

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. HASTINGS. 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.

PROVIDING FOR CONSIDERATION OF H.R. 6199, RESTORING ACCESS TO MEDICATION ACT OF 2018, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM JULY 27, 2018, THROUGH SEPTEMBER 3, 2018

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1012 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1012

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6199) to amend the Internal Revenue Code of 1986 to include certain over-the-counter medical products as qualified medical expenses. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-82 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one

motion to recommit with or without instructions.

SEC. 2. On any legislative day during the period from July 27, 2018, through September 3, 2018—

(a) the Journal of the proceedings of the previous day shall be considered as approved; and

(b) the Chair may at any time declare the House adjourned to meet at a date and time, within the limits of clause 4, section 5, article I of the Constitution, to be announced by the Chair in declaring the adjournment.

SEC. 3. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed by section 2 of this resolution as though under clause 8(a) of rule I.

SEC. 4. Each day during the period addressed by section 2 of this resolution shall not constitute a calendar day for purposes of section 7 of the War Powers Resolution (50 U.S.C. 1546).

SEC. 5. Each day during the period addressed by section 2 of this resolution shall not constitute a legislative day for purposes of clause 7 of rule XIII.

SEC. 6. Each day during the period addressed by section 2 of this resolution shall not constitute a calendar or legislative day for purposes of clause 7(c)(1) of rule XXII.

The SPEAKER pro tempore (Mr. POE of Texas). 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 gentlewoman from California (Mrs. TORRES), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 1012 provides for the consideration of an important bill to return control of healthcare spending and budgeting back where it belongs: with the patient.

H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018, would amend the Internal Revenue Code of 1986 to include certain over-the-counter medical products as qualified medical expenses for the purposes of spending one's own dollars within a health savings account.

Today's resolution provides for a rule to allow H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018, the standard practice for a tax-related measure on the House floor. The rule provides for 1 hour of debate equally divided and controlled between the chair and the ranking minority member of the Committee on Ways and Means. The rule does, however, provide the minority with the customary motion to recommit with or without instructions.

Also included in the resolution before us today are the standard provisions

allowing the House of Representatives to continue to operate while Members are home, working with their constituents during the August district work period.

Mr. Speaker, I rise today to speak in support of the rule on H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018. This rule includes the work of various Members of Congress on the important issue of modernizing health savings accounts. While this legislation did not move through the Health Subcommittee of the Energy and Commerce Committee, my fellow members on the other Health Subcommittee, that of the Ways and Means Committee, have done quality work in moving this package. Each bill was reported favorably out of the Ways and Means Committee.

Mr. Speaker, I have long been a supporter of increasing flexibility within our healthcare system, especially through the use of health savings accounts. Health savings accounts allow patients to feel more involved and to have more control over their healthcare spending. As someone who has personally had a health savings account in the past, I believe it to be a powerful tool but that qualified expenses have been limited for too long.

This package will give more power to consumers by allowing them to use their hard-earned savings that they put into their health savings accounts on an expanded number of healthcare goods and services.

The first bill in this package, Promoting High-Value Healthcare Through Flexibility for High-Deductible Health Plans Act, introduced by Chairman ROSKAM, allows for first-dollar coverage flexibility for high-deductible health plans. Many individuals, especially in the post-Affordable Care Act world, have chosen to purchase high-deductible health plans. While this is a reasonable choice for many consumers, there are some who are faced with high out-of-pocket costs.

H.R. 6199 allows health plans to provide coverage for up to \$250 per year for individuals or \$500 per year for families before they meet their deductible. The goal of this provision is to incentivize services that could reduce future healthcare costs, such as primary care visits and telehealth services.

Additionally, under current law, individuals are unable to contribute to an HSA if they participate in a direct primary care service arrangement. Representative ERIK PAULSEN's Primary Care Enhancement Act, which is included in this rule, enables patients to be able to participate in a direct primary care service arrangement and remain qualified to contribute to a health savings account. It also includes direct primary care service arrangement fees as medical expenses.

Some individuals are fortunate enough to receive certain healthcare services at or nearby their workplace through their employer. Representative MIKE KELLY's bipartisan Health

Savings Account Improvement Act of 2018, which is included in this package, addresses this issue.

While it is convenient and helpful to have access to such services, these individuals should not be barred from having a health savings account. This package creates a special rule that individuals can receive free or discounted services offered by their employers on-site or at retail medical clinics. These services may include physical exams, immunizations, nonprescription drugs, treatment of employment-related injuries, drug testing if required as a condition of employment, hearing or vision screenings, or other services that are not considered significant benefits in the nature of medical care.

Mr. Speaker, the post-Affordable Care Act world is riddled with flaws, but one of the biggest problems is its failure to promote consumer-driven healthcare. Expanding the use of health savings accounts could go a long way to reverse this trend. Health savings accounts give consumers incentives to manage their own healthcare costs by coupling a tax-favored savings account used to pay medical expenses with a high-deductible health plan that meets certain requirements for deductibles and out-of-pocket expense limits. The funds in a health savings account are owned by the individual and may be rolled over from year to year.

Health savings accounts are not a novel idea. They have been around since 2004, but current health savings account policy is extraordinarily restrictive, making it harder for consumers to take advantage of it.

I have spent several years in developing extensive reforms to increase the potential for health savings accounts for consumers, and H.R. 6199 includes meaningful improvements that we can, in fact, get across the finish line now to help families now.

One of these improvements is the ability for spouses to contribute to a health savings account under certain circumstances even if their spouse has a flexible spending account. Under current law, one spouse can reimburse expenses for their spouses' and other dependents' medical expenses; therefore, the other spouse is considered to be ineligible for an HSA.

This provision enables the spouse without the flexible spending account to reimburse for medical expenses, with certain restrictions. This is critical, as it gives individuals increased flexibility to save for their own healthcare expenses that a shared flexible spending account for the whole family may not provide.

Additionally, this bill allows for individuals to terminate or convert their flexible spending account and health reimbursement accounts into a health savings account under certain circumstances. Employers would be able to allow their employees to convert their flexible spending account and health reimbursement account bal-

ances into health savings account funds if they enroll in a high-deductible health plan with an HSA. This is critical in empowering patients and allowing them the flexibility to change health plans without losing their savings.

There is a dollar limitation of \$2,650 for conversions for individuals, \$5,300 for families, and the funds transferred into the HSA would count toward the enrollee's HSA contribution for that taxable year.

H.R. 6199, the bill introduced by Representative LYNN JENKINS from Kansas, makes commonsense, patient-centered reforms to help defray costs for individuals. Over-the-counter medications, allergy and cold medicines, antibiotic ointment, and pain relievers are historically ineligible expenditures for HSA and other tax-favored healthcare accounts. The ACA created a requirement in Federal law that forced account holders to go to their doctor to obtain a prescription for over-the-counter medications before purchasing them with their health savings account or flexible spending account. Individuals who fail to jump through these hoops and purchase over-the-counter medications without a prescription, in fact, face a tax penalty for making a nonqualified distribution.

This policy drives unnecessary utilization of doctor services, decreases access to over-the-counter medications, and discourages people from taking control of saving for their healthcare needs. H.R. 6199 repeals this harmful provision, puts consumers back in the driver's seat, and allows them efficient access to appropriate medications.

Lastly, this legislation permits individuals to invest their hard-earned health savings account dollars into their physical fitness and well-being. In many ways, income is a hurdle for individuals and families who would like to participate in a physical activity, whether they would like to pay for a membership at a fitness facility or pay for their children to join a youth sports league. This legislation opens the door for paying for such activities with health savings account dollars.

Known originally as a standalone bill, the Personal Health Investment Today Act, introduced by Representative JASON SMITH, allows qualified sports and fitness expenses to count as qualified medical expenses. These particular expenses are capped at \$500 a year for individuals and \$1,000 on a joint return.

□ 1315

Passage of this provision will assist individuals and families across the Nation in investing in their physical fitness, which can lead them to healthier lives and stave off conditions such as diabetes and obesity. These bills are an important example of the work we are doing right now to advance Member-driven solutions that will improve healthcare for all Americans.

Deductibles, out-of-pocket limitations have been steadily growing. Con-

gress should be taking steps to make it easier for Americans to save, not restricting their options. The rule and the underlying bills included in this package strengthen consumer power and increase flexibility for patients in paying for their medical expenses.

I appreciate all of the work that the Members have put into the provisions of this bill. I urge my colleagues to support today's rule and the underlying legislation, and I reserve the balance of my time.

Mrs. TORRES. 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, \$2 trillion, that is what this GOP Congress added to the debt last year when they passed their tax scam, \$2 trillion that has been taken away from our children and grandchildren to give tax breaks to corporations and the very wealthy.

And today, we take up three bills which are estimated to add another \$100 billion. I suppose in comparison to the tax scam, that may be small potatoes, but this is real spending with no offsets and no effort to even try to find an offset. When the 115th Congress finally ends, we will have to put trillions on the Nation's credit card—trillions.

Next year, those of us who may be lucky enough to be back will have the hard task of digging ourselves out of this hole, this wall of debt that will have been created by the 115th Congress. We will have new Members here who will need to deal with the decisions that we are making here today.

Let me tell you about my experience in having to deal with those very irresponsible decisions that put us and pushed us into debt.

In 2008, when I was first elected to the State legislature, I was elected with a wall of debt of \$15 billion. My first 30 days in office, we passed four different budgets, and none of it added up. We simply couldn't pay our bills. We had charged ourselves to a place that we could no longer continue.

No one got paid for 6 or 7 months—no one, not the small contractors doing business with the State of California, not the big contractors, not our State employees, not even the members of the legislature. As a matter of fact, I don't come from money, so every month I took a loan to make my mortgage. And this is where the 115th Congress is leading us today. There are no easy choices.

Mr. Speaker, this rule makes in order H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018. H.R. 6199 claims to restore access to medication and modernizes health savings accounts. This bill makes minor changes that largely favor higher income-earning individuals who can afford to set aside that extra money for things like gym memberships.

This is not, however, the worst bill we have voted on this year. And some

of us may end up even voting for it. After all, I support fixes to the Affordable Care Act. We all do. However, it does not address the destructive actions by President Trump that have disproportionately affected low-income families.

After nearly 70 unsuccessful repeal attempts by this Congress, this administration has, sadly, turned to chipping away at the Affordable Care Act. President Trump has resorted to undoing key provisions of the healthcare law without offering any working fixes, which ultimately puts in jeopardy access to healthcare.

He has eliminated the individual mandate, which alone will increase premiums by 9 or 10 percent, and he is expanding plans that offer slimmer benefits and reduce consumer protection, also known as junk plans, as they cover nothing.

Healthcare plans that can charge you more for being a woman or for being older or for having a preexisting condition, these plans can also outright deny coverage to anyone, putting 130 million Americans' healthcare at risk. Expanding these volatile health plans into the marketplace will also increase premiums between 1 and 4 percent.

Almost a year ago, the Trump administration announced that they were canceling cost-sharing reduction payments which helped nearly 6 million low-income Americans better afford medical services by lowering deductibles and copayments. This alone caused premiums in 2018 to increase by 20 percent, all while this majority won't even try to find a \$100 billion offset. Cutting cost-sharing payments increased the deficit by \$200 billion. The administration also recently cut additional outreach and consumer education dollars to local organizations by \$10 million.

And this is not the first time that they cut these critical dollars. From the very beginning of this administration, millions of dollars in outreach, customer assistance and other help and total enrollment time was cut out. Additionally, we are still waiting on a solution to combat the rising prescription drug crisis, which was promised by this administration.

The increasing cost of prescription drugs in combination with the forecasted increase in medical price inflation will also raise premiums between 5.7 and 6.5 percent next year.

Earlier this month, President Trump announced yet another sabotage: that he will not make the \$10.4 billion in risk adjustment payments, which will also increase premiums. These risk adjustment payments protect consumers by ensuring insurance companies don't cherry-pick between the healthy and the sick.

It was very telling last week when the Ways and Means Committee chairman said that GOP lawmakers were exploring a possible legislative fix to restart the risk adjustment payments that President Trump abruptly sus-

pending. The House GOP leadership knows the harm President Trump is causing. Why don't we do something about it today?

The common theme here is an administration consistently undoing key provisions in our healthcare system, putting Americans' health at risk, increasing premiums, which fall squarely on the shoulders of our families and will add billions of dollars to our deficit.

This isn't the Affordable Care Act. This is TrumpCare. This bill is more of the same. Instead of finding solutions for the families that need it the most, this bill will add \$100 billion to the deficit.

We should be spending our time making positive, meaningful improvements to our existing healthcare system that ensures millions of Americans have access to affordable healthcare coverage.

We should be discussing legislation that puts downward pressure on premiums so families don't have to worry year after year if they will be able to afford healthcare coverage.

We should be helping to stabilize the marketplace so consumers can choose from a variety of options that meet their unique family needs.

Instead, today, we are, sadly, wasting time discussing a bill that fails to address the concerns of millions of Americans.

I am proud to be from California, a State that stands up for their residents to ensure that they have access to healthcare coverage. In fact, California's comprehensive outreach and marketing program was credited with lowering premiums by 6 to 8 percent—real money. California is proof that effective advertising and outreach can increase enrollment, expand coverage, stabilize risk pools, and lower premiums.

But this administration—and through inaction, this Congress—is driving up healthcare prices for every American, including Californians. So we will vote today on this bill, and it will probably pass, and then it will die in the Senate. And while we send the Senate more legislation that they will never take up, Americans will continue to suffer.

Like I said, this isn't a bad bill, but it only benefits 6 percent of Americans—6 percent, not the 14 percent who lack healthcare insurance at all.

We must do more. We must help those who are falling further and further behind while this Congress buries us in debt.

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

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

Mr. Speaker, once again, I want to draw attention to an opinion article in today's Wall Street Journal. The title of the article is "TrumpCare Beats ObamaCare," July 23, 2018, penned by James Freeman.

"By prioritizing economic growth and reducing the tax and regulatory burdens on U.S. business, Mr. Trump

has helped to create an economy with more job openings than ever before. As if by magic, the invisible hand of a freer marketplace is now generating new benefits as employers compete to fill all those open positions."

□ 1330

"For the first time in 6 years, the share of U.S. workers offered health insurance through their employer has risen, a sign a tighter labor market is prompting businesses to offer more generous benefits. . . ."

"The Trump plan is repairing at least some of the damage caused by ObamaCare. Notes the Journal:

"Among all private-sector workers offered medical benefits, 72 percent opted to take them," which is up from the 17 percent in 2010 when it began to decline.

Again, Mr. Speaker, this is to point out that this is all occurring without a new government program. This is because of the strength of the economy. This is what happens when you put the focus on creating good jobs for American workers. This is the benefit that results.

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

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

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to bring up Representative RUIZ's legislation, H.R. 6479, which will ban junk insurance plans.

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. Is there objection to the request of the gentleman from California?

There was no objection.

Mrs. TORRES. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from California (Mr. RUIZ) to discuss our proposal.

Mr. RUIZ. Mr. Speaker, premiums are skyrocketing across the country, caused by this administration's sabotage of the Affordable Care Act. Just listen to the insurance company CEOs who are directly stating that not funding cost-sharing reductions for point of care for patients who are struggling to pay their bills will increase premiums. And also, by not outreaching to more people and low-risk individuals to come into the insurance pool, they are also increasing the premiums for everybody else.

But rather than making healthcare more affordable for all middle class families, this Congress is focusing on making healthcare more affordable for the wealthy few.

Instead of protecting the 130 million Americans with preexisting conditions, this Congress is sitting idly by as this administration once again allows insurance companies to sell junk plans that don't even cover basic healthcare services.

At a time when we should be stabilizing premiums by supporting risk-adjustment transfers and ACA enrollment outreach, the majority is refusing to act, simply ignoring the anticipated 18 percent increase in premiums for hardworking Americans throughout our country because, rather than help the American people, the majority would rather sabotage the Affordable Care Act for their own political gain.

This is wrong. So I offer the majority and all the Members of the House this choice: Members can support the previous question, ignore the people who will be priced out of healthcare, and ignore all the politically motivated actions by this administration to undermine access to affordable healthcare in our Nation; or Members can defeat the previous question so that we can bring up my bill, H.R. 6479, the Stop Junk Health Plans Act, which will lower costs and will ensure that Americans continue to have access to high-quality, affordable health plans. It is that simple.

You see, in general, there are three out-of-pocket or more than three out-of-pocket costs; in fact, one is the premiums, two is the deductibles, three is the co-pays, and four is the out-of-pocket costs Americans will have to pay if their health insurance doesn't cover those specific services.

So only focusing on premiums is a message deception. You see, with junk plans, that will increase out-of-pocket costs for patients because these junk plans may offer Americans a less expensive premium; however, the deductibles will be too expensive.

Also, if the majority goes after the essential health benefits and allows insurance companies not to cover things like emergency care, mental health, or prescription drugs, then they will be responsible for those out-of-pocket costs.

Also, if the majority does not defend the protections of people with preexisting illness—and insurance companies are now able to discriminate against those with diabetes, heart conditions, asthma, et cetera—then those individuals will have to pay more overall out-of-pocket costs either because they were denied or because health insurance companies will be able to charge them an exorbitant amount of money.

So this is why it is so important to keep patient out-of-pocket costs in perspective and not just focus on the political messaging tools of narrowly focusing on premiums, because someone can buy a low-cost premium health insurance, but, again, if it doesn't cover mental health, prescription drugs, emergency care, or other forms of guaranteed coverage under the Affordable Care Act, then they are going to have to pay that completely out of pocket.

If the majority doesn't protect patients with preexisting illness, then that is 180 million people in this country who have preexisting illnesses who

are going to have to pay more out of pocket.

So, therefore, we must focus and stabilize the health insurance market; we must lower insurance costs by increasing enrollees into the insurance market by low-risk individuals; we must protect essential coverage and protect people with preexisting illness; and we must lower drug prices and the cost of overall care.

I urge all my colleagues to make the right choice—the only choice—that supports the American people, in this case, the out-of-pocket costs.

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

Mrs. TORRES. Mr. Speaker, I yield the gentleman from California an additional 30 seconds.

Mr. RUIZ. Mr. Speaker, I urge Members to defeat the previous question. I urge Members to do the right thing, to think strategically, and to think about the overall out-of-pocket costs.

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

Mr. Speaker, I was serving in the United States House of Representatives when the congressional Democrats passed the Affordable Care Act. I was serving in the House of Representatives when the implementation of ObamaCare happened at the end of calendar year 2013.

I have got to tell you something. The President told me I had a junk insurance plan. I was covered by a health savings account in those years. Then-President Obama told me I had a junk insurance plan and that I was going to get something better.

I have got to tell you something. I didn't get something better. I went through healthcare.gov. I bought an unsubsidized ObamaCare policy, the bronze plan. I am like any other consumer. I bought on price.

What is the cheapest thing I could afford? That was the bronze plan. The premium was unbelievable. It was three times what I had paid for a premium before for my so-called junk insurance which I had had for years, which had covered every medical contingency that had occurred in my family's life for a number of years. But now I have to buy this policy that the premium was unbelievably high. But that wasn't the worst part, Mr. Speaker. The worst part was the deductible.

Now, look, I had a health savings account. I bought one as soon as the old medical savings accounts were allowed with the passage of the Kennedy-Kassebaum bill in, I think it was, July of 1996. The rules got written the next year. People were allowed to buy medical savings accounts. I bought one. I converted to a health savings account in 2004.

I thought I knew what a high deductible was. That was the whole purpose, after all, of having that medical savings account and, now, health savings account. You have a higher deductible so your premiums are going to be a little bit lower.

My premium certainly wasn't lower, but that deductible was something unlike anything I had ever seen. I went from a \$3,500 deductible in my old health savings account with what then-President Obama said was a junk insurance policy. I went from a \$3,500 premium to a \$6,800 premium for just an individual. This is not a family policy, just for an individual.

Now, let me tell you something, Mr. Speaker. Someone wakes up at 3 in the morning with a kidney stone, the worst pain they have ever had in their life. They go to the emergency room basically to get a shot of morphine and an appointment with a urologist the next day and hopefully pass the darn thing. That exercise can cost in excess of \$4,000. If you have a \$6,800 deductible, guess what. That is all on you. Your coverage is meaningless at that point. And at the same time, you are having to pay a very expensive premium for coverage that is not there when you need it.

I am not an expert on this, Mr. Speaker, but I would call that junk insurance. That is what then-President Obama and the Congressional Democrats brought us with the passage of the so-called Affordable Care Act. I would far rather go back to those days before.

Most people don't understand why it is they have less coverage now and it costs them more money. Yeah, they heard the argument, if you like your doctor, you can keep your doctor; if you like your coverage, you can keep your coverage. They recognize that perhaps that was political hyperbole. But what they do not understand is: Why am I having to pay so much more now to get so much less?

Mr. Speaker, I submit that the ability for individuals to buy health savings accounts is not junk insurance. That is coverage that people can use. That is help for right now.

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

Mrs. TORRES. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, in the first 12 months of this administration, 3.2 million people have lost their healthcare because of the sabotage of this administration. As a matter of fact, last year, we had the highest increase in the number of uninsured since the ACA was passed.

When the ACA was passed, I was not in Congress. I was a State legislator in California, where we embraced the ACA, where we made it work for our families, and where we reached out to our constituents and asked: How can we make it better?

This is not the ceiling; this is the floor.

As State representatives, we felt that we had an urgency to act, to make it better and make it work for our constituents. That is what we did, and that is why the California exchange is so successful.

But that didn't happen in other States controlled by Republican legislators and Republican Governors. Unfortunately, they chose to do the opposite, and that has hurt their constituents.

Mr. Speaker, the bill we are considering today will add another \$100 billion to our national debt. That is not a small thing.

When the bill comes due for this expenditure, how are we going to pay for it? What is the plan? Where is the budget? Where is the fiscal conservatism here?

Will the House GOP majority then go after the least fortunate Americans by cutting Medicaid? Or maybe they will go after American seniors and cut Medicare and Social Security.

These are the questions people will be asking themselves when they exercise their American civic duty this fall. Americans will have to decide: Are trillions in tax cuts for wealthy corporations worth it to me if it means that I can't go to the doctor?

That is why we have to offer real solutions, and we can start by paying for these bills today.

Mr. Speaker, I urge my colleagues to oppose the previous question and the rule because we owe it to our future generations who will have to answer for our actions here today.

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

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

First off, Mr. Speaker, let me reference an article from the Investor's Business Daily from April 10 of this year. I am quoting Investor's Business Daily:

"When the Congressional Budget Office released its updated budget forecast, everyone focused on the deficit number. But buried in the report was the Congressional Budget Office's tacit admission that it vastly overestimated the cost of the Trump tax cuts because it didn't account for the strong economic growth they would generate.

"Among the many details in the report, the one reporters focused on was the Congressional Budget Office's forecast that the Federal deficit would top \$1 trillion in 2020. . . ."

Most of the news accounts blame the tax cuts.

I am continuing to quote here:

"But there's more to the story that the media overlooked.

"First, the CBO revised its economic forecast sharply upward this year and next.

"Last June, the CBO said GDP growth for 2018 would be just 2 percent. Now it figures growth will be 3.3 percent"—this was last April, Mr. Speaker; I suspect it is probably going to be higher at the end of this quarter—"a significant upward revision. It also boosted its forecast for 2019 from a meager 1.5 percent to a respectable 2.4 percent."

□ 1345

Mr. Speaker, the tax cuts are working to boost economic growth. Obvi-

ously, the story is far from completed, but the revenue generated by that increased growth is more than enough to offset the tax cuts that were passed by this body last December.

Mr. Speaker, today's rule allows the House to take another step in fixing the problems created by the Affordable Care Act and returning control of healthcare spending back to patients, where it belongs.

H.R. 6199, the Restoring Access to Medication Act of 2018, will allow those Americans with health savings accounts to use those accounts to pay for over-the-counter medications, the practice which existed up until the Democrats took away that ability in the Affordable Care Act. This is the right thing to do.

I want to thank Representative JENKINS for her leadership on this legislation and the Members who contributed to the package that is before us today. I urge my colleagues to support today's rule and support the underlying bills.

The material previously referred to by Mrs. TORRES is as follows:

AN AMENDMENT TO H. RES. 1012 OFFERED BY
Ms. TORRES

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

SEC. 7. 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. 6479) to amend title XXVII of the Public Health Service Act to include short-term limited duration plans in the definition of individual health insurance coverage. 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. 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. 8. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 6479.

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), de-

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

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

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

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

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

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the

previous question on House Resolution 1012 will be followed by 5-minutes votes on:

Adoption of House Resolution 1012, if ordered;

Ordering the previous question on House Resolution 1011; and

Adoption of House Resolution 1011, if ordered.

The vote was taken by electronic device, and there were—yeas 224, nays 184, not voting 20, as follows:

[Roll No. 368]

YEAS—224

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

NAYS—184

Adams Barragan Beatty
 Aguilar Bass Bera

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

NOT VOTING—20

Black Jeffries Price (NC)
 Blackburn King (IA) Rokita
 Ellison Lipinski Smith (MO)
 Eshoo Long Speier
 Graves (MO) Messer Walz
 Hanabusa Moore Yoder
 Hartzler Noem

□ 1412

So the previous question was ordered. The result of the vote was announced as above recorded.

Stated against:
 Ms. ESHOO. Mr. Speaker, I was unable to be present during rollcall vote No. 368 on July 24, 2018. Had I been present, on rollcall vote No. 368, I would have voted "no."

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

Mrs. TORRES. Mr. 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 229, noes 179, not voting 20, as follows:

[Roll No. 369]

AYES—229

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

NOES—179

Adams Butterfield Cooper
 Aguilar Capuano Correa
 Barragan Carbajal Costa
 Bass Cárdenas Courtney
 Beatty Carson (IN) Crist
 Bera Cartwright Crowley
 Beyer Castor (FL) Cuellar
 Bishop (GA) Castro (TX) Cummings
 Blumenauer Chu, Judy Davis (CA)
 Blumenauer Blunt Rochester Cicilline
 Bonamici Clark (MA) DeFazio
 Boyle, Brendan Clarke (NY) DeGette
 F. F. Delaney
 Brady (PA) Cleaver DeLauro
 Brown (MD) Brown (MD) Clyburn
 Brownley (CA) Cohen DelBene
 Bustos Connolly Demings
 DeSaulnier

Deutch	Larsen (WA)	Quigley
Dingell	Larson (CT)	Raskin
Doggett	Lawrence	Rice (NY)
Doyle, Michael F.	Lawson (FL)	Richmond
Engel	Lee	Rosen
Eshoo	Levin	Roybal-Allard
Espallat	Lewis (GA)	Ruiz
Esty (CT)	Lieu, Ted	Rush
Evans	Loeb sack	Ryan (OH)
Foster	Lofgren	Sánchez
Frankel (FL)	Lowenthal	Sarbanes
Fudge	Lowe y	Schakowsky
Gabbard	Lujan Grisham, M.	Schiff
Gallego	Luján, Ben Ray	Schrader
Garamendi	Lynch	Scott (VA)
Gomez	Maloney, Carolyn B.	Scott, David
Gonzalez (TX)	Maloney, Sean	Serrano
Green, Al	Matsui	Sewell (AL)
Green, Gene	McCollum	Shea-Porter
Grijalva	McEachin	Sherman
Gutiérrez	McGovern	Sires
Hastings	McNerney	Smith (WA)
Heck	Meeks	Soto
Higgins (NY)	Himes	Swalwell (CA)
Hoyer	Meng	Takano
Huffman	Moulton	Thompson (CA)
Jackson Lee	Nadler	Thompson (MS)
Jayapal	Napolitano	Titus
Jeffries	Neal	Tonko
Johnson (GA)	Nolan	Torres
Johnson, E. B.	Norcross	Tsongas
Kaptur	O'Halleran	Vargas
Keating	O'Rourke	Veasey
Kelly (IL)	Pallone	Vela
Kennedy	Panetta	Velázquez
Khanna	Pascrell	Visclosky
Kihuen	Payne	Wasserman
Kildee	Pelosi	Schultz
Kilmer	Perlmutter	Waters, Maxine
Kind	Peters	Watson Coleman
Krishnamoorthi	Peterson	Welch
Kuster (NH)	Pingree	Wilson (FL)
Langevin	Pocan	Yarmuth
	Polis	

NOT VOTING—20

Black	King (IA)	Rokita
Blackburn	Lipinski	Ruppersberger
Diaz-Balart	Long	Smith (MO)
Ellison	Messer	Speier
Graves (MO)	Moore	Walz
Hanabusa	Noem	Yoder
Hartzler	Price (NC)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1420

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOMENT OF SILENCE IN MEMORY OF OFFICER JACOB J. CHESTNUT AND DETECTIVE JOHN M. GIBSON

The SPEAKER pro tempore. The Chair asks that the House now observe a moment of silence in memory of Officer Jacob J. Chestnut and Detective John M. Gibson of the United States Capitol Police who were killed in the line of duty defending the Capitol on July 24, 1998.

PROVIDING FOR CONSIDERATION OF H.R. 184, PROTECT MEDICAL INNOVATION ACT OF 2017, AND PROVIDING FOR CONSIDERATION OF H.R. 6311, INCREASING ACCESS TO LOWER PREMIUM PLANS AND EXPANDING HEALTH SAVINGS ACCOUNTS ACT OF 2018

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 1011) providing for consideration of the bill (H.R. 184) to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices, and providing for consideration of the bill (H.R. 6311) to amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan, 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.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 223, nays 188, not voting 17, as follows:

[Roll No. 370]

YEAS—223

Abraham	Cramer	Hensarling
Aderholt	Crawford	Herrera Beutler
Allen	Culberson	Hice, Jody B.
Amash	Curbelo (FL)	Higgins (LA)
Amodei	Curtis	Hill
Arrington	Davidson	Holding
Babin	Davis, Rodney	Hollingsworth
Bacon	Denham	Hudson
Banks (IN)	DeSantis	Huizenga
Barletta	DesJarlais	Hultgren
Barr	Diaz-Balart	Hunter
Barton	Donovan	Hurd
Bergman	Duffy	Issa
Biggs	Duncan (SC)	Jenkins (KS)
Bilirakis	Duncan (TN)	Jenkins (WV)
Bishop (MI)	Dunn	Johnson (LA)
Bishop (UT)	Emmer	Johnson (OH)
Blum	Estes (KS)	Johnson, Sam
Bost	Faso	Jordan
Brady (TX)	Ferguson	Joyce (OH)
Brat	Fitzpatrick	Katko
Brooks (AL)	Fleischmann	Kelly (MS)
Brooks (IN)	Flores	Kelly (PA)
Buchanan	Fortenberry	King (NY)
Buck	Fox	Kinzinger
Bucshon	Frelinghuysen	Knight
Budd	Gaetz	Kustoff (TN)
Burgess	Gallagher	Labrador
Byrne	Garrett	LaHood
Calvert	Gianforte	LaMalfa
Carter (GA)	Gibbs	Lamborn
Carter (TX)	Gohmert	Lance
Chabot	Goodlatte	Latta
Cheney	Gosar	Lesko
Cloud	Gowdy	Lewis (MN)
Coffman	Granger	LoBiondo
Cole	Graves (GA)	Loudermilk
Collins (GA)	Graves (LA)	Love
Collins (NY)	Griffith	Lucas
Comer	Grothman	Luetkemeyer
Comstock	Guthrie	MacArthur
Conaway	Handel	Marchant
Cook	Harper	Marino
Costello (PA)	Harris	Marshall

Massie	Renacci	Stefanik
Mast	Rice (SC)	Stewart
McCarthy	Roby	Stivers
McCaul	Roe (TN)	Taylor
McClintock	Rogers (AL)	Tenney
McHenry	Rogers (KY)	Thompson (PA)
McKinley	Rohrabacher	Thornberry
McMorris	Rooney, Francis	Tipton
Rodgers	Rooney, Thomas J.	Trott
McSally	Ros-Lehtinen	Turner
Meadows	Roskam	Upton
Mitchell	Ross	Valadao
Moolenaar	Rothfus	Wagner
Mooney (WV)	Rouzer	Walberg
Mullin	Royce (CA)	Walden
Newhouse	Russell	Walker
Norman	Rutherford	Walorski
Nunes	Sanford	Walters, Mimi
Olson	Scalise	Weber (TX)
Palazzo	Schweikert	Webster (FL)
Palmer	Scott, Austin	Wenstrup
Paulsen	Sensenbrenner	Westerman
Pearce	Sessions	Williams
Perry	Shimkus	Wilson (SC)
Pittenger	Shuster	Wittman
Poe (TX)	Simpson	Womack
Poliquin	Smith (NE)	Woodall
Posey	Smith (NJ)	Yoho
Ratcliffe	Smith (TX)	Young (AK)
Reed	Smith (NY)	Young (IA)
Reichert	Smucker	Zeldin

NAYS—188

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