

for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, one of my colleagues this morning talked about creating jobs, and I am delighted to be one of those who saw and advocated in the Affordable Care Act the expansion of service and use on behalf of the American people.

First, as a woman, let me say for women, the Affordable Care Act will take away forever this dastardly assessment that pregnancy was a pre-existing disease. The lifetime caps will be removed for women. The costs are going down for women. In fact, a small business owner indicated that she was going to save \$10,000 on her insurance.

This creates jobs, scholarships for medical professionals, doctors, nurses, and expands the federally-qualified clinics.

The Affordable Care Act is here to stay, with consumer protection that will provide for the right kind of health care for the American people.

Don't be fooled. It is going to be the civil rights legislation of the 21st century: women given dignity, children provided health care, seniors not denied health care.

I am delighted that this particular legislation is going to be what we desired it to be: civil rights and health care for all Americans.

OBAMACARE

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

Mr. ROSKAM. Mr. Speaker, yesterday, the President said something interesting when describing the attempt of his administration to have an impact, and when describing his frustration with the Federal Government, he described it this way. He said, It is cumbersome, complicated, and outdated.

Well, isn't that an interesting revelation?

Isn't that a stark contrast with the private sector?

Wouldn't it have been helpful if the President had recognized that during the entire debate on ObamaCare, because here is the irony, and it is a dark, sad irony, and it is this.

I have a constituent named Diane whose coverage has jumped from \$368 a month, and it has almost doubled. She was told her coverage is gone, based on ObamaCare, and she is being migrated into a new system. This is an 11-year breast cancer survivor that liked her coverage and no longer has it.

She doesn't want an administrative remedy. She wants a legislative remedy. She has confidence in this House to get it done, not the White House to get it done.

We need to do this work. We need to pass the Upton bill today.

□ 0915

KEEP YOUR HEALTH PLAN ACT OF 2013

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 413 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 413

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3350) to authorize health insurance issuers to continue to offer for sale current individual health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, and for other purposes. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

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

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

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 413 provides for consideration of H.R. 3350, the Keep Your Plan Act of 2013. The rule provides for 1 hour of debate controlled by the Committee on Energy and Commerce, equally divided between the majority and the minority. Because the bill addresses a targeted emergency situation caused by the lack of foresight in the Affordable Care Act, namely, the cancellation of millions of existing health insurance plans despite repeated promises to the contrary, because of that, the rule makes no amendments in order. However, the minority is afforded the customary opportunity to offer one motion to recommit, should they so choose.

This is a fair rule to allow us to give some relief to Americans who actually want to keep their health insurance plan but are being told that because of the Affordable Care Act, they may not.

We are now 6 weeks into the disastrous launch of the President's signature health care law, and more and more problems are uncovered with each succeeding day. It seems that the

President has quickly forgotten all of the promises made over the past 4 years to the American people about this law.

In 2009, in a speech before the American Medical Association, President Obama stated:

We will keep this promise to the American people: if you like your doctor, you will be able to keep your doctor, period. If you like your health care plan, you'll be able to keep your health care plan, period. No one will take it away, no matter what.

At the end of September, the President said:

The first thing you need to know is this: if you already have health care, you don't have to do anything.

Americans from across the country, from across the ideological spectrum agree that President Obama has broken his fundamental promise. And now his attempts to reconcile this broken promise only serve to bring further confusion and chaos.

Today, H.R. 3350 offers a real solution. The bill would allow plans available on the individual market today to be offered in calendar year 2014. It would provide millions of Americans the opportunity to keep their health care plan in 2014. The bill would also ensure that Americans keeping their plans would not face a penalty under ObamaCare's individual mandate.

Mr. Speaker, I have heard from constituents about the problems that they have faced because of the President's law. A Texan from Flower Mound, Texas, recently wrote me about how her insurance has doubled in recent years because of the Affordable Care Act. In short, she wrote me that "I miss 2009 when our family health care was affordable." Millions of Americans, just like this Texan, are losing their health care coverage. They are facing massive increases in their premiums and losing access to their doctor under the Affordable Care Act.

The Associated Press has reported that over 3.5 million people on the individual insurance market have had their insurance canceled. Let me restate that: the Associated Press has reported that over 3.5 million people on the individual insurance market have had their health care plans canceled. We learned just this week the number of people who successfully signed up on the President's Web site for the Affordable Care Act, under 27,000—3.5 million lose their insurance; 27,000 sign up. It doesn't sound like a fair trade-off.

This is not the first time that the President has realized that his signature law is significantly flawed. Since the law was passed, the President has signed seven bills into law that have repealed portions of the Affordable Care Act. Those were laws passed by the House, passed by the Senate, and sent down to the White House for signature, the way it is supposed to happen in a constitutional Republic.

But in addition to these statutory changes that were passed by the Congress and sent down to the President

for his signature, the President has taken it upon himself to issue a multitude of administrative fixes to the law. And now this same President wants to, once again, fix his own law? Can we really trust the administration that wrote this disastrous missive in the first place and so mishandled the implementation? Do we trust them to now fix it? Do we trust them not to change their minds in 2 or 3 weeks' time when perhaps winds are blowing from a different direction?

The White House is saying that it will use its administrative authority to allow health plans that it deemed illegal to now still be able to be sold, but this bill that the House is considering today provides a fix that is both constitutional and follows the legal process.

H.R. 3350 offers a legislative solution to help Americans get a lifeboat, a life raft up from under the crushing weight of this law. The bill would grandfather in all existing health care plans so that no American will lose their coverage as a result of the Affordable Care Act.

President Obama is shifting the blame. He is saying it is up to States and the State insurance commissioners to fix the massive problem that his signature law has created for millions of Americans who are losing their health insurance.

His attempt at another "fix" is quickly coming to a halt. Just hours after the President's announcement, the Washington State insurance commissioner announced that he will not allow insurance companies to continue offering the canceled plans:

We will not be allowing insurance companies to extend their policies. I believe this is in the best interest of the health insurance market in Washington.

It is clear that H.R. 3350 offers the only feasible lifeline to millions of Americans who are crying out for our help. They want to keep their health care plan. It is our job, it is the job of the Congress, to protect the American people from the excesses of this administration. And I urge my colleagues to pass this rule so Americans will have the opportunity to keep their health care plan.

Let's be very clear here: this bill today cannot fix the Affordable Care Act. What has been visited upon the American people in the Affordable Care Act will not be resolved by this action today. It is merely to stop the bleeding. It is an effort to triage, to stabilize the patient. Maybe then we can get the same patient to the operating room to actually fix the problem that bedevils it.

The bill we are voting on today serves to stop that hemorrhaging, and the hemorrhaging that is occurring is a consequence of the ill-conceived government takeover of the American health care industry. Any good triage doctor knows before they can fully treat or cure the patient they have to deal with the immediate problems. In this case, they have to stop the hemor-

rhage of people losing their private health insurance because of the Affordable Care Act. That is what the House of Representatives will do today. That is what House Republicans will be voting in favor of. I hope that our colleagues across the aisle will see the wisdom in this and join us.

I encourage everyone in this House to vote "yes" on the rule and "yes" on the underlying bill. Let's stand with millions of Americans who are visited daily by cancellation notices in their mailboxes. Despite the promises made to them, they are losing their insurance because of this disastrous law.

With that, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS) for yielding me the time; and I yield myself such time as I may consume.

Mr. Speaker, I rise in strong, strong opposition to this closed rule and to the underlying bill. This is effort number 46, by my count, to gut the Affordable Care Act.

Before I discuss the problems with the underlying bill, let me address, just so the record is clear, the latest example of lousy process foisted upon this House by the Republican leadership.

The bill before us today would make sweeping and significant changes to the Affordable Care Act and, thus, to the Nation's health care system. It would profoundly affect the lives of millions of Americans, upend the individual market, and add confusion and uncertainty into an already complicated situation.

So how many hearings did the Republicans hold on this bill? Zero. Let me repeat that: zero. How many expert witnesses did they call? Zip. How many markups did they have in the committees of jurisdiction? Nada. Yet again, Republican promises of regular order and a thoughtful legislative process have been thrown out the window.

And with all due respect to my friend from Texas, to stand here and say with a straight face that this is some kind of an emergency, we can't have any amendments made in order, we just don't have the time, defies comprehension.

We have a rule that is closed that allows for 1 hour of debate—not even split amongst the committees of jurisdiction. This bill, by right, is not only an Energy and Commerce bill, it is a Ways and Means bill, but the Ways and Means Committee doesn't get any time to debate this bill.

Mr. Speaker, 1 hour. You mean we couldn't have 2 hours of debate and a few amendments? Or 3 hours of debate and a few more amendments? Or 5 hours of debate or a whole day of debate, given the fact that you didn't hold any hearings on this bill? Give me a break. This is not the way to run the House of Representatives. This is not the way you promised you would run the House of Representatives. And, by contrast, on the Affordable Care Act,

we had hundreds of hours of debate and markups in which Republican amendments were actually accepted. Now you may not like the Affordable Care Act, but it went through a process. This went through no process. This was just brought up to the Rules Committee, and we are told to bring it right to the floor.

This is not a serious attempt to fix the Affordable Care Act. This is a political statement, and I understand the temptation behind it. Believe me, no one is more frustrated by the problems with the rollout of the Affordable Care Act than those of us who voted for it, believe in it, and want it to work. But instead of working with us to try to actually fix the problems and make the law work, the Republicans have brought forth this Upton bill.

Now, Mr. Speaker, let me be very clear about this bill. It is an attempt to drag us back to the bad old days of the American health care system. It would allow insurance companies to go back to offering cut-rate, shoddy policies that lack the consumer protections required by the Affordable Care Act.

So if you want to go back to a system where insurance companies could turn people away because they are sick, by all means vote for this bill. If you want to go back to a time when women were charged higher rates than men because being a female counted as a preexisting condition, then vote for the Upton bill. If you believe that insurers should be allowed to eliminate somebody's coverage if they get sick or are older or if they have a child or for no good reason whatsoever, then the Upton bill is for you. In short, a vote for the Upton bill is a vote in favor of everything the American people say that they hate about the health care system in this country.

□ 0930

Yesterday, in the Rules Committee, my friend, Dr. BURGESS, made it very clear that the Upton bill is not an attempt to fix the Affordable Care Act. They are only interested in full repeal. They are perfectly satisfied with 40 million Americans having no health insurance at all. Speaker BOEHNER made a similar statement yesterday.

As I said, the rollout of the health care plan has not been perfect, and I know that my own home State of Massachusetts, the rollout of our State health care law was not perfect either. But Democrats in Massachusetts did not go out of their way over and over and over again to sabotage it just because a Republican Governor named Mitt Romney signed it into law. We worked to make it better. And by 2009, I am proud to say, my congressional district had the highest rate of insurance coverage in the entire country. That is a good thing.

If my Republican friends think that we are going to go back to a system where we in Massachusetts did the right thing but ended up paying for the

uncompensated care of people in Texas, North Carolina, Utah, or anywhere else, they are wrong.

At some point, we have to get serious about the goal of providing good quality, affordable health insurance to every American. The Upton bill gets us no closer to that goal. It is yet another political waste of time.

Mr. Speaker, let me just close by making this observation. What this debate is about—and it has turned into an ideological debate—is whether or not you believe that every single American in this country is entitled to good quality health insurance or not.

My friends on the other side of the aisle obviously believe that it is okay that 40 million Americans don't have health insurance, because for the last few years they haven't offered anything other than repeal—repeal, repeal, repeal—and offering nothing as a substitute. They think it is okay to let the insurance companies decide whether you get health care or not based on a preexisting condition or whether you are a female or whether or not you are too old or too sick or whatever. They have been perfectly satisfied with the broken system that was in place.

So that is the choice here. And I would urge my colleagues to understand that there is something wrong with the fact that, in the greatest country in the world and the richest country in the history of the world, so many of our fellow citizens don't have health care, don't have access to health insurance.

And we can fix that. By fixing that, we not only improve the quality of life for our neighbors, our friends, and our fellow citizens, but we also help control health care costs. Because one of the biggest drivers of increased health care costs is the uncompensated care pool.

So let's get serious. Let's stop this political posturing. I know you don't like the President. You have gone out of your way to say some things that are so outrageous, it is hard for me to believe that Members of Congress would say such things. But get over it and do what is right for the American people. Vote "no" on this closed rule. Vote "no" on the underlying bill.

I reserve the balance of my time.

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

First off, I do need to point out that yesterday, the President of the United States thought that this situation represented an emergency that required his immediate attention, and he rushed a press conference at high noon yesterday to announce his resolution for the problem.

As far as the issue of hearings, I will submit a list of eight hearings that were held in the Energy and Commerce Committee over calendar year 2013 on the issue of grandfathering health care plans.

But the most important thing I wish to point out, for those of you who were here in 2009, we will remember, H.R. 3200 was the Democratic health care re-

form bill. That bill is now lost forever in the vapor, in the ether. No one knows what became of it. H.R. 3590 passed the House of Representatives in July of 2009. It passed as a housing bill. It went over to the Senate to await further action. The further action was an amendment by HARRY REID late in December of 2009 "to strike all after the enacting clause and insert." All the housing language was taken out, all of the health care language was inserted.

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

Mr. BURGESS. I yield myself an additional 30 seconds.

As a consequence, this bill came over to the House and we just simply had to pass it. We had to pass it before we found out what was in it. We didn't have a hearing on H.R. 3590. We didn't have a markup in any committee that I sat on in 2010 on H.R. 3590. This was a bill that was visited upon the American people without the due caution and exercise of the United States House of Representatives.

CBO Analysis: CBO analysis is not currently available.

Committee Action: The Energy and Commerce Committee has held the following ACA-related hearings:

- Full Committee:
 - August 1, 2013: PPACA Pulse Check
 - October 24, 2013: PPACA Implementation Failures: Didn't Know or Didn't Disclose?
 - October 30, 2013: PPACA Implementation Failures: Answers from HHS
 - Subcommittee on Health:
 - February 14, 2013: SGR: Data, Measures and Models; Building a Future Medicare Physician Payment System
 - February 27, 2013: Fostering Innovation to Fight Waste, Fraud and Abuse in Health Care
 - March 13, 2013: Obamacare's Impact on Jobs
 - March 15, 2013: Unaffordable: Impact of Obamacare on Americans' Health Insurance Premiums
 - March 18, 2013: Saving Seniors and Our Most Vulnerable Citizens from an Entitlement Crisis
 - March 20, 2013: Health Information Technologies: How Innovation Benefits Patients
 - April 3, 2013: Protecting America's Sick and Chronically Ill
 - April 18, 2013: A Financial Review of the Department of Health and Human Services and Its FY 2014 Budget
 - September 10, 2013: PPACA Pulse Check: Part 2
 - Subcommittee on Oversight and Investigations:
 - March 21, 2013: Health Information Technologies: Administration Perspectives on Innovation and Regulation
 - April 24, 2013: The Center for Consumer Information and Insurance Oversight and the Implementation of the Patient Protection and Affordable Care Act
 - July 18, 2013: Patient Protection and Affordable Care Act: Implementation in the Wake of Administrative Delay
 - September 19, 2013: Two Weeks Until Enrollment: Questions for CCHIO
 - Subcommittee on Communications and Technology:
 - March 19, 2013: Health Information Technologies: Harnessing Wireless Innovation

Administration Position: A Statement of Administration Policy is currently not available.

Rule Request: Chairman Upton (R-MI) sent a letter to Chairman Sessions requesting

"that the Committee on Rules hold a hearing and grant a closed rule to govern consideration of H.R. 3550 by the House."

I yield 2 minutes to the gentleman from Minnesota (Mr. KLINE), the chairman of the Education and Labor Committee.

Mr. KLINE. I thank the gentleman for yielding time and for his incredible leadership on this issue. Dr. BURGESS has been championing real solutions for over 10 years.

Mr. Speaker, 140,000; that is the number of people from my home State of Minnesota who have been notified their health coverage will be canceled as a result of the President's health care law.

John, a constituent from Burnsville, recently learned his own health plan is no longer available. John liked the plan he had and now has to pay 20 percent more to secure coverage.

For many people, a cancellation notice means more than the loss of an insurance policy. It means losing access to the trusted doctors, pediatricians, and nurses who care for their families. We all know how critical these relationships are, especially in difficult moments when a loved one is injured or ill; but for countless families, those relationships will soon be lost, all because Washington bureaucrats think they know best.

The President promised time and again if people liked their health care plan, they could keep it; but the American people are discovering the President failed to keep his word, leaving them with only political gimmicks and a broken Web site. The President may have apologized—and we appreciate that—but the country deserves a President who not only admits when he is wrong, but does what is necessary to make it right.

That is why I support this legislation. The Keep Your Health Plan Act is about fairness. It is only fair to let people keep the health plan they like. No one should be forced to purchase a more expensive policy because the President says so.

It is only fair to help families who are hurting across the country. The President's plan for more administrative tricks is a disservice to each and every one of our constituents, and it is only fair to hold the President accountable for the promises he makes to the American people.

If the President is sincere about undoing some of the damage this law has created, if he wants to provide real solutions for those losing their coverage, and if he wants to keep this promise to our Nation's families, then I urge the President to support the Keep Your Health Plan Act.

Mr. MCGOVERN. Mr. Speaker, let me again remind my colleagues that not a single hearing was held on this bill. Not a single markup was held on this bill, nothing, and it is coming to the floor under a closed rule.

My Republican friends believe that nobody in this House, Democrats or

Republicans, have any right to offer an opinion or an alternative. We are given 1 hour of debate on this. It is not evenly split among the committees of jurisdiction. One committee of jurisdiction.

This is a joke. This is not what you promised. This is not the open process. This is not the transparent process on major pieces of legislation that we were promised. This is a joke.

I will insert into the RECORD a Statement of Administration Policy that says that the President, if presented with H.R. 3350, would veto it.

This is a colossal waste of time.

STATEMENT OF ADMINISTRATION POLICY

H.R. 3350—KEEP YOUR HEALTH PLAN ACT OF 2013
(Rep. Upton, R—MI, and 161 cosponsors, Nov. 14, 2013)

The Administration strongly opposes House passage of H.R. 3350 because it threatens the health care security of hard working, middle class families. The Nation is experiencing the slowest growth in health spending in the last 50 years. Since 2008, growth in private health insurance spending stayed between three and four percent—significantly lower than earlier this decade when growth reached almost 12 percent. With health care costs rising at such low rates, this bill would be a major step back.

H.R. 3350 rolls back the progress made by allowing insurers to continue to sell new plans that deploy practices such as not offering coverage for people with pre-existing conditions, charging women more than men, and continuing yearly caps on the amount of care that enrollees receive. The Administration supports policies that allow people to keep the health plans that they have. But, policies that reverse the progress made to extend quality, affordable coverage to millions of uninsured, hardworking, middle class families are not the solution. Rather than refighting old political battles to sabotage the health care law, the Congress should work with the Administration to improve the law and move forward.

If the President were presented with H.R. 3350, he would veto it.

Mr. MCGOVERN. I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. I thank the distinguished gentleman.

Today, Mr. Speaker, I rise to save lives and to ensure that the Affordable Care Act does what it was intended to do and what it is already doing: lifting the lifetime caps, providing preventative care, taking away the discrimination against women and other ethnic minorities by eliminating health disparities.

This is a bill that has seen eons of hearings not only in the underlying committee, but also in the Judiciary Committee and other committees and ad hoc hearings and briefings over and over again. I remember sitting and hearing the painful stories of families whose children had died because they could not get access to health care. But the Upton bill comes today disguised as a sheep in wolf's clothing. It discriminates against people with preexisting conditions; it restores annual caps on the amount of care you can receive; and it forces women to pay more than men for the same coverage.

This bill is not a fix. It is a dissolver of a good bill.

By the way, Mr. Speaker, let me inform my colleagues that there was nothing in the Affordable Care Act that dictated to insurance companies that they had to send cancelation letters. Why don't we hold a hearing and call the CEOs of the insurance companies and ask them why they didn't send the normal letter indicating that you have the opportunity to have a modified policy that will comply with the Affordable Care Act and that your policies are not canceled because those individuals did not pay their premium? Ask that question.

I will tell you that there are health professionals and organizations that believe this particular bill will not work, such as the American Cancer Society and the American Diabetes Society.

I agree with my colleague that there should have been an open rule. And the reason that there should have been an open rule is because I had an amendment that indicated that the conditions specified in the subsection for health insurance insurer, they must notify enrollees eligible for such continued coverage. I am glad that the President yesterday put that language in and also said that you can opt in to your old policy.

We have answered the call and concern of the American people, but we have not taken away from them the right to have consumer protections and insurance coverage that will make their lives better.

I would also suggest that my amendment indicated health insurance companies are making decisions based on their bottom line, their self-interests, and have decided to terminate insurance plans that are not profitable in the new, highly competitive marketplace for health insurance or want to end insurance for those who are ill and thereby increase their profit margin by keeping only the healthy and marginally healthy while discarding the ill, and the amendment should have been included, because we need to speak to our friends in the health insurance industry that we are here working together and that those letters were not necessary.

Mr. Speaker, I want to save lives. I want consumer protections. I want women not to be discriminated against. Tomorrow, in Houston, we are opening the doors for enrollment in a health fair that we hope thousands will come to.

My friends, the Upton bill does not answer the question. Let us save lives today.

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

Mr. MCGOVERN. Mr. Speaker, I yield the gentlewoman an additional 30 seconds.

Ms. JACKSON LEE. I thank the gentleman for his courtesy.

This is what we lived in preceding the Affordable Care Act:

18 percent of the underinsured postponed getting care or treatment, and some of those people died;

15 percent of the uninsured had problems paying their medical bills, hounded, hounded, hounded because they didn't have the resources and even went bankrupt;

10 percent of the uninsured needed prescription drugs but they could not afford them;

8 percent were hounded by collection agencies because they had to pay for their mortgage or their food;

6 percent did not seek treatment at all.

Do you know what that equals to? One hundred percent of those individuals suffering bad health care.

Let us vote down the Upton bill, vote against the underlying rule, and let's promote the Affordable Care Act and fix it like the President has done.

Mr. Speaker, I rise in strong opposition to the rule and the underlying bill, H.R. 3350, the so-called "Keep Your Health Plan Act of 2013." I oppose the rule and the underlying bill for two reasons.

First, the bill will not save lives. Second, the legislation is unnecessary in light of the action taken yesterday by President Obama, which should satisfy the proponents of this legislation while at the same time minimizing the risk to the health and safety of underinsured Americans, who are persons who have insurance but spend more than 10% of their income on out-of-pocket medical expenses.

Were it to become law, H.R. 3350 would jeopardize the life and health of those underinsured who purchase these plans it protects, even though health insurance plans are available that would in nearly every case provide more health coverage for less.

Mr. Speaker, researchers have found the following disturbing facts regarding the underinsured:

Eighteen percent of the underinsured postpone getting care or treatment;

Fifteen percent of the underinsured had problems paying medical bills;

Ten percent of the underinsured needed prescription drugs but could not afford them;

Eight percent were hounded by collection agencies for nonpayment of medical bills; and

Six percent did not seek treatment even though they needed it.

Mr. Speaker, this is the cost of underinsurance in America—and this is what we can expect more of should H.R. 3350 become law. The express purpose of this bill is to allow underinsured persons to retain an inadequate "health insurance" plan on the ground that supposedly it is the plan the person "wants to keep."

Unfortunately, there is nothing in this bill that would provide consumer education on the inadequacies of the plan and that something much better is available. For example, there is no requirement in this bill for the insurer to notify the insured that health insurance provided through the exchange that provides more and better coverage for less money.

This means that under H.R. 3350 people will still have problems paying their medical bills, they will have high bills, and they will not be able to afford prescription medication or be hounded by medical bill collectors.

The second reason for opposing this rule and bill is that it is unnecessary in view of the actions taken yesterday by President Obama. As the President announced, insurers will be

permitted to offer consumers the option to renew their 2013 health plans in 2014, without change, allowing them to keep their plans. This should satisfy the proponents of the bill.

But the President went further than that because he recognizes that inadequate insurance is really no insurance at all. That is why the President conditioned the ability of insurers to offer plan renewals upon the following:

1. That insurers notify enrollees that they can purchase coverage through the Health Insurance Marketplace where they can potentially qualify for premium tax credits; and

2. Those insurers must inform consumers of the protections they are giving up to keep the plan they have.

Taken together, President Obama's actions are a tempered and measured response to the alleged problem that this bill seeks to remedy.

I fully applaud what the President has done and I offered an amendment that would achieve precisely the same results but the Rules Committee did not make my amendment in order. The text of Jackson Lee Amendment #1 provides:

(C) CONDITIONS FOR CONTINUED OFFERING OF COVERAGE.—The conditions specified in this subsection for a health insurance issuer offering continued coverage under subsection (a) are as follows:

(1) The issuer must notify enrollees eligible for such continued coverage that they can purchase health insurance coverage through the Health Insurance Marketplace where they can potentially qualify for premium tax credits.

(2) The issuer must tell consumers what protections they are giving up to accept the continued coverage they have.

(3) The issuer must provide notice by mail of the offering of such continued coverage to each affected enrollee; and post these notices on the issuer's website.

The Jackson Lee Amendment, like the action announced by the President, is practical, efficient, and addresses the concerns of those who received cancellation letters from their insurance companies.

It should be noted again that Jackson Lee Amendment #1, and the President's actions, are each superior to H.R. 3350, which contains no provision or requirement that consumers who received these notices be advised by their insurers that they may receive lower insurance rates with better coverage by shopping online or calling the toll free number.

Now there may be some who think the availability of the types of health care insurance that H.R. 3350 would protect is sufficient for Americans. I do not. Neither does President Obama. The majority of the American people do not. We believe, and the Affordable Care Act ensures, that healthcare should be available, accessible and adequate.

Mr. Speaker, adequate health plans have in common the inclusion of certain minimal benefits and services. The second amendment I offered to the legislation before us documented the differences between adequate and inadequate health insurance plans. Unfortunately, the Rules Committee elected not to make my amendment in order. The text of Jackson Lee Amendment #2 is as follows:

SEC. 2. FINDINGS.

Congress finds the following:

1. Health Insurance companies are making decisions based on their bottom line self interest and have decided to terminate insurance plans that are not profitable in the new highly

competitive market place for health insurance, or want to end insurance for those who are ill and thereby increase their profit margin by keeping only the healthy or marginally healthy, while discarding the ill.

2. Insurance companies make huge profits when they take premiums and pay little to no benefits.

3. The plans offered by some insurance companies called "health insurance", in fact offered little if any health care protection should people with these policies become seriously ill or involved in an accident that required hospitalization.

4. Catastrophic health plans sold to Americans as insurance were not first dollar or even the first thousand dollar policies; some required the first \$5,000 to \$10,000 of health care costs to be paid by the holder of the insurance plan whose income was not sufficient to incur an expense of this magnitude.

5. These plans did not provide many of the minimal benefits of the Affordable Care Act, such as ambulatory patient services, that provide treatment using advanced medical devices or technology like an MRI X-ray.

6. Emergency services were not covered even though emergency room visits could cost tens of thousands of dollars depending on the nature of the emergency. Hospitalization coverage was not included in most of these insurance policies.

7. Maternity and newborn care was not covered nor were pediatric services so that a healthy birth did not mean that the newborn child would have a healthy childhood. Mental health, substance abuse disorder services, and behavioral health treatment were not covered by most of these insurance plans.

8. Prescription drug benefits and necessary laboratory tests also were excluded under these insurance plans. Also excluded under these plans were preventive and wellness services and chronic disease management.

9. Oral and vision care were not part of these plans, which meant that one tooth infection or change in eyesight could set someone back thousands of dollars if they wanted to get treatment.

10. Prescription drug benefits and necessary laboratory tests also were excluded under these insurance plans.

Also excluded under these plans were preventive and wellness services and chronic disease management.

12. Oral and vision care were not part of these plans, which meant that one tooth infection or change in eyesight could set someone back thousands of dollars if they wanted to get treatment.

Mr. Speaker, my constituents in the 18th Congressional District of Texas favor the Affordable Care Act because they understand the insecurity and feeling of helplessness of being uninsured or underinsured. My home state of Texas has the highest percentage of uninsured (27.6%) in the Nation, 4% more than Louisiana, the next state on the list.

The state of Massachusetts, in contrast, boasts the lowest uninsured rate in the country (4%). This is because Massachusetts several years ago adopted the health insurance system upon which the Affordable Health Care Act is based.

The Affordable Care Act when fully implemented will yield the same benefits for my home state of Texas. In fact, it has already begun to do so. Take the case of Lucy, who

was insured—I should say underinsured—but had a \$7,500 a year deductible. Thanks to the Health Insurance Exchange she is now much better off. Here is what Lucy has to say about the Affordable Care Act compared to the plan she had before:

I signed up at Healthcare.gov and I'm going to save \$2,300 a year on my premium alone—and more, because my deductible will drop from \$7,500 a year to \$3,000 a year. It's still Blue Cross insurance, and I don't have to change doctors, either. I had a choice of over 30 plans and several different companies.

Mr. Speaker, health care coverage must be not only available and affordable but also adequate in order for consumers to have the health security and financial protection they need and deserve. The Affordable Care Act satisfies these criteria; the bill before us does not. That is why we should reject this rule and the underlying bill.

H.R. 3350 is nothing more than the House Republicans' newest variation on their very old theme, which is to repeal, impede or undermine the Affordable Care Act. This bill is the 46th attempt by the Republicans to deprive the American people of the security and peace of mind that comes with health care that is affordable, accessible and adequate.

Of course we should not be surprised. After all, it was the House Republicans who shut down the federal government for 16 days and cost the economy \$24 billion while refusing to consider any legislation that would create jobs or address the real needs of the American people.

Mr. Speaker, the bill before us is strongly opposed by a coalition of some of the Nation's leading health and consumer organizations, including the following:

- Paralyzed Veterans of America
- American Cancer Society Cancer Action Network
- American Diabetes Association
- American Federation of State, County and Municipal Employees (AFSCME)
- American Heart Association/American Stroke Association
- American Music Therapy Association
- The Arc of the United States
- The Autistic Self Advocacy Network
- Community Catalyst
- Families USA
- Health and Wholeness Ministries, Disciples Center for Public Witness
- Health Care for America Now
- National Alliance on Mental Illness
- National Association of County Behavioral Health & Developmental Disability Directors
- National Council of Jewish Women
- National Partnership for Women & Families

These groups oppose the bill for substantially the same reasons I have discussed. While sympathizing with consumers who are receiving notices from their insurance companies that their policies are not being renewed for next year because they do not comply with the ACA's consumer protections, the Coalition rightly observes that:

[T]he solution is not to allow for the continued sale of inadequate policies.[.] Rather, we must educate consumers about their new health insurance options and ensure that notices being sent by insurers clearly inform them of the shortfalls with their current coverage and explain all of their options for finding better coverage.

I agree. Therefore, I urge all Members to join me in voting against this rule and the underlying bill.

NOVEMBER 13, 2013.

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: Health care coverage must be not only available and affordable but also adequate in order for consumers to have the health and financial protection they need from health insurance. The Affordable Care Act (ACA) was designed to ensure that, beginning in 2014, Americans would have access to health insurance that meets all three of these important objectives. Our organizations support these goals, and we are therefore opposed to H.R. 3590, legislation that would allow health insurers to continue to sell individual health insurance policies that are inadequate.

The number of people who are underinsured—meaning that their insurance does not provide adequate financial protection when they are sick—has been growing over the last decade. According to one study, the number of underinsured adults has increased 80 percent since 2003. More than 60 percent of all bankruptcies in 2007 were a result of illness and medical bills, and nearly 80 percent of those who filed for medical bankruptcy were insured. Many consumers with inadequate coverage do not realize how poor it is until they are diagnosed with a serious illness and the bills start rolling in. Only then do they find out that their coverage may have very low annual coverage limits or exclude coverage for important and costly services, such as those provided during a hospital stay.

The ACA includes a number of important protections in response to the large number of uninsured and to help guarantee that consumers have access to comprehensive coverage. The ACA minimizes bankruptcy risk and ensures that the full range of care consumers need in the event of a serious or catastrophic illness will be covered. We cannot afford to go another year without these protections. Among these protections that apply to non-grandfathered plans sold in the individual and small group markets are:

A ban on annual limits on coverage. More than 105 million Americans no longer have lifetime dollar limits on their coverage because of the ACA, but health plans would still be able to sell plans with annual limits under this legislation.

A requirement that plans cover 10 categories of essential health benefits, including doctor visits, hospital care, preventive care, maternity care, mental health care, prescription drugs, and rehabilitation services. Many of these critical benefits are not readily available in the individual market. For example, only 12 percent of health plans sold on the individual market cover maternity coverage, and only 6 percent in the states that do not have a mandate, leaving women without necessary coverage when they become pregnant.

A cap on consumers' annual out-of-pocket spending for their health care to help the nearly 10 million Americans with health insurance who are unable to afford their medical bills.

In addition, many consumers who are uninsured or do not have access to an affordable, adequate health plan from their employer are also eligible for a premium tax credit to help them buy such coverage through the Health Insurance Marketplaces.

Our understanding of this legislation is that it would also allow insurers to continue to market and sell these plans to new consumers through 2014, without complying with the rules that take effect for other

plans on January 1. In other words, insurers marketing these plans outside of the Health Insurance Marketplaces could continue to refuse to cover people with pre-existing medical conditions or charge them higher premiums because of their age or health status. As a result, younger and healthier people would be more likely to remain on or newly enroll in these plans, and plans sold through the Health Insurance Marketplaces would end up covering mostly older and sicker people. This would drive up health insurance premiums in the Marketplaces.

We very much sympathize with consumers who are receiving notices from their insurance companies that their policies are not being renewed for next year because they do not comply with the ACA's consumer protections. In at least some instances, these notices have been very alarming and misleading for consumers because they fail to let them know that they may have better, more affordable insurance options available to them. At least one insurer was fined by a Department of Insurance for a letter that regulators called "misleading." However, the solution is not to allow for the continued sale of inadequate policies, particularly now that more comprehensive coverage is available along with financial assistance to help make better coverage affordable. Rather, we must educate consumers about their new health insurance options and ensure that notices being sent by insurers clearly inform them of the shortfalls with their current coverage and explain all of their options for finding better coverage.

We look forward to working with you to help your constituents get information about their new options for fairer, more comprehensive, and more affordable health care coverage and to make adequate coverage more affordable to everyone.

Sincerely,

American Cancer Society Cancer Action Network, American Diabetes Association, American Federation of State, County and Municipal Employees (AFSCME), American Heart Association/American Stroke Association, American Music Therapy Association, The Arc of the United States, The Autistic Self Advocacy Network, Community Catalyst, Families USA, Health and Wholeness Ministries—Disciples Center for Public Witness, Health Care for America Now, National Alliance on Mental Illness, National Association of County Behavioral Health & Developmental Disability Directors, National Council of Jewish Women, National Partnership for Women & Families, Paralyzed Veterans of America.

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

Mr. Speaker, that evening in March of 2010 when the Senate bill was finally going to be considered by the House, there was a meeting of the Rules Committee that night. Democrats were in charge. I presented myself to that meeting with 18 amendments to H.R. 3590 that had been passed by the Senate. Every one of those was summarily rejected.

The problem the Democrats had that day was, should we change a single word in H.R. 3590 as passed by the Senate, the bill would have to go back to the Senate and concur with the House amendment to H.R. 3590. The Majority Leader in the Senate, having lost his 60th vote in a special election in Massachusetts that year, felt that he could not pass anything. He could not achieve cloture with only 59 Democrats to vote in favor of that motion for clo-

ture. That is the reason why not one word was changed between Christmas Eve of 2009 and the time this bill was actually passed.

But after H.R. 3590 came back from the Senate, came to the Rules Committee, did it come to the House under an open rule? No, it did not. It was a closed rule. We were kept out of the process.

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

Mr. BURGESS. I yield myself an additional 30 seconds.

It is hard to feel too sad for the gentleman from Massachusetts when a bill of this magnitude came with so little debate, so little input from the minority. We have got a 1-page bill before the House today. This was a 2,700-page bill that affected every man, woman, and child in this country, not just today, not just tomorrow, but for the next three decades they will be living under this. And it came under a closed rule.

I reserve the balance of my time.

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

What the gentleman conveniently leaves out are the hundreds of hours of hearings and markups that occurred in the committees of jurisdiction on the Affordable Care Act. The committees of jurisdiction were just cut out of this.

It is becoming a pattern in this House. This is not the only bill where the committees of jurisdiction have been cut out of the process, where Members' voices have been silenced, where they are enforcing rules with an iron fist in this Chamber. So this, unfortunately, is not unique. It is a pattern.

But to suggest that we don't have the time to offer amendments is just ridiculous. We have plenty of time. We could debate this all day if we wanted to, and Members could have an opportunity, both Democrats and Republicans, to amend this, given the fact that they were denied that right in the committees of jurisdiction.

Mr. Speaker, I will enter into the RECORD an article that appeared in the National Review Online, entitled, "Boehner: Upton Bill a Step on Path to ObamaCare Repeal," because what is going on here is very simple.

□ 0945

If you believe that 40 million Americans should be without health insurance, then vote for this bill. That is what they want to do. They want to repeal the Affordable Care Act to go back to a point at which it was perfectly acceptable and okay to have 40 million Americans without health insurance. Now, many of us found that statistic unconscionable in this country, the richest country in the history of the world, and we thought it was bad policy to allow for so many uninsured Americans because that also resulted in higher health care costs, but that is what the goal here is.

The goal here is to undo all of the protections that allow you to keep

your kids on your insurance policies until they are 26, that prohibit insurance companies from discriminating against women because they define being a female as a preexisting condition, and all of these artificial rules and regulations that insurance companies threw upon people, these insurance policies that people bought thinking they had insurance only to find out when they got sick they had nothing.

If you want to go back to that, then side with my Republican friends; but what we want to do here is work as we did in Massachusetts, by the way, with Governor Romney, in order to make this work. I will tell you, for the life of me, I don't understand why this is such a radical idea to guarantee everybody in this country good, quality health insurance.

[From the National Review, Nov. 13, 2013]

BOEHNER: UPTON BILL A STEP ON PATH TO OBAMACARE REPEAL

(By Jonathan Strong)

Before the government shutdown in July, as the defund push from Senators Ted Cruz and Mike Lee was just starting to gain steam, Speaker John Boehner laid-out his preferred Obamacare strategy to House Republicans in a closed-door conference meeting, telling them the GOP could repeal the law with "targeted strikes that will ultimately dissolve the Obamacare coalition."

This morning, in another conference meeting, Boehner reminded his colleagues about that strategy and explained how bringing the "keep your plan" bill introduced by Representative Fred Upton to the House floor Friday fits into it.

"Remember the strategy for stopping Obamacare we laid out to you back in July. It had two components: Aggressive, coordinated oversight, and targeted legislative strikes aimed at shattering the legislative coalition the president has used to force his law on the nation," Boehner said, according to a person in the room.

"That plan is being executed as we speak. But none of it will be effective if we aren't communicating. If we aren't telling the stories our constituents are sharing, then we're letting them down. It means we aren't doing our best to stop this law," he added.

With that, Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE), the ranking member of the Energy and Commerce Committee, who suffered a long and arduous Rules Committee last night.

Mr. PALLONE. I want to thank my colleague from Massachusetts, not only for having to deal with the ordeal in Rules last night but every day, but also for what he said about the lack of regular order when this Upton bill—this bill by the chairman, Mr. UPTON—came to the Rules Committee.

Mr. Speaker, I am a member of the Health Subcommittee of the Energy and Commerce Committee. I said in Rules last night—and I will say it again today—that we have had many hearings in the Health Subcommittee and that we have had hearings in the full Energy and Commerce Committee. Over the last 2 or 3 weeks, there was ample opportunity to have this bill proceed with regular order with a subcommittee hearing markup and with a full committee hearing markup. None

of that was done. This bill just comes here to the floor directly from Rules, and it is a flawed bill. I want to stress that.

I really believe, Mr. Speaker, that this legislation is just another attempt by the GOP to undermine the Affordable Care Act. In fact, I will call this the 46th attempt at repeal. My GOP colleagues have zero interest in helping people gain and keep their health insurance. They have zero interest in fixing any problems that may be occurring with the rollout of the law. They simply want to demonize the President and his policies, as you have heard over and over again, and they will go to any length to do so. At the top of the list are their efforts to sabotage ObamaCare and to force its failure.

Yesterday, the President took some action to help Americans who want to renew their insurance policies if their insurance companies are willing to offer that option. Ultimately, though, I believe that these people will look at the quality plans available in the new Affordable Care Act insurance marketplace and like what they see because, in most cases, they will find that they are able to purchase better coverage at lower prices than their original policies so that, when they get sick or when they need care, their policies will actually provide it because most of these older policies simply do not provide adequate insurance.

As I said before, the Upton bill before us is not about giving people access to health care. It is about sabotaging ObamaCare. One of my colleagues on the Republican side said they want to have people keep their insurance. The President's initiative yesterday allows them to keep their insurance if they want to, but what the Upton bill does is allow anybody now—anybody, even if they didn't have the old insurance policies—to buy these new skeletal policies that don't provide adequate insurance.

So, if you take away the rhetoric of the Republicans, the Upton bill's practical effect would be to continue to allow insurers to exclude people from coverage based on preexisting conditions and to allow insurers to charge women twice as much as men for the same coverage. It would allow insurers to jack up premiums on a family if its child gets sick. It would allow insurers to set harsh annual caps on coverage. All of the discriminatory practices that the ACA and ObamaCare were designed to eliminate come back under the Upton bill. This bill would not require health insurers to allow individuals to keep their current health care plans because insurers can still do whatever they want. You can't force the insurers to offer the plans. It basically allows them to sell low-quality 2013 plans all through 2014. Nothing else.

Mr. BURGESS. Mr. Speaker, I yield myself 3 minutes.

We have talked about the votes in this House to delay or to modify portions of the Affordable Care Act. In-

deed, the House has passed seven of those, and they have been signed by the President.

What really doesn't ever get much attention are the multiple times that the administration—the President, himself—has changed parts of the Affordable Care Act. If you want to talk about something that was done without any hearings, if you want to talk about something that was done in a non-transparent fashion, if you want to talk about something that was done without the ability to amend or debate on the floor of the House, then let's go through a few of these.

Number one: A congressional opt-out. The administration gave Members of Congress and their staffs the option of exempting themselves from the ObamaCare exchanges that were created by the Affordable Care Act, which is contrary to the language of the law.

Exchange enrollment: The administration extended by 6 weeks—from February 14 to March 31, 2014—the period in which people can enroll for coverage in order to avoid the individual mandate tax penalty.

The employer delay: By an administrative action, which is also contrary to statutory language in the Affordable Care Act, the reporting requirements for employers were delayed by 1 year.

Self-attestation: Because of the difficulty of verifying income after the employer reporting requirement was delayed, the administration decided it would allow the self-attestation of income by applicants for health insurance exchanges.

Small businesses on hold: The administration said that the Federal exchanges for small businesses would not be ready by the 2014 statutory deadline. Instead, officials delayed until 2015 the implementation of the Federal shop exchanges.

Closing the high-risk pools: This one was, I thought, particularly egregious. Mr. Speaker, I, frankly, do not understand why this was not covered by the Nation's press. The administration decided to halt the enrollment in Federal high-risk pools, blocking coverage for an estimated 40,000 new applicants, and it decided, rather than using the money from a fund under Health and Human Services Secretary Sebelius' control to extend coverage for Americans with preexisting conditions, that it would, instead, use this money to pay for advertising for the Affordable Care Act.

Remember, the Affordable Care Act was sold to the American people because—remember the quotes?—there were 8 to 12 million people with preexisting conditions. Yet the President's own preexisting pool, which was started in this law when it was signed in March of 2010, was closed on February 1 of 2013, barely 2½ years into its lifespan. Why have we not heard more about that? This was an administrative action to restrict people from access to the risk pools that they were told they were going to get as a consequence of

the President's health care law. Many of these people probably voted for the President in November of 2012 because, after all, he was going to provide them their risk pool insurance for another year—until it didn't happen.

Is it any wonder why there is no faith in what the administration says it will do by administrative edict? Why there is no faith in what has come out of the White House? Why congressional action is not just constitutionally required but is required for the people of this country to continue to have faith in their government?

I reserve the balance of my time.

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

Mr. Speaker, the gentleman talks about faith. I think the American people have lost faith in the Republican leadership of this House. My friends are so obsessed with this health care bill that they actually shut the government down. TED CRUZ was the Speaker of the House here for a month. I mean, they shut the government down because they do not believe that 40 million uninsured Americans ought to have health insurance.

Ezra Klein, in his Washington Post piece on November 14, writes about the Upton bill.

He says:

It doesn't solve the cancellations problem, but it does manage to put Republicans on the side of insurers, who want to continue discriminating against preexisting conditions.

That is what this is all about: giving the insurance companies more of what they want. If you want to know why, follow the money. It is no secret where the insurance companies' allegiances are. Quite frankly, my friends have had 3 years in control to give us their alternative. They have said "no" to everything. No, no, no. They try to undercut and repeal everything. What have they offered in 3 years? What is their prescription for the uninsured in America? Take two tax breaks and call me in the morning. That is the best they could come up with.

This is a good bill, and we need to work to implement it so that we can make sure that every single American has access to good, quality health insurance.

With that, I yield 3 minutes to the gentleman from New York (Mrs. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. I thank the gentleman for yielding and for his leadership in providing health care for over 40 million Americans who did not have it.

Mr. Speaker, this is the 46th time that our Republican colleagues have tried to repeal or to undermine the Affordable Care Act. I rise in opposition to this closed rule, and I urge a "no" vote on the Upton bill.

We are here today supposedly to help those people who unexpectedly had their insurance policies canceled. This is a real issue as the President, himself, clearly acknowledged last night.

That is why he is taking steps to help these people in the private health care market keep their plans. However, the bill before us now not only fails to solve the problem, it makes things worse by fundamentally undermining the Affordable Care Act in a way that is calculated to doom it to eventual failure.

You would be changing the rules in the middle of a game and virtually guaranteeing that premiums would eventually skyrocket for people who did the right thing—who went to the exchange and got a plan. This would price the program out of existence. Doing that would take us all back to a time when over 40 million Americans did not have access to affordable health insurance, including 2.6 million New Yorkers.

We must not turn our backs on those people now. We absolutely have problems we need to fix, and we have issues we need to solve, but we are on the verge of finally covering millions of Americans who lack the fundamental security of affordable health coverage for their families. We are finally close to achieving a goal for millions that has been pursued for nearly a century under Republican and Democratic administrations alike.

This is a problem we must solve without turning our backs on those families forced into bankruptcy simply because someone in the household got sick. This is a problem we must solve for the sake of all of those women who were denied insurance or who had to pay up to 40 percent more for insurance simply because they were women. This is a problem we must solve for the sake of all of those people with preexisting conditions and for all of those young adults who can stay on their parents' plans until they turn 27.

We did not embark on this effort because we thought it would be easy. We embarked on this effort to provide health care to millions because we thought it was a moral imperative, an economic necessity, and a fundamental human right. Yes, it is hard to get it right, but ultimately this is an effort that history will judge not by the number of computer errors but by the number of lives saved.

Mr. Speaker, I urge my colleagues to vote "no" on this bill and "yes" for health care for millions of Americans.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute for the purposes of response.

Talk about changing the rules in the middle of the game. What in the world was that Presidential press conference 24 hours ago all about? It was about changing the rules by executive fiat. Again, I just went through a list of many of the 27 times that the President has changed the rules in the middle of the game.

What about the times the administration has been engaged in "hide the ball" from the American people, from the Nation's Governors, from the Nation's insured? What about the fact

that the rule for the essential health benefit was held up until 2 days after Election Day last year? Then the Governors had to make a decision as to whether or not to participate in the exchanges in their States a week later. Is it any wonder they could not make a decision of that amount of import in a week's time? Sure, they were given another month's extension, but eventually, 26 Governors said, I can't do it based on the information provided. Another six Governors said, Okay, but the Federal Government is going to have to set up the exchanges. That is why you have 32 States for which the Federal Government is having to set up the Federal fallback exchange.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, at this point, it is my privilege to yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, I thank my friend for the time.

In March of 2010, the President signed the Affordable Care Act. In that law, there was a revision that said on January 1 of 2014 if insurance plans did not have important consumer protections, like getting rid of lifetime policy limits and annual limits, that they couldn't be sold anymore.

For over 3½ years, the insurance industry had noticed that the day was coming when they could not sell these plans anymore. They chose to wait until the last couple of weeks to send out notices to millions of Americans saying they couldn't renew their plans next year. This is unfair to those Americans, and it is a problem that ought to be fixed.

The President has stepped forward with a plan to address this to help those Americans. I support what he is doing. The House Democrats will have an opportunity to put on the floor some votes that will further improve that situation as this debate goes on.

This problem of people having their policies canceled is unwarranted and unwelcome, and we should work together to fix it. The underlying bill here does not fix the problem; it creates a problem.

It is very important to understand what the underlying bill does. It says that insurance plans that discriminate against you because you are a woman or because you had skin cancer, or insurance plans that say that in the middle of your chemotherapy you can run out of coverage, or insurance plans that say that after you paid your premiums for months or even years the insurance company can cancel you because you got sick, those plans can continue to be sold to everyone—to everyone.

The problem that we are trying to address is people that have such plans and want to keep them be given the opportunity to keep them. That is what

the President's decision does, which is why we support it.

The underlying bill says that these plans can be opened up to anybody who wants to buy this. That sounds kind of fair at first glance. If someone wants to buy that kind of plan, shouldn't they be able to?

Well, ladies and gentlemen of the House, here is the question: If someone buys a plan that pulls the plug on their chemotherapy in the middle and they keep getting care, who pays for it? The taxpayers do and the other premium payers do. That is who pays for it.

This plan that is before the House today, this Republican bill, is a guarantee of rate shock for the American people because here is what will happen.

If anyone who wants to can buy one of these cars without an airbag or cars without seatbelts—and that is what these plans are—then you will find that the new marketplaces don't have enough people in them. When they don't have enough people in them, the rates will rise. When the rates spike for people in the marketplaces, they will spike for people who get employer-sponsored health care because the possibility of the marketplaces is already reducing the premium increases that employers are seeing.

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

Mr. MCGOVERN. I yield an additional minute to the gentleman.

Mr. ANDREWS. I thank the gentleman.

So the employer rates, which have risen at the slowest rates in the last 5 or 6 years, would once again be subject to the kind of spikes that happen here.

Look, I think there is bipartisan agreement in this Chamber this morning that if someone has gotten a cancellation notice, we want to help that person keep their plan if they choose to keep it. We agree with that, the President agrees with that. That is what he set out to do.

What we do not want, and what this bill does, is to guarantee rate shock, guarantee a premium spike for Americans, whether they are in these plans that we are talking about today, whether they are in the new marketplaces, or whether they receive insurance through their employer. We need additional protections where insurance commissioners around this country can step forward and investigate arbitrary and unfair practices, where they can protect consumers, and House Democrats are going to put forward such an opportunity to vote on that at the conclusion of this debate.

Let's not in the guise of solving one problem magnify another one. We should oppose this rule and oppose the underlying bill.

Mr. BURGESS. Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Texas has 13 minutes remaining. The gentleman from Colorado has 4½ minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield myself 3 minutes for purposes of a response.

The rate shock issue is one about which every Member of this House should be concerned.

Let me read to you from a letter I received from a constituent who lives in The Colony, Texas, a city within my congressional district. They are complaining about the cost and lack of transparency on the healthcare.gov Web site:

The prices the ObamaCare Web site say we can expect based on our ages are \$372 to \$600. But when I go to actually purchase, those prices automatically become \$870. We don't qualify for subsidies so that was not part of any of the calculations.

The constituent goes on to say:

It is bad enough the President has lied to us on multiple points—\$2,500 a year savings, keep your plan, keep your doctor—but also the Web site is designed to mislead us about the price as well. What is the reason that the ObamaCare site and health carrier sites don't agree? I just saw a North Carolina couple on the news who had the same experience and the insurance carrier told them that the prices on the carrier sites are correct and those prices on healthcare.gov are incorrect.

There is rate shock going on in the country right now. That is what part of this debate is about today. But let me just caution my colleagues on the other side of the aisle that the true rate shock experience is likely to hit in September of 2014, about 6 weeks before election day on November 14. What is the reason for that rate shock? Well, we all know that the healthcare.gov Web site was, so far, the abysmal failure.

The administration is counting on a certain demographic to flood that Web site and sign up for their wonderful new Elysian Fields of ObamaCare. It is hard, so they are not going to do it.

But people who are older, perhaps have multiple chronic conditions, who are actually fearful about losing their health care coverage, they are going to keep at it. Bless their hearts. They will keep going. They will keep coming back day after day after day until they can finally get through and sign up for the insurance policy. Yeah, it is more expensive than I want, it doesn't cover as much as I want, but, by golly, I will have something at the start of the year. The problem is the demographic that the administration counted on to sign up is not going to sign up.

Beginning about April of next year, the insurance companies are going to begin to price risk. That is what they do. That is what they do well. So they are going to post risk and they will post their prices somewhere along the lines of July 1 to September 30. Those prices for the renewal of health insurance are going to be staggeringly high; they will be astonishingly high.

The rate shock that is fixing to happen, you ain't seen nothing yet. It is coming in the fall, and it will be unbelievable compared to anything you have seen to date.

I reserve the balance of my time.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President. This restriction includes quoting from extraneous materials.

Without objection, the gentleman from Colorado now controls the time and is recognized.

There was no objection.

Mr. POLIS. The Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), the Democratic leader.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding. I thank him for his leadership and that of the full Rules Committee on having to field some really strange notions masquerading as proposals to improve the lives of the American people. We see a lot of that these days.

This one on the floor today really takes the cake because it is essentially to pull the plug on the Affordable Care Act. While it says that they want to delay the cancellations that the insurance companies have written to policyholders, the bill does not mandate.

This is a conversation that is not an action, but it does violence to the bill in other ways. The idea that it was helping consumers was sort of the Trojan horse whose underbelly is poisonous in terms of the health and well-being of the American people.

Mr. Speaker, I come to the floor to speak on the rule because I think it is really important for Members to vote against the rule as a point of fairness. If we reject this rule and allow the Rules Committee to come back to the floor with an opportunity for there to be a Democratic alternative, that would be fair. What we would do in the vote on the previous question, which I urge people to vote "no" on, would be able to vote "yes," or consider voting "yes," on a bill that does exactly what consumers need in terms of this cancellation area.

First of all, it would say that there would be a real delay—a real delay—for 1 year for the implementation in terms of the individual policyholders. That is just this piece of the bill that is the question—individual policyholders.

Ninety-five percent of the American people, as has been said, who have policies that they like can keep them. It is this 5 percent—and that is a lot of people, I don't want to minimize that—but, nonetheless, it is a discrete market.

Let's address that discrete market and in our previous question we bring up a bill that addresses that discrete market not only by enabling them to hold their policies for a year, but by requiring that the insurance companies must tell people not that you are canceled and we want to sign you up again at a higher cost; instead, insurance companies would be obliged to tell people what their options are, what their options are under the Affordable Care Act in terms of having no lifetime limits on their policies, no annual limits

on their policies, no preexisting condition, increasing the cost of their policy, or preventing them from holding their policy should they become sick, A;

B, it would also make sure that the insurance companies tell people what their options are in the exchanges, that they may qualify for a subsidy. In that marketplace the insurance companies are competing—this is a free market, this exchange—they are competing for their policy; and, therefore, that has already lowered cost to consumers.

So they may have a better policy with better benefits at a lower cost and, if they qualify, get a subsidy to do it.

In addition to that, it is really important in every respect in everything we do, not only just for this individual marketplace, for people to understand the benefits of the Affordable Care Act that are available to them. I mentioned no preexisting condition, no annual limits, no lifetime limits, but also that already for over the past year young people can be on their parents' insurance. Over 3 million people have benefited in that regard. Tens of millions of seniors have benefited from the free prevention check-up—mammograms, whatever kinds of things—prevention and wellness exams free, no co-pay, no deductible.

Already seniors are experiencing lower costs for their prescription drugs because of the Affordable Care Act. Already small children cannot be discriminated against, nor their families, in seeking insurance because they have a preexisting condition.

Imagine a child born with a defect for life. They have a preexisting condition which will cost them dearly in terms of premiums, if they can even get insurance, and then it would be with limits. Not so. That has all changed.

That is why on this Upton bill which, as I said, not only does bad things to the Affordable Care Act in terms of disrupting the risk pools, it tries to masquerade as something that does something positive, which it does not. That is why the Upton bill is opposed by a broad coalition of groups: the American Heart Association, the American Diabetes Association, the American Cancer Society Action Network, National Partnership for Women and Families, Paralyzed Veterans of America. Anyone with a preexisting medical condition—100 million people, families with people with preexisting medical conditions, all of them benefit. The stories are so glorious and so beautiful about what a difference the Affordable Care Act has made to families, especially those with small children or those with preexisting conditions, and to seniors. And, again, being a woman is no longer a preexisting medical condition.

So this is politics; it is not about policy. It isn't any attempt to improve the Affordable Care Act. One way to improve it, though, is what we have in our previous question: give the State

insurance commissioners the authority, all of them—some of them have it—but ensure that all of them have the authority to investigate and act upon rate increases, as well as the nature of these letters that were sent out without the integrity that they should have had.

Again, we require that also in these letters the insurance companies make sure that people know what their opportunities are.

□ 1015

So what we are proposing today really does make a difference. In fact, we wanted to get this requirement of the insurance commissioners in the underlying bill, and then we said, okay, we will do that as an improvement. Today is the day that we can do that by voting "no" on the rule, enabling us to bring a bill to the floor that would do that.

I urge our colleagues to support the Affordable Care Act, support what it does for American families, stand with those who fought for Social Security, for Medicare, and affordable care for all Americans because these are three pillars of equal weight in terms of the economic and health security of the American people. They honor the vows of our Founders for life, a healthier life; liberty, the liberty to pursue your happiness so that you are not job locked, constrained by a policy, but free to follow your passion to be self-employed, to start a business, to change jobs, to be entrepreneurial—life, liberty, and the pursuit of happiness.

Vote "no" on the rule.

Mr. BURGESS. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I want to remind Members of the House of Representatives about the President's press conference yesterday. I would like to read from the transcript of his remarks. The President yesterday, he first talked about the problems with the healthcare.gov Web site, "big problems, and maybe we can talk about those a little bit," but then he went on to say:

The other problem that has received a lot of attention concerns Americans who've received letters from their insurers that they may be losing the plans they bought in the old individual market, often because they no longer meet the law's requirements.

It seems pretty straightforward to me what the President was saying yesterday.

He goes on to say:

Now, as I indicated earlier, I completely get how upsetting this can be for a lot of Americans, particularly after assurances they heard from me that, if they had a plan that they liked, they could keep it. And to those Americans, I hear you loud and clear. I said that I would do everything we can to fix this problem, and today I am offering an idea that will help do it.

Already people who have plans that predate the Affordable Care Act can keep those plans if they haven't changed. That was already in the law. That's what's called a grandfather that was included in the law.

Today, we're going to extend that principle both to the people whose plans have changed since the law took effect and to people who bought plans since the law took effect.

You know, it is interesting, the 10th Amendment to the Constitution should actually protect the States to issue their own directives through their State insurance commissioners. They didn't need the President of the United States to do that. That is a power that has been enshrined to them in the Constitution. The problem is that power was taken away under the Affordable Care Act. Now they have attempted to bring it back. But the fact of the matter is, in many States, patients and constituents won't have that protection, but the Upton bill today will actually provide that protection.

Make no mistake, the Upton bill is not a fix-it bill to the Affordable Care Act; it is a lifeline that we are extending to our constituents who have lost the coverage that they were told that they could keep.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Mr. Speaker, I only have a minute, so let me be concise.

On Monday, I was in San Diego with 30,000 brain researchers excited about the age of discovery and attacking diseases like Alzheimer's and bipolar and schizophrenia. Yesterday, via satellite, I spoke to a public health conference in Brussels for the European Union. Their theme was that the wealth of their member countries was the health of their population.

And then I come to the floor today where we see people who want to retreat from the idea which is to make sure that every single person in our country, for the first time in this Nation's history, has access to affordable health care coverage. There will be no retreat, no equivocation. I know there is this desire among Members on the other team always to somehow go backwards, to some other age in our country as if our future is in the past. Our future and the shaping impulse of our country is in the future, and it is in the health of the citizens of our country.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), the vice chair of the full committee.

Mrs. BLACKBURN. Mr. Speaker, I am pleased today to stand in support of the rule that will allow us to bring the Keep Your Health Plan Act to the floor.

It is important that we take this action today on H.R. 3350 because we have heard from the American people, from coast to coast, that they do not want the President's health care law. They do not like the President's health care law. They feel as if, and have realized that what is happening with this law is that, number one, it is restricting their choice and options when it comes to health insurance, and, number two, the cost is skyrocketing.

Now, we know that that is very important to our families who have chosen health plans that meet their needs—health savings accounts that allowed them to take individual responsibility for their health care, allowed them the opportunities for choosing doctors and physicians and keeping those doctors and physicians—and what the American people are telling us and our constituents are telling us is that they do, indeed, feel betrayed by the empty promises that the President and this administration have made.

They are also quite concerned about the botched Web site rollout; as I said, the insurance premiums; and, oh, those cancellation notices that are hitting the mailboxes of millions of Americans. They say, This is not what we bargained for. It is not what we were promised. It is not what we voted or spoke in favor of. And so they are asking us to take an action, and H.R. 3350 does take that action.

Now, Mr. Speaker, I want to go back to 2010 when we had a conference and the President was before us, and I asked him a question about the ability to keep plans and for individuals to stay insured. I spoke because of the experience we had had in my State of Tennessee with the test case for *HillaryCare*, which was called *TennCare*. We saw the effects of that. We knew it was the test case for a public option in health care; we knew it was too expensive to afford; and, overall, we knew it did not work.

In his response, the President mentioned a little bit about some stray cats and dogs and that he thought they had that cleaned up. But I have to tell you that our constituents and their policies are not stray cats and dogs, and they deserve to have the opportunity to keep their health care and not to be treated in a disrespectful manner or to be discarded to the sidelines.

So the President needs to realize he cannot go around waving a magic wand and fixing this by executive fiat. This is a law. We are a Nation of laws, and we abide by the rule of law. *ObamaCare*, the President's health care law, is the law of the land. In order to provide relief to the American people who have clearly spoken to say they do not want this law, it requires an action of Congress.

Today's action will provide relief for some individuals—not as many as we would like, but it is one step in providing some relief. The American people have grown weary of this administration spending money that it does not have on programs the American people do not want. The President's health care law is a great example of a program that the American people do not want, so they have come to us as the people's representative and reminded us that we are a government of, by, and for the people that should be working for the people. And as one of my constituents told me Monday, we,

the people, are going to start being the people and holding this administration and this Congress accountable. Today is one of those steps that we are taking on behalf of our constituents and the people of this great Nation.

I thank the gentleman from Texas for the exceptional work that he has done in working with Chairman UPTON from Michigan in bringing this to the floor.

Mr. POLIS. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. BECERRA), the chair of the Democratic Caucus.

Mr. BECERRA. Mr. Speaker, I thank the gentleman for yielding.

In the past month, 500,000 Americans have secured affordable health insurance. They are people that include folks in my State of California like Erin Kotecki Vest, who said the old plan she had had all sorts of deductibles and out-of-pocket costs. At the end of the day, what does she say after going on Covered California's marketplace exchange? She will be saving \$18,900 per year by having shopped on the exchange under the Affordable Care Act.

Paulo Dawud said he passed on an employer-based insurance policy that would have cost him \$504 a month. He got on Covered California's Web site. He picked Kaiser. He now qualifies for a plan that charges \$176 a month.

Allen Pacela says his wife would not have insurance coverage at all as of January 1. They shopped on the Web site. They are now saving \$8,000 a year for, as he says, "a very much better plan."

And Andrew Stryker from Los Angeles, California, 34 years old, lives in the city of Los Angeles, had to wait 3 hours to enroll—\$6,000 savings.

Let's improve this plan. Let's not destroy it. It is time to move forward and give Americans what they need—health security.

Mr. POLIS. If I may inquire, does the gentleman have any remaining speakers?

Mr. BURGESS. Well, I am always here, so I remain as a speaker.

Mr. POLIS. Is the gentleman prepared to close?

Mr. BURGESS. Absolutely.

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

If we defeat the previous question, I will offer an amendment to the rule that will allow the House to vote on a substitute that allows Americans to keep their insurance if they like it.

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

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

There was no objection.

Mr. POLIS. Mr. Speaker, there are a number of ways that we can improve upon the Affordable Care Act. One of the ones that I would like to highlight

that we could be bringing here to the floor today that the Senate already passed is comprehensive immigration reform.

H.R. 15 here in the House, a bipartisan bill that I am confident would pass if brought to the floor, would finally make a dent in the fact that there are more than 10 million people here in this country illegally, the vast majority of whom don't have any access to health insurance. So American citizens are essentially being forced to pay for the health care costs of people who are here illegal every day until we pass comprehensive immigration reform.

We are wondering why rates are going up. It is no surprise, Mr. Speaker. When somebody doesn't have insurance, their costs are shifted on to other people who do. Now, yes, there are Americans who don't have insurance, and the Affordable Care Act helps increase the access that many Americans have to insurance, but it doesn't do a thing about the fact that there are more than 10 million people here illegally in this country in violation of our laws who do not have health care insurance. If we can pass H.R. 15, Mr. Speaker, people who are here illegally will have to get insurance on their own instead of forcing Americans to pay for their insurance.

I urge my colleagues to vote "no" on this rule, defeat the previous question.

I yield back the balance of my time.

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

I can't help but think back to that September evening in 2009 when the President stood before a joint session of Congress after the August recess and made a statement to the Nation that, yes, he was trying to change health care but not to worry, that no one who was in the country without the benefit of a Social Security number would be included in that cost because many people are concerned that the cost for the Affordable Care Act, already high, would expand unreasonably if that were to change; and the President made a promise to the American people that night.

□ 1030

Mr. Speaker, we have heard a lot of stuff today. I really wish there had been that much interest in improving the Affordable Care Act before it passed the first time. We all know the reasons why those improvements were not offered and why we just simply had to have a take it or leave it proposition that was ultimately signed into law.

Mr. Speaker, today's rule provides for the consideration of a critical bill to protect the millions of Americans who are facing the loss of health insurance that they were promised that they could keep.

I certainly thank my friend from Michigan (Mr. UPTON), the chairman of the Energy and Commerce Committee, for producing this thoughtful piece of legislation.

Mr. Speaker, I ask for its approval by the body.

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

Strike all and insert the following:

Resolved, That immediately upon adoption of this resolution, it shall be in order to consider in the House the bill (H.R. 3350) to authorize health insurance issuers to continue to offer for sale current individual health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, and for other purposes. All points of order against consideration of the bill are waived. An amendment in the nature of a substitute consisting of the text printed in section 2 of this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any amendment thereto without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the [Committee on Energy and Commerce]; and (2) one motion to recommit with or without instructions.

Section 2. The text of the amendment in the nature of a substitute referenced in the first section is as follows:

H.R. —

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Consumer Health Plan Protection Act of 2013”.

SEC. 2. MAINTAINING EXISTING COVERAGE.

(a) IN GENERAL.—Notwithstanding any provision of the Patient Protection and Affordable Care Act (including any amendment made by such Act or by the Health Care and Education Reconciliation Act of 2010), in the case of health insurance coverage offered by a health insurance issuer in the individual market that is in effect for an individual as of October 1, 2013, the issuer may continue such coverage for such individual for a plan year beginning in 2014 in such market outside of an Exchange established under section 1311 or 1321 of such Act (42 U.S.C. 18031, 18041).

(b) TREATMENT AS GRANDFATHERED HEALTH PLAN IN SATISFACTION OF MINIMUM ESSENTIAL COVERAGE.—Health insurance coverage described in subsection (a) shall be treated as a grandfathered health plan for purposes of the amendment made by section 1501(b) of the Patient Protection and Affordable Care Act.

(c) NOTICE.—As a condition for a health insurance issuer to continue health insurance coverage under subsection (a), the issuer shall provide for notice to each individual to be offered such continued coverage (and for other individuals covered under health insurance coverage offered by such issuer for whom such continued coverage is not offered) prompt notice of the following:

(1) The health insurance coverage options available to the individual through the Marketplace under the Patient Protection and Affordable Care Act and how to exercise such options.

(2) The premium and cost-sharing assistance available for coverage obtained through such Marketplace.

(3) The consumer protections provided under such Act that are not provided under the continuing health insurance coverage.

(d) CONSTRUCTION REGARDING NOTICES OF CANCELLATION OR CONVERSION.—

(1) IN GENERAL.—Nothing in this section shall be construed to prevent the Secretary of Health and Human Services from requiring State insurance commissioners—

(A) to investigate and take appropriate administrative or other actions (such as the imposition of a fine) on cases of inadequate notices of cancellations or conversions of health insurance coverage in the individual market that take effect on or after January 1, 2014; and

(B) to submit to the Secretary reports on the investigations and actions so taken.

(2) INADEQUATE NOTICE.—In this subsection, a notice of the cancellation or conversion of individual health insurance coverage shall be treated as inadequate if the notice—

(A) fails to contain information contained in subsection (c);

(B) fails to be transparent by inappropriately steering individuals to more expensive plans provided by the cancelling issuer; or

(C) fails to otherwise comply with requirements of law.

(e) CONSTRUCTION REGARDING PROTECTION AGAINST DISCRIMINATORY RATES.—Nothing in this section shall be construed as preventing the Secretary or the relevant State insurance commissioner or State regulator from taking corrective actions to ensure that any excessive, unjustified, or unfairly discriminatory rates for the continued coverage offered under subsection (a) are corrected prior to renewal.

(f) CONSTRUCTION REGARDING PREMIUM PROTECTION.—Nothing in this section shall be construed as preventing the Secretary from using all available tools to ensure that Marketplace premiums are not adversely affected by the operation of this section.

SEC. 3. REQUIRING STATE INSURANCE COMMISSIONERS TO INVESTIGATE INSTANCES OF INADEQUATE NOTICES OF CANCELLATION OR CONVERSION OF INDIVIDUAL HEALTH INSURANCE POLICIES.

(a) IN GENERAL.—Each State insurance commissioner shall investigate and take appropriate administrative or other actions (such as the imposition of a fine) on cases of inadequate notices of cancellations or conversions of health insurance coverage in the individual market that take effect on or after January 1, 2014.

(b) INADEQUATE NOTICE.—In this section, a notice of the cancellation or conversion of individual health insurance coverage shall be treated as inadequate if the notice—

(1) fails to contain information—

(A) on obtaining health insurance coverage through an Exchange under the Patient Protection and Affordable Care Act;

(B) on the possible availability of assistance under such Act towards payment of the premiums and cost-sharing for such coverage; and

(C) on the improved benefits for coverage through an Exchange, compared to health insurance coverage not offered through an Exchange;

(2) fails to be transparent by inappropriately steering individuals to more expensive plans provided by the cancelling issuer; or

(3) fails to otherwise comply with requirements of law.

(c) REPORTS.—

(1) STATE COMMISSIONERS TO HHS.—Not later than March 31, 2014, each State insurance commissioner shall submit to the Secretary of Health and Human Services a report on the investigations and actions described in subsection (a).

(2) HHS REPORT TO CONGRESS.—Not later than April 30, 2014, the Secretary shall submit to Congress a report on such investigations and actions.

(d) DEFINITIONS OF STATE, HEALTH INSURANCE COVERAGE, AND INDIVIDUAL MARKET.—In this section, the terms “State”, “health insurance coverage”, and “individual market” have the meanings given such terms for purposes of title I of the Patient Protection and Affordable Care Act.

SEC. 4. PROTECTION OF CONSUMERS FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.

(a) PROTECTION FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—The first section 2794 of the Public Health Service Act (42 U.S.C. 300gg-94), as added by section 1003 of the Patient Protection and Affordable Care Act (Public Law 111-148), is amended by adding at the end the following new subsection:

“(e) PROTECTION FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—

“(1) AUTHORITY OF STATES.—Nothing in this section shall be construed to prohibit a State from imposing requirements (including requirements relating to rate review standards and procedures and information reporting) on health insurance issuers with respect to rates that are in addition to the requirements of this section and are more protective of consumers than such requirements.

“(2) CONSULTATION IN RATE REVIEW PROCESS.—In carrying out this section, the Secretary shall consult with the National Association of Insurance Commissioners and consumer groups.

“(3) DETERMINATION OF WHO CONDUCTS REVIEWS FOR EACH STATE.—The Secretary shall determine, after the date of enactment of this section and periodically thereafter, the following:

“(A) In which markets in each State the State insurance commissioner or relevant State regulator shall undertake the corrective actions under paragraph (4), as a condition of the State receiving the grant in subsection (c), based on the Secretary’s determination that the State regulator is adequately undertaking and utilizing such actions in that market.

“(B) In which markets in each State the Secretary shall undertake the corrective actions under paragraph (4), in cooperation with the relevant State insurance commissioner or State regulator, based on the Secretary’s determination that the State is not adequately undertaking and utilizing such actions in that market.

“(4) CORRECTIVE ACTION FOR EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—In accordance with the process established under this section, the Secretary or the relevant State insurance commissioner or State regulator shall take corrective actions to ensure that any excessive, unjustified, or unfairly discriminatory rates are corrected prior to implementation, or as soon as possible thereafter, through mechanisms such as—

“(A) denying rates;

“(B) modifying rates; or

“(C) requiring rebates to consumers.

“(5) NONCOMPLIANCE.—Failure to comply with any corrective action taken by the Secretary under this subsection may result in the application of civil monetary penalties and, if the Secretary determines appropriate, make the plan involved ineligible for classification as a Qualified Health Plan.”.

(b) CLARIFICATION OF REGULATORY AUTHORITY.—Such section is further amended—

(1) in subsection (a)—

(A) in the heading, by striking “PREMIUM” and inserting “RATE”;

(B) in paragraph (1), by striking “unreasonable increases in premiums” and inserting “potentially excessive, unjustified, or unfairly discriminatory rates, including premiums,”; and

(C) in paragraph (2)—

(i) by striking “an unreasonable premium increase” and inserting “a potentially excessive, unjustified, or unfairly discriminatory rate”;

(ii) by striking “the increase” and inserting “the rate”; and

(iii) by striking “such increases” and inserting “such rates”;

(2) in subsection (b)—
(A) by striking “premium increases” each place it appears and inserting “rates”; and
(B) in paragraph (2)(B), by striking “premium” and inserting “rate”; and

(3) in subsection (c)(1)—
(A) in the heading, by striking “PREMIUM” and inserting “RATE”;

(B) by inserting “that satisfy the condition under subsection (e)(3)(A)” after “award grants to States”; and

(C) in subparagraph (A), by striking “premium increases” and inserting “rates”.

(c) CONFORMING AMENDMENT.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2723 (42 U.S.C. 300gg–22), as redesignated by the Patient Protection and Affordable Care Act—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2), by inserting “or section 2794” after “this part”; and

(B) in subsection (b)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2)—

(I) in subparagraph (A), by inserting “or section 2794 that is” after “this part”; and

(II) in subparagraph (C)(ii), by inserting “or section 2794” after “this part”; and

(2) in section 2761 (42 U.S.C. 300gg–61)—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2)—

(I) by inserting “or section 2794” after “set forth in this part”; and

(II) by inserting “and section 2794” after “the requirements of this part”; and

(B) in subsection (b)—

(i) by inserting “and section 2794” after “this part”; and

(ii) by inserting “and section 2794” after “part A”.

(d) APPLICABILITY TO GRANDFATHERED PLANS.—Section 1251(a)(4)(A) of the Patient Protection and Affordable Care Act (Public Law 111–148), as added by section 2301 of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), is amended by adding at the end the following:

“(v) Section 2794 (relating to reasonableness of rates with respect to health insurance coverage).”.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary.

(f) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of enactment of this Act and shall be implemented with respect to health plans beginning not later than January 1, 2014.

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

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

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

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

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—yeas 225, nays 193, not voting 12, as follows:

[Roll No. 583]

YEAS—225

Aderholt Graves (MO) Petri
Amash Griffin (AR) Pittenger
Amdעי Griffith (VA) Pitts
Bachmann Grimm
Bachus Guthrie
Barletta Hall
Barr Hanna
Barton Harper
Benishek Harris
Bentivolio Hartzler
Bilirakis Hastings (WA)
Bishop (UT) Heck (NV)
Black Hensarling
Blackburn Holding
Boustany Hudson
Brady (TX) Huelskamp
Bridenstine Huizenga (MI)
Brooks (AL) Hultgren
Brooks (IN) Hunter
Broun (GA) Hurt
Buchanan Issa
Bucshon Jenkins
Burgess Johnson (OH)
Calvert Johnson, Sam
Camp Jordan
Cantor Joyce
Capito Kelly (PA)
Carter King (IA)
Cassidy King (NY)
Chabot Kingston
Chaffetz Kinzinger (IL)
Coble Kline
Coffman Labrador
Cole LaMalfa
Collins (GA) Lamborn
Collins (NY) Lance
Conaway Lankford
Cook Latham
Cotton Latta
Cramer LoBiondo
Crawford Long
Crenshaw Lucas
Culberson Luetkemeyer
Daines Lummis
Davis, Rodney Marchant
Denham Massie
Dent Matheson
DeSantis McCarthy (CA)
DesJarlais McCaul
Diaz-Balart McClintock
Duffy McHenry
Duncan (SC) McIntyre
Duncan (TN) McKeon
Ellmers McKinley
Farenthold McMorris
Fincher Rodgers
Fitzpatrick Meadows
Fleischmann Meehan
Fleming Messer
Flores Mica
Forbes Miller (FL)
Fortenberry Miller (MI)
Foxy Miller, Gary
Franks (AZ) Mullin
Frelinghuysen Mulvaney
Gardner Murphy (PA)
Garrett Neugebauer
Gerlach Noem
Gibbs Nugent
Gibson Nunes
Gingrey (GA) Nunnelee
Gohmert Olson
Goodlatte Palazzo
Gowdy Paulsen
Granger Pearce
Graves (GA) Perry

NAYS—193

Andrews Brownley (CA)
Barber Bustos
Barrow (GA) Butterfield
Bass Capps
Beatty Capuano
Becerra Cárdenas
Bera (CA) Carney
Bishop (GA) Carson (IN)
Bishop (NY) Cartwright
Blumenauer Castor (FL)
Bonamici Castro (TX)
Brady (PA) Chu
Braley (IA) Cicilline
Brown (FL) Clarke

DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer

Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loeb sack
Lofgren
Lowenthal
Lowe y
Lujan Grisham
(NM)
Luján, Ben Ray
(NM)
Lynch
Maffei
Maloney
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan

NOT VOTING—12

Campbell Jones Poe (TX)
Cohen Marino Rush
Gosar McCarthy (NY) Tsongas
Herrera Beutler Miller, George Young (AK)

□ 1057

Mrs. NAPOLITANO, Messrs. BEN RAY LUJÁN of New Mexico and BARBER changed their vote from “yea” to “nay.”

Mr. MATHESON changed his vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated against:

Mr. COHEN. Mr. Speaker, I was unavoidably detained at a hearing of the Subcommittee on Regulatory Reform, Commercial and Antitrust Law, on which I serve as Ranking Member. I was therefore unable to be present for rollcall vote No. 583, the Previous Question on the Rule to consider H.R. 3350. Had I been present, I would have voted “no.”

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

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

RECORDED VOTE

Mr. HASTINGS of Florida. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 228, noes 189, not voting 13, as follows:

[Roll No. 584]

AYES—228

Aderholt Graves (MO) Perry
Amash Griffin (AR) Peterson
Amodei Griffith (VA) Petri
Bachmann Grimm Pittenger
Bachus Guthrie Pitts
Barletta Hall Pompeo
Barr Hanna Posey
Barton Harper Price (GA)
Benishek Harris Radel
Bentivolio Hartzler Reed
Billirakis Hastings (WA) Reichert
Bishop (UT) Heck (NV) Renacci
Black Hensarling Ribble
Blackburn Holding Rice (SC)
Brady (TX) Hudson Rigell
Braley (IA) Huelskamp Gabbard
Bridenstine Huizenga (MI) Gallego
Brooks (AL) Hultgren Garamendi
Brooks (IN) Hunter Garcia
Broun (GA) Hurt Rogers (AL)
Buchanan Issa Rogers (KY)
Bucshon Jenkins Rogers (MI)
Burgess Johnson (OH) Rohrabacher
Calvert Johnson, Sam Rokita
Camp Jordan Roskam
Cantor Joyce Roskam
Capito Kelly (PA) Ross Heck (WA)
Carter King (IA) Rothfus
Cassidy King (NY) Royce
Chabot Kingston Runyan
Chaffetz Kinzinger (IL) Ryan (WI)
Coble Kline Salmon
Coffman Labrador Sanford
Cole LaMalfa Scalise
Collins (GA) Lamborn Schock
Collins (NY) Lance Schweikert
Conaway Lankford Scott, Austin
Cook Latham Sessions
Costa Latta Shimkus
Cotton LoBiondo Shuster
Cramer Long Simpson
Crawford Lucas Smith (MO)
Crenshaw Luetkemeyer Smith (NE)
Culberson Lummis Smith (NJ)
Daines Marchant Smith (TX)
Davis, Rodney Marino Southerland
Denham Massie Stewart
Dent Matheson Stivers
DeSantis McCarthy (CA) Stockman
DesJarlais McCaul Stutzman
Diaz-Balart McClintock Terry
Duffy McHenry Thompson (PA)
Duncan (SC) McIntyre Thornberry
Duncan (TN) McKeon Tiberi
Ellmers McKinley Tipton
Farenthold McMorris Turner
Fincher Rodgers Upton
Fitzpatrick Meadows Valadao
Fleischmann Meehan Wagner
Fleming Messer Walberg
Flores Mica Walden
Forbes Miller (FL) Walorski
Fortenberry Miller (MI) Weber (TX)
Foxy Miller, Gary Webster (FL)
Franks (AZ) Mullin Wenstrup
Frelinghuysen Mulvaney Westmoreland
Gardner Murphy (PA) Whitfield
Garrett Neugebauer Williams
Gerlach Noem Wilson (SC)
Gibbs Nugent Wittman
Gibson Nunes Wolf
Gingrey (GA) Nunnelee Womack
Gohmert Olson Woodall
Goodlatte Owens Yoder
Gowdy Palazzo Yoho
Granger Paulsen Yoho
Graves (GA) Pearce Young (IN)

NOES—189

Andrews Bustos Clay
Barrow (GA) Butterfield Cleaver
Bass Capps Clyburn
Beatty Capuano Cohen
Becerra Cárdenas Connolly
Bera (CA) Carney Conyers
Bishop (GA) Carson (IN) Cooper
Bishop (NY) Cartwright Courtney
Blumenauer Castor (FL) Crowley
Bonamici Castro (TX) Cuellar
Brady (PA) Chu Cummings
Brown (FL) Cicilline Davis (CA)
Brownley (CA) Clarke Davis, Danny

DeFazio Kilmer Price (NC)
DeGette Kind Quigley
Delaney Kirkpatrick Rahall
DeLauro Kuster Rangel
DelBene Langevin Richmond
Deutch Larsen (WA) Roybal-Allard
Dingell Larson (CT) Ruiz
Doggett Lee (CA) Ruppertsberger
Doyle Levin Ryan (OH)
Duckworth Lewis Sánchez, Linda
Edwards Lipinski T.
Ellison Loebsack Sanchez, Loretta
Engel Lofgren Lowenthal
Enyart Lowey Sarbanes
Eshoo Lujan Grisham Schakowsky
Esty (NM) Schiff
Farr Lujan, Ben Ray Schneider
Fattah (NM) Lynch Schwartz
Foster Lynch Scott (VA)
Frankel (FL) Maffei Scott, David
Fudge Maloney Serrano
Gabbard Maloney, Sean Sewell (AL)
Gallego Carolyn Shea-Porter
Garamendi Maloney, Sean Sherman
Garcia Matsui Sinema
Grayson McCollum Sires
Green, Al McDermott Slaughter
Green, Gene McGovern Smith (WA)
Grijalva McNerney Speier
Gutiérrez Meeeks Swalwell (CA)
Hahn Meng Takano
Hanabusa Michaud Thompson (CA)
Hastings (FL) Moore Thompson (MS)
Heck (WA) Moran Tierney
Higgins Murphy (FL) Titus
Himes Nadler Tonko
Hinojosa Napolitano Van Hollen
Holt Neal Vargas
Honda Negrete McLeod Veasey
Horsford Nolan Vela
Hoyer O'Rourke Velázquez
Huffman Pallone Visclosky
Israel Pascrell Walz
Jackson Lee Pastor (AZ) Wasserman
Jeffries Payne Schultz
Johnson (GA) Pelosi Waters
Johnson, E. B. Perlmutter Watt
Kaptur Peters (CA) Waxman
Keating Peters (MI) Welch
Kelly (IL) Pingree (ME) Wilson (FL)
Kennedy Pocan Yarmuth
Kildee Polis

NOT VOTING—13

Barber Jones Sensenbrenner
Boustany McCarthy (NY) Tsongas
Campbell Miller, George Young (AK)
Gosar Poe (TX)
Herrera Beutler Rush

□ 1105

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BARBER. Mr. Speaker, on rollcall No. 584 I was unavoidably detained and missed this vote.

Had I been present, I would have voted "yes."

Mr. UPTON. Mr. Speaker, pursuant to the provisions of House Resolution 413, I call up the bill (H.R. 3350) to authorize health insurance issuers to continue to offer for sale current individual health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. YODER). Pursuant to House Resolution 413, the bill is considered read.

The text of the bill is as follows:

H.R. 3350

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Keep Your Health Plan Act of 2013".

SEC. 2. IF YOU LIKE YOUR HEALTH CARE PLAN, YOU CAN KEEP IT.

(a) IN GENERAL.—Notwithstanding any provision of the Patient Protection and Affordable Care Act (including any amendment made by such Act or by the Health Care and Education Reconciliation Act of 2010), a health insurance issuer that has in effect health insurance coverage in the individual market as of January 1, 2013, may continue after such date to offer such coverage for sale during 2014 in such market outside of an Exchange established under section 1311 or 1321 of such Act (42 U.S.C. 18031, 18041).

(b) TREATMENT AS GRANDFATHERED HEALTH PLAN IN SATISFACTION OF MINIMUM ESSENTIAL COVERAGE.—Health insurance coverage described in subsection (a) shall be treated as a grandfathered health plan for purposes of the amendment made by section 1501(b) of the Patient Protection and Affordable Care Act.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. UPTON) and the gentleman from California (Mr. WAXMAN) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 3350.

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

There was no objection.

Mr. UPTON. Mr. Speaker, I yield myself 1½ minutes.

Mr. Speaker, across generations, Presidencies are often associated with one famous utterance: "Ask not what your country can do for you," "The only thing we have to fear," "Tear down this wall." And our current President will be no different: "If you like your health care plan, you can keep it, period."

For the last 3 years, the President repeated this promise in selling his signature law, and he did so with the knowledge that it would not be met. Millions of Americans, including nearly 250,000 in Michigan, took the President at his word and now, unexpectedly, are receiving cancellation notices. They are confused, worried, and upset. Today we stand with those families with the Keep Your Health Plan Act.

This bill is to help provide peace of mind to folks like the farmer in Bangor, Michigan, who just found out after purchasing his family's insurance for the last 30 years that he will be able to keep that plan no more. And the sticker shock will be unbearable, as the premiums double and their deductible jumps nearly \$3,000. Sadly, they are not alone. For millions of Americans, it is cancellations today, sticker shock tomorrow.

For the last 6 weeks, the White House stood idly by, ignoring the pleas of millions. But as the administration's allies in Congress panicked, the White House went from attacking our thoughtful bill to making an end run

around Congress with a universal “fix.”

Our straightforward one-page bill says if you like your current coverage, you should be able to keep it. The President should heed his own advice and work with us, the Congress, as the Founders intended, not around the legislative process.

Everyone today should embrace the Keep Your Health Plan Act, and our efforts to protect Americans from the damage of this law should not stop there. Let's keep the promise.

I reserve the balance of my time.

Mr. WAXMAN. Mr. Speaker, I yield myself 3 minutes.

This bill is not a bill to let people keep their health insurance plans. The President took care of that issue yesterday. This bill is another vote to repeal the Affordable Care Act. It would take away the core protections of that law.

This bill creates an entire shadow market of substandard health care plans. It will destabilize the health insurance exchanges, raise premiums, and continue to allow insurers to discriminate on the basis of preexisting conditions.

The bill takes away the core consumer protections that are part of the law. Under the Republican bill, it ensures to cherry-pick the best risks and destabilize the insurance market for everyone else. That is what we would have if they repealed the law. People would still be out of a chance to get health insurance.

Now, I understand the concern of many Members, that individuals should be able to keep their health insurance if they like it; but there is a profound difference between providing relief for individuals whose policies have been canceled, which is what the President did yesterday, and re-creating the discriminatory, inefficient insurance market that we had before health reform, which is what this bill will do.

We need to have some perspective on this issue. For those currently in the individual insurance market, nearly 5 million people, they will be eligible for a tax credit worth an average of \$5,000. Over a million more people will be eligible for Medicaid, which means additional savings. Because of better coverage that protects them from crippling medical costs, millions more will lower their out-of-pocket costs; and the 25 million Americans without insurance will finally get a good deal on quality coverage.

No one can be denied coverage because of preexisting conditions. No one will see higher rates because they get sick. No one will see their rates go up. No one will run up against annual coverage limits or realize too late that their plan didn't cover the key benefits that they need.

□ 1115

This week, we learned that 1.5 million people have already applied for coverage—a faster sign-up rate than ex-

perienced in Massachusetts—even with all the technical problems we have had. In my State of California, nearly 400,000 people have begun applications in the first month.

There will be a total of 6 months to sign up.

This program is going to work. These are significant signs of progress.

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

Mr. WAXMAN. I yield myself an additional 10 seconds.

They show us we are on our way to dramatically expanding health insurance coverage in this Nation. This bill will take us backwards.

I urge a “no” vote, and I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from the good State of Oregon (Mr. WALDEN).

Mr. WALDEN. I thank the chairman for yielding and for bringing this bill to the floor.

Mr. Speaker, I rise today as the voice of at least 150,000 Oregonians who have already received their cancellation notices. They have been told that the policy they liked, that they wanted to keep, they cannot have any longer.

I was out in my district for 8 straight days last week—36 meetings, 12 counties, 2,476 miles on the road, from morning to late at night. And I am going to tell you there are people like Chuck and Jan in Medford who had gone into retirement, had health insurance, and got a notice that their plan has been canceled.

From Mitchell to Bend to Enterprise to Medford—all over—not only are their plans being canceled, the replacements are coming back with deductibles that are \$12,000 to \$15,000, when they were paying a couple thousand dollars. The premiums are going up—in some cases, double or more.

Some of them may get a subsidy, a lot of them won't, and now they don't have the plan they were promised that they could keep.

And another thing that is insidious that is going on below the surface, in meeting after meeting, hours are being cut back. People are losing their jobs. They are getting less take-home pay because of ObamaCare. This is a problem all across America.

The promise that you could keep your plan was never to be kept, and they knew it. And they continued to say it, and it wasn't true.

People are losing their plans, they are losing their coverage, and they are losing access to the specialists that may save their lives. They won't be able to keep their doctors. Oh, they may, but if the doctor is out of network, there is no cap on what they will pay in terms of a deductible. So financially, you take away their access to health care.

The prices have gone up; the access has gone down. And by the way, in many cases, they have lost their jobs or their hours have been cut back.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from New

York (Mr. RANGEL), who played such an important role in drafting the Affordable Care Act.

Mr. RANGEL. Let me thank Congressman WAXMAN for giving me this opportunity.

The majority has said that Presidents are remembered by certain things, and this outstanding President will be remembered because he said, if you have a plan—and he didn't say “no matter how bad it is”—you can keep it. I think he will be remembered historically as being the first President in the United States of America that has told people that, for the first time, every American will have access to affordable health care.

On the other side, history is going to record them, too. They never said that they had any concern at all and never had a plan for the 30 million people that every day are waiting for this plan to go into effect, and that they would publicly acknowledge that they don't want to improve upon mistakes that may have been made but they want to derail, to destroy, and to eliminate and to repeal universal health care for Americans.

I say this. The President apologized yesterday, and I apologize for the United States Congress to those people without insurance today.

If you believe that the administration has done something wrong, for God's sake, let's work together to correct it. But to just ignore the fact that 70 percent of Americans already have good insurance and it is going to be improved, to ignore the fact that 30 million people and their legacy is in jeopardy because they can't afford to have serious illnesses, and to believe that those that belong to the 5 percent that really get caught in what we are supposed to be fixing today, I tell you that there is no evidence at all that the Republican Party wanted to fix anything for the uninsured of America.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Georgia, Dr. GINGREY, a member of the Health Subcommittee.

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman from New York just said it: universal health care, single-payer system, a government takeover of one-sixth of our economy. That is what they wanted from the very beginning.

I rise today in support of H.R. 3350, the Keep Your Health Plan Act now.

The Obama administration's health exchange enrollment announcement on Wednesday is one of the myriad reasons we must pass this bill. Frankly, these long-awaited numbers did not come as a surprise to us. A mere 100,000 registered for health care on the new marketplaces when they anticipated 500,000. According to a Health and Human Services report, the number does not distinguish even between those that actually paid a premium and those that just selected a plan by clicking a button on the Web site.

Mr. Speaker, the number of Americans who have had their health plans

canceled is in the millions—exponentially higher than those who receive coverage under ObamaCare.

This disastrous law was destined to fail from the start. We on this side of the aisle, the Republicans—and indeed, the American people—have known for 3 years that this plan is unworkable for small businesses; it is unfair for physicians and their patients; and it is unaffordable for we the taxpayer, we the people.

I urge my colleagues to support H.R. 3350.

Mr. WAXMAN. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE), the top Democrat on the Health Subcommittee of Energy and Commerce.

Mr. PALLONE. Thank you, Mr. WAXMAN.

Unfortunately, today's bill is a ruse. It claims to make things better, but all it does is to make things terribly worse. Republicans will hide behind a sound bite and nice-sounding title. But what this bill really does is to go back to the old, broken health insurance system.

This is just another attempt for the GOP to repeal the provisions of the Affordable Care Act. They have made it their mission to push the ACA to failure, and the only consequence is just that: seriously damaging the insurance provisions of the Affordable Care Act and the millions of Americans who are expected to benefit from the improved coverage and premium and cost-sharing subsidies available through the new health insurance marketplace.

The GOP claims the bill allows people to keep their health plans, but actually it allows old policies with fewer benefits and sometimes higher prices to be sold to new enrollees.

One of the major goals of the ACA was to improve the quality of health insurance policies sold on the private market. Beginning in 2014, health insurance plans can no longer deny coverage for adults with preexisting conditions or charge those individuals more for coverage. And there are a lot of other discriminatory practices that are eliminated by the ACA.

We need to be open to constructive changes to make this law work to the best of its ability, but that is not what the GOP is doing today. No one believes the Republicans care about ensuring that people have health insurance. If they did, then Republicans would not, for purely political reasons, refuse to expand Medicaid with those Republican Governors in the States where now 5 million hardworking Americans across 26 States will not have Medicaid expansion because of Republican politics.

Mr. Speaker, yesterday, the President took action to help Americans who want to renew their old insurance policies. Ultimately, though, I hope that those Americans who want to renew those old policies will look at the quality plans available in the new Affordable Care Act insurance market-

place and like what they see. In most cases, they will find they are able to purchase better coverage at a lower price than their original policies, so, when they get sick or need care, they will actually have it—not with these old policies that, for the most part, are not going to provide them with good health insurance.

I urge my colleagues to oppose this bill. This is just another repeal effort on the part of the Republicans. They are not serious about trying to provide insurance, and this will accomplish nothing for the American people.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BARTON), the chairman emeritus of the Energy and Commerce Committee.

(Mr. BARTON asked and was given permission to revise and extend his remarks.)

Mr. BARTON. I appreciate the chairman yielding.

Mr. Speaker, we are here today to begin the long process of amending—hopefully improving, and if that is not possible, at some point in time, repealing—the Affordable Care Act.

The President, as everybody knows by now, repeatedly said that if you like your health insurance, you can keep it. Well, it has been proven that even when he said it, that was not true. Yesterday, the President admitted as much when he said for the next year he would try to honor that promise, if only in the breach.

The Upton bill actually correctly honors that promise in the correct way by legislatively saying that insurance can continue to provide these private policies—and I would assume some employer-sponsored policies—regardless of whether they meet the new minimum standards under the Affordable Care Act. The bill does not require insurance companies to do so, but it does allow them to do so. As sponsors of the bill, it is our hope that many companies will do so. It is a reasonable expectation that millions of Americans, given that choice, will actually keep the plans that they have and that they like.

At some point in time, though, Mr. Speaker—this bill is not the end of the process; it is the beginning—we need to come back and fix the rest of the law or perhaps even change it or repeal it.

I have a bill that I hope will be brought to the floor at some point in the near future that will make ObamaCare voluntary. Let the American people choose what parts of the new law they like, and if they decide they don't like some parts or all of the law, they wouldn't be compelled—mandated—to continue to use some of these new policies.

So, Mr. Speaker, I want to commend Chairman UPTON and Subcommittee Chairman PITTS for bringing this bill so expeditiously to the floor. I would hope that we can have a unanimous vote in support of it.

Mr. WAXMAN. Mr. Speaker, the gentleman will not get a unanimous vote.

At this time, I yield 3 minutes to the gentleman from Michigan (Mr. LEVIN), the ranking member of the Ways and Means Committee.

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Mr. Speaker, the Republicans are on a mission of destruction. Nothing will satisfy them except that very mission. The Upton bill is another weapon in that mission. What the Republicans fear most of all is that health care reform will eventually work. The Upton bill is a bill to make sure that it does not work.

The President has taken a step to help people keep their policies. The Upton bill opens the door to anyone at all to make sure that health care reform is not workable and that the private market cannot work. So back to the time of 50 million uninsured. So back to the time of cancellation for pre-existing conditions. So back to the time of no cap. The alternative is bankruptcy.

Eight years ago, the Medicare drug program that Republicans had passed got off to a rocky start. Did we Democrats pounce on it for political gain? No. We put the country first and helped make the program a success. The Republicans are marching in the opposite direction—the path of destroying instead of making something work.

Let's work together to make it work rather than destroying what Americans want: a healthy health care program for all Americans.

□ 1130

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CANTOR), the majority leader of the House.

Mr. CANTOR. I thank the chairman, the gentleman from Michigan.

Mr. Speaker, I rise today in support of the Keep Your Health Plan Act.

Many Americans today are worried. They are worried about their jobs, worried about saving for their children's college educations or worried about saving for their retirements, and now, Mr. Speaker, millions of Americans are worried about coming home and opening their mailboxes to find out that their health care coverage has been taken from them because of the President's health care law.

The President repeatedly said that if you liked your health care plan, you could keep it. We knew this was a promise he could not keep, and now it is a promise he has broken. As a result, millions of Americans across the country are receiving cancellation letters just like this one.

Mr. Speaker, this letter was sent to me by a constituent of mine. His name is Bruno Gora. He is from Richmond, Virginia. Bruno is self-employed, and he purchases his health care plan through Anthem BlueCross/Blue Shield. A few weeks ago, he was shocked to receive this letter because this letter clearly reads: "To meet the

requirements of the new law, your current plan can no longer be offered." Purchasing a new plan could potentially cost Mr. Gora thousands of dollars.

Why should he or anyone else be forced off their plan if they want to keep it?

Working families across America were counting on the President to keep his promise. Now they are counting on us to ease some of the pain that his health care law has brought on them.

Yesterday, President Obama announced that he was going to be making some unilateral changes, but the changes he proposed and the ones we are proposing in the House have some very clear differences.

The President's plan restricts coverage previously available to only those who already had it while forcing others to purchase a plan from healthcare.gov or to buy more expensive coverage that may not fit their needs. The White House doesn't even know how they are going to implement the plan they announced yesterday.

This proposal that we are talking about here, Chairman UPTON's plan, aims to help Americans keep their health insurance and give their neighbors a chance to buy the same plans rather than forcing them onto a faulty Web site to buy new coverage they may not like or cannot afford. Under this legislation, there is no confusion. The Keep Your Health Plan Act removes the impediment in the law that restricts insurance plans from being offered.

The only way to completely stop any more cancellation letters like the one Mr. Gora received is through a full repeal of ObamaCare. Today, however, we have an opportunity to stand united and pass a bipartisan measure that aims to slow the growing number of Americans harmed by this law.

I would like to thank Chairman UPTON for his hard work and dedication to the issue, and I urge all of my colleagues in the House to support this bill.

Mr. WAXMAN. Mr. Speaker, at this time, I wish to yield 3 minutes to the gentleman from Michigan (Mr. DINGELL), the dean of the House, the chairman emeritus of the Energy and Commerce Committee and the longest-standing Member in support of universal health care coverage.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. I thank my friend for yielding me this time, and I express great affection and respect for my dear friend, the gentleman from Michigan (Mr. UPTON), who serves the House and his constituents well.

However, Mr. Speaker, this is a regrettable piece of legislation. It is nothing more or less than the kind of insurance policies, which are being authorized by it, that were sold by snake oil salesmen around this country, policies which gave no relief, no help, and no benefit to the American people.

The sad situation is that this not only allows some people to keep their policies, but it allows a lot of snake oil salesmen to run around the country, selling bad policies which undo almost all of the protections which we have put into the Affordable Care Act, things like protections against pre-existing conditions or the fact that a woman who might be buying a policy can be charged more under this legislation on a new policy issued by some sneaky insurance company.

The harsh fact of the matter is that this is not a help to citizens. The President said yesterday that he was going to take steps to correct the problems. If we really want to have this done properly, then that is the way to do it. Let us work together to have these matters corrected properly. Let us see to it that the American people get the protections they need against abusive practices and not that we return to them.

H.R. 3350 allows the new sales of bad policies—which contain programs and practices that are barred by ACA—to new and gullible purchasers, the ones whom we say we seek to protect. As I observed yesterday, the insurance companies feel that this is going to cause huge confusion in the market, and they do not seek this legislation. The average citizen has been sold a bill of lading which is just plainly false. He is not going to be benefited by H.R. 3350. He is simply going to be afforded the opportunity to buy bad policies, whereas what we want to do is see to it that if he has his policy he can keep it. The hard fact of the matter is that he can keep it, and he doesn't need the legislation before us.

The legislation before us simply assures that folks can run around selling bad policies under fictional and false misrepresentations to do hurt to the American people, who, frankly, need protection against the abuses that the Affordable Care Act would put in place.

Mr. UPTON. Mr. Speaker, I now yield 1 minute to the gentleman from Louisiana (Mr. SCALISE), a member of the Energy and Commerce Committee.

Mr. SCALISE. I thank the gentleman from Michigan for bringing this bill to the floor, which I support.

Mr. Speaker, we all heard that promise that if you like what you have, you can keep it. It is probably the most often repeated promise that Barack Obama has made in his 5 years as President. Yet the President is finally acknowledging that that promise will not be kept to millions of Americans who are losing the good plans they like.

They can't feign that they didn't know this was going to happen, by the way, Mr. Speaker, because, back in 2010, the administration had a report that said over 60 percent of private plans would be canceled under the President's health care law. I have seen it myself in my district. I have got Chris from Covington and Aaron from

Slidell who have gotten letters saying they are going to lose the good plans they have because of the President's health care law.

The President's answer was, Oh, it was a lousy plan.

Mr. Speaker, it was not a lousy plan for Chris or for Aaron or for the millions of Americans who are losing their plans. They liked their plans. Some Washington politician shouldn't be able to say, I don't think it is good enough, so I am going to take it from you even though it is right for your family.

Let's put patients and doctors back in charge of these decisions. Let's empower hardworking families to be the ones in control of their health care decisions, not some Washington politician. I urge the passage of this bill.

Mr. WAXMAN. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, the number one cause of personal bankruptcies in this country is the cost of health care. Most of those people are so-called "insured." These are the policies that are being offered that people find out, when they get sick, that they really aren't insured.

A major goal of ObamaCare is to protect every consumer from the worst abuses of the private health insurance industry. Starting next year, no consumer can be denied coverage or charged more due to a preexisting condition. This means that 129 million Americans will no longer have to live in fear that they could, one day, be unable to obtain affordable coverage needed to maintain their health or even to save their lives.

The Upton bill would turn back the clock. The Upton bill would allow insurers to cherry-pick among all health care consumers—the young, the healthy—by offering non-ObamaCare-compliant policies, leaving only the old and sick to purchase coverage in the marketplace. This is something they have wanted to do and have been doing for decades. This is going to drive up premiums and allow just the type of discrimination that ObamaCare absolutely ends.

Speaker BOEHNER said yesterday, We have currently the best health care delivery system in the world.

Are you kidding me—with tens of millions of people uninsured and tens of millions more with bad policies that don't cover this?

Rather than taking steps to weaken ObamaCare, my Republican colleagues should be taking this opportunity to build on ObamaCare; as the President said, to fix it.

Last week, I spoke with the director of the Illinois Department of Insurance about some of the unreasonable rate increases my constituents have faced in the past and their concerns about the new rates being quoted in letters they received from their insurers this fall. He told me that he doesn't have the authority he wants in order to protect consumers from excessive premiums. This authority includes the

ability to deny or to modify any unreasonable premium. Illinois isn't alone.

Today, Republicans denied us the opportunity to address this by refusing to consider legislation that would move us forward and provide rate modification authority in every State. Instead, they are choosing to move a bill that would drive up premium rates and undermine ObamaCare's new benefits and protections.

I want to caution people. Rather than re-up with some of the policies they have, check it out. What is really covered? Is there hospitalization? Is the emergency room covered? How many times can you go see your doctor? Go to the marketplace. It will be fixed. Pick a plan that is going to provide you with the real coverage and the essential benefits that you need that are provided under ObamaCare. We want to protect you from junk plans that are out there, but we want to let you re-up in plans that actually offer you the kind of coverage you want, that is essential, which is what the President did yesterday.

Mr. UPTON. Mr. Speaker, at this point, I yield 2 minutes to the gentleman from California (Mr. MCCARTHY), the Republican whip.

Mr. MCCARTHY of California. I thank the chairman for his work in keeping his pledge of bringing this bill to the floor.

Mr. Speaker, I rise today in support of H.R. 3350, the Keep Your Health Plan Act.

From the start, ObamaCare has been a disaster.

First, the individual mandate was a bad idea before and is even more dangerous now because it is forcing people to choose health care they do not want, cannot afford, and isn't right for themselves and their families.

Second, the President's credibility continues to crumble as independent news sources have confirmed that he intentionally broke his promise to every American about whether they can keep his insurance under this law.

We will continue to see the shock waves of ObamaCare. Today, it is the fact that Americans cannot keep their coverage. Tomorrow, it will be the staggering and unexpected cost. Next month, it will be about losing access to their doctors, and the list continues. No administrative fix will undo the harm this law has caused.

Republicans believe that we must try and help Americans who have been harmed by ObamaCare. That is why, today, we will pass a bill to allow Americans to continue to enroll in plans currently offered without facing the individual mandate penalty. What the American people and our constituents need is certainty. The only approach that begins to provide them certainty is the bill before us today.

Our bill allows Americans a choice. It lets individuals keep their health care plans while giving others who currently are uninsured an escape hatch from ObamaCare. Our bill will allow in-

dividuals, whether one is a mother of a sick child, a small business owner, or a young, invincible adult, to keep their current plans. The National Federation of Independent Business and senior groups, such as 60 Plus, are urging Congress to fulfill its duty and pass this bill.

I urge my Democratic friends to join with us. Many of them voted for this bill. They stated they had an intent that Americans could keep their plans. Today is their opportunity to keep that pledge.

□ 1145

Mr. WAXMAN. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from the State of Washington, Dr. MCDERMOTT, who is the ranking member of the Health Subcommittee of Ways and Means.

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, my mother used to say "patience is a virtue." I haven't seen so much panic on this floor since 9/11.

Now, the fact is that a couple of Members who used to be here—Jay Inslee, who is now Governor of the State of Washington, and Mike Kreidler, who is the insurance commissioner of the State of Washington—have already said they will not implement this because it is not good for the people of the State of Washington. They have looked at it.

We have worked hard to implement the Affordable Care Act. Now we have a bill out here with no hearings whatsoever run out here, and we are told there will be no confusion. There will be nothing but confusion. You have 50 insurance commissioners around this country who are going to be suddenly given a bill after we write some rules and regulations here that require the insurance companies to sell policies to people.

I can't believe what I am hearing. I thought that the Republicans believed in the free enterprise system. This is socialism. This is government saying to insurance companies: you must sell a policy to somebody next year that you sold to them this year.

When did we shift on the Republican side to the Congress telling an insurance company who they have to sell a policy to or what is in the policy?

The fact is that they are going to have to put the policy out there. They have been working on implementing this law for 3 years. Now 6 weeks before it actually begins to take effect, we run in here and say, wait a minute, wait a minute, you got to start selling policies like the ones that you sold last year.

Do you think they didn't think through what they are doing? I mean, I don't understand. The free enterprise system is lions and they are eating antelopes.

I urge you to vote "no" against this because you are going to create endless

confusion in this country and the insurance market.

WASHINGTON STATE OFFICE OF THE
INSURANCE COMMISSIONER,

November 14, 2013.

KREIDLER STATEMENT ON PRESIDENT OBAMA'S
ANNOUNCEMENT TODAY

OLYMPIA, WA.—"We have worked for three years to implement the Affordable Care Act in a way that works best for Washingtonians. One goal of our efforts has been to build a stable, fair and competitive individual health insurance market.

I know that many people who buy their own health insurance have struggled to keep their coverage. That is why we have worked so hard to make these significant changes. We have brought meaningful benefits to this market that the rest of us with employer-sponsored health plans have enjoyed for years; benefits like prescription drug coverage, maternity care, and reasonable limits on out-of-pocket costs. Our state-based Exchange—Wahealthplanfinder.org—is up and running and successfully enrolling thousands of consumers.

I understand that many people are upset by the notices they have recently received from their health plans and they may not need the new benefits today. But I have serious concerns about how President Obama's proposal would be implemented and more significantly, its potential impact on the overall stability of our health insurance market.

I do not believe his proposal is a good deal for the state of Washington. In the interest of keeping the consumer protections we have enacted and ensuring that we keep health insurance costs down for all consumers, we are staying the course. We will not be allowing insurance companies to extend their policies. I believe this is in the best interest of the health insurance market in Washington.

We estimate that 290,000 people will need to buy new coverage and that at least half of them will qualify for a premium subsidy. I encourage anyone who is shopping for new health plans—whether you've been uninsured or have received a cancellation notice from your insurer—to look at all of your options. Don't just take what your insurance company says. You may find better, more affordable coverage with a different insurer. There are 46 individual health plans for sale in the Exchange and 51 plans available outside the Exchange. If you need help reviewing your options, contact a navigator or an agent or broker.

NOVEMBER 14, 2013.

GOV. INSLEE STATEMENT ON OBAMA ADMINISTRATION'S AFFORDABLE CARE ACT ANNOUNCEMENT

Gov. Jay Inslee issued this statement in response to Thursday's announcement by President Obama that insurers could continue to offer individual insurance plans that don't comply with the ACA:

"We appreciate President Obama's efforts, through the administrative fix announced today, to address the concerns of those who have gotten 'cancellation' letters from their insurance companies.

"Each state will be examining this option to see whether it works for them, and we know different states will come to different conclusions.

"Here in Washington, we are fortunate to have a robust insurance exchange, with 46 plans from eight different carriers. We're also fortunate that our exchange, the Washington Healthplanfinder, is up and running and enrolling tens of thousands of people in meaningful and affordable health coverage.

"Because of that, the majority of Washingtonians who get these letters are able to find

better plans and get tax subsidies to help pay for them. They are getting better coverage at a better price.

"Largely because of the success we've had implementing the Affordable Care Act so far, Insurance Commissioner Mike Kreidler has concluded that the option of extending old health plans is not a good solution for the state of Washington.

"We understand that these cancellation letters can be upsetting, and we want to make sure everyone knows how to find the best deal for themselves and their families. We encourage everyone to explore their options on the Washington Healthplanfinder—www.wahealthplanfinder.org—and seek out the help of an in-person assistant or broker to find a plan that fits their needs and their budgets.

"We also want to make sure that the people of our state have meaningful health insurance that will cover them when they get sick or end up in the hospital or find they need ongoing prescription drugs, and we know the plans we have in Washington will do that."

Mr. UPTON. Mr. Speaker, I yield myself 15 seconds.

The gentleman needs to read our bill. It doesn't say that the insurance companies must sell those policies. That may be in the Senate bill, the Landrieu bill. It is not in this bill.

I yield 1 minute to the vice chair of the Energy and Commerce Committee, the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, I thank the chairman for the superb job that he has done on bringing H.R. 3350 to the floor; and I thank him for listening to millions of Americans who have been so forthright in saying we do not want the President's health care law; it is destroying our access to the health care that we like; it is taking away our health care plans.

Never has there been a Federal mandate that has just swept so many people aside and said you must buy this product.

Some of you have asked, why are we doing this? Let me tell you why. We are doing it for my constituents like Carolyn and Lucy and Cindy and Wilma, all small business owners, all female heads of households, who have written us and have said we are being forced out—forced out—of the plan that we like, we are being forced away from the doctor that we like, we are being forced to buy a product we do not like.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentlelady from Connecticut, ROSA DELAURO.

Ms. DELAURO. Mr. Speaker, since this Republican majority took office, we have taken vote after vote after vote intended to disrupt, delay, defund, or outright repeal the Affordable Care Act.

Last month, this House majority shut down the Federal Government. They threatened a catastrophic debt default in order to gut this law.

Now, when the Affordable Care Act is going into effect, are we supposed to believe that this Republican majority is putting forth a good-faith effort to improve the bill? It doesn't wash, and it defies imagination.

This bill is designed to weaken the health care law to roll back the clock on the reforms we worked so hard to pass. It takes us back to the unacceptable state of our health care system before we passed the Affordable Care Act.

Remember, the health care system was failing people. Every year health care costs skyrocketed, small businesses priced out of the market, employers asking for higher contributions in co-pays and dropping coverage, people with preexisting conditions being socked or left on their own. Every year more people had no insurance whatsoever.

This bill allows insurers to continue to provide substandard health insurance plans to families, even to new customers. Americans on these plans will be denied access to preventive services with no out-of-pocket costs. It takes us back to a time when people were not guaranteed coverage for maternity, pediatric care, hospitalizations, where families faced annual caps, lifetime caps. It takes us back to a health insurance market that rejects people with preexisting conditions.

Once again, this Republican majority is trying to put insurers back in the driver's seat, let them control the health of American families. This majority was never interested in reforming our broken health care system. They have never been interested in the Affordable Care Act, and now they are not interested as well. This is a cynical, transparently political bill. Oppose it.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania, Dr. TIM MURPHY, the chairman of the Oversight and Investigations Subcommittee on Energy and Commerce.

Mr. MURPHY of Pennsylvania. Mr. Speaker, the majority is very concerned about health insurance plans and very concerned about those people who have lost their plans.

When this bill was originally marked up a couple of years ago in the Energy and Commerce Committee, repeatedly we heard from Members on the other side of the aisle saying that if people liked their plan they could keep it. Indefinitely they were grandfathered in.

This needed a fix several months ago. The President of the United States has said he wants Republicans and Democrats to work together for a solution. We are offering to work together, and yet the President has said he would veto this. But the President offered only a partial fix. It will lead to more confusion.

The question is: Will it lead to class action suits against insurance companies who fail to comply with the law? Many States are saying this partial fix is not sufficient.

We need a legislative fix. We need a way that people can still have their option for buying their plan. What we have to see here is that it is a bigger problem for American families who have found that their insurance is lost and they want to be able to keep it.

Mr. WAXMAN. Mr. Speaker, may I inquire how much time is remaining on both sides.

The SPEAKER pro tempore. The gentleman from California has 10½ minutes remaining. The gentleman from Michigan has 16¾ minutes remaining.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Mr. Speaker, I rise in opposition to this bill which will undermine the providing of health care at affordable prices for millions and millions and millions of Americans.

We said to those Americans that prior to the adoption of this act if they had a policy, they could keep it. That was accurate. It didn't say that the insurance companies would have to continue to offer it, which, as I understand it, that side of the aisle wouldn't be for in any event. The fact of the matter is that statement was correct.

Subsequent to that, there were policies offered and insurance companies knew and policyholders should have known because it was in the law that they would be subject to minimum requirements. Why? Because as The Heritage Foundation said when it originally came up with this idea, everybody ought to take personal responsibility.

I have heard a lot of talk on your side of the aisle, Mr. Speaker, about personal responsibility. I believe in that.

The Upton bill, as everybody knows, will skew the risk pool and encourage adverse selection. Anybody who knows anything about insurance knows that if you have adverse selection, the prices for those who need insurance will go up very substantially while, yes, the prices for those who don't need insurance will go down very sharply. Quite frankly, if all of us knew we would never be in an automobile accident, we wouldn't have to have automobile insurance, except, of course, the law in almost every State requires us to have it so that others will be protected as well.

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

Mr. WAXMAN. Mr. Speaker, I yield an additional minute to the gentleman.

Mr. HOYER. I thank the gentleman.

Ladies and gentlemen, this bill is offered by people who, according to their own rhetoric, want to repeal the Affordable Care Act. That is a fair position; but now they are trying to do so with a Trojan horse they call "the Upton bill" that, in effect, will fix what people are concerned about. The fact of the matter is it will not fix that problem, but what it will do is undermine the ability of millions and millions and millions of people to have health security.

I would urge my colleagues to defeat this Trojan horse. I would urge my colleagues to say to the American people, look, we are prepared to work together.

The President has offered a compromise which will have the effect of

not opening up the policies to everybody, but to those people that had a policy. That is a reasonable step to take. That is a step that, perhaps, we can take together and get accomplished.

Let's reject this bill and let's stand with the millions of people who want affordable, quality health care for themselves and their families.

Mr. Speaker, the Affordable Care Act is good for our country, and it is already benefiting millions of people.

Today, those who are uninsured can sign up for affordable plans through the state and federal marketplaces—and over 1.5 million Americans have already applied for coverage. In spite of that, Republicans remain fixated on repealing this law—rather than working with us to improve it.

Today, we are witnessing their latest assault on health care reform, with their 46th vote to undermine the Affordable Care Act. Once again, instead of providing a solution, their bill will only create more problems.

This stands in sharp contrast with the approach of President Obama and Democrats, which is to work together to make improvements where needed.

In that vein, President Obama announced yesterday that insurers can continue to sell 2013 plans through next year to those Americans who are already enrolled in an individual market policy. And the administration will require insurance companies to be more transparent by sharing information with consumers about other coverage options through the marketplaces—many that provide better benefits at a lower cost.

The President's plan will also mitigate the risk of premium increases that could result from the grandfathering of these insurance policies. That is something the gentleman from Michigan's bill does not do—which means that his bill will lead to higher premiums and greater uncertainty for all consumers.

And his bill would undermine the health care reforms that are yielding real benefits for millions of Americans.

I urge my colleagues to oppose this legislation.

Instead, let's work together to make sure the Affordable Care Act is implemented effectively and that Americans will continue to benefit from it.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE), a member of the Health Subcommittee on Energy and Commerce.

Mr. LANCE. Mr. Speaker, I rise in strong support of Chairman UPTON's legislation, which will provide much-needed certainty and relief for millions of Americans, including 800,000 in New Jersey.

Regarding this issue, The New York Times editorialized this morning that the President has "damaged his credibility, and it is uncertain how he can earn back the public's trust."

I would suggest support of this bipartisan legislation will earn back the President's trust. This matter should be addressed legislatively and permanently and not administratively and temporarily, as the President suggested yesterday. It is time for us to work together.

I strongly support Chairman UPTON's legislation. I am sure it will pass in a bipartisan fashion and there will be bipartisan support in the other House.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana, Dr. CASSIDY, a member of the Health Subcommittee.

Mr. CASSIDY. Mr. Speaker, for the last 30 years, I have worked in a hospital for the uninsured. What I have learned is that unless you trust the families, unless you give power to the patient, you truly cannot make good medical decisions.

This is an email I got from someone who is my age—mid-50s. She says that we just got a letter from our health care provider, we had a major medical with a \$10,000 deductible. We have lost that. We were told the insurance was not acceptable as written, so now our new policy has a \$7,000 deductible and it cost us \$10,000 more a year.

The deductible goes down by \$3,000, their premium up by \$10,000. This is not power to the family or to the patient. This is Washington saying, thou shalt spend thy money in the way that we direct you to spend it.

Frankly, I don't know if we can reconstruct the private insurance market. It may have been decimated by the Affordable Care Act. The last chance probably was the Enzi resolution on the Senate side in which it was pointed out that as many as 80 percent of Americans will lose their individual policy, but every Democrat voted against that Enzi resolution.

There is hope. It is the Keep Your Health Plan Act, which allows the policies to be resold, to occasionally be tweaked and, by the way, to be sold to others, preserving, if you will, the power of big numbers, which is key to the insurance industry.

□ 1200

Now, the other option, the President and the others on the Senate side, don't allow these policies to be sold to others. And so without allowing that, of course they are eventually going to be actuarially unsound and collapse. It is a sleight of hand which is disingenuous in terms of its intent. We give power to the patients. We must trust families. We should pass the Keep Your Health Plan Act and allow families to make their own decisions.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentlelady from New York (Ms. VELÁZQUEZ).

Ms. VELÁZQUEZ. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, let's be clear about the bill before us today. This bill is not an attempt to help Americans keep their insurance plans. The President already announced a plan to help address that goal. Instead, this bill takes a meat cleaver approach, allowing insurance companies to market inadequate policies to new enrollees.

Remember the bad old days when preexisting conditions were discrimi-

nated against? This bill brings back that practice. Remember women paying more for coverage simply because of their gender? That is A-okay under this bill. Remember annual caps that let insurance companies stop paying when a consumer came down with an expensive illness? That is back, too. And what about small businesses facing double-digit hikes in their premium costs?

If we want to take up targeted legislation helping those whose policies are being discontinued, then let's do that. But let's call this bill what it is—a return to the day when insurance companies preyed on working families and the 46th attempt to repeal the Affordable Care Act.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY), a member of the Energy and Commerce Committee.

Mr. MCKINLEY. Mr. Speaker, I thank the chairman.

I rise today to be the voice of the citizens of the First District of West Virginia and support House bill H.R. 3350. Let me share just two of the messages of the thousands that we have received.

Linda from Philippi, West Virginia, writes:

I am losing my health insurance due to ObamaCare. My policy has been canceled, and I am being forced to enter the exchange. I like my current policy. Under the exchange, I will be forced to pay \$200 more. I am being hurt by ObamaCare. This simply isn't fair.

And Sherry from Weirton, West Virginia, tells us:

My parents, both retired, received a letter from their insurance company letting them know their new rate starting in January. The increase is so much they can't afford it. I pray that they can continue to receive the health care that they choose so they can continue to be healthy. They deserve better.

Mr. Speaker, these are only two of the stories out of the thousands we could share. Consequently, I am urging my colleagues to support this particular legislation.

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

Mr. UPTON. Mr. Speaker, how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from California has 6 minutes remaining. The gentleman from Michigan has 12¾ minutes remaining.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. GARDNER).

Mr. GARDNER. Mr. Speaker, I thank the chairman of the committee for his work on this bill and the legislation before us.

Mr. Speaker, 250,000 Coloradoans have had their health care plans canceled. I join them. Here is my letter. As one of the insurance policyholders in Colorado, I, too, had my insurance canceled. I am part of 250,000 people who had a health care plan they were told they could keep, but they won't be able to.

Noel from eastern Colorado contacted my office to tell me that his insurance has been canceled, insurance

that he liked, that he was promised by the President that he would get to keep. Mr. Speaker, Noel tells the story that he has two kids and a third on the way. He tells the story that his premium is going to go up by about \$400 as a result of the changes under the health care bill, and that with the addition of his third child, it will go up another \$300 more a month. His family doesn't make much money. For eastern Colorado, they actually do better than others. They bring home \$5,000 a month. But to see that kind of a health care cost increase when they were promised if they like their health care policy, they could keep it is simply wrong.

We have been accused in this bill of rolling back the law. This bill does one thing. It rolls back a broken promise. It rolls back a broken promise so we can keep our health care plans and so that the 250,000 people in Colorado can keep their health care plans. In fact, it does go back. It goes back to a time when President Obama promised the American people that, if they liked their health care plan, they could keep it, period. It goes back to a time when Kathleen Sebelius, Secretary of HHS, said, if you like your health care plan, you can keep it. It goes back to a time when the majority who passed the legislation in the House and in the Senate said, if you like your health care plan, you can keep it, period.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER), a member of the Ways and Means Committee.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's courtesy in yielding me this time.

Mr. Speaker, the expectation that somehow the elements of the Affordable Care Act would not be implemented is just simply false. People can keep health insurance, but there are always going to be the new standards to make sure that people no longer have insurance in name only. That is what we heard about repeatedly in the efforts to try to reform the health care system—that people had great health care plans until they got sick. We have minimum standards going forward, and all plans will be required to meet those standards. That was in the law, and that is reasonable.

We are in the midst of the greatest, most significant reform of health care in a generation, and it is already having significant effects. Medical inflation, medical cost inflation is at a 40-year low over the course of the last 3 years. We have significant expansion of coverage already. Hundreds of thousands of people in lower incomes have been able to have access to health care for the first time. Small businesses that have been burdened for years by health care costs now get access to tax credits, and it gets better for them going forward.

It is, I think, ironic for people to talk about somebody losing access to a doctor who is no longer in a network. That

happens every year. It happened previously. It will happen in the future unless you are going to somehow sentence doctors to participate in plans. You can't force them.

And shedding crocodile tears because there are some plans that are canceled, in the individual insurance market, routinely 40, 50, 60 percent every year are turned over.

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

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

Mr. BLUMENAUER. I sat on the floor and heard my colleague from Oregon (Mr. WALDEN) talk about a very attractive family from southern Oregon that is somehow going to now face a \$12,000 deductible. I want to take a deep dive with Greg and find out what is going on with that family because we have found people have been using ObamaCare for an excuse for some things that are going to happen anyway, or that people misunderstand.

Let's do this together. Let's explore these areas. Let's give people information going forward, and let's make the system work better, not create a parallel system that will make it work worse.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a member of the Health Subcommittee.

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman for sponsoring this great bill.

In my State of Florida, 300,000 individuals have lost their health care plans due to ObamaCare, and hardworking Americans, like my constituent Mark from Pasco County, are being adversely affected by this law.

Mark currently has a plan that he likes, but ObamaCare will take it away. His new equivalent plan on the exchange comes with a \$12,000 deductible and \$1,000 monthly premiums. He and his wife are about 60 years old and do not qualify for subsidies. They are very healthy, but they are punished. Mr. Speaker, I don't understand, they are punished by the President's health care law.

That is why I am proud to be an original cosponsor of the Keep Your Health Plan Act to remove the barriers preventing hardworking Americans from keeping their health care plans under ObamaCare. We need to pass this bill so we can give the American people the peace of mind they deserve.

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), a member of the Energy and Commerce Committee.

Mr. TERRY. Mr. Speaker, this is really about trust, and people like Andrea from Omaha feels like that trust has been violated. It has been broken. She was told that she could keep her policy, but then she received her letter saying you cannot keep your policy.

A working mom with two young children, her family's premium has risen to \$770 from \$450 per quarter. Her responsibility for coinsurance is now 50 percent, up from what it was before at 15 percent. Her out-of-pocket costs rose to over \$2,000, and she is paying more for less now.

This isn't a better policy, as we have been told. It takes a big chunk of their family budget. Unfortunately, under ObamaCare, she can't keep her plan. She gets more with less.

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I rise today in support of this legislation allowing individuals to keep their plans into 2014.

Yesterday, my colleagues and I shared powerful stories of many of our constituents who have experienced cancellations and mass rate increases due to ObamaCare. In addition to these individuals, I have many more stories of Kentuckians seeing their plans canceled due to ObamaCare.

More recently, Sylvia Martin from Owensboro wrote to me that her coverage was canceled, and she so far has been unable to get insurance.

H.R. 3350 would allow insurance companies to continue offering 2013 plans, which would benefit the millions of Americans who have seen their current plans canceled. The American people were told repeatedly that if they liked their plan, they can keep it. House Republicans today are trying to honor that promise.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I thank the chairman, and I rise in support of the Keep Your Health Plan Act.

This bill is important for many people in my district, including Joann. Joann lives in Limestone, Tennessee, and because her policy doesn't meet the minimum requirements set by ObamaCare, she has been forced to buy a more expensive health care plan. Her premiums will rise from about \$95 a month to \$200 a month. Joann thought \$95 was affordable, but \$200 not.

Despite promises of more affordable health care, this law is making insurance unattainable for many across my home State.

BlueCross BlueShield of Tennessee, our State's largest insurer, has announced it will be forced to send 66,000 cancellation notices to my fellow Tennesseans because of ObamaCare; a Medicaid plan called Cover Tennessee, another 16,000 lose their care.

Mr. Speaker, it is well past the time for President Obama to work with Members of Congress to provide relief to families hurting because of this law. I urge my colleagues to support the Keep Your Health Plan Act.

□ 1215

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, may I ask how much time is remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 7 minutes remaining, and the gentleman from California has 3½ minutes remaining.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. MEADOWS).

Mr. MEADOWS. Mr. Speaker, I rise today in support of H.R. 3350, the Keep Your Health Plan Act, and I would like to thank Chairman UPTON for bringing this bill forward.

Despite President Obama's reassurances that "if you like your health care plan, you can keep it," 3.5 million plans have already been canceled because of ObamaCare.

Cynthia, a constituent from Granite Falls, North Carolina, told me about her family recently. She and her husband and three boys have a premium that was \$300 that has now risen to \$1,206, Mr. Speaker.

The rhetoric from the Democrats has said that the Republicans are only interested in pushing for a repeal of the health care law, rather than fixing it, but this is not true. So far this Congress, Republicans have introduced 102 bills designed to fix the broken areas of ObamaCare. The Democrats by contrast, a mere 17.

Republicans are bringing another fix today, Mr. Speaker, to the House floor. The Keep your Health Plan Act allows families across the country like Cynthia's to keep their policies without penalty.

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY of Pennsylvania. Mr. Speaker, I thank the gentleman, and I rise in strong support of H.R. 3350.

This is a piece of legislation that protects the people, not a political party, not politicians, not Presidents who don't keep promises.

This is a letter I got from Melissa and Riley from Hermitage, Pennsylvania. Riley is a college student paying for her own education. She is working part time at minimum wage in a local grocery store, paying for what she calls an affordable \$70 per month for her health care coverage. Because of the Affordable Care Act, her hours at the store have been cut back, and now, to add insult to injury, she has been notified by the insurance provider that because of ObamaCare, she will be canceled after another year and that she is going to be forced to choose a plan that costs triple what she is paying now.

Riley's mom, Melissa, also sent a letter to our office, a letter of desperation stating that her health insurance provider, the one she has always relied on, has now informed her that she will no

longer be covered after November 25. In her letter to our office, Melissa writes:

When my daughter or I purchase our own health care in an attempt to be self-sufficient in this country, we are penalized, not rewarded.

Mr. President, keep your promise. I can't believe for 3 years we have told people you can keep these policies, you don't have to worry about it, period. If you like your doctor, you can keep your doctor, period.

Now we find out that it was all just talk, and that is what this country is fed up with. They are tired of the talk that comes out of Washington. They want to have people start representing them. That is what we are here to do. Both sides of the aisle, ladies and gentlemen, both sides of the aisle. It is time to stop the spin.

I really feel sorry for the people who sit in the gallery here. We need to put seatbelts in. This room is spinning so fast sometimes, it is hard for them to walk straight when they walk out of here.

I tell you what. Our party will continue to commit ourselves to doing what is right for the American people.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. May I ask the gentleman from California how many speakers he has left?

Mr. WAXMAN. We have two speakers left.

Mr. UPTON. We just have two speakers as well, myself and Mrs. ELLMERS.

Mr. Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Mrs. ELLMERS).

Mrs. ELLMERS. Mr. Speaker, I rise today in support of H.R. 3350, the Keep Your Health Plan Act of 2013.

As my colleagues across the aisle have pointed out over and over and over again, the ACA is law, but it cannot simply be undone by the White House, and it does call on us in the Congress to do so.

Mr. Speaker, we women in this country make 80 percent of the health care decisions, and women in this country have now been told by the President and our Democratic colleagues that the health care choices that they have made to cover their families are not adequate. In fact, they are being called subpar, and they are trying to intervene. They are trying to keep the women in this country from providing that good, sound health care coverage for their families.

That is why we are voting on this bill today, Mr. Speaker. We are voting on it because these are good decisions that have been made by the American people, they are good decisions that have been made by the moms across this country for their families, and we need to do everything we can to protect that.

I call on my colleagues to vote "yes" on H.R. 3350, so that women in this

country can continue to do the good job they are doing for their families and provide good health care coverage.

Mr. WAXMAN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), the Democratic leader.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding, and I commend him for his great leadership in helping to pass the Affordable Care Act, honoring the vows of our Founders for liberty, the freedom to pursue their happiness. It is life, liberty, pursuit of happiness. A healthier life and freedom to pursue that happiness.

It is a funny thing when people talk about Washington, D.C., and how people don't get along well, we disagree. We have major disagreements on policy, and one of them is whether health care is a right for all in our country or a privilege for the few, but it doesn't take away from the fact that we are people and we serve in this institution, and we have some areas of agreement one day and the kaleidoscope changes the next day to the point where people are always surprised when I say to them, "I pray for the Congress every day, and on Sunday especially. I pray for our Republican colleagues, as well as our Democratic colleagues, as well as the President of the United States, Barack Obama or George W. Bush, or whoever he may be, because the success of the President and the success of all of us is a success for the American people, if we can work together to find common ground for the public good."

When I pray for all of us, I have wishes for us. I wish that my Republican colleagues could see how successful the Affordable Care Act is in California. I wish you could hear the stories of family after family after family being liberated, freed from the constraint of being job-locked because the family has a preexisting condition so that now they can follow their passion and not be chained by a policy, follow their passion to be self-employed, to start a business, or to change jobs.

I wish you could hear all of these stories. I wish you would not close your mind to them because this initiative has been transformative. I would have hoped that whatever had been proposed would be to strengthen or improve it, and we all have the humility to know that any bill, whatever our pride of involvement in it is, can be improved.

That is why it is particularly disappointing to come to the floor today to see a bill that says to the Affordable Care Act and all of these people with all of their stories, we are going to unravel this, we are going to unravel all of the good things, whether it is pre-existing conditions, ending that discrimination, whether it is lifetime limits, whether it is annual limits, whether it is being a woman no longer being a preexisting condition, whether it is for seniors or for kids 18-26 years old or for little children, even now, before the bill is fully enacted. So I hope and I pray, and I wish that our colleagues

could see the evidence and that the decisions would be evidence-based rather than politically motivated.

I think it is really important what this Congress does today. Each Member has to make his or her own decisions, but the fact is that in this body, our words weigh a ton and our votes are even weightier than that. I hope the message that comes out of this Congress is that there is a discussion going on, but there is a values decision that has been made in favor of the American people. If we have to thread a needle to get a result, let's do that, but let's not unravel the whole sweater because that would not be a comfort to the American people.

Let's act to strengthen, not weaken. Let's vote "no" on the Upton bill.

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

Mr. WAXMAN. Mr. Speaker, I yield the balance of my time to the gentleman from Pennsylvania (Mr. DOYLE), a very distinguished member of the Energy and Commerce Committee.

Mr. DOYLE. Mr. Speaker, let's think about where America was prior to the enactment of the Affordable Care Act.

There were 30 to 40 million of our citizens without insurance. People with preexisting conditions either couldn't get insurance or had to pay so much they couldn't afford their insurance. Women were being charged twice as much as men. People that had insurance had annual and lifetime caps.

Did you ever wonder why when you would see families holding fundraisers to raise money for their kid's drugs when a kid has cancer? These are people who had insurance and came up against the annual caps or lifetime caps, and the insurance company didn't pay any more. Half the families in America are filing bankruptcy. People with insurance up against caps, no more payments, families losing everything.

We put an end to that with the Affordable Care Act. How did we do that? We come up with a private system that required everybody to participate— young and old, rich and poor, healthy and sick. When you put everybody in that risk pool, healthy people help us enable the insurance industry to keep rates at an affordable rate for those people who have preexisting conditions and who have chronic diseases. That is how the system works.

What my colleague, Mr. UPTON, is proposing today unravels that system. Make no mistake about it. If we continue to allow private insurance companies to sell policies that discriminate against women, that set annual caps and lifetime caps, if we continue to allow all of those practices that 80 percent to 90 percent of Americans say they want in their health care system, then that risk pool goes away, rates go sky high, and you will have raised premiums for every American in this country.

I say to my colleagues, there are unforeseen circumstances we knew would

come up in this bill. I led the charge in my caucus. I told my caucus if the President doesn't come up with a fix, if our leadership doesn't have an alternative solution to this, many of us would consider voting for the Upton bill, as bad as it is, because it undermines the health care bill.

The good news is the President has responded. We will have a motion to recommit today that responds, and I want to make it clear that there is nothing in the Upton bill that mandates insurance companies to do this. This is a shallow bill.

In the end, let me just say, my friends, have some credibility. You introduced 102 bills, and you never put one of them on the floor for a vote. So don't pretend you care about the American people's health care here. You are just trying to repeal the Affordable Care Act. Democrats are not going to let you do that.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to others in the second person.

Mr. UPTON. Mr. Speaker, may I inquire as to how much time I have remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 2½ minutes remaining.

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

I say to my friend from Pennsylvania, we would have liked to have had some amendments when the Affordable Care Act passed. The rule denied us any amendments.

Why are we here this afternoon?

Most observers of the legislative process would say that the President's health care act would never have passed back in 2010 without the assurance that the President gave, even many times this year, that you could keep your health care if you liked it. If you liked it, you didn't have to do anything, period. I don't think it would have passed in this Chamber or in this Senate without that promise that the President gave.

Then, millions of Americans in the last couple of months have gotten mail. In that mail, there are the cancellation notices. They are seeing their rates go up 200 percent, 300 percent, even 400 percent. Deductibles are going up in the thousands of dollars. People were coming to us all last week when we were home for our veterans events and parades and all the things that we did. They were bringing those letters to us and saying, Hey, what is going on? I thought I could keep this?

Until yesterday afternoon, when it looked like we were going to get as many as 300 votes, including perhaps Mr. DOYLE's and others, when it looked like we were going to get 300 votes for a bill that we introduced only a week and a half ago, all of a sudden the President felt that he needed to act. It wasn't until this bill that he came to the mic and said, You know what? I made a mistake. I am sorry. Maybe this thing will fix it.

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But until then, he was going to sit on his hands and just watch us, watch millions of Americans literally watch their health care, watch maybe their economic lives, just go over the cliff. He was prepared to do that, until we showed that we had some bipartisan zip around here to try and, in fact, enforce, make whole his promise that he has said over and over and over again.

That is what this bill does. Read it. It is not too long, a couple of sentences long.

I commend our leadership for bringing this bill to the floor as fast as they can. Man, 5 or 6 legislative days from when it was introduced, that is pretty good.

More importantly, it got a wake-up call to someone down the street on Pennsylvania Avenue, saying, hey, something is wrong. Let's restore what we might have said. I urge my colleagues to vote "yes" on the bill.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in opposition to this unnecessary legislation. The President has stepped up to the plate, admitted he made a mistake, and took steps to remedy it. This legislation rolls back too many important provisions without doing anything good beyond what the President has already done.

I believe in the Affordable Care Act. This important legislation ended insurance company practices that prevented Americans from accessing quality health insurance. But, I am disappointed in how the law has been rolled out since October 1st. In fact, I think that we should extend open enrollment for an equal amount of time as the website has been down. Why are we not doing that today instead?

This law is too important to fumble the roll out. I represent an area that has one of the highest uninsured rates in the country. Our district also has one of the highest rates of people who have jobs but no health insurance. Before the ACA, the individual marketplace wasn't the right solution for our constituents and after the ACA, the individual marketplace is still not the right place.

The bill before us essentially restores the individual marketplace as it was prior to the ACA. It means insurance companies can refuse coverage because of pre-existing conditions and it means people can lose coverage because they have gotten too sick. I agree that we should allow people who are in the individual marketplace in 2013 and want to remain in it, to do so for another year.

But the bill today is yet another attempt to undo some of the best parts of this law: the minimum essential benefits and I cannot support it.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong opposition to H.R. 3350, the "Keep Your Health Plan Act of 2013." I oppose the bill for two reasons.

First, the Affordable Care Act health insurance plans offered by private insurance companies have 10 basic options that saves lives. Second, the legislation is unnecessary in light of the action taken yesterday by President Obama, which should satisfy the proponents of this legislation while at the same time minimizing the risk to the health and safety of

underinsured Americans, who are persons who have insurance but spend more than 10 percent of their income on out-of-pocket medical expenses.

Were it to become law, H.R. 3350 would jeopardize the life and health of those underinsured who purchase these plans this bill protects, even though health insurance plans are available that would in nearly every case provide more health coverage for less.

Mr. Speaker, the Affordable Care Act that the Republicans have tried for 46 times to end, delay or impede is working my constituents of the 18th Congressional District and the people of Texas.

Flora Alexandra Brewer of Fort Worth a real estate development business owner who works from home kept trying to sign into the website. She was determined to participate in the exchange. She said that her family had pre-existing conditions. Flora said that, "There's nothing more expensive out there on any of the websites that I have looked at than what I am currently paying for COBRA.

For the past 10 months, Flora has been paying nearly \$1,900 a month for health insurance for her, her husband and one of her sons. She knows that she will most likely not qualify for any subsidies, but she believes she will save around \$500 a month under the program commonly known as Obamacare.

Those potential savings motivate Brewer not to give up on the exchange.

On Wednesday, she called the toll free number listed on healthcare.gov. She spoke to a representative and enrolled in 15 minutes. She will soon receive an email and a packet in the mail detailing the policies and rates she and her family are eligible for."

Mark Sullivan, an Entrepreneur from Austin, enrolled in a Plan that reduces his monthly premiums by half, expands his coverage, and gave him the financial security to focus on his small business. "Mark now feels confident focusing on the success of his new consulting business, saying health insurance is 'one less thing I have to think about' as he pours his time and talent into this next major career move.

Mark also thinks the marketplace will make it possible for more people to start new businesses and wants to share his success with the larger entrepreneurial community in Austin. After comparing plans, Mark settled on a bronze option and added dental insurance. He will receive an \$82 per month subsidy, which will halve the monthly premium he will pay down to \$78."

Lucy after choosing from over 30 plans is saving \$2,300 a year on her premium and \$4,000 on her deductible, said that "I signed up at Healthcare.gov and I'm going to save \$2,300 a year on my premium alone—and more, because my deductible will drop from \$7,500 a year to \$3,000 a year. It's still Blue Cross insurance, and I don't have to change doctors, either. I had a choice of over 30 plans and several different companies."

Mr. Speaker, according to the Kaiser Commission on Medicaid and the Uninsured 47 million persons under the age of retirement were uninsured in 2012. Most of the uninsured are self-employed or employed by small businesses. Another 28 million people were enrolled in Medicaid or CHIP programs to gain access to health insurance.

The overwhelming majority (59 percent) of the insured receive their insurance through

employer health plans. However, one in six of the uninsured have at least one working person in their household.

Mr. Speaker, this is the cost of underinsurance in America—and this is what we can expect more of should H.R. 3350 become law. The express purpose of this bill is to allow underinsured persons to retain an inadequate "health insurance" plan on the ground that supposedly it is the plan the person "wants to keep."

Unfortunately, there is nothing in this bill that would provide consumer education on the inadequacies of the plan and that something much better is available. For example, there is no requirement in this bill for the insurer to notify the insured that health insurance provided through the exchange that provides more and better coverage for less money.

This means that under H.R. 3350 people will still have problems paying their medical bills, they will have high bills, and they will not be able to afford prescription medication or be hounded by medical bill collectors. Further, this bill would allow these health insurance plans to be sold to new customers who may not know about the potentially better options available on the health insurance exchanges.

The second reason for opposing this rule and bill is that it is unnecessary in view of the actions taken yesterday by President Obama. As the President announced, insurers will be permitted to offer consumers the option to renew their 2013 health plans in 2014, without change, allowing them to keep their plans. This should satisfy the proponents of the bill.

But the President went further than that because he recognizes that inadequate insurance is really no insurance at all. That is why the President conditioned the ability of insurers to offer plan renewals upon the following:

1. That insurers notify enrollees that they can purchase coverage through the Health Insurance Marketplace where they can potentially qualify for premium tax credits; and

2. Those insurers must inform consumers of the protections they are giving up to keep the plan they have.

Taken together, President Obama's actions are a tempered and measured response to the alleged problem that this bill seeks to remedy.

I fully applaud what the President has done.

There may be some who think the availability of the types of health care insurance that H.R. 3350 would protect is sufficient for Americans. I do not. Neither does President Obama. The majority of the American people do not. We believe, and the Affordable Care Act ensures, that healthcare should be available, accessible and adequate.

Mr. Speaker, adequate health plans have in common the inclusion of certain minimal benefits and services.

Mr. Speaker, my constituents in the 18th Congressional District of Texas favor the Affordable Care Act because they understand the insecurity and feeling of helplessness of being uninsured or underinsured. My home state of Texas has the highest percentage of uninsured (27.6 percent) in the nation, 4 percent more than Louisiana the next state on the list.

The state of Massachusetts, in contrast, boasts the lowest uninsured rate in the country (4 percent). This is because Massachusetts several years ago adopted the health insurance system upon which the Affordable Health Care Act is based.

Mr. Speaker, health care coverage must be not only available and affordable but also adequate in order for consumers to have the health security and financial protection they need and deserve. The Affordable Care Act satisfies these criteria; the bill before us does not. That is why we should reject this rule and the underlying bill.

H.R. 3350 is nothing more than the House Republicans' newest variation on their very old theme, which is to repeal, impede or undermine the Affordable Care Act. This bill is the 46th attempt by the Republicans to deprive the American people of the security and peace of mind that comes with health care that is affordable, accessible and adequate.

Of course we should not be surprised. After all, it was the House Republicans who shut down the Federal Government for 16 days and cost the economy \$24 billion while refusing to consider any legislation that would create jobs or address the real needs of the American people.

Mr. Speaker, the bill before is strongly opposed by a coalition of some of the nation's leading health and consumer organizations, including the following:

- Paralyzed Veterans of America.
- American Cancer Society Cancer Action Network.
- American Diabetes Association.
- American Federation of State, County and Municipal Employees (AFSCME).
- American Heart Association/American Stroke Association.
- American Music Therapy Association.
- The Arc of the United States.
- The Autistic Self Advocacy Network.
- Community Catalyst.
- Families USA.
- Health and Wholeness Ministries, Disciples Center for Public Witness.
- Health Care for America Now.
- National Alliance on Mental Illness.
- National Association of County Behavioral Health & Developmental Disability Directors.
- National Council of Jewish Women.
- National Partnership for Women & Families.

These groups oppose the bill for substantially the same reasons I have discussed. While sympathizing with consumers who are receiving notices from their insurance companies that their policies are not being renewed for next year because they do not comply with the ACA's consumer protections, the Coalition rightly observes that:

[T]he solution is not to allow for the continued sale of inadequate policies[.] Rather, we must educate consumers about their new health insurance options and ensure that notices being sent by insurers clearly inform them of the shortfalls with their current coverage and explain all of their options for finding better coverage.

I agree. Therefore, I urge all Members to join me in voting against this bill.

Mr. HOLT. Mr. Speaker, I rise in opposition to H.R. 3350. This bill has no purpose, other than to destroy the effort to provide excellent, affordable health care to Americans in every walk of life. Yesterday, the President provided a workable solution to allow insurance companies to continue to offer existing policies to people who want to keep their policies. But the Upton bill we are considering today would allow both those that had these plans, and those that did not, to obtain care under these plans. Especially, people could buy plans that

don't really offer much "insurance" at all should anyone in their family get sick.

The comprehensive health care reform legislation we passed in 2010 was a sincere and honorable effort to provide every American with access to affordable and quality health coverage. The law was designed to ensure that health coverage would include access to free preventive services, and would also be robust enough to actually help an individual afford critical, life-saving care should they fall ill.

The legislation that we are considering today accomplishes none of those goals. H.R. 3350 would allow insurance companies to continue to sell and attract new customers to substandard health plans that offer little protection.

I have received calls and letters from constituents over the past several weeks who share with me their frustration that their health plan has been cancelled. And I sympathize with them. They tell me in complete sincerity that they like these plans—after all, they are not used to having any choice. They think their previous insurance plan is all they can afford. But under the Affordable Care Act they now have the ability to buy real insurance that will not drop them when their kid gets sick or require them to a huge deductible and with government subsidies in an active insurance marketplace, most will probably save money on their premiums.

But I have also heard from constituents who have fallen ill, and during that time of personal turmoil, learn that their insurance does not cover the treatment they need. Their "Basic and Essential Plan," as they're called in New Jersey, does not cover their basic or essential needs. They are on their own, and they will have to pay out-of-pocket for the chemotherapy, hospital tests, or physical therapy their doctor ordered.

Prior to health reform, in 2007, more than 60 percent of all bankruptcies were a result of illness and medical bills, and nearly 80 percent of those who filed for medical bankruptcy were insured.

We passed the Affordable Care Act not only to extend coverage to the 48 million uninsured Americans, but also to improve insurance for the millions more Americans who are underinsured. H.R. 3350 would undermine the Affordable Care Act by allowing new, additional customers to purchase health insurance that provides limited protection, and little prevention. It would result in even more Americans becoming underinsured and lead to additional family's filing for medical bankruptcy.

Many parts of the ACA are working and have very beneficial effects for ordinary Americans—removing caps that cut off coverage even in the middle of critical treatments, allowing 25 year olds who are trying to get on their feet professionally to stay on their parent's policies, guaranteeing equally good coverage at equal cost for women, increasing access to preventive care, and other things. I would hope the sponsors of this bill would devote their best efforts to making the remaining parts of the legislation work. That is what they owe their constituents, rather than trying to destroy this sincere, honorable effort to make health care as good as possible in America.

The rollout of the health insurance Marketplace has not been smooth, and I am as frustrated as everyone else, but the potential for Americans to gain affordable and comprehensive coverage is still enormous. Nearly one

million New Jerseyans lack health insurance, and there are still many more underinsured. I am committed to protecting the provisions of health care reform so that New Jerseyans have access to health coverage that is affordable, comprehensive, and reliable. Therefore, I urge my colleagues to join me in opposing this bill and get to work on implementing the Affordable Care Act so Americans have access to better health care coverage.

Mr. POSEY. "Mr. Speaker, "As a direct result of the health care law, 10 million Americans risk having their health insurance plans cancelled. Tens of millions more are seeing their costs go up and coverage changed, and they are losing access to their doctors and health care networks.

"I get messages daily from my constituents who have had their policies cancelled, seen 200%—400% increases in their health insurance premiums, or who have been cut to part-time work because of the new law. They are finding the Affordable Care Act (ACA) to be unaffordable for their families.

"Today the House will consider bipartisan legislation that will help reverse these effects of this law for many Americans, providing relief to some of those who have been harmed.

"The sad reality is that the ACA is inherently flawed and unworkable, and this reality is starting to catch-up with Americans across this nation. The broken website is just the tip of the disastrous iceberg as the law has fundamental and costly flaws.

"The fact that the Administration has now decided to waive ACA mandates is testimony to the fact that the health care law is directly responsible for millions of Americans losing their coverage, huge increases in health care premiums, along with the loss of access to doctors and hospital networks. There would be no need for the Administration to waive the health care law if the law was not the problem.

"Unfortunately, the Administration's proposal falls short by only providing a short-term waiver of the mandates. If it's so bad, then we really should be addressing the fundamental flaws, not simply trying to get beyond the next election. The only way to fix this situation, which will get worse, is for Washington to scrap this law and start over in a transparent process with bipartisan reforms that respect individual freedom and fairness."

Mr. CONNOLLY. Mr. Speaker, today the House considered a bill introduced by Rep. FRED UPTON deceptively titled the "Keep Your Health Plan Act of 2013." The bill actually does nothing to address the situation in which some individuals have had their coverage canceled by their insurance provider. Rather this bill would allow insurance companies to continue selling substandard insurance plans to anyone, even those who currently do not have any insurance, on the open market without the new benefits or protections of the Affordable Care Act (ACA).

In contrast, President Obama has put forth a reasonable solution that extends the grandfathering provision of the law. Under that provision, insurance plans in place on March 23, 2010, the date the ACA was signed into law, are considered grandfathered. At issue now are those plans issued since then that do not meet the minimum standards of the ACA. This week, the President announced an extension of the grandfathering provisions that will empower insurance companies and state commissioners of insurance to allow those older

plans to continue to be offered for one more year. If the insurance companies decide to continue offering those plans, they must notify all individuals who have received a cancellation notice and anyone else at risk of receiving one to inform them of their right to continue their previous coverage so long as the insurer discloses what benefits and protections—such as caps on premiums and out-of-pocket expenses, free preventive care, or guaranteed coverage for pre-existing conditions—will not be provided. They also have to inform these individuals of their right to pursue new coverage that does include the wide range of consumer protections and reforms through the health insurance exchanges.

The reason I voted for and continue to support the ACA is precisely because of those consumer and patient protection reforms. We cannot allow Americans to be subjected to capricious cancellations, lifetime limits on their coverage, no coverage or unaffordable coverage because of pre-existing conditions, and higher premiums based on gender for the same basic coverage. Enrollment in the new insurance plans is increasing with each passing day along with reports of people being pleasantly surprised that they can in fact find insurance plans with premiums that are comparable to, or in many cases less than, their current coverage, and we expect that to continue.

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

Pursuant to House Resolution 413, the previous question is ordered on the bill.

The question is on 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. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk.

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

Mr. ANDREWS. I am opposed to the bill.

Mr. UPTON. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order from the gentleman from Michigan has been reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 3350 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Consumer Health Plan Protection Act of 2013".

SEC. 2. MAINTAINING EXISTING COVERAGE.

(a) IN GENERAL.—Notwithstanding any provision of the Patient Protection and Affordable Care Act (including any amendment made by such Act or by the Health Care and Education Reconciliation Act of 2010), in the case of health insurance coverage offered by a health insurance issuer in the individual market that is in effect for an individual as of October 1, 2013, the issuer may continue such coverage for such individual for a plan year beginning in 2014 in such market outside of an Exchange established under section 1311 or 1321 of such Act (42 U.S.C. 18031, 18041).

(b) TREATMENT AS GRANDFATHERED HEALTH PLAN IN SATISFACTION OF MINIMUM ESSENTIAL COVERAGE.—Health insurance coverage described in subsection (a) shall be treated as a grandfathered health plan for purposes of the amendment made by section 1501(b) of the Patient Protection and Affordable Care Act.

(c) NOTICE.—As a condition for a health insurance issuer to continue health insurance coverage under subsection (a), the issuer shall provide for notice to each individual to be offered such continued coverage (and for other individuals covered under health insurance coverage offered by such issuer for whom such continued coverage is not offered) prompt notice of the following:

(1) The health insurance coverage options available to the individual through the Marketplace under the Patient Protection and Affordable Care Act and how to exercise such options.

(2) The premium and cost-sharing assistance available for coverage obtained through such Marketplace.

(3) The consumer protections provided under such Act that are not provided under the continuing health insurance coverage.

SEC. 3. REQUIRING STATE INSURANCE COMMISSIONERS TO INVESTIGATE INSTANCES OF INADEQUATE NOTICES OF CANCELLATION OR CONVERSION OF INDIVIDUAL HEALTH INSURANCE POLICIES.

(a) IN GENERAL.—Each State insurance commissioner shall investigate and take appropriate administrative or other actions (such as the imposition of a fine) on cases of inadequate notices of cancellations or conversions of health insurance coverage in the individual market that take effect on or after January 1, 2014.

(b) INADEQUATE NOTICE.—In this section, a notice of the cancellation or conversion of individual health insurance coverage shall be treated as inadequate if the notice—

(1) fails to contain information—

(A) on obtaining health insurance coverage through an Exchange under the Patient Protection and Affordable Care Act;

(B) on the possible availability of assistance under such Act towards payment of the premiums and cost-sharing for such coverage; and

(C) on the improved benefits for coverage through an Exchange, compared to health insurance coverage not offered through an Exchange;

(2) fails to be transparent by inappropriately steering individuals to more expensive plans provided by the cancelling issuer; or

(3) fails to otherwise comply with requirements of law.

(c) REPORTS.—

(1) STATE COMMISSIONERS TO HHS.—Not later than March 31, 2014, each State insurance commissioner shall submit to the Secretary of Health and Human Services a report on the investigations and actions described in subsection (a).

(2) HHS REPORT TO CONGRESS.—Not later than April 30, 2014, the Secretary shall submit to Congress a report on such investigations and actions.

(d) DEFINITIONS OF STATE, HEALTH INSURANCE COVERAGE, AND INDIVIDUAL MARKET.—In this section, the terms “State”, “health insurance coverage”, and “individual market” have the meanings given such terms for purposes of title I of the Patient Protection and Affordable Care Act.

SEC. 4. PROTECTION OF CONSUMERS FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.

(a) PROTECTION FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—The first section 2794 of the Public Health Service Act (42 U.S.C. 300gg-94), as added by section 1003 of the Patient Protection and

Affordable Care Act (Public Law 111-148), is amended by adding at the end the following new subsection:

“(e) PROTECTION FROM EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—

“(1) AUTHORITY OF STATES.—Nothing in this section shall be construed to prohibit a State from imposing requirements (including requirements relating to rate review standards and procedures and information reporting) on health insurance issuers with respect to rates that are in addition to the requirements of this section and are more protective of consumers than such requirements.

“(2) CONSULTATION IN RATE REVIEW PROCESS.—In carrying out this section, the Secretary shall consult with the National Association of Insurance Commissioners and consumer groups.

“(3) DETERMINATION OF WHO CONDUCTS REVIEWS FOR EACH STATE.—The Secretary shall determine, after the date of enactment of this section and periodically thereafter, the following:

“(A) In which markets in each State the State insurance commissioner or relevant State regulator shall undertake the corrective actions under paragraph (4), as a condition of the State receiving the grant in subsection (c), based on the Secretary’s determination that the State regulator is adequately undertaking and utilizing such actions in that market.

“(B) In which markets in each State the Secretary shall undertake the corrective actions under paragraph (4), in cooperation with the relevant State insurance commissioner or State regulator, based on the Secretary’s determination that the State is not adequately undertaking and utilizing such actions in that market.

“(4) CORRECTIVE ACTION FOR EXCESSIVE, UNJUSTIFIED, OR UNFAIRLY DISCRIMINATORY RATES.—In accordance with the process established under this section, the Secretary or the relevant State insurance commissioner or State regulator shall take corrective actions to ensure that any excessive, unjustified, or unfairly discriminatory rates are corrected prior to implementation, or as soon as possible thereafter, through mechanisms such as—

“(A) denying rates;

“(B) modifying rates; or

“(C) requiring rebates to consumers.

“(5) NONCOMPLIANCE.—Failure to comply with any corrective action taken by the Secretary under this subsection may result in the application of civil monetary penalties and, if the Secretary determines appropriate, make the plan involved ineligible for classification as a Qualified Health Plan.”

(b) CLARIFICATION OF REGULATORY AUTHORITY.—Such section is further amended—

(1) in subsection (a)—

(A) in the heading, by striking “PREMIUM” and inserting “RATE”;

(B) in paragraph (1), by striking “unreasonable increases in premiums” and inserting “potentially excessive, unjustified, or unfairly discriminatory rates, including premiums;” and

(C) in paragraph (2)—

(i) by striking “an unreasonable premium increase” and inserting “a potentially excessive, unjustified, or unfairly discriminatory rate”;

(ii) by striking “the increase” and inserting “the rate”; and

(iii) by striking “such increases” and inserting “such rates”;

(2) in subsection (b)—

(A) by striking “premium increases” each place it appears and inserting “rates”; and

(B) in paragraph (2)(B), by striking “premium” and inserting “rate”; and

(3) in subsection (c)(1)—

(A) in the heading, by striking “PREMIUM” and inserting “RATE”;

(B) by inserting “that satisfy the condition under subsection (e)(3)(A)” after “award grants to States”; and

(C) in subparagraph (A), by striking “premium increases” and inserting “rates”.

(c) CONFORMING AMENDMENT.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2723 (42 U.S.C. 300gg-22), as redesignated by the Patient Protection and Affordable Care Act—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2), by inserting “or section 2794” after “this part”; and

(B) in subsection (b)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2)—

(I) in subparagraph (A), by inserting “or section 2794 that is” after “this part”; and

(II) in subparagraph (C)(ii), by inserting “or section 2794” after “this part”; and

(2) in section 2761 (42 U.S.C. 300gg-61)—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “and section 2794” after “this part”; and

(ii) in paragraph (2)—

(I) by inserting “or section 2794” after “set forth in this part”; and

(II) by inserting “and section 2794” after “the requirements of this part”; and

(B) in subsection (b)—

(i) by inserting “and section 2794” after “this part”; and

(ii) by inserting “and section 2794” after “part A”.

(d) APPLICABILITY TO GRANDFATHERED PLANS.—Section 1251(a)(4)(A) of the Patient Protection and Affordable Care Act (Public Law 111-148), as added by section 2301 of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), is amended by adding at the end the following:

“(v) Section 2794 (relating to reasonableness of rates with respect to health insurance coverage).”

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary.

(f) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of enactment of this Act and shall be implemented with respect to health plans beginning not later than January 1, 2014.

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

Mr. UPTON. Mr. Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

The Clerk will continue to read.

The Clerk continued to read.

Mr. UPTON (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the motion.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes in support of his motion. (Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, and my colleagues, we have listened to the many stories told by people this morning with great empathy about people

who got a cancellation notice and want to keep the policy that they have.

The issue before the House is whether we want to solve the problem or create another problem. That is the issue. If we want to work together, as we should, to solve the problem of Americans receiving cancellation notices and not being able to keep policies that they have, it requires us to do three things.

First, we have to legally authorize insurance companies to offer these policies on into the future. The Democratic plan which I have proposed does that and, frankly, so does Mr. UPTON's bill.

The second thing that we have to do, though, is make sure that the insurance companies offer the plans for sale. It really does you no good at all if you have the right to buy a plan that the insurance company refuses to sell.

Mr. UPTON's bill is mute on that point. It might be called the "Insurance Companies Bill of Rights" because they have the right to do or not do anything they choose, but the people that we all say that we want to protect really have no rights at all. This is an important distinguishing point in the plan that I am offering now, and I would urge everyone to support.

We have drawn from language offered by my friend from Illinois (Ms. SCHAKOWSKY) which requires State insurance commissioners around this country to be vigilant protectors of consumers, rather than corporate apologists for insurance companies.

Our plan says that if someone's cancellation was arbitrary and thoughtless and unfair, the insurance commissioner must act and protect the people that we heard read in those letters today.

Our plan says that if rate increases are discriminatory, if you got a rate increase because you are a woman who is pregnant, or you got a rate increase because you had skin cancer, or breast cancer, or diabetes, that the insurance commissioner must act and protect the consumer against that indignity.

It does you no good that this bill is called the "Keep Your Insurance If You Want To Bill." It should be called the "Keep Your Insurance If You Want To And The Insurance Company Allows You To Bill." We are correcting that wrong and remedying that wrong with our plan.

Thirdly, it doesn't do any good to give people the chance to renew their plans if that renewal results in a huge premium increase for everyone else in the country. That is what the underlying bill does.

The underlying bill says that these plans, which I would really equate to selling an automobile with no airbags and no seatbelts—now, our plan says, look, if you want to keep driving a car with no airbags and no seatbelts, you can keep driving, but people can't sell a car with no airbags and no seatbelts to a new consumer, which is what the underlying bill permits.

Now, when that happens, here is what is going to happen. People in the new State marketplaces are going to see a huge increase in their premiums. People who get covered at work are going to see a huge increase in their premiums. It is going to spill over to Medigap policies for seniors and people on Medicare.

The bill really should be called the "Guaranteed Premium Increase Act of 2013" because that is what it is.

Our bill corrects that by saying, let's help the people we say we want to try to help, people who like their plan and want to keep it, not everyone that the insurance company could dupe or lure into buying a car with no airbag and no seatbelts.

Finally, working together means not forgetting about some other people who write letters we haven't heard much about today, the family that Mr. DOYLE talked about, whose daughter has cancer, who has an insurance policy, but has to have a beef and beer or a golf tournament to raise money to pay their bills. I want to help that person and not repeal the Affordable Care Act.

How about the woman who had breast cancer 10 years ago and can now be told, we are sorry, you can't buy an insurance policy. You have got to pay more if you do. I want to help her by banning discrimination based on pre-existing conditions.

If we really want to work together, let's adopt this plan. Let's really help the people we say we are trying to help, and not the insurance industry of the United States of America.

I yield back the balance of my time.

POINT OF ORDER

Mr. UPTON. Mr. Speaker, I regret that I do insist on the point of order.

In my opinion, the pending amendment violates clause 7 of rule XVI of the rules of the House which requires that an amendment be germane to the matter it is amending. It is not germane to the bill because section 3 imposes a mandate on State insurance commissioners, and section 4 amends the Public Health Service Act which is, in fact, beyond the scope of the base text.

The SPEAKER pro tempore. Does any Member wish to speak to the point of order?

Mr. ANDREWS. I do, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized to speak to the point of order.

Mr. ANDREWS. Mr. Speaker, my understanding is my friend, the chairman's objection is based on the principle of germaneness. The underlying bill, by its very title, purports to protect Americans who have received a cancellation notice for a policy that they want to keep.

Now, there is a disagreement here over how to protect those Americans. The underlying bill does not have requirements that State insurance commissioners act to protect those individuals. Our plan does. Our plan does.

This is a disagreement over the means to protect American consumers. The underlying bill says we will trust the insurance industry. Our bill says, no, we will enforce the insurance laws.

I would respectfully submit this does not rise to a difference in germaneness. This is a difference of opinion. The bill on the floor purports to protect the Americans that I talked about. We think it doesn't. Our plan does protect those Americans in a different way.

The underlying subject matter of this bill is how do you protect Americans who wish to keep the insurance plan that they have. We believe we have a more effective way of doing that. The majority disagrees. The House deserves a vote on that. No technicality, no procedural nicety should deny us the chance to take a vote on whose plan is right. We should proceed with this vote.

The SPEAKER pro tempore. Does any other Member wish to speak to the point of order?

Seeing none, the Chair is prepared to rule.

The gentleman from Michigan makes a point of order that the instructions proposed in the motion to recommit offered by the gentleman from New Jersey are not germane.

Clause 7 of rule XVI, the germaneness rule, provides that no proposition on a subject different from that under consideration shall be admitted under color of amendment.

The bill permits health insurance issuers that offered health insurance coverage in the individual market on January 1, 2013, to continue to make such coverage available for sale during 2014.

The amendment proposed in the motion to recommit, in pertinent part, requires State insurance commissioners to examine notices of health insurance cancellations or conversions. It also addresses the regulation of health insurance rates. Specifically, the amendment delineates what would constitute inadequate notice of cancellation or conversions of health insurance coverage, and directs State insurance commissioners to investigate such cases of inadequate notice. Additionally, it permits the Secretary of Health and Human Services or the relevant State insurance regulator to take corrective actions if health insurance rates are determined to be excessive, unjustified, or unfairly discriminatory. Such corrective action may include the assessment of civil monetary penalties.

The bill does not address any of these subject matters. Instead, it is confined to the subject matter of extending into 2014 the authority to offer health insurance coverage that was for sale on the individual market in 2013.

The Chair finds that the amendment proposed in the motion to recommit goes beyond the subject matter of the underlying bill. It is therefore not germane. The point of order is sustained.

Mr. ANDREWS. Mr. Speaker, I respectfully appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

Mr. UPTON. Mr. Speaker, I move to table the appeal of the ruling of the Chair.

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on the motion to table will be followed by a 5-minute vote on passage of the bill, if arising without further proceedings in recommittal.

The vote was taken by electronic device, and there were—yeas 229, nays 191, not voting 10, as follows:

[Roll No. 585]

YEAS—229

Aderholt	Gardner	McKinley
Amash	Garrett	McMorris
Amodi	Gerlach	Rodgers
Bachmann	Gibbs	Meadows
Bachus	Gibson	Meehan
Barletta	Gingrey (GA)	Messer
Barr	Gohmert	Mica
Barton	Goodlatte	Miller (FL)
Benishke	Gowdy	Miller (MI)
Bentivolio	Graves (GA)	Miller, Gary
Bilirakis	Graves (MO)	Mullin
Bishop (UT)	Griffin (AR)	Mulvaney
Black	Griffith (VA)	Murphy (PA)
Blackburn	Grimm	Neugebauer
Boustany	Guthrie	Noem
Brady (TX)	Hall	Nugent
Bridenstine	Hanna	Nunes
Brooks (AL)	Harper	Nunnelee
Brooks (IN)	Harris	Olson
Broun (GA)	Hartzler	Palazzo
Buchanan	Hastings (WA)	Paulsen
Buchson	Heck (NV)	Pearce
Burgess	Hensarling	Perry
Calvert	Herrera Beutler	Petri
Camp	Holding	Pittenger
Cantor	Hudson	Pitts
Capito	Huelskamp	Poe (TX)
Carter	Huizenga (MI)	Pompeo
Cassidy	Hultgren	Posey
Chabot	Hunter	Price (GA)
Chaffetz	Hurt	Radel
Coble	Issa	Reed
Coffman	Jenkins	Reichert
Cole	Johnson (OH)	Renacci
Collins (GA)	Johnson, Sam	Ribble
Collins (NY)	Jordan	Rice (SC)
Conaway	Joyce	Rigell
Cook	Kelly (PA)	Roby
Cotton	King (IA)	Roe (TN)
Cramer	King (NY)	Rogers (AL)
Crawford	Kingston	Rogers (KY)
Crenshaw	Kinzinger (IL)	Rogers (MI)
Culberson	Kline	Rohrabacher
Daines	Labrador	Rokita
Davis, Rodney	LaMalfa	Rooney
Denham	Lamborn	Ros-Lehtinen
Dent	Lance	Roskam
DeSantis	Lankford	Ross
DesJarlais	Latham	Rothfus
Diaz-Balart	Latta	Royce
Duffy	LoBiondo	Ryunan
Duncan (SC)	Long	Ryan (WI)
Duncan (TN)	Lucas	Salmon
Ellmers	Luetkemeyer	Sanford
Farenthold	Lummis	Scalise
Fincher	Marchant	Schock
Fitzpatrick	Marino	Schrader
Fleischmann	Massie	Schweikert
Fleming	Matheson	Scott, Austin
Flores	McCarthy (CA)	Sensenbrenner
Forbes	McCauley	Sessions
Fortenberry	McClintock	Shimkus
Fox	McHenry	Shuster
Franks (AZ)	McIntyre	Simpson
Frelinghuysen	McKeon	Smith (MO)

Smith (NE)	Tipton	Whitfield
Smith (NJ)	Turner	Williams
Smith (TX)	Upton	Wilson (SC)
Southerland	Valadao	Wittman
Stewart	Wagner	Wolf
Stivers	Walberg	Womack
Stockman	Walden	Woodall
Stutzman	Walorski	Yoder
Terry	Weber (TX)	Yoho
Thompson (PA)	Webster (FL)	Young (AK)
Thornberry	Wenstrup	Young (IN)
Tiberi	Westmoreland	

NAYS—191

Andrews	Grayson	Nolan
Barber	Green, Al	O'Rourke
Barrow (GA)	Green, Gene	Owens
Bass	Grijalva	Pallone
Beatty	Gutiérrez	Pascrell
Bera (CA)	Hahn	Pastor (AZ)
Bishop (GA)	Hanabusa	Payne
Bishop (NY)	Hastings (FL)	Pelosi
Blumenauer	Heck (WA)	Perlmutter
Bonamici	Higgins	Peters (CA)
Brady (PA)	Himes	Peters (MI)
Braley (IA)	Hinojosa	Peterson
Brown (FL)	Holt	Pingree (ME)
Brownley (CA)	Honda	Pocan
Bustos	Horsford	Polis
Butterfield	Hoyer	Price (NC)
Capps	Huffman	Quigley
Capuano	Israel	Rahall
Cárdenas	Jackson Lee	Rangel
Carney	Jeffries	Richmond
Carson (IN)	Johnson (GA)	Roybal-Allard
Cartwright	Johnson, E. B.	Ruiz
Castor (FL)	Kaptur	Ruppersberger
Castro (TX)	Keating	Ryan (OH)
Chu	Kelly (IL)	Sánchez, Linda
Cicilline	Kennedy	T.
Clarke	Kildee	Sanchez, Loretta
Clay	Kilmer	Sarbanes
Cleaver	Kind	Schakowsky
Clyburn	Kirkpatrick	Schiff
Cohen	Kuster	Schneider
Connolly	Langevin	Schwartz
Conyers	Larsen (WA)	Scott (VA)
Cooper	Larson (CT)	Scott, David
Costa	Lee (CA)	Serrano
Courtney	Levin	Sewell (AL)
Crowley	Lewis	Shea-Porter
Cuellar	Lipinski	Sherman
Cummings	Loeb sack	Sinema
Davis (CA)	Lofgren	Slaughter
Davis, Danny	Lowenthal	Smith (WA)
DeFazio	Lowe	Speier
DeGette	Lujan Grisham	Swalwell (CA)
Delaney	(NM)	Takano
DeLauro	Luján, Ben Ray	Thompson (CA)
DeBene	(NM)	Thompson (MS)
Deutch	Lynch	Tierney
Dingell	Maffei	Titus
Doggett	Maloney,	Tonko
Doyle	Carolyn	Van Hollen
Duckworth	Maloney, Sean	Vargas
Edwards	Matsui	Veasey
Ellison	McCollum	Vela
Engel	McDermott	Velázquez
Enyart	McGovern	Visclosky
Eshoo	McNerney	Walz
Esty	Meeke	Wasserman
Farr	Meng	Schultz
Fattah	Michaud	Waters
Foster	Moore	Watt
Frankel (FL)	Moran	Waxman
Fudge	Murphy (FL)	Welch
Gabbard	Nadler	Wilson (FL)
Gallego	Napolitano	Yarmuth
Garamendi	Neal	
Garcia	Negrete McLeod	

NOT VOTING—10

Becerra	Jones	Sires
Campbell	McCarthy (NY)	Tsongas
Gosar	Miller, George	
Granger	Rush	

□ 1307

Messrs. GARAMENDI, DEUTCH, BLUMENAUER, OWENS, LARSEN of Washington, BEN RAY LUJÁN of New Mexico, and Ms. WILSON of Florida changed their vote from “yea” to “nay.”

Messrs. ROE of Tennessee, TERRY, JORDAN, BARTON, TIBERI, MURPHY of Pennsylvania, KING of New York,

CANTOR, and McINTYRE changed their vote from “nay” to “yea.”

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

A motion to reconsider was laid on the table.

MOTION TO RECOMMIT

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

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

Mr. ANDREWS. I am opposed to the bill.

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

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 3350 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Consumer Health Plan Protection Act of 2013”.

SEC. 2. MAINTAINING EXISTING COVERAGE.

(a) IN GENERAL.—Notwithstanding any provision of the Patient Protection and Affordable Care Act (including any amendment made by such Act or by the Health Care and Education Reconciliation Act of 2010), in the case of health insurance coverage offered by a health insurance issuer in the individual market that is in effect for an individual as of October 1, 2013, the issuer may continue such coverage for such individual for a plan year beginning in 2014 in such market outside of an Exchange established under section 1311 or 1321 of such Act (42 U.S.C. 18031, 18041).

(b) TREATMENT AS GRANDFATHERED HEALTH PLAN IN SATISFACTION OF MINIMUM ESSENTIAL COVERAGE.—Health insurance coverage described in subsection (a) shall be treated as a grandfathered health plan for purposes of the amendment made by section 1501(b) of the Patient Protection and Affordable Care Act.

(c) NOTICE.—As a condition for a health insurance issuer to continue health insurance coverage under subsection (a), the issuer shall provide for notice to each individual to be offered such continued coverage (and for other individuals covered under health insurance coverage offered by such issuer for whom such continued coverage is not offered) prompt notice of the following:

(1) The health insurance coverage options available to the individual through the Marketplace under the Patient Protection and Affordable Care Act and how to exercise such options.

(2) The premium and cost-sharing assistance available for coverage obtained through such Marketplace.

(3) The consumer protections provided under such Act that are not provided under the continuing health insurance coverage.

(d) CONSTRUCTION REGARDING NOTICES OF CANCELLATION OR CONVERSION.—

(1) IN GENERAL.—Nothing in this section shall be construed to prevent the Secretary of Health and Human Services from requiring State insurance commissioners—

(A) to investigate and take appropriate administrative or other actions (such as the imposition of a fine) on cases of inadequate notices of cancellations or conversions of health insurance coverage in the individual market that take effect on or after January 1, 2014; and

(B) to submit to the Secretary reports on the investigations and actions so taken.

(2) INADEQUATE NOTICE.—In this subsection, a notice of the cancellation or conversion of individual health insurance coverage shall be treated as inadequate if the notice—

(A) fails to contain information contained in subsection (c);

(B) fails to be transparent by inappropriately steering individuals to more expensive plans provided by the cancelling issuer; or

(C) fails to otherwise comply with requirements of law.

(e) CONSTRUCTION REGARDING PROTECTION AGAINST DISCRIMINATORY RATES.—Nothing in this section shall be construed as preventing the Secretary or the relevant State insurance commissioner or State regulator from taking corrective actions to ensure that any excessive, unjustified, or unfairly discriminatory rates for the continued coverage offered under subsection (a) are corrected prior to renewal.

(f) CONSTRUCTION REGARDING PREMIUM PROTECTION.—Nothing in this section shall be construed as preventing the Secretary from using all available tools to ensure that Marketplace premiums are not adversely affected by the operation of this section.

Mr. UPTON (during the reading). Mr. Speaker, I reserve a point of order.

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

The gentleman from New Jersey is recognized for 5 minutes in support of his motion.

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. We come here as stewards of a very sacred trust—to look after the people that are the backbone of this country. We are having this debate this afternoon because we have all heard from men and women across this country who are very upset that an insurance policy that they want to keep has been canceled.

□ 1315

These constituents are very upset and very troubled, and we are brought here to work together to figure out a solution to that problem.

What is the solution?

First of all, they ought to have the ability to have their insurance companies offer them the policies for sale. Frankly, the underlying bill does that, and so does the plan that I am presenting.

Secondly, there ought to be some way that the insurance companies are given some incentive at the very at least, direction, to sell the policy. It doesn't do you a whole lot of good to have the right to buy a policy that the insurance company is not selling, and this plan has some measures which make it more likely that insurance companies would do that.

Thirdly, to solve that person's problem, we have to make sure that in solving his problem we are not creating another one; that by permitting these policies to be sold for another year, which this does, that we are not spiking the premiums of people in the exchange marketplaces or of people who get their insurance through work.

I have heard a number of Members say that they want a chance for us to work together to solve this problem.

Here is that chance because this plan does the three things that I just talked about, but this plan, I think, is different than the underlying bill because this is not a step to unravel the Affordable Care Act; it is a step to improve it—which is the fundamental question, and there are some other people whose stories ought to be told here this afternoon, too.

There is a family this weekend that is having a social to raise money to pay the medical bills for their son or daughter who has cancer, because the insurance policy they thought they had stopped paying their son's or daughter's bills. Their voice should be heard. If you repeal the Affordable Care Act, their voice is silenced.

There are women in this country who go to try to start a business. They try to buy an insurance policy, and they are told, We won't sell you one because you had children or you are a female or you had breast cancer 10 years ago. If you repeal the Affordable Care Act, her voice is silenced.

Mr. Speaker, there are sons and daughters of Americans who are 22, 23 years old who didn't have health insurance before because they couldn't get that first full-time job who now have health insurance because they are on their moms' or dads' policies. If you repeal the Affordable Care Act, their voices will be silenced.

There are senior citizens who used to run out of drug coverage, prescription coverage, around Labor Day because the Medicare doughnut hole popped up. Because of the Affordable Care Act, they are now able to buy their prescriptions at an affordable price and are now able to pay their prescription bills until the end of the year. If you repeal the Affordable Care Act, their voices are silenced.

We come here this afternoon to solve the problem of Americans who want to keep their coverage but who have had it canceled. We want to work together to solve that problem. That is what this plan does.

When we look at women being turned away because of preexisting conditions, we will not be silenced. When we look at 22-year-olds who will lose their coverage if you repeal the Affordable Care Act, we will not be silenced. When you look at seniors who will lose the ability to pay their prescription drugs if you repeal the ACA, we will not be silenced.

We are here to solve problems, not to create them. If you want to work together in a way that improves this law, we are your able and willing partner, but if the intention is to unravel this protection for the American people, we will stand, we will speak, we will fight, and we will oppose every such effort.

Vote "yes" for this motion and "no" on the underlying bill.

Mr. UPTON. Mr. Speaker, I withdraw my point of order and seek time in opposition to the motion to recommit.

The SPEAKER pro tempore. The point of order is withdrawn.

The gentleman from Michigan is recognized for 5 minutes.

Mr. UPTON. Mr. Speaker, the debate today on whether to support this bill comes down to a very simple question: Why not?

If millions of Americans want the choice of keeping the insurance that they have, why not?

If you believe Congress acting together, not the President acting unilaterally, should try to help people who have lost their coverage, why not?

If you believe that ordinary Americans, not the Federal Government, should decide what their insurance plans look like, why not?

We have a chance today to provide hope to millions of Americans who got that cancellation notice, hope that they can keep the insurance that they like, hope that they are going to have even more choices, and hope that they, not the Federal Government, can pick what their insurance plans actually look like.

So let me be clear.

Our bill, H.R. 3350, does not fix ObamaCare, the President's health care bill. It is only an attempt to help people harmed by this law. But if we can provide some relief to people from this disaster, why not?

Let's defeat the motion to recommit and pass the underlying bill.

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 yeas appeared to have it.

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

The yeas and nays were 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.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 187, nays 230, not voting 13, as follows:

[Roll No. 586]

YEAS—187

Andrews	Chu	Dingell
Barber	Cicilline	Doggett
Barrow (GA)	Clarke	Doyle
Bass	Clay	Duckworth
Beatty	Cleaver	Edwards
Bera (CA)	Clyburn	Ellison
Bishop (GA)	Cohen	Engel
Bishop (NY)	Connolly	Enyart
Blumenauer	Conyers	Eshoo
Bonamici	Cooper	Esty
Brady (PA)	Costa	Farr
Braley (IA)	Courtney	Fattah
Brown (FL)	Crowley	Poster
Brownley (CA)	Cuellar	Frankel (FL)
Bustos	Cummings	Fudge
Capps	Davis (CA)	Gabbard
Capuano	Davis, Danny	Gallego
Cárdenas	DeFazio	Garamendi
Carney	DeGette	Grayson
Carson (IN)	Delaney	Green, Al
Cartwright	DeLauro	Grijalva
Castor (FL)	DelBene	Gutiérrez
Castro (TX)	Deutch	

Hahn Maffei Ryan (OH)
Hanabusa Maloney, Carolyn Sánchez, Linda T.
Hastings (FL) Carolyn T.
Heck (WA) Maloney, Sean
Higgins Matsui Sarbanes
Himes McCollum Schakowsky
Hinojosa McDerrott Schiff
Holt McGovern Schneider
Honda McNeerney Schrader
Horsford Meeks Schwartz
Hoyer Meng Scott (VA)
Huffman Moore Scott, David
Israel Moran Serrano
Jackson Lee Murphy (FL) Sewell (AL)
Johnson (GA) Nadler Shea-Porter
Johnson, E. B. Napolitano Sherman
Kaptur Neal Sinema
Keating Negrete McLeod Slaughter
Kelly (IL) Nolan Speier
Kennedy O'Rourke Swalwell (CA)
Kildee Owens Takano
Kilmer Pallone Thompson (CA)
Kind Pascrell Thompson (MS)
Kirkpatrick Pastor (AZ) Tierney
Kuster Payne Titus
Langevin Pelosi Tonko
Larsen (WA) Perlmutter Van Hollen
Larson (CT) Peters (CA) Vargas
Lee (CA) Peters (MI) Veasey
Levin Peterson Vela
Lewis Pingree (ME) Velázquez
Lipinski Pocan Visclosky
Loeb sack Polis Walz
Lofgren Price (NC) Wasserman
Lowenthal Quigley Schultz
Lowe Rahall Waters
Lujan Grisham Rangel Watt
(NM) Richmond Waxman
Luján, Ben Ray Roybal-Allard Welch
(NM) Ruiz Wilson (FL)
Lynch Ruppberger Yarmuth

Roby Sensenbrenner Upton Kind Nugent Schweikert
Roe (TN) Sessions Valadao King (IA) Nunes Scott, Austin
Rogers (AL) Shimkus King (NY) Nunnelee Sensenbrenner
Rogers (KY) Shuster Walberg Kingston Sessions
Rogers (MI) Simpson Walden Kinzinger (IL) Owens Shea-Porter
Rohrabacher Smith (MO) Kline Palazzo Shimkus
Rokita Smith (NE) Weber (TX) Kuster Paulsen Shuster
Rooney Smith (NJ) Webster (FL) Labrador Pearce Simpson
Ros-Lehtinen Smith (TX) Wenstrup LaMalfa Perry Sinema
Roskam Smith (WA) Westmoreland Lamborn Peters (CA) Smith (MO)
Ross Southernland Whitfield Lance Peters (MI) Smith (NE)
Rothfus Stewart Williams Lankford Peterson Smith (NJ)
Royce Stivers Wilson (SC) Latham Latham Petri Smith (TX)
Runyan Stockman Wittman Young (AK) Young (IN) Young (IN)
Ryan (WI) Stutzman Wolf Latta Pittenger Southernland
Salmon Terry Womack Loebsack Poe (TX) Stewart
Sanford Thompson (PA) Woodall Long Pompeo Stivers
Scalise Thornberry Yoder Lucas Posey Stockman
Schock Tiberi Yoho Luetkemeyer Price (GA) Terry
Schweikert Tipton Young (AK) Lummis Radel Thompson (PA)
Scott, Austin Turner Young (IN) Maffei Rahall Thornberry

NOT VOTING—13

Green, Gene Rush
Jeffries Sires
Jones McCarthy (NY) Tsongas
Miller, George

□ 1327

Mr. VEASEY changed his vote from "yea" to "nay." 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 ayes appeared to have it.

RECORDED VOTE

Mr. ANDREWS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 261, noes 157, not voting 12, as follows:

[Roll No. 587]

AYES—261

Aderholt Collins (GA) Garamendi
Amash Collins (NY) Garcia
Amodei Conaway Gardner
Bachmann Cook Garrett
Bachus Costa Gerlach
Barber Cotton Gibbs
Barletta Cramer Gibson
Barr Crawford Gingrey (GA)
Barrow (GA) Crenshaw Gohmert
Barton Culberson Goodlatte
Benishek Daines Gowdy
Bentivolio Davis, Rodney Graves (GA)
Biraakis DeFazio Graves (MO)
Bishop (CA) DelBene Griffith (AR)
Blackburn Denham Griffith (VA)
Boustany Dent Grimm
Brady (TX) DeSantis
Bridenstine DesJarlais Hultgren
Brooks (AL) Coakley Hultgren
Brooks (IN) Cramer Hunter
Broun (GA) Gohmert Issa
Buchanan Griffin (AR) Jenkins
Buchson Griffith (VA) Johnson (OH)
Daines Hensarling Johnson, Sam
Davis, Rodney Herrera Beutler Jordan
Denham Holding Joyce
Dent Kelly (PA) Kelley
DeSantis King (IA) King
DesJarlais King (NY) King
Diaz-Balart Kingston King
Duffy Kinzinger (IL) Reed
Duncan (SC) Kline Reichert
Duncan (TN) Labrador Renacci
Elliott LaMalfa Ribble
Farenthold Lamborn Rice (SC)
Fincher Lance Rigell

Kind Nugent Schweikert
King (IA) Nunes Scott, Austin
King (NY) Nunnelee Sensenbrenner
Kingston Sessions
Kinzinger (IL) Owens Shea-Porter
Kline Palazzo Shimkus
Kuster Paulsen Shuster
Labrador Pearce Simpson
LaMalfa Perry Sinema
Lamborn Peters (CA) Smith (MO)
Lance Peters (MI) Smith (NE)
Lankford Peterson Smith (NJ)
Latham Latham Petri Smith (TX)
Latta Pittenger Southernland
LoBiondo Pitts Stewart
Loeb sack Poe (TX) Stewart
Long Pompeo Stivers
Lucas Posey Stockman
Luetkemeyer Price (GA) Terry
Lummis Radel Thompson (PA)
Maffei Rahall Thornberry
Maloney, Sean Reed
Marchant Reichert
Marino Renacci Tipton
Matheson Ribble Turner
McCarthy (CA) Rice (SC) Upton
McCaul Rigell Valadao
McClintock Roby Vela
McHenry Roe (TN) Wagner
McIntyre Rogers (AL) Walberg
McKeon Rogers (KY) Walden
McKinley Rogers (MI) Walorski
McMorris Rohrabacher Walz
Rodgers Rokita Weber (TX)
McNeerney Rooney Webster (FL)
Meadows Ros-Lehtinen Webber (FL)
Meehan Roskam Westm
Messer Ross Westm
Mica Rothfus Whitfield
Miller (FL) Royce Williams
Miller (MI) Ruiz Wilson (SC)
Miller, Gary Runyan Wittman
Mullin Ryan (WI) Wolf
Mulvaney Salmon Womack
Murphy (FL) Sanford Woodall
Murphy (PA) Scalise Yoder
Neugebauer Schneider Yoho
Noem Schock Young (AK)
Nolan Schrader Young (IN)

NOES—157

Andrews Fudge Massie
Bass Gabbard Matsui
Beatty Grayson McCollum
Bishop (GA) Green, Al McDermott
Blumenauer Grijalva McGovern
Bonamici Gutiérrez Meeks
Brady (PA) Hahn Meng
Bridenstine Hall Michaud
Broun (GA) Hanabusa Moore
Brown (FL) Hastings (FL) Moran
Butterfield Heck (WA) Nadler
Capps Higgins Napolitano
Capuano Himes Neal
Carney Hinojosa Negrete McLeod
Carson (IN) Holt O'Rourke
Cartwright Honda Pallone
Castor (FL) Hoyer Pascere
Castro (TX) Hufferman Payne
Chu Hoffman Israel
Cicilline Elson Jackson Lee
Clarke Clarke Jeffries
Clay Clay Perlmutter
Cleave Johnson (GA) Pingree (ME)
Clyburn Johnson, E. B. Pocan
Cohen Kaptur Price (NC)
Keating Keating Quigley
Kelly (IL) Kelly (IL) Rangel
Kennedy Kennedy Richmond
Courtney Courtney Roybal-Allard
Crowley Crowley Ruppberger
Cuellar Cuellar Ryan (OH)
Cummings Cummings Langevin
Davis (CA) Davis (CA) Larsen (WA)
Davis, Danny Herrera Beutler Larson (CT)
DeGette Lee (CA) Lee (CA)
Delaney Delaney Levin
DeLauro DeLauro Lewis
Deutch Deutch Lipinski
Dingell Dingell Scott (VA)
Doggett Doggett Scott, David
Doyle Doyle Serrano
Edwards Edwards Sewell (AL)
Ellison Ellison Sherman
Engel Engel Slaughter
Eshoo Eshoo Smith (WA)
Farr Farr Speier
Fattah Fattah Swalwell (CA)
Frankel (FL) Frankel (FL) Carolynn Takano

NAYS—230

Aderholt Fitzpatrick Lankford
Amash Fleischmann Latham
Amodei Fleming Latta
Bachmann Flores LoBiondo
Bachus Forbes Long
Barletta Fortenberry Lucas
Barr Foxx Luetkemeyer
Barton Franks (AZ) Lummis
Benishek Frelinghuysen Marchant
Bentivolio Gardner Marino
Bilirakis Garrett Massie
Bishop (UT) Gerlach Matheson
Black Gibbs McCarthy (CA)
Blackburn Gibson McCaul
Boustany Gingrey (GA) McClintock
Brady (TX) Gohmert McHenry
Bridenstine Goodlatte McIntyre
Brooks (AL) Gowdy McKeon
Brooks (IN) Graves (GA) McKinley
Broun (GA) Graves (MO) McMorris
Buchanan Griffin (AR) Rodgers
Buchson Griffith (VA) Meadows
Burgess Grimm Meehan
Calvert Guthrie Messer
Camp Hall Mica
Cantor Hanna Michaud
Capito Harper Miller (FL)
Carter Harris Miller (MI)
Cassidy Hartzler Miller, Gary
Chabot Hastings (WA) Mullin
Chaffetz Heck (NV) Mulvaney
Coble Hensarling Murphy (PA)
Coffman Herrera Beutler Neugebauer
Cole Holding Noem
Collins (GA) Hudson Nugent
Collins (NY) Huelskamp Nunes
Conaway Huizenga (MI) Nunnelee
Cook Hultgren Olson
Cotton Hunter Palazzo
Cramer Hurt Paulsen
Crawford Issa Pearce
Crenshaw Jenkins Perry
Culberson Johnson (OH) Petri
Daines Johnson, Sam Pittenger
Davis, Rodney Jordan Pitts
Denham Joyce Poe (TX)
Dent Kelly (PA) Pompeo
DeSantis King (IA) Posey
DesJarlais King (NY) Price (GA)
Diaz-Balart Kingston Radel
Duffy Kinzinger (IL) Reed
Duncan (SC) Kline Reichert
Duncan (TN) Labrador Renacci
Elliott LaMalfa Ribble
Farenthold Lamborn Rice (SC)
Fincher Lance Rigell

Thompson (CA)	Vargas	Waters
Thompson (MS)	Veasey	Watt
Tierney	Velázquez	Waxman
Titus	Visclosky	Welch
Tonko	Wasserman	Wilson (FL)
Van Hollen	Schultz	Yarmuth

NOT VOTING—12

Becerra	Granger	Miller, George
Campbell	Green, Gene	Rush
Cárdenas	Jones	Sires
Gosar	McCarthy (NY)	Tsongas

□ 1334

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. GENE GREEN of Texas. Mr. Speaker, on rollcall No. 587—Final Passage. Had I been present, I would have voted “no.”

Mr. BECERRA. Mr. Speaker, on Friday, November 15, 2013, I was unable to cast my floor vote on rollcall votes. Had I been present for the votes, I would have voted “nay” on rollcall vote 587.

PERSONAL EXPLANATION

Mr. GEORGE MILLER of California. Mr. Speaker, I was unavoidably detained due to official business in California today and missed roll Nos. 583 through 587. Had I been present, I would have voted “yea” on roll No. 586. I would have voted “nay” on roll Nos. 583, 584, 585, and 587.

THE JOURNAL

The SPEAKER pro tempore. 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.

LEGISLATIVE PROGRAM

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

Mr. HOYER. Madam Speaker, I yield to my friend, Mr. CANTOR, the majority leader, for the purposes of inquiring of the schedule for the week to come.

Mr. CANTOR. Madam Speaker, I thank the gentleman from Maryland, the Democratic whip, for yielding.

On Monday, the House will meet at noon for morning-hour and 2 p.m. for legislative business. Votes will be postponed until 6:30 p.m. On Tuesday and Wednesday, the House will meet at 10 a.m. for morning-hour and noon for legislative business. On Thursday, the House will meet at 9 a.m. for legislative business. Last votes of the week are expected no later than 3 p.m. On Friday, no votes are expected.

Madam Speaker, the House will consider a few suspensions next week, a complete list of which will be announced by close of business today.

In addition, the House will consider three bills to increase domestic energy production, create American middle

class jobs, and lower the cost of energy for our families. These bills are H.R. 2728, the Protecting States’ Rights to Promote American Energy Security Act, sponsored by Representative BILL FLORES; H.R. 1965, the Federal Lands Jobs and Energy Security Act, authored by Representative DOUG LAMBORN; and H.R. 1900, the Natural Gas Pipeline Permitting Reform Act, sponsored by MIKE POMPEO.

Together, these bills represent our continuing commitment to energy independence and putting more money in the pockets of working middle class families.

Mr. HOYER. Madam Speaker, I thank the gentleman for that information.

I think, as the majority leader knows probably as well as any of us, and maybe better than most of us, we have 4 legislative days left in November and 8 scheduled legislative days in December, assuming we do, in fact, get out on the 13th, which is the last day that we are scheduled to be in session this year.

Having said that, there are a number of pressing items to address. As the majority leader knows, the unemployment insurance protections for folks expire on December 31—actually, I think it is December 28. The SGR provisions expire on December 31. If we do not do something with respect to them, there will be a substantial decrease in the reimbursement to doctors serving Medicare patients.

I know that the majority leader has, and we have, people who are willing to work together to address these issues. Knowing that there is usually uncertainty at the end of a session, I would ask the gentleman if he can give Members a sense of scheduling for the coming month, that is December, and I yield to my friend.

Mr. CANTOR. Madam Speaker, I thank the gentleman.

I would say to the gentleman we certainly have three conference reports we are looking at hopefully completing with the Senate. One is the WRRDA conference report that we voted on in the House this week to go to conference. The other is the farm bill conference report, as well as the NDAA, the National Defense Authorization Act.

□ 1345

I would say to the gentleman, Madam Speaker, those are certainly the conference reports we would like to see resolved so we can have a vote in the House. The gentleman correctly points out that the sustainable growth rate program and its formula expires at the end of the year. Certainly, our committees are at work trying to see a way forward, as well as trying to seek out the proper budgetary pay-fors necessary for the plan that has been put forward by Energy and Commerce, as well as the Committee on Ways and Means. I know there have been some bicameral discussions on that as well. I am hopeful we can resolve that, but

certainly knowing full well we have to act prior to the end of the year.

I would also point out to the gentleman that there is considerable work being done on the issue of patent reform, and we hope that comes to the floor prior to the end of the year. And obviously, the larger item having to do with the Budget Committee conference, headed up by Chairman PAUL RYAN and in the other body Senator PATTY MURRAY, and we look forward to a resolution there. That is certainly the intention, Madam Speaker.

Mr. HOYER. I thank the majority leader for that information, and I am pleased that he added to the WRRDA, farm bill, NDAA, and the patent reform issues the budget conference. My view is, as the majority leader probably knows, the most important thing we can do for our economy is to get our country on a fiscally sustainable long-term path.

Can the majority leader give us some information on the status of the budget conference? Certainly, from a public perception, it appears that not much progress has been made, which is worrisome in light of the fact that the target date for the reporting on the conference is the 13th—or, should I say, the legislative directive is to report by the 13th. As Mr. RYAN has pointed out, perhaps unfortunately so, there are no consequences of that not occurring. I had urged, myself, as the majority leader may know, that they report out by Friday of next week, the 22nd of next week, or Thursday of next week, so that we could have the conference report on the week we come back in December after Thanksgiving.

Could the gentleman give us any idea where he thinks the proceedings of the conference committee on the budget stand?

I yield to my friend.

Mr. CANTOR. I thank the gentleman for yielding and would say the gentleman is correct. Certainly, the sooner, the better, as far as I am concerned. I am concerned as well about any resolution on the Budget Committee conference. I know the gentleman has spoken to both Chairman RYAN as well as the other body’s chairman. In speaking to Chairman RYAN, he tells me that there has been a lot of discussion, not only public discussion in meetings, but certainly his meeting with the chairman from the Senate, in trying to find a way forward.

The gentleman knows that the issue that is central to these discussions is not unlike the issue that has been under discussion for some time here, and that is how do we go about seeking reform of some of the mandatory programs and trying to reach resolution there in exchange for a commensurate relief on the across-the-board budget cuts that are currently in place.

I don’t know, Madam Speaker, whether they are going to meet the deadline next week or not that the gentleman says will be preferable. I know that our chairman is very mindful that