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 ANTITRUST 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

may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 372.

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

There was no objection.

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

Mr. Speaker, I rise today in support of a bill that will move us a step closer towards restoring healthy competition in the health insurance industry. Today, the health insurance industry is besieged by dwindling competition and skyrocketing premiums. Insurance providers, States, and the public have been dealing with the disastrous repercussions of ObamaCare for the past 6 years and overregulation by States for much longer.

Congress finally has the opportunity to pass legislation to reverse the downward spiral of our health insurance industry. Any such legislation must encourage a robust and competitive health insurance market in which insurance providers actively compete for customers. Healthy competition ensures premiums are accurately priced and that customers are able to find a variety of policies to meet their specific needs and demands.

H.R. 372, the Competitive Health Insurance Reform Act of 2017, represents a step on that journey, repealing the McCarran-Ferguson Act as it applies to the business of health insurance. There is wide support for this bill, and the Judiciary Committee has favorably reported similar legislation in the past, including legislation that was passed by the House, 406–19 during the 111th Congress.

The stated goal of the bill is to help restore competition in the healthcare market. I support this goal and firmly believe this bill must be coupled with larger changes to the existing Federal and State healthcare regulatory schemes.

As Speaker RYAN has noted, States ''should be empowered to make the right tradeoffs between consumer protections and individual choice, not regulators in Washington.''

This bill does not impact the State's ability to regulate the insurance market. Rather, this legislation levels the playing field for all healthcare industry participants. While insurers have been exempt from Federal antitrust laws for the past 70 years, healthcare providers and other participants have not.

□ 1445

This bill removes this exemption, ensuring that health insurers are better able to compete to provide quality coverage, thereby benefiting hospitals, doctors, and, most importantly, patients.

In addition, if separate legislation is passed to allow for the more open sale of health insurance across State lines, the Competitive Health Insurance Reform Act will allow uniform Federal antitrust laws to be applied across the marketplace while allowing States to maintain authority as the primary regulators of the health insurance market outside of the antitrust sphere.

The McCarran-Ferguson Act was originally passed to leave the regulation of the business of insurance with the States and to allow insurers to engage in certain procompetitive collaborative activities.

This legislation limits significant uncertainty and unnecessary litigation that would likely result from a broader McCarran-Ferguson repeal, through the use of safe harbors for such historically procompetitive collaborative activities, specifically the collection and distribution of historical loss data, the determination of loss development factors, the performance of actuarial services that do not involve restraints of trade, and the use of common forms that are not coercive.

Absent these safeguards, insurers will likely disengage from certain proconsumer collaborative activities, eliminating or impeding smaller insurers from competing and disincentivizing larger insurers from exploring new products and markets. This will lead to further market consolidation and fewer product choices, the impact of which will eventually be borne by the consumer.

These narrow safe harbors create a presumption that certain procompetitive activities can continue while maintaining regulation and oversight to the extent any activity crosses over into a restraint of trade. As a result, insurers can continue to engage in proconsumer business practices and will be encouraged to provide a diverse range of offerings at fair and reasonable prices.

I thank Mr. GOSAR for introducing this legislation, and I urge all of my colleagues to vote for the Competitive Health Insurance Reform Act.

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

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

Mr. Speaker, I rise in qualified support of H.R. 372, the Competitive Health Insurance Reform Act, but I do not endorse the majority's exaggerated claims regarding the bill's impact on the affordability and availability of health insurance.

H.R. 372 would partially repeal the limited Federal antitrust exemption for the business of insurance established by the McCarran-Ferguson Act in 1945. Specifically, the bill only permits Federal antitrust enforcement with regard to the business of health insurance.

Now, House Democrats have long supported a full repeal of McCarran-Ferguson's antitrust exemption for all insurers, not just for health insurers. In 2010, under a Democratic House majority, we passed legislation to repeal the McCarran-Ferguson exemption for health insurers by a vote of 406–19, even though House Republicans had not previously supported moving any version of a McCarran-Ferguson repeal bill.

But let me be clear. Enacting H.R. 372 would in no way be a substitute for the many health insurance guarantees of the Affordable Care Act. The two things are completely separate. To begin with, enacting H.R. 372 would not significantly improve healthcare affordability or coverage. According to the Congressional Budget Office, H.R. 372's effect on health insurance premiums would probably be quite small, and enacting the bill would have no significant net effect on the premiums the private insurers would charge for health or dental insurance. That is according to the Congressional Budget Office.

The Consumers Union observes that the application of the antitrust laws to some health insurance activity, by itself, is simply not enough to create a vibrant insurance market because our long experience shows you can't expect a healthcare system to run effectively on competition alone. That is the Consumers Union.

Likewise, the majority's claim that enacting H.R. 372 would create major new competition by allowing cross-State insurance sales is unavailing. Current law, including the Affordable Care Act, already allows States to agree with each other to allow cross-State insurance sales.

Enabling Federal antitrust agencies to police certain forms of anticompetitive conduct will not, in and of itself, incentivize health insurers to offer products across State lines beyond the incentives that already exist for offering such products. It just won't happen by itself. Whatever the incentives for health insurers to offer such products, they have little to do with Federal antitrust law or enforcement.

Finally, enacting H.R. 372 would not ensure that the Affordable Care Act's prohibitions against discrimination and limits on premium growth would remain in place. H.R. 372 only applies to certain anticompetitive conduct and does not preserve or enhance existing protections for consumers of health insurance. For instance, it does not prohibit discrimination by health insurers on the basis of preexisting conditions, nor does it reduce premium growth or require health insurers to be accountable for price increases.

