

Washington's Tax Code is too big and too complicated for American small businesses to grow and to be the job creation engine for future generations. We need pro-growth tax reform that lowers the rates for local businesses and simplifies the code for families. Main streets across America are counting on us to do that.

NEGATIVE IMPACT OF MEDIA

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

Mr. SMITH of Texas. Mr. Speaker, a new survey by the Pew Research Center found that an astounding two-thirds of Americans say the news media has a negative impact on our Nation. What a comment on the media.

The survey asked participants whether a variety of institutions are having a positive or negative effect on the way things are going in this country today. The rating the media received was the lowest of all institutions.

Another public opinion poll by Gallup showed the media's credibility has reached a record low. This is not much of a surprise, given the media's constant barrage of personal attacks and negative news coverage. The American people deserve better than a biased media.

For the sake of our country, our democracy, and the credibility of the media itself, let's hope they report the news more fairly and objectively in the future.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. MOONEY of West Virginia) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 18, 2017.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 18, 2017, at 9:19 a.m.:

Appointments:
Women's Suffrage Centennial Commission.
With best wishes, I am,
Sincerely,

KAREN L. HAAS.

PROVIDING FOR CONSIDERATION OF H.R. 806, OZONE STANDARDS IMPLEMENTATION ACT OF 2017

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 451 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 451

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant

to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 806) to facilitate efficient State implementation of ground-level ozone standards, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-26. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

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

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

GENERAL LEAVE

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

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

There was no objection.

□ 1230

Mr. BURGESS. Mr. Speaker, House Resolution 451 provides for a structured rule to consider a bill out of the Energy and Commerce Committee pertaining to the Environmental Protection Agency's ozone standards. The

rule provides for 1 hour of debate equally divided between the majority and the minority on the Energy and Commerce Committee. The rule further makes in order six Democratic amendments for consideration. Finally, the minority is afforded the customary motion to recommit.

Under the Clean Air Act's National Ambient Air Quality Standards program, the EPA is tasked with setting standards and regulations for certain defined pollutants, including ground-level ozone, commonly referred to as smog. The Environmental Protection Agency has set these standards and adjusted when necessary in 1971, 1979, 1997, and 2008.

Since 1980, ozone levels have declined by 33 percent, according to the EPA, thanks in large part to diligent State oversight of industries and planning, along with weather patterns and outside temperatures, which all contribute to ozone levels.

Ozone has been a particular issue in the north Texas area that I represent, where hot summer days and prevailing southerly breezes cause air quality issues that affect outdoor activities and may create health concerns.

In 2015, the EPA proposed changing the 2008 ozone standards that had not yet been fully implemented, despite nearly 700 national, State, and local organizations and stakeholders requesting that the EPA allow the 2008 standards to be adopted before moving the goalposts on these regulated parties. In fact, the EPA did not publish its implementation regulations for the 2008 standards until March of 2015, nearly 7 years after the standards had been issued, and then promptly that same year decided to change the rules entirely.

The EPA ignored the request from stakeholders and moved ahead with lowering the ozone standard, manipulating scientific findings in order to justify the move. In fact, nearly two-thirds of the so-called benefits that the EPA claimed would result from this new standard are not based on ozone reductions at all, but instead on reductions from an entirely different pollutant regulated under a different set of rules.

H.R. 806, the Ozone Standards Implementation Act of 2017, is an important step toward focusing the EPA's efforts at science-based regulating of the environment and a rejection of the politically motivated actions of the previous 8 years.

The legislation phases in implementation of the 2008 and 2015 ozone standards, extending the date for final designation for the 2015 standard to 2025, aligning the permitting requirements of the Clean Air Act with the implementation schedule set by the EPA. This allows for a thoughtful and methodical implementation process to proceed at the State level to address the varied needs and nuances that exist in the States based upon industry and based upon weather patterns.

The measured approach contained in H.R. 806 will allow States to pursue cost-effective and practical implementation plans to enforce the EPA's ozone standards. Further, it utilizes a process that will benefit from the States' practical experiences at implementing previous ozone standards.

Nothing in the legislation before the House today changes any existing air quality standards or regulations. Let me say that again. Nothing in the legislation before the House today changes any existing air quality standards or regulations.

This legislation is focused solely on providing States and businesses the proper tools, time, and flexibility to implement the EPA's regulations most effectively. This is a goal we should all support.

According to the EPA's own analysis in 2015, the vast majority of U.S. counties will meet the 2015 standards by 2025, the same timeframe that the bill before us contemplates implementation.

H.R. 806 is important, however, because it gives States the flexibility to focus on the most pressing environmental issues in each individual State, rather than having the EPA dictate where resources must be used regardless of need.

The Energy and Commerce Committee has been reviewing the issue of finding the correct balance for ozone implementation for years and has crafted legislation that reflects that measured approach.

In 2015, I wrote to the EPA's Clean Air Scientific Advisory Committee expressing my concern over the EPA's expedited implementation of the 2015 standards despite concerns on how the ozone rules could affect other pollutants, namely nitrogen oxide, which has been found to actually increase inversely when ozone levels decrease. This increase of nitrogen oxide is especially present in urban environments where many at-risk populations live.

Given the many implementation questions surrounding EPA's political decision to move forward with the 2015 standards, H.R. 806 is a prudent and justified course that this government should be taking.

For these reasons, I encourage my colleagues to support today's rule and the underlying bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in opposition to both this rule and the underlying bill. Instead of coming up with new thoughts or new ideas, here we have another recycled and careless bill that has been through this body before that takes away protections for our sick, for our children, for pregnant women, and for the elderly. It is the wrong way to go for our country.

This bill is called the Ozone Standards Implementation Act, but it is ac-

tually a political stunt for a special interest, in this case the oil and gas industry. It will hurt our air, our environment, and, frankly, have a negative impact on the health of Americans. It will increase healthcare costs at a time when healthcare costs are already too high.

We see that, the way the House Republicans are trying to jam through the Affordable Care Act repeal, which I remind my friends passed here in the House. It is only in the Senate where they are finally realizing the error of their ways.

In Colorado, 500,000 people have benefited from the Affordable Care Act, and the number of people without insurance has been cut in half from 6.7 percent to 2.5 percent. Of course, it is not perfect, and I hope that now is an opportunity for Democrats and Republicans to work together, rather than Republicans seeking to go at it alone with a plan that provides less people with healthcare rather than more.

The Affordable Care Act made sure that no one can be denied coverage for a preexisting condition. That benefited over 750,000 people in Colorado, including people with cancer and asthma, the rates of which would both increase if this bill that we are discussing under this rule were to become law. Yes, that is right. More people would suffer from asthma and more people would suffer from cancer if this bill were to pass.

This reckless Republican healthcare bill even eliminated the Prevention and Public Health Fund at the end of fiscal year 2017, slashing funding for the Centers for Disease Control by 12 percent, singling out certain providers, like Planned Parenthood, from even participating in the Medicaid program; preventing patients from receiving preventative care services, like cancer screenings and STD testing and contraceptive care from their provider of choice, often, in many cases, the only provider in town.

So it is no surprise that we have yet another bill that would increase healthcare costs before us, lead to more people having to pay more for what they already have for healthcare.

And here we have a bill that is opposed by the American Lung Association, the American Thoracic Society. They are all very strongly opposed to this bill. It is why over 700 healthcare professionals signed a letter in opposition to H.R. 806 dated July 17, 2017, which I include in the RECORD.

JULY 17, 2017.

DEAR MEMBER OF CONGRESS: We, the undersigned physicians, nurses, environmental health professionals and other health professionals, urge you to protect our patients' and communities' health from dangerous air pollution. Please oppose any legislation or administrative actions that would block, weaken or delay work to implement and enforce strong safeguards for healthy air.

Our patients, families, and neighbors need healthy air to breathe, particularly those who are at greater risk of getting sick or dying prematurely due to air pollution, including children, older adults, and people with asthma, COPD, and heart disease.

Thanks to the Clean Air Act, the United States has made enormous progress in cleaning up ozone and particle pollution. The American Lung Association's 2017 "State of the Air" report found that cities across the U.S. have made continued improvement in reducing these pollutants, with many reaching their lowest ozone levels yet. However, 125 million people still live in areas where they are exposed to unhealthy levels of air pollution.

Clean Air Act protections must continue to be implemented and enforced to ensure that all Americans have healthy air to breathe. In addition, evidence shows that climate change will make it harder to clean up ozone and particle pollution. The nation must reduce the carbon, methane, and other pollutants that lead to warmer temperatures, and work to protect our communities against the many health impacts of climate change.

