

Carbajal  
Cárdenas  
Carson (IN)  
Carter (GA)  
Carter (TX)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chabot  
Chaffetz  
Cheney  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Clever  
Clyburn  
Coffman  
Cohen  
Cole  
Collins (GA)  
Collins (NY)  
Comer  
Constock  
Conaway  
Connolly  
Conyers  
Cook  
Cooper  
Correa  
Costa  
Costello (PA)  
Courtney  
Cramer  
Crawford  
Crist  
Crowley  
Cuellar  
Culberson  
Cummings  
Curbelo (FL)  
Davidson  
Davis (CA)  
Davis, Danny  
Davis, Rodney  
DeFazio  
DeGette  
Delaney  
DeLauro  
DelBene  
Demings  
Denham  
Dent  
DeSantis  
DeSaulnier  
DesJarlais  
Diaz-Balart  
Dingell  
Doggett  
Donovan  
Doyle, Michael  
F.  
Duffy  
Duncan (SC)  
Duncan (TN)  
Dunn  
Ellison  
Emmer  
Engel  
Eshoo  
Espallat  
Esty  
Evans  
Farenthold  
Faso  
Ferguson  
Fitzpatrick  
Fleischmann  
Flores  
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Frankel (FL)  
Franks (AZ)  
Frelinghuysen  
Fudge  
Gabbard  
Gaetz  
Gallagher  
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Garamendi  
Garrett  
Gibbs  
Gohmert  
Gonzalez (TX)  
Goodlatte  
Gosar  
Gottheimer  
Gowdy

Granger  
Graves (GA)  
Graves (LA)  
Graves (MO)  
Green, Al  
Green, Gene  
Griffith  
Grijalva  
Grothman  
Guthrie  
Gutiérrez  
Hanabusa  
Harper  
Harris  
Hartzler  
Heck  
Hensarling  
Herrera Beutler  
Hice, Jody B.  
Higgins (LA)  
Higgins (NY)  
Hill  
Himes  
Holding  
Hollingsworth  
Hoyer  
Hudson  
Huffman  
HuiZenga  
Hultgren  
Hunter  
Hurd  
Issa  
Jackson Lee  
Jayapal  
Jeffries  
Jenkins (KS)  
Jenkins (WV)  
Johnson (GA)  
Johnson (LA)  
Johnson (OH)  
Johnson, E. B.  
Johnson, Sam  
Jones  
Jordan  
Joyce (OH)  
Kaptur  
Katko  
Keating  
Kelly (IL)  
Kelly (MS)  
Kelly (PA)  
Kennedy  
Khanna  
Kihuen  
Kildee  
Kilmer  
Kind  
King (IA)  
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Kinzinger  
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Krishnamoorthi  
Kuster (NH)  
Kustoff (TN)  
Labrador  
LaHood  
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Lamborn  
Lance  
Langevin  
Larsen (WA)  
Larsen (CT)  
Latta  
Lawrence  
Lawson (FL)  
Lee  
Levin  
Lewis (MN)  
Lieu, Ted  
Lipinski  
LoBiondo  
Loebuck  
Lofgren  
Long  
Loudermilk  
Love  
Lowenthal  
Lowey  
Lucas  
Luetkemeyer  
Lujan Grisham,  
M.  
Luján, Ben Ray  
Lynch  
MacArthur  
Maloney,  
Carolyn B.  
Maloney, Sean

Marino  
Marshall  
Massie  
Mast  
Matsui  
McCarthy  
McCaul  
McClintock  
McCollum  
McEachin  
McGovern  
McHenry  
McKinley  
McMorris  
Rodgers  
McNerney  
McSally  
Meadows  
Meehan  
Meeks  
Meng  
Messer  
Mitchell  
Moolenaar  
Mooney (WV)  
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Murphy (FL)  
Murphy (PA)  
Nadler  
Neal  
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Norcross  
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O'Halleran  
O'Rourke  
Olson  
Palazzo  
Pallone  
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Pascarell  
Paulsen  
Pearce  
Pelosi  
Perlmutter  
Perry  
Peters  
Peterson  
Pingree  
Pittenger  
Pocan  
Poe (TX)  
Poliquin  
Polis  
Posey  
Price (NC)  
Quigley  
Raskin  
Ratcliffe  
Reed  
Reichert  
Renacci  
Rice (NY)  
Rice (SC)  
Richmond  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rohrabacher  
Rooney, Francis  
Rooney, Thomas  
J.  
Ros-Lehtinen  
Rosen  
Roskam  
Ross  
Rothfus  
Rouzer  
Roybal-Allard  
Royce (CA)  
Ruiz  
Ruppersberger  
Russell  
Rutherford  
Ryan (OH)  
Sánchez  
Sanford  
Sarbanes  
Scallie  
Schakowsky  
Schiff  
Schneider  
Schradler  
Schweikert

Scott (VA)  
Scott, Austin  
Scott, David  
Sensenbrenner  
Serrano  
Sessions  
Sewell (AL)  
Shea-Porter  
Sherman  
Shimkus  
Shuster  
Simpson  
Sires  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Smucker  
Soto  
Speier  
Stefanik  
Stewart  
Stivers  
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Swalwell (CA)  
Takano  
Taylor  
Tenney  
Thompson (CA)  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Titus  
Tonko  
Torres  
Trott  
Turner  
Upton  
Valadao  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Wagner  
Walberg  
Walden  
Walker

Walorski  
Walters, Mimi  
Walz  
Wasserman  
Schultz  
Waters, Maxine  
Watson Coleman  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Williams  
Wilson (FL)  
Wilson (SC)  
Wittman  
Womack  
Woodall  
Yarmuth  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Zeldin

## NAYS—2

Hastings

Napolitano

## NOT VOTING—13

Beyer  
Deutch  
Fortenberry  
Lewis (GA)  
Marchant

Payne  
Rokita  
Rush  
Sinema  
Slaughter

Thompson (MS)  
Tsongas  
Welch

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1349

Mr. WEBSTER of Florida changed his vote from “nay” to “yea.”

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. HASTINGS. Mr. Speaker, during rollcall Vote number 178 on H.R. 1353, I mistakenly recorded my vote as “nay” when I should have voted “yea.”

Mrs. NAPOLITANO. Mr. Speaker, during rollcall Vote number 178 on H.R. 1353, I mistakenly recorded my vote as “no” when I should have voted “yes.”

# PRIVILEGED REPORT ON RESOLUTION OF INQUIRY TO THE PRESIDENT

Mr. MURPHY of Pennsylvania, from the Committee on Energy and Commerce, submitted an adverse privileged report (Rept. No. 115-54) on the resolution (H. Res. 154) of inquiry requesting the President of the United States and directing the Secretary of Health and Human Services to transmit certain information to the House of Representatives relating to plans to repeal or replace the Patient Protection and Affordable Care Act and the health-related measures of the Health Care and Education Reconciliation Act of 2010, which was referred to the House Calendar and ordered to be printed.

# PROVIDING FOR CONSIDERATION OF H.R. 1101, SMALL BUSINESS HEALTH FAIRNESS ACT OF 2017

Mr. BYRNE. Mr. Speaker, by direction of the Committee on Rules, I call

up House Resolution 210 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

## H. RES. 210

*Resolved*, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1101) to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees. All points of order against consideration of the bill are waived. In lieu of the amendment recommended by the Committee on Education and the Workforce now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-9 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question; and (3) one motion to recommit with or without instructions.

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

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

## GENERAL LEAVE

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

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

There was no objection.

Mr. BYRNE. Mr. Speaker, House Resolution 210 provides for consideration of H.R. 1101, the Small Business Health Fairness Act of 2017.

President Trump promised to repeal and replace ObamaCare, which is negatively affecting our economy and causing great hardship on the American people. Congress is responding this week with multiple bills to do just that.

After years of endless premium increases, we must take steps to make health insurance more accessible and affordable, including for small businesses that employ the majority of Americans. H.R. 1101, the Small Business Health Fairness Act, will do just

that by helping to level inequalities between large and small employers, ultimately making health insurance more affordable for millions of Americans.

Simply put, the Small Business Health Fairness Act will empower small businesses to band together through association health plans to purchase health insurance. This will allow them to increase their bargaining power, negotiating for lower health insurance rates on behalf of their employees, just like their large competitors do.

Additionally, the bill will allow their plans to fall under the Employee Retirement Income Security Act of 1974, or ERISA, and the Department of Labor, just like the large self-funded employer plans, preempting a myriad of State regulations that often make insurance unaffordable for small businesses.

The usefulness of this legislation is easy to imagine. For example, a small accounting firm might employ just three or four people while the largest firms employ tens of thousands. If that small firm could join together with others just like it to provide health insurance through their national association, it could have the same bargaining power and be subject to the same regulation as the firm with thousands of employees. This parity means more options and lower costs for employers and employees.

Mr. Speaker, our Nation's small businesses were hit especially hard by the passage of ACA. In fact, a 2016 survey by the National Federation of Independent Businesses found that small businesses identified the cost of health care as their number one challenge.

An estimated 300,000 small-business jobs were destroyed, and an estimated 10,000 small businesses closed altogether due to the failed ObamaCare policies.

Since 2008, 36 percent of all small businesses with fewer than 10 employees have stopped offering healthcare coverage. This has resulted in less overall healthcare options for working families.

ObamaCare's compliance costs and mandates have resulted in \$19 billion in lost wages for small-business employees.

The bottom line is that small businesses—the backbone of our Nation's economy—and their employees are feeling the pain of ObamaCare's failures and broken promises.

I meet with these small-business owners from south Alabama every day. They want to take care of their employees and provide them with high-quality health insurance. Through enacting the Small Business Health Fairness Act, we can help thousands of small businesses achieve that goal.

Mr. Speaker, I also want to point out that this legislation includes strong protections to ensure association health plans are solvent and that the families covered by them are indeed protected. A sponsor of a plan must be a bona fide trade, industry, or profes-

sional organization and can't be established for the purpose of providing medical care.

The sponsor must have existed for a period of at least 3 consecutive years before providing group health insurance coverage. The association health plan must be operated by a board of trustees and will be supervised by the Department of Labor. This will include minimum capital requirements and a requirement that plans have a stop-loss and solvency insurance.

Finally and most importantly, the bill prohibits association health plans from discriminating based upon health status and preexisting conditions.

Mr. Speaker, the Small Business Health Fairness Act is about ensuring our Nation's small businesses are afforded the same opportunities given to large corporations and labor unions. When similar legislation has been brought to the floor in the past, it has received strong bipartisan support, as I hope this bill will today.

Ultimately, this bill is just one part of our larger plan to rescue the American people from the failures of ObamaCare. This week, the House intends to vote to repeal ObamaCare, along with its mandates and its taxes.

But we do also understand that the pre-ObamaCare status quo is not acceptable. That is why the House is already moving to consider bills to give Americans the freedom, choices, and control they deserve.

Our solutions are built on free market and patient-centered principles. By getting the government out of the way and increasing competition, we can draw down costs and help Americans obtain health care that actually works for them.

Mr. Speaker, I urge my colleagues to support House Resolution 210 and the underlying bill.

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

□ 1400

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

Mr. Speaker, I rise in opposition to this rule today that provides for consideration of H.R. 1101, the so-called Small Business Health Fairness Act of 2017.

This bill, first of all, from a procedural basis, did not allow even a discussion of the amendments that my Democratic colleagues brought forward to improve the bill. This rule has something called the structured amendment process, which basically means that Democrats are locked out from presenting our ideas for improving this bill. We are not even allowed a 10-minute debate or a vote on any of the ideas that many of my colleagues brought forward.

The gentlewoman from Oregon (Ms. BONAMICI) proposed an amendment to require the legislation only take effect if the Congressional Budget Office de-

termined premiums for older workers wouldn't increase. Sounds like a reasonable idea to at least debate for an hour, 10 minutes. It is important to do.

The gentlewoman from California (Mrs. TORRES) offered an amendment that would have required all association health plans to continue the 10 essential health benefits of the Patient Protection and Affordable Care Act to obtain State certification—again, not even allowed to vote on her amendment.

The gentleman from New York (Mr. ESPAILLAT) offered an amendment to allow States to continue regulating any association health plan, including regulations related to benefits, consumer protections, and rating restrictions—not allowed.

These amendments would have improved the underlying legislation. They should have been allowed to proceed to the floor. Unfortunately, the only amendment that made it in was from the Republican side of the aisle, and all of the great ideas that Members on my side of the aisle offered were prevented from being even allowed to be debated under this restrictive rule.

I find it very troubling that my colleagues on the other side seem to prefer a partisan vote to collaboration and to considering valuable proposals that might help improve the quality of health care just because they happen to come from Democrats.

But there is a bigger issue here. Of course, in addition to the faulty process, the bill is simply a bad bill and does nothing to address the problems with the repeal of the Affordable Care Act, which is pending before this body.

One of the issues raised under this bill is it could lure away young and healthy workers, creating a distortion in the market. The ACA changed that practice by requiring health insurance sold through an association to meet the same insurance standards of coverage sold to the individual and small group market, preventing cherry-picking and providing a basic level of protection for consumers. This bill would roll back that progress, creating a separate set of rules for association health plans, essentially exempting them from complying with State regulations.

There is also little evidence that it has even been effective to expand coverage. That is why many consumer and advocacy groups, including, for instance, the National Association of Insurance Commissioners, have come out opposed to this bill.

But even more disturbing is the fact that we are considering a bill that even its proponents would agree does not in any way, shape, or form replace the protections of the Affordable Care Act. This is a bill that is narrow in scope. In fact, when we marked it up in our committee, the Education and the Workforce Committee, that very same day, the Energy and Commerce and Ways and Means Committees were marking up a bill to create a brand-new entitlement program, remove health care

from 24 million Americans who have it today, and increase costs by 15 to 20 percent for those who are paying for their insurance today.

At that time, the Republican healthcare bill had only been public for 24 hours. When the committees marked it up, we didn't even know how much the bill cost or how many people would lose coverage as a result. That information only came later, after committee members voted to amend or not amend the bill.

Frankly, it is unconscionable to deny people healthcare insurance. It may be a life-or-death proposition, and we need to do a better job understanding bills before we vote on them, which is one of the reasons that we need to make sure we know the cost of this so-called manager's amendment, these midnight changes to the repeal of the Affordable Care Act.

What is interesting with this proposed American Health Care Act the Republicans plan to bring to the floor, it was just reported—and I will be submitting the article for the RECORD—that the Republican bill actually results in more people being uninsured than if ObamaCare were simply repealed outright.

So rather than repealing it outright, what Republicans are doing is giving a tax break to billionaires, creating a brand-new entitlement program, throwing 24 million people off the insurance rolls, and increasing costs by 15 to 20 percent. It would actually throw less people off insurance if they simply repealed ObamaCare.

Mr. Speaker, I include in the RECORD an article from The New York Times.

[From The New York Times, Mar. 21, 2017]

#### The Upshot—Public Health

FEWER AMERICANS WOULD BE INSURED WITH G.O.P. PLAN THAN WITH SIMPLE REPEAL

(By Margot Sanger-Katz)

The Congressional Budget Office recently said that around 24 million fewer Americans would have health insurance in 2026 under the Republican repeal plan than if the current law stayed in place.

That loss was bigger than most experts anticipated, and led to a round of predictable laments from congressional Democrats—and less predictable ones from Republican senators, including Bill Cassidy of Louisiana and John Thune of South Dakota, who told reporters that the bill needed to be “more helpful” to low-income people who wanted insurance.

But one piece of context has gone little noticed: The Republican bill would actually result in more people being uninsured than if ObamaCare were simply repealed. Getting rid of the major coverage provisions and regulations of ObamaCare would cost 23 million Americans their health insurance, according to another recent C.B.O. report. In other words, 1 million more Americans would have health insurance with a clean repeal than with the Republican replacement plan, according to C.B.O. estimates.

The C.B.O. estimated what would happen after a simple repeal when it considered a bill that Congress passed last year. (President Obama later vetoed that bill.) The bill left parts of ObamaCare in place, so the 23 million estimate didn't come with the kind of detailed analysis that accompanied last

week's score of the American Health Care Act. But the similarity of the two estimates highlights some of the difficulties of the current proposal, both for Democrats, who are strongly criticizing potential coverage losses, and for the repeal-or-die crowd, who hate the structure of this new bill.

“It's reaffirmed how exceedingly complicated and convoluted the approach the House leadership took,” said Dan Holler, the vice president for communications and government relations at Heritage Action, an advocacy group firmly in the repeal-or-die camp.

Late Monday, House leadership revealed a set of amendments to the bill, which will be considered when the bill comes up for a vote. But, if they are adopted, the changes are unlikely to have major effects on overall coverage numbers. If anything, the changes might lead to a larger increase in the number of Americans without health insurance.

The people who would end up without health insurance are slightly different in the two cases. The current bill would cause more people to lose employer insurance, while a straight repeal bill would most likely cause more people who buy their own coverage to become uninsured. A simple repeal would be worse for Americans with pre-existing conditions, but the current bill would be worse for older Americans who are relatively healthy. Both approaches would lead to major reductions in the number of Americans covered by Medicaid.

The bill that Congress passed in 2016 is the third scenario. It would have kept ObamaCare's major insurance regulations on the books, including its rule that health insurers need to sell insurance at the same price to healthy and sick customers of the same age. It would have removed funding for the expansion of Medicaid, dropped subsidies to help people buy health coverage, and eliminated the individual and employer mandates in the law.

The results of those changes would be drastic: In a decade, 32 million more people would be without health insurance, according to the estimates. The C.B.O. essentially said it was a policy combination that would break the insurance market, resulting in substantially more people losing coverage than gained it under ObamaCare.

The kind of full repeal that some Republicans are calling for would, of course, be hard to pass. Even if every member of their caucus supported the approach, most experts believe that repealing ObamaCare's major insurance provisions would require a type of legislation that would be vulnerable to a Senate filibuster, and would thus require at least eight Democratic votes.

All three approaches would result in meaningful reductions in the number of Americans with health coverage. But, in the end, it appears that the long-term effects of the current Republican plan don't look that different from full repeal.

Mr. POLIS. Mr. Speaker, Margo Sanger-Katz said, in part: “But one piece of context has gone little noticed: The Republican bill would actually result in more people being uninsured than if ObamaCare were simply repealed. Getting rid of the major coverage provisions and regulations of ObamaCare would cost 23 million Americans their health insurance. . . . In other words, 1 million more Americans would have health insurance with a clean repeal than with the Republican replacement plan, according to CBO estimates.”

So it is just unclear what the Republicans are trying to do here. If the goal

was to come up with something worse than repealing the Affordable Care Act, they certainly reached that goal: less people will have coverage, more tax breaks for billionaires, higher rate increases for most Americans. On every account, it actually underperforms a cleaner repeal.

What Democrats wanted to do is improve the Affordable Care Act. And I want to be clear, none of us have ever argued the Affordable Care Act is perfect. I pushed for fixes. So many of my Democratic and Republican colleagues have pushed for fixes to strengthen the law, like repealing the medical device tax, which adds cost to health care, and altering the Cadillac tax on insurance premiums.

In the Education and the Workforce Committee, I actually offered three amendments to show some of the ideas that I and some of my colleagues had to improve the Affordable Care Act. They offered an amendment to establish a public option in the exchange, to provide a baseline of competition in every ZIP Code in this country—defeated on a partisan vote. I should add that my proposal for a public option—and I am a cosponsor of the bill to do the same—would actually reduce the budget deficit by over \$50 billion.

I also offered an amendment for pricing transparency to help make the market in health care work. One of the major market fallacies in health care is a Byzantine pricing structure where, frequently, different entities and people are paying different amounts for the same thing. If we had simple pricing transparency and quality transparency, we would go a long way towards making markets work in health care—defeated on a party vote.

Finally, I offered an amendment that would have allowed reimportation of prescription drugs. When you have a situation where—we have a popular example of this in the EpiPen, costing Americans who need access to the EpiPen over \$400, and yet in neighboring countries—Canada, Australia—EpiPens cost \$40 or \$50, one-tenth as much.

It is not unique to the EpiPen. By no means is that an exception to the rule. In fact, it is the rule. By allowing reimportation of prescription drugs, a proposal that was backed in the Senate in a bipartisan way by many of my Democratic and Republican colleagues as a budget amendment, we could actually reduce costs in health care, making the goal of expanding coverage even easier with those reduced costs.

You know, when I think about health care, I think it is important to think about who in our districts and States it most affects. I think of Pat Hayward, a constituent in my district who lives in Loveland.

Pat has so many family members who would be directly impacted by the repeal of the ACA. For instance, her husband has melanoma and over the years has needed several procedures to remove cancerous cells from his skin.

Had those procedures not been done in a timely and efficient manner, it could cause major complications, including premature death for Pat's husband.

Prior to the Affordable Care Act, when they tried to change insurance carriers, her husband was told that any coverage would exclude coverage of cancers, the very type of coverage he needed, because it was a preexisting condition. They literally would have had to choose between bankruptcy or being forced out of their home and into destitution or not getting the life-saving melanoma treatments that he needed.

But it is not just Pat's husband who has benefited and perhaps is alive and thriving today because of the protections of the Affordable Care Act. Pat's eldest son took advantage of a provision that allowed him to stay on his parents' plan until he got a job with health insurance at age 25.

Their younger son has struggled with anxiety and panic attacks, but thanks to comprehensive mental health treatment and the protections of the mental health parity that are in the Affordable Care Act—and being rolled back under the American Health Care Act, the Republican bill to replace it—their son is now back in college and thriving.

Pat, herself, expressed gratitude. The Affordable Care Act covers wellness visits and tests like mammograms, which can detect problems early, reduce costs, and save lives.

I share this story—and Pat wanted me to share her story—because families like the Haywards are like families in every State, in every county, in every ZIP Code in the country. American families have faced their share of medical challenges, as have mine, and I am sure that yours has as well, Mr. Speaker. Medical challenges crop up unexpectedly. They don't have any bias toward a political party. They affect Democrats and Republicans and Independents and Greens and apathetic voters and diligent participants in our civic system. They make no distinction.

But the Affordable Care Act is there to make it easier for families across our country to stay healthy, to get better, to save their lives so that kids can grow up with their parents healthy, kids can grow up and be able to go to school and get good jobs.

And like so many of my constituents, Pat told me she would rather see the current system improved than thrown out entirely, and I agree. That is why I offered the pricing transparency amendment, the public option amendment, and the reimportation of prescription drug amendment; and there are dozens of other ideas to improve the Affordable Care Act from my side of the aisle. I offered amendments in committee that would have codified these provisions into law.

I plan to continue to fight to improve access and lower healthcare costs, but dismantling the Affordable Care Act is simply counterproductive towards that end.

The Republican proposal to create a brand-new entitlement program would cause 24 million Americans to lose their insurance—over 1 million more than repealing the Affordable Care Act. For those who are lucky enough to still have their insurance, it would increase rates by 15 to 20 percent.

It would also, for reasons unknown, have an enormous tax cut for billionaires and millionaires. We know Republicans want to do that, but they should do that through a tax bill, not through something that is supposed to be a healthcare bill—enormous tax cuts. We are not even talking the wealthiest 1 percent. Most of those tax cuts go to the wealthiest one-tenth of 1 percent of Americans. That certainly doesn't help reduce the cost of health care.

Again, this bill can be debated, and, frankly, many of us feel it presents a problem in the risk pools that remove consumer protections. There is a solvency issue around some of these groups. There is a legitimate debate to be had, but we certainly haven't heard anybody present that somehow this bill is any kind of answer to making health care more affordable or expanding coverage.

What we have before us over the next couple of days is a bill that not only is the answer, but is a bill that creates an even bigger problem. The Republican healthcare bill would dig us in a deeper hole with regard to health care, leaving more Americans without coverage, creating a costly, brand-new entitlement program, and raising rates for those Americans who are lucky enough to still have their insurance after the Republicans remove it from tens of millions of people.

If that bill is the answer, what is the question?

Is the question, Mr. Speaker: How do we make health care cost more for American families?

Is the question, Mr. Speaker: How do we have less people covered and throw 20 million people off of health care insurance?

Is the question, Mr. Speaker: How do we make sure that, rather than work hard and try to get a raise or work two jobs, Americans are forced to quit their jobs and be lazy and not work just so that they can have Medicaid eligibility, which is what the brand-new Republican entitlement program would do?

Or, is the answer to move forward in a bipartisan way to improve the Affordable Care Act, a discussion that so many of us are excited to have.

I was disappointed that my three amendments were shut out in partisan votes in committee, and I am hopeful that by resetting this process, we can work together to reduce costs and expand coverage. Defeating the rule today will be the first step towards accomplishing that.

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

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

My colleague from Colorado raised an important question: What are the Republicans trying to accomplish here? It is pretty simple. We are trying to give freedom and choice back to the American people who lost their freedom and choice and control over their healthcare plans, who lost freedom and control over their health care because of an ill-considered law passed by this Congress several years ago.

He talked about the cost to American consumers. If you want to pass something that is going to increase cost to American consumers, this Congress did that several years ago. Look at the dramatic increase in healthcare insurance premiums, the dramatic increase in people's deductibles that have occurred since the Affordable Care Act—the so-called Affordable Care Act—was passed here in Congress several years ago.

We are trying to reverse that. We are trying to get control back. And, in fact, we know from the Congressional Budget Office score that it will lower premiums by 10 percent. We haven't seen premiums go lower in years. So if they want to know what we are trying to accomplish, it is plain on its face.

The gentleman referred to some amendments that he offered in committee. Every one of those amendments was ruled nongermane.

And for those of us that maybe don't understand a lot about what "germane" means, it is pretty simple. You can't offer amendments to a bill that aren't related to the subject matter of the bill.

The chairwoman of the committee ruled that he offered amendments that weren't germane to the bill that we have today. So the gentleman didn't lose because people were trying to lock him out of the process. He just offered amendments that had nothing to do with the underlying bill.

He talked about the fact that this underlying bill for the rule we have today will lure away young and healthy workers.

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Let me say it again. I said this in my principal remarks. Under this bill, none of these association health plans can discriminate against anybody. They can't do that. They can't say we are only going to let young or healthy people in the plan. They have to admit everyone. So there is no discrimination here. Everyone will be covered.

And remember how many people in America work for small businesses. All types of Americans work for small businesses. We are not trying to hurt them. We are trying to give them more opportunities to get better health insurance that will cost less money.

And if there was anything in here that would cause discrimination, we would have heard long and hard about that before this point. I would suggest to you, Mr. Speaker, that that is not a relevant argument to this particular bill. Every plan that is going to be

under this bill must comply with the regulations of the Department of Labor, just like big corporation plans have to comply with the regulations of the Department of Labor.

We are simply treating small businesses through these associations the same way we treat big corporations. We have essentially denied to the employees of small businesses the same opportunities to get good health insurance at a lower cost that their colleagues that work for bigger corporations get.

The reason the bigger corporations have this is because the Department of Labor comes up with a nationwide rule so you don't have all these different variations from State to State and allows for those big companies to do the things that they can do so very well because of their size to get better health care for an affordable cost for their employees. We are giving the same thing to these small businesses through their associations.

And remember, this is not just one bill. We actually just passed a rule. We will be considering another bill that will exempt, from the provisions of McCarran-Ferguson, health insurance so we get more competition into the health insurance market.

This bill is on top of that. It is on top of the AHCA that we will be considering later this week and other bills that will be coming, because there are a host of things that we are doing on this side of the aisle to make sure we restore freedom and choice and affordable care to the people of our country.

We are not removing people from health insurance in any of the bills that we are doing. We are giving them the freedom to choose. And that is what America is really all about: the freedom to choose.

Right now we are coercing, by law, people to go out and buy health insurance that they don't want. That shouldn't be done in America. We are going to give them their freedom back. And if they chose not to buy health insurance, that is their right as Americans. That is not taking something away from somebody. That is giving them their freedom back.

So I would suggest to the gentleman that, if he wants to look for something that is going to help the workers of America, this bill and the other bills that our side of the aisle are proposing will do just that.

Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. DUNN).

Mr. DUNN. Mr. Speaker, I thank my friend, the gentleman from Alabama, for yielding me time.

Mr. Speaker, I rise today in support of H.R. 1101, the Small Business Health Fairness Act.

As a surgeon in north Florida, I witnessed, firsthand, the disaster that is ObamaCare. After ObamaCare was passed and implemented, small medical practices across the country were faced with new, crippling regulations that threatened their very existence.

I ran a small urology practice in Panama City and faced the very devastation that these new regulations on small business imposed. Thankfully, I was able to work with several other small practices to create the Advanced Urology Institute, a 45-physician practice with over 400 employees and offices throughout north Florida. Cooperation and pooling of our resources allowed our practice to reduce costs and to better serve our patients.

My experience underscores why the Small Business Health Fairness Act is so crucial. The Small Business Health Fairness Act allows small businesses to operate under the same principle when purchasing health insurance for their employees.

By joining together across State lines through associations, small businesses can achieve the economies of scale enjoyed by big businesses and unions when purchasing health care. It will empower small businesses to purchase better plans at a lower cost, which means working families can get the care they need at a price they can afford.