Repeal of the antitrust exemption for health insurance is a complement to and not a replacement for the Affordable Care Act's many consumer protections. This is not an either-or situation. We need H.R. 372 and the Affordable Care Act to be in place to maximize benefits, improve quality, and lower costs for consumers.

So while I support the bill with some reluctance, I take issue with the majority's rhetoric. It is very important that we set the record straight here.

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

Mr. GOODLATTE. Mr. Speaker, I yield 5 minutes to the gentleman from Arizona (Mr. GOSAR), who is the chief sponsor of the legislation.

Mr. GOSAR. Mr. Speaker, I thank Chairman GOODLATTE and the Judiciary Committee for their thorough work on this bill. I would also like to express my appreciation to the broad group of stakeholders who have helped to shape, improve, and support this commonsense and consumer-centric legislation.

As Congress, once again, faces the preeminent task of repairing our Nation's healthcare system, first and foremost, we must establish the proper foundation for a competitive and consumer-driven health insurance marketplace that empowers patients.

The Competitive Health Insurance Reform Act of 2017 will restore the application of Federal antitrust laws to health insurance and infuse much-needed competition and transparency to the industry. Ending the special-interest exemption is the essential first step to broader healthcare reform. Popular cost-reducing reform priorities, such as selling insurance across State lines and developing diverse, consumer-driven plans, are predicated on the robust competitive markets this bill will enable.

As a healthcare provider for more than 25 years, I understand firsthand the importance of a competitive and dynamic health insurance market. Patients, doctors, and hospitals alike benefit when health insurers compete to provide a variety of quality coverage options.

It is apparent that after 70 years, McCarran-Ferguson, the broad-stroked exemption created by Congress in the 1940s, was not wise. Over decades, and expeditiously since the passage of ObamaCare in 2009, the health insurance market has devolved into one of the least transparent and most anticompetitive industries in the United States. These antiquated exemptions are no longer necessary for health insurance. There is no reason in law, policy, or logic for the industry to have special exemptions that are different from all other businesses in the United States.

The interpretation of antitrust law has narrowed dramatically over the decades. Many of the practices which insurers say they need this exemption to do, such as analyzing historical loss data, have proven to be permissible by the Federal Trade Commission and the courts over the decades since McCarran-Ferguson was passed.

This narrowing of scope has resulted in a law whose efficacy and usefulness long since expired. Yet, the shell of this zombie law lurks to scare off potential, legitimate legal challenges from States, patients, and providers. These entities do not have the tools, money, or manpower to challenge these monopolies in court or head-on in the current market. Only the Federal Government, with its resources, can enforce the laws which rebalance the playing field of interstate commerce fairly.

I would like to stress the point that this legislation does not affect any other type of insurance other than health insurance. The language of the bill was carefully and deliberately drafted to exclude other areas of insurance, such as life insurance, property and casualty insurance, and excepted benefits like disability income insurance. In short, the legislation before the House today does not repeal the McCarran-Ferguson Act for life insurance, annuities, property and casualty insurance, disability income insurance, and long-term care insurance.

The broad stakeholders of healthcare professionals, insurance providers, and consumer protection groups support this narrow and important scope of the language. I am open to efforts to strengthen the narrow and deliberate scope of this legislation going forward should the need and opportunity arise.

Repeal of this specific section of the McCarran-Ferguson Act, which applies only to health insurance, has strong bipartisan support. As labeled earlier, in the 111th Congress, it passed by a vote of 406–19 and passed the Republican-led House in the 112th Congress by a voice vote. Similar legislation has been introduced by multiple Democratic Members of the House, and the text of my bill has been included in the Republican Study Committee's healthcare reform bill for the last four Congresses in a row.

The passage of the Competitive Health Insurance Reform Act into law is an important first step towards increasing competition in health insurance markets and will assist with setting the foundation for real, competitive, and patient-centered healthcare reform.

At the end of the day, you can tell a lot about a bill by who supports it. H.R. 372 has the support of the healthcare professionals that actually provide care to patients, including doctors, dentists, surgeons, pharmacists, chiropractors, optometrists, and others. This key law, by liberating, liberates the insurance industry and doctors and empowers the patients. Doctors will see and insurance will see that the patient is empowered for new opportunities. Things that we can't even imagine today will exist through competition. It is the American way.

Mr. Speaker, I thank the chairman and the members of the committee for their work on this issue. I urge my colleagues to support this bill.

Mr. CONYERS. Mr. Speaker, I yield such time as he may consume to the gentleman from Rhode Island (Mr. CICILLINE), who is a distinguished leader of the Judiciary Committee.

Mr. CICILLINE. Mr. Speaker, I thank the gentleman for yielding and for his extraordinary leadership on this legislation.

Mr. Speaker, H.R. 372, the Competitive Health Insurance Reform Act of 2017, would partially repeal a long-standing antitrust exemption established by the McCarran-Ferguson Act with respect to the business of health and dental insurance.

To qualify for this limited antitrust exemption, an insurer must be engaged in the business of insurance regulated by a State that is not designed to boycott, coerce, or intimidate.

While these requirements somewhat constrain anticompetitive conduct, it is clear that they do not preclude the most egregious antitrust violations, such as price fixing, bid rigging, and market allocation, by health insurance providers.

□ 1500

Health insurers should not be immune from antitrust scrutiny, particularly when they collude to increase prices, reduce availability, or otherwise engage in anticompetitive behavior.

That is why House Democrats passed a measure that is substantively similar to H.R. 372, in 2010, by a vote of 406–19, and in 2009, as well. In 1988, 1992, and 1994, Judiciary Democrats likewise favorably reported legislation to completely repeal the McCarran-Ferguson Act.