As health and medical professionals, we call upon you to protect the health of our patients and our communities by opposing measures that would block, weaken, or delay protections under the Clean Air Act, or other protections that reduce harmful air pollution and protect public health from the impacts of climate change. Our communities are counting on you.

Sincerely,

ALABAMA

Surya Bhatt, MD; Cindy Blackburn, RN; Ellen Buckner, PhD, RN, CNE, AE-C; Mark Dransfield, MD; Linda Gibson-Young, PhD, ARNP; Katherine Herndon, PharmD, BCPS; deNay Kirkpatrick, DNP, Nurse Practitioner; Kathleen Lovlie, MD; Michael Lyerly, MD; Marissa Natelson Love, MD; Jessica Nichols, RN, BSN; Gabriela Oates, PhD; Ashley Thomas, MD; Paula Warren, MD.

ALASKA

Owen Hanley, MD; Charles Holyfield, RRT, Director, Cardiopulmonary Services; Sheila Hurst, Tobacco Treatment Specialist; Elaine Phillips, FNP; Melinda Rathkopf, MD; Jill Valerius, MD, ABIHM, IFMCP, ATC.

ARIZONA

Michelle Dorsey, MD; Mark Mabry, RN; Marsha Presley, PhD.

ARKANSAS

Marsha Scullark, MPS.

CALIFORNIA

Jennifer Abraham, MD; Felix Aguilar, MD, MPH; Ellen Aiken, MD, MPH; Mark Andrade, RCP, RRT, AE-C; Devin Arias, MPH; Ed Avol, Professor, Dept of Preventive Medicine; Ardel Ayala, RRT; Julia Barnes, MPH, Community Engagement Manager; Laura Barrera, RRT; John Basile, RRT; Bruce Bekkar, MD; Eugene Belogorsky, MD; Simone Bennett, MD; Amir Berjis, MD; Robert Bernstein, MD; Robert Blount, MD; Coletta Boone, RCP; Amy Brendel, MD; Lisa Caine, RCP.

Donna Carr, MD; Cherise Charleswell, MPH; Jiu-Chivan Chen, MD, MPH, ScD; Sharon Chinthrajah, MD; David T. Cooke, MD; Pamela Dannenberg, RN, COHN-S, CAE; John Davis, RN, FNP-BC; Sara DeLaney, RN, MSN, MPH; Anthony DeRiggi, MD; Maria Diaz, RN, BSN; Ralph DiLibero, MD; Jacquelyn Duerr, MPH; Marsha Eptein, MD; Enza Esposito Nguyen, RN, MSN, ANP-BC; Shohreh Farzan, PhD; Bennett Feinberg, MD; Amber Fitzsimmons, PT; Catherine Forest, MD, MPH; Vanessa Garcia, RN, PHN; Frank Gililand, MD, PhD.

Robert M Gould, MD; Jim Grizzell, MBA, MA, MCHES(R), ACSM-EP; Kevin Hamilton, RRT; Stephen Hansen, MD, FACP; Catherine Harrison, RN, MPH; Marie Hoemke, RN, PHN, MPA, MA; Mark Horton, MD; Mary

Hunsader, RN, MSN, CNS, AE-C; Harriet Ingram, RN, BS; Karen Jakpor, MD, MPH; Martin Joye, MD; Magie Karla, RD; Lynn Kersey, MA, MPH, CLE; Ellen Levine, PhD, MPH; Rita Lewis, RN, PHN; Erica Lipanovich, PA-C; Shanna Livermore, MPH, MCHES; Cynthia Mahoney, MD; Michael Maiman, MD; Atashi Mandal, MD; Futernick Marc, MD.

Margie Matsui, RN, CRRN, COHN-S, FAAOHN; Rob McConnell, MD; DeAnn McEwen, MSN, RN; Ellen McKnight, NP; Robert Meagher, MD; Louis Menachof, MD; Deb Messina-Kleinman, MPH; Jennifer Miller, PhD; Anthony Molina, MD; Janice Murota, MD; Gretchen Nelson, FNP; Wendy Oshima, Health professional; Frances Owens, RRT; Sonal Patel, MD; David Pepper, MD; Tamanna Rahman, MPH; Wendy Ring, MD, MPH; Brenda Rios, FNP; Linda Rudolph, MD, MPH; Cindy Russell, MD.

Sunil Saini, MD; Hannah Shrieve-Lawler, MSN, RN, PHN, RYT; Susan Smith, RRT, RCP; Rhonda Spencer-Hwang, DrPH, MPH; Sue Stone, MD; Mary Anne Tablizo, MD; Neeta Thakur, MD; Duncan Thomas, PhD, Professor; Laura Van Winkle, PhD; Jose Vempilly, MD; Li-hsia Wang, MD, FAAP; Kinari Webb, MD; Ruggeri Wendy, MD; Jan Wicklas, RCP; Shirley Windsor, RRT; Dan Woo, MPH, Public Health Professional; Kuo Liang Yu, MD; Marcela Yu, MD.

COLORADO

Kimberly Boyd, NP; James Crooks, PhD, MS; V. Sean Mitchell, RN, APRN-BC, CRNA, CPHIMS; Colleen Reid, MPH, PhD; Catherine Thomasson, MD.

CONNECTICUT

Helaine Bertsch, MD; Maritza Bond, MPH; Ruth Canovi, MPH; Connie Dills, RRT; Sharon Escoffery, BS, Public Health; Jonathan Fine, MD, Attending Pulmonologist; David Hill, MD, FCCP; Anne Hulick, RN, MS, JD; Elizabeth Mirabile-Levens, MD; Jonathan Noel, PhD, MPH; Jacinta O'Reilly, RN; Jennifer Pennoyer, MD; William Pennoyer, MD; Jane Reardon, MSN, APRN; Jodi Sherman, MD, Assistant Professor of Anesthesiology; Jason Wright, MBA, ACHE.

DELAWARE

Timothy Gibbs, MPH, NPMc; Alan Greenglass, MD; Angela Herman, RN, MS; Albert Rizzo, MD; Maria Weeks, School Nurse, MSN, RN.

DISTRICT OF COLUMBIA

Gail Drescher, MA, RRT, CTTs; Kenneth Rothbaum, MD; Lorraine Spencer, RN.

FLORIDA

Ankush Bansal, MD, FACP, SFHM, FABDA; Melanie De Souza, MD; Charlotte Gliozzo, RRT; Brian Guerdat, MPH; Brenda Olsen, RN; Walter Plaza, RRT; Paul Robinson, MD, PhD, FAAP, FACEP.

GEORGIA

Melissa Alperin, MPH; Callahan Angela, RN, BSN; Kathy Barnes, RN; Mary Barrett, RN, BSN; Kathleen Cavallaro, MS, MPH; Betty Daniels, PhD, RN; Morris Deedee, RN, BSN; Qazi Farhana, LPN; Tuttle Jennifer, RN; Carol Martin, RN; Anne Mellinger-Birdsong, MD, MPH; Debra Miller, LPN; Christina Spurlock, LPN; Yolanda Whyte, MD.

HAWAII

Rhonda Hertwig, RN; Holly Kessler, MBA; Hali Robinett, MPH.

IDAHO

Charlene Cariou, MHS, CHES; Robbie Leatham, BSN, RN.

ILLINOIS

Nahiris Bahamon, MD; Marie Cabiya, MD; Cheryal Christion, RN; Mary Gelder, MPH; Victoria Harris, BS, Community Health;

Mary Eileen Kloster, RN, MSN; Mukesh Narain, MPH; Kristin Stephenson, RRT; Jeanne Zelten, APN, FNP-BC.

INDIANA

Janet Erny, RRT; Erica Pedroza, MPH Candidate.

IOWA

Sally Ann Clausen, ARNP; Dawn Gentsch, MPH, MCHES, PCMH CCE; Samra Hir, MPH; Sara Miller, BS; Mary Mincer Hansen, PhD; Jeneane Moody, MPH; Wendy Ringgenberg, PhD, MPH, Industrial Hygienist.

KANSAS

Todd Brubaker, DO, FAAP; Robert Moser, MD, Public Health Association President.

KENTUCKY

Marc Guest, MPH, MSW, CPH, CSW; Katlyn McGraw, MPH; Rose Schneider, RN, BSN, MPH.

LOUISIANA

Laura Jones, FNP; Jamie Rogues, RN, APRN, MPA, MPH; Rebecca Rothbaum, PsyD.

MAINE

Brian Ahearn, RRT; Rebecca Boulos, MPH, PhD; Stephanie Buzzell, CRT; Ivan Cardona, MD; Cynthia Carlton, CRT, RPFT; Leora Cohen-McKeon, DO; Suzan Collins, BSRT, RRT; Douglas Couper, MD, MACP; Scott Dyer, DO; Donald Endrizzi, MD; TJ Farnum, RRT; Jennifer Friedman, MD; Robert Gould, RRT; Marvin Grant, CRT; Diane Haskell, RRT; Norma Hay, RRT, AECC.

Joseph Isgro, RRT; Meagan Kingman, DO; Jon Lewis, RRT; Kathryn Marnix, RRT; Mark McAfee, RRT; Karen McDonald, RRT-NPS, RPFT; Samantha Paradis, MPH, BSN, RN, CCRN; Marguerite Pennoyer, MD; Paul Shapero, MD; Sean Shortall, RRT, RPFT; Randi Stefanizci, RRT; Laura Van Dyke, LPN, AE-C; Rhonda Vosmus, RRT, NPS, AE-C; Bryan Whalen, MPH Candidate; Richard Yersan, RRT.

MARYLAND

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Ed Maibach, PhD, MPH; Gibran Mancus, MSN, RN, Doctoral Student; Meredith McCormack, MD, MHS; Kimi Novak, RN; Claudia Smith, PhD, MPH, RN; Rosemary Sokas, MD, MOH; Charlotte Wallace, RN; Leana Wen, MD, MSc; Lois Wessel, CFNP; James Yager, PhD, Professor of Environmental Health.

MASSACHUSETTS

Stephanie Chalupka, RN; Amy Collins, MD; Ronald Dorris, MD; Christine Gadbois, DNP, RN-BC, APHN-BC; Donna Hawk, RRT, AE-C, Pulmonary Rehab Clinician; Marie Lemoine, MSN, RN, RCP; Joann Lindenmayer, DVM, MPH; Ann Ottalagana, Director of Health Education; Hildred Pennoyer, MD; James Recht, MD; Kathleen Rest, PhD, MPA; Brian Simonds, RRT; Craig Slatin, ScD, MPH, Professor of Public Health; Coleen Toronto, PhD, RN, Associate Professor; Francis Veale, MPH; Erika Veidis, health Member Engagement & Outreach Coordinator; Sara Zarzecki, MPH; Laura Zatz, MPH.

MICHIGAN

Ranelle Brew, EdD, CHES; Mary Cornwell, MPH, CHES; Elizabeth (Lisa) Del Buono, MD; Elizabeth Gray, MS, CCES, CHWC; Kirsten Henry, Health Educator; Patricia Koman, MPP, PhD; Shelby Miller, MPH; Matthew Mueller, DO, MPH.

MINNESOTA

Susan Nordin, MD; Teddie Potter, PhD, RN, FAAN; Becky Sechrist, public health association President; Cherylee Sherry, MCHES; Bruce Snyder, MD, FAAN; Kristin Verhoeven, RN.

MISSISSIPPI

Shana Boatner, RN, BSN; Martina Brown, RRT; Becky Champion, RN; Bobbie Coleman, BSRC, Registered Respiratory Therapist; Matthew Edwards, RN, MSN; Allyn Harris, MD; Kathy Haynes, RRT-MPH AE-C; Kay Henry, MSN, RN; Erin Martinez, PharmD; Brittney Mosley, MS; Tracy Nowlin, RRT.

Kendrea Pipes, CHES; Kimberly Roberts, RN, MS, CHES, CIC, CHSP; Susan Russell, MSN, RN; Donald Starks, Health Educator; John Studdard, MD; Alexander Vesa, RT(R); Lesa Waters, FNP; LaNeidra Williams, RDH; Kimberly Wilson, RRT, Manager; Sharon Wilson, RN; Catherine Woodyard, PhD, CHES.

MISSOURI

Sandra Boeckman, Executive Director; Dan Luebbert, REHS; Robert Niezgoda, public health association President; Lynelle Phillips, RN, MPH; Andrew Warlen, MPH.

MONTANA

Bradley Applegate, RN; Jeremy Archer, MD, MS, FAAP; Kelli Avanzino, RN, MN; Dawn Baker, RN; Kate Berry, RN; Amanda Bohrer, Tobacco Prevention Specialist; Lori Byron, MD; Emily Colomeda, MPH, RN; Christine Deeble, ND; Lynette Duford, BS; Abdallah Elias, MD; Kasey Harbine, MD; Daniel A. Harper, MD; Pepper Henryon, MD. Josy Jahnke, RN, BSN, PHN, AE-C; Marian Kummer, MD; Gregar Lind, MD; Cheryl McMillan, RN, MS, Family Nurse Practitioner, ret.; Heather Murray, RN; Melanie Reynolds, MPH; Paul Smith, MD; Wanda White, RN; Lora Wier, RN; Megan Wilkie, RN, CLC; Allison Young, MD, AAP; Michael Zacharisen, MD.

NEBRASKA

David Corbin, Emeritus professor, public health; Rudy Lackner, MD.

NEVADA

Sue McHugh, RN; John Packham, Director of Health Policy Research.

NEW HAMPSHIRE

Jessica Gorhan, MPH; Marc Hiller, Professor of Public Health (MPH, DrPH); Mary Olivier, RRT; Jenni Pelletier, RN, BSN.

NEW JERSEY

Janet Acosta-Hobschaidt, MPH, Health Educator; Kathleen Black, PhD, MPH; Felesia Bowen, PhD, DNP, PNP; Michelle Brill, MPH; Maria Feo, BSN, RN-BC, CTTs; Tamara Gallant, MPH, MCHES; Christina Green, MPH Candidate; Michele Grodner, EdD, CHES, Professor of Public Health; Kathryn Grote, BSN, RN, OCN; Ruth Gubernick, PhD, MPH, HO, REHS; James Guevara, MD, MPH; Suseela J, MPH, MD; Laura Kahn, MD.

Sean McCormick, PhD; Kevin McNally, MBA, public health association; Amanda Medina-Forrester, MA, MPH, Cancer Coalition Coordinator; Cornelius Mootoo, MS, BS, Secretary of NJPHA; Tiffany Rivera, MA, DHA, MCHES; Elsie Sanchez, LPN; Andrew Sansone, MPH Candidate; Christopher Speakman, RN; Marianne Sullivan, DrPH, Associate Professor, Public Health; Stanley Weiss, MD; Allison Zambon, MHS, MCHES.

NEW MEXICO

Susan Baum, MD, MPH; Lee Brown, MD, Professor of Internal Medicine; Mallory Downs, RN (ret.); Janet Popp, PT, MS; Kristina Sower, MD; Sharz Weeks, MPH; Leah Yngve, MSPH.

NEW YORK

Claire Barnett, MBA (health finance); Alexis Blavos, PhD, MED, MCHES; Alison

Braid, MPH Candidate; Margaret Collins, MS; Kavitha Das, BDS, MPH, MS; Richard Dayton, REHS, Public Health Sanitarian; Susan Difabio, RRT, CPFT; Liz D'Imperio, RRT; Monica Dragoman, MD, MPH; Lawrence Galinkin, MD; Carolyn Galinkin, Social Worker; Noah Greenspan, DPT, CCS, EMT-B; Patricia Happel, DO; Kristen Harvey, MD; Meherunnisa Jobaida, Outreach Specialist.

Julie Kleber, RN; Stacie Lampkin, PharmD; Nicole Lefkowitz, MPH; Kathryn Leonard, MS, RD, CDN; Luis Marrero, MBA; Emily Marte, BS, MPH Candidate; Mary Mastrianni, FNP; Peggy McCarthy, MPH, CHES; Crystina Milici, PA-C; Maureen Miller, MD, MPH; Wilma Mitey, MS, MPA; Acklema Mohammad, Urban Health Plan; Emilio Morante, MPH, MSUP; Christina Olbrantz, MPH, CPH; Milagros Pizarro, RN.

Elvira Rella, MS; Luis Rodriguez, MD; E. Schachter, MD; Emily Senay, MD, MPH; Perry Sheffield, MD; Linda Shookster, MD; Jody Steinhart, MPH, CHES; Gladys R Torres-Ortiz, PhD, Clinical Psychologist; Ashley Umukoro, health plan Site Director; Adrienne Wald, EDD, MBA, RN; Karen Warman, MD; Lucy Weinstein, MD, MPH; Lauren Zajac, MD, MPH; Robert Zielinski, MD.

NORTH CAROLINA

Melanie Alvarado, RN, MSN; John Brice, MPH, MEd; Kayne Darrell, RT (R) (M); James Donohue, MD; Beverly Foster, PhD, MN, MPH, RN; Jeff Goldstein, President & CEO, health foundation; Laura Kellogg, RN, AE-C; Rebecca King, DDS, MPH; David Peden, MD; Laura Pridemore, MD; Cheryl Stroud, DVM, PhD; David Tayloe, MD.

NORTH DAKOTA

Deborah Swanson, RN; Maylynn Warne, MPH.

OHIO

Peggy Berry, PhD, RN, COHN-S; Rosemary Chaudry, PhD, MPH, RN; Elizabeth Cutlip, RRT; Laura Distelhorst, CPN, RN; Joe Ebel, RS, MS, MBA; Susan Gaffney, RRT; Lois Hall, MS; Carla Hicks, RN, MBA; Lawrence Hill, DDS, MPH; John Kaufman, MPH; Sumita Khatri, MD; Janet Leipheimer, BSN, MHHS, RN, LSN; Nancy Moran, DVM, MPH; Chris Morford, BSN, RN, Licensed School Nurse; Andreanna Pavan, MPH Candidate; Kimberly Schaffler, BSN, RN, LSN.

OKLAHOMA

Effie Craven, MPH; Marny Dunlap, MD; Marisa New, OTR, MPH; Mark Pogemiller, MD, FAAP.

OREGON

Benjamin Ashraf, MPH, CHES; Bruce Austin, DMD; James Becraft, MPH; Kathy Blaustein, CPH; Candace Brink, Physical Education Teacher; Alicia Dixon-Ibarra, PhD, MPH; Lan Doan, MPH, CPH; Kelly Donnelly, Certified Personal Trainer; Carol Eliott, BSN; Kurt Ferre, DDS; Layla Garrigues, PhD, RN; Peter Geissert, MPH; John Hanson, MSN; Cameron Haun, CSCS; Charles Haynie, MD; Augusta Herman, MPH; Robina Ingram-Rich, RN, MS, MPH.

Selene Jaramillo, MS; Candice Jimenez, MPH; Gabriella Korosi, RN, MN; Leslie Kowash, MPH Candidate; Anne Larson, MPH; Patricia Neal, Council, FQHC; Jessica Nischik-Long, MPH/Executive Director; Gena Peters, Health Outcomes Project Coordinator; Jack Phillips, MPH, CPH; Jock Pribnow, MD, MPH; Carol Reitz, RN; Dianne Robertson, nurse (ret.); Savanna Santarpio, MPH; Julie Spackman, Certified Prevention Specialist; Theodora Tsongas, PhD, MS; Tamara Vogel, MBA, Administrator.

PENNSYLVANIA

Robert Abood, MD; Saif Al Qatarnah, MD; Michael Babij, Certified Peer Specialist; Jill

Barnasevitch, RNC; Murylo Batista, Research Assistant; Pamela Benton, RRT; Taseer Bhatti, MS; Christine Brader, Patient Advocate; Deborah Brown, CHES; Tyra Bryant-Stephens, MD; Monica Calvert, RDH, BSDH, PHDHP; Lynn Carson, PhD, MCHES; Esther Chung, MD, MPH; Nina Crayton, MSW, CTTS; Marlene D'Ambrosio, RN; Ellen M. Dennis, RN, MSN, MSED; Paula Di Gregory, CTTS/Tobacco Treatment Specialist; Mark Dovey, MD; Lori Drozdus, MS, RN; Alexandra Ernst, Public Health Evaluation Project Manager; Mary Fabio, MD.

Jayme Ferry, LSW; Cecilia Fichter-DeSando, Prevention Manager; Alexander Fiks, MD, MSCE; Thad Fornal, RDCS; Clintonette Garrison, RRT; Teresa Giamboy, MSN, CRNP; Dawn Gizzo, CRT; Stanley Godshall, MD; Maria Grandinetti, PhD, RN, Associate Professor of Nursing; Thomas Gregory, DDS, PhD; Melissa Groden, MS, HS-BCP; Susan Harshbarger, RN, MSN, TTS; Kathryn Hartman, Supervisor; Brooke Heyman, MD; Lynn Heyman, BS, RRT, CTTS-M; Cory Houck, Chief Nuclear Medicine Technologist; Marilyn Howarth, MD, FACOEM; Kimberly Jones, BSN, AE-C; Kayla Juba, public health organization Development Coordinator; Ned Ketyer, MD, FAAP; Cynthia Kilbourn, MD.

Kira Kraiman, Certified Tobacco Training Specialist; Madison Kramer, MPH (c); Geoffrey Kurland, MD, Professor of Pediatrics; Laura Leaman, MD; Dion Lerman, MPH, Environmental Health Programs Specialist; Robert Little, MD; Francine Locke, Environmental Director; Laura Loggi, RRT; Shelley Matt, RRT-NPS, CPFT; Andrea McGeary, MD; Thomas McKeon, MPH(c); Rob Mitchell, MPH; Jane Nathanson, MD; Michelle Niedermeier, PA, Environmental Health Program Coordinator; Donna Novak, RN, DNP, CRNP; Lori Novitski, BS, RN; Mariam O'Connell, RRT; Helen Papeika, RN; Amy Paul, Director of Healthy Living; Alan Peterson, MD, MD; Mary Lou V. Phillips, MSN, CRNP.

Noelle Prescott, MD; Vatsala Ramprasad, MD, Pediatric Pulmonologist; Megan Roberts, MPH, Community Engagement Program Manager; Tynesha Robinson, MSW; Eric Rothermel, health Program Director; Erica Saylor, MPH; Alden Small, PhD; Cheri Smith, CRNP; Keith Somers, MD; Jonathan Spahr, MD; James Spicher, MD; Patricia Stewart, LPC; Darlene Stockhausen, CSN, BSN, RN; Beth Thornton, RN; Walter Tsou, MD, MPH; Caroline Williams, BA, CHES, CTTS; Margaret Wojnar, MD, MEd; Cassandra Wood, tobacco Specialist; Joanne Wray, BS, Prevention Specialist; Sylvia Young, RN, MSN, CSN.

PUERTO RICO

Jorge L. Nina Espinosa, CPH.

RHODE ISLAND

Wanda N. Bastista, CRT; Angela Butler, COPD Health Advocate RRT-NPS, CPFT; Michelle Caetano, PharmD, BCACP, CDOE, CVDOE; Christine Eisenhower, PharmD; James Ginda, MA, RRT, FAARC; Linda Hogan, RRT; Linda Mendonca, MSN, RN, APHN-BC; Donna Needham, RN, AE-C; Elizabeth O'Connor, RRT; Katherine Orr, PharmD, Clinical Professor; Sandi Tomassi, RN; Donna Trinke, RRT, AE-C, CPFT; Sylvia Weber, Clinical Nurse Specialist.

SOUTH CAROLINA

Tierney Gallagher, MA, health system Executive Projects Director; Tiffany Mack, MPH, CHES.

SOUTH DAKOTA

Marilyn Aasen, RRT; Sandy Brown, RRT; Darcy Ellefson, RRT; Bruce Feistner, RRT, Respiratory Care Program Director; Lori Salonen, RRT.

TENNESSEE

Richard Crume, Environmental Engineer, QEP, CHCM.

TEXAS

Judy Alvarado, RN; Lynda Anderson, BSN, RN; Lauren Badgett, MPH, RD, LD; Wendy Benedict, MHA; Diane Berry, PhD; Jean Brender, PhD, RN; Pat Brooks, MEd, MS; Gloria Brown McNeil, RN, BSN, MEd; Carla Campbell, MD, MS; Adelita Cantu, PhD, RN; Catherine Cooksley, DrPH, Editor, public health journal; Daniel Deane, MD; Betty Douzar, RN, Assistant Professor; Robert Greene, MD, PhD; Adele Houghton, MPH; Elise Huebner, MS, CPH, CIC.

Kristyn Ingram, MD; Cassandra Johnson, MPH Candidate; Cindy Kilborn, MPH; Wei-Chen Lee, PhD; Debra McCullough, DNP; Witold Migala, PhD, MPH, BA; Celeste Monforton, DrPH, MPH; Rhea Olegario, MPH, CHES; Sherdeana Owens, DDS; Mindy Price, MPH; Hernan Reyes, MD; Darlene Rhodes, MS, Gerontology; Ruth Stewart, MS, RN; James Swan, PhD, Professor of Applied Gerontology; Garrett Whitney, MA.

UTAH

Kwynn Gonzalez-Pons, MPH, CPH.

VERMONT

Alex Crimmin, Health Education Coordinator; Brian Flynn, ScD; Heidi Gortakowski, MPH; David Kaminsky, MD; Benjamin Littenberg, MD; Theodore Marcy, MD, MPH, Professor Emeritus of Medicine; Richard Valentinetti, MPH.

VIRGINIA

Samantha Ahdoot, MD; Laura Anderko, PhD RN; Matthew Burke, MD, FAAFP; Agnes Burkhard, PhD, RN, APHN-BC; Gail Bush, BS, RRT-NPS, CPFT; Renee Eaton, MS, MS, LAT, ATC; Janet Eddy, MD; Gary Ewart, MHS; Robert Leek, MHA; Gail Mates, Public Health Spokesperson; Sarah Parnay Jawaid, PharmD; Jerome Paulson, MD, Professor Emeritus; Leon Vinci, DHA, MPH, DAAS; Homan Wai, MD, FACP.

WASHINGTON

Gay Goodman, PhD, DABT; Catherine Karr, MD, PhD; Gretchen Kaufman, DVM; Kathleen Lovgren, MPH; Tim Takaro, MD, MPH, MS; Robert Truckner, MD, MPH.

WEST VIRGINIA

Robin Altobello, health Program Manager; Taylor Daugherty, Cancer Information Specialist; Laura Ferguson, RN, MSN, FNP-BC; Carlton "Sonny" Hoskinson, RPh; Ashley McDaniel, RN; Jessica Randolph, RN; Rhonda Sheridan, RRT.

WISCONSIN

David Allain, RRT-NPS; William Backes, BS, RRT; Christine Bierer, RRT; Robert Brown, RRT, RPFT, FAARC; Sarah Brundidge, RRT; Lisa Crandall, APNP; Lindsay Deinhammer, BSN, RN; Alyssa Dittner, RRT; Rhonda Duerst, RRT-NPS; Jill Francis Donisi, RT Student; Elizabeth Gore, MD; Kimberly Granger, RN, MSN, FNP-C; Kristen Grimes, MAOM, MCHES; Nathan Houston, RRT; Jodi Jaeger, BS-RRT, Manager, Respiratory Care Service; Michael Jaeger, MD.

Peggy Joyner, RRT; Trina Kaiser, BSN, RN, School Nurse; Raquel Larson, RN; Jessica LeClair, RN, Public Health Nurse; Todd Mahr, MD; Michelle Mercure, CHES; Michele Meszaros, CPNP, APNP; Sara Motisi-Olah, RN; Elizabeth Neary, MD; Adam Nelson, RRT; Stephanie Nelson, RRT; Trisha Neuser, RN; Jackie Noha, RN; Kristine Ostrander, RRT, Director Respiratory Care Services; Sima Ramratnam, MD, MPH; Chris Rasch, Health Center Administration.

Grasieli Reis, RRT; Kathleen Roebber, RN; Elizabeth Scheuing, RRT; Michelle Schliesman, Respiratory Therapist; Rhonda Skolaski, Respiratory Therapist; Brenda

Steele, RRT, RPSGT; James Stout, RRT; Richard Strauss, MD; Amanda Tazelaar, RRT-ACCS; Angela Troxell, RRT; Larry Walter, RRT; David Warren, RRT; Laurel White, BS, RRT-NPS; Pamela Wilson, MD; Rhonda Yngsdal-Krenz, RRT; Lynn Zaspel, RN, BSN, NCSN.

WYOMING

Susan Riesch, PhD, RN, FAAN, Professor Emerita (Nursing); Ricardo Soto, PhD, DABT, MBA.

Mr. POLIS. In part, it says: “We, the undersigned physicians, nurses . . .”—et cetera—“. . . oppose any legislation . . .”—to—“. . . weaken or delay work to . . . enforce strong safeguards for healthy air.”

They are from nearly every State, Mr. Speaker. And looking at this, I see red states, and I see blue states, Louisiana, Missouri, Montana, Mississippi, and that is because this is science we are talking about here.

This bill will increase healthcare costs. That is the economic side. The human side is it will lead to suffering and even death. That is why it is important to stop this bill now by stopping this rule from passing.

Not only will this bill harm millions of Americans, but, in addition, they have offered it under a way to limit amendments and ideas that Republicans and Democrats had offered. This rule does allow several amendments, one of which is mine, and we will discuss that later, but it doesn't allow for amendments from Democrats and Republicans. They only made in order 6 of the 11 amendments, including germane amendments that were submitted to be debated.

For instance, why wasn't Mr. COOPER's amendment, which clarified that State implementation plans can incorporate local land use policies, allowed any debate on the floor?

All Members with amendments should be given the opportunity to bring them to the full House and get a fair up-or-down vote on the merits of their amendment. That is how we craft better legislation, and that is how we fix bills, Mr. Speaker.

I assure you, this bill needs to be fixed, because all it does is it repackages a bunch of bills that make our air dirtier and our health worse and healthcare more costly, all bills that we have seen here over the last several years, bringing them all together in sort of a Frankenstein bill where you assemble all these horrible body parts from different bills, each of which is bad, creating a huge monster that will kill people and increase healthcare costs for every American.

Instead of trying to weaken the Clean Air Act, putting Americans' health at risk, which is what this bill does, we should be talking about the way to close loopholes that exist in our Clean Air Act; to make our air cleaner, not dirtier; reduce asthma and cancer, not increase asthma and cancer.

That is why I am glad that my amendment was made in order. My amendment is based off of the BREATHE Act, which I introduced

with several of my colleagues earlier this year. It would close the oil and gas industry's loophole to the Clean Air Act's aggregation requirement. We will be discussing that in more detail later today, but, very simply, when you have small sites for oil and gas extraction, they don't have to aggregate their pollution, even though in the aggregate, when you have 20,000 wells in a county, cumulatively it can release a large amount of air pollutants, even more than a larger power plant. This amendment would simply hold all sources of emission to the same standard for the impact on the Nation's air quality. I hope that my amendment will be adopted, it is common sense, so we can improve the Clean Air Act rather than eviscerate it.

This bill takes apart a law that is one of the most successful in the history of our country in protecting our most vulnerable and strengthening our economy. A stronger economy means less sick days from work, it means less hospital visits, it means less premature deaths. This bill will increase all of those, sick days, hospital visits, and premature deaths, because it takes away protections for our clean air.

I am proud to say that between 1980 and 2014, emissions of six air pollutants controlled by the Clean Air Act have dropped 63 percent. We should be proud of that. While those six toxic pollutants dropped 63 percent, our gross domestic product increased 147 percent, vehicle miles traveled increased 97 percent, energy consumption increased 26 percent, our population grew by 41 percent. That shows over the last several decades how we can have clean air, a healthy population, and a strong economy—not one at the expense of another.

These emission standards have already generated dramatic public health benefits. A recent peer-reviewed study estimates that the Clean Air Act will save more than 230,000 lives, prevent millions of cases of respiratory problems in 2020 alone. It also enhances our national productivity by preventing 17 million lost workdays. These public health benefits translate into \$2 trillion in monetized benefits to the economy.

If this bill were to be scored by that metric, this bill would cost \$2 trillion by eviscerating the protections we have in the Clean Air Act, but instead of maintaining and strengthening these important life-saving laws, instead, they are delaying the implementation of the ozone National Ambient Air Quality Standards set by scientists, an update that is long overdue and has economic benefits of \$4.5 billion annually in 2025 alone. This bill would suspend that, which are particularly important for the pregnant, for the elderly, for those who suffer from asthma.

25 million Americans suffer from asthma, 7 million of whom are children. For many, the condition lasts a lifetime and sometimes can be life-threatening. In 2014, about 4,000 people

died due to an asthma attack. The connection between air quality and asthma is extremely well documented and incontrovertible, and it shouldn't be understated.

Clean air is an integral part of quality of life, and we shouldn't be tearing down protections that simply allow kids or the elderly to go outside, kids to play outside on a playground in a neighborhood, without worrying about respiratory problems or asthma.

Another problematic provision of this Frankenstein bill is that it changes the criteria for establishing a NAAQS from one that is based solely on protecting public health to one that includes consideration of technology.

□ 1245

Now, that is the core of the Clean Air Act and necessary to protect public health. The NAAQS determine what level of air pollution is “safe” to breath. That is just a matter of fact. What is safe is safe, what is not safe is unsafe. Scientists need to determine that. This change would allow polluters to override scientists and is analogous to a doctor making a diagnosis based on how much a test cost.

I don't want my doctor telling me I don't have condition X or Y because I might have a high cost to treat. I don't think anybody else does, either. We demand, and we deserve, safe air. We should be safe breathing the air in our country, period.

The problems go on and on with this bill. I will stop there for now because the Republicans have wasted enough time even bringing this Frankenstein bill to the floor that cobbles together a number of other terrible bills that they have already passed.

Let's move forward with making our air cleaner, not dirtier; with reducing cancer and asthma, not increasing them; and with reducing healthcare costs, not increasing them. This bill is the wrong direction.

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

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

Mr. Speaker, I want to reference a letter that I sent on May 23, 2014, to Dr. Christopher Frey, who was then the chairman of the EPA Clean Air Scientific Advisory Committee.

The letter reads:

“I understand that, due in part to recommendations by the Clean Air Scientific Advisory Committee, EPA's new draft Health Risk and Exposure Assessment for Ozone concludes that”—I am quoting from the EPA here—“‘mortality from short- and long-term ozone exposures and respiratory hospitalization risk is not greatly affected by meeting lower standards.’”

Again, that is from the EPA draft of the Health Risk and Exposure Assessment for Ozone, from May of 2014.

Mr. Speaker, I include in the RECORD the letter.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
May 23, 2014.

Dr. H. CHRISTOPHER FREY,
Chair, EPA Clean Air Scientific Advisory Committee, Distinguished University Professor, Department of Civil, Construction, and Environmental Engineering, North Carolina State University, Raleigh, NC.

DEAR DR. FREY: In January 2015, pursuant to a court imposed deadline, the Environmental Protection Agency (EPA) is expected to propose revisions to the current National Ambient Air Quality Standard (NAAQS) for ozone set in 2008. The agency's proposed revisions may well represent the most costly standards the agency has ever sought to impose on the U.S. economy. The Administrator's judgments about the adequacy of the standard and any such proposed revisions accordingly will be subject to close Congressional oversight and scrutiny. A critical question will concern whether the Administrator has fully and clearly evaluated the risk reduction estimates associated with the standard and proposed alternatives.

The Clean Air Scientific Advisory Committee's (CASAC) by statute serves to review the information supporting EPA's assessment of the existing NAAQS for ozone and to help assure that EPA conducts a full and objective evaluation of risks and risk tradeoffs in its proposals. In the context of this review, given the potential costs and impacts of any revision to the current standard, I believe it is critically important that such risks and risk tradeoffs are fully evaluated.

Presently, EPA appears to be moving forward without fully addressing important risk tradeoff questions regarding the impact of emissions reductions of nitrogen oxides (NO_x), which CASAC has also been reviewing, on ozone concentrations. I write today to draw your attention to concerns that have been raised that EPA has not fully evaluated the risk reduction outcomes identified in the agency's risk assessments used for the upcoming proposed rule.

I understand that, due in part to recommendations by CASAC, EPA's new draft Health Risk and Exposure Assessment for Ozone (HREA) concludes that "mortality from short- and long-term [ozone] exposures and respiratory hospitalization risk is not greatly affected by meeting lower standards." According to the HREA, this is due in part to the fact that further reductions in nitrogen oxides (NO_x) emissions will actually increase ozone levels on low concentration days in urban areas where at-risk populations live.

For instance, in modeling a 50 percent reduction in NO_x emissions from existing levels, the HREA found that April-to-October ozone exposures actually increased for large percentages of exposed populations in several major urban areas where at-risk populations are likely to live, including New York, Detroit, Los Angeles, and Chicago. In other words, even though reducing NO_x emissions may yield direct benefits by reducing NO_x related health effects, they may also lead to increased ozone levels—the issue under review by the CASAC Ozone Review Panel.

If EPA is correct to assume that all ozone exposures should be of concern, any increases in ozone exposure throughout the year are important to assess. However, testimony submitted to CASAC this past March notes that EPA's analysis likely underestimates the potential for increases in ozone exposures because the agency does not evaluate the effect of NO_x emission reductions on ozone levels throughout the full year. Specifically, EPA's analysis of epidemiologically-based short-term mortality and morbidity risks fails to consider

the likely increases in ozone levels during the cooler months of the year when NO_x emissions are reduced. This March testimony reported that such a full year-round analysis of the impact of NO_x emission reductions in urban Philadelphia resulted in increases in total ozone exposures.

The EPA's analysis itself notes that wintertime increases in ozone "were significant in 11 out of the 15 areas" evaluated when nationwide NO_x emissions were cut "almost in half," but fails to address how increases in wintertime ozone levels from further NO_x reductions will affect the proposed health benefits of meeting a lower ozone standard. Potential changes in wintertime ozone levels also pose a problem for EPA's assessment of mortality risks from long-term exposure to ozone.

In light of these shortcomings in analysis, we ask that you recommend that EPA conduct a full year-round analysis of the effect of further NO_x emission reductions on the epidemiologically-based, short-term mortality and morbidity health benefits from meeting a lower ozone standard. This should be done in a manner that clearly distinguishes between exposure changes projected for urban, suburban, and rural portions of each of the Urban Study Areas. In addition, EPA should provide a discussion of the limitations of projecting future mortality risks from long-term exposure given that the epidemiological study used did not account for potential differences in wintertime ozone levels.

Finally, I understand that transcripts of your public proceedings may not always be preserved for future public access and review. If this is the case, I ask that you ensure that CASAC preserve a full transcript or recording of the telephone conference and related public deliberations for future public access and review.

Thank you for your attention to this request.

Sincerely,

MICHAEL C. BURGESS, M.D.

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

Mr. POLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY. Mr. Speaker, I thank my dear friend from Colorado for his leadership on this important issue.

Mr. Speaker, I rise in strong opposition to this dirty air legislation. The House majority is, once again, substituting political ideology for sound science. Make no mistake: this is social Darwinism, at its worst, and a blueprint to make America sick again.

The intent of the Clean Air Act and its amendments couldn't be clearer: public health and science should drive public policy. And safe, breathable air must be our paramount goal.

Under the Clean Air Act, the EPA is required to review the public health impacts of carbon monoxide, lead, ozone, particulate matter, and sulphur dioxide every 5 years and update national air standards. The bill before us would roll that back and delay new standards for a decade. We cannot wait another decade, nor should we.

We know the health impacts of increased smog: greater incidence of asthma, acute bronchitis in children, and, in some cases, premature death. In Fairfax County, where I live, 23,023 children could be at risk of another

asthma attack due to poor air quality, and 136,327 adults over the age of 65 are at risk for a medical emergency.

I come from local government, where we actually had to put into place regional programs to reduce smog. This wasn't a theological or ideological assignment for us. It was practical. And let me show you the progress we made because of this legislation, the Clean Air Act and its amendments.

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

Mr. POLIS. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. CONNOLLY. Mr. Speaker, in 1996, this region—the national capital region—had more than 60 orange ozone days, ozone layers that were hazardous to health, warnings given to people. Last year, we had 6, one-tenth of that number. And that is because of the Clean Air Act and its amendments.

Rather than dismantling these protections, we should provide States and localities the resources to continue on the progress we have made. Instead, the Trump budget would slash EPA funding by a third. That is not a plan for healthy communities. It is not a way to make America great.

Mr. Speaker, I urge my colleagues to reject this assault on public health and sound science.

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

Mr. Speaker, I include in the RECORD a letter that was sent by Representative JOE BARTON, who was then the ranking member on the Energy and Commerce Committee, and myself, as the ranking member of the Oversight and Investigations Subcommittee, June 11, 2010, asking for the economic data that the EPA was supposed to provide regarding their proposed rule changes back in 2010.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 11, 2010.

Hon. LISA JACKSON,
Administrator, U.S. Environmental Protection Agency,
Washington, DC.

DEAR ADMINISTRATOR JACKSON: While the President has repeatedly stated that job creation and economic growth are his top priorities, in the environmental arena it appears the Administration is allowing ideology to trump objective science and sound public policy, and is issuing new rules that will significantly impede economic development and growth throughout the United States. In particular, we are concerned that the Administration, through the Environmental Protection Agency (EPA), is promulgating a whole host of unworkable, multi-billion dollar environmental regulations without fully considering all available scientific information, and without regard to, the realistic compliance costs, job impacts, or the ability of states, municipalities and/or businesses to implement the new regulations.

In the past we have expressed very serious concerns about the Administration's global warming regulations and EPA's process for developing its endangerment finding, the agency's highly expedited issuance of that finding, and the agency's reliance on the scientific assessments of outside groups, including the United Nations Intergovernmental Panel on Climate Change (IPCC), without a

careful and critical examination of their conclusions and findings. Further, we have significant concerns about the potentially hundreds of billions of dollars or more in compliance costs that are triggered by the finding, the over 6 million entities that may ultimately be subject to complex new permitting requirements, potential enforcement actions, fines and penalties, and threats of citizen suits and other third-party litigation. EPA itself has acknowledged that the stationary source permitting requirements triggered by the endangerment finding are totally unworkable, and that it would be administratively impossible for EPA and states to administer those new requirements, or for employers and businesses to comply.

We write today regarding another set of multi-billion dollar regulations proposed by the Obama Administration which also appear to be extraordinarily expensive and unworkable. Specifically, in January 2010, EPA proposed new National Ambient Air Quality Standards (NAAQS) for ground-level ozone, the main component of smog. NAAQS ozone standards have been revised a number of times over the past several decades, including in 1997 when EPA set an 8-hour "primary" ozone standard, as well as an identical "secondary" standard, to a level of 0.08 parts per million (ppm), or effectively 0.084 ppm. While EPA significantly strengthened that standard in 2008 to a level of 0.075 ppm, in January 2010 this Administration took the unprecedented step of setting aside the 2008 standards, and proposing its own alternative standards based on the prior administrative record and a "provisional assessment," and without conducting a full review of the currently available scientific and technical information. EPA is now proposing a new primary ozone standard within the range of 0.060–0.070 ppm, as well as a distinct cumulative, seasonal secondary standard within the range of 7–15 ppm-hours. EPA has also proposed an accelerated implementation schedule.

We are very concerned about the proposed standards, not only because there appear to be questions about the development of the proposed standards, but also because EPA estimates that the costs would range from \$19 billion to \$90 billion annually, or nearly a trillion dollars over ten years. Moreover, it appears, based on EPA's own ozone maps and estimates, that most counties in the country could violate the standards, particularly if EPA chooses to set the standard at the lower end of the proposed range. Further, it also appears many areas of the country, including rural and remote areas, could never be in attainment because the standards are so low that they may exceed natural background ozone levels, or ozone levels due to foreign emissions from Asian or other sources.

We understand EPA plans to finalize the proposed ozone standards by August 31, 2010. Before EPA finalizes such standards, we believe your agency should provide the Congress with fuller information about the EPA's process for developing and proposing the new standards, the counties or municipalities expected to be in violation, whether the new standards can realistically be implemented by areas that have higher ozone levels due to natural background ozone levels or foreign emissions, and the potential restrictions that the new standards will place on future economic growth and development for non-attainment areas.

We request your responses to the following questions within two weeks of the date of this letter:

1. Under Sections 108 and 109 of the Clean Air Act (CAA), EPA is authorized to set NAAQS for certain criteria pollutants, including ozone, and the Act sets out specific procedures for revising those standards.

a. In proposing the new standards, why isn't EPA conducting a full analysis of all available data, including more recent data?

b. In proposing the standards, why isn't EPA following the express procedures set forth in Section 109 of the CAA?

2. Under the Clinton Administration's 1997 ozone standards:

a. What types of measures have been required by state and local governments to come into compliance with those standards?

b. What were the estimated costs for compliance with the 1997 standards and how do those compare with estimated costs for the proposed new standards?

c. What analysis, if any, did EPA conduct relating to the potential impacts on employment of the 1997 standards?

d. What were EPA's projections with regard to attainment of the 1997 standards, and approximately how many counties in the United States have still not been able to come into compliance?

e. What are the primary reasons for the inability of these counties to come into compliance?

3. Under the Obama Administration's proposed ozone standards, we understand that EPA projects, based on 2006–2008 data, that of the 675 counties that currently monitor ozone levels, 515 counties (76%) would violate a 0.070 ppm standard, and 650 counties (96%) would violate a 0.060 ppm standard.

a. Please identify the 515 counties that would violate a 0.070 ppm standard, and the expected time needed for attainment.

b. Please identify the additional 135 counties that would violate a 0.060 ppm standard, and the expected time needed for attainment.

4. According to the attached map from EPA's Clean Air Status Trends Network (CASTNET) 2008 Annual Report, it appears many areas of the country that do not currently have ozone monitors would also be likely to violate the new smog standards, including in very rural and remote areas.

a. How many counties don't currently have ozone monitors?

b. Based on CASTNET data and any other data EPA may have regarding ozone levels in non-monitored counties, how many additional counties could be in violation of EPA's proposed ozone standards if a monitor were present? Please identify those counties using the CASTNET data and any other data available, and the expected time needed for attainment.

c. Would there be areas with monitored air quality that attain the proposed standards but that might nevertheless be considered to be in "nonattainment" because they are in a Consolidated Metropolitan Statistical Area (CMSA) in which one monitor or more exceeds the proposed standards?

5. According to the EPA Fact Sheet for the Obama Administration's proposed ozone standards, the implementation costs range from \$19 to \$90 billion annually while EPA projects the value of the health benefits would range from \$13 to \$100 billion per year.

a. What are the primary studies EPA is relying upon in the development of its health benefits estimates? What are the major uncertainties in those studies that could affect the estimates?

b. How many of the health-based studies included in the criteria document for the proposed ozone standards were based on statistically significant evidence compared to those studies that were not?

c. How many of the new health-based studies included in the provisional assessment for the proposed ozone standards were based on statistically significant evidence compared to those studies that were not?

d. Can EPA provide any assurances that the value of the health benefits will outweigh the implementation costs?

6. Under the Obama Administration's proposed ozone standards, what control requirements, including offsets, transportation planning measure or other measures, may apply to nonattainment areas?

a. It appears the proposed standards would create a significant number of new non-attainment areas in the Western United States. How would nonattainment in rural or remote Western states and tribal lands be addressed?

b. In the event that an area fails to attain any new standards by the applicable date, what would be the potential consequences, including any sanctions or penalties?

c. What will happen to states or localities that cannot come into compliance with the proposed standards because of a lack of economically or technically feasible technology necessary to attain compliance?

d. What will happen to states or localities that have natural background ozone levels, and/or ozone levels due to transport from outside the United States, that are currently close to or exceed the new standards?

i. Will such areas be designated as being in nonattainment?

ii. Will EPA require states or localities to attain standards lower than concentrations below the non-controllable background levels?

7. Given, as EPA recognizes, that there would be many new nonattainment areas, does EPA believe it is realistic to require states to provide recommendations to EPA by January 7, 2011? Is it reasonable to require State Implementation Plans by December 2013?

a. If EPA believes these deadlines are realistic, please explain the basis for that conclusion.

8. Does EPA anticipate requiring separate planning requirements for a reasonable secondary standard if one is adopted as proposed? How does EPA plan to implement this type of secondary standard?

9. Has EPA prepared any analyses of the potential employment impacts of the proposed standards on specific sectors of the economy, including the manufacturing and construction sectors? If yes, please provide copies of such analyses.

10. Has EPA prepared any analyses of the potential relocation of production facilities outside the United States as a result of implementation of the proposed standards? If yes, please provide copies of such analyses.

11. Has EPA prepared any analyses of the potential impacts of the proposed standards on small businesses? If yes, please provide copies of such analyses.

If the EPA withholds any documents or information in response to this letter, please provide a Vaughn Index or log of the withheld items. The index should list the applicable question number, a description of the withheld item (including date of the item), the nature of the privilege or legal basis for the withholding, and a legal citation for the withholding claim.

Should you have any questions, please contact Minority Committee staff.

Sincerely,

JOE BARTON,
Ranking Member.

MICHAEL BURGESS,
Ranking Member, Subcommittee on Oversight and Investigations.

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

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

Mr. Speaker, President Trump campaigned on the promise of job creation; however, his budget paints a starkly

different and darker picture. It cuts job training programs by 39 percent. It would lead to massive job losses with its cuts. In this body, we talk a little about jobs, but we are 7 months into the 115th Congress and have failed to pass any major jobs bill.

Mr. Speaker, I am happy to say that I have an amendment in my hand that will generate thousands of American jobs.

When we defeat the previous question, I will offer an amendment to the rule to bring up Representative DEFAZIO's bipartisan bill, H.R. 2510, the Water Quality Protection and Job Creation Act. The bill will create thousands of new American jobs through increased investment in our Nation's wastewater infrastructure.

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. ISSA). Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. DEFAZIO), the distinguished ranking member of the Transportation and Infrastructure Committee.

Mr. DEFAZIO. Mr. Speaker, I thank the gentleman for yielding and for his initiative here to actually create some jobs.

Mr. Speaker, the premise of the legislation before us today is that if we allow more pollution—particularly ozone pollution, which is very detrimental to the health of asthmatics; I mean, bad for the health of everyday Americans, but particularly to the 25 million asthmatics, seniors, and others—the premise is that by polluting the air more with ozone, we will create jobs.

Now, actually, I have got to agree with the Republicans on this. They will create more jobs by polluting the air. Pulmonary specialists will be very busy. And then, oh, the inhaler manufacturers. There has been some great press about the inhaler manufacturers in the last year, where they are quadrupling and sextupling the price to price gouge people. Well, they are going to have a heyday. In fact, I believe they have endorsed this legislation.

And then we are going to have a whole new group of people working on the streets in America. It is going to be a whole new entrepreneurial class. There are actually people in Beijing doing this now. The air is so polluted in Beijing that on many days they say: Don't go outside. But, I mean, you have to go outside sometimes, you have to go to the grocery store, or you have to go to work. They now have a very large industry of street vendors who sell oxygen; so, as you are about to collapse on the street in Beijing, someone will sell you a good whiff of oxygen for whatever they charge for it. We are going to

bring that industry to America. So this bill does have phenomenal potential to create a whole new bunch of jobs with oxygen street vendors and then, of course, the pulmonary specialists, the inhaler manufacturers, and others.

The President actually, as a candidate, said that he would triple the amount of money that would be spent on clean water State revolving funds; he would triple it. Now, interestingly enough, the Congressional Budget Office came out with an analysis yesterday of the President's proposed budgets over the next 10 years, which theoretically is going to increase investment and infrastructure. And they said: Actually, not so much. Actually, in fact, his cuts basically would lead to a reduction in investment in clean water and a reduction in investment in ground transportation.

So, instead of tripling the investment and putting many people to work, the President, actually, is going to cut investment in clean water in his proposed budget. Now, I know he didn't write the budget. You know, he has got this rightwing guy running the CBO—Mulvaney, founder of the Freedom Caucus. But Trump is somewhat responsible for a budget that has his name on it, even if he didn't write it, even if he didn't know what was in it, and even if he doesn't know that it contradicts promises he made as a candidate, which he is not going to deliver as President.

But, that said, I want to help the President out here. So, this bill simply delivers on the President's promise to triple the amount of investment to \$25 billion.

Now, do we need it? Heck, yeah, we need it. According to the American Society of Civil Engineers' 2017 infrastructure report card, America's wastewater treatment systems got a grade of D-plus—not too good. And there is a backlog of more than \$40 billion in clean water infrastructure.

The Federal Government needs to become an honest partner with our cities, counties, and others, who have needs to invest in their wastewater systems. We did it before when we cleaned up our rivers back in the sixties, seventies, and eighties with the Clean Air Act, and we need to do it again. We need the Federal partnership. We need this investment.

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

Mr. POLIS. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. DEFAZIO. And the other good thing is, if we were to spend that money, according to the National Utility Contractors Association, every billion dollars—just \$1 billion—invested in our Nation's water infrastructure creates, or sustains, 27,000 jobs. So do the math. The President can do math. He is a businessman. That would be 540,000 jobs if we delivered on the President's promise to make significant new investments with Federal partnership in clean water in America.

So, we can put together health, cleaning up the environment, and jobs, as opposed to the Republican bill, which deteriorates health, deteriorates the environment and protections, and won't create any jobs.

Just one quick quote here: "The Clean Water State Revolving Fund is a perfect example of the type of program that should be reauthorized because it creates jobs while benefiting the environment, and is an efficient return on taxpayer investment."

That is from the Oregon Water Resources Congress.

Mr. Speaker, I will conclude as we proceed to this absurdity of saying, by deteriorating health, we will create jobs.

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

Mr. Speaker, it is ironic that the gentleman would reference the cost of asthma inhalers. It was, after all, two Congresses ago where the Environmental Protection Agency actually outlawed the manufacture and sale of over-the-counter asthma inhalers and took them away from those of us who suffer from that disease. And, indeed, losing that over-the-counter option for an over-the-counter epinephrine inhaler for the treatment of asthma as a rescue inhaler, we have, indeed, seen the cost of prescription inhalers quadruple over that time frame.

So, in many ways, as an asthma patient, I hold the EPA directly responsible for my inability to get an inexpensive over-the-counter rescue inhaler. And for many asthma patients, who may find themselves caught short, that means a trip to the emergency room and, probably, a \$1,200 or \$1,500 event that otherwise could have been solved by a Primatene inhaler that sold two for \$16.

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

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

Well, I know my friend actually has a bill on the topic of the asthma inhalers, and I can tell you, if this bill becomes law, we will need all the asthma inhalers we can get, so I think your bill will have to go through.

I would like to inquire of the gentleman why your asthma inhaler bill isn't included in this package, since we will need to sell more asthma inhalers if the rest of the bill goes through?

Mr. BURGESS. Will the gentleman yield?

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

Mr. BURGESS. The reason is because the manufacture of over-the-counter epinephrine inhalers has been prohibited by the EPA and the Food and Drug Administration.

Mr. POLIS. Did the gentleman consider offering that as an amendment to this bill, your other bill, to allow the sale of those asthma inhalers?

Mr. BURGESS. Will the gentleman yield?

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

Mr. BURGESS. Number one, it is not germane, and it is more complicated now because the Food and Drug Administration has gotten involved in the process. I wish it were straightforward. It is something I continue to work on.

Mr. POLIS. Mr. Speaker, reclaiming my time, our Rules Committee can waive germaneness. But it would be an appropriate bill to include, as Mr. DEFAZIO pointed out, ironically, there are some jobs that this bill will create: people selling oxygen on the street, pulmonologists, and, yes, asthma inhalers because more people will suffer from asthma, and kids with asthma won't be able to spend as much quality time outside if this bill were to become law.

Instead of continuing this kind of work that raises healthcare costs, and increases asthma and cancer, we should be focusing on issues that create jobs we want. We don't want the air to be so bad that there is somebody selling oxygen canisters on the street.

□ 1300

We want jobs in renewable energy and making our air cleaner, in new forms of energy efficiency and bringing down people's utility bills because we use less energy. That is what excites people and that is what is good for our air.

Instead of focusing on those kinds of needs or, God forbid, shrinking the deficit or halting the handout of subsidies to special interests, they are talking about ideas here like this, that further diminish our standing as a world leader and further diminish what makes America special and our quality of life.

I hope all Members look in the mirror and think about our health, the health of our children, the health of our elderly relatives, and those most at risk. And we ask: How would this bill affect them?

The answer is obvious. It only serves to hurt them. It only serves to make people sicker. It only serves to increase costs, destroy economic value, and create additional risk for our environment.

Mr. Speaker, I encourage my colleagues to vote "no" on this rule and the underlying bill, and I yield back the balance of my time.

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

Mr. Speaker, today's rule provides for the consideration of an important piece of environmental legislation to protect the lives and health of all Americans while providing smart tools to the States to implement the EPA's standards.

I thank my fellow Texan, PETE OLSON, for his work on this legislation, which I know affects his district in the Houston area as much as it does mine in the Dallas-Fort Worth region.

I encourage my colleagues to vote "yes" on today's rule and to support the underlying bill.

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

AN AMENDMENT TO H. RES. 451 OFFERED BY MR. POLIS

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

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2510) to amend the Federal Water Pollution Control Act to authorize appropriations for State water pollution control revolving funds, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Transportation and Infrastructure. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 2510.

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 Rep-

resentatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

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

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

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

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

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

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

The yeas and nays were ordered.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

FEDERAL POWER ACT AMENDMENT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2786) to amend the Federal Power Act with respect to the criteria and process to qualify as a qualifying conduit hydropower facility, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows: