reconciliation bill, I looked up the word "reconciliation" because I thought maybe I don't know what the word means. They say that reconciliation is a process of making consistent or compatible.

Mr. Speaker, there is nothing in the bill before us that is either consistent or compatible with a woman's constitutional right to control her body. This bill is neither consistent nor compatible with a woman's human right to reproductive freedom.

The only thing this bill reconciles is the majority's machismo, Mr. Speaker, the stubborn resolve to deny women—especially the poorest women in our country—access to health care. Despite the claims that you have heard here on this floor that "there is nothing to stop women from accessing health care," just let me point out a few facts.

The SPEAKER pro tempore (Mr. DOLD). The time of the gentlewoman has expired.

Mr. VAN HOLLEN. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman.

Ms. MOORE. Mr. Speaker, 78 percent of Planned Parenthood's patients are at or below 150 percent of the poverty level, 41 percent of low-income women consider OB/GYN their primary source of health care, which Planned Parenthood provides, and in my own State, 14,000 women each year, many of whom are low income, do not have access to family planning services. I ask that we not pass this bill.

Mr. TOM PRICE of Georgia. Mr. Speaker, I would ask the gentlewoman who just spoke to read the bill. In fact, the bill increases funding for women's health care through the community health centers by \$235 million in both fiscal year 2016 and fiscal year 2017.

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

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE), a distinguished member of the Committee on the Judiciary.

Ms. JACKSON LEE. Mr. Speaker, I don't know why we are here this morning; I guess out of desperation. After 11 hours of trying to attack the former Secretary of State, now we come this morning to continue our attack on women and again to have Republicans address the Affordable Care Act that has, in my State, put a dent in some 25,000-plus who did not have health care.

Today we stand here with a bill that repeals the individual responsibility requirements that people must have their own health care; repeals the Independent Payment Advisory Board,

which focuses on making Medicare solvent for our seniors; and the Prevention and Public Health Fund, which supports evidence-based programs designed to keep Americans healthy, prevent chronic infectious diseases, and reduce future healthcare costs.

Two days ago I was standing out in front of the United States Capitol calling out my State, the State of Texas, that about 3 days ago declared war on Planned Parenthood to close 39 different clinics.

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

Mr. VAN HOLLEN. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman.

Ms. JACKSON LEE. Closing the clinics would cut into the very essence of service to vulnerable women. It would cut into their mammogram services, their cervical cancer examinations. The Supreme Court just a year or a couple of months ago said this kind of pointed, targeted attack was unconstitutional.

This bill just adds to it. Whether or not you add other clinics, the clinics in Texas, Planned Parenthood, have been there for years for the minorities, for young people, and others.

Mr. Speaker, this is not a reconciliation bill. This is another attack bill. We need to be able to stand for our women and women's health care. Vote against this bill.

Mr. Speaker, I rise to speak in opposition of H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act, because this bill does not restore healthcare Freedom.

This bill is not a serious effort to address this nation's budgetary needs and its details reveal that it is another opportunity for the majority to hide behind a legislative gimmick in an attempt to kill the Affordable Care Act.

This is a waste of taxpayer money and this body's legislative calendar, which has too few days left for wasting any of our time voting on bills that the President has communicated in writing that he will veto.

This bill is bad for the Affordable Care Act because it: continues the majority's relentless crusade to put barriers between women and their right to have the healthcare provider and services that they want and need; repeals individual responsibility requirements that people must have their own health insurance; repeals the Independent Payment Advisory Board, which works to keep Medicare solvent; and repeals the Prevention and Public Health Fund, which supports evidence-based programs designed to keep Americans healthy, prevent chronic and infectious diseases and reduce future healthcare cost.

The news from across the nation regarding the healthcare freedom and choice created by the Affordable Care Act for first time health insurance consumers is overwhelmingly positive.

Unfortunately, today the majority has targeted a women's right to control her own healthcare by attempting to defund Planned Parenthood.

In my state of Texas, a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state was challenged

before the U.S. Supreme Court in 2014 and 2015.

On October 2, 2014, the Supreme Court made unconstitutional a Texas law that required that all reproductive healthcare clinics that provided the full range of services would be required to have a hospital-style surgery center building and staffing requirements.

This requirement meant only 7 clinics would be allowed to continue to provide a full spectrum of reproductive healthcare to women.

In 2015, the State of Texas once again threatened women's access to reproductive health care when it attempted to shutter all but 10 healthcare providers in the state of Texas.

The Supreme Court once again intervened on the behalf of Texas women to block the move to close clinics in my state.

New attacks on women are now being couched with renewed attacks against the Affordable Care Act, which the majority has attempted to overturn with over 50 votes since its enactment.

The attacks against Planned Parenthood is a social and economic statement that if you are a woman with money you have the right to think for yourself regarding your healthcare choices, but if you are poor or lack healthcare options you do not have that same right.

Millions of women now have free coverage for comprehensive women's preventive medical services, and they rely upon Planned Parenthood for healthcare.

The reality is women who face difficult health care decisions do not do so lightly.

Women in this nation have a right to self-determination.

It is a fundamental human right and one that should be cherished.

The most important right is the ability of each person to determine their destiny and this right has to be freely exercised.

Healthcare has become a fundamental right for our nation's citizens with the best possible outcomes for the millions of people who had no healthcare due to pre-existing illnesses or were penalized with higher premiums for pre-existing conditions.

A documentary produced by the Harvard School of Public Health reported that between 2007 and 2010, overall deaths among Massachusetts residents between the age of 20 to 64 declined by 2.9%.

The decline in deaths was 4.5% for persons with illnesses that could be successfully treated though healthcare intervention such as those who have: tuberculosis; cancer; cardiac disease; Leukemia; Diabetes; Epilepsy; High blood pressure; All respiratory illnesses; and Pregnancy and childbirth.

Because of the Affordable Healthcare Act: 100 million Americans no longer have a lifetime limit on healthcare coverage. 17 million children with pre-existing conditions can no longer be denied coverage by insurers. 6.6 million young-adults up to age 26 can stay on their parents' health insurance plans. 6.3 million Seniors in the "donut hole" have saved \$6.1 billion on their prescription drugs. 3.2 million Seniors have access to free annual wellness visits under Medicare, and 360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers.

Statistics on Texas and the Affordable Care Act reveal that: 3.8 million Texas residents receive preventative care services. 7 million Texans no longer have lifetime limits on their

healthcare insurance. 300,731 young adults can remain on their parents' health insurance until age 26. 5 million Texas residents can receive a rebate check from their insurance company if it does not spend 80 percent of premium dollars on healthcare. 4,029 people with pre-existing conditions now have health insurance.

This year for the first time insurance companies are banned from: discriminating against anyone with a preexisting condition; charging higher rates based on gender or health status; enforcing lifetime dollar limits; and enforcing annual-dollar limits on health benefits.

Few people knew that health insurers viewed pregnancy as a pre-existing condition.

Because of the Affordable Care Act women can no longer be charge higher rate just because they are women.

Attempts to weaken or end the ACA are wrong.

A January 2015, Gallup poll revealed that nationally the uninsured rate in the United States was reduced to 12.9%.

The uninsured rate nationally dropped 4.2% points since the enactment of the Affordable Care Act.

We are becoming a nation of equals when it comes to access to affordable healthcare insurance.

I ask my colleagues to join me in defeating another effort to turn the clock back on women's rights and the healthcare safety-net that is assuring longer and healthier lives for millions of Americans.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. WOODALL), a wonderful, contributing member of the Committee on the Budget and a member of the Committee on Rules as well.

Mr. WOODALL. Mr. Speaker, I am excited to be here today, and I am saddened by some of the shrillness of the conversation. This is the first reconciliation package that I have seen in the 4½ years that I have been elected to this body.

In fact, more than half the Members of this institution have never seen a reconciliation bill come to the floor of this House. Why? Because Congress hasn't functioned in a way where the House and the Senate have been able to come together to do this. That is happening this year for the first time. We ought to be celebrating that.

To hear this described as a partisan exercise—and I understand folks have a lot of grievances, and this may just be the day that folks are going to air all of their grievances. But to describe this as a partisan exercise misses the point that the only bipartisanship in this entire conversation is around trying to reject the damaging provisions of the President's healthcare bill.

After all, when this was jammed through using the reconciliation process, it was jammed through in a partisan fashion. The bipartisan vote was a vote "no."

When we tried to deal with the slush fund that was going for all sorts of programs that America would reject, the bipartisan vote was the vote to abolish it, as this bill does today. The bipartisan vote was to delay the individual

mandate, as this bill abolishes today. The bipartisan vote was to delay the employer mandate, as this bill does today.

I understand that there is a lot that divides us in this body and in this Nation, but this is a day for celebration. I applaud the chairman for what he has been able to do. He has been able to do what no other chairman has been able to do in the 4½ years I have been in this institution, and that is bring the House and the Senate together around a budget for the United States of America. I am proud of what we have done, we have done together.

If this has to be a day of airing of the grievances, let it be a day of airing of the grievances, but let it not be said that it is a partisan exercise. The bipartisanship exists in this reconciliation package. I hope we come together on it today.

Mr. VAN HOLLEN. Mr. Speaker, with all respect to Mr. WOODALL, we don't celebrate legislation that takes away affordable health care to 15 million Americans, including 3 million American children. That is not our definition of bipartisanship.

I urge all my colleagues to read the Congressional Budget Office report. The Congressional Budget Office is headed by someone who was chosen by our Republican colleagues, and their report tells us this legislation will take away affordable health care from 15 million Americans. That is nothing to celebrate.

I now yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO), the very distinguished ranking member of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies of the Committee on Appropriations.

Ms. DELAURO. Mr. Speaker, I rise in opposition to this bill. It is *deja vu* all over again. This bill represents the majority's 61st attempt to weaken, undermine, or repeal the Affordable Care Act, legislation that, yes, has brought health care to millions of Americans and significantly reduced prescription drug costs for seniors.

The bill is also the latest installment of the majority's crusade against women's health. It targets Planned Parenthood again, an organization that provides millions of low-income Americans with lifesaving services many families cannot get anywhere else.

Finally, it threatens to cut nearly \$13 billion from efforts to protect people against deadly diseases: measles, listeria, Ebola.

Why are we wasting time on ideological attacks such as this? There are so many real issues to deal with. Wages are stagnant. Families are struggling to make ends meet. Stop playing games. Return to serving the American people. You should start by voting against this disgraceful bill.

Mr. TOM PRICE of Georgia. Mr. Speaker, may I inquire as to the amount of time remaining on each side?

The SPEAKER pro tempore. The gentleman from Georgia has 46½ minutes remaining. The gentleman from Maryland has 48½ minutes remaining.

Mr. TOM PRICE of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. VAN HOLLEN. Mr. Speaker, I reserve the balance of my time as well.

Mr. TOM PRICE of Georgia. Mr. Speaker, the understanding of the chair here was that we were going to divide the time equally between three committees at the beginning in 15-minute segments. May I inquire of the gentleman from Maryland if that plan has changed?

Mr. VAN HOLLEN. No. That is my understanding of the agreement, too. Would it be possible, Mr. Speaker, to just tell us—I guess we can do the math—how much time in the 15 minutes remains for each side?

The SPEAKER pro tempore. In the original 15-minute agreement, the gentleman from Georgia has 1½ minutes remaining and the gentleman from Maryland has 2½ minutes remaining.

Mr. VAN HOLLEN. Mr. Speaker, may I inquire if the gentleman has any additional speakers?

Mr. TOM PRICE of Georgia. Mr. Speaker, I have one additional speaker from the Committee on the Budget.

Mr. VAN HOLLEN. Mr. Speaker, I am waiting for one additional speaker as well.

I reserve the balance of my time.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1½ minutes to the gentleman from Indiana (Mr. ROKITA), the vice chairman of the Committee on the Budget.

Mr. ROKITA. Mr. Speaker, I thank Chairman PRICE, as well as the entire Committee on the Budget, for getting us to this point, the first time in over a decade that we have been able to use the reconciliation process.

Just like the other gentleman from Georgia (Mr. WOODALL) stated, what a difference the way we are using it now in this bipartisan fashion, in a transparent lie today, a long process, not the day before Christmas Eve and not in a partisan way. That was used the last time regarding a major healthcare change of policy in this country.

I think all of us deserve to not only pat ourselves, quite honestly, a little bit on the back, but also take advantage of this moment to end the lie, the lie being, "If you like your healthcare plan, you can keep it." That lie continues today, and it has become a full-blown nightmare.

Getting this reconciliation package to the President's desk is real and a real positive step in ending government-controlled health care in this country so that patients of whatever condition in a consumer-based, consumer-centered fashion can use their own judgment, their own resources, along with the help of all of us, to get the health care that they need.

□ 0945

I doubt that 15 million people are actually covered better today than they

were or could have been before. That should be our goal: to cover every American in the fashion that they deserve, in the fashion that they choose, with the doctor that they choose.

Mr. Chairman, I thank you for your leadership. I urge my colleagues to vote for this reconciliation package.

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 2½ minutes.

Mr. Speaker, this legislation, plain and simple, takes away affordable health care to 15 million Americans, including 3 million kids.

I keep hearing about how intrusive and awful the Affordable Care Act is. The reality is the majority of Members gathered right here in this Chamber are on the Affordable Care Act. The government is not dictating to them their health insurance. They are on it.

All they are trying to do here, Mr. Speaker, is take away access to affordable health care for 15 million Americans who would not otherwise get affordable health care and, in the process, take away funding for women's health programs, targeting Planned Parenthood as part of a political witch hunt, the same kind of witch hunt we saw just yesterday in the Benghazi special committee hearing, where, the majority leader of this House told the public, it was simply about bringing down Secretary Clinton's poll numbers.

It is no wonder, Mr. Speaker, that it has been so difficult for our Republican colleagues to find a replacement for the Speaker. You have got a faction of this House that wants no compromise, that thinks it is a celebration to get rid of health care, affordable health care for 15 million Americans. That is nothing to celebrate, and this is a terrible way to end an already unproductive week here in the House of Representatives.

So I urge my colleagues to vote against this legislation. It is not going anywhere because the President of the United States is not going to sign a bill that deprives 15 million Americans of access to affordable health care that they didn't have before.

So let's stop the games. We have got to deal with the debt ceiling. We have got to deal with a way where we actually pay all our bills, not just some of the bills, and when we decide which ones to pay, we don't say we are going to pay China first. We have got to make sure we come together to prevent a government shutdown. Instead, for the 61st time, this House is voting to take away health care from the American public.

So, Mr. Speaker, I urge my colleagues to vote against this legislation. I reserve the balance of my time.

Mr. TOM PRICE of Georgia. Mr. Speaker, I ask unanimous consent that the gentleman from Texas (Mr. BRADY), the chairman of the Health Subcommittee of the Ways and Means Committee, be allowed to control 15 minutes, as my designee.

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

There was no objection.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this legislation, led by Budget Chairman Dr. TOM PRICE, dismantles the twin pillars of the controversial and unpopular Affordable Care Act, repeals Democrat tax increases that force American jobs overseas, and punishes American workers who have good healthcare insurance. It empties a multibillion-dollar slush fund and ends taxpayer funding of the gruesome practices at Planned Parenthood and its affiliates.

As a result, this bill lowers taxes, lowers spending, and lowers the deficit. It grows the economy, encourages work, and increases incentives to invest; and it also invests in community healthcare centers to ensure access to true, high-quality health care, especially for women.

By repealing the two critical Federal mandates that force American families to buy government-approved health care they don't need and that force local businesses to offer health care their workers can't afford, this bill dismantles the foundation of the President's healthcare law. It frees millions of Americans from an unpopular law that harms patients, harms families, and harms businesses, local doctors, and community health providers.

Unlike the repeal of the Affordable Care Act, which the House approved 9 months ago and still lingers in the Senate, this measure uses the traditional budget process to allow the Senate to pass the bill with a simple majority and send it to the President's desk.

The opportunity to put this bill on the President's desk is because Congress is doing its job. We passed a budget that balanced; that put our entitlement programs on a strong, sustainable path; and that afforded three House committees, including the Committee on Ways and Means, on which I serve, the opportunity to craft legislation to reduce the deficit and advance important policy goals.

This process, called budget reconciliation, is a critical tool. It is not a silver bullet. It is not a cure-all, but it is a gridlock-busting practice I hope we can continue.

In accordance with the budget, the provisions crafted by the Committee on Ways and Means targets the foundational pieces of the President's healthcare law, including repealing tax hikes totaling over \$100 billion that slow our economy.

Mr. Speaker, the President may very well veto this bill, locking millions of Americans into a healthcare law they don't want and giving taxpayer dollars to controversial and unethical practices at Planned Parenthood; but if he does, he will have to explain to the American people his support of all this, including tax increases and mandates in the name of a law that has increased healthcare costs, raided Medicare, and forced millions onto an already broken Medicaid system.

Mr. Speaker, I want to hear those answers from the President, and the American public wants to hear those answers.

I reserve the balance of my time.

Mr. VAN HOLLEN. Mr. Speaker, I don't have time to respond to all of the misstatements that were made, but now I am going to turn it over to the ranking member of the Ways and Means Committee.

Mr. Speaker, I ask unanimous consent that the gentleman from Michigan (Mr. LEVIN) be allowed to control the next 15 minutes of debate time as my designee.

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

There was no objection.

Mr. LEVIN. Mr. Speaker, I thank Mr. VAN HOLLEN.

Well, where do we start?

Clearly, there is a feeling this is more than an anticlimax. You know, we should have a debt ceiling bill before us. Why don't we have that?

We haven't acted on Medicare part B premiums. They are right before us. Instead, we are doing this.

The highway trust fund faces a deadline. Where is it? Where is our legislation?

Tax extenders actually expired much, much earlier. Where is the legislation?

So, instead, because the Republican Conference is essentially mostly fighting itself, this institution is handcuffed on these issues. So the decision is pass a reconciliation bill and get a bill to the President to veto because, so far, 60 or 61 efforts have never been able to get to the President for a veto.

Well, I think this is a waste of time when there are other issues, because the President has also said he will veto.

So what is this really all about?

I think this is all a prelude, as was the so-called prioritization bill yesterday and, I think, also the Benghazi hearing yesterday, so-called hearing, this is all an effort to try to lay a foundation so that next week we will take up a debt ceiling bill, and it will pass with a majority of Democrats and some Republicans, some of whom maybe are made to feel better because we are going through the motions here today.

I just want to conclude talking about going through the motions. All of the pious talk on the Republican side about healthcare reform, those of us now on the Ways and Means Committee who will be speaking, we go to meeting after meeting, if they are called, where there is talk about healthcare reform, and the Republicans have never brought up a comprehensive healthcare reform that could be voted on in the committee, where they have a majority.

So, essentially, what we are now facing is the dangerous bankruptcy of the majority party in this House of Representatives who now decides, let's do reconciliation so we can get a bill through the Senate and have the President veto it.

By the way, because of the Planned Parenthood provision that would defund care for millions of Americans and for other reasons, it isn't even clear this will get through the Senate.

So where is the action on all these issues? Where is it?

I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN), one of our key healthcare leaders on the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, I thank the gentleman for yielding.

I just want to speak to a provision in the legislation that repeals the very harmful medical device tax.

Mr. Speaker and Members, this will be the fifth time that the House has expressed its strong support for getting rid of this harmful and illogical tax. The last time was just this past June, when the House voted to repeal this tax by essentially a veto-proof margin, and that is because we had Republicans and Democrats voting together to repeal this very bad tax policy.

That is because, also, everyone knows basic economics. When you tax something, you are going to get less of it.

So why are we adding new taxes to lifesaving medical innovation?

Why are we adding new taxes to an industry that is 98 percent small businesses with less than 500 employees?

Why are we adding new taxes to an industry that has good, high-paying jobs for wage earners?

And why we adding new taxes to an industry that has a trade surplus? We should be promoting this industry as much as possible.

ObamaCare's medical device tax makes zero sense. That is because it is not a tax on profit; it is a tax on the revenue, on the sales of these innovative companies. So now some small businesses have over a 70 percent effective tax rate. It is a tax that is costing us jobs. It is a tax that is stifling innovation. It is harming patients, and it is hurting our healthcare system.

Mr. Speaker, we need to repeal this destructive tax to help protect our seniors, to help protect American innovation, and to help protect American manufacturing.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from Seattle, Washington (Mr. McDERMOTT), the ranking member on our Health Subcommittee.

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

Mr. McDERMOTT. Mr. Speaker, here we are again. I include in the RECORD an article from the Seattle Times entitled "Why Washington State's Health Reform Faltered After the Loss of Mandates."

[From The Seattle Times, March 28, 2012]

WHY WASHINGTON STATE'S HEALTH REFORM
FALTERED AFTER LOSS OF MANDATES

(By Carol M. Ostrom)

As the U.S. Supreme Court tackles the question of whether individuals can be re-

quired to buy health insurance—a key provision in the federal health-care overhaul—some in Washington state are battling a strong sense of déjà vu mixed with dread.

They remember 1993, when state lawmakers passed a comprehensive state law aimed at insuring everyone and spreading the health-care expenses of the sickest throughout a large pool of policyholders.

But the law, which relied on both mandates and incentives, was soon dismantled, leaving only popular provisions, such as prohibiting insurers from denying coverage to sick people or making them wait many months for coverage.

Without any leverage to bring healthy people onto insurance rolls, insurers, left with the priciest patients, began a financial death spiral.

Ultimately, companies pulled out of the individual market and almost no one in Washington could buy an individual policy for any price.

For those involved, the lessons learned remain sharp as a scalpel.

"It's the same thing we're very likely to face if the Supreme Court blows a hole in the current law," warns Randy Revelle, a former King County executive who was heavily involved in the state effort nearly two decades ago.

Unlike the debate going on in the high court, the lessons here don't involve constitutional questions. They're all about the realities of the health-insurance market and politics.

At the top of the list:

Lesson 1: Good intentions, no matter how popular, can backfire—big time.

Lesson 2: A machine doesn't work so well if you remove parts.

Lesson 3: Buy-in from both political parties and strong public support are needed to maintain enough momentum to sustain complex reforms through potential changes in administration.

THE '94 "DEATH SPIRAL"

In an amicus brief in the Supreme Court case, *Gov. Chris Gregoire* and other governors referred to the "death spiral" in Washington's individual-insurance market that began in 1994.

The 1993 law, passed when Democrats controlled both houses and the governor's seat, was then the most ambitious overhaul effort in the nation.

The delicate balancing act ended when Republicans, who objected to what they saw as heavy-handed government control of the health industry, swept into power in both houses.

By the time the new Legislature finished, the only parts of the law that survived were the "consumer-friendly" pieces, championed by then-Insurance Commissioner Deborah Senn, a Democrat.

"We kept some of the insurance reforms in law, because they were very popular, but we didn't keep the market reforms," says Pam MacEwan, who was a member of the Health Services Commission charged with implementing the law and is now a Group Health Cooperative executive. "It was a big problem."

That's primarily because there was nothing left in the law to push or entice people to buy insurance when they were healthy, which would have spread costs more broadly.

What happened next is starkly summarized in a 1995 letter sent to *Premiera Blue Cross* by a woman in Eastern Washington.

A few months before she gave birth that year, the woman bought an individual policy from *Premiera*. As soon as the insurer paid her hospital expenses, the woman canceled the policy, telling *Premiera* "we will do business with you again when we are pregnant."

True to her word, in 1996, she bought insurance, Premiera said, once again canceling after the insurer paid for the delivery of her next child.

Altogether, she paid in \$1,807 in premiums. Premiera paid out \$7,024.68 in medical bills.

You don't have to be a business genius to recognize the problem with those numbers when multiplied by thousands of customers.

Claims went up. Premiums rose. Pretty soon only sick people thought insurance was worth the cost. Premiums rose even more.

Healthy people, like the Eastern Washington woman, waited until they needed insurance to buy it. At the time, Gov. Gary Locke likened it to buying fire insurance after your house is on fire.

STATE BREAKS THE LOGJAM

Before deciding in 1998 not to sell any more individual policies in the state, Premiera lost \$120 million in today's dollars, says company spokesman Eric Earling. By mid-1999, the state's other two big insurers, Regence BlueShield and Group Health, stopped selling individual policies.

In 1999, with the individual health-insurance market essentially dead, Locke began crafting a compromise. Signed into law in the spring of 2000, it was a bitter pill for some, but it got the market back into action.

In exchange for coming back into the market, insurers could charge whatever they wanted, bypassing the rate review normally done by the insurance commissioner's office. They could also force patients to wait nine months to be covered, and exclude the most expensive patients.

To deal with those patients, the state revived its high-risk pool. Insurers, who would help subsidize the pool, would be allowed to reject 8 percent of applicants, who could then buy coverage through the pool—if they could afford it.

At the time, Sen. Alex Deccio, a Republican from Yakima, summed it up neatly: "We are in a private-enterprise system."

"HAVE" VS. "HAVE-NOT"

Washington's insurance experience, some worry, could be repeated on a much larger scale, should the Supreme Court find the mandate unconstitutional.

Insurers, in an amicus brief to the court, argue that if the mandate is removed they should be allowed to exclude people and set prices based on health—now barred in the federal plan.

Others argue that the mandate, with its relatively weak financial penalty for those who don't buy insurance, isn't necessary for the federal health overhaul to proceed.

They calculate that many young, low-income uninsured would buy policies without a mandate, since the federal overhaul dangles attractively low premiums for the young and subsidizes those with low incomes.

State Sen. Karen Keiser, D-Kent, who chairs the Senate's health-care committee and a group of lawmakers exploring alternatives, says if the federal mandate is overturned, each state would be left to choose options ranging from doing nothing to legislating ways to bring as many people as possible into a health-insurance pool.

"Of course, that would mean that our country would be made of 'have' states and 'have-not' states, making the health disparities even worse, which is pretty awful," Keiser said in an email.

Washington Insurance Commissioner Mike Kreidler says 85 percent of state residents, who now have group coverage, wouldn't be directly affected by the federal mandate.

But, he adds, the typical Washington family's yearly insurance bill includes about \$1,000 to cover costs for the uninsured, which his office calculates have reached about \$1

billion a year in the state. The state hospital association says charges for charity care and bad debt by patients may amount to as much as \$2 billion.

Kreidler's office has estimated that under the federal plan, the vast majority of the approximately 1 million uninsured would qualify for Medicaid or subsidies.

Revelle, now policy leader for the Washington State Hospital Association, says the state's struggle to improve health coverage was illuminating.

"A fundamental lesson we learned in the process—and that unfortunately was not learned in the federal process—is that health care is so big, so complex, so passionate, that it has got to have bipartisan support," Revelle said.

It also needs widespread public support to last through the years it takes to impose changes on an entrenched industry.

And that's difficult, he says, not only because of health care's complexity, but because people do not agree on fundamental values.

"It's very hard to look out five or 10 years," Revelle says. "But we should constantly be thinking: Where do we need to be five to 10 years from now?"

Mr. McDERMOTT. What we are doing out here today has already been done in one of the laboratories of democracy, the State of Washington. The Republicans did exactly the same thing. They repealed the mandates, and the individual insurance market died.

It was impossible to buy a policy in the State of Washington because the insurance companies said: Why should we insure somebody under guaranteed mandate when they could walk in here whenever they are sick and get a policy and when they are healthy cancel it, then walk back in when they are sick again and get a policy? That is what you are setting up.

If you were serious about this, you would wipe out ObamaCare totally. You would wipe out the individual mandate. But you know that would be death to you politically, so you wipe out these mandates which you think are good.

Now, we know you don't care about the people. I mean, that is pretty clear. But what you are saying is you don't even care about the insurance industry.

This bill will die in the Senate because the insurance industry will say: If this passes, we won't be able to sell individual policies.

You are wasting our time on an issue that has already been demonstrated does not work in the real world, and yet the ideologues in the back of the boat over there in the Republican Caucus had the idea that if you hit it with a bigger hammer, reconciliation—I mean, it is not enough to just pass a bill out of here. You are going to use reconciliation, which is a sledgehammer in the House, and that will make it pass.

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Folks, this bill is dead on arrival in the Senate and is certainly dead on arrival in the White House.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. ROSKAM), one of our strongest voices for patients and local businesses.

Mr. ROSKAM. I thank Chairman BRADY, and I thank Chairman PRICE for bringing this to the floor.

Mr. Speaker, this is a great opportunity to get some awful things off the back of the American public.

We heard the gentleman from Washington admonishing the House, but I invite the House. I don't look at this as an admonition. This is an invitation.

Look, we can get rid of the individual and the employer mandates; the medical device tax; the Cadillac tax; the prevention and fraud health fund, which is a slush fund for the Obama team; auto enrollment; and we can get Planned Parenthood squared away.

What is not to love about that? It is a great opportunity all the way around. I think we should invite the American public and we should invite clear-thinking Democrats to do the same thing.

There is another opportunity as well. I want to draw my colleagues' attention to a piece of legislation that over 100 Republicans have cosponsored, the Special Inspector General for Monitoring the Affordable Care Act, that is, SIGMA, H.R. 2400.

One of the criticisms that we have heard is that there is no individual inspector general that can look over the whole broad spectrum of ObamaCare. What we need to do is to get one entity that can look at the same thing, that can look at it all in its entirety.

This worked as it relates to Afghanistan reconstruction. It worked on Iraq reconstruction. It worked on the Troubled Asset Relief Program. It is an opportunity for us to have a holistic review of all of these things and save billions of taxpayer dollars.

I commend Chairman PRICE and his work and would appreciate very much an "aye" vote on this reconciliation effort.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from the great State of California (Mr. THOMPSON).

Mr. THOMPSON of California. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to this piece of legislation and strong opposition to the fact that we are back here again rehashing the same old issues that aren't going anyplace. It has been pointed out they are probably not even going to be taken up in the Senate; and, if by some chance they were, they are certainly not going to be signed into law by the President.

We are not going anywhere if we keep wasting the time, as we have been wasting the time trying to repeal ObamaCare and defund Planned Parenthood. It is a terrible situation because we have some real important things that we need to do.

Next year a third of our Nation's Medicare beneficiaries—that is people

in every one of our congressional districts—will face the steepest premium hikes in the history of the program if this Congress doesn't act.

We have got a transportation bill that has been long due to be passed. We keep kicking the can down the road, and it is a very bumpy road because we don't pass a transportation bill.

If we pass that bill, we put people to work. About 14 million jobs hinge on the passage of a long-term transportation bill. This is for improving roads and highways, making our overpasses and our businesses safe.

Fourteen million jobs will help the economy; but, instead, we are dillydallying on the floor today with this piece of go-nowhere legislation.

It is long past time that we put the American people ahead of the political gamesmanship and address the real issues facing our Nation.

Majority party, let's get to work. Let's fix the issues that are hurting the American people and stop doing this partisan nonsense.

Mr. BRADY of Texas. Mr. Speaker, I yield 1 minute to the gentleman from New Hampshire (Mr. GUINTA), the former mayor of Manchester, New Hampshire, who understands how badly this bill has hurt his family and community.

Mr. GUINTA. I thank Chairman BRADY and Chairman PRICE very much for putting this piece of legislation together.

Mr. Speaker, I rise in support today of H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act, which includes the repeal of components of the most harmful provisions of ObamaCare and, at the same time, sharing bipartisan support for each component of this legislation, bipartisan support.

I have worked hard with Members across the aisle on provisions that have been hurting families in Manchester, Portsmouth, Conway, and all parts of New Hampshire to ensure their voices are heard.

One of the important provisions in this bill is the full repeal of ObamaCare's 40 percent tax on healthcare benefits, commonly referred to as the Cadillac tax. While this tax is set to take effect in 2018, employers of all sizes are already restructuring plans and cutting benefits to avoid the costly tax.

This excise tax will impact an estimated 12 million middle-class Americans who will pay an additional \$1,000 annually as a result of this tax. They work for big businesses, small businesses, nonprofits, colleges, small municipalities. They need help. They need our support.

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

Mr. BRADY of Texas. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. GUINTA. As I introduced the repeal of the Cadillac tax in its entirety, I am pleased to see that repeal lan-

guage included in the bill we are debating today.

On top of all the burdens ObamaCare has already placed on hardworking Americans and all the rules and regulations American businesses are faced with, this tax will just make it that much more difficult for employers to provide affordable healthcare benefits to their employees.

So I urge my colleagues, please join the bipartisan fight to support middle-class families and support the repeal of this tax.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. PASCRELL), a very vigorous member of our committee.

Mr. PASCRELL. I thank the ranking member.

Mr. Speaker, I have heard now twice this morning the term "bipartisan."

Many of my brothers and sisters on the other side wouldn't know bipartisan if it hit them in the head. I mean, to just throw this term out there like, you know, if you have one or two on this side of the aisle, it is bipartisan, technically, you are absolutely right.

We should be crafting a long-term funding measure, Mr. Speaker, and replacing the damaging sequester cuts that have hurt our economy. And we are both responsible, both sides of the aisle, for that sequester. I don't point any fingers.

We have also got to raise the debt ceiling. I mean, we talk about our budgets at home. Why don't we do the same thing in the Federal Government? I always thought, when I grew up, pay your bills. Pay your bills. That is as important as balancing the budget at home.

This bill leaves intact automatic budget cuts which have threatened hundreds of thousands of jobs and cut vital services for children, for seniors, for people with mental illness, and our men and women in uniform. These harmful cuts have cut funding for thousands of first responders in our communities.

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

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

Mr. PASCRELL. They have cut vital services for children. They have cut funding for our first responders. They have eliminated jobs for 30,000 teachers—30,000. They have cut afterschool programs for nearly 1.2 million kids and eliminated more than 40 million meals for sick and homebound seniors. This is bipartisan.

We should be replacing these harmful cuts and supporting vital services in our communities.

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

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

Mr. PASCRELL. Instead, we are here talking about holding government funding hostage in exchange for decimating the Affordable Care Act.

Enough is enough.

Remember when the guy threw the window up in that movie "Network"?

We are not going to take it anymore.

The Republican budget would result in 16 million fewer Americans having health insurance and a 20 percent increase in insurance premiums. A vote for this bill is a vote against those 16 million Americans. A vote for this bill is a vote for higher premiums.

On top of that, this budget doesn't even balance. After 2025, deficits under this budget would begin to skyrocket. It is not a balanced budget. This is a fake.

Why don't we sit down and come up with a mutual plan instead of "a bipartisan fraud"?

Mr. BRADY of Texas. Mr. Speaker, I yield 1½ minutes to the gentleman from Kentucky (Mr. BARR), who knows the failures of the Affordable Care Act in his State.

Mr. BARR. Mr. Speaker, I rise today in support of H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act.

Too many Americans across the country are victims of ObamaCare's many broken promises. We all remember the chaos that ensued when the law was first rolled out, a billion-dollar Web site that didn't work, millions of Americans losing their insurance and being forced to find a new plan often at a higher cost.

Now hundreds of thousands of Americans, including at least 51,000 Kentuckians, are once again losing their health insurance because of the failure of ObamaCare healthcare cooperatives.

In his State of the Union Address, President Obama cited Kentucky as an example of ObamaCare working in a red State. But as we learned last week, ObamaCare does not work in Kentucky.

In the past 2 weeks, ObamaCare co-ops have failed in my home State of Kentucky, Tennessee, Colorado, Oregon, and South Carolina. Co-ops have failed in Nevada, Iowa, Nebraska, New York, and Louisiana.

These failures were entirely predictable because the model was not sustainable. The Kentucky co-op lost nearly 60 cents for every premium dollar it collected. Now hardworking taxpayers will be stuck with the bill for hundreds of millions of dollars that will never be paid back.

Combined with low enrollment numbers, the result of these failures will ultimately be borne by the American people, more consolidation in the healthcare market, fewer choices for consumers, and higher healthcare costs for the American people. This is not the reform we were promised.

The bill we are debating today would repeal the most harmful mandates and taxes imposed by the law. It reduces the deficit by \$130 billion, and it gives us an opportunity to put a bill on the President's desk that would make life easier for the American people.

I encourage all my colleagues to join me in supporting this bill.

Mr. LEVIN. Mr. Speaker, how much time of our 15 minutes remains?

The SPEAKER pro tempore. The gentleman from Michigan has 5 minutes remaining.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank the gentleman from Michigan for yielding me the time.

Mr. Speaker, I rise in opposition to this latest attempt to repeal the Affordable Care Act and the benefits it has brought to millions of Americans.

While this is the 61st vote this House has taken to undermine health care, my colleagues on the other side of the aisle claim that somehow this time is different. That is because this is dressed up in a process called reconciliation.

But this isn't reconciliation. This is procrastination. This is a desperate attempt to avoid working on the real issues facing America today.

I get it. Governing is hard. It is difficult. But that is not an excuse for giving up on your responsibilities and, instead, pursuing yet another repeal bill. But that is their plan, their only agenda, for America.

The country is days away from defaulting on our debt? Time to repeal the Affordable Care Act.

Roads and bridges are falling apart? Maybe repealing the Affordable Care Act will help us.

Seniors on Medicare are about to see their premiums skyrocket? Forget fixing the problem. Let's repeal the Affordable Care Act.

□ 1015

They must think it is a better strategy than the previous 60 votes if they wrap it up with a bow and slap a fancy name on it. Actually, it is odd they call this reconciliation.

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

Mr. LEVIN. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. CROWLEY. Republicans aren't reconciling with us to work in a bipartisan way. They are not reconciling themselves to the fact that the Affordable Care Act is the law of the land and that it is helping people access quality, affordable healthcare insurance; and they are certainly not fooling anyone with what their true intentions are. They are not. Frankly, the only thing they are doing is wasting time. I have had enough, and I know the American people have had enough, too.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), a Member of Congress who is a healthcare provider herself, a nurse, and a key leader of the Health Care Subcommittee.

Mrs. BLACK. I thank the chairman and also Chairman PRICE for bringing this bill to the floor.

Mr. Speaker, I rise today in strong support of today's budget reconcili-

ation to address the heinous abuses of life at Planned Parenthood. To date, we have seen 10 undercover videos implicating the abortion giant in the trafficking of unborn babies' tissue and organs.

Planned Parenthood and their enablers could not defend the conversations on these tapes—which many here in Washington still have not watched—so they tried to discredit the source. The House minority leader even said: "I don't stipulate that these videos are real."

Well, Mr. Speaker, that is my colleague's prerogative, but the facts—and specifically this forensic report—say differently. Since these revelations were uncovered, the House has voted twice now to cut Federal funding to Planned Parenthood and reallocate those dollars to other providers that better serve women and families. But Senate Democrats repeatedly blocked these solutions. In fact, only two Senators from the minority party could muster the compassion to vote for this proposal.

I refuse to let the callousness and obstructionism of a select few stop this worthwhile effort. That is why I am voting today for the reconciliation bill to freeze Medicaid funding to Planned Parenthood. This is our best opportunity, to date, to put a bill on the President's desk and show the American people where his priorities lie.

Mr. Speaker, we face many challenges in Washington today, but nothing—nothing—could be more important than how we treat an innocent human life. This is a fight worth having, and it is a fight I will continue to have until the very end. I urge a "yes" vote on the budget reconciliation bill.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. LEE), who is a distinguished member of the Budget and Appropriations Committees.

Ms. LEE. Mr. Speaker, let me thank our ranking member for yielding and for his tremendous leadership on so many issues.

Mr. Speaker, I rise in opposition to H.R. 3762, the so-called Restoring Americans' Healthcare Freedom Reconciliation Act. This bill would attack women's health and the Affordable Care Act once again. This bill would defund Planned Parenthood for 1 year, leaving millions of women across the country without access to critical healthcare services. It would also prevent individuals or organizations that provide comprehensive reproductive healthcare services from treating women enrolled in Medicaid, stripping women of their fundamental right to choose their own healthcare provider, and leaving thousands of women out in the cold.

Now, let's be clear. Family planning services are critical to reducing unintended pregnancies, and they make economic sense also. For every \$1 spent on family planning services, we save more than \$7 in other costs.

Mr. Speaker, denying access to healthcare providers such as Planned Parenthood and other safety net providers will hurt women who need these services the most: low-income women and women of color. It is past time to stop these ideological attacks on women's right to health care. Instead of continuing with these callous attacks and cuts, we should work to replace the damaging sequester and get a responsible, long-term budget deal.

Mr. Speaker, this bill reconciles nothing. It is divisive, it is misguided, and it is dangerous. I urge a "no" vote.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE). He is the majority whip of the U.S. House and a strong leader against the Affordable Care Act and for defunding Planned Parenthood.

Mr. SCALISE. Mr. Speaker, I thank the gentleman from Texas for yielding.

I want to thank my colleague, the gentleman from Georgia, for his leadership on bringing this reconciliation bill to the floor.

Mr. Speaker, as we have fought for years to defeat the President's healthcare law and the many destructive components to that law that are playing out all across the country, we have got one more opportunity, Mr. Speaker, to send a bill to the President—but this time, not just to send a bill to the Senate that actually goes after and guts the President's healthcare law, but also a bill that now, with 51 votes in the Senate, will have the opportunity to get to the President's desk.

The bill not only repeals the employer mandate, but it repeals the individual mandate, laws that are crushing jobs across the country and killing middle class jobs. The biggest reason, when you talk to small-business owners, why they can't hire more people and why they are forced by this law to lower the number of working hours of people across the country down below 30 hours is because of these mandates in the law that are crushing American jobs.

Why not put that bill on the President's desk? Why not also tell these people who are taking taxpayer money and providing abortion services that you can't do it anymore? If you want to provide women's health care, there is funding for you, but you can't use taxpayer money to provide abortions. That is in this bill to get to the President's desk.

Even more than that, it goes further, and we start cutting taxes that are killing jobs in this bill. The medical device tax is shipping jobs to foreign countries. Let's cut those taxes. If the Senate wants to go further under their arcane rules, they will have that opportunity, and we would support those changes as well.

Ultimately, Mr. Speaker, let's get this bill to the President's desk and let him make a decision. Is he going to finally stand up for American workers

and sign this bill, or is he going to continue to support a law that is destroying jobs and destroying health care in this country? That ought to be the President's burden. We ought to send that bill to the President. This is the first step, and it is a critical step to restoring jobs and good health care across this country.

Mr. Speaker, let's pass this bill, send it over to the Senate, and let them do their work.

Mr. LEVIN. Mr. Speaker, how much time of the 15 minutes remains on each side?

The SPEAKER pro tempore. The gentleman from Michigan has 1½ minutes remaining. The gentleman from Texas has 2 minutes remaining.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentleman from New York (Mr. RANGEL), a gentleman who has served this committee and this country so well.

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

Mr. RANGEL. Mr. Speaker, I think this bill before us shows what is wrong with the Congress. I don't challenge the corrections that people on the Republican side would want to make in providing health care for our Nation. It is a problem when none of them actually voted for the bill, but that could have been because we didn't give them access and opportunity.

It would seem to me, especially when we are trying to find out someone who will become Speaker of the House, that, if you have objections to a bill that provides health services for Americans, we would try to find out, before we ask for a veto, what we can do to help.

There cannot be any Republican here that truly believes that we should eliminate preventive health care. Preventive health care is not only humane and the right thing to do, but it saves us a lot of money. We have an advisory board that determines the amount of time that should be spent based on statistics. Yes, these are life-or-death questions, but it is also saving money as well as saving lives.

There are so many objections that you may have as to how we use the tax system to encourage people and to mandate that people pay into the system. Most of you know, if people can have insurance and not pay for it, then everyone would want it.

This is insurance. Yes, healthy people have to participate because younger people don't believe that they ever get sick. So don't just say that you want to make certain that the President vetoes this for political purposes so you can go back home and say, yes, one more shot against the President, one more shot against the Congress, and in some cases one more shot against your own party. Let's, for God's sake, try to work together to try to get something positive done.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from

Louisiana (Mr. BOUSTANY), a physician and one of the distinguished leaders on health care, to close on behalf of the American people.

Mr. BOUSTANY. I thank the Speaker, and I thank my friend from Texas for yielding time.

Mr. Speaker, I rise in support of this reconciliation package because it hits right at the financing of ObamaCare. As a physician, I know what the impact of this health law has done. It is devastating and causing serious disruptions in access to care, quality of care, and, really, eroding the doctor-patient relationship.

Secondly, it puts a halt to the funding of Planned Parenthood. We all know, based on those videos and other information we have had, the practices of Planned Parenthood. It is time to stop it. As a pro-life physician, it is time to stop it.

Finally, this forces the President to explain the support of these horrible, failed policies.

Conservatives across the spectrum are standing strong in support of this package, and that is because it contains important provisions like one that I authored repealing the employer mandate, which is hurting job creation in this country. It is an onerous provision, and it is choking small business growth.

I only wish we could have done more in this package, but we are limited by the Senate rules and the Senate Parliamentarian. I would have liked full repeal of ObamaCare. I would have liked to have seen the inclusion of my bill repealing the health insurance tax, which has been very costly, running up premium costs. We couldn't do that because of constraints.

We will continue to fight these fights, but let's pass this package. It is really important. It will get job creation going, and it will help roll back the onerous effects of ObamaCare.

If signed into law, there is no question in my mind that this reconciliation package will cause an implosion of ObamaCare and force us to get to real healthcare reform based on high quality and a high-quality doctor-patient relationship built on trust.

At the very least, we will accomplish putting this on the President's desk and have him account for his failed policies. He will have to account for the policies that are killing jobs, adding mountains of debt to this country, and continuing a legacy of failed policy.

Mr. Speaker, support this package. It is a very important step.

Mr. LEVIN. Mr. Speaker, I ask unanimous consent that the gentleman from New Jersey (Mr. PALLONE) be allowed to control the next 15 minutes of debate time as the designee of the ranking member.

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

There was no objection.

Mr. TOM PRICE of Georgia. Mr. Speaker, I ask unanimous consent that

the gentleman from Michigan (Mr. UPTON), the chairman of the Energy and Commerce Committee, may control 15 minutes as my designee.

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

There was no objection.

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

Mr. Speaker, today, I rise in support of this important bill, H.R. 3762, which addresses some of the most pressing and important issues certainly to folks in Michigan and around the country: the deficit and the President's healthcare law.

Rarely a day goes by when I am back home in Michigan that someone somewhere doesn't stop me and say, whether it be in a coffee shop, on a plant floor, or the local service club like a Rotary or a Lion's Club, you name it, asking what we are doing to address the broken promises, the high cost, and the surprises and the lack of choices associated with ObamaCare, and what are we doing to get spending under control.

There is a lot of misunderstanding on what this bill does or does not do, so let's set the record straight. This bill would repeal the most harmful, damaging, and unpopular provisions of the health law.

This bill would repeal the Prevention and Public Health Fund. Don't let the name fool you. The administration views it as a veritable petty cash fund that has been raided for wasteful projects, including building support for ObamaCare.

This bill would, for a period of 1 year, prohibit any Federal funding to States for a 1-year period for prohibited entities like Planned Parenthood. At the same time, the bill would increase funding for community health centers like the Family Health Center in Kalamazoo or InterCare in Benton Harbor, two cities in my district, to help provide access to women's health care. Stalwarts in the life movement, including the National Right to Life, the Family Research Council, and Susan B. Anthony List support that approach.

Mr. Speaker, the bill would repeal the unpopular individual mandate, which forces Americans to purchase coverage of the government's choosing, the exact opposite approach that we need to create a patient-centered healthcare system.

The bill would also repeal the employer mandate. Repealing this provision helps encourage economic growth and improve the job outlook.

The bill would also, as we know, repeal the medical device tax. This job-killing tax has hurt Americans across the country, including in my district, certainly, Kalamazoo, where folks have lost their jobs because of the harmful tax.

In closing, Mr. Speaker, the CBO has found this bill would reduce the deficit by nearly \$130 billion over the next 10 years, spur economic growth and the

creation of jobs, and cut taxes on literally millions of Americans.

□ 1030

Today we say to folks in Michigan and around the country: We hear you. Yes, we do. We are addressing what matters to you most.

I would ask my colleagues to support this important bill.

I reserve the balance of my time.

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

Mr. Speaker, I have the utmost respect for the chairman of our Energy and Commerce Committee, but I have to respectfully disagree with almost everything he said.

I am glad that he is admitting that, basically, what this reconciliation tries to do is repeal the Affordable Care Act. There was some question about that by my colleagues until now. But, clearly, they are admitting that that is what they are trying to do.

Of course, they don't say anything about the positive impact of the Affordable Care Act and how many more people now have health insurance, how many people don't face discrimination, all the terrible things that existed before the Affordable Care Act became law.

What I do not appreciate, though, is my chairman saying that somehow we are trying to expand access to health care by providing more funds to community health centers. The fact of the matter is that the community health centers cannot make up for the work on women's health that Planned Parenthood centers take care of. To suggest that somehow that is going to make up for what Planned Parenthood does is simply not the case.

Mr. Speaker, this reconciliation legislation amounts to the futile 61st attempt at repealing the Affordable Care Act. It also represents the Republican's continued assault on women's right.

The reconciliation instructions defund Planned Parenthood, and the recently enacted legislation forming a new select subcommittee will continue a fraudulent investigation into Planned Parenthood, and I think that is appalling. This investigation and this effort in reconciliation are nothing more than a radical assault on women's health.

Extremist Republicans want to take away a woman's right to choose what is best for her and her family as well as her right to choose the healthcare provider that best meets her healthcare needs. This isn't just an attack on Planned Parenthood. This is an attack on all women across the country.

I am also disappointed that the reconciliation instructions would repeal the Prevention and Public Health Fund, which is part of the Affordable Care Act. There is nothing more important than the Prevention Fund. My colleague, the chairman of our committee, suggested it was a slush fund. Nothing could be further from the truth.

Less than 4 months ago the House voted overwhelmingly to support the 21st Century Cures Act, which was one of my chairman's goals, was to pass that bill. With that vote, we all agreed on the importance of making investments to spur innovation to develop new treatment and cures, investments that could reduce the human toll of disease and reduce the financial strain that disease places on public and private healthcare payers.

Just like we know that investments in developing new cures and treatments matter, we know that investments and prevention pay off. According to the Trust for America's Health, every dollar spent on community-based interventions generates a return of \$5.60.

Not only does investing in prevention have economic benefits, such investments can potentially prevent the human suffering that results from disease. I don't see how anyone can be against that goal.

I would venture to say again out of respect to the chairman of my committee, if we were to get rid of the Prevention Fund, I don't see any point in having the 21st Century Cures Act because the money is similar. One goes for prevention, and the other goes also for prevention.

This legislation is harmful, unnecessary, and will never become law. I urge all Members to reject it.

I reserve the balance of my time.

Mr. UPTON. Mr. Chairman, I yield 2½ minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), the vice chair of the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, I thank the chairman.

Before I begin my remarks, I want to commend Chairman PRICE and Chairman UPTON for the work that they have done—Energy and Commerce is an authorizing committee, and Chairman PRICE is the Budget Committee—making certain that we meet the targets for reconciliation.

One of the things we have heard repeatedly from our constituents is the U.S. House of Representatives is responsible for this Nation getting their fiscal house in order. It is an imperative. We know we are not going to have a silver bullet that does it overnight. Those silver bullets don't exist.

We do know this, that we can take the right steps at the right time and put a bill on the President's desk. The President has the choice to say, I agree with you. Let's move this Nation to fiscal health, or he will veto the bill. And, of course, our goal is to get it over to the Senate so they can do their work and we can see that step of the process take place.

There are some items in this bill for reconciliation that I do come to strongly support. I think it is imperative that the Affordable Care Act, which has proven to be so unaffordable, too expensive to use, too expensive to purchase—insurance gets you to the

queue, not to the doctor. We all know those stories.

What we have learned is that the administration has recently cut in half their enrollment projections for next year. This should trouble everybody because this is something that we said.

We know from history, from government-run programs, that those expectations many times are not met. So then you see a movement into damage control. We are taking the right steps to begin to rein this in and to break this program apart.

I think it is important to note, as we look at the ObamaCare program and the steps we are taking to eliminate portions of that program, that just this week, with the co-ops that were put in place—and, by the way, about a billion taxpayer dollars spent on those co-ops and nine—nine of those co-ops have now failed. They failed, poof, gone. It is these findings that are raising the questions that Americans have for: Look, the program isn't working.

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

Mr. UPTON. I yield the gentlewoman an additional 1 minute.

Mrs. BLACKBURN. What you need to do is stop this before it becomes too entrenched to change because people are not getting access to care and money is being wasted on healthcare delivery theories that clearly do not work.

This bill repeals the individual mandate, the employer mandate, the Cadillac tax, the medical device tax, ends auto enrollment, and ends the Public Health Fund, which is a slush fund. When you are paying for pet neutering and other things out of a prevention fund, yes, it is a slush fund, and it needs to be clawed back.

In addition, there is a 1-year moratorium on the funds for Planned Parenthood while Congress completes its investigation into the practices that have taken place around fetal tissues.

H.R. 3762 is a net tax cut, a net spending cut, and reduces the deficit. I urge support.

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

As I said, now our vice chair of the committee also is going into all the reasons why we should repeal the Affordable Care Act.

So I think maybe at this time, Mr. Chairman, I would like to just read, if I could, from the Statement of Administration Policy. This is the President's statement about why this bill should not pass. He says:

"The administration strongly opposes House passage of H.R. 3762. The House now has attempted to repeal or undermine the Affordable Care Act more than 50 times. By repealing numerous key elements of current law, H.R. 3762 would take away critical benefits and health care coverage from hard-working middle-class families. The bill also would remove policies that are expected to help slow the growth in health care costs and that have improved the quality of care patients receive. H.R. 3762 would increase

the deficit in the long term and detract from the work that Congress could be doing to foster job creation and economic growth.”

The Affordable Care Act is working and is fully integrated into an improved American healthcare system. Discrimination based on preexisting conditions is a thing of the past. Under the Affordable Care Act, we have seen the slowest growth in healthcare prices in nearly 50 years benefiting all Americans.

Repealing key elements of the Affordable Care Act would result in millions of individuals remaining uninsured or losing the insurance they have today. An estimated 17.6 million Americans gained coverage as several of the Affordable Care Act's coverage provisions have taken effect, 15.3 million since the beginning of the first open enrollment in October 2013. This legislation would roll back coverage gains and would cost millions of hardworking middle class families the security of affordable health coverage they deserve.

Repealing the healthcare law would have implications far beyond these Americans who have or will gain insurance. More than 150 million Americans with employer-based insurance would be at risk of higher premiums and lower wages or losing their coverage altogether. Reforms that strengthen Medicare's long-term finances also would be repealed, likely making Medicare's Hospital Insurance Trust Fund insolvent earlier.

H.R. 3762 also would defund the Prevention and Public Health Fund, which was created to help prevent disease, detect it early, and manage conditions before they become severe; limit women's health care choices; and disproportionately impact low-income individuals.

Rather than refighting old political battles by once again voting to repeal basic protections that provide security for the middle class, Members of Congress should be working together to grow the economy, strengthen middle class families, and create new jobs.

If the President were presented with H.R. 3762, he would veto the bill.

This is an exercise in futility, this reconciliation act. To suggest that somehow we should repeal the Affordable Care Act after all the good things that it is doing to help Americans obtain health care, have access to health care, and lower costs, there is absolutely no justification for it. I thought that the Republicans would stop doing this months ago, but here they are at it again. I don't really understand it.

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

Mr. UPTON. Mr. Speaker, I yield 2½ minutes to the gentleman from New Jersey (Mr. LANCE), a member of the Health Subcommittee.

Mr. LANCE. Mr. Speaker, I rise in strong support of H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act.

This comprehensive package focuses on significant portions of ObamaCare,

striking onerous tax and mandate provisions, and laying the groundwork for a new President elected in 2016 to complete a full replacement plan of ObamaCare—not repeal—repeal and replacement.

According to the Congressional Budget Office, the package reduces the deficit by nearly \$130 billion and provides a 1-year moratorium on all Federal mandatory funding for Planned Parenthood, a moratorium to Planned Parenthood, but that funding is redirected elsewhere, to community health organizations that do a fine job across this country.

Under the leadership of Chairman UPTON, provisions finally end the ObamaCare fund, known as the Prevention and Public Health Fund, which gives the Secretary of Health and Human Services billions of dollars to spend each year with little accountability.

All Members of Congress should recognize that that responsibility belongs to us here in this branch of government and not in the executive branch. Funds from this program have financed questionable programs, and there has been waste. Some Democrats have joined in calling for its termination.

The Energy and Commerce Committee sections also direct that the Planned Parenthood funding will go to other organizations' high-quality-access healthcare options both for women and men.

Contributions from both the House Education and Workforce and Ways and Means Committees also include the repeal of a series of significant pieces of ObamaCare, including the repeal of the individual and employer mandates, the repeal of the 40 percent excise Cadillac tax—and there is no one I know who favors that Cadillac tax, certainly those hardworking men and women who are in labor organizations in this country—and that forces people to accept different insurance coverage from the coverage they knew and liked, and it includes the repeal of the medical device tax, which increases the cost of care, discourages medical innovation, and harms job creation, particularly in my home State of New Jersey.

Because the legislation was developed through the reconciliation process, it will be protected from a filibuster in the Senate and could be passed in that body by a simple majority. I call for majority passage in the Senate of the United States. Reconciliation is our best chance to send meaningful legislation to the President's desk.

I urge my colleagues to support this important legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentleman for yielding to me.

As President Reagan used to say, “Here we go again,” on the 61st attempt to repeal the Affordable Care

Act, I mean, give us a break. It is a waste of everybody's time. I don't know why we are going through this exercise.

I do understand, Mr. Speaker, the need to reconcile our budget. I do not, however, understand the impulse to do so by gutting both the Affordable Care Act and an organization that provides vital preventive services to more than 2 million Americans, and that is Planned Parenthood.

□ 1045

Investing in preventative care saves money in the long term. Yet this short-sighted measure would abolish the Affordable Care Act-created Prevention and Public Health Fund, which is our government's sole investment in prevention.

This isn't merely a talking point. I have seen the ample returns on this investment in my hometown of the Bronx, where the fund sponsors healthier meals, antismoking campaigns, and increased access to vaccinations. This fund should not be gutted. This bill ignores the progress that the fund is making not only towards saving money but, more importantly, towards saving lives.

This bill, again, as I said, bars the funding for Medicaid reimbursement to Planned Parenthood—again, yet another politically motivated attempt to demonize Planned Parenthood based on discredited allegations of wrongdoing. As I have said repeatedly, more than half of Planned Parenthood centers are in rural or underserved areas where health care is already hard to come by. Yet some of my colleagues on the other side of the aisle want to make it even harder to access HIV and STI tests, breast and cervical cancer screenings, and other lifesaving services.

I urge my colleagues to vote “no” on this bill and to continue to provide preventative care to our country's most underserved citizens. This is what we should be doing, not making it harder for them to get the help they need.

Mr. UPTON. Mr. Speaker, I inquire of my friend from New Jersey how many speakers he has remaining on his side. We are prepared to close.

Mr. PALLONE. I have no additional speakers.

Mr. Speaker, how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 6½ minutes remaining, and the gentleman from Michigan has 6½ minutes remaining.

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

I want to just talk, in closing, about the part of this reconciliation that eliminates funding for Planned Parenthood and related agencies.

Basically, the reconciliation instructions would prohibit Federal funding under Medicaid as well as under SCHIP—the children's health fund—and social services' block grants to prohibited entities that are defined as

those primarily engaged in family planning, reproductive health services, and related medical care, and those that provide abortions beyond limited circumstances.

Now, the thing that is most disturbing to me is the ideological bent. We know that the Supreme Court says that abortion is legal and that women have a right to choose; but this goes way beyond even the abortion issue by talking about family planning and reproductive health services. My colleagues continue to say that there are alternatives to Planned Parenthood, but the reality is that there are not because it is the main provider for family planning, reproductive health services, and related medical care.

That is our point here. You can try to define this as relating to abortion, but the bottom line is that Planned Parenthood and similar entities provide all kinds of services for women's health and even for some men, and you are denying them access. So I do kind of resent the fact that there is this suggestion that you are going to allow access at community health centers, because I know, from my own experience, that community health centers are limited—there aren't that many—and they don't have the ability to provide these services, particularly this kind of specialty care that women deserve and that women should have.

Once again, we are here to defend longstanding freedom of choice protections that ensure that a woman in the Medicaid program can see the qualified provider she trusts. Remember, when you are talking about Medicaid in particular, you are talking about poor women. You are talking about vulnerable women who will lose access to care because Medicaid is their major source of funding if they want to get care.

I can never support any legislation of any kind that would leave millions of American women without key preventative health services, including birth control, lifesaving cancer screenings, STI testing and treatment, well-woman exams, and advice on family planning. Federal rules protect the right of Medicaid beneficiaries to seek care from trusted and medically qualified providers of their choosing.

Now you are entering an ideological debate into what we call "any willing provider." The idea was that you could decide as a woman—or as anyone—where to go. If an agency provided the services and if it were qualified, you could choose to go there. Now you are breaking that for ideological reasons. My concern is: Where do we go next? We then say that you can't go to a hospital because it is Catholic or that you can't go to a clinic because it is Jewish. How are you supposed to define, ideologically, which provider you can go to if you now put the ideological bent on it as saying you can't go to a provider that may, at one of its clinics—not even the one you go to—provide abortion services?

This is a protection that has existed for a long time, and you are breaking it. This is the wrong bill—wrong because it repeals the Affordable Care Act, wrong because it denies women access to important care.

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

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

Mr. Speaker, I really thank Chairman PRICE for the budget process that we have seen this year. One of the toughest votes any Member has, whether the Republicans are in charge or the Democrats—either side—is the passage of a budget. For a lot of years, at least on our side of the aisle, we complained bitterly that the Senate was never able to pass a budget for, probably, 4 or 5 years, I want to say.

It didn't happen this year. We passed a responsible budget in the House, and the Senate passed a budget.

I don't think many Americans realize that the budget, itself, does not go to the President for his signature or veto. It is just the roadmap for us, and it sets up the stage where we can use reconciliation. This is a process, I want to say, President Reagan used for the first time back in the eighties. I worked at the White House then.

This is a way that you don't need the 60-vote threshold that most bills require in the Senate. You only need 50 votes. So that budget process, by getting a conference agreement, was nurtured through the two bodies—the House and the Senate. Then began the process of reconciliation within the authorizing committees. Our committee—Energy and Commerce—Ways and Means, Education and the Workforce, and others can come up with a real savings to match that budget target that we set last spring.

That is what this is. It is reconciliation. It is a coming together based on the budget, and this, in fact, is a bill that goes to the President. In the Statement of Administration Policy, we are expecting a veto, but at least we are getting the job done. We are delivering on what we said we would do, and we are getting the bill to the President for action either way.

I just want to take this time and again thank Chairman PRICE and others and my fellow committee chairs for their hard work because it is. It is hard work to get a bill to the House floor, particularly one that actually does reduce the deficit, something that many of us on both sides of the aisle actually support.

Mr. Speaker, I yield the balance of my time to the gentleman from Georgia (Mr. TOM PRICE), and I ask unanimous consent that he be allowed to control the balance of my time.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the gentleman from Virginia (Mr. SCOTT) be allowed

to control the next 10 minutes of debate time as the designee of the ranking member.

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

There was no objection.

Mr. TOM PRICE of Georgia. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Minnesota (Mr. KLINE), the chair of the Education and the Workforce Committee, and I ask unanimous consent that he be allowed to control the next 10 minutes of debate time as my designee.

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

There was no objection.

Mr. KLINE. I thank Chairman PRICE for yielding me the time.

Mr. Speaker, I yield myself 2 minutes.

I rise today in strong support of Restoring Americans' Healthcare Freedom Reconciliation Act.

Mr. Speaker, higher costs, fewer full-time jobs, loss of insurance coverage, less access to trusted healthcare providers, those are just some of the harmful consequences stemming from the President's flawed healthcare law—a law that is wreaking havoc on families and small businesses across the country.

Just this month, officials in Clay County, Tennessee, moved to close local schools due to severe budgetary challenges. According to the county director of schools, ObamaCare is "the straw that broke the camel's back." This local official said it is very difficult for the school district to "meet the mandates of the law." Of course, that is what school leaders, college administrators, small-business owners, and others have been saying for years. Employers, working families, teachers, and students are paying the price for the President's government takeover of health care.

We have a responsibility to use every tool we have to dismantle this flawed healthcare scheme, and the bill before us today will do just that. The Education and the Workforce Committee has helped play a role in this effort.

The committee recently passed a proposal that will repeal a costly and unnecessary mandate in the healthcare law, known as auto enrollment. As the name suggests, this mandate requires certain employers to automatically enroll employees in the government-approved health insurance. It may not sound like a big deal, but this one mandate will create costly confusion for employers and employees, will penalize those already enrolled in coverage, and will take wages out of the paychecks of hardworking Americans. The mandate is so complex, Mr. Speaker, that, after 4 years, the Department of Labor still hasn't figured out how to enforce it.

The American people sent us to Washington to focus on their priorities. By supporting H.R. 3762, we can reduce

spending and rein in our Nation's deficit and debt, and we can send a bill to the President that will dismantle his flawed healthcare law. These are leading priorities of the American people that this proposal helps to advance.

I urge my colleagues to seize this important opportunity by supporting this legislation.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Today, the House will take yet another vote on the Affordable Care Act. More specifically today, we will vote on whether or not we want to support a budget reconciliation process that will seek to take away health insurance from millions of Americans—but this isn't a new exercise.

In the past 5 years, the House has voted about 60 times to repeal or to undermine the law. There have been multiple lawsuits filed, and countless attacks have been mounted—all with the same goal of turning the clock backwards on the progress we have made.

Before Congress passed the Affordable Care Act, healthcare costs were skyrocketing. That was before the Affordable Care Act. In the months before we passed the bill, there were months during which 14,000 people a day were losing their health insurance. Women were routinely charged more for insurance than men. If you had a preexisting condition, you may not have been able to get insurance at all; or if you lost your job or wanted a new business and had a preexisting condition, you were just out of luck.

We made great progress in improving a system that didn't work for American families, and as a result of the ACA, more than 17 million uninsured Americans have gained health insurance. Today, young Americans can stay on their parents' policies until they are 26. If you have a preexisting condition, you can get healthcare insurance at the standard rate; so, if you want to change jobs or start a business or start a family, you have healthcare options even if you have a preexisting condition. Further, the healthcare cost growth has slowed, resulting in the lowest annual increase in healthcare spending in at least 50 years.

It is clear that the Affordable Care Act is working, and it is even clearer that we should not revert back to the way things were before the ACA when those with preexisting conditions couldn't get health insurance, when young people had few or no coverage options, and when, of course, the costs were skyrocketing.

Once again, we are considering a bill that dismantles the law without any credible alternative to ensure that millions of Americans won't, once again, be left out in the cold; so I urge my colleagues to protect healthcare insurance by opposing this bill.

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

Mr. KLINE. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. STEFANIK), a member of the Education and the Workforce Committee.

Ms. STEFANIK. Mr. Speaker, I rise today in support of the reconciliation package.

First, I want to thank Chairman KLINE and Chairman PRICE for their instrumental work in putting this package together.

Mr. Speaker, for the past 5 years, the President's healthcare law has led to higher costs, less access to doctors, and fewer choices. This is why it is so important to make commonsense fixes to this law.

As I travel throughout New York's 21st District, constituents tell me they want Members of Congress to work together to ease the pain this law has created for so many North Country families and businesses. By moving employer-sponsored healthcare coverage away from a voluntary and flexible model, the President's healthcare law has created countless penalties and mandates, including one that requires certain employers to automatically enroll their full-time employees in healthcare coverage.

This auto enrollment mandate creates confusion for my constituents, and, by triggering tax penalties, it actually creates duplicative costs for employees who might already have health insurance. For example, if veterans in my district who are eligible for TRICARE or if North Country college students stay on their parents' healthcare plans and then get jobs, they will be automatically enrolled in unnecessary and duplicative plans unless they know about this confusing provision and decline coverage within a set amount of time.

□ 1100

It is redundant. It is unnecessary. It is not in line with the patient-centered healthcare system this country deserves.

The reconciliation package, which is under consideration today, would eliminate this misguided mandate, and it does not take away an employee's ability to opt in and enroll in their employer's healthcare coverage.

This provision accomplishes this by getting rid of the onerous and duplicative mandate known as auto enrollment. This commonsense fix will save Americans hard-earned money. It will protect workers from a one-size-fits-all healthcare system. It saves the Federal Government billions of dollars.

I urge my colleagues to stand up for the American taxpayer and support this reconciliation package.

Mr. SCOTT of Virginia. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Mr. Speaker, I rise in opposition to H.R. 3762, which would make getting health coverage more difficult and more expensive for millions of hardworking Americans.

Today 17 million Americans who had been uninsured now have high-quality, affordable health coverage. We should not overlook this fact. Across the country, people are now able to live their lives, to pursue careers, to start families without the looming fear that any medical emergency could bankrupt them.

The bill we are debating today would send our country back to a time when hardworking people couldn't access preventive services, when injuries and illnesses were not only physically debilitating, but could also be financially crippling.

Imagine being diagnosed with cancer and fighting for your life to beat it and then facing the prospect of losing your home because you are torn between paying a mortgage and paying for life-saving treatment. No one should have to face that choice.

What is especially disappointing is the fact that Members of both parties have ideas for improving the Affordable Care Act that are worthy of consideration. We just heard one from Ms. STEFANIK of New York.

Instead of coming together around issues of common interest, the House is using its time to debate an unrealistic measure that would simply push health care beyond the reach of hardworking people in communities across this country and, yet again, on top of that, try to defund Planned Parenthood.

So I urge my colleagues to join me in me rejecting this bill. Let's get back to the table and work together.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. ROE), the chairman of the Subcommittee on Health, Employment, Labor, and Pensions.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of Restoring Americans' Healthcare Freedom Reconciliation Act. I thank Chairmen KLINE, RYAN, UPTON, and PRICE and their staffs for the work and leadership on this important bill.

As a physician who spent more than 30 years caring for patients, I am keenly aware of the negative impact that the President's healthcare law has had on the American healthcare system. The mandates, tax increases, wasteful spending, failed Web sites, co-ops, including ObamaCare, put a strain on hardworking families, and it has succeeded only in making our already-struggling economy worse.

This bill repeals the individual mandate, the employer mandate, stops the damaging and progressive Cadillac and medical device taxes, which have strong bipartisan support, and is estimated to save about \$79 billion. Further, it will protect workers from having to purchase insurance plans they may not want or need by excusing them from the auto enrollment provision.

This bill does not accomplish everything we need to to right the wrongs of ObamaCare, but it is a strong step in the right direction. By using the reconciliation process to repeal the most

damaging parts of ObamaCare, we are keeping our promise to the American people to protect them from this fatally flawed law.

Let me take you down to the ground level, where I live. I was mayor in Johnson City, Tennessee. I just met with the folks there. They have \$185,000 they have to pay into a reinsurance fund. They have 1,000 employees and a large HR department.

They have had to hire a consultant to figure out whether they are complying with all of the regulations, and the city manager said: Under no circumstances will we hire anybody to work more than 25 hours a week because we cannot afford to do that in our local situation.

Mr. Speaker, I came to Congress to help reform our Nation's healthcare system, and there is no question it was broken before ObamaCare. Unfortunately, this law has only made things harder and more expensive for too many Americans.

I hear over and over again Republicans don't have any alternatives. Well, here is one right here, the Restoring Americans' Healthcare Freedom Reconciliation Act, a 193-page bill which lowers cost, increases access, and gives more freedom to patients. Also, H.R. 2300, Dr. PRICE's bill, does the same thing.

I strongly encourage support for this bill.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 2 minutes to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Mr. Speaker, here we go again. We are back here using valuable legislative time to make a doomed attempt to repeal the Affordable Care Act.

Next week the highway bill will expire. The week after that we are facing the prospect of defaulting on our Nation's debt. Next month we could shut down government because we don't have a long-term budget.

Yet, here we are again, repealing the Affordable Care Act, defunding Planned Parenthood, because maybe the 65th time it will stick?

I would like to remind my colleagues that the Affordable Care Act has insured over 17 million Americans and that Planned Parenthood provides care to 2.7 million patients a year, often in underserved areas of our country. My colleagues on the other side of the aisle seem determined to replay these issues, despite the fact that we have already voted on them.

Mr. Speaker, we have a lot of very important time-sensitive issues we need to deal with. We need to fund our highway system. We need to pay our bills. We need to keep government open. These are the very basic functions we were elected to perform. These are the minimum of what families need and expect from us.

Instead, we are wasting precious time debating backward, ideological bills that roll back important progress made for women and families who are work-

ing hard to get to and stay in the middle class.

I urge my colleagues to vote down this partisan attempt to repeal the Affordable Care Act and defund Planned Parenthood. Let's get back to solving this Nation's problems.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. THOMPSON), a member of the committee.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I thank the chairman for affording me the opportunity to address such a critical issue.

This reform package will protect taxpayer dollars while reforming some of the most egregious portions of the Affordable Care Act. As a member of the House Committee on Education and the Workforce, I am proud to support language included in this bill that would repeal the harmful auto enrollment mandate of the ACA. This provision, which would apply to companies with 200 or more employees, would otherwise move employees into a preapproved government-managed health insurance plan.

Mr. Speaker, creating more red tape and mandates was never the solution to curb rising healthcare costs and to increase access to insurance markets. I was a freshman Member in Congress in 2009 when many of the individuals speaking today took part in a 24-hour-long markup of an earlier version of the ACA.

Mr. Speaker, some of these provisions lacked all common sense and that holds true today. Half a decade later the Department of Labor is still struggling to find a way to enforce auto enrollment.

Say what you want about the Affordable Care Act, this is plain unworkable. Repealing this provision will save \$1 billion and maintain flexibility for employers in structuring health insurance benefits for their employees.

Mr. Speaker, my Democratic colleagues on the other side of the aisle are just in denial. Since its passage, the ACA has been amended more than 50 times, and the bulk of these were changes they supported and were signed into law by the President. We should not stop there.

H.R. 3762 is the next great change to the ACA, and the American people deserve as much.

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

Mr. KLINE. Mr. Speaker, could I inquire of the gentleman from Virginia how many more speakers he has?

Mr. SCOTT of Virginia. Mr. Speaker, I am prepared to close.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank Chairman KLINE, Chairman PRICE, and Chairman UPTON for their work on this Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762.

You know, when I go out in our district, people want choice. I think the

top-down elements of the Affordable Care Act are creating tremendous burdens on our people who demand that we give particularly our small business community and our employees the opportunity to have the right choice.

The Restoring Americans' Healthcare Freedom Reconciliation Act is important legislation that repeals many of the most harmful provisions in ObamaCare. ObamaCare has had a devastating effect since its passage.

H.R. 3762 repeals the individual and employer mandates, the medical device tax, and the outrageous Cadillac tax which, again, does not allow for folks to choose the plan they want. This thereby unburdens our families and our businesses from the harmful effects of these mandates.

I came to Congress to create jobs, grow the economy, and reduce the size and scope of the Federal Government and restore fiscal responsibility in Washington.

Passing a balanced budget amendment that repeals the job-killing ObamaCare provisions is a good start. Republicans in Congress are continuing to fight to rein in Washington's spending problem and get our economy on the right track.

I stand in strong support of Restoring Americans' Healthcare Freedom Reconciliation Act and urge my colleagues to vote "yes" on this important legislation to give our people the opportunity to choose how they would like to have their health care rendered.

The SPEAKER pro tempore (Mr. SIMPSON). The gentleman from Virginia has 4½ minutes remaining, and the gentleman from Minnesota has 30 seconds remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I include in the RECORD three letters, one from the American Federation of State, County, and Municipal Employees of the AFL-CIO, another from the AFL-CIO, and another one from America's Essential Hospitals.

AFSCME,

Washington DC, October 22, 2015.

DEAR REPRESENTATIVE: On behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME), I urge you to oppose the budget reconciliation bill (H.R. 3762). This bill would gut the Affordable Care Act (ACA), jeopardizing the ability of millions of Americans to see a doctor, get medications or go to the hospital when needed. H.R. 3762 would create extensive upheaval in health care coverage for children, working families, retirees and individuals with disabilities.

This bill eliminates both the employer and individual responsibility requirements which the Congressional Budget Office and the Joint Committee on Taxation estimate would cause as many as 15 million to lose their health coverage, 20% of whom would be children. In the individual market, premiums would increase by an estimated 20% over premiums expected under current law. Rather than helping Americans achieve greater financial security in an unbalanced economy, H.R. 3762 would put millions at risk of financial hardship and even ruin from an unexpected illness.

The bill would repeal the Prevention and Public Health Fund, eliminating the nation's largest single investment in prevention and

undermining efforts to bend the cost curve by preventing chronic diseases. Repealing this fund also puts our nation at risk of being unprepared for emerging epidemics and other public health crises.

We are also opposed to the repeal of the modest excise tax on the medical device industry, which has profited substantially from the expansion of health coverage under the ACA. We also oppose the elimination of federal funding for women's health services provided by Planned Parenthood for one year. This provision will block millions of women from having access to health care services.

The bill also repeals the 40% tax on high cost, employer-sponsored health benefits. We agree that the 40% tax should be repealed in order to keep health care affordable for working families. However, repeal of this tax should not be included in a bill that would eliminate health coverage for millions of workers.

We urge you to oppose H.R. 3762.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

AMERICAN FEDERATION OF LABOR
AND CONGRESS OF INDUSTRIAL OR-
GANIZATIONS,

Washington, DC, October 22, 2015.

DEAR REPRESENTATIVE: On behalf of the AFL-CIO, I urge you to oppose the Restoring Americans' Healthcare Freedom Reconciliation Act (H.R. 3762). This bill will undermine the coverage expansions of the Affordable Care Act (ACA) and restrict women's access to safety-net medical services.

The ACA has enabled 171.6 million uninsured people to gain health insurance coverage. Many of these individuals—2.3 million—are young adults who are trying to establish financial independence. Many others are people who could not obtain coverage from their employer or who found coverage in the individual market to be unaffordable. We cannot take a giant step backward in exposing these individuals to the risk that their medical care will be unaffordable or that a catastrophic illness will bankrupt their families. H.R. 3762 will repeal elements of the ACA that enable the coverage expansions to work, resulting in a loss of coverage for millions.

The reconciliation package also directly targets Medicaid funding for nonprofit providers of women's health care services, eliminating payments for these services for one year for certain providers. The Congressional Budget Office (CBO) estimates that many women will lose access to medical services. Their report on the bill notes, "The people most likely to experience reduced access to care would probably reside in areas without access to other health care clinics or medical practitioners who serve low-income populations." It is simply unacceptable to cut women off from these services.

It is true that the legislation repeals the 40 percent health benefits tax, which we believe should not be part of a health reform law aimed at keeping care affordable. The tax was intended to increase the out-of-pocket costs of people with employer-based coverage so they would use fewer services, thereby reducing expenditures on health care. We oppose this policy because it will shift costs to workers without directly addressing the major cost drivers in the healthcare system. However, repeal of the tax does not belong in legislation intended to eliminate coverage for millions of workers.

We urge you to vote against this harmful bill.

WILLIAM SAMUEL, Director,
Government Affairs Department.

AMERICA'S ESSENTIAL HOSPITALS,
Washington, DC, October 21, 2015.

Hon. JOHN BOEHNER,
Speaker, House of Representatives, Washington,
DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND REPRESENTATIVE PELOSI: On behalf of America's Essential Hospitals, it's more than 250 member hospitals and health systems, and the millions of people we serve every year, I am writing to express my grave concern regarding H.R. 3762, Restoring Americans' Healthcare Freedom Reconciliation Act of 2015. America's Essential Hospitals is the leading association and champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. Our members are vital to their communities, providing primary care through trauma care, disaster response, health professional training, research, public health programs, and other services.

H.R. 3762 includes a number of provisions that we believe would damage the ability of all people—particularly the low-income and vulnerable—I to access high quality health care. While we appreciate the legislation's inclusion of a repeal of the Independent Payment Advisory Board, which could usurp Congress' authority over health care entitlements, there are five provisions in the legislation that we oppose as written:

While America's Essential Hospitals does not have a formal position on either the individual or employer mandates, we steadfastly support policies that promote health care coverage. We know that health care coverage—whether it be through employer-based insurance, Medicare, Medicaid, through an exchange, or in another venue—ultimately promotes access to care and saves lives. Independent analysts have consistently found that repeal of the individual and employer mandates would significantly erode coverage. Without provisions to retain coverage for affected individuals, we believe Congress should reconsider eliminating the mandates.

America's Essential Hospitals firmly opposes repeal of the Prevention and Public Health Fund. The fund represents a significant and needed investment in prevention and public health, particularly for the Centers for Disease Control (CDC), which receives more than 90 percent of the fund's resources. In 2015 the fund provided (among other items):

- one-third of the funding for the CDC's immunization programs
- all of the funding for state block grants to detect and respond to infectious diseases
- half of the funding for CDC efforts to prevent heart disease, stroke, and diabetes.

We strongly urge Congress to protect this vital source of funding.

Finally, in an effort to prohibit funding to a specific health care provider, the reconciliation bill would amend Medicaid statute in an unprecedented way. In what is known as the "any willing provider" provision, federal Medicaid law allows beneficiaries to receive services from any provider that is qualified to perform the service or services. This provision—which has never been waived for fee-for-service population—promotes access care for beneficiaries in a program that all too often lacks adequate access due, in part, to inadequate reimbursement. By undermining this critical protection, the reconciliation legislation would set a destabilizing precedent that could lead to further restrictions to access for our nation's most vulnerable people.

America's Essential Hospitals appreciates the opportunity to provide our thoughts on

the pending reconciliation legislation. We strongly urge you to reconsider this bill and work with all stakeholders to find consensus-based innovative ways to reduce health care spending without damaging access to care for millions of people.

Sincerely,

BRUCE SIEGEL, MD, MPH,
President and CEO.

Mr. SCOTT of Virginia. Mr. Speaker, I yield any remaining time left to the gentleman from Maryland (Mr. VAN HOLLEN) and ask unanimous consent that he be allowed to control that time.

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

There was no objection.

Mr. KLINE. Mr. Speaker, we have heard a good debate here today. We have talked about doing some commonsense things. This bill does not repeal all of ObamaCare, but it certainly repeals some egregious aspects of it.

The one that our committee worked on ending the auto enrollment feature saves \$7.9 billion and removes something that even the administration can't figure out how to implement.

So I urge my colleagues to support this legislation.

I yield the remainder of my time to the gentleman from Georgia (Mr. TOM PRICE) and ask unanimous consent that he be allowed to control that time.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Georgia has 9 minutes remaining, and the gentleman from Maryland has 12½ minutes remaining.

Mr. TOM PRICE of Georgia. May I inquire, Mr. Speaker, of my friend from Maryland how many speakers he has remaining?

Mr. VAN HOLLEN. Mr. Speaker, we have more speakers, but they are not with us on the floor at the moment. I am not sure exactly how many there are either.

I reserve the balance of my time.

Does the chairman have additional speakers?

Mr. PRICE of Georgia. Mr. Speaker, I am prepared to close.

Mr. VAN HOLLEN. Mr. Speaker, in that case, in the interest of time, would the gentleman be interested, since we have 9 minutes and 12½ minutes left and no other speakers, in agreeing that we will each take 5 minutes to close?

Mr. TOM PRICE of Georgia. Mr. Speaker, I am happy to do that. Yes.

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Mr. VAN HOLLEN. Mr. Speaker, I thank the gentleman.

I yield myself the balance of my time.

I have been listening to the debate, and I am sorry to report that as I come here to close the debate, not much has changed from when we started this debate this morning. This is still, in my view, an unproductive end to an already unproductive and shameful week.

We saw in this House just yesterday the spectacle of a kangaroo court-style special Benghazi hearing, using taxpayers' dollars, engaged in a political witch hunt, abuse of power, misuse of taxpayer dollars, and in fact the Republican majority leader himself, Mr. MCCARTHY, told the country that that was all about bringing down Secretary Clinton's poll numbers.

Then, just earlier this week, we pretended, in passing a piece of legislation, that the United States doesn't have to pay all the bills that are due and owing. We passed a piece of legislation that says we will only pay some of our bills but not all of our bills. No American citizen can get up in the morning and say: "You know what? I am not going to pay my mortgage bill. I will only pay my car payment." When a country like the United States puts its full faith and credit at risk, it puts the entire economy of our country and the international economic order at risk.

But to add insult to injury, in passing a piece of legislation that said the United States will only pay some of our bills, so forget about that full faith and credit, we passed legislation that says, well, we are going to pay the big bondholders first. So China gets paid first. Wall Street gets paid first. Troops don't get paid. Veterans don't get paid. Doctors providing Medicare services, they don't get paid.

Now here we are, for the 61st time, passing a piece of legislation to dismantle the Affordable Care Act, which, according to the analysis of the Congressional Budget Office, will cost 15 million Americans access to affordable health care, including 3 million children.

Now, I have heard some of our colleagues come to the floor and say, well, we want to improve the Affordable Care Act in certain ways. We understand that the Affordable Care Act is not perfect, but a piece of legislation that takes away affordable health care from 15 million Americans, that is nothing to celebrate. That is nothing to be proud of. We shouldn't be doing that here on the floor of the House, taking away access to health care for women at places like Planned Parenthood, when the chairman of the Oversight Committee, Mr. CHAFFETZ, has also stated on national television that they didn't violate any laws and later said that they hadn't engaged in inappropriate activity.

When our Republican colleagues got that kind of answer with respect to Benghazi, when the Permanent Select Committee on Intelligence in the House and the Committee on Armed Services in the House concluded that there had been no wrongdoing in the tragedy in Benghazi, our Republican colleagues invented the Select Committee on Benghazi. When they didn't get the answer they wanted on Planned Parenthood, they invented a special committee on Planned Parenthood that is going to waste taxpayer money,

just as the Select Committee on Benghazi has.

Mr. Speaker, I showed, earlier, a chart that shows just how fed up the American people are with what is happening here in the House. The problem is everything we have done this week, from the Benghazi hearings to pretending the United States will only pay part of its bills—and when we do, we are going to pay China first—to dismantling the Affordable Care Act or attempting to do it for the 61st time. They want us working on the important issues.

A few weeks from now, our national transportation infrastructure system is going to run out of money. In just a few more weeks, the Federal Government will shut down if we can't come together and work something out. I have introduced the Prevent a Government Shutdown Act. I tried to get a vote on it here on the floor today, but the Committee on Rules said no. Their priority was not to prevent the government from shutting down in a couple weeks. Their priority was, for the 61st time, to dismantle the Affordable Care Act, even at the cost of 15 million Americans' affordable health insurance.

Mr. Speaker, let's get on with the big issues of this country. Let's invest in our infrastructure. Let's shut down some of the tax loopholes that perversely incentivize American corporations to move jobs and capital overseas and invest it here at home. Let's make sure we lift the unproductive caps, sequester caps that are slowing down economic growth right now, according to the Congressional Budget Office. Let's invest in our kids' education. Let's invest in scientific research, and let's do it while we shut down some of these ridiculous tax breaks for hedge fund managers. We should end this inversion that is going on where U.S. corporations just change their address to some tax haven overseas to escape their responsibility to the American taxpayers and their country.

We have got a lot of pressing issues to take care of—instead, Benghazi, pay China first, pass this legislation to take away health care from 15 million Americans, including 3 million American kids.

We can do better. We can do a lot better, Mr. Speaker. Let's defeat this legislation and get on with the real work of the American people.

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

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, as I mentioned at the outset of this, we heard a lot of things talked about on the other side, many of which had nothing to do with the piece of legislation before us.

What we are talking about with this legislation are the harmful effects of ObamaCare. What has ObamaCare actually done? 7.5 million Americans paid the individual mandate tax in 2014, an

average of about \$200. That is going up in terms of numbers and in terms of dollars.

Sixty-seven percent of the American people have seen increased deductibles since this law went into place, so much so that many individuals aren't able to pay their deductible, which means they are denied care, they don't have care. They may have coverage, but they don't have health care. A premium increase of \$3,775, on average, instead of the \$2,500 premium decrease that was promised by the President.

The co-ops, the cooperative program, will cost \$2.4 billion, yet more than 420,000 Americans will lose coverage from the co-op program because it doesn't work, like the rest of this law.

Mr. Speaker, the majority of the American people continue to oppose this law. Why? Let me suggest to you it is because the principles of health care have been violated by the law.

We all want a system that is affordable for everybody. Does that occur in ObamaCare? No.

We want a system that is accessible for everybody. Is that the case in ObamaCare? Absolutely not.

We want a system of the highest quality of care. As a formerly practicing physician, I can tell you that my former colleagues tell me that the quality is going down.

We want a system that is full of innovation and responsiveness to the patients and choices for patients. Have any of those increased in ObamaCare? No. No. No.

That is the problem, Mr. Speaker. That is the problem that we have, and that is that the principles of health care are violated.

What does this bill before us today do? It reduces the deficit by nearly \$130 billion. It increases gross domestic product by over \$55 billion. It eliminates the work disincentives and increases the labor supply. That means more jobs, Mr. Speaker. It increases capital investment. That means more jobs. It decreases Federal borrowing. That means more jobs and a healthier economy.

Who is supporting the bill? All these groups are supporting the bill. In fact, Mr. Speaker, we have 42 individual groups supporting the bill: Susan B. Anthony List, Family Research Council, Americans for Tax Reform, National Taxpayers Union, Concerned Women for America, National Right to Life Committee, National Retail Federation, Americans for Prosperity, U.S. Chamber of Commerce, Small Business and Entrepreneurship Council, Americans United for Life, and on and on and on. They support this because they know that this is what the American people want and it is what they deserve.

SUSAN B. ANTHONY LIST,

October 21, 2015.

US House of Representatives, Washington, DC.

DEAR REPRESENTATIVE, On behalf of the Susan B. Anthony List (SBA List) and our 386,000 members nationwide, I urge you to

support the “Restoring Americans’ Healthcare Freedom Reconciliation Act” (H.R. 3762).

This bill blocks a large portion of federal funding to Planned Parenthood, America’s largest seller of abortions, for one year. The funding is instead re-directed to community health centers, which provide comprehensive health care for women but do not perform abortions.

Planned Parenthood does not need or deserve taxpayer funding. Most recently, undercover videos show that Planned Parenthood, America’s largest abortion business, has been engaged in unethical and possibly illegal abortion practices connected to the trafficking of unborn children’s organs for profit.

These videos offer just a glimpse into the abortion industry’s day-to-day horrific practices. Over one million abortions are performed annually in the United States, with nearly 330,000 occurring in Planned Parenthood facilities, all the way up to 24 weeks of pregnancy, past the time when recent studies show that a substantial percentage of these children can be saved if treated with the best techniques of modern perinatal medicine.

Regardless of whether Americans identify as pro-life or pro-choice, we should all be able to agree that taxpayer dollars should not be subsidizing an already cash-flush industry.

Instead, these tax dollars would be put to better use at local community health centers, which provide all the same health services Planned Parenthood does (and usually more), but do not perform brutal abortions and harvest body parts.

Finally, this bill would repeal parts of the Affordable Care Act, which SBA List has long opposed because of its anti-life provisions.

For these reasons, I urge you to support this pro-life, pro-woman bill.

Sincerely,

MARJORIE DANNENFELSER,
President, Susan B. Anthony List.

FAMILY RESEARCH COUNCIL,
October 20, 2015.

House of Representatives, Washington, DC.

DEAR REPRESENTATIVE: On behalf of the Family Research Council (FRC) and the hundreds of thousands of families we represent, I urge you to vote in favor of the Restoring Americans’ Healthcare Freedom Reconciliation Act, which eliminates a significant portion of federal funding for Planned Parenthood Federation of America (PPFA) as well as several key provisions of the Patient Protection Affordable Care Act (PPACA) through the budget reconciliation process. Americans are outraged as they are made aware of what happens at abortion clinics, where life is only valued by the sum of body parts. FRC strongly supports the effort to eliminate a significant portion of PPFA’s federal funding through this effort. FRC has also supported repealing the Affordable Care Act and supports several provisions contained in this bill to repeal key provisions. FRC reserves the right to score in favor of votes for the Rule and will score in favor of votes for the bill.

PPFA, despite its nonprofit status, received over \$528 million in federal, state and local government grants and contracts in 2013–2014, and reported a total revenue of over \$1.3 billion. According to a March 2015 GAO report, PPFA received \$401.29 million in reimbursements from federal-state programs such as Medicaid, CHIP and Medicare in 2012. Of that \$400.45 million was provided to PPFA through Medicaid. For 2010–2012 those three programs funded PPFA a whopping \$1.186 billion, of which 99.9% came from Medicaid.

While an effort to defund Planned Parenthood has been blocked in the Senate due to the 60 vote cloture threshold, we believe an effort to defund a significant portion of PPFA’s government revenue through the reconciliation process, which is subject to a 51 vote threshold, is entirely appropriate and possible. While past efforts to defund abortion in reconciliation were subject to a Byrd rule point of order, the provision in the House bill is different. It excludes funding for certain entities.

Specifically, the House reconciliation bill will restrict for one year funding under several mandatory programs such as Medicaid to entities that receive over \$350 million and which provide abortion services, other than for cases resulting from rape or incest or cases in which the life of the mother is at risk. CBO estimates this provision would save an estimated \$235 million. The reconciliation instructions would allow funding in the amount of \$235 million to community health centers, which do not provide abortion. In essence, the Committee’s reconciliation instructions would defund a significant amount of federal funds PPFA receives and redirect funding to other health centers.

Adding these defunding measures to budget reconciliation provides a way forward to defunding PPFA and passing this in the Senate with 51 votes. To avoid such an approach would diminish much of the effort Members in the House and Senate have engaged in so far to defund PPFA.

This bill would also repeal key provisions of the PPACA which have the effect of threatening life-saving treatment, which encourage subsidies for abortion coverage and which threaten conscience. Specifically, the bill would repeal the Independent Payment Advisory Board which is established to control health care costs but which will result in government rationing of lifesaving care.

The bill also would repeal the employer mandate and its penalties, thereby allowing employers to offer health care plans to their employees that are pro-life and avoid dropping their employees into exchange plans which may cover elective abortion. Moreover, repealing the employer mandate grants employers the option to forgo health care coverage and thereby escape the HHS preventive care services mandate, sometimes called the “contraception mandate”, in which all employers offering group coverage must provide drugs and devices that can cause abortion in violation against their conscience. While the Supreme Court protected closely held businesses in the, “Hobby Lobby,” case, non-profit employers such as the Little Sisters of the Poor and numerous other employers are still subject to the HHS mandate. Employers should not be forced by the federal government to cover health insurance that violate their conscience.

Last, the bill would repeal the individual mandate, allowing individuals to refuse to purchase insurance where there are no or few pro-life alternatives. This is especially relevant for individuals who live in 26 states that did not opt out of elective abortion coverage. Currently, of the 24 states that allow abortion coverage (and which the federal government may subsidize), 4 states have no pro-life plans, and in 9 states 90% of the plans cover elective abortion. Under the PPACA, those purchasing plans with elective abortion must pay an abortion surcharge, and the federal government subsidizes such plans in violation of the long-standing Hyde Amendment. Pro-life individuals in these states should have more options. The abortion funding schemes in the PPACA would still need to be addressed. However, repealing the individual mandate removes penalties that force people to purchase health plans they find objectionable as it relates to abortion coverage.

For these reasons, FRC supports the “Restoring Americans’ Healthcare Freedom Reconciliation Act.” Again, FRC reserves the right to score in favor of votes for the Rule and will score in favor of votes for the bill. Sincerely,

DAVID CHRISTENSEN,
Vice President of Government Affairs.

NATIONAL RIGHT TO LIFE
COMMITTEE, INC.,

Washington, DC, October 19, 2015.

DEAR MEMBER OF CONGRESS: The National Right to Life Committee (NRLC), the federation of state right-to-life organizations, urges you to support the “Restoring Americans’ Healthcare Freedom Reconciliation Act” (H.R. 3762), which the House of Representatives will consider on October 23. NRLC intends to include the roll call on final passage of H.R. 3762 in our scorecard of key right-to-life votes of the 114th Congress, and we reserve the right to also score the vote on the Rule as well.

NRLC strongly supports the language in the bill that would block, for one year, most federal payments to affiliates of the Planned Parenthood Federation of America (PPFA). It would close the largest pipeline for federal funding of Planned Parenthood, Medicaid, and apply as well to the CHIP and the Title V and Title XX block grant programs, thus covering roughly 89 percent of all federal funds to Planned Parenthood. The amounts denied to Planned Parenthood in effect are reallocated to community health centers.

Over one-third of all abortions in the U.S. are performed at PPFA-affiliated facilities. Longstanding objections to the massive federal funding of PPFA have been reinforced by recent widely publicized undercover videos, which illuminate the callous brutality that occurs daily in these abortion mills. For additional up-to-date information on the extent of Planned Parenthood’s involvement in abortion, see: www.nrlc.org/communications/ppfamediabackground/.

In addition, NRLC has always opposed the Obamacare law and advocated its repeal. With respect to H.R. 3762, we particularly endorse the components that would repeal the Independent Payment Advisory Board (IPAB) and the “excess benefits tax” (“Cadillac Tax”), both dangerous mechanisms that would ultimately contribute to the rationing of lifesaving care.

We urge that you vote for the Rule, oppose any Motion to Recommit, and vote to pass this vital pro-life bill.

Sincerely,

CAROL TOBIAS,
President.
DAVID N. O’STEEN, PH.D.,
Executive Director.
DOUGLAS D. JOHNSON,
Legislative Director.

NATIONAL RETAIL FEDERATION,
Washington, DC, October 22, 2015.

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND DEMOCRATIC LEADER PELOSI: I write to share the strong support of the National Retail Federation (NRF) for H.R. 3762, the Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015. Please note that NRF may consider votes on H.R. 3762 and related procedural motions as Opportunity Index Votes for our annual voting scorecard.

The Affordable Care Act (ACA) remains a great concern for NRF and the greater retail community. The ACA adversely influences

staffing patterns, discourages full-time employment and adds to the cost of goods in retail stores. NRF opposed enactment of the ACA in 2010 but has also worked steadfastly to change the law since its enactment. We support reasonable efforts to reduce the ACA's cost burdens and ease compliance concerns.

Many important retail priorities to change and improve the ACA are included in H.R. 3762. Repealing the employer mandate, the already harmful Cadillac Tax and automatic enrollment provisions are all strong NRF-endorsed goals. We have supported bipartisan repeal efforts on each of these issues. NRF urges bipartisan support for these initiatives and the underlying legislation.

Budget Reconciliation offers an expedited path past the Senate procedural hurdles that have hampered progress on many of these priorities and advance them to the President's desk. We urge the President to sign this legislation at his first opportunity.

For all of these reasons, NRF strongly supports H.R. 3762. We therefore ask for your vote in favor of H.R. 3762 when it reaches the House floor.

Sincerely,

DAVID FRENCH

Senior Vice President, Government Relations.

CHAMBER OF COMMERCE,
UNITED STATES OF AMERICA,
Washington, DC, October 22, 2015.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The U.S. Chamber of Commerce, the world's largest business federation representing the interests of more than three million businesses of all sizes, sectors, and regions, as well as state and local chambers and industry associations, and dedicated to promoting, protecting, and defending America's free enterprise system, supports several key provisions in H.R. 3762, the "Restoring Americans' Healthcare Freedom Reconciliation Act of 2015."

Key provisions in H.R. 3762 would repeal many of the most harmful sections of the Affordable Care Act (ACA). Indeed, repealing the employer mandate, the 40% excise tax on so-called "high-cost" employer sponsored health plans, the medical device tax, and auto-enrollment requirements would help control increasing health care costs and protect the employer-sponsored health care system.

Due to the tremendous harm that these particular ACA provisions are causing employers and employees alike, the Chamber urges you to support H.R. 3762 and repeal the provisions in the ACA that are undermining the employer-sponsored health care system that over 160 million Americans rely on for their health care benefits.

Sincerely,

R. BRUCE JOSTEN.

AMERICANS FOR PROSPERITY,
October 22, 2015.

DEAR REPRESENTATIVES, Since President Obama's healthcare law went into effect two years ago, the American people have been saddled with cancelled healthcare plans, higher taxes, and premium increases. On behalf of more than 2.8 million Americans for Prosperity activists in all 50 states, I write in support of the "Restoring Americans' Healthcare Freedom Reconciliation Act of 2015" (H.R. 3762) because it would relieve the American people of many of ObamaCare's most significant burdens.

Americans for Prosperity has consistently endorsed many of these reforms in the past in standalone legislation—repealing the mandates on individuals and employers, repealing the medical device tax, repealing the tax on high cost employer-sponsored health plans, and repealing the Prevention and Pub-

lic Health Fund. Overall, the reforms included in this package represent significant steps as we work toward full repeal of the President's healthcare law.

The reforms included in this package enjoy broad bipartisan support. Earlier this year, 46 House Democrats joined 234 of their Republican colleagues in supporting the standalone legislation to repeal the medical device tax (H.R. 160). Current legislation repealing the so-called "Cadillac tax" (H.R. 2050) has 146 Democrats and 19 Republicans listed as co-sponsors. Past Congresses approved legislation repealing the ObamaCare Slush Fund (H.R. 1217) and delaying the individual mandate (H.R. 4015) with bipartisan votes, as well.

We encourage you to support the reconciliation package when it comes to the floor for a vote. Thank you for your consistent leadership on this important issue.

Sincerely,

BRENT GARDNER,
Vice President of Government Affairs,
Americans for Prosperity.

SMALL BUSINESS & ENTREPRENEURSHIP
COUNCIL,
Vienna, VA, October 21, 2015.

Hon. TOM PRICE,
Chairman, Committee on the Budget,
House of Representatives, Washington, DC.

DEAR CHAIRMAN PRICE: On behalf of the 100,000 members of the Small Business & Entrepreneurship Council (SBE Council), I am pleased to support H.R. 3762, the "Restoring Americans' Healthcare Freedom Reconciliation Act of 2015."

The Affordable Care Act (ACA), commonly referred to as ObamaCare, is raising health insurance costs for small businesses and the self-employed, increasing deductibles on policies, increasing patient's out-of-pocket exposure, and limiting health care choices. Higher costs and more regulatory hurdles mean less investment and fewer jobs being created by small businesses.

H.R. 3762 repeals several important provisions of ObamaCare. Among other provisions, it would repeal the individual mandate that forces all Americans to buy expensive health insurance; repeals the employer mandate that forces America's job creators to provide health insurance or pay taxes; repeals the Cadillac tax on robust health insurance plans; repeals the medical device tax that is adversely impacting innovative small companies that dominate the medical device sector; and repeals the Independent Physicians Advisory Board (IPAB) that would determine medical services for seniors.

Thank you for your leadership on this issue. SBE Council looks forward to working with you to advance H.R. 3762 into law.

Sincerely,

KAREN KERRIGAN,
President and CEO.

AMERICANS UNITED FOR LIFE ACTION,
Washington, DC, October 21, 2015.

DEAR REPRESENTATIVE: On behalf of Americans United for Life Action (AUL Action), the legislative arm of Americans United for Life, the legal architects of the prolife movement, I urge you to support continued efforts in the House to defund abortion providers, including Planned Parenthood, by voting for H.R. 3762, the "Restoring Americans' Healthcare Freedom Reconciliation Act." AUL is grateful to House leadership for taking concrete actions to investigate Planned Parenthood in three Committees and now in the Select Committee. Including defunding abortion providers in H.R. 3762 is further evidence of House leadership's commitment to Life, which we urge you to support.

AUL Action has long called on Congress to disentangle the American taxpayer from the

Abortion Industry. The video footage recently released by the Center for Medical Progress (CMP) capturing Planned Parenthood's top doctors and other personnel discussing its practice of harvesting the body parts of aborted babies in exchange for money has shocked the conscience of the nation. Planned Parenthood's abhorrent and potentially illegal practice uncovered by the CMP is further proof that subsidizing Planned Parenthood is an inappropriate use of taxpayer dollars.

Planned Parenthood's Senior Medical Director, Dr. Deborah Nucatola, discussed in one of the videos how she strategically "crushes" the babies she aborts in order to best harvest their hearts, lungs and livers. These videos shed light for the American people to see Planned Parenthood for what it truly is, the abortion industry that puts profits ahead of anything else.

The recorded conversations also raise serious concern that Planned Parenthood may be violating federal fetal tissue trafficking laws, the Partial Birth Abortion Ban—a law that Planned Parenthood's Dr. Nucatola flippanantly describes as "open to interpretation"—and the federal Born Alive Infant Protection Act. As Americans United for Life has documented, Planned Parenthood's harvesting of baby body parts is one of a growing list of scandals that should make Planned Parenthood ineligible for the tremendous amount of taxpayer dollars it takes in annually.

In FY 2014, Planned Parenthood reported that 40 percent of its nearly \$1.3 billion in revenue came at the taxpayers' expense. A report issued by the Government Accountability Office in March 2015 documented that Planned Parenthood receives half a billion dollars annually from federal and joint federal-state programs. The federal government has a responsibility to the American people to ensure the integrity of these programs.

Relying on a heavy stream of funding from the government, Planned Parenthood operates the largest abortion business in the nation. Planned Parenthood clinics perform nearly 900 abortions every single day—327,653 abortions in 2013. According to Planned Parenthood's most recent annual report, abortions were 94 percent of its pregnancy related services.

Taxpayers should not be forced to subsidize Planned Parenthood's abortion business. AUL thanks the House for passing important pieces of legislation including H.R. 3435, the "Women's Public Health and Safety Act," sponsored by Rep. Sean Duffy (R-WI). This bill would explicitly permit a state to exclude abortion providers and facilities where abortions are performed from its Medicaid program. AUL Action scored in favor of this important piece of legislation and urges the Senate to take up the companion piece of legislation, S. 2159, sponsored by Sen. David Vitter (R-LA).

I hope you will support continued efforts in the House to disentangle the taxpayer from the scandal ridden abortion industry by voting for passage of H.R. 3762, the "Restoring Americans' Healthcare Freedom Reconciliation Act."

Sincerely,

CHARMAINE YOEST, Ph.D.,
President & CEO, Americans United for Life Action.

Mr. TOM PRICE of Georgia. Mr. Speaker, what the American people have heard and seen today is a real contrast. There is no doubt about it. On the one hand, those of us on this side of the aisle are fighting to protect the American people from the harm that ObamaCare is doing to our healthcare system and to our economy.

On the other hand, most of our friends on the other side of the aisle are doing everything that they can to protect a broken status quo. They are defending a law that is contributing to higher healthcare costs, to less access to care, to lower quality of care, and an economy that is leaving too many Americans behind.

Interestingly enough, many of the provisions in the bill that we are talking about today have enjoyed bipartisan support in the past. When our Democrat colleagues bemoan the fact that we are actually trying to provide folks relief from the individual mandate or the employer mandate or the punitive taxes on medical innovation and the onerous provisions within ObamaCare, their protestations simply ring hollow.

I don't doubt their sincerity. I am sure that our friends believe that, with enough Washington bureaucratic engineering, they can craft a healthcare system that will effectively serve the American people, despite the evidence that proves otherwise. We fundamentally disagree.

We think a healthcare system that is responsive to the needs of patients and families and physicians will not come by way of Washington decree or mandates or tax penalties. We think that if you want to increase quality, affordable health care, if you want to improve the responsiveness of our system, then you need to trust the American people, trust them to make decisions for themselves and for their families rather than try to force them into some Washington-created definition of care.

The legislation we have been debating today will provide strong relief from the most coercive components of the President's healthcare law. It will pave the way for the sort of patient-centered healthcare reform that we ought to be implementing. In doing so, it will save the American taxpayer \$130 billion over the next 10 years by lowering the amount of deficit spending we see here in Washington, and it will expand economic growth and opportunity.

Mr. Speaker, I want to thank my colleagues so very, very much. I want to thank the chairs of the Committees on Education and the Workforce, Energy and Commerce, Ways and Means, and their committee members. I want to thank my colleagues here in this Chamber for this spirited and important debate. I look forward to the American people having the opportunity to learn more about who is really fighting to protect and promote the ability of patients and families and doctors to make medical decisions, not Washington, D.C.

I urge support of this measure.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in strong opposition to H.R. 3762, the budget reconciliation bill. This bill is little more than a partisan attack on the health coverage

for millions of Americans and access to women's health care.

This legislation is the 61st repeal vote on the Affordable Care Act, which has succeeded in expanding health coverage to over 17 million Americans, including nearly 20,000 residents in the 29th District of Texas.

Included in this legislation is a repeal of the Prevention and Public Health Fund, the federal government's only dedicated investment in prevention and the Nation's largest single investment in prevention. The Prevention Fund was enacted as part of ACA in response to the overwhelming bipartisan support for prevention efforts and recognition of the lack of targeted and sustained federal initiatives to address chronic and costly illnesses.

This bill would also strip funding for Planned Parenthood for 2016. Eliminating federal support for Planned Parenthood would limit or prevent women from accessing important health services such as contraception, cancer screenings, and STI tests and treatment. Women in communities with a shortage of other health care providers who serve low-income patients would be the ones most likely to experience barriers to care.

As the current ranking member of the Health Subcommittee that worked endless hours authoring the Affordable Care Act six years ago, I ask my Republican colleagues to offer reasonable proposals to improve ACA. There are areas of the current law that I and many of my Democratic colleagues on this side of the aisle would be willing to consider changing. Unfortunately, the bill before the House today is another extreme proposal that would gut the heart out of ACA and take away the health coverage for millions of Americans.

Mr. Speaker, we will not let that happen. ACA has been a success beyond the wishes of its supporters and the most important expansion of health coverage since Medicare and Medicaid while slowing the growth of health care prices in nearly half a century.

I urge my colleagues to vote against this extreme proposal. President Obama has already said he will veto this bill if it reaches his desk. I promise that his veto will be sustained by Congress.

Ms. JACKSON LEE. Mr. Speaker, I request that this article from White House Blog entitled, "The Faces of Health Care: Joanne W." regarding the benefits of the Affordable Healthcare Act be submitted.

Joanne was able to sign up for Medicare at 66. Her doctor told her there was an advancement to Medicare through ACA. After being on disability with no other health insurance, Joanne went in for a free annual wellness check once she had Medicare. At that very check they detected early carotoid artery stenosis—a condition that has no early symptoms, but if not treated can lead to a stroke or cardiac arrest. Because it was detected early she was immediately given medication and advice on diet and exercise. "Who would have thought after all my support for the ACA, my life would be saved by it," she wrote in a letter to the President.

Mr. BLUMENAUER. Mr. Speaker, today, I will vote against H.R. 3762, the Restoring American's Healthcare Freedom Reconciliation Act. This legislation is not a serious effort at deficit reduction. Rather it is an assault on the American public by gutting the Affordable Care Act (ACA), and badly undercutting women's health services.

The budget reconciliation process is supposed to reduce funding shortfalls, but instead

this bill would increase America's long-term deficits. Not only would it take health care away from 16 million Americans, but it would also make our families less safe by eliminating the Prevention and Public Health Fund, a program that, for example, has helped thousands of adults and teenagers quit smoking, deaths from which cost taxpayers over \$100 billion each year.

This latest repeal effort comes after millions of Americans are newly enrolled in health insurance, many using financial assistance or enrolling in expanded Medicaid programs. In Oregon, over 100,000 individuals have enrolled using the health exchange marketplace and 75 percent of those Oregonians receive financial assistance. Over 1 million Oregonians have coverage through the expanded Medicaid or Children's Health Insurance Program (CHIP). This legislation takes away this coverage or dramatically increases premiums—undermining important patients' rights and benefits along the way.

What's worse than the substance of this bill is the fact that this charade used up precious time that ought to have been used to address real problems. In just a few days, America's Highway Trust Fund will expire. If Congress rolled up its sleeves and found a solution to pay for America's crumbling infrastructure, we could put hundreds of thousands of people to work, reduce the deficit, improve the economy, and strengthen the quality of life in communities across America.

In less than two weeks unless Congress acts, America will default on our debt. When we came within one day of default in 2011, Republicans caused serious damage to the U.S. economy. The stock markets were hit hard, with the Dow Jones Industrial Average plunging 2,000 points in July and August of 2011. Standard & Poor's, the ratings agency, downgraded the U.S. credit rating. As a result, taxpayers spent \$1.3 billion more in interest payments because of the downgrade. In the four years since, due to the GOP's continued brinksmanship, the S&P has not reversed that downgrade.

It's time to act responsibly and deal with difficult issues by offering real and thoughtful solutions. Let's be clear—this vote, the 61st vote to repeal the ACA, is anything but responsible or thoughtful, and it is reckless in the extreme to hold the entire U.S. economy hostage to fringe economic demands. The Republican party needs to sideline reckless actors and the ideas they present, not bring them to the floor.

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

Pursuant to House Resolution 483, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mr. VAN HOLLEN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-

minute vote on passage of the bill will be followed by a 5-minute vote on agreeing to the Speaker's approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—ayes 240, noes 189, not voting 5, as follows:

[Roll No. 568]

AYES—240

Abraham	Grothman	Perry
Aderholt	Guinta	Peterson
Allen	Guthrie	Pittenger
Amash	Hardy	Pitts
Amodei	Harper	Poe (TX)
Babin	Harris	Poliquin
Barletta	Hartzler	Pompeo
Barr	Heck (NV)	Posey
Barton	Hensarling	Price, Tom
Benishkek	Herrera Beutler	Ratcliffe
Billirakis	Hice, Jody B.	Reed
Bishop (MI)	Hill	Reichert
Bishop (UT)	Holding	Renacci
Black	Hudson	Ribble
Blackburn	Huelskamp	Rice (SC)
Blum	Huizenga (MI)	Rigell
Bost	Hultgren	Roby
Boustany	Hunter	Roe (TN)
Brady (TX)	Hurd (TX)	Rogers (AL)
Brat	Hurt (VA)	Rogers (KY)
Bridenstine	Issa	Rohrabacher
Brooks (AL)	Jenkins (KS)	Rokita
Brooks (IN)	Jenkins (WV)	Rooney (FL)
Buchanan	Johnson (OH)	Ros-Lehtinen
Bucshon	Johnson, Sam	Roskam
Burgess	Jolly	Ross
Byrne	Jordan	Rothfus
Calvert	Joyce	Rouzer
Carter (GA)	Katko	Royce
Carter (TX)	Kelly (MS)	Russell
Chabot	Kelly (PA)	Ryan (WI)
Chaffetz	King (IA)	Sanford
Clawson (FL)	King (NY)	Scalise
Coffman	Kinzinger (IL)	Schweikert
Cole	Kline	Scott, Austin
Collins (GA)	Knight	Sensenbrenner
Collins (NY)	Labrador	Sessions
Comstock	LaHood	Shimkus
Conaway	LaMalfa	Shuster
Cook	Lamborn	Simpson
Costello (PA)	Lance	Smith (MO)
Cramer	Latta	Smith (NE)
Crawford	LoBiondo	Smith (NJ)
Crenshaw	Long	Smith (TX)
Culberson	Loudermilk	Stefanik
Curbelo (FL)	Love	Stewart
Davis, Rodney	Lucas	Stivers
Denham	Luetkemeyer	Stutzman
Dent	Lummis	Thompson (PA)
DeSantis	MacArthur	Thornberry
DesJarlais	Marchant	Tiberi
Diaz-Balart	Marino	Tipton
Donovan	Massie	Trott
Duffy	McCarthy	Turner
Duncan (SC)	McCaul	Upton
Duncan (TN)	McClintock	Valadao
Ellmers (NC)	McHenry	Wagner
Emmer (MN)	McKinley	Walberg
Farenthold	McMorris	Walden
Fincher	Rodgers	Walorski
Fitzpatrick	McSally	Walters, Mimi
Fleischmann	Meehan	Weber (TX)
Fleming	Messer	Webster (FL)
Flores	Mica	Wenstrup
Forbes	Miller (FL)	Westerman
Fortenberry	Miller (MI)	Westmoreland
Fox	Moolenaar	Whitfield
Franks (AZ)	Mooney (WV)	Williams
Frelinghuysen	Mullin	Wilson (SC)
Garrett	Mulvaney	Wittman
Gibbs	Murphy (PA)	Womack
Gibson	Neugebauer	Woodall
Gohmert	Newhouse	Yoder
Goodlatte	Noem	Yoho
Gosar	Nugent	Young (AK)
Gowdy	Nunes	Young (IA)
Granger	Olson	Young (IN)
Graves (GA)	Palazzo	Zeldin
Graves (LA)	Palmer	Zinke
Graves (MO)	Paulsen	
Griffith	Pearce	

NOES—189

Adams	Beatty	Bishop (GA)
Aguiar	Becerra	Blumenauer
Ashford	Bera	Bonamici
Bass	Beyer	

Boyle, Brendan F.	Grijalva	O'Rourke
Brady (PA)	Gutiérrez	Pallone
Brown (FL)	Hahn	Pascarell
Brownley (CA)	Hanna	Pelosi
Buck	Hastings	Perlmutter
Bustos	Heck (WA)	Peters
Butterfield	Higgins	Pingree
Capps	Himes	Pocan
Capuano	Hinojosa	Polis
Cárdenas	Honda	Price (NC)
Carney	Hoyer	Quigley
Carson (IN)	Huffman	Rangel
Cartwright	Israel	Rice (NY)
Castro (TX)	Jackson Lee	Richmond
Chu, Judy	Jeffries	Roybal-Allard
Cicilline	Johnson (GA)	Ruiz
Clark (MA)	Johnson, E. B.	Ruppersberger
Clarke (NY)	Jones	Rush
Clay	Kaptur	Ryan (OH)
Cleaver	Keating	Salmon
Clyburn	Kennedy	Sánchez, Linda T.
Cohen	Kildee	Sanchez, Loretta
Connolly	Kilmer	Sarbanes
Conyers	Kind	Schakowsky
Cooper	Kirkpatrick	Schiff
Costa	Kuster	Schrader
Courtney	Langevin	Scott (VA)
Rigell	Larsen (WA)	Scott, David
Cuellar	Larson (CT)	Serrano
Cummings	Lawrence	Sewell (AL)
Davis (CA)	Lee	Sherman
Davis, Danny	Levin	Sinema
DeFazio	Lewis	Sires
DeGette	Lieu, Ted	Slaughter
Delaney	Lipinski	Smith (WA)
DeLauro	Loeb sack	Speier
DeBene	Lofgren	Swalwell (CA)
DeSaulnier	Lowenthal	Takai
Dingell	Lowe	Takano
Doggett	Lujan Grisham (NM)	Thompson (CA)
Dold	Lujan, Ben Ray (NM)	Thompson (MS)
Doyle, Michael F.	Lynch	Titus
Duckworth	Maloney	Tonko
Edwards	Carolyn	Torres
Ellison	Maloney, Sean	Tsongas
Engel	Matsui	Van Hollen
Eshoo	McCollum	Vargas
Esty	McDermott	Veasey
Farr	McGovern	Vela
Fattah	Meadows	Velázquez
Foster	Meeks	Visclosky
Frankel (FL)	Meng	Walker
Fudge	Moore	Walz
Gabbard	Moulton	Wasserman
Gallego	Murphy (FL)	Schultz
Garamendi	Nadler	Waters, Maxine
Graham	Napolitano	Watson Coleman
Grayson	Neal	Welch
Green, Al	Nolan	Wilson (FL)
Green, Gene	Norcross	Yarmuth

NOT VOTING—5

Castor (FL)	Kelly (IL)	Payne
Deutch	McNerney	

□ 1157

Mr. NADLER changed his vote from “aye” to “no.”

Mr. YOUNG of Indiana changed his vote from “no” to “aye.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

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

Pursuant to clause 1, rule I, the Journal stands approved.

LEGISLATIVE PROGRAM

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

Mr. HOYER. Mr. Speaker, I yield to my friend, Mr. MCCARTHY, the majority leader, for purposes of telling us what the schedule will be for next week.

I yield to my friend.

Mr. MCCARTHY. I thank the gentleman for yielding.

Before I get into next week's schedule, I do want to thank the gentleman for joining me in the Second Congressional Hackathon.

Today's Hackathon is an opportunity to bring people together to envision a modernized Congress. Even as we speak, the congressional community, open government advocates, and code developers from the technology sector are gathered to explore how we can leverage technology to improve how Congress works for the American people. It is a good reminder that, even as we may disagree on many policy issues, we can work together to improve this institution.

I want to thank the gentleman's staff as well as the Clerk's office for their work on today's Hackathon.

Mr. Speaker, on Monday, the House will meet at noon for morning-hour and 2 p.m. for legislative business. Votes will be postponed until 6:30 p.m. On Tuesday and Wednesday, the House will meet at 10 a.m. for morning-hour and noon for legislative business. On Thursday, the House will meet at 9 a.m. for legislative business. Last votes of the week are expected no later than 3 p.m. On Friday, no votes are expected in the House.

Mr. Speaker, the House will consider a number of suspensions next week, including a necessary short-term extension of the authorities under the highway trust fund. A complete list of suspensions will be announced by close of business today.

In addition, the House will consider H.R. 1090, the Retail Investor Protection Act, sponsored by Representative ANN WAGNER. This bill provides relief from the Department of Labor's proposed rule to redefine “fiduciary.” Once finalized, the Department's rule will shut out millions of low- and middle-income investors from getting retirement savings advice. Instead, our bill will ensure coordination between the Department and the Securities and Exchange Commission to determine whether it is even necessary to establish a uniform standard.

Finally, Mr. Speaker, the House will also need to consider legislation relating to the Nation's debt limit.

I thank the gentleman for yielding.

Mr. HOYER. I thank the gentleman for that information, and I want to join him. He and I both had the opportunity to speak to participants in the Hackathon that is going on as we speak. Mr. Cantor and I were cooperative in this effort as well, and Mr. MCCARTHY and I have continued this