While H.R. 372 is only a partial repeal of this exemption, I encourage my colleagues to support this measure. But let me be perfectly clear about three things:

First, promoting competition in health insurance markets cannot occur at the expense of the strong protections established by the Affordable Care Act to make health markets more efficient and prohibiting discriminatory insurance policies. These protections are ''textbook measures that help promote competition in the insurance marketplace,'' as Professor Tim Greaney, a leading antitrust expert, testified in 2015.

Second, contrary to President Trump's suggestions on Twitter, repealing McCarran-Ferguson's antitrust exemption for health insurance will not remove State barriers or create new pathways for insurance companies to compete and offer products across State lines.

This simplistic approach to healthcare policy overlooks the fact that the Affordable Care Act already allows States to establish healthcare choice compacts to provide for cross-State insurance sales, while five States have already enacted out-of-State purchasing laws. But these laws have done little to encourage cross-State insurance sales because health insurers are simply not interested in selling these products across State lines.

The barriers to entry into health insurance markets ''are not truly regulatory, they are financial and they are network,'' as Professor Sabrina Corlette of Georgetown University's Health Policy Institute has observed.

Notwithstanding President Trump's exaggerated claims to the contrary, it is also clear that enacting this legislation is not a precondition for Congress

authorizing cross-State insurance sales.

My Republican colleagues on the Judiciary Committee agree, noting in their report on the bill that ''the general consensus, including among witnesses at the most recent Judiciary hearing on the Competitive Health Insurance Reform Act, is that if Congress decides to allow insurers to sell across State lines, such action does not necessarily require a repeal of McCarran-Ferguson.''

And third, there is no evidence that enacting this bill alone will improve the affordability or availability of health insurance.

According to the Congressional Budget Office, the effect of H.R. 372 on health insurance premiums ''would probably be quite small,'' and enacting the bill will have ''no significant net effect on the premiums that private insurers would charge for health or dental insurance.''

Additionally, because the McCarran-Ferguson Act does not apply to mergers, H.R. 372 will not prevent further concentration in health insurance markets.

The truth is, Mr. Speaker, if Republicans were serious about actually enforcing the antitrust laws, they would fully fund the antitrust agencies. But as we know from the Trump administration's budget blueprint, Republicans plan to make deep cuts to the funding of enforcement agencies like the Justice Department, likely to the detriment of economic opportunity and fair competition.

In addition, President Trump has not even nominated heads to the antitrust agencies. According to the Partnership for Public Service, even though he has been in office for 60 days, President Trump has not picked a nominee for 497 of the 553 positions requiring Senate confirmation.

Worse still, President Trump is reportedly considering appointing a former lobbyist for a health insurance giant to run the Justice Department's antitrust division, which is tasked by Congress ''to protect economic freedom and opportunity by promoting free and fair competition in the marketplace.''

Citing lobbying reports, the International Business Times notes that this particular lobbyist participated in the ''antitrust issues associated with Anthem's proposed acquisition of Cigna,'' and his firm received $375,000 in lobbying fees.

Just last month, the Justice Department won an important lawsuit initiated under the Obama administration to block this merger, which, according to the Department of Justice, would have harmed consumers through increased health insurance prices, while stifling the exact innovation that is necessary to lower healthcare costs.

It is unsurprising that President Trump's corporate cabinet will probably include yet another lobbyist that will pursue an extreme agenda on behalf of special interests. But the significance of this potential appointment cannot be overstated and absolutely will not result in lower prices or more choices for the American people.

In closing, Mr. Speaker, while I support H.R. 372 as a complement to the Affordable Care Act, I agree with the ranking member that this bill is not a solution to improving the availability or affordability of health insurance.

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

Mr. CONYERS. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 18 minutes remaining. The gentleman from Virginia has 21 minutes remaining.

Mr. CONYERS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, let me thank the gentleman very much for his leadership. I acknowledge the chairman of the committee for his, as well.

I thank the gentleman for yielding to me, and although I will make the points that I think are important, I wanted to take the time to thank Mr. CONYERS for the thoughtful legislation that he has introduced over the years.

This leads me to call this the Conyers bill because of the important contributions it makes to ensuring that our health care is competitive, our health insurance is competitive, and his thoughtfulness in this legislation. As it comes to the floor, I am reminded of Mr. CONYERS' influence on this legislation. It is an interesting time at which it comes, Mr. Speaker.

Mr. Speaker, I rise to acknowledge the importance of H.R. 372, the Competitive Health Insurance Reform Act of 2017, a proposal to remove the antitrust exemption in the McCarran-Ferguson Act as it applies to health insurance.

Overall, the proposed legislation, as well as previous attempts by the Judiciary Committee to repeal the McCarran-Ferguson Act's antitrust exemption for health insurance, does not raise new or pressing issues.

Opponents of repeal assume problems that cannot be documented, unlike the very tangible and real economic and competitive costs that will be incurred if the exemption is allowed to continue.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

That sounds, of course, like the Affordable Care Act, which we will celebrate tomorrow, for that was the day it was signed. That is what health insurance should be for the American people.

This legislation is a very thoughtful legislative initiative, and I am hoping that its coming to the floor is not like trying to put lipstick on a pig. That, of course, is the latest configuration of the meaningless TrumpCare, and which the amendment that will be coming forward will, again, in essence, throw people off health insurance. It will take away all that we are intending it to do, but this legislation has reason.

Other current enforcement tools and regulatory policies already in place address competition issues at the State and Federal level to police health insurance competition. In this and numerous other ways, effective regulation can promote improved healthcare delivery and improved cost control by ensuring that all insurance companies are required to follow certain basic consumer-friendly rules of the road.

Again, wouldn't it be great to have this very thoughtful legislation with all of the points of the Affordable Care Act: it eliminates preexisting conditions, has lowered premiums and continues to lower premiums, and is lowering or eliminating deductibles. All of those were thoughtful of Mr. CONYERS, and they would have been the right complement to the Affordable Care Act.

