

Walz (MN)	Watt	Wilson (FL)
Wasserman	Waxman	Woolsey
Schultz	Weiner	Wu
Waters	Welch	Yarmuth

Pitts	Ross (FL)
Platts	Royce
Poe (TX)	Runyan
Pompeo	Ruppersberger
Posey	Ryan (WI)
Price (GA)	Scalise
Quayle	Schilling
Reed	Schmidt
Rehberg	Schock
Renacci	Schweikert
Ribble	Scott (SC)
Rigell	Scott, Austin
Rivera	Sensenbrenner
Roby	Sessions
Roe (TN)	Shimkus
Rogers (AL)	Shuler
Rogers (KY)	Shuster
Rogers (MI)	Simpson
Rohrabacher	Smith (NE)
Rokita	Smith (NJ)
Rooney	Smith (TX)
Ros-Lehtinen	Southerland
Roskam	Stearns

Stivers
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (FL)
Young (IN)

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore (Mr. POE of Texas). Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

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

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

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on H.R. 1217 and to insert extraneous material on the bill.

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

There was no objection.

REPEALING PREVENTION AND PUBLIC HEALTH FUND

The SPEAKER pro tempore. Pursuant to House Resolution 219 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1217.

□ 1520

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1217) to repeal the Prevention and Public Health Fund, with Mr. CONAWAY in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Pennsylvania (Mr. PITTS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. PITTS. Mr. Chairman, I yield myself such time as I may consume.

Section 4002 of PPACA establishes a Prevention and Public Health Fund, which my bill, H.R. 1217, would repeal. The section authorizes the appropriation of and appropriates to the fund from the Treasury the following amounts: \$500 million for FY 2010; \$750 million for FY 2011; \$1 billion for FY 2012; \$1.25 billion for FY 2013; \$1.5 billion for FY 2014; and for FY 2015 and every fiscal year thereafter, \$2 billion.

The Secretary of Health and Human Services has the full authority to use this account to fund any programs or activities that she chooses under the Public Health Service Act without having congressional input, approval or oversight. HHS has already made disbursements from the fund, spending

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1512

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

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.

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

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—yeas 241, nays 179, not voting 12, as follows:

[Roll No. 260]

YEAS—241

Adams	Dreier	Johnson, Sam
Aderholt	Duffy	Jones
Akin	Duncan (SC)	Jordan
Alexander	Duncan (TN)	Kelly
Amash	Ellmers	King (IA)
Austria	Emerson	King (NY)
Bachmann	Farenthold	Kingston
Bachus	Fincher	Kinzinger (IL)
Barletta	Fitzpatrick	Kline
Bartlett	Flake	Labrador
Barton (TX)	Fleischmann	Lamborn
Bass (NH)	Fleming	Lance
Benishek	Flores	Landy
Berg	Forbes	Lankford
Biggert	Fortenberry	Latham
Bilbray	Fox	LaTourette
Billirakis	Franks (AZ)	Latta
Bishop (UT)	Frelinghuysen	Lewis (CA)
Black	Galleghy	LoBiondo
Blackburn	Gardner	Long
Bonner	Garrett	Lucas
Bono Mack	Gerlach	Luetkemeyer
Boren	Gibbs	Lummis
Boustany	Gibson	Lungren, Daniel
Brady (TX)	Gingrey (GA)	E.
Brooks	Gohmert	Mack
Brown (GA)	Goodlatte	Manzullo
Buchanan	Gosar	Marchant
Bucshon	Gowdy	Marino
Buerkle	Granger	McCarthy (CA)
Burgess	Graves (GA)	McCaul
Burton (IN)	Graves (MO)	McClintock
Calvert	Griffin (AR)	McCotter
Camp	Griffith (VA)	McHenry
Campbell	Grimm	McKeon
Canseco	Guinta	McKinley
Cantor	Guthrie	McMorris
Capito	Hall	Rodgers
Carter	Hanna	Meehan
Cassidy	Harper	Mica
Chabot	Harris	Miller (FL)
Chaffetz	Hartzler	Miller (MI)
Coble	Hastings (WA)	Miller, Gary
Coffman (CO)	Hayworth	Mulvaney
Cole	Heck	Murphy (PA)
Conaway	Heller	Myrick
Costa	Hensarling	Neugebauer
Cravaack	Herger	Noem
Crawford	Herrera Beutler	Nugent
Crenshaw	Huelskamp	Nunes
Culberson	Huizenga (MI)	Nunnelee
Davis (KY)	Hultgren	Olson
Denham	Hunter	Palazzo
Dent	Hurt	Paul
DesJarlais	Issa	Paulsen
Diaz-Balart	Jenkins	Pearce
Dold	Johnson (IL)	Pence
Donnelly (IN)	Johnson (OH)	Petri

Ackerman	Green, Al
Altmire	Green, Gene
Andrews	Grijalva
Baca	Gutierrez
Baldwin	Hanabusa
Barrow	Hastings (FL)
Bass (CA)	Heinrich
Becerra	Higgins
Berkley	Himes
Bishop (GA)	Hinchey
Bishop (NY)	Hinojosa
Blumenauer	Holden
Boswell	Holt
Brady (PA)	Honda
Bralley (IA)	Hoyer
Brown (FL)	Inslee
Butterfield	Israel
Capps	Jackson (IL)
Capuano	Jackson Lee
Cardoza	(TX)
Carnahan	Johnson (GA)
Carney	Johnson, E. B.
Carson (IN)	Kaptur
Castor (FL)	Keating
Chandler	Kildee
Chu	Kind
Cicilline	Kissell
Clarke (MI)	Kucinich
Clarke (NY)	Langevin
Clay	Larsen (WA)
Cleaver	Larson (CT)
Clyburn	Lee (CA)
Cohen	Levin
Connolly (VA)	Lewis (GA)
Conyers	Lipinski
Cooper	Lipowsack
Costello	Lofgren, Zoe
Courtney	Lowe
Critz	Lujan
Crowley	Lynch
Cuellar	Maloney
Cummings	Markey
Davis (CA)	Matheson
Davis (IL)	Matsui
DeFazio	McCarthy (NY)
DeGette	McCollum
DeLauro	McDermott
Deutch	McGovern
Dicks	McIntyre
Dingell	McNerney
Doggett	Michaud
Doyle	Miller (NC)
Edwards	Miller, George
Ellison	Moore
Eshoo	Moran
Farr	Murphy (CT)
Filner	Nadler
Frank (MA)	Napolitano
Fudge	Neal
Garamendi	Oliver
Gonzalez	Owens

NOT VOTING—12

Berman	Hirono	Sullivan
Engel	Meeks	Tierney
Fattah	Reichert	Waters
Giffords	Stutzman	Young (AK)

□ 1519

So the resolution was agreed to. The result of the vote was announced as above recorded.

\$500 million last year, and she has \$750 million available for her to spend this year to fund prevention activities, the Nation's public health infrastructure, workforce expansion, increasing immunizations, and preventing a variety of diseases.

The goals of some of these disbursements are laudable, but we must remember that this funding is over and above the amount that Congress has already authorized and appropriated for these activities. There have also been questionable projects that have been financed with these funds, including "placing signs directing people to bike paths."

When Secretary Sebelius testified before my subcommittee, I asked her whether she needed further congressional approval to spend the money from the section 4002 fund, and she answered no.

I then asked her if she could fund activities above and beyond the level Congress appropriated, and she stated yes.

This should concern every Member that we have created a slush fund from which the Secretary can spend without any congressional oversight or approval. No one here can tell us how this funding will be used next year or 5 or 10 or 20 or 50 years from now. We can't predict how the money will be spent—and worse, we can't even influence it.

I would suggest to my colleagues that, if you wanted more funding to go towards smoking cessation or to any other program, the health care law should have contained an explicit authorization, because you are not guaranteed that a dime of the money in this fund will go to your particular activity.

By eliminating this fund, we are not cutting any specific program or activity. I am not against prevention and wellness. This is not what this is about. This is about reclaiming our oversight role of how Federal tax dollars should be used.

I urge support for my bill, H.R. 1217. I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the ranking member of the Energy and Commerce Committee, the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Chairman, this bill represents the Republicans' newest line of attack to disrupt, dismantle, and to ultimately destroy the Affordable Care Act. Today, they are doing so by sacrificing longstanding bipartisan policies to push a narrow partisan ideology.

For many years, Republicans have joined with Democrats in supporting programs to prevent disease, to promote health and, in turn, to cut health care costs. But today, the House will vote to end funding for the first and only Federal program with dedicated, ongoing resources designed to make us a healthier Nation.

Every State in the Union is already benefiting from the resources made

available from the fund to fight chronic and costly conditions, such as obesity, heart disease and diabetes. Repealing the prevention fund is a blow against seniors. In States like California, Michigan, Iowa, Maine, North Carolina, and Massachusetts, they are using these funds to train personal home care aides who assist the elderly with Alzheimer's disease and other disabling conditions.

Terminating the prevention fund is not only extremely shortsighted; it will also prove to be fiscally irresponsible. The return on this kind of upfront investment—targeted resources to help keep people healthy for as long as possible—will over time save precious health care dollars.

We need to preserve the prevention fund because it can serve as a cornerstone for a health care system that finally recognizes that preventing illnesses is as important as treating them. Until now, prevention has too often been just a mere afterthought.

American families support prevention. They want programs to educate seniors to use preventive health services, such as mammograms and colonoscopies, which can help extend their lives; and they want programs that focus on preventing childhood obesity and diabetes, which will help their children to grow up healthy and strong. The American people want us to start working together to solve the real problems facing our Nation.

I urge my colleagues to oppose this partisan and divisive legislation.

Mr. PITTS. Mr. Chairman, I yield 3 minutes to the distinguished vice chairman of the subcommittee, the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the chairman for yielding.

Mr. Chairman, I do rise in support of H.R. 1217. The bill, as we have already heard, repeals the public health slush fund that was included in the Patient Protection and Affordable Care Act, which was passed just a little over a year ago.

This fund, called the Prevention and Public Health Fund, is almost \$18 billion, which accounts for the next 8 fiscal years, and the Secretary of Health and Human Services gets to spend this money on any program that he or she deems worthy. What the money will be used for and how it will be used are, essentially, unknowns. Neither this Congress nor subsequent Congresses have any earthly idea.

It is yet, once again, an abdication of our authority here in the United States Congress. It is an abdication of power in deference to the executive branch. If that's what people think we were sent here to do, to simply carve off greater and greater pieces of our authority and hand it over to the White House, then I hope I'm wrong in that; but over and over again, with the health care bill, with the financial reg bill, it seems like that is the mantra here. It does put way too much discretion in the hands of the Secretary of the Department of Health and Human Services.

□ 1530

We've got a predicted shortfall in the Nation's health care provider workforce. Some of this money is going to go for scholarships, but it sets up a big problem. Under the Public Health Fund, some of those same students could receive a scholarship for 1 year, only to find that the Secretary has bigger and better things to spend it on next year. Maybe there's a new bike path that needs a sign, and that student would find their education unfunded because all of the discretion rests with the Secretary.

Now, just a moment ago, the ranking member of the full committee stood up and said that it seems like all the Republicans want to do is defund and remove the Affordable Care Act. Well, I appreciate his noticing, because, Mr. Chairman, that is what the election of November 2, 2010, was all about. We were elected to come here and do that work for the American people.

And the duplication contained within the slush fund, the ranking member talked about smoking cessation. That's a good idea. I believe in that. I lost two parents due to tobacco-related illness. But wait a minute. What about the duplication? When the ranking member was chairman last year, last Congress, he created the Center for Tobacco Products at the Food and Drug Administration. We funded that lavishly with a brand-new tax, and now we're going to come back and fund it yet again with this public health slush fund?

The ranking member asked about what programs we wanted to cut. Really, it's a question of do we want to be accountable to the American people who elected us here to do this job. They sent us here to ensure their money was spent responsibly and that every penny would be accounted for and justified before being spent. With the current state of the economy, Mr. Chairman, I'm not sure how the American people feel about the Secretary choosing to spend money on signs to direct people to bike paths. I know how they would feel about it in my district.

The CHAIR. The time of the gentleman has expired.

Mr. PITTS. I yield the gentleman 30 additional seconds.

Mr. BURGESS. In this law that was signed in the East Room of the White House just a little over a year ago, section 4002 takes from Congress the oversight of spending, and it becomes a blank check for the Secretary to do with as she wishes without any other input from Congress. By doing that, it takes that authority away from the American people, because we are the closest contact the American people have with their Federal Government. And by taking us out of the equation, guess what, Madam Secretary? You've got a blank check. It's all yours.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank the ranking member of my subcommittee for yielding me time.

Mr. Chairman, I rise in strong opposition to H.R. 1217, a bill that would defund a key strategic investment in our Nation's long-term fiscal and physical health, the Prevention and Public Health Fund. Simply put, this fund is a critical effort to make our Nation healthier and, in turn, to bring down health care costs.

This misguided bill would return our Nation to a system of "sick care," a system that hasn't worked, rather than one focused on health and wellness. That's something we can't afford to do. We all know that health care costs are rising at an unsustainable rate. In fact, the Republican majority has cited these costs as a reason to propose ending Medicare as we know it, by turning it into a voucher program and by whacking away at poor people's health care by block-granting Medicaid.

But one of the key drivers in entitlement spending growth is chronic disease, the exact problem addressed by this prevention fund. Yet this bill shortsightedly cuts back our efforts to reduce chronic illness and promote wellness programs.

In California, we are putting these funds to work to slow the alarming rise in obesity rates, to train our next generation of public health professionals, to curb our tobacco use and improve our capacity to respond to disease outbreaks.

At a time when counties have laid off thousands and struggled to maintain essential public health services, the need for this fund becomes even more critical. That's why numerous local governments and national organizations, including the National Association of Counties and the American Public Health Association oppose this shortsighted bill.

Furthermore, the fund is a sound investment. Trust for America's Health Research has shown that investments in proven, community-based programs to increase physical activity, to improve nutrition, and to prevent tobacco use could save the country more than \$16 billion annually within 5 years. This is a return of over \$5 for every dollar invested.

Not only do these programs add to our constituents' quality of life, but it can also increase their economic output by keeping them healthy and in the workforce.

These are some of the reasons I stand with these folks and urge a "no" vote.

Mr. PITTS. Mr. Chairman, at this time I yield 3 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), who is on the Health Subcommittee.

Mrs. BLACKBURN. Mr. Chairman, I do rise in support of H.R. 1217. I think this is an important bill for us to bring forward. And I want to thank the chairman for bringing it forward and for helping to lead this Congress in the repeal of ObamaCare. It is a message that the American people sent loud and clear last November. They do not want to see government coming in and con-

trolling their health care choices. That is something that should be made by individuals, their family members, and their physicians and not by the Federal Government.

I have found it so interesting, as we have been through the hearings on this and through the markups, that we continue to hear, well, this \$17¼ billion, well, it's just not that much money. Isn't that amazing that in the middle of a CR crisis and a debt crisis that we are hearing such rhetoric?

I think it is amazing that we are being told, and through what we know—yes, and some of us did read the bill and so we do know what was in that bill—that the Secretary can spend this however she wants to. She does not have to come back to Congress another time to get permission for spending this slush fund. And isn't it amazing that some of our colleagues think that a fund will make people healthier? Money doesn't make people healthier. We all know that.

And isn't it amazing that in the middle of all of this, we are out of money at the Federal level? We all know that the cost of health care is rising, and we know that one of the reasons that the cost of health care has risen so much in the last few years is government intervention. Those are some of the known components that we have.

I think it's important to realize too, Mr. Chairman, eliminating the slush fund does not cut any specific program. And proponents of this fund want to claim that we're cutting, we're cutting, we're cutting. What we're doing is saying, no, you can't allow the Secretary to have control and just give it out. This needs to go through the normal, regular funding processes. That is very important. And it's time that we realize we have to do that.

Yes, let's move forward. Yes, let's repeal ObamaCare. Yes, let's get it off the books. Let's do everything we can to get the Federal Government out of your pocket, out of the middle of your health care decisions. Let's make certain that those choices go to individuals and to their physicians and that they are not going to be dictated by the Secretary of Health and Human Services, who has a slush fund of \$17.75 billion to spend as she or he sees fit over the next 10 years.

We need to be changing the way health care is going to work, and we need to do it with putting individuals in charge.

Mr. PALLONE. Mr. Chairman, I now yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Here they go again. The Republicans failed in their efforts to repeal the Affordable Care Act, and now they are reversing course and trying to cripple implementation by attacking individual provisions of the law.

The United States has a health care system designed to treat the sick, not to prevent disease from occurring in the first place. The Prevention and

Public Health Fund is a crucial component of the health reform law's effort to remedy that weakness and transform today's sick care system into a prevention-focused health system.

The Prevention and Public Health Fund will avert future illness, save lives and restrain the rate of growth of health care costs. It's a dedicated investment in community prevention and is a much-needed down payment on the health and economic well-being of all Americans.

Federal investments from the Prevention and Public Health Fund have already begun to address improvements in the Nation's health status by supporting essential and proven prevention activities, such as immunization—immunization and tobacco cessation.

The Prevention and Public Health Fund holds great promise to improve the capacities of State and local health departments to protect communities from health threats through the use of technology. It will increase numbers of highly skilled scientists and other public health professionals.

I want to be very clear, and you've heard it yourselves. This is simply another attempt by Republicans to defund the Affordable Care Act and stop its implementation. I urge my colleagues to vote against this bill to repeal the Prevention and Public Health Fund.

□ 1540

Mr. PITTS. Mr. Chairman, the gentlelady kept saying it will, it will, it will. The simple fact is we don't know where the money is going to go.

I yield 3 minutes to the distinguished gentleman from Georgia (Mr. GINGREY), who is a member of the subcommittee.

Mr. GINGREY of Georgia. I thank my chairman for yielding.

Mr. Chairman, at least some Members of this body can remember ads back years ago touting the miraculous benefits of Sal Hepatica and Carter's Little Liver Pills. Probably all of the Members can remember, because it was just a year ago, Andy Griffith touting the new health care reform bill. And those of us who are on Medicare remember getting those glossy mail outs, very expensive, slick-looking ads touting the benefits that ObamaCare has brought to Medicare, even though the new bill, the new entitlement creation took something like \$550 billion out of Medicare, and yet they had the audacity to send these ads out, these fliers saying that it improved Medicare. ObamaCare improves Medicare; go figure. Well, that is a concern here. That is why I am standing in strong support of Chairman PITTS' bill, H.R. 1217.

The Prevention and Public Health Fund is established under the Patient Protection and Affordable Care Act, ObamaCare, for prevention, wellness, and public health activities authorized in the Public Health Service Act and administered by Secretary Sebelius, the Secretary of Health and Human

Services. But she can use those funds in any way she deems appropriate as long as she says it is for public health.

Can it pay for political TV advertising for President Obama ahead of the 2012 elections? Absolutely she could. Nothing could stop her; the Congress couldn't as long as she deems it is necessary for public health. Pay for thousands of signs in communities all across the country declaring that PPACA is a success, nothing could stop this Secretary, or any Secretary from doing so, as long as they call it for public health. No, not even Congress.

And as the chairman said, Mr. Chairman, the amount of \$17 billion, almost \$18 billion, is just a down payment, if you will, because in perpetuity \$2 billion a year continues to be appropriated. And you do that with a bill that quite honestly this Member thinks will be declared within a year and a half, hopefully sooner, unconstitutional. So we are spending money that is absolutely unnecessary at a time when we are sitting here with \$14 trillion worth of debt and listening to the Secretary of the Treasury say within 6 weeks we are going to have to raise the debt ceiling so we can borrow more money. And here we are spending \$17 billion, with a "B," and that is not just chump change by any stretch of the imagination.

Last year in 2010, the CDC actually spent some of \$500 million to promote an increase in the excise tax on tobacco to the States; basically saying to the States, you need to make sure you raise taxes on tobacco.

The CHAIR. The time of the gentleman has expired.

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

Mr. GINGREY of Georgia. I thank the chairman for yielding me this additional time.

Let me just conclude that clearly this is a necessary bill to let Congress once again have the opportunity to control spending. That is our responsibility. That is our constitutional right. That's what the American people want. I think the chairman is absolutely right with this bill, and I fully support it. I urge all of my colleagues to do so as well.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Connecticut (Ms. DELAURO), the ranking Democrat on the Labor, Health Appropriations Subcommittee.

Ms. DELAURO. I urge my colleagues to vote against this bill. It will cost money and endanger the health of the American people.

We included the Prevention and Public Health Fund in the Affordable Care Act because we know preventive health care reduces health care costs. It dramatically increases Americans' quality of life. Preventable causes of death such as tobacco smoking, poor diet, physical inactivity, and the misuse of alcohol have been estimated to be responsible for 900,000 deaths annually, nearly 40 percent of total yearly mor-

tality in the United States. Further, 7 in 10 deaths in America are from chronic diseases. And by 2020, the U.S. may spend \$685 billion a year on these chronic diseases. This fund works to bring down these numbers and to help Americans live longer, healthier lives.

Preventive care is fiscally responsible. One example that would be impacted by this misguided legislation is vaccines. Estimates indicate that we save up to \$400 for every illness averted by vaccination. And that does not even take into account the costs of further transmission in the case of a serious public health epidemic.

By supporting our public health workforce and building health infrastructure, by promoting exercise, reducing tobacco use, the Prevention and Public Health Fund will go a long way towards reducing the surging costs of health care for Americans families and for our Nation. It is shortsighted folly to repeal this fund now, especially when you consider all the oil subsidies and breaks for corporate lobbyists that the majority has included in their budget. We should not be putting political ideology before public health. I urge my colleagues to oppose this bill.

Mr. PITTS. Mr. Chairman, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), a member of the subcommittee.

Mr. LANCE. Mr. Chairman, I rise today in support of H.R. 1217. As members of the Energy and Commerce Health Subcommittee, my colleagues and I have participated in a number of hearings that have explored the fiscal impact of the new health care law.

These hearings have revealed the existence of several programs and mandatory spending provisions contained in the law. Health and Human Services Secretary Sebelius said during testimony that she had the sole discretion over billions of dollars in direct, unlimited mandatory spending under the law. This means without any congressional hearings, without any language in appropriations bills, and without any oversight, the executive branch has been granted unprecedented spending authority.

Today's legislation, H.R. 1217, will repeal one of those little-known programs called the Prevention and Public Health Fund and subject it to the annual appropriations process. The aim may be worthy, Mr. Chairman, but this should be subjected to the annual appropriations process. This action, according to the Congressional Budget Office, will save American taxpayers \$16 billion over the next 10 years.

Mr. Chairman, as we all know, the Federal Government is \$14 trillion in debt. Our deficit for this year will be at least \$1.5 trillion. We must get Federal spending under control. We can start by repealing programs that run afoul of congressional oversight. I urge Members to support H.R. 1217.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Chairman, I am frankly stunned to have to come to the House floor today to talk about a bill that defunds the largest investment we have ever made in our population's health: the prevention and public health trust fund. The trust fund specifically says what it is going to be used for: reducing tobacco use, expanding opportunities for recreation and exercise, bringing healthier foods like fruit and vegetables to communities in need; and helping kids to eat healthier meals at school.

All of us who have been involved in health issues for many years know that the biggest public health epidemic that we have right now is obesity. If we don't do anything to reverse these trends, then for our children and our children's children, we are not going to have good outcomes. Seventy-five percent of all health care costs are spent on the treatment of chronic diseases, many of them preventable. Our Nation's youth are confronting unprecedented levels of obesity, placing them at ever-increasing risk for those very same chronic health conditions. I think it is pathetic that we have children in this country who only have access to playgrounds at McDonald's with their 8,000 playgrounds in this country. And so what this trust fund does is it supports research that examines evidence-based practices relating to prevention, including the translation of interventions from academic settings to real-world settings.

□ 1550

This is not, as the opponents of this trust fund say, a slush fund or something that is simply willy-nilly spending. Instead what it is, it's evidence-based and it's looking at ways that we can prevent childhood obesity and nutrition, reduce tobacco use, and expand opportunities for recreation and exercise.

This is something all of us can get behind. This is something we should all support. I am sorry that it has become caught up in this partisan web, because frankly we should all support this for our kids.

Mr. PITTS. Mr. Chairman, I have the copy of the law the gentlewoman referred to. She says the trust fund refers to spending for fresh food and vegetables and other things. There's none of that in the language. I would welcome her to point it out.

I reserve the balance of my time.

Mr. PALLONE. I yield 1½ minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. Mr. Chairman, H.R. 1217 is an attack on public health and disease prevention in this country. The prevention fund is our first national proactive, strategic commitment to changing the focus of our health care system from one of treatment to one of keeping Americans healthy.

This change in focus is essential, because keeping people healthy improves

the quality of their lives and that of their family, and it is our best means of controlling preventable chronic diseases, which account for seven out of 10 deaths and 75 percent of our Nation's annual health care costs, totaling \$1.7 trillion.

If H.R. 1217 passes, we lose a critical opportunity to control health care costs and we lose the opportunity to reduce unnecessary suffering and death from preventable chronic diseases. Adding to the assault of H.R. 1217 on public health and prevention is the FY 2011 continuing resolution which cuts CDC's budget by over \$700 million.

The result of these proposals is that millions of Americans will needlessly continue to suffer from preventable chronic diseases, costly treatments and costly hospitalizations. Prevention saves lives and prevention saves money. Defeat H.R. 1217 and continue to build a healthier America.

Mr. PITTS. I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Chairman and colleagues, I cannot believe that we are here debating a bill that would repeal the Prevention and Public Health Fund. At a time when we should be championing legislation to strengthen the health and well-being of Americans and this Nation, my colleagues on the other side of the aisle are doing the exact opposite with H.R. 1217.

Currently, we have tens of millions of hardworking Americans who suffer and some die from preventable diseases, and without prevention and public health efforts, the very services this fund was created to support, tens of millions more will be affected in the future.

With so much at stake—and we are talking about human lives—we should not be here fighting about the merit and value of keeping the Prevention and Public Health Fund in place. We would do better for our country in terms of health and savings if we were instead discussing increasing it.

If my colleagues on the other side of the aisle are not moved by the disastrous human impact, then perhaps they will be moved by the equally disastrous economic impact that it will have, because not having prevention and effective public health measures in place costs money, and a lot of it.

On the other hand, the Journal of Health Affairs reported that increasing the use of proven preventive services from their current levels to 90 percent would result in \$3.7 billion in savings in just 1 year. And we know from a Joint Center study that reducing health disparities, which this fund would help to do, could save as much as \$1.24 trillion in direct and indirect medical costs in just a 3-year period.

This bill to repeal the Prevention and Public Health Fund is not just misguided legislation, it is harmful and unjust. It is contrary to our values and

a disrespect of the value of human life. It will not save money. In fact, it will cost this Nation more, both in human health and wellness as well as in actual health care spending.

I strongly urge my colleagues to vote to protect all Americans and the moral standing of this country by voting "no" on H.R. 1217.

Mr. PITTS. Mr. Chairman, may I ask how much time is remaining.

The CHAIR. The gentleman from Pennsylvania controls 15¼ minutes, and the gentleman from New Jersey controls 17½ minutes.

Mr. PITTS. I continue to reserve the balance of my time.

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

Mr. Chairman, it's been 100 days of the Republicans' no jobs agenda and they've chosen to devote time and energy to bills and resolutions that would defund the Affordable Care Act, eliminate mandatory support for preventive care, and abolish any and all Federal support for Planned Parenthood. House Republicans know that these measures won't be approved by the Senate and would never be signed by the President. It's just another political gesture at a time when we should be working to create jobs and promote economic recovery.

The bill on the floor this week, H.R. 1217, would abolish the affordable care law's Prevention and Public Health Fund. This is a fund that prevents disease, that detects it early, and that helps manage conditions before they become severe. All empirical data, all experience and plain old common sense informs us that prevention and early treatment not only save lives, they also save money. In fact, the Prevention and Public Health Fund addresses one of the major deficiencies in our approach to health in America, and that's preventing illness before people get sick.

The Republican assertion that mandatory funding, which I've heard over and over again today and also in the Health Subcommittee, that this is somehow mandatory funding and it's unprecedented, that's completely not true. Medicaid and Medicare are funded with mandatory support, and there are a lot of other programs within our committee's jurisdiction and in Congress in general that are funded through mandatory funding.

I don't know how many times I'm going to come to the floor and hear about repealing the health care reform. I understand tomorrow there's going to be an enrolled bill that goes along with the CR that's going to defund the whole Affordable Care Act. Here today we're going to defund one piece, the prevention fund. Tomorrow we've got another enrollment resolution that defunds the whole bill. Again, another resolution tomorrow to defund Planned Parenthood.

How many times are we going to keep voting on the same thing over and over and over again? Meanwhile, I

don't see a single piece of legislation coming to this floor that addresses jobs or the economy. When I go home, people want to know what we're doing about the economy. They know that their health care reform has passed, that they're benefiting from it, that it's gradually unfolding before them. They don't want us to continue to debate the same thing over and over again. Repeal, defund, and no suggestion about what you would do to replace it either, by the way.

I reserve the balance of my time.

Mr. PITTS. Madam Chair, I continue to reserve the balance of my time.

Mr. PALLONE. I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Let me thank the distinguished gentleman from New Jersey and let me thank the chairman of the committee as well.

Madam Chairwoman, we just have a disagreement. I would venture to say that the bulk of sick people in America and others who every day struggle to maintain their health so they can provide for their families would vigorously disagree as well.

I think there are two points that I would like to make, and that is that what we lose when we repeal this Affordable Care Act and the funding of it is more than the glory that we get from going home and bragging that we have undermined America's health care system, or some would say that we have taken away ObamaCare. Preventative care is an unbelievable plus that this bill has generated.

I went to one of my emergency centers, a new one, that is crafted under the public health system. It is to take the load off the emergency centers, the emergency centers that ambulances go to. What an amazing sight, of people coming with broken toes and fingers and feet and bruises, maybe the beginning of heart disease and other problems. But it was a lower level emergency room, not particularly preventative care but the kind of intervention that can save millions of dollars.

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I want to go even lower than that—and I don't use that terminology—but I want people to be able to go and check on their cholesterol, check on their high blood pressure, understand whether they have sickle cell, understand what stage of diabetes they are in or understand what stage of heart disease they are in in a preventative care cycle. And everyone knows that economists document how many billions of dollar that will save. How can we vote against that?

And then secondarily, there are two elements that the Affordable Care Act provides that is being repealed; research and training for health professionals that we absolutely need—whether you're in the private care system or not—and then of course protecting our most precious resource, and that is our children. If you can raise a

child in a healthy manner in terms of nutrition, in terms of immunization, in terms of regular doctor visits, then you are able to save billions of dollars.

This is wrong, headed in a wrong direction. Many of us are fasting. I said on this floor, we must pray because this is the wrong direction to go.

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

Madam Chair, we are simply never going to bend the cost curve on health care or improve America's quality of life until we focus much more on disease prevention, and that's what this prevention fund is for.

I always thought that both Democrats and Republicans wanted to keep people out of the hospital, off of disability, leading productive lives, and trying to prevent diseases before they occur. I never thought this was a partisan issue. Because we need to have a system of well care, not sick care, if we're really going to have success in saving money and bending the cost curve.

So I don't understand why my Republican colleagues so many times in the committee would talk about prevention, but all of a sudden now they want to abolish the prevention fund. It just doesn't make any sense.

Before the Affordable Care Act, prevention activities were chronically underfunded, accounting for only 2 to 4 percent of the national health care expenditure by some estimates. Considering that chronic diseases eat up an estimated 75 percent of our \$2 trillion in annual health care spending, to spend an additional \$2 billion for wellness and prevention is a wise investment.

Since the Affordable Care Act was enacted, every State has benefited from the prevention and wellness fund. This year, over \$750 million in grants were dispersed—building on a \$500 million investment last year—and repealing this program would mean putting the brakes on investments that are already beginning to make a difference.

In my home State of New Jersey, many of my constituents have benefited from over \$15 million in prevention and public health grants, funding for such things as HIV prevention, tobacco cessation, mental health care, critical public health infrastructure improvements, as well as support for primary care training and workforce development.

I could do the same, I have a sheet here—I'm not going to read it, but I have a similar sheet for Mr. PRTTS and Dr. BURGESS and others on the Republican side who specified these are the types of grants that are being made available in their States.

I simply don't understand. There are 600 national, State, and local organizations supporting the fund as a primary vehicle for making public health investments that would create jobs and help lower long-term health care costs. The Energy and Commerce Committee and the Health Subcommittee have

heard me many times say that we can never calculate the huge savings that come from prevention.

We had the CBO in the other day and I said to the CBO, why don't you calculate prevention, because we would save trillions of dollars? Well, they don't do it. But the bottom line is we all know that prevention saves money. If you concentrate just on chronic diseases, this law helps move the Nation from a focus on sickness and disease to one based on wellness and prevention. And if you take away this critical new investment in prevention, it's going to be harmful to the health of Americans now and also in the future.

Madam Chairwoman—and I will address this directly to my Republican colleagues—in the last few weeks, when we had hearings in the Health Subcommittee on the various measures that the Republicans wanted to defund—and I know they want to repeal the whole bill and I know they want to defund everything, and that's what they're going to try to do again tomorrow. I understand all that. I totally disagree with it, but I understand that they're against the Affordable Care Act. They want to defund it, they want to do whatever they can to get rid of it.

But it just seems to me that to pick the one fund that deals with prevention is really the worst thing you could have done today because what we're trying to do with the Affordable Care Act—and what I've sought to do in everything that we've done in the subcommittee since I've been on it—is to really stress prevention because we can avoid people going to hospitals, we can avoid people going to nursing homes. They can lead a better quality of life and we save money.

So I just think it is really unfortunate today that after so many years of a bipartisan effort to deal with prevention, to fund prevention issues, that this is the one fund that's actually picked on today to come to the floor. I think it's really a horrible thing that that is the case.

So I would urge my colleagues to vote against this resolution because if you really believe in prevention, if you really believe that we can make a difference in making people well and preventing them from getting sick, then you should vote against this bill.

Madam Chairwoman, I yield back the balance of my time.

Mr. PITTS. Madam Chair, it's time for a fiscal reality check. The Federal Government is now borrowing 42 cents of every dollar it spends. Washington is spending more than \$1 of every \$4 this country produces and we are facing a third straight year with a \$1 trillion deficit. Yet, when the subcommittee voted on this straightforward bill to strip billions in unaccountable spending from the health care law based on the simple premise that Congress should fund prevention and wellness activities by prioritizing them in the regular annual spending process, the

response from the other side of the aisle was to say, we're not broke. Madam Chair, I beg to differ.

Our debate today is not about the virtue of preventive health care and wellness programs. I support prevention. The real question is whether our Nation can afford to authorize the Secretary of Health and Human Services to spend nearly \$18 billion over and above what Congress appropriates over the next decade on programs of the administration's choosing.

H.R. 1217 does not cut a single program because this fund does not guarantee funding for any particular program. Every Member who supports this fund on the assumption that it provides additional money for a project they deem worthy should understand that no one knows where this money will be spent. Perhaps it could be used to combat obesity, or for cancer screenings, or perhaps it will be used to post signs about the location of bike paths. The point is, Congress abdicates our authority and responsibility for investing in prevention by handing a perpetual blank check to the Secretary.

Governing and solving our fiscal problems is difficult; it requires hard choices. It is easy to spend. The easy choice was to assign mandatory advanced appropriations to these initiatives rather than making them a budget priority. But it's only easy until the bill is due and the credit card is maxed out. Well, the bill is due and the credit card limit is approaching fast. Congress needs to reassert its role and set spending priorities rather than give the executive branch unfettered power to spend as it wishes.

I urge my colleagues to support the bill.

Mr. LANGEVIN. Madam Chair, I rise to express my strong support for the Prevention and Public Health Fund and to ask my colleagues to reconsider the elimination of a program whose sole purpose is not only to improve the overall health of Americans, but to help "restrain the rate of growth in private and public sector health care costs."

If my colleagues across the aisle want to effectively cut spending and fix our long-term deficit, then I would remind them that health care costs are one of the biggest drivers of federal spending; and chronic diseases, such as heart disease, cancer, stroke and diabetes, account for 75 percent of the cost of care. If we invest in preventing these chronic diseases now, we could save our health care system hundreds of billions of dollars, reducing the costs to Medicare and Medicaid and saving countless lives.

Instead, we are taking a penny-wise and pound-foolish approach by considering H.R. 1217, which repeals investments in prevention and primary care services to combat mental illness, obesity, cancer, as well as HIV and other acquired infections. Rhode Island has already received over \$800,000 to support primary care, mental health services and health information technology that will improve the health of Rhode Island families before they are forced to seek treatment in the Emergency Department.

Our nation cannot afford to cut now and worry about the consequences later. That approach has only earned our country the unfortunate distinction of being the nation with the highest adult obesity rate in the developed world with the highest mortality rates for various preventable chronic diseases. It has also done nothing to reign in our long-term deficits.

Further, we are almost 100 days into the 112th Congress and Speaker BOEHNER has not put forward a single bill to create jobs. If my colleagues in Congress are serious about balancing the budget and creating a better health care system, then I hope we will move on from trying to dismantle the health reform law and focus on job creation. I ask my colleagues to oppose this measure and bring up a bill that will put Americans back to work.

Mr. DINGELL. Madam Chair, today we rise to debate irresponsible legislation cloaked in fiscal responsibility, legislation that will assuredly put the nation's public health at risk.

Today's debate is not one over concerns of mandatory funding for our nation's public health investments, it is another shot at the Affordable Care Act.

Our health system is inherently designed to provide treatment for the sick and ill, but does not currently contain the incentives necessary to keep consumers from becoming sick in the first place.

Just two years ago total health expenditures in the U.S. was \$2.5 trillion, and only 3 percent of that funding was spent on preventative health care services and health promotion.

If we want to cut down on the costs of hospitalizations and inappropriate emergency room visits, we have to help American families better manage their chronic diseases like diabetes or asthma and help them stay well through vaccines and screenings.

This was the purpose behind the Prevention and Public Health Fund—to make a strong investment into prevention and wellness programs and promote innovative prevention that will help to save our health system costs in the long run.

And now we are seeing the good work that the Prevention and Public Health Fund is doing in our states.

Michigan has received over \$2 million for public health activities—building capacity in our health departments, hiring and training epidemiologists and scientists to study infectious diseases, improving access and quality of health services in medically underserved communities, and helping to promote better primary care for those in need.

Thus, the Prevention and Public Health Fund is not only creating much-needed jobs in my home state, but also undertaking meaningful projects that will help to improve the health of our country.

Let us be clear that this legislation will not become law, and rather than use the time of this body for valuable legislation such as creating jobs and improving our economy and the health of our nation, my colleagues choose to focus their efforts on another vehicle to defend the Affordable Care Act.

I urge my colleagues to vote against this legislation.

Mr. ENGEL. Madam Chair, I rise in strong opposition to H.R. 1217. This irresponsible and short-sighted legislation would repeal the Prevention and Public Health Fund which is a fundamental component to the Affordable Care Act.

The Prevention and Public Health Fund is a critical investment in public health and demonstrates a historic commitment to changing our health system from one that focuses on treating the sick to one that focuses on keeping people healthy in the first place. We all agree that prevention is one of the most effective ways we can reduce health costs in the long run, rather than by simply cutting spending.

My friends on the other side of the aisle claim that eliminating the fund does not cut any specific prevention programs and that the reason they want to repeal the Prevention and Public Health Fund is to recoup the funding appropriated for it.

I would like to know from the Majority, are the short term cost savings from this bill worth the long term costs to our financial future and health? How do they plan to solve the public health problems of the future if they intend to gut programs like this one?

The Prevention and Public Health Fund is one of a number of Affordable Care Act initiatives that is already in place and producing positive results. Currently, all 50 states and the District of Columbia are receiving Fund support. These valuable dollars are being used to support community-based initiatives to reduce tobacco use and obesity, prevent HIV infection, build epidemiology and laboratory capacity to track and respond to disease outbreaks, and train the public health workforce.

Madam Chair, I know that we face difficult economic decisions, and I would be happy to have a discussion with my friends on the other side of the aisle on how we can reduce the deficit, but I feel that H.R. 1217 is the wrong approach.

Seventy-five percent of the two trillion dollars we spend in health care costs are spent on treatment of chronic diseases. Many of which can be prevented. Obesity alone costs us 147 billion dollars a year and chronic illness can cost us an additional 1 trillion dollars each year in lost productivity. In addition, studies have shown that proven community-based diabetes prevention programs can save as much as 191 billion dollars over 10 years. So the fact is prevention saves money.

Now, those are just the dollars and cents of the value that the Prevention and Public Health Fund bring. We know that prevention saves money, but what about the improvements to the health of our nation's citizens. Prevention saves lives, improves quality of life and is the most cost-effective way to spend our health care dollars. No matter what arguments the Majority may make, we cannot put price-tag on that.

I urge my colleagues to vote "no" on H.R. 1217.

Mr. VAN HOLLEN. Madam Chair, today we are considering a piece of legislation that will roll back important gains for public health and prevention. Specifically, today's bill proposes to repeal the Prevention and Public Health Fund under the Affordable Care Act.

According to the Centers for Disease Control and Prevention, more than 75 percent of health care spending in the United States is due to chronic conditions, such as stroke, diabetes, and cancer. One of the ways to control health care spending is to invest ways to prevent disease and improving the public health of our nation. By investing in preventative health care services, we can reduce the number of people with chronic diseases while saving lives and money.

Currently, funding from this program is being used by states and communities to prevent smoking, obesity, heart disease, and to increase physical activity and train the public health workforce. The Prevention and Public Health Fund presents a significant opportunity to rein in our health care spending and to promote healthy lifestyles and communities. In my judgment, repealing it will only increase preventable health care costs over time.

Madam Chair, I urge my colleagues to oppose this misguided bill so that we can continue to protect the health of all Americans.

Ms. JACKSON LEE of Texas. Madam Chair, I rise today in opposition to H.R. 1217, which would repeal the provision of the Patient Protection and Affordable Care Act ("Affordable Care Act") that established the Prevention and Public Health Fund, a fund which serves as a great stride toward turning our "sick-care" system, where we focus on treating the injured and ill, into a true "healthcare" system that puts focus on keeping the population well.

It is because of all that the Prevention and Public Health Fund accomplished in its first year, the overwhelming support the Fund has received from hundreds of organizations, and how essential prevention is to reducing the overall cost of healthcare for the American people, that I oppose the repeal of this Fund.

Despite my general opposition to this bill, yesterday in the Rules Committee meeting, I offered amendments to H.R. 1217, in order to remind this chamber and emphasize to the American people the importance and benefits of preventative care for the American public.

My amendments reaffirm to the American people that we as lawmakers understand the importance of preventative care by stating that it is the sense of Congress that prevention of disease and injury is overwhelmingly effective in improving our healthcare system and keeping that system affordable. Furthermore, preventative health care is an effective means for detecting and treating illnesses before they become serious and life threatening.

My amendments also make us as lawmakers accountable to the American people who have been and would be benefitting from the services and support provided through this fund. It gives notice to the public, through the Department of Health and Human Services' website, of the rescission of funds and the amount rescinded, increasing government's accountability.

I think most of my colleagues on both sides of the aisle would agree with me, as evidenced by the intense debate at the end of last week, when I say that we must address our nation's spending and growing deficit. However, it is of great concern to me that my friends on the other side of the aisle are attempting to do so by cutting cost-saving programs that are also essential to the health and wellbeing of Americans. This attempt, through H.R. 1217, to defund this essential program which was created under the Patient Protection and Affordable Care Act is of particular concern.

Today's youth may be the first generation to live shorter and less healthy lives than that of their parents, and this is largely due to increased rates of diseases and conditions which are preventable with proper and consistent healthcare. 75% of our country's healthcare costs are attributed to treatment of chronic diseases, most of which are preventable. However, less than 5% of our healthcare

spending goes towards preventing these diseases. Loss of productivity in the workforce attributed to chronic disease is estimated to cost the United States over \$1 trillion each year.

With that being said, the 111th Congress, with the intent of seeing these grim statistics changes, appropriated \$16.5 billion to be used, over the next ten years to support preventative care and research. Since its establishment the Fund has already begun to strengthen the infrastructure of our healthcare system on the state and national level.

The Prevention and Public Health fund, though it has only been in existence for one year, has already been used for:

Programs to promote tobacco control and implement tobacco cessation services and campaigns;

Obesity prevention which directly decreases risk for Diabetes;

Improving nutrition and access to fresh fruits and vegetables;

Increasing opportunities for recreational and physical activity;

HIV prevention;

Support of clinical and community-based disease prevention; and

Bolstering the health workforce by increasing health care personnel.

Money towards finding health solutions, rather than treating health problems, comes back to society in terms of increasing productivity, creating jobs, and reducing Medicare, Medicaid, and overall healthcare costs. With just a \$10 per person investment towards improving community based activity, nutrition, and other preventative measures would create a return of \$56 per person within only 5 years. That translates to a savings of \$5.60 for every \$1 invested in preventative health care. Most importantly, cost benefits extend beyond government to both American businesses and families; providing savings and an improved quality of life.

As a result of the Prevention and Public Health Fund, Texas received \$6 million last year that went towards creating committees, testing facilities, laboratories, and training centers which brought over \$2 million to the health prevention capacity of Houston alone.

Congress must maintain that the prevention of illness, the saving of lives, and the securing of a healthy public are top priorities, and that prevention is an undeniably effective means to achieve these ends. My amendments will do just that.

The total loss of \$16 billion of funding for prevention efforts, an effective total eradication of our country's prevention program, will be unfortunate, and thus I urge my colleagues not to lose sight of importance of the Prevention and Public Health Fund's accomplishments and goals. Including:

The improvement of state and local health departments, giving them the capacity to respond to infections, natural disasters, and terrorist threats;

Creating a strong and healthy workforce that will be competitive in the global market; and

Saving families, businesses, and the government money, opposed to simply cutting costs.

While I do not support what H.R. 1217 purports to do, I urge my colleagues to join me in support of these essential changes to H.R. 1217 to acknowledge the need for preventative care and hold ourselves accountable for what would most certainly be a great loss to the public.

Mr. PITTS. Madam Chairman, I yield back the balance of my time.

The Acting CHAIR (Mrs. EMERSON). All time for general debate has expired.

Pursuant to the rule, the bill shall be considered read for amendment under the 5-minute rule.

The text of the bill is as follows:

H.R. 1217

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

SECTION 1. REPEALING PREVENTION AND PUBLIC HEALTH FUND.

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

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

The Acting CHAIR. No amendment to the bill is in order except those printed in House Report 112-61. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent of the amendment, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

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AMENDMENT NO. 1 OFFERED BY MS. JACKSON LEE OF TEXAS

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in House Report 112-61.

Ms. JACKSON LEE of Texas. I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 1, add at the end the following:
(c) NOTICE OF RESCISSION OF UNOBLIGATED FUNDS.—Not later than 10 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall post on the public website of the Department of Health and Human Services a notice of—

- (1) the rescission, pursuant to subsection (b), of the unobligated balance of funds made available by such section 4002; and
- (2) the amount of such funds so rescinded.

The Acting CHAIR. Pursuant to House Resolution 219, the gentlewoman from Texas (Ms. JACKSON LEE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. JACKSON LEE of Texas. Madam Chair, I know sometimes in the rush of legislating, many Members are faced with any number of challenges in understanding legislation, but I do know that the majority has come with their own roadmap. And I do want to respect the different viewpoints, and I don't say this in any way to malign.

First of all, I'm grateful that this amendment was made in order, but I wish it wasn't because I understand that all legislation that passes needs to have in fact—or often has those who agree with it and those who do not. And that's fair enough.

And the process that we usually use to handle that is to amend, not repeal. There are some sections here that I have looked at and have concern with. And many have heard me on the floor of the House discussing a number of issues regarding my local hospitals. But I will say to you that the repeal of this bill is putting us on the road to ruin.

And my amendment is simple. It asks the HHS to place on its Web site the moneys rescinded so that the American people can see. For some it may be to see the great success of taking away money. For others, it may be to see what has happened to the resources that they need to take care of themselves.

Very quickly, this amendment requires for fiscal years 2010, 2011, 2012, 2013, 2014 to list the amount of money that is being taken away from good health care. But, Madam Chair, it will also hopefully point people to what they're losing.

For example, look at this beautiful baby here. We will not have, under the repeal of this Affordable Care Act, the bounty of preventative care. For those with chronic diseases, Americans who are subject to chronic disease such as heart disease, cancer, stroke and diabetes, their only care will be the emergency room, high-priced emergency room when they're in a diabetic coma or they're in a stroke or they have a heart attack, rather than be able to go to their doctors.

But we start early on with this little baby being able to go to wellness clinics or to their community health clinics. That's what the money that is being rescinded is going to do to you.

In addition, you will find that chronic diseases resulted in \$75.3 billion loss in productivity in the State of Texas alone. This is going to be across America.

The rescissions will also impact all of the States. I have a list of almost 50 States that have begun to receive dollars from the Affordable Care Act—from Alabama, to Alaska, to Pennsylvania, to Massachusetts, to Michigan, to Rhode Island, and South Carolina, and Tennessee, and Texas. All of the States that my good friends come from, they are receiving money right now.

In addition to this issue of taking away money, Prevention for Healthy America concluded that investing \$10 per person per year in proven community-based programs that increased physical activity, for example, improved nutrition, and prevents smoking and other tobacco could save the country more than \$16 billion annually within 5 years.

When you see how much money was taken away, just realize that you multiply that. If it's a total of \$16 billion, you're going to lose \$16 billion a year because there will not be any wellness program. Community and clinical prevention, which is about \$2 million. And so you will take away money from HIV

prevention, and that is a very costly proposal.

You'll take away from public health infrastructure; you'll take away from primary care residential expansion programs training residents and doctors. You'll take away from other medical assistance programs, expansion of physician assistant training. You'll take away from public health departments where they link people to needed health care. You'll take away childhood and adult immunizations and protecting the water we drink and the food we eat.

Let me just say to you that my amendment is to shine the light on what will be happening to the health care of Americans. I want my colleagues to tell their constituents, not those that are already focused on negative aspects of what we're trying to do here, but those who are just simply hardworking mothers and fathers who are trying to make a living and who need this health care.

Madam Chair, I would first like to state my clear position that I am adamantly opposed to H.R. 1217 and its repeal of the important Prevention and Public Health Fund created under the Affordable Care Act. The Fund saves lives and saves money.

If H.R. 1217 to repeal the Prevention and Public Health Fund provided under section 4002 of the Patient Protection and Affordable Care Act is enacted into law:

What my amendment does is: Requires the Department of Health and Human Services to post public notice on its official website of the Unobligated Funds from section 4002 of the Patient Protection and Affordable Care Act including the amount of the funds that will be rescinded.

This amendment will provide the public with important information about Preventive Health Care funding that will no longer be available for them to receive necessary preventive health care services.

This amendment also assists my Republican colleagues by permitting them to easily show the American public that they are cutting government spending, by how much they are cutting spending, and where they are cutting government spending. So I expect that my Republican colleagues will fully support this amendment.

PURPOSE OF THE PREVENTION AND PUBLIC HEALTH FUND (SECTION 4002 OF THE AFFORDABLE CARE ACT)

When Congress passed the Affordable Care Act in 2010 and the President signed it into law, the Department of Health of Human Services was given the power to administer the program to provide for expanded and sustained national health investment in prevention and public health programs to improve public health programs and help restrain the growth in private and public health costs. This was already a cost cutting measure.

Nearly 11.7 million cases of seven common chronic diseases—cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions—were reported in Texas in 2003.

The cost of treating those with chronic disease in Texas totaled about \$17.2 billion.

Chronic diseases resulted in \$75.3 billion in lost productivity and economic costs to Texas.

A new focus on prevention will offer Texas and the rest of our nation the opportunity to

not only improve the health of Americans, but also control health care spending. A report from Trust for America's Health entitled Prevention for a Healthier America concluded that investing \$10 per person per year in proven community-based programs that increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within 5 years. This is a return of \$5.60 for every \$1 spent on preventive health care.

HOW THE FUND IMPROVES WELLNESS AND PREVENTION FOR TEXANS

Since enactment of the Affordable Care Act on March 23, 2010, the Department of Health and Human Services has awarded approximately \$17.63 million in grants to organizations in Texas through the Prevention and Public Health Fund to help improve wellness and prevention efforts, including:

Community and Clinical Prevention (\$2,956,000): This funding supports prevention activities that have been shown to be effective in reducing health care costs and promoting health and wellness.

Primary and Behavioral Health Integration (\$495,000). Assists communities with the integration of primary care services into community-based mental & behavioral health settings.

HIV Prevention (\$2,359,000). Focuses on HIV prevention in high risk populations and communities by increasing HIV testing opportunities, linking HIV-infected persons with appropriate services, and filling critical gaps in data and understanding of the HIV epidemic.

Tobacco Cessation (\$102,000). Strengthens Texas's ability to move towards implementing a plan to reduce tobacco use. It also enhances and expands the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit each year.

Public Health Infrastructure (\$2,084,000): These grants strengthen state and local capacity to prepare health departments to meet 21st century public health challenges and support the training of existing and next generation public health professionals.

Public Health Infrastructure (\$800,000). Supports state, local, and tribal public health infrastructure to improve information technology, workforce training, and policy development.

Epidemiology and Laboratory Capacity (\$634,000). Builds state and local capacity to prevent, detect, and respond to infectious disease outbreaks.

Public Health Training Centers (\$650,000). Improve the public health system by enhancing skills of the current and future public health workforce.

Primary Care Training (\$12,586,000): These funds support the expansion of the primary care workforce.

Primary Care Residency Expansion Program (\$7,680,000). Increases the number of residents trained in family medicine, general internal medicine, and general pediatrics.

Advanced Nursing Education Expansion Program (\$1,426,000). Increases the number of primary care nurse practitioners and nurse midwives who graduate by expanding class sizes and accelerating graduation rates for part-time students.

Expansion of Physician Assistant Training (\$1,980,000). Improves access to primary care by funding the training of primary care physician assistants and expanding the primary care workforce.

Nurse-Managed Health Clinics (\$1,500,000). Provide primary care and wellness services to underserved and vulnerable populations through clinics that are managed by advanced practice nurses and provide valuable clinical training sites for primary care nurse practitioners.

If the Prevention and Public Health Fund is cut and its Unobligated Funds Rescinded our health care costs will soar and the results will be catastrophic. The Fund saves lives and saves money.

IF THE FUNDS ARE RESCINDED

America's local health departments need the Prevention and Public Health Fund to help prevent diseases and protect health in ways that health insurance companies or medical care providers cannot.

Local health departments:

Link people who need healthcare with ways to get it.

Detect and stop outbreaks of disease.

Help people make healthier choices in diet, exercise, and tobacco use to prevent and reduce chronic disease.

Provide childhood and adult immunizations.

Protect the water we drink and the food we eat.

Help new parents give babies a healthy start at home.

Inspect schools and day care centers for health and safety.

Conduct screenings for cancer, heart disease, diabetes, childhood lead poisoning, tuberculosis, and other infectious diseases.

The Prevention and Public Health Fund is critically needed to stabilize the ability of local health departments to protect their communities from health threats and help individuals and families lead productive and healthy lives. Please oppose this attempt by H.R. 1217 to eliminate funding for the Prevention and Public Health Fund. A healthy future depends on it.

If H.R. 1217 passes this Chamber and is enacted into law, it is important for the American People to have notice of the rescission of funds for the Prevention and Public Health Fund program. Since the Department of Health and Human Services administers the Fund, it is only appropriate that public notice be given on the official HHS website and include the amount of funds rescinded. In this way, the American public will know that the public funding they rely upon has been cancelled for preventive health care and the Transparency of Spending Cuts will be further promoted in a manner that my Republican Colleagues will also appreciate.

I would urge all Members of Congress to support my amendment.

I yield back the balance of my time.

Mr. PITTS. Madam Chair, at this point I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. I will just mention to the gentlelady all of the wonderful programs that she mentioned are not mentioned in this section of the law. There is no guarantee that this money will be spent for any of that.

H.R. 1217 repeals the Prevention and Public Health Fund and rescinds unobligated balances. The Jackson Lee amendment would require the Secretary of Health and Human Services

to post on the HHS public Web site a notice of the rescission of unobligated balances of the Prevention and Public Health Fund and the amount of the rescission.

I support transparency in government. I actually wish there was more transparency in how HHS has already spent the money from this fund. The lack of transparency and accountability regarding this fund is a primary reason I support H.R. 1217. And if the author feels this would increase transparency, then I support the amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MS. CASTOR OF FLORIDA

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in House Report 112–61.

Ms. CASTOR of Florida. I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, add the following:

SEC. 2. GAO STUDY ON THE IMPACTS THAT FUNDING THROUGH THE PREVENTION AND PUBLIC HEALTH FUND WOULD HAVE ON PREVENTING CHRONIC DISEASES AND PROMOTING HEALTH.

The Comptroller General of the United States shall conduct a study to determine the impacts that providing prevention, wellness, and public health activities under the Prevention and Public Health Fund, using the funding made available under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11), would have on preventing chronic diseases and promoting health in the United States, if such funding were not repealed and rescinded under section 1. Not later than the expiration of the 90-day period beginning on the day of the enactment of this Act, the Comptroller General shall submit to the Congress a report setting forth the results and conclusions of the study under this section.

The Acting CHAIR. Pursuant to House Resolution 219, the gentlewoman from Florida (Ms. CASTOR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

Ms. CASTOR of Florida. Madam Chair, my amendment requires a government accountability study within 90 days of enactment of the law to study the impact the Prevention and Public Health initiative has on preventing chronic diseases and promoting public health.

Madam Chair, prevention works. It's smart. It saves the taxpayers money. It saves families money. And it saves lives. The Prevention and Public Health initiative empowers communities all across this great Nation to focus on prevention and wellness and what works for them when it comes to reducing cancer cases, reducing heart disease, reducing strokes back in our own hometowns.

In Florida alone, there are over 10 million cases of the seven most common chronic diseases—cancer, diabetes, heart disease, hypertension, stroke, mental disorders and pulmonary conditions. We all know our neighbors, friends, families, folks we go to church with, folks we see in the grocery store that suffer from these diseases. In a lot of these cases, if they had gotten early detection or if we had worked harder on prevention, they wouldn't have fallen into that trap of the disease and all that it brings for families and communities.

See, we have a better approach now. We are smarter in America. No longer should our health care system be focused only on taking care of folks in the hospital when they're sick or at the end stages. We're smarter. We can prevent a lot of this through education and being proactive and encouraging a healthier lifestyle.

And that's what the Prevention and Public Health Initiative does. State and local communities are able to decide what works best for them. This isn't Washington dictating what you should do. This is saying to our local hometowns and communities, What do you think works best for you?

□ 1620

So I would encourage all of my colleagues to take a look at the grants that are being made. How are your local communities making these investments work in your own districts to invest in the long term health of our neighbors and the economic prosperity of our communities?

For example, in my hometown in my district, the Pinellas County Health Department has brought together neighborhoods and all the nonprofits to determine—you know what's going to work best in Pinellas County is encouraging healthier lifestyles, because we have an obesity epidemic. So they want to build sidewalks, trails, bike lanes, better lighting to encourage people to exercise. They are going to make improvements to parks so children have the opportunity to get out and play after school instead of sitting in front of the television.

I also have a great public university, the University of South Florida, in my district. They are training the modern health care workforce in Florida. These are professionals fighting on the front lines of our communities, and yes, creating jobs. This is creating jobs to encourage the healthier lifestyles that work. USF is able to identify where the gaps in training might be, develop updated curricula to ensure the public health care workforce receives the most up-to-date research, and then they can spread the word throughout the churches, the grocery stores, and our neighborhoods.

The Florida Department of Health is also using these grants in checking on all of our strategies Statewide to determine what works. See, this is one of the important goals of the Affordable

Care Act, to promote wellness and prevention, to ensure healthier outcomes for our families and neighbors. And the examples I have just shared with you are only a few of what's happening all across the country.

We are smarter, Madam Chair. Prevention works. It saves taxpayers money. It saves families money. It saves lives.

I reserve the balance of my time.

Mr. PITTS. Madam Chair, I rise in opposition to the Castor amendment.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Madam Chair, the amendment before us directs the GAO to pontificate on the effectiveness of unspecified prevention, wellness, and public health activities financed by funds under section 4002 of PPACA.

As we have pointed out, section 4002 gives the Secretary of HHS complete discretion to spend the slush fund with little limitation. Any program within the Public Health Service Act, regardless of its merit or effectiveness, is eligible for funding under section 4002. How can we ask the GAO to determine the effectiveness of spending dollars when we simply don't know how those dollars will be spent? Is GAO supposed to assume that funds will be used to train doctors or build jungle gyms? Will their report make the assumption that the money will be used to advocate for soda tax increases in States or build signs that direct people to bike paths? All of these activities can be funded through this slush fund.

According to the Energy and Commerce minority views, Pitt County, North Carolina, received a grant from the fund that will be in part used to "place signage within communities to point out public parks, other recreational opportunities, and the availability of bike lanes."

This amendment underscores the major problem with section 4002. Rather than letting Congress weigh the relative value of programs through the annual appropriations process, my friends on the other side of the aisle decided to throw dollars to a political appointee at HHS to spend billions of dollars on any program with no oversight. The amendment also places an unrealistic timetable on the GAO to issue a report within 90 days of enactment. It is simply a waste of money to ask GAO to conduct a study with little time to complete what is clearly an impossible task.

I urge my colleagues to vote "no."

I reserve the balance of my time.

Ms. CASTOR of Florida. Madam Chair, how much more time do I have?

The Acting CHAIR. The gentlewoman from Florida has 1 minute remaining and the gentleman from Pennsylvania has 2½ minutes remaining.

Ms. CASTOR of Florida. Who has the right to close?

The Acting CHAIR. The gentleman from Pennsylvania has the right to close.

Ms. CASTOR of Florida. Madam Chair, what a waste of money it would be if we do not act on education and knowledge, because we know that prevention works in America. When you educate someone on healthier lifestyles, the likelihood is that they are going to live a healthier life. They can prevent disease. Maybe they get early detection of their cancer. And that would save them a lot of money. You know, it also would save the government a lot of money. So let's be smart about this. Prevention works.

It reminds me now of my friends across the aisle, their proposal to end Medicare as we know it, because that is not smart. Again, like prevention, Medicare works. It saves families money. And the plan to privatize Medicare and turn it into a voucher program is not going to save any money. Indeed, it will shift the costs to families. They will have to pay more. So let's do what's smart. Prevention works.

I urge adoption of my amendment.

Mr. PITTS. Madam Chair, the simple fact is everything the gentlelady just mentioned she doesn't know will be funded. There is no guarantee to fund any of those things.

I urge a "no" vote on this amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Florida (Ms. CASTOR).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. CASTOR. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Florida will be postponed.

AMENDMENT NO. 3 OFFERED BY MS. CASTOR OF FLORIDA

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in House Report 112-61.

Ms. CASTOR of Florida. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, add the following:

SEC. 2. GAO STUDY ON THE ECONOMIC IMPACTS THAT FUNDING THROUGH THE PREVENTION AND PUBLIC HEALTH FUND WOULD HAVE ON STATES AND COMMUNITIES.

The Comptroller General of the United States shall conduct a study to determine the economic impacts that providing prevention, wellness, and public health activities under the Prevention and Public Health Fund, using the funding made available under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11), would have on States and communities in the United States, if such funding were not repealed and rescinded under section 1. Not later than the expiration of the 90-day period beginning on the day of the enactment of this Act, the Comptroller General shall sub-

mit to the Congress a report setting forth the results and conclusions of the study under this section.

The Acting CHAIR. Pursuant to House Resolution 219, the gentlewoman from Florida (Ms. CASTOR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

Ms. CASTOR of Florida. Madam Chair, my amendment requires a Government Accountability Office study within 90 days of enactment of this bill to examine the economic impact Prevention and Public Health grants have on States and local communities.

Now, I can tell you we don't really need a study to understand how important prevention is and how important it is to empower our hometowns, local governments, nonprofits, whoever can come together on a local level and make these decisions about encouraging healthier lifestyles.

The beauty of the Public Health and Prevention initiative is it's not Washington dictating all across the country a cookie-cutter approach, one size fits all. Instead, we empower our neighbors to make these decisions on what works best for them. I would say that what works best in my hometown back in Tampa probably would not work quite as well in Fargo or in Missouri.

Prevention of disease is smart. It saves families money, and it saves taxpayers money as well. Now, over time we have all gotten smarter about preventing chronic diseases. Much of this cost-saving and life-saving focus was brought to bear in the landmark Affordable Care Act and this Prevention and Public Health initiative, which is the most historic investment in public health of our communities in the history of our country.

Now, far from the extreme arguments against prevention from my colleagues across the aisle, the Prevention and Public Health initiative empowers States, hometowns, and local communities to determine what works best for them. The annual treatment cost of chronic diseases costs the United States over \$270 billion. And our economy has lost over \$1 trillion in lost productivity. In Florida alone, we have lost over \$68 billion in lost productivity and economic costs due to chronic diseases like heart disease, diabetes, and cancer.

So not only does prevention help us reduce costs, it can be an economic boost to our communities. I can tell you back in Florida we need as many economic boosts as we can get. We still have a high unemployment rate. We have a large number of uninsured. So what could be smarter than targeting some of our communities and encouraging them on healthier lifestyles so they can get back to work?

We are creating jobs through doing this. For example, at the University of South Florida College of Public Health, they've received one of the Prevention and Public Health grants where they're

hiring and training the modern public health workforce. These are the folks with the most updated knowledge that are able to go out through communities and encourage them and educate them on what it would mean if they didn't smoke, if they didn't drink. Oftentimes, these initiatives have a great impact. They can save us money, and they can save us lives.

□ 1630

In Pinellas County they are combating childhood obesity, and they are already making a big economic impact in the community. Richard Curtin is the program manager for the Communities Putting Prevention to Work—Pinellas. He informed me they have created already 18 jobs as a direct result of this lifesaving work.

So I would encourage all of you to ask your folks back home what works best for them. Apply for these grants. We can make a difference all across America, save taxpayers money, save our families money, and save lives while we are at it.

I reserve the balance of my time.

Mr. PITTS. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Madam Chair, the Castor amendment directs the Government Accountability Office to make assumptions on the economic impacts of providing prevention, wellness, and public health activities under section 4002 of the PPACA. However, section 4002 gives the Secretary of HHS complete discretion to spend this slush fund with little limitation. The amendment asks the GAO to determine the economic impact of spending when no one except the Secretary knows how those dollars will be spent.

What will GAO base their assumptions on? Does placing signage for bike paths produce economic activity or does advocating higher soda taxes benefit the economy? These activities have been financed by programs eligible for funding under section 4002.

Members and the GAO cannot determine the economic impact of the fund because the Secretary controls how it is to be spent. Will GAO be charged with determining whether borrowing 42 cents of every dollar this fund spends has a positive economic impact?

This amendment underscores the major problems with section 4002. Rather than letting Congress weigh the relative value of programs through the annual appropriations process, my friends on the other side of the aisle have decided to throw dollars to a political appointee at HHS to spend billions on any program with no oversight.

The amendment also places an unrealistic timetable on the GAO to issue a report within 90 days of enactment. Like the previous amendment, we are not spending our resources wisely when we ask the GAO to conduct a study

with little time to complete what is clearly an impossible task.

I urge Members to oppose the amendment.

I reserve the balance of my time.

Ms. CASTOR of Florida. Madam Chair, we are spending our dollars wisely when we are investing in prevention and wellness because prevention works. Prevention saves money, it saves the taxpayers money, it saves families money and it saves lives.

Now, there has been a great debate all across America about health care over the past few years. I think we can all agree on that. Part of the importance of the health care debate was that our health care system for too long has focused and spent money at the end game on sickness, when people have cancer, and that's fine, but we can be smarter about it. We have a lot more knowledge and a lot of experts that have advised us all that if you invest in prevention to encourage folks not to smoke, not to drink, those easy things, very easy in lifestyle, but oftentimes they need a little extra help. Parents should turn off the TV and the kids should go out and play. They should exercise.

But sometimes it's that little extra push. And if we can make a dent in childhood obesity, diabetes, cancer, a stroke, because we have encouraged healthier lifestyles with this very modest investment, that will be a great accomplishment. And that's part of what the health care debate was about, taking this modest investment in public health and empowering our communities to make those decisions on what works for them. Prevention works. It's smart.

I urge the adoption of my amendment.

I yield back the balance of my time.

Mr. PITTS. Madam Chair, once again the gentlewoman made my point. She has no guarantee that in the year 2015 the Secretary will fund programs like cessation of smoking or obesity. She has not a clue. What if the Secretary decided to use the whole \$2 billion for abstinence education in 2015? She has no clue what it will be used for.

I urge the Members to oppose this amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Florida (Ms. CASTOR).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. CASTOR of Florida. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Florida will be postponed.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in House Report 112-61 on which further proceedings were postponed, in the following order:

Amendment No. 2 by Ms. CASTOR of Florida.

Amendment No. 3 by Ms. CASTOR of Florida.

The Chair will reduce to 5 minutes the time for the second electronic vote after the first vote in this series.

AMENDMENT NO. 2 OFFERED BY MS. CASTOR OF FLORIDA

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Florida (Ms. CASTOR) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 187, noes 237, not voting 8, as follows:

[Roll No. 261]

AYES—187

Ackerman	Frank (MA)	Nadler
Andrews	Fudge	Napolitano
Baca	Garamendi	Neal
Baldwin	Gonzalez	Olver
Barrow	Green, Al	Owens
Becerra	Green, Gene	Pallone
Berkley	Grijalva	Pascrell
Berman	Gutierrez	Pastor (AZ)
Brady (PA)	Hanabusa	Payne
Braley (IA)	Harris	Pelosi
Brown (FL)	Hastings (FL)	Perlmutter
Butterfield	Heinrich	Peters
Capps	Higgins	Peterson
Capuano	Himes	Pingree (ME)
Cardoza	Hinchee	Polis
Carnahan	Hinojosa	Price (NC)
Carney	Hirono	Quigley
Carson (IN)	Holden	Rahall
Castor (FL)	Holt	Rangel
Chandler	Honda	Reyes
Chu	Hoyer	Richmond
Cicilline	Inslee	Ross (AR)
Clarke (MI)	Israel	Rothman (NJ)
Clarke (NY)	Jackson (IL)	Roybal-Allard
Clay	Jackson Lee	Ruppersberger
Cleaver	(TX)	Rush
Clyburn	Johnson (GA)	Ryan (OH)
Cohen	Johnson, E. B.	Sanchez, Linda
Connolly (VA)	Kaptur	T.
Conyers	Keating	Sanchez, Loretta
Cooper	Kildee	Sarbanes
Costa	Kind	Schakowsky
Costello	Kissell	Schiff
Courtney	Kucinich	Schrader
Critz	Langevin	Schwartz
Crowley	Larsen (WA)	Scott (VA)
Crowley	Larson (CT)	Scott, David
Cuellar	Lee (CA)	Serrano
Cummings	Levin	Sewell
Davis (CA)	Lewis (GA)	Sherman
Davis (IL)	Lipinski	Shuler
DeFazio	Loeb sack	Sires
DeGette	Lofgren, Zoe	Slaughter
DeLauro	Lowey	Smith (WA)
Deutch	Lujan	Speier
Dicks	Lujan	Stark
Dingell	Lynch	Sutton
Doggett	Markey	Thompson (CA)
Donnelly (IN)	Matheson	Thompson (MS)
Doyle	Matsui	Tierney
Edwards	McCarthy (NY)	Tonko
Ellison	McCollum	Towns
Engel	McDermott	Tsongas
Eshoo	McGovern	Van Hollen
Farr	McIntyre	Velázquez
Fattah	McNerney	Visclosky
Filner	Michaud	Walz (MN)
	Miller (NC)	Wasserman
	Miller, George	Schultz
	Moore	Waters
	Moran	Watt
	Murphy (CT)	

Waxman	Wilson (FL)	Yarmuth
Weiner	Woolsey	
Welch	Wu	

NOES—237

Adams	Gohmert	Nugent
Aderholt	Goodlatte	Nunes
Akin	Gosar	Nunnelee
Alexander	Gowdy	Olson
Altire	Granger	Palazzo
Amash	Graves (GA)	Paul
Austria	Graves (MO)	Paulsen
Bachmann	Griffin (AR)	Pearce
Bachus	Griffith (VA)	Pence
Barletta	Grimm	Petri
Bartlett	Guinta	Pitts
Barton (TX)	Guthrie	Platts
Bass (NH)	Hall	Poe (TX)
Benishek	Hanna	Pompeo
Berg	Harper	Posey
Biggart	Hartzler	Price (GA)
Bilbray	Hastings (WA)	Quayle
Bilirakis	Hayworth	Reed
Bishop (UT)	Heck	Rehberg
Black	Heller	Renacci
Blackburn	Hensarling	Ribble
Bonner	Herger	Rigell
Bono Mack	Herrera Beutler	Rivera
Boustany	Huelskamp	Roby
Brady (TX)	Huizenga (MI)	Roe (TN)
Brooks	Hultgren	Rogers (AL)
Broun (GA)	Hunter	Rogers (KY)
Buchanan	Hurt	Rohrabacher
Bucshon	Issa	Rokita
Buerkle	Jenkins	Rooney
Burgess	Johnson (IL)	Ros-Lehtinen
Burton (IN)	Johnson (OH)	Roskam
Calvert	Johnson, Sam	Ross (FL)
Camp	Jones	Royce
Campbell	Jordan	Runyan
Canseco	Kelly	Ryan (WI)
Cantor	King (IA)	Scalise
Capito	King (NY)	Schilling
Carter	Kingston	Schmidt
Cassidy	Kinzinger (IL)	Schock
Chabot	Labrador	Kline
Chaffetz	Lamborn	Schweikert
Coble	Lance	Scott (SC)
Coffman (CO)	Landry	Scott, Austin
Cole	Lankford	Sensenbrenner
Conaway	Latham	Sessions
Cravaack	LaTourette	Shimkus
Crawford	Latta	Shuster
Crenshaw	Lewis (CA)	Simpson
Davis (KY)	LoBiondo	Smith (NE)
Denham	Long	Smith (NJ)
Dent	Lucas	Smith (TX)
DesJarlais	Luetkemeyer	Southerland
Diaz-Balart	Lummis	Stearns
Dold	Lungren, Daniel	Stivers
Dreier	E.	Stutzman
Duffy	Mack	Sullivan
Duncan (SC)	Manzullo	Terry
Duncan (TN)	Marchant	Thompson (PA)
Rush	Marino	Thornberry
Ellmers	McCarthy (CA)	Tiberi
Emerson	McCaul	Tipton
Farenthold	McClintock	Turner
Fincher	McCotter	Upton
Fitzpatrick	McHenry	Walberg
Flake	McKeon	Walden
Fleischmann	McKinley	Walsh (IL)
Fleming	McMorris	Webster
Flores	Rodgers	West
Forbes	Meehan	Westmoreland
Fortenberry	Mica	Whitfield
Fox	Miller (FL)	Wilson (SC)
Franks (AZ)	Miller (MI)	Wittman
Frelinghuysen	Miller, Gary	Wolf
Galleghy	Mulvaney	Womack
Gardner	Murphy (PA)	Woodall
Garrett	Myrick	Yoder
Gerlach	Neugebauer	Young (AK)
Gibbs	Noem	Young (FL)
Gibson		Young (IN)
Gingrey (GA)		

NOT VOTING—8

Bass (CA)	Maloney	Richardson
Culberson	Meeks	Rogers (MI)
Giffords	Reichert	

□ 1701

Mr. WHITFIELD and Mr. HANNA changed their vote from "aye" to "no." Messrs. CARSON of Indiana, MCINTYRE, DINGELL, SMITH of Washington, ISRAEL, HINOJOSA, Ms. LORETTA SANCHEZ of California, Ms.

PINGREE of Maine, and Ms. LINDA T. SANCHEZ of California changed their vote from "no" to "aye."

So the amendment was rejected. The result of the vote was announced as above recorded.

Stated for: Ms. RICHARDSON. Madam Speaker, I was unavoidably detained earlier today and therefore was not present to be recorded on rollcall vote No. 261. Had I been present I would have voted as follows:

On rollcall No. 261, I would have voted "aye" (April 13) (Castor (FL) Amendment, Requiring the U.S. Government Accountability Office to conduct a study of the impact funds awarded through the Prevention and Public Health Fund would have on preventing chronic diseases and promoting health).

AMENDMENT NO. 3 OFFERED BY MS. CASTOR OF FLORIDA

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Florida (Ms. CASTOR) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 188, noes 238, not voting 6, as follows:

[Roll No. 262]

AYES—188

- Ackerman Cummings Jackson Lee
Andrews Davis (CA) (TX)
Baca Davis (IL) Johnson (GA)
Baldwin DeGette Johnson, E. B.
Barrow DeLauro Kaptur
Bass (CA) Deutch Keating
Becerra Dicks Kildee
Berkley Dingell Kind
Berman Doggett Kissell
Bishop (GA) Kucinich
Bishop (NY) Donnelly (IN) Langevin
Blumenauer Doyle Larsen (WA)
Boren Edwards Larson (CT)
Boswell Ellison Lee (CA)
Brady (PA) Engel Levin
Braley (IA) Eshoo Lewis (GA)
Brown (FL) Farr Lipinski
Butterfield Fattah Loeb sack
Capps Filner Lofgren, Zoe
Capuano Frank (MA) Lowey
Cardoza Garamendi Lujan
Carnahan Gonzalez Lynch
Carney Green, Al Maloney
Carson (IN) Green, Gene Markey
Castor (FL) Grijalva Matheson
Chandler Gutierrez Matsui
Chu Hanabusa McCarthy (NY)
Cicilline Harris McCollum
Clarke (MI) Hastings (FL) McDermott
Clarke (NY) Heinrich McGovern
Clay Higgins McInyre
Clever Himes McNeerney
Clyburn Hinchey Michaud
Cohen Hinojosa Miller (NC)
Connolly (VA) Moore Miller, George
Conyers Hirono Moore
Cooper Holden Moran
Costa Holt Murphy (CT)
Costello Honda Nadler
Courtney Hoyer Napolitano
Critz Inslee Neal
Crowley Israel Olver
Cuellar Jackson (IL) Owens

- Pallone Ryan (OH)
Pascarell Sanchez, Linda
Pastor (AZ) T.
Payne Sanchez, Loretta
Pelosi Sarbanes
Perlmutter Schakowsky
Peterson Schiff
Pingree (ME) Schrader
Polis Schwartz
Price (NC) Scott (VA)
Quigley Scott, David
Rahall Serrano
Rangel Sewell
Reyes Sherman
Richardson Shuler
Richmond Sires
Ross (AR) Slaughter
Rothman (NJ) Smith (WA)
Roybal-Allard Speier
Ruppersberger Stark
Rush Sutton

NOES—238

- Adams Gerlach Miller (FL)
Aderholt Gibbs Miller (MI)
Akin Gibson Miller, Gary
Alexander Greigrey (GA)
Altmire Gohmert
Amash Goodlatte
Austria Gosar
Bachmann Gowdy
Bachus Granger
Barletta Graves (GA)
Bartlett Graves (MO)
Barton (TX) Griffin (AR)
Bass (NH) Griffith (VA)
Benishek Grimm
Berg Guinta
Biggart Guthrie
Bilbray Hall
Bilirakis Hanna
Bishop (UT) Harper
Black Hartzler
Bonner Hastings (WA)
Bono Mack Hayworth
Boustany Heck
Brady (TX) Heller
Brooks Hensarling
Broun (GA) Herger
Buchanan Herrera Beutler
Bucshon Huelskamp
Buerkle Huizenga (MI)
Burgess Hultgren
Burton (IN) Hunter
Calvert Hurt
Camp Issa
Campbell Jenkins
Canseco Johnson (IL)
Cantor Johnson (OH)
Capito Johnson, Sam
Carter Jones
Cassidy Jordan
Chabot Kelly
Chaffetz King (IA)
Coble King (NY)
Coffman (CO) Kingston
Cole Kinzinger (IL)
Conaway Kline
Cravaack Labrador
Crawford Lamborn
Crenshaw Lance
Davis (KY) Landry
DeFazio Lankford
Denham Latham
Dent LaTourette
DesJarlais Latta
Diaz-Balart Lewis (CA)
Dold LoBiondo
Dreier Long
Duffy Lucas
Duncan (SC) Luetkemeyer
Duncan (TN) Lummis
Ellmers Lungren, Daniel
Emerson E.
Farenthold Mack
Fincher Manullo
Fitzpatrick Marchant
Flake Marino
Fleischmann McCarthy (CA)
Fleming McCaul
Flores McClintock
Forbes McCotter
Fortenberry McHenry
Foxy McKeon
Franks (AZ) McKinley
Frelinghuysen McMorris
Gallegly Rodgers
Gardner Meehan
Garrett Mica

- Webster Wilson (SC)
West Wittman
Westmoreland Wolf
Whitfield Womack
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—6

- Blackburn Giffords
Culberson Meeks
Reichert
Woodall

□ 1709

So the amendment was rejected. The result of the vote was announced as above recorded.

The Acting CHAIR (Mr. BISHOP of Utah). Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. WESTMORELAND) having assumed the chair, Mr. BISHOP of Utah, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1217) to repeal the Prevention and Public Health Fund, and pursuant to House Resolution 219, reported the bill back to the House with an amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

The question is on the amendment.

The amendment was agreed to.

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

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

MOTION TO RECOMMIT

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

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

Mr. LOEBSACK. I am opposed to the bill in its current form.

Mr. PITTS. Mr. Speaker, I reserve a point of order on the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Loeb sack moves to recommit the bill H.R. 1217 to the Committee on Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. PRESERVING PREVENTION AND PUBLIC HEALTH FUND FOR ACTIVITIES FOR SENIORS, SUBJECT TO AVAILABILITY OF APPROPRIATIONS.

(a) IN GENERAL.—Section 4002 of the Patient Protection and Affordable Care Act is amended—

(1) in subsection (a), by striking "It is the purpose" and inserting "Subject to subsection (c), it is the purpose";

(2) in subsection (b), by striking "and appropriated"; and

(3) in subsection (c)—

(A) by striking "shall" and inserting "may, to the extent and in the amounts made available for use by an appropriations Act.,"; and

(B) by striking "for prevention, wellness, and public health activities including" and all that follows through the period at the

end and inserting “for prevention, wellness, and public health activities for individuals 65 years of age or older.”.

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the funds appropriated by such section 4002 before the date of the enactment of this Act, the unobligated balance is rescinded.

The SPEAKER pro tempore. The gentleman from Iowa is recognized for 5 minutes in support of his motion.

Mr. LOEBSACK. Mr. Speaker, while I oppose the underlying bill, I am offering this final amendment on a topic that I know is important to all of us—our Nation’s seniors. Our seniors have worked hard all their lives. Many of them have lived through some of the most trying times in American history, including the Great Depression and two world wars. They have also been a part of some of our country’s proudest achievements and moments, like putting the first man on the Moon.

Along the way, our seniors have made incredible sacrifices for their families and for their country. My own grandmother helped take care of me while I was young, making sure that my siblings and I had a safe place to live and food on the table. That is why our seniors deserve the best care and treatment available as they age.

I have visited seniors all across my district in Iowa, delivering Meals on Wheels in Cedar Rapids and Muscatine, serving lunch at senior dining in Marion, and hosting events at senior centers and retirement communities like Westgate Towers in Ottumwa and Cedar County Senior Center in Tipton where this photo was taken.

One of my proudest moments in Congress in fact was when I met with a group of World War II veterans who were here from Iowa on an honor flight tour. I was privileged to thank them for their service.

When I talk to seniors in my district, I hear far too often that many of them are struggling. This is unacceptable. No senior should retire into poverty or have difficulty paying their medical bills. While we may disagree on the Republican budget, which would end Medicare as we know it, I think we can all agree that we owe seniors access to the preventive health care and public health efforts that the underlying bill would repeal. I am determined to fight for our seniors and to make sure that we keep our promises to them. That is why this final amendment will ensure that the repeal of the Prevention and Public Health Fund will not apply to prevention, wellness, and public health activities for individuals 65 years of age or older.

This funding can be used for programs that promote wellness, that empower seniors to take personal responsibility for staying healthy as they age. It can also be used for prevention, including screenings for cancer, heart disease, and Alzheimer’s disease. The fund can also be used for public health activities to ensure that seniors have the information they need to make the best possible decisions about their health. These funds can also be used for

research, so we can find ways to prevent health problems associated with aging. What’s more, by focusing on public health and prevention, this fund can reduce costs in the long run.

We all know that early detection improves patient outcomes and saves money, and successful public health campaigns have demonstrated that we can decrease unhealthy behaviors by equipping people with good information. That is why I believe the underlying bill, itself, is penny wise but pound foolish. In the long run, the underlying bill only serves to hurt the Nation’s seniors. It is unfortunate that some are choosing to make this short-sighted decision when the health of our seniors is at stake.

Madam Speaker, the American people, we should keep in mind, sent us here not to fight with each other over critical issues such as the one before us today but to fight together for them. I urge all Members to join me in ensuring that our Nation’s seniors have access to the preventive health care that will keep them healthy, allowing them to enjoy their friends and families and remain active in their communities. We owe the seniors in our districts at least that much.

The passage of this amendment will not prevent the passage of the underlying bill. If the amendment is adopted, it will be incorporated into the bill and the bill will be immediately voted upon. I believe, Madam Speaker, that now is the time to show the American people that we as a body can indeed work effectively for them, and I urge all of my colleagues to vote for this commonsense final amendment.

I yield back the balance of my time.

Mr. PITTS. Madam Speaker, I withdraw my reservation and rise in opposition to the motion.

The SPEAKER pro tempore (Mrs. EMERSON). The reservation is withdrawn, and the gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Thank you, Madam Speaker.

Yesterday, we heard the House minority leader say that “elections shouldn’t matter as much as they do.”

I strongly disagree. Members were brought here to get runaway spending under control; but rather than help us avoid a fiscal crisis, House Democrats have brought forward an MTR that guts the underlying bill and continues the runaway spending that the American people have rejected.

As we have pointed out, section 4002 gives the Secretary of HHS complete discretion to spend the slush fund with little limitation. Any program within the Public Health Service Act, regardless of its merit or effectiveness, is eligible for funding under section 4002.

Will section 4002 help train doctors, or will the money be used to build jungle gyms? Will the Prevention and Public Health Fund be used to advocate for soda tax increases in States or build signs that direct people to bike paths? All of these activities can be funded through this slush fund.

This MTR underscores the major problem with section 4002. Rampant spending on the Federal credit card cannot continue. The Federal Government will be borrowing 42 cents of every Federal dollar spent from this fund. We are facing a \$1.6 trillion deficit. The President’s irresponsible budget will double the national debt from \$14 trillion to \$26 trillion. This endless spending is fiscally irresponsible and morally bankrupt. Spending today is debt that our children and grandchildren will pay tomorrow.

I urge my colleagues to vote “no” on the MTR and “yes” on the underlying bill so we can help get our fiscal house back in order.

I yield back the balance of my time.

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

There was no objection.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—ayes 189, noes 234, not voting 9, as follows:

[Roll No. 263]

AYES—189

Ackerman	Cummings	Johnson (GA)
Altmire	Davis (CA)	Johnson, E. B.
Andrews	Davis (IL)	Kaptur
Baca	DeFazio	Keating
Baldwin	DeGette	Kildee
Barrow	DeLauro	Kind
Bass (CA)	Deutch	Kissell
Becerra	Dicks	Kucinich
Berkley	Dingell	Langevin
Berman	Doggett	Larsen (WA)
Bishop (GA)	Donnelly (IN)	Larsen (CT)
Bishop (NY)	Doyle	Lee (CA)
Blumenauer	Edwards	Levin
Boren	Ellison	Lewis (GA)
Boswell	Engel	Lipinski
Brady (PA)	Eshoo	Loebsack
Braley (IA)	Farr	Loftgren, Zoe
Brown (FL)	Fattah	Lowe
Butterfield	Filner	Lujan
Capps	Frank (MA)	Lynch
Capuano	Fudge	Maloney
Cardoza	Garamendi	Markey
Carnahan	Gonzalez	Matheson
Carney	Green, Al	Matsui
Carson (IN)	Green, Gene	McCarthy (NY)
Castor (FL)	Grijalva	McCormack
Chandler	Gutierrez	McDermott
Chu	Hanabusa	McGovern
Ciциlline	Hastings (FL)	McIntyre
Clarke (MI)	Heinrich	McNerney
Clarke (NY)	Higgins	Michaud
Clay	Himes	Miller (NC)
Cleaver	Hinchev	Miller, George
Clyburn	Hinojosa	Moore
Cohen	Hirono	Moran
Connolly (VA)	Holden	Murphy (CT)
Conyers	Holt	Nadler
Cooper	Honda	Napolitano
Costa	Hoyer	Neal
Costello	Inslie	Olver
Courtney	Israel	Owens
Critz	Jackson (IL)	Pallone
Crowley	Jackson Lee	Pascarell
Cuellar	(TX)	Pastor (AZ)

Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)

Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)

Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman
Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (FL)
Woolsey
Wu
Yarmuth

NOES—234

Adams
Aderholt
Akin
Alexander
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bueshan
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs

Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heller
Hensarling
Herger
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris
Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary

Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paul
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Renacci
Ribble
Rigell
Rivera
Robby
Roe (TN)
Rogers (AL)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Slaughter
Smith (NJ)
Smith (TX)
Southernland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf

Womack
Woodall

Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—9

Culberson
Giffords
Herrera Beutler

Meeks
Reichert
Rogers (KY)

Royce
Slaughter
Smith (NJ)

□ 1736

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 236, noes 183, not voting 13, as follows:

[Roll No. 264]

AYES—236

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher

Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs

Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heller
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford

Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McKinley
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paul
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita

Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Shimkus

Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southernland
Stearns
Stivers
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton

Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—183

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Bertram
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Braley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)

Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Hoyer
Insee
Israel
Jackson (IL)
Jackson Lee
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebbeck
Lofgren, Zoe
Lowey
Lujan
Lynch
Maloney
Markey
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Neal
Olver
Owens

Pallone
Pascarell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sherman
Shuler
Sires
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)

NOT VOTING—13

Barton (TX)
Culberson
Fleming
Giffords
Honda

McMorris
Rodgers
Meeks
Napolitano
Noem

Reichert
Sessions
Sewell
Sullivan

□ 1743

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL GOLF DAY

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

Mr. LONG. Mr. Speaker, I rise today to talk about National Golf Day. Earlier today, I attended an event and heard the story of one of our Wounded Warriors and how the sport of golf has helped him to overcome his traumatic brain injury, and learn the sport of golf even with prostheses, and how much that's helped him.

The first small business I owned happened to be a miniature golf course. I also went to high school with the late great Payne Stewart. And no, none of his golf abilities rubbed off on me, unfortunately.

Golf is a \$76 billion industry, which provides 2 million jobs in the United States. Golf courses are generally small business owner-owned golf courses. And I know the challenges small businesses face today. The estimated economic impact of the golf industry is over \$200 billion. Golf course superintendents are excellent environmental stewards of the land, and among the best in the world at knowing how to care for the Earth.

Being outdoors always improves one's quality of life. Walking just a nine-hole course can give you a 2.5-mile workout, or in my case 7 miles. It is a sport that can be played by all ages, and we should take time today to recognize National Golf Day.

ROE & ROEPER 1-YEAR ANNIVERSARY

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

Mr. KINZINGER of Illinois. Mr. Speaker, what started out as a small pirated radio show of two men running from the law under a bridge and turned into a successful empire today, the Roe & Roeper Show has entertained many people for a long time. Today it's reached its whole 1-year anniversary.

While many radio shows struggle to increase listenership, the majority of drive time listening Illinoisans tune in to Roe & Roeper from 2 to 6 every weekday. In addition to providing cutting-edge news, listeners tune in to hear entertaining and informative exchanges between Roe & Roeper and their callers.

But both come with a very unique and admirable trait that makes the show a success. Roe Conn has a strong level of dedication to his community, and was recently honored as the 2010 Chicago-area recipient of the FBI Director's Community Leadership Award for unwavering support of law enforcement in general. Richard Roeper is a fellow Redbird alumni of Illinois State University, and has led an outstanding career as a columnist, critic, and show host, covering topics ranging from politics to media and to entertainment.

On WLS's Roe & Roeper's 1-year anniversary, I'm honored to take this time to recognize two successful individuals who provide an outstanding show on a daily basis, but also two men whom I'm proud to call friends. Congrats, gentlemen. Here's to another year.

RECOGNIZING DR. DONALD JEANES

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

Mr. ROE of Tennessee. Mr. Speaker, I rise today to celebrate a great leader, minister, and educator, Dr. Donald Jeanes, who is retiring this year as president of Milligan College in my hometown of Johnson City, Tennessee.

President Jeanes is a 1968 magna cum laude graduate of Milligan College and has lived in Johnson City most of his life, first as a minister, and then as part of Milligan College. President Jeanes was inaugurated as the 14th president of Milligan College in October of 1997. Under Dr. Jeanes' leadership, Milligan College has consistently been named one of America's Best Colleges, and has experienced phenomenal growth both in terms of the physical campus as well as the courses offered.

I would like to personally thank and acknowledge Dr. Jeanes for his commitment to faith, education, and community development. I wish he and his wife, Clarinda, the very best as he prepares for his retirement from the presidency of Milligan College. I would like to say to my friend, a job well done.

LIBYA AND THE WAR POWERS RESOLUTION

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

Mr. ROONEY. Mr. Speaker, it's been 25 days since the President began kinetic military action in Libya without congressional authorization. He made this decision despite the fact that the conflict in Libya did not represent an imminent threat to the United States. Instead, the President sought the approval of the United Nations and the Arab League before taking military action, and not Congress. This sets a terrible precedent.

By seeking only U.N. approval, the President is transferring authority that should rest with the American people through their Congress, not with an international community. The U.N. resolution is nice, but it is not a substitute for congressional authorization.

Under the War Powers Resolution, the President needs to seek congressional approval within 60 days. I have introduced a resolution expressing the sense of Congress that President Obama must adhere to the War Powers Resolution. Whether you call it a kinetic military action or war, this Con-

gress must authorize it. If we don't, we will be setting the precedent that we are irrelevant, and the President need only seek approval from international bodies outside of the jurisdiction of the American people.

□ 1750

HONORING KGC

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

Mr. DOLD. Mr. Speaker, today I rise because I had the opportunity to attend the KGC this last weekend, an event raising resources to battle depression. Depression affects over 20 million adults in our Nation. This is something that we all need to be paying more attention to.

I want to thank Chairman Bennett for his leadership. I also want to thank Kevin Haggard, Andrew Boyle, Phil Furse and Tom Joyce for their generous contributions to the event. I also want to extend my heartfelt thanks to Andrew Boyle for his leadership for next year's event.

THE BUDGET AND THE AFFORDABLE CARE ACT

The SPEAKER pro tempore (Mr. SCHWEIKERT). Under the Speaker's announced policy of January 5, 2011, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, today we have seen a remarkable event here on floor of the House. During this discussion that's so critically important to this Nation about the deficit and how we are going to deal with our budget, this House passed a bill that will actually increase the deficit, a bill passed today with the support of the Republicans to repeal a provision in the Affordable Health Care Act that will keep Americans healthy.

Healthy Americans don't need medical care, and I suppose the idea of the Republicans here is that they ought to get sick. You take a look at the wellness issue, part of the Affordable Care Act, it provided for numerous activities specifically designed to keep Americans healthy: blood pressure screening for adults, programs for children to avoid obesity, public health programs for vaccination so that our children and, indeed, our adults don't get sick. All of these programs in the wellness portion of the Affordable Care Act would be repealed by the action that the Republicans just voted on not more than a half-hour ago.

What in the world is going on here? What's this all about? Is it some sort of ideological spiritual thing to do what is not very smart?

The Affordable Health Care Act, which they like to call ObamaCare, has many, many provisions in it specifically designed to reduce the cost of