It is time to put small business employees on a level playing field with those of large businesses and those in unions. The health insurance market and this bill does just that.

Mr. POLIS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, first of all, amendments that were brought forward by Ms. BONAMICI, germane. Republicans shut it down, didn't allow a debate.

Amendment brought forward by NORMA TORRES for this very bill, germane—not allowed to be debated for not even 10 minutes, not 5 minutes, not even 1 minute. Mrs. TORRES wasn't even allowed to offer her amendment under this rule that only allowed Republican amendments.

Finally, Mr. ESPAILLAT's amendment to this bill, yes, germane. He was, nevertheless, shut out in a party-line vote by the Rules Committee and not allowed to present his amendment before the floor that would simply allow States to continue protecting the benefits and consumer protections and rating restrictions in associated health plans, very simply.

Mr. Speaker, we are here considering the rule for H.R. 1101 and we still don't have a cost estimate from our non-partisan experts at CBO. We certainly believe this legislation will increase premiums for the middle class and seniors, but we don't have any idea how much so. It is becoming a pattern, Mr. Speaker.

Two weeks ago, the Republican majority pushed ahead with their healthcare repeal bill without a cost estimate. A week later, it turned out it will cost 24 million Americans their insurance and 15 to 20 percent increases for those who would still have it.

Late last night, there was a backroom, secretive manager's amendment that was proposed which we don't know the cost of or how it would affect cov-

erage, and it is irresponsible for the Republicans to move forward without knowing the effect of the bill as amended.

If we defeat the previous question, I will offer an amendment to the rule that would require a CBO cost estimate that analyzes the impact of any legislation amending or repealing the Affordable Care Act, as well as the impact of any manager's amendment to that legislation, to be made publicly available before the bill may be considered on the House floor.

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

The SPEAKER pro tempore (Mr. MOONEY of West Virginia). Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from California (Ms. LEE) to discuss our proposal to make sure we actually know the cost of what is before this body.

Ms. LEE. Mr. Speaker, I first want to thank the gentleman from Colorado for yielding and for his tireless advocacy on behalf of the American people.

Mr. Speaker, I rise in opposition, first, to this terrible rule, of course, which made no Democratic amendments in order, but also in strong support of Congressman POLIS' amendment that requires the nonpartisan Congressional Budget Office to score the final bill, which is the bill to take away health care from 24 million people, to score it as amended by the Republican manager's amendment before the bill is on the House floor.

This clearly is nothing new for Republicans, though. In fact, just 2 weeks ago, Republicans shamefully pushed ahead with the markup of their terrible ACA repeal bill without a score from the Congressional Budget Office. And this week, on the seventh anniversary of the Affordable Care Act, Republicans' terrible plan to repeal this lifesaving legislation will make it to the House floor.

One thing is clear. Republicans' proposals, of course written in secret back rooms, would be a disaster for struggling families, seniors, people with disabilities, low-income individuals, the poor, and the middle class.

It would, yes, rip away health care from 24 million people, reduce benefits, increase rates for those who can least afford this, and transfer \$600 billion in tax cuts to the very wealthy. That is outrageous, but it gets even worse.

Late last night, in secret back rooms, Republicans introduced a dangerous manager's amendment that doubles down on the war on women's health and the poor, low-income, and struggling families.

Yes, once again, Republicans are attempting to move forward with a vote on the final GOP's take away health

care from 24 million Americans, a bill that includes a manager's amendment, without an updated Congressional Budget Office score.

The American people deserve to know the full damage of this disastrous bill. I urge my colleagues to vote "no" on the previous question and support Congressman POLIS' amendment to ensure that we have updated Congressional Budget Office scores before this bill is brought to the House floor.

I thank the gentleman for this amendment, and I thank him for yielding me time.

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

Mr. Speaker, the manager's amendment that has been referred to was put on a public website last night. Everyone in the House of Representatives will have 3 days to read the manager's amendment. There is nothing secret about it.

Bills are not written in front of cameras. They are written so that they can be put on public websites for all of us to see it. This manager's amendment was handled like many, many other manager's amendments are handled, including the way manager's amendments have been handled by the other side when they were in the majority.

Let's remember, in 2010 when the reconciliation bill was passed that established the ACA, no amendments were allowed on the floor—none, zero. So if there is a precedent that has been set in this House, it was set by my friends on the other side of the aisle when they passed the Affordable Care Act and wouldn't allow any amendments by any Member of the House. That is the precedent.

There is nothing new about the way this manager's amendment was handled. It was handled the way manager's amendments are handled virtually all the time. Everybody in this House now has a copy of it, has plenty of time to read it and ask questions about it. Nothing secret going on here.

The truth of the matter is that we are moving forward with our plan, as we said we were, to repeal and replace ObamaCare, to give freedom and choice back to the people of America so that patients control their health care, not a bureaucrat in Washington.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, first of all, over 150 amendments by Democrats were rejected to this healthcare bill before us today, contrary to the process of 8 years ago when over 120 Republican amendments were not only made in order, but were actually incorporated into the healthcare bill despite the fact that, for final passage, not a single Republican voted for it.

So when we talk about the record and the precedent, there couldn't more of a night-and-day difference between what is occurring today where Democrats are locked out and the effort 8 years ago where Republican ideas were welcomed in the process.

I also want to ask my colleague from Alabama—I was hoping that he would yield me the time to do so, and I will have to yield him time for an answer—he mentioned that this manager's amendment has already been posted and we will have 3 days to look at it. I just want to get his assurance that the version that we saw posted is the actual version that will be brought to the Rules Committee and presented on the floor and there will be no further changes to the manager's amendment, if the gentleman can assure me of that.

Mr. BYRNE. Will the gentleman yield?

Mr. POLIS. I yield to the gentleman from Alabama.

Mr. BYRNE. As far as I know, speaking back to the gentleman from Colorado, the manager's amendments that were posted last night are going to be the manager's amendments that we will consider tomorrow in the Rules Committee.

Mr. POLIS. Reclaiming my time, Mr. Speaker, I also would like to ask if we are going to have a score from the Congressional Budget Office prior to the House having to vote on that manager's amendment?

I yield, for an answer, to the gentleman from Alabama.

Mr. BYRNE. Mr. Speaker, I am ready to answer the question.

We believe that we will be receiving the CBO table prior to the vote on the floor of the House of Representatives.

Mr. POLIS. Mr. Speaker, reclaiming my time, again, that simply confirms what our previous question would simply require, that before the bill is voted on we will simply know how much it costs and who it impacts. What could be more important than finding that out.

I think it is important to note that Democrats have been shut out of the process, at the committee level, in the amendments I offered. Even the germane amendments of this particular bill before us today, Democrats were locked out.

Rather than allow Members of both parties to participate in reducing the costs of health care and increasing coverage, Republicans have come up with a bill that actually increases costs and decreases coverage.

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

Mr. BYRNE. Mr. Speaker, from what I saw in the CBO score of the bill, the AHCA bill actually reduces government spending, reduces taxes, and reduces health insurance premiums over the window of the CBO score.

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So it does the exact opposite of what the gentleman suggested. It does exactly what the American people sent us here to do.

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

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

Mr. Speaker, the statistics we are talking about, the fact that it will cost

Americans 15 to 20 percent more to get health care, the fact that it will cost 24 million Americans their insurance, these are not statistics that are made up by some group that wants to oppose the Republican effort. They are facts that are arrived upon by the Congressional Budget Office, the head of which was appointed by a Republican. They do diligent work to determine how much bills cost and what their effect is.

Now, of course, you know, those are best estimates. Maybe, instead of 24 million people who will lose coverage under the Republican healthcare bill, maybe it will be 25 million, maybe it will be 23 million. There is always a little bit of variation on what those predictions are.

But whether it is 23 million or 25.6 million, the fact that Americans—millions, tens of millions of Americans—will lose coverage under this Republican bill should be a flashing warning sign that it is time to slow down and work in a collaborative manner to improve the Affordable Care Act, rather than create a brand new entitlement program that throws 24 million people off the insurance rolls, and increases the cost for those who remain by 15 to 20 percent.

This bill immediately before us is a diversion from the real story in health care. In my home State alone, 600,000 Coloradans would likely lose coverage if the American Health Care Act is rammed through Congress, as my Republican colleagues intend to do.

The American Health Care Act would roll back important protections and coverage gains. It would create a brand new entitlement program, while delivering record tax breaks for billionaires in New York and California.

It is clear that this bill threatens the health and welfare of hundreds of thousands of families in Colorado alone, tens of millions across the country. It is time that we get this process right and slow down, rather than cramming a midnight bill through the House of Representatives that we don't even know the cost of, before we are voting on it.

This is simple, Mr. Speaker. Democrats are excited to roll up our sleeves and work together to create a plan that will reduce healthcare costs. If you don't like the amendment I offered for allowing reimportation of prescription drugs, let's talk about other options.

What about Medicare negotiating prescription drug rates? What about removing tax deductibility for the advertisements for pharmaceutical companies?

What about expediting approval process at the FDA, which President Trump himself mentioned in this very Chamber as a proposal that can reduce the cost of approving drugs from the \$1.2 billion it costs today, which is passed along to consumers, to a much lower cost, thereby passing the savings along to consumers.



There are plenty of good ideas the Democrats and Republicans can work together on. None of them are this bill before us today. None of them are in the repeal of the Affordable Care Act. So let's just stop this ridiculous partisan process.

I don't want 24 million Americans to be victims of partisanship in Washington. I don't want other Americans who pay for their healthcare insurance to be victims of partisanship in Washington.

I want to make sure that people in my district who are working hard and only able to afford coverage under the Affordable Care Act because of the healthcare subsidies are not forced into medical bankruptcy and to give up their jobs and rely on Medicaid because of Republican efforts to ram through this brand new entitlement program.

Let's get this right. There is plenty of opportunity to work together to reduce costs and expand coverage. The American Health Care Act does the exact opposite. It increases costs and reduces coverage.

And instead of these incremental bills, like this so-called Small Business Health Fairness Act, which actually winds up removing protections and pushing more costs onto working families and seniors, we should improve upon and fix the Affordable Care Act that we put in place 7 years ago. We should support innovation to produce healthier outcomes, to reduce costs, and, yes, to expand coverage across our country.

We have a unique opportunity in this Congress to put partisanship behind us, to work together to make affordable health care a reality for every American family. Because you know what? When you have a preexisting condition, like I talked about Pat's husband in my district who suffers from melanoma, it doesn't matter whether he is a Republican or a Democrat or Independent or whether he is not even registered at all.

What matters is that he is a father to two children, a husband to his wife, and he wants the ability to work with dignity, support himself, and have medical insurance to receive his life-saving monthly injections that allow him to maintain his quality of life and continue to work and pay taxes and support his kids and family. That is what healthcare coverage is all about.

So let's stop this silly partisanship. This Republican American Health Care Act actually kicks more people off of the healthcare rolls than simply repealing ObamaCare. By creating this brand new entitlement program, they are actually costing an additional 1 millions Americans their healthcare insurance.

But the answer is not to cost 23 million people their healthcare insurance. It is not to take it away from 24 million people. You know what the answer is, Mr. Speaker, is to provide a way that more people can work hard and pay into the system, and that we de-

crease the number of Americans who lack access to healthcare insurance which, in turn, reduces the costs for the rest of us because of the cost shifting that occurs within health care.

Mr. Speaker, I know so many of my friends on the Republican and Democratic side of the aisle, dedicated public servants with thoughtful ideas that they have based on their life experiences, that they want to present before this body to reduce the cost of health care. Let's let them do it. Let's have an open process.

So, 150 amendments from Democrats were shot down in committees, not even allowed to be debated, not even allowed to be included in this healthcare bill. Three of mine were shot down. In this very rule today, amendments by Mr. ESPAILLAT and Ms. BONAMICI were not even allowed to be debated.

The American people want health care to be affordable, and they want Republicans and Democrats to work together to accomplish that end.

Let's vote "no" on this rule. Let's reset the process. Let's fix health care. Let's expand coverage. Let's reduce costs. I look forward to working with my colleagues on both sides of the aisle to accomplish those important goals that my constituents have sent me here to work on.

I urge my colleagues to vote "no" on the previous question so we can know the cost of any manager's amendment before we vote on it; to vote "no" on the rule, and to vote "no" on the underlying bill.

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

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

I certainly agree with my colleague from Colorado that we should avoid silly partisanship, and I hope that that means we won't see silly partisan procedural motions and points of order between now and the end of the week. We have seen plenty of those up until this point in time by our friends on the other side of the aisle, and I hope that his statement means we won't see any more since he believes that silly partisanship is bad for this body and the consideration of these important healthcare bills.

We are not here today to talk about the AHCA. We are here today to talk about the Small Business Health Fairness Act. That is what this rule covers.

Let me go over again what has happened to small businesses, but, more importantly, what has happened to the people who work for small businesses. An estimated 300,000 small-business jobs were destroyed by ObamaCare; 10,000 small businesses closed because of ObamaCare.

Since 2008, 36 percent of small businesses that have fewer than 10 employees have stopped offering healthcare coverage altogether. ObamaCare's compliance costs and mandates have resulted in \$19 billion in lost wages for small-business employees.

The majority of people in this country work for small businesses. We are trying to give them a fair shake. We are trying to give them their freedom and their choice back. We are trying to give them affordable care because their freedom and their choice and the affordability of their care has evaporated over the last several years.

Ask anybody in America. They come up to me all the time in my district and tell me this.

We, through this bill and the other bills we are considering, are repairing the damage done to the people of America by ObamaCare.

Now, my colleagues can throw up dilatory points of order and other procedural items later on if they want to engage in silly partisanship, or we can get down to the business of taking care of the workers in America.

This bill, or a concept like this bill, has been on this floor before and enjoyed bipartisan support. If we are going to drop silly partisanship, let's drop it right now on this rule and on this bill, and adopt it for the good of the workers in these small businesses throughout America.

Mr. Speaker, I again urge my colleagues to support House Resolution 210 and the underlying bill.

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

AN AMENDMENT TO H. RES. 210 OFFERED BY  
MR. POLIS

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

SEC. 2. In rule XXI add the following new clause:

13. (a) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(b) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes a manager's amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(c) It shall not be in order to consider a rule or order that waives the application of paragraphs (a) or (b).

THE VOTE ON THE PREVIOUS QUESTION: WHAT  
IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to

offer an alternative plan. It is a vote about what the House should be debating.

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

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

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

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

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

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

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

#### VIETNAM WAR VETERANS RECOGNITION ACT OF 2017

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of the bill (S. 305) to amend title 4, United States Code, to encourage the display of the flag of the United States on National Vietnam War Veterans Day, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

S. 305

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

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Vietnam War Veterans Recognition Act of 2017".

#### SEC. 2. DISPLAY OF FLAG ON NATIONAL VIETNAM WAR VETERANS DAY.

Section 6(d) of title 4, United States Code, is amended by inserting "National Vietnam War Veterans Day, March 29;" after "third Monday in February;"

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

#### COMPETITIVE HEALTH INSURANCE REFORM ACT OF 2017

Mr. GOODLATTE. Mr. Speaker, pursuant to House Resolution 209, I call up the bill (H.R. 372) to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 209, in lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-8 is adopted and the bill, as amended, is considered read.

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

H.R. 372

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

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Competitive Health Insurance Reform Act of 2017".

#### SEC. 2. RESTORING THE APPLICATION OF ANTI- TRUST LAWS TO THE BUSINESS OF HEALTH INSURANCE.

(a) AMENDMENT TO MCCARRAN-FERGUSON ACT.—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the

McCarran-Ferguson Act, is amended by adding at the end the following:

"(c)(1) Nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance (including the business of dental insurance and limited-scope dental benefits).

"(2) Paragraph (1) shall not apply with respect to making a contract, or engaging in a combination or conspiracy—

"(A) to collect, compile, or disseminate historical loss data;

"(B) to determine a loss development factor applicable to historical loss data;

"(C) to perform actuarial services if such contract, combination, or conspiracy does not involve a restraint of trade; or

"(D) to develop or disseminate a standard insurance policy form (including a standard addendum to an insurance policy form and standard terminology in an insurance policy form) if such contract, combination, or conspiracy is not to adhere to such standard form or require adherence to such standard form.

"(3) For purposes of this subsection—

"(A) the term 'antitrust laws' has the meaning given it in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12), except that such term includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition;

"(B) the term 'business of health insurance (including the business of dental insurance and limited-scope dental benefits)' does not include—

"(i) the business of life insurance (including annuities); or

"(ii) the business of property or casualty insurance, including but not limited to—

"(I) any insurance or benefits defined as 'excepted benefits' under paragraph (1), subparagraph (B) or (C) of paragraph (2), or paragraph (3) of section 9832(c) of the Internal Revenue Code of 1986 (26 U.S.C. 9832(c)) whether offered separately or in combination with insurance or benefits described in paragraph (2)(A) of such section; and

"(II) any other line of insurance that is classified as property or casualty insurance under State law;

"(C) the term 'historical loss data' means information respecting claims paid, or reserves held for claims reported, by any person engaged in the business of insurance; and

"(D) the term 'loss development factor' means an adjustment to be made to reserves held for losses incurred for claims reported by any person engaged in the business of insurance, for the purpose of bringing such reserves to an ultimate paid basis."

(b) RELATED PROVISION.—For purposes of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent such section applies to unfair methods of competition, section 3(c) of the McCarran-Ferguson Act shall apply with respect to the business of health insurance without regard to whether such business is carried on for profit, notwithstanding the definition of "Corporation" contained in section 4 of the Federal Trade Commission Act.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary.

The gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members