However, the additional risks of adding new regulatory uncertainty, increasing boundary-testing litigation, and distracting policymakers from more important ways to reduce healthcare costs and improve healthcare competition suggest that further caution and delay on this front is inadvisable, given present circumstances and conditions.

But let us not fool ourselves into thinking that the legislation before us is a panacea that will lead to affordable, accessible, high-quality health care for all Americans. If that worthy goal is the objective sought, the best way to achieve it is to retain and strengthen the Affordable Care Act and abandon the misguided effort of House Republicans to repeal this landmark legislation and replace it with the pay more for less act masquerading as a healthcare bill.

The Affordable Care Act works. I think we in the Judiciary Committee know it full well. We held hearings and briefings; we heard from the victims of those who did not have insurance, who had lost insurance, did not have enough insurance, or the insurance would not cover them.

I am reminded of a very emotional story of an 8-year-old girl in the office of an insurance company where her family was begging for coverage because she had leukemia; obviously, a preexisting condition. It is sad to say, but I understand that she lost her life.

The Affordable Care Act has significantly improved the availability, affordability, and quality of health care

for tens of millions of Americans, including millions who previously had no health insurance at all.

Americans are rightly frightened by Republican attempts to repeal the ACA without having in place a superior new plan that maintains comparable coverages and comparable consumer choices and protections, not throwing off 24 million Americans who will have no insurance.

It is beyond dispute that the pay more for less plan proposed by Republicans fails this test miserably. The Republican pay more for less act is a massive tax cut for the rich, paid for on the backs of America's most vulnerable: those who work and who happen to be of low income. This Robin-Hood-in-reverse bill is unprecedented and breathtaking in its audacity. No bill has ever tried to give so much to the rich while taking so much from the poor.

One number comes to mind: $880 billion taken away from Medicaid insurance covering nursing homes, patients, the blind, the disabled; again, then giving a great plus and a great refund in tax credits to the richest in America. They will be happy. It won't be health care. They have got private health insurance. But it certainly will be a big check that they get in the mail.

This pay more for less bill represents the largest transfer of wealth from the bottom 99 percent to the top 1 percent in American history. This Republic scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly $25 billion over a decade, without demanding in return any reduction in the cost of prescription and brand-name drugs. That is very important.

To paraphrase Winston Churchill, of this bill, it can truly be said that never has so much been taken from so many to benefit so few.

The pay more for less plan destroys the Medicaid program. CBO estimates 14 million will lose Medicaid. In 2026, 52 million Americans will be uninsured.

We know that these combined policies will not help to cure some of the thoughtful deliberations that went into the underlying bill. We want more competition. We want the insurance products to be the kind of products that we can be sure provide health care.

In short, the Republican pay more get less plan represents a clear and present danger to the financial and health security of American families and to the very stability of our Nation's healthcare system.

Mr. Speaker, the healthcare marketplace is complex in how it operates and how it motivates providers, insurers, and consumers.

If I can quote the 45th President, he said: ''I didn't know how difficult this would be.'' Well, we know how difficult it can be, and was.

Mr. Speaker, Democrats held some 79-plus hearings. We had 181 witnesses-plus. We had hundreds of hours of hearings. We held thousands, I might imagine, of townhall meetings. We didn't hold one here and one there. I myself held 11 townhall meetings.

We continue to hear from not only the consumers, but the rural hospitals, the major hospitals, the senior citizens, and particularly those senior citizens on dealing with the cost of prescription drugs.

I am proud to say that we saved the dastardly Medicare part D by closing the doughnut hole, which is closed today, so that seniors under the Affordable Care Act do not fall into an abyss, a deep ocean, and have to, in essence, not take their drugs because they don't have enough money.

An effective regulatory framework is needed to shape this complex environment—and this is a word to the administration—to help safeguard consumers, help keep costs under control, and help make a full range of healthcare services. But our country's long experience shows that we cannot expect a healthcare system to run effectively on market competition alone. Markets can and do fail when proper regulation is lacking.

□ 1515

So the goodness of this bill has to go along with—a good example is recognizing what happens in the ACA's provision, banning insurance companies from denying coverage of preexisting disease—we had to help them along—preexisting conditions. We had to help them along. You have to help them along to be a good steward of the insurance that the American people need.

This is a key consumer protection that the free market demonstrates time and time again that it could produce and needed to do. That is where regulation and the antitrust laws come in to protect consumer choice. Let me go back and say that it could not produce on its own. It is a per se violation of antitrust laws for competing companies to agree to divide markets or to fix prices. The other sectors in the healthcare supply chain are already subject to antitrust laws, and it will be beneficial to the healthcare marketplace and to consumers if the healthcare industry joins them. That is why I said this bill is a thoughtful, important bill to dealing with the complex issues of insurance and health care.

I am sad to say that tomorrow, as we celebrate the Affordable Care Act, we will be looking toward Thursday, where we will be, in essence, debating a bill that takes 24 million people off of health insurance, period. 24 million will lose their coverage. Tax giveaways will continue again to the top 1 percent. That will be $600 billion in tax breaks to the rich and big corporations. In fact, the Republican bill gives $2.8 billion to 400 of the richest families in America.

Then to add to the downside, the Affordable Care Act was known to create more jobs. Unfortunately, this will see 2 million jobs destroyed and lost. Families will be paying more for less. Young people will be hit with a millennial penalty. And we don't know if this formula that they have still stops the 50- to 64-year-olds from paying higher premiums. Women lose comprehensive care, middle-aged Americans pay the age tax, seniors see Medicaid and Medicare weakened, preexisting conditions and disabilities may suffer, and it does not reduce the deficit as the ACA does.

My final point, if I can, we are glad to come to the floor and honor Mr. CONYERS for this important bill and support H.R. 372. I believe this legislation before us does a lot more good than it does harm, but I hope that we can, in a bipartisan manner—maybe even in a nonpartisan manner—reflect on what is needed to really insure the American people and we can work with the Affordable Care Act, which has all of these positive elements, and move this country forward through competition and health care that saves lives.

Mr. Speaker, overall, the proposed legislation, as well as previous attempts by the Judiciary Committee to repeal the McCarran-Ferguson Act's antitrust exemption for health insurance, does not raise new or pressing issues.

Opponents of repeal assume problems that cannot be documented, unlike the very tangible and real economic and competitive costs that will be incurred if the exemption is allowed to continue.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

Other current enforcement tools and regulatory policies already in place address competition issues at the state and federal level to police health insurance competition.

In this and numerous other ways, effective regulation can promote improved health care delivery and improved cost control, by ensuring that all insurance companies are required to follow certain basic consumer-friendly ''rules of the road.''

It might be argued that increasing the federal government's role in regulating health insurance, through expanded antitrust enforcement, would appear to conflict with proposed reforms to delegate more responsibility to state governments.

However, the additional risks of adding new regulatory uncertainty, increasing boundary-testing litigation, and distracting policymakers from more important ways to reduce health care costs and improve health care competition suggest that further caution and delay on this front is inadvisable given present circumstances and conditions.

But let us not fool ourselves into thinking that the legislation before us is a panacea that will lead to affordable, accessible, high quality health care for all Americans.

If that worthy goal is the objective sought, then the best way to achieve it is to retain and

strengthen the Affordable Care Act and abandon the misguided effort of House Republicans to repeal this landmark legislation and replace it with their Pay More For Less Act, masquerading as the American Health Care Act.

The Affordable Care Act has significantly improved the availability, affordability, and quality of health care for tens of millions of Americans, including millions who previously had no health insurance at all.

Americans are rightly frightened by Republican attempts to repeal the ACA without having in place a superior new plan that maintains comparable coverages and comparable consumer choices and protections.

It is beyond dispute that the ''Pay More For Less'' plan proposed by House Republicans fails this test miserably.

The Republican ''Pay More For Less Act'' is a massive tax cut for the wealthy, paid for on the backs of America's most vulnerable, the poor and working class households.

This ''Robin Hood in reverse'' bill is unprecedented and breathtaking in its audacity—no bill has ever tried to give so much to the rich while taking so much from the poor and working class.

This ''Pay More Get Less'' bill represents the largest transfer of wealth from the bottom 99% to the top 1% in American history.

This Republican scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million people and raising costs for the poor and middle class.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly $25 billion over a decade without demanding in return any reduction in the cost of prescription and brand-name drugs.

To paraphrase Winston Churchill, of this bill, it can truly be said that ''never has so much been taken from so many to benefit so few.''

The ''Pay More Get Less'' plan destroys the Medicaid program under the cover of repealing the Affordable Care Act Medicaid expansion.

CBO estimates 14 million Americans will lose Medicaid coverage by 2026 under the Republican plan.

In addition to terminating the ACA Medicaid expansion, the ''Pay More Get Less'' plan converts Medicaid to a per capita cap that is not guaranteed to keep pace with health costs starting in 2020.

The combined effect of these policies is to slash $880 billion in federal Medicaid funding over the next decade.

The cuts get deeper with each passing year, reaching 25% of Medicaid spending in 2026.

In short, the Republican ''Pay More Get Less Act'' represents a clear and present danger to the financial and health security of American families, and to the very stability of our nation's health care system overall.

Mr. Speaker, the health care marketplace is complex in how it operates and how it motivates providers, insurers, and consumers.

An effective regulatory framework is needed to shape that complex environment, to help safeguard consumers, help keep costs under control, and help make a full range of health care services available.

But our country's long experience shows that we cannot expect a health care system to run effectively on market competition alone; markets can and do fail when proper regulation is lacking.

A good example is the ACA's provision banning insurance companies from denying coverage of preexisting conditions.

This is a key consumer protection that the free market demonstrated time and again that it would not produce on its own.

And that is where regulation and the antitrust laws come in to protect consumer choice.

It is a per se violation of antitrust law for competing companies to agree to divide markets or to fix prices.

The other sectors in the health care supply chain are already subject to the antitrust laws, and it will be beneficial to the health care marketplace, and to consumers, if the health insurance industry joins them.

For these reasons, I believe the legislation before us does more good than harm and, accordingly, I urge my colleagues to join me in supporting H.R. 372.

Mr. GOODLATTE. Mr. Speaker, I am prepared to close, so I reserve the balance of my time until the other side closes.

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

In closing, I want to reiterate my support for this measure, H.R. 372. Now, I don't know what is happening on the other side, but many of its leaders voted against a substantively identical version of this bill in 2010, and that was including Speaker RYAN, Health and Human Services Secretary Tom Price, Committee on Ways and Means chairman KEVIN BRADY. They voted against a substantively identical version of this bill. I don't want to impugn motives that I don't know about, but maybe if you support H.R. 372, you are going to be making the Affordable Care Act, ACA, better. So I want to thank my friends on the other side for helping us out. This is great. We passed something like this a few years ago, and we were very proud that it was an overwhelming vote.

This is a very important step forward. The Affordable Care Act is not going to be affected in any kind of negative way, and that is why I am eager to join with those who are going to be voting for H.R. 372. I thank my friends on the other side for supporting H.R. 372 as well.

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

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

Our health insurance industry is in a dire situation. Premiums and deductibles are skyrocketing, hundreds of percent in some cases. In the State of the gentleman who is the chief sponsor of this bill, the State of Arizona, there has been a more than 100 percent increase in just the last year.

In 2017, the national State average of insurers participating in Federal exchanges dropped to four, down from six the previous year. Five States will only have one insurer providing plans on their Federal exchanges this year. It is time to reverse this trend. The Competitive Health Insurance Reform Act is an important step in restoring competition to the health insurance industry and will help to set the foundation for additional essential reforms that must follow.

I say to the gentleman from Michigan (Mr. CONYERS), the ranking member of the committee and my friend, I appreciate very much working with him on this legislation, but I would also say to him that this legislation, as bipartisan as it is, cannot save the Affordable Care Act. It is drowning. It is denying people coverage. Its costs are going up so much that somebody who likes it this year will not be able to afford it next year.

The promise that if you like your health insurance you will be able to keep it was never true, and it is still not true with ObamaCare. The promise that if you like your doctor you can keep your doctor was never true. The promise that health insurance premiums would go down under ObamaCare has been proven to be totally false. Instead, what we have done is we have denied the American people the right to choose for themselves what access to health care that they need and can afford.

We have denied the American people the freedom to decide whether or not they want to purchase a product that is mandated upon them by the Federal Government. That is wrong. It has got to change. That is why we are taking action this week—including the Competitive Health Insurance Reform Act, but certainly not only the Competitive Health Insurance Reform Act—to return a patient-centered healthcare system to the American people, one that reconnects them with their healthcare providers, one that will make sure that they have the maximum amount of choice and the maximum amount of access to real, affordable health insurance and quality health care in America. I support this bipartisan legislation. I urge my colleagues to do the same.

Mr. Speaker, I include in the RECORD three letters in support of H.R. 372.

SMALL BUSINESS &
ENTREPRENEURSHIP COUNCIL,
Vienna, VA, February 27, 2017.

Hon. PAUL A. GOSAR,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GOSAR: The Small Business & Entrepreneurship Council (SHE Council) and our nationwide membership of small business owners and entrepreneurs support the ''Competitive Health Insurance Reform Act of 2017'' (H.R. 372). Perhaps more than any other group, small business owners understand the need for increased competition in the health insurance marketplace. Indeed, it is the actions of entrepreneurs that bring down costs, enhance innovation, and boost quality in a competitive marketplace. H.R. 372 is a common sense and long-overdue step to repeal special-interest exemptions to federal antitrust laws for health insurance companies.

These exemptions have existed for more than 70 years, and were initially instituted to help newly formed insurance companies deal with data sharing. Given the dramatic changes in the industry over these past many decades, such special-interest treatment is no longer warranted.

Considering the government-imposed distortions within the health care industry as a result of the Affordable Care Act and other regulatory restrictions, full-blown review and reform of health care policies focused on expanding competition, and consumer choice are needed. That includes foundational changes, such as, in the case of H.R. 372, removing special-interest treatment that could reduce or retrain competition.

In order to bring down health insurance costs and utilize the models and technologies of our modern economy to drive value and innovation within this sector, entrepreneurs need a system that allows for such freedom and creativity. Your bill is an important step in bringing down artificial barriers that are preventing much needed innovation and competition. Thank you for your leadership on this important issue. Please let SBE Council know how we can help you advance H.R. 372 into law.

Sincerely,

KAREN KERRIGAN,
President & CEO.

AMERICAN DENTAL ASSOCIATION®,
Washington, DC, February 24, 2017.

Hon. BOB GOODLATTE,
Chairman, House Committee on the Judiciary, Washington, DC.

Hon. JOHN CONYERS,
Ranking Member, House Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE AND RANKING MEMBER CONYERS: The dental professional organizations listed below, as members of the Organized Dentistry Coalition, are writing to express our strong support of H.R. 372, The Competitive Health Insurance Reform Act.

H.R. 372 would authorize the Federal Trade Commission and the Justice Department to enforce the federal antitrust laws against health insurance companies engaged in anticompetitive conduct. It would not interfere with the states' ability to maintain and enforce their own insurance regulations, antitrust statues, and consumer protection laws. Because states vary in their enforcement efforts, the impact of repeal on health insurance companies would differ from state to state. This is no different from the situation faced by other businesses.

The bill is narrowly drawn to apply only to the business of health insurance, including dental insurance, and would not affect the business of life insurance, property or casualty insurance, and many similar insurance areas.

Passage of H.R. 372 would help interject more competition into the insurance marketplace by authorizing greater federal antitrust enforcement in instances where state regulators fail to act. When competition is not robust, consumers are more likely to face higher prices and less likely to and less likely to benefit from innovation and variety in the marketplace.

On behalf of our member dentists and their patients, we urge you to cosponsor H.R. 372, The Competitive Health Insurance Reform Act.

Please contact Ms. Midi Walker with any questions.

Sincerely,

American Dental Association; Academy of General Dentistry; American Academy of Oral and Maxillofacial Pathology; American Academy of Pediatric Dentistry; American Association of Endodontists; American Association of Oral & Maxillofacial Surgeons; American Association of Women Dentists; American Society of Dentist Anesthesiologists.

MARCH 21, 2017.

DEAR REPRESENTATIVE: The undersigned organizations urge your support for H.R. 372, the ''Competitive Health Insurance Reform Act of 2017.'' This bill takes an important step in bringing consumers the benefits of competition under the antitrust laws, in the way health insurance is offered, marketed, and sold.

The rules of competition apply to every other part of the health care system, health insurance is an aberration. The antitrust laws are a key to making sure that the free market works for consumers, and the insurance industry should not be left out.

Congress created this antitrust exemption almost by accident, in the midst of the Second World War—when attentions were rightly directed elsewhere—in the wake of a Supreme Court decision clarifying that the antitrust laws did apply to insurance. It started out to be a temporary three-year breathing spell, to allow insurers to familiarize themselves with the antitrust laws and adjust their practices to the accepted rules of competition. Instead, a few poorly-understood words added in conference committee turned the temporary delay into an unintended exemption from those rules.

It is long since time to correct that error. Among other experts who have called for doing so, the Antitrust Modernization Commission, established in 2002 by legislation authored in this Committee, singled out this exemption for particular skepticism as to any justification for it. While we would ultimately like to see this antitrust exemption removed for all insurance, focusing on the health insurance industry now is a logical and important positive step to take at this time.

We note that the proposed manager's amendment would preserve the antitrust exemption in ''safe harbors'' for four described activities—(1) compilation of historical loss data, (2) development of what is known as a ''loss development factor'' to fill holes in the historical data, (3) some actuarial services, and (4) some standardization of policy forms. In our view, the most effective way to remove this exemption is to do so cleanly, without new safe harbors. Further, the kinds of insurance industry activities commonly described as the justification for these particular safe harbors do not raise antitrust issues, as they are described. Nonetheless, we believe these safe harbors, as written, do not significantly risk inadvertently immunizing anticompetitive conduct that would violate the antitrust laws, and therefore that they do not diminish the beneficial purpose and effect of the bill.

There is also another set of ''safe harbor'' antitrust exemptions imbedded in the definition of ''business of health insurance (including the business of dental insurance)'' in the new subsection 2(c)(3)(B)(ii)(I) as added by the bill. They include a number of types of benefits referenced in the Internal Revenue Code as ''excepted benefits.'' While the lead-in to (3)(B)(ii) characterizes these as types of property-casualty insurance, there are three that by their terms in the Internal Revenue Code do not fit within what is considered property-casualty insurance, and that consumers would consider to be types of health insurance.

Among these are hospital indemnity insurance, 26 U.S.C. 9832(c)(3)(B); coverage for a specified disease or illness, 26 U.S.C. 9832(c)(3)(A); and an open-ended ''such other similar, limited benefits as are specified in regulations,'' 26 U.S.C. 9832(c)(2(C). This last one is found in the same Internal Revenue Code provision that lists dental coverage as an excepted benefit, meaning that the ''similar'' benefits that could be potentially excluded by regulation—and thereby get an automatic antitrust exemption—could be anything similar to a category such as dental coverage—which might be any kind of specified benefit.

While there may have been justification for excepting these categories of benefits from federal regulatory requirements such as portability under the Affordable Care Act—which is what 26 U.S.C. 9832(c) is in reference to—that does not mean it makes sense to exempt them from the antitrust laws. The bill recognizes this for dental coverage, and explicitly takes the cross-reference to it out of the safe harbor, to ensure that it is covered by the bill. We hope that, as the bill moves forward, the three new antitrust exemptions in the cross references described above will also be removed, so that these types of health-related insurance coverage will likewise be subject to the antitrust laws.

We remain strong supporters of the Affordable Care Act, which has significantly improved the availability and affordability of health care for many millions of Americans, including millions who previously had no health insurance. We would be very concerned by any move to repeal the Affordable care Act without having an effective new plan already figured out and in place that maintains comparable coverages and comparable consumer choices and protections. Such a move would be a grave threat to the financial and health security of American families, and to the very stability of our nation's health care system overall.

At the same time, we also strongly support bringing the antitrust laws into play in this important sector of the health care marketplace. That marketplace is complex in how it operates and how it motivates providers, insurers, and consumers. An effective regulatory framework is needed to shape that complex environment, to help safeguard consumers, help keep costs under control, and help make a full range of health care services available. Our country's long experience shows you can't expect a health care system to run effectively on competition alone.

But consumers will benefit from also having effective competition, at all levels in the supply chain. Even the best regulatory framework works better where competition, within the bounds of that framework, gives businesses a market-driven incentive to want to improve service while holding down prices and providing better value. Regulation and competition both work best when they can work hand in hand.

As the health care marketplace evolves, having the antitrust laws apply will give health insurers competition-based incentives to improve the way they provide coverage to consumers, with higher quality, better choice, and more affordability. Better competition will help bring insurer incentives better in line with benefiting consumers.

As the Justice Department has explained, where there is effective competition, coupled with transparency, in a consumer-friendly regulatory framework, insurers will be spurred to compete against each other by offering plans with lower premiums, reducing copayments, lowering or eliminating deductibles, lowering annual out-of-pocket maximum costs, managing care, improving drug coverage, offering desirable benefits, and making their provider networks more attractive to potential members.

Competition will be beneficial to consumers in the health insurance marketplace just as it is everywhere else in our economy.

We urge your support for H.R. 372.

Respectfully,

GEORGE P. SLOVER,
Senior Policy Counsel, Consumers Union.
J. ROBERT HUNTER,

Director of Insurance, Consumer Federation of America.
LINDA SHERRY,
Director of National Priorities, Consumer Action.

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

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

Pursuant to House Resolution 209, 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.

MOTION TO RECOMMIT

Ms. ROSEN. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. ROSEN. I am opposed to the bill in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Rosen moves to recommit the bill (H.R. 372) to the Committee on the Judiciary, with instructions to report the bill back to the House forthwith with the following amendment:

At the end of the bill, add the following:

(c) PROTECTING AFFORDABLE HEALTH CARE FOR OLDER AMERICANS.—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act, is further amended by adding at the end of subsection (c), as added by subsection (a), the following:

''(4) Paragraph (2) shall not apply to an issuer in the business of health insurance (including the business of dental insurance and limited-scope dental benefits) if the issuer varies the premium for any health insurance by age in a manner so that the premium for an individual who is 55 years of age or older is more than 3 times the premium for an individual who is 21 years of age or younger.''.

Ms. ROSEN (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Nevada?

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Nevada is recognized for 5 minutes in support of her motion.

Ms. ROSEN. Mr. Speaker, this is the final amendment to the bill, which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

Mr. Speaker, last night, in an effort to secure more votes to pass the so-called American Health Care Act, the GOP made another last-minute attempt to modify its replacement plan for the Affordable Care Act—a replacement that I can only describe as a disastrous piece of legislation—by offering a short-term fix to try and regulate the massive rise in premiums that Americans over the age of 50 are expected to incur under their current plan.

H.R. 372 is a measure that simply ends health insurance antitrust exemption. What is ironic is that the proposed legislation is being messaged by the GOP as a bipartisan bill, a no-brainer. But Republicans have never lifted a finger to end the antitrust exemption. For years, Congressman JOHN CONYERS and the Democrats have advocated ending health insurers' special treatment.

The reality is, while this is an unobjectionable bill on its own, H.R. 372 has nothing to do with reversing the extraordinary damage that the GOP plan will unleash on this country. The fact is this will not help us solve the fundamental issues underlying the GOP's repeal-and-replace bill. Yet, instead of fixing what we know is not working under the current law, the GOP has offered this Band-Aid to help mend a bill that needs major surgery. H.R. 372 is simply a complement to help fix our healthcare system, not an alternative.

One of the worst aspects of the GOP's repeal is the fact that it implements an age tax. Americans over the age of 50 will be forced to pay up to five times more than what young Americans would pay for coverage. In my district alone, we have roughly 89,000 people between the ages of 50 and 64 who would see their premiums and the cost of their insurance rise significantly.

I recently heard from one of my constituents within that age bracket. He is a retired firefighter who served our country for 29 years and is now disabled. So after many years of service, Ted is worried that if the GOP plan becomes the new law, he and his wife would be kicked off their insurance plans simply because their insurance would become unaffordable.

If this is what the GOP has offered to fix their disastrous repeal, then I am sad to say, my friends, you have missed the mark once again. According to the Congressional Budget Office, if the GOP repeal is enacted, 14 million Americans nationwide will be kicked off their insurance coverage by the end of this year alone.

So let me be clear. The problem with the GOP repeal is that as Americans age, they get less and less coverage. We need to protect those Americans who are fast approaching their Medicare-eligible years but who, for now, are still bearing the heaviest cost of private insurance.

My motion to recommit makes this possible by turning this Band-Aid of a bill into something that actually helps drive down costs for older Americans. It does this by allowing insurance companies to take part in the bill's safe harbor protections only if they charge individuals over 55 less than three times as much as younger Americans. Since insurance companies consider these safe harbors critical for their survival, this will reverse one of the worst parts of the Republican health plan, allowing insurance companies to charge older Americans five times or even more for health insurance.

I call on my colleagues on the other side of the aisle to show that they aren't tone deaf and that they haven't lost touch with the needs and wants of their constituents, and I urge my colleagues to vote in favor of the motion to recommit so that we can protect our seniors and the most vulnerable of Americans among us.

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

Mr. GOODLATTE. Mr. Speaker, I claim the time in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Virginia is recognized for 5 minutes.

Mr. GOODLATTE. Mr. Speaker, the McCarran-Ferguson Act was originally passed to leave the regulation of the business of insurance with the States and to allow insurers to engage in certain procompetitive collaborative activities.

This legislation limits significant uncertainty and unnecessary litigation that would likely result from a broader McCarran-Ferguson repeal through the use of safe harbors for such historically procompetitive collaborative activities, specifically the collection and distribution of historical loss data, the determination of loss development factors, the performance of actuarial services that do not involve restraints of trade, and the use of common forms that are not coercive.

Absent these safeguards, insurers will likely disengage from certain proconsumer collaborative activities, eliminating or impeding smaller insurers from competing and disincentivizing larger insurers from exploring new products and markets. This will lead to further market consolidation and fewer product choices, the impact of which will eventually be borne by the consumer.

These narrow safe harbors create a presumption that certain procompetitive activities can continue while maintaining regulation and oversight to the extent any activity crosses over into a restraint of trade. As a result, insurers can continue to engage in proconsumer business practices, and will be encouraged to provide a diverse range of offerings at fair and reasonable prices.

There is no reason to make an exception to these safe harbors. Therefore, I oppose the motion. I urge my colleagues to reject this motion to recommit and to support the underlying bill.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

Ms. ROSEN. 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 31 minutes p.m.), the House stood in recess.

□ 1612

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. ROS-LEHTINEN) at 4 o'clock and 12 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Ordering the previous question on House Resolution 210;

Adopting House Resolution 210, if ordered; and

Suspending the rules and passing H.R. 1297.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

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

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 210) providing for consideration of 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, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

The vote was taken by electronic device, and there were—yeas 233, nays 186, not voting 10, as follows:

[Roll No. 179]

YEAS—233

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Newhouse
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—186

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)

NOT VOTING—10

Black
Bridenstine
Deutch
Marchant
Payne
Rush
Sinema
Slaughter
Tsongas
Yarmuth

□ 1637

Messrs. MICHAEL F. DOYLE of Pennsylvania, SIRES, and NOLAN changed their vote from ''yea'' to ''nay.''

Mr. TIPTON changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mrs. BLACK. Madam Speaker, I was unavoidably detained. Had I been present, I would have voted ''yea'' on rollcall No. 179.

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

Mr. POLIS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 233, noes 186, not voting 10, as follows:

[Roll No. 180]

AYES—233

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole