

Castro (FL)	Himes	Pascarell	Blum	Hensarling	Poliquin	Garamendi	Lujan Grisham	Ruiz
Castro (TX)	Honda	Pelosi	Bost	Herrera Beutler	Pompeo	Graham	(NM)	Ruppersberger
Chu, Judy	Hoyer	Perlmutter	Boustany	Hice, Jody B.	Posey	Grayson	Luján, Ben Ray	Sánchez, Linda
Cicilline	Huffman	Peters	Brady (TX)	Hill	Price, Tom	Green, Al	(NM)	T.
Clark (MA)	Israel	Pingree	Brat	Holding	Ratcliffe	Green, Gene	Lynch	Sanchez, Loretta
Clarke (NY)	Jackson Lee	Pocan	Bridenstine	Hudson	Reed	Grijalva	Maloney	Sarbanes
Clay	Jeffries	Polis	Brooks (AL)	Huelskamp	Reichert	Gutiérrez	Carolyn	Schakowsky
Clyburn	Johnson (GA)	Price (NC)	Brooks (IN)	Huizenga (MI)	Renacci	Hahn	Maloney, Sean	Schiff
Cohen	Kaptur	Quigley	Buchanan	Hultgren	Ribble	Hastings	Matsui	Schrader
Connolly	Keating	Rangel	Buck	Hunter	Rice (SC)	Heck (WA)	McCollum	Scott (VA)
Conyers	Kelly (IL)	Rice (NY)	Bucshon	Hurd (TX)	Rigell	Higgins	McDermott	Scott, David
Cooper	Kildee	Richmond	Burgess	Hurt (VA)	Roby	Himes	McGovern	Serrano
Costa	Kilmer	Roybal-Allard	Byrne	Jenkins (KS)	Roe (TN)	Honda	McNerney	Sewell (AL)
Courtney	Kirkpatrick	Ruiz	Calvert	Jenkins (WV)	Rogers (AL)	Hoyer	Meeks	Sherman
Crowley	Kuster	Ruppersberger	Carter (GA)	Johnson (OH)	Rogers (KY)	Huffman	Meng	Sires
Cuellar	Langevin	Sánchez, Linda	Carter (TX)	Johnson, Sam	Rohrabacher	Israel	Moore	Slaughter
Cummings	Larsen (WA)	T.	Chabot	Jolly	Rokita	Jackson Lee	Moulton	Smith (WA)
Davis (CA)	Larson (CT)	Sanchez, Loretta	Chaffetz	Jones	Rooney (FL)	Jeffries	Murphy (FL)	Speier
Davis, Danny	Lawrence	Sarbanes	Clawson (FL)	Jordan	Ros-Lehtinen	Johnson (GA)	Nadler	Swalwell (CA)
DeFazio	Lee	Schakowsky	Coffman	Joyce	Roskam	Kaptur	Napolitano	Takano
DeGette	Levin	Schiff	Cole	Katko	Ross	Keating	Neal	Thompson (CA)
Delaney	Lewis	Schrader	Collins (GA)	Kelly (MS)	Rothfus	Kelly (IL)	Nolan	Thompson (MS)
DelBene	Lieu, Ted	Scott (VA)	Collins (NY)	Kelly (PA)	Rouzer	Kildee	Norcross	Tonko
DeSaulnier	Lipinski	Scott, David	Conaway	King (NY)	Royce	Kilmer	O'Rourke	Torres
Deutch	Loeb sack	Serrano	Cook	Kinzing er (IL)	Russell	Kirkpatrick	Pallone	Tsongas
Dingell	Lofgren	Sewell (AL)	Costello (PA)	Kline	Salmon	Kuster	Pascarell	Van Hollen
Doggett	Lowenthal	Sherman	Cramer	Knight	Sanford	Langevin	Pelosi	Vargas
Doyle, Michael	Lowe y	Sinema	Crawford	Labrador	Scalise	Larsen (WA)	Perlmutter	Veasey
F.	Lujan Grisham	Sires	Crenshaw	LaHood	Schweikert	Larson (CT)	Peters	Vela
Duckworth	(NM)	Slaughter	Culberson	LaMalfa	Scott, Austin	Lawrence	Peterson	Velázquez
Edwards	Luján, Ben Ray	Smith (WA)	Curbelo (FL)	Lamborn	Sensenbrenner	Lee	Pingree	Visclosky
Ellison	(NM)	Speier	Davis, Rodney	Lance	Sessions	Levin	Pocan	Walz
Engel	Lynch	Swalwell (CA)	Denham	Latta	Shimkus	Lewis	Polis	Wasserman
Eshoo	Maloney,	Takano	Dent	LoBiondo	Shuster	Lieu, Ted	Price (NC)	Schultz
Esty	Carolyn	Thompson (CA)	DesJarlais	Long	Simpson	Lipinski	Quigley	Waters, Maxine
Farr	Maloney, Sean	Thompson (MS)	DeSaulnier	Loudermilk	Sinema	Loeb sack	Rangel	Watson Coleman
Fattah	Matsui	Tonko	Diaz-Balart	Love	Smith (MO)	Lofgren	Rice (NY)	Welch
Foster	McCollum	Torres	Dold	Lucas	Smith (NE)	Lowenthal	Richmond	Wilson (FL)
Frankel (FL)	McDermott	Tsongas	Donovan	Luetkemeyer	Smith (NJ)	Lowey	Roybal-Allard	Yarmuth
Fudge	McGovern	Van Hollen	Duffy	Lummis	Smith (TX)			
Gabbard	McNerney	Vargas	Duncan (SC)	MacArthur	Stefanik			
Gallego	Meeks	Veasey	Duncan (TN)	Marchant	Stewart	Cleaver	Johnson, E. B.	Payne
Garamendi	Meng	Vela	Dummers (NC)	Marino	Stivers	Comstock	Kennedy	Rush
Graham	Moore	Velázquez	Emmer (MN)	Massie	Stutzman	DeLauro	Kind	Ryan (OH)
Grayson	Moulton	Visclosky	Farenthold	McCarthy	Thompson (PA)	Frelinghuysen	King (IA)	Takai
Green, Al	Murphy (FL)	Walz	Fincher	McCaull	Thornberry	Hinojosa	Miller (MI)	Titus
Green, Gene	Nadler	Wasserman	Fitzpatrick	McClintock	Tiberi	Issa	Nugent	Webster (FL)
Grijalva	Napolitano	Schultz	Fleischmann	McHenry	Tipton			
Gutiérrez	Neal	Waters, Maxine	Fleming	McKinley	Trott			
Hahn	Nolan	Watson Coleman	Flores	McMorris	Turner			
Hastings	Norcross	Welch	Forbes	Rodgers	Upton			
Heck (WA)	O'Rourke	Wilson (FL)	Fortenberry	McSally	Valadao			
Higgins	Pallone	Yarmuth	Fox	Meadows	Wagner			
			Franks (AZ)	Meehan	Walberg			
			Garrett	Messer	Walden			
			Gibbs	Mica	Walker			
			Gibson	Miller (FL)	Walorski			
			Gohmert	Moolenaar	Walters, Mimi			
			Goodlatte	Mooney (WV)	Weber (TX)			
			Gosar	Mullin	Wenstrup			
			Gowdy	Mulvaney	Westerman			
			Granger	Murphy (PA)	Westmoreland			
			Graves (GA)	Neugebauer	Whitfield			
			Graves (LA)	Newhouse	Williams			
			Graves (MO)	Noem	Wilson (SC)			
			Griffith	Nunes	Wittman			
			Grothman	Olson	Womack			
			Guinta	Palazzo	Woodall			
			Guthrie	Palmer	Yoder			
			Hanna	Paulsen	Yoho			
			Hardy	Pearce	Young (AK)			
			Harper	Perry	Young (IA)			
			Harris	Pittenger	Young (IN)			
			Hartzler	Pitts	Zeldin			
			Heck (NV)	Poe (TX)	Zinke			

NOT VOTING—16

Cleaver	Kind	Ryan (OH)
DeLauro	King (IA)	Takai
Hinojosa	Miller (MI)	Titus
Issa	Nugent	Webster (FL)
Johnson, E. B.	Payne	
Kennedy	Rush	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1548

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

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

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

RECORDED VOTE

Mr. POLIS. 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 239, noes 176, not voting 18, as follows:

[Roll No. 5]

AYES—239

Abraham	Babin	Bilirakis
Aderholt	Barletta	Bishop (MI)
Allen	Barr	Bishop (UT)
Amash	Barton	Black
Amodei	Benishek	Blackburn

Adams	Carson (IN)	DeGette
Aguilar	Cartwright	Delaney
Ashford	Castor (FL)	DelBene
Bass	Castro (TX)	DeSaulnier
Beatty	Chu, Judy	Deutch
Becerra	Cicilline	Dingell
Bera	Clark (MA)	Doggett
Beyer	Clarke (NY)	Doyle, Michael
Bishop (GA)	Clay	F.
Blumenauer	Clyburn	Duckworth
Bonamici	Cohen	Edwards
Boyle, Brendan	Connolly	Ellison
F.	Conyers	Engel
Brady (PA)	Cooper	Eshoo
Brown (FL)	Costa	Esty
Brownley (CA)	Courtney	Farr
Bustos	Crowley	Fattah
Butterfield	Cuellar	Foster
Capps	Cummings	Frankel (FL)
Capuano	Davis (CA)	Fudge
Cárdenas	Davis, Danny	Gabbard
Carney	DeFazio	Gallego

NOES—176

NOT VOTING—18

Cleaver	Johnson, E. B.	Payne
Comstock	Kennedy	Rush
DeLauro	Kind	Ryan (OH)
Frelinghuysen	King (IA)	Takai
Hinojosa	Miller (MI)	Titus
Issa	Nugent	Webster (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1557

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:

Mrs. COMSTOCK. Mr. Speaker, on rollcall No. 5, my vote did not register. Had I been present, I would have voted "yes."

RESTORING AMERICANS' HEALTH-CARE FREEDOM RECONCILIATION ACT OF 2015

Mr. TOM PRICE of Georgia. Mr. Speaker, pursuant to House Resolution 579, I call up the bill (H.R. 3762) to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016, with the Senate amendment thereto, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HULTGREN). The Clerk will designate the Senate amendment.

Senate amendment:

Strike all after the enacting clause and insert the following:

TITLE I—HEALTH, EDUCATION, LABOR, AND PENSIONS**SEC. 101. THE PREVENTION AND PUBLIC HEALTH FUND.**

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

(1) in paragraph (2), by striking “2017” and inserting “2015”; and

(2) by striking paragraphs (3) through (5).

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

SEC. 102. COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–10, 129 Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting after “Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended” the following: “by striking ‘\$3,600,000,000’ and inserting ‘\$3,835,000,000’ and”.

SEC. 103. TERRITORIES.

Section 1323(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18043(c)) is amended by adding at the end the following:

“(3) **NO FORCE AND EFFECT.**—Effective January 1, 2018, this subsection shall have no force or effect.”.

SEC. 104. REINSURANCE, RISK CORRIDOR, AND RISK ADJUSTMENT PROGRAMS.

(a) **TRANSITIONAL REINSURANCE PROGRAM FOR INDIVIDUAL MARKET.**—Section 1341 of the Patient Protection and Affordable Care Act (42 U.S.C. 18061) is amended by adding at the end the following:

“(e) **NO FORCE AND EFFECT.**—Effective January 1, 2016, the Secretary shall not collect fees and shall not make payments under this section.”.

SEC. 105. SUPPORT FOR STATE RESPONSE TO SUBSTANCE ABUSE PUBLIC HEALTH CRISIS AND URGENT MENTAL HEALTH NEEDS.

(a) **IN GENERAL.**—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated, \$750,000,000 for each of fiscal years 2016 and 2017, to the Secretary of Health and Human Services (referred to in this section as the “Secretary”) to award grants to States to address the substance abuse public health crisis or to respond to urgent mental health needs within the State. In awarding grants under this section, the Secretary may give preference to States with an incidence or prevalence of substance use disorders that is substantial relative to other States or to States that identify mental health needs within their communities that are urgent relative to such needs of other States. Funds appropriated under this subsection shall remain available until expended.

(b) **USE OF FUNDS.**—Grants awarded to a State under subsection (a) shall be used for one or more of the following public health-related activities:

(1) Improving State prescription drug monitoring programs.

(2) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance abuse.

(3) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance abuse, referral of patients to treatment programs, and overdose prevention.

(4) Supporting access to health care services provided by federally certified opioid treatment programs or other appropriate health care providers to treat substance use disorders or mental health needs.

(5) Other public health-related activities, as the State determines appropriate, related to addressing the substance abuse public health crisis or responding to urgent mental health needs within the State.

TITLE II—FINANCE

SEC. 201. RECAPTURE EXCESS ADVANCE PAYMENTS OF PREMIUM TAX CREDITS.

Subparagraph (B) of section 36B(f)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new clause:

“(iii) **NONAPPLICABILITY OF LIMITATION.**—This subparagraph shall not apply to taxable years ending after December 31, 2015, and before January 1, 2018.”.

SEC. 202. PREMIUM TAX CREDIT AND COST-SHARING SUBSIDIES.

(a) **REPEAL OF PREMIUM TAX CREDIT.**—Subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by striking section 36B.

(b) **REPEAL OF COST-SHARING SUBSIDY.**—Section 1402 of the Patient Protection and Affordable Care Act is repealed.

(c) **REPEAL OF ELIGIBILITY DETERMINATIONS.**—The following sections of the Patient Protection and Affordable Care Act are repealed:

(1) Section 1411 (other than subsection (i), the last sentence of subsection (e)(4)(A)(ii), and such provisions of such section solely to the extent related to the application of the last sentence of subsection (e)(4)(A)(ii)).

(2) Section 1412.

(d) **PROTECTING AMERICANS BY REPEAL OF DISCLOSURE AUTHORITY TO CARRY OUT ELIGIBILITY REQUIREMENTS FOR CERTAIN PROGRAMS.**—

(1) **IN GENERAL.**—Paragraph (21) of section 6103(l) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(D) **TERMINATION.**—No disclosure may be made under this paragraph after December 31, 2017.”.

(e) **EFFECTIVE DATES.**—

(1) **PREMIUM TAX CREDIT.**—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2017.

(2) **COST SHARING-SUBSIDIES AND ELIGIBILITY DETERMINATIONS.**—The repeals in subsection (b) and (c) shall take effect on December 31, 2017.

(3) **PROTECTING AMERICANS BY RESCINDING DISCLOSURE AUTHORITY.**—The amendments made by subsection (d) shall take effect on December 31, 2017.

SEC. 203. SMALL BUSINESS TAX CREDIT.

(a) **IN GENERAL.**—Section 45R of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(j) **SHALL NOT APPLY.**—This section shall not apply with respect to amounts paid or incurred in taxable years beginning after December 31, 2017.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to amounts paid or incurred in taxable years beginning after December 31, 2017.

SEC. 204. INDIVIDUAL MANDATE.

(a) **IN GENERAL.**—Section 5000A(c) of the Internal Revenue Code of 1986 is amended—

(1) in paragraph (2)(B) by striking clauses (ii) and (iii) and inserting the following:

“(ii) Zero percent for taxable years beginning after 2014.”, and

(2) in paragraph (3)—

(A) by striking “\$695” in subparagraph (A) and inserting “\$0”;

(B) by striking “and \$325 for 2015” in subparagraph (B), and

(C) by striking subparagraph (D).

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 205. EMPLOYER MANDATE.

(a) **IN GENERAL.**—

(1) Paragraph (1) of section 4980H(c) of the Internal Revenue Code of 1986 is amended by inserting “(\$0 in the case of months beginning after December 31, 2014)” after “\$2,000”.

(2) Paragraph (1) of section 4980H(b) of the Internal Revenue Code of 1986 is amended by inserting “(\$0 in the case of months beginning after December 31, 2014)” after “\$3,000”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 206. FEDERAL PAYMENTS TO STATES.

(a) **IN GENERAL.**—Notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002, 2005(a)(4),

2102(a)(7), or 2105(a)(1) of the Social Security Act (42 U.S.C. 704(a), 1396a(a)(23), 1396b(a), 1397a, 1397d(a)(4), 1397bb(a)(7), 1397ee(a)(1)), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that is approved under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for the 1-year period beginning on the date of enactment of this Act, no Federal funds provided from a program referred to in this subsection that is considered direct spending for any year may be made available to a State for payments to a prohibited entity, whether made directly to the prohibited entity or through a managed care organization under contract with the State.

(b) **DEFINITIONS.**—In this section:

(1) **PROHIBITED ENTITY.**—The term “prohibited entity” means an entity, including its affiliates, subsidiaries, successors, and clinics—

(A) that, as of the date of enactment of this Act—

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(I) if the pregnancy is the result of an act of rape or incest; or

(II) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(B) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act in fiscal year 2014 made directly to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded \$350,000,000.

(2) **DIRECT SPENDING.**—The term “direct spending” has the meaning given that term under section 250(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).

SEC. 207. MEDICAID.

The Social Security Act (42 U.S.C. 301 et seq.) is amended—

(1) in section 1108(g)(5), by striking “2019” and inserting “2017”;

(2) in section 1902—

(A) in subsection (a)(10)(A), in each of clauses (i)(VIII) and (ii)(XX), by inserting “and ending December 31, 2017,” after “January 1, 2014.”;

(B) in subsection (a)(47)(B), by inserting “and provided that any such election shall cease to be effective on January 1, 2018, and no such election shall be made after that date” before the semicolon at the end; and

(C) in subsection (l)(2)(C), by inserting “and ending December 31, 2017,” after “January 1, 2014.”;

(3) in each of sections 1902(gg)(2) and 2105(d)(3)(A), by striking “September 30, 2019” and inserting “September 30, 2017”;

(4) in section 1905—

(A) in the first sentence of subsection (b), by inserting “(50 percent on or after January 1, 2018)” after “55 percent”;

(B) in subsection (y)(1), by striking the semicolon at the end of subparagraph (B) and all that follows through “thereafter”; and

(C) in subsection (z)(2)—

(i) in subparagraph (A), by striking “each year thereafter” and inserting “through 2017”; and

(ii) in subparagraph (B)(ii), by striking the semicolon at the end of subclause (IV) and all that follows through “100 percent”;

(5) in section 1915(k)(2), by striking “during the period described in paragraph (1)” and inserting “on or after the date referred to in paragraph (1) and before January 1, 2018”;

(6) in section 1920(e), by adding at the end the following: “This subsection shall not apply after December 31, 2017.”;

(7) in section 1937(b)(5), by adding at the end the following: “This paragraph shall not apply after December 31, 2017.”; and

(8) in section 1943(a), by inserting “and before January 1, 2018,” after “January 1, 2014.”.

SEC. 208. REPEAL OF DSH ALLOTMENT REDUCTIONS.

Section 1923(f) of the Social Security Act (42 U.S.C. 1396r-4(f)) is amended by striking paragraphs (7) and (8).

SEC. 209. REPEAL OF THE TAX ON EMPLOYEE HEALTH INSURANCE PREMIUMS AND HEALTH PLAN BENEFITS.

(a) IN GENERAL.—Chapter 43 of the Internal Revenue Code of 1986 is amended by striking section 49801.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2017.

SEC. 210. REPEAL OF TAX ON OVER-THE-COUNTER MEDICATIONS.

(a) HSAS.—Subparagraph (A) of section 223(d)(2) of the Internal Revenue Code of 1986 is amended by striking “Such term” and all that follows through the period.

(b) ARCHER MSAS.—Subparagraph (A) of section 220(d)(2) of the Internal Revenue Code of 1986 is amended by striking “Such term” and all that follows through the period.

(c) HEALTH FLEXIBLE SPENDING ARRANGEMENTS AND HEALTH REIMBURSEMENT ARRANGEMENTS.—Section 106 of the Internal Revenue Code of 1986 is amended by striking subsection (f).

(d) EFFECTIVE DATES.—

(1) DISTRIBUTIONS FROM SAVINGS ACCOUNTS.—The amendments made by subsections (a) and (b) shall apply to amounts paid with respect to taxable years beginning after December 31, 2015.

(2) REIMBURSEMENTS.—The amendment made by subsection (c) shall apply to expenses incurred with respect to taxable years beginning after December 31, 2015.

SEC. 211. REPEAL OF TAX ON HEALTH SAVINGS ACCOUNTS.

(a) HSAS.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “20 percent” and inserting “10 percent”.

(b) ARCHER MSAS.—Section 220(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “20 percent” and inserting “15 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2015.

SEC. 212. REPEAL OF LIMITATIONS ON CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS.

(a) IN GENERAL.—Section 125 of the Internal Revenue Code of 1986 is amended by striking subsection (i).

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 213. REPEAL OF TAX ON PRESCRIPTION MEDICATIONS.

Subsection (j) of section 9008 of the Patient Protection and Affordable Care Act is amended to read as follows:

“(j) REPEAL.—This section shall apply to calendar years beginning after December 31, 2010, and ending before January 1, 2016.”.

SEC. 214. REPEAL OF MEDICAL DEVICE EXCISE TAX.

(a) IN GENERAL.—Chapter 32 of the Internal Revenue Code of 1986 is amended by striking subchapter E.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to sales in calendar quarters beginning after December 31, 2015.

SEC. 215. REPEAL OF HEALTH INSURANCE TAX.

Subsection (j) of section 9010 of the Patient Protection and Affordable Care Act is amended to read as follows:

“(j) REPEAL.—This section shall apply to calendar years beginning after December 31, 2013, and ending before January 1, 2016.”.

SEC. 216. REPEAL OF ELIMINATION OF DEDUCTION FOR EXPENSES ALLOCABLE TO MEDICARE PART D SUBSIDY.

(a) IN GENERAL.—Section 139A of the Internal Revenue Code of 1986 is amended by adding at the end the following new sentence: “This section shall not be taken into account for purposes of determining whether any deduction is allowable with respect to any cost taken into account in determining such payment.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 217. REPEAL OF CHRONIC CARE TAX.

(a) IN GENERAL.—Subsection (a) of section 213 of the Internal Revenue Code of 1986 is amended by striking “10 percent” and inserting “7.5 percent”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 218. REPEAL OF MEDICARE TAX INCREASE.

(a) IN GENERAL.—Subsection (b) of section 3101 of the Internal Revenue Code of 1986 is amended to read as follows:

“(b) HOSPITAL INSURANCE.—In addition to the tax imposed by the preceding subsection, there is hereby imposed on the income of every individual a tax equal to 1.45 percent of the wages (as defined in section 3121(a)) received by such individual with respect to employment (as defined in section 3121(b)).”.

(b) SECA.—Subsection (b) of section 1401 of the Internal Revenue Code of 1986 is amended to read as follows:

“(b) HOSPITAL INSURANCE.—In addition to the tax imposed by the preceding subsection, there shall be imposed for each taxable year, on the self-employment income of every individual, a tax equal to 2.9 percent of the amount of the self-employment income for such taxable year.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to remuneration received after, and taxable years beginning after, December 31, 2015.

SEC. 219. REPEAL OF TANNING TAX.

(a) IN GENERAL.—The Internal Revenue Code of 1986 is amended by striking chapter 49.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to services performed on or after December 31, 2015.

SEC. 220. REPEAL OF NET INVESTMENT TAX.

(a) IN GENERAL.—Subtitle A of the Internal Revenue Code of 1986 is amended by striking chapter 2A.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 221. REMUNERATION.

Paragraph (6) of section 162(m) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(1) TERMINATION.—This paragraph shall not apply to taxable years beginning after December 31, 2015.”.

SEC. 222. ECONOMIC SUBSTANCE DOCTRINE.

(a) IN GENERAL.—Subsection (o) of section 7701 of the Internal Revenue Code of 1986 is repealed.

(b) PENALTY FOR UNDERPAYMENTS.—Paragraph (6) of section 6662(b) of the Internal Revenue Code of 1986 is repealed.

(c) INCREASED PENALTY FOR NONDISCLOSED TRANSACTIONS.—Subsection (i) of section 6662 of the Internal Revenue Code of 1986 is repealed.

(d) REASONABLE CAUSE EXCEPTION FOR UNDERPAYMENTS.—Paragraph (2) of section 6664(c) of the Internal Revenue Code of 1986 is repealed.

(e) REASONABLE CAUSE EXCEPTION FOR NON-DISCLOSED TRANSACTIONS.—Paragraph (2) of section 6664(d) of the Internal Revenue Code of 1986 is repealed.

(f) ERRONEOUS CLAIM FOR REFUND OR CREDIT.—Subsection (c) of section 6676 of the Internal Revenue Code of 1986 is repealed.

(g) EFFECTIVE DATE.—The repeals made by this section shall apply to transactions entered into, and to underpayments, understatements, or refunds and credits attributable to transactions entered into, after December 31, 2015.

SEC. 223. BUDGETARY SAVINGS FOR EXTENDING MEDICARE SOLVENCY.

As a result of policies contained in this Act, the Secretary of the Treasury shall transfer to the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) \$379,300,000,000 (which represents the full amount of on-budget savings during the period of fiscal years 2016 through 2025) for extending Medicare solvency, to remain available until expended.

MOTION OFFERED BY MR. TOM PRICE OF GEORGIA
Mr. TOM PRICE of Georgia. Mr. Speaker, I have a motion at the desk. The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:
Mr. Price of Georgia moves that the House concur in the Senate amendment to H.R. 3762.

□ 1600

The SPEAKER pro tempore. Pursuant to House Resolution 579, the motion shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Budget.

The gentleman from Georgia (Mr. TOM PRICE) and the gentleman from Maryland (Mr. VAN HOLLEN) each will control 30 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. TOM PRICE of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015.

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

There was no objection.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield myself such time as I may consume.

This is a big day. For the first time—for the first time—since the law was enacted, Congress is one vote away from sending a broad repeal of ObamaCare to the President's desk. This marks a significant step in the fight for patient-centered health care for all Americans. It will lay the foundation for how Congress can begin to roll back the disastrous policies that are destroying the sacred doctor-patient relationship.

The legislation before us today is critical to our larger effort to rid America's healthcare system from undue Washington interference and bureaucratic dictates and pave the way for real, positive, patient-centered

health reform that puts patients and families and doctors in charge of healthcare decisions.

This bill repeals the most corrosive components of ObamaCare. It eliminates nearly a trillion dollars in onerous ObamaCare taxes and eliminates the individual and employer mandate penalties, key pillars of the ObamaCare scheme.

Under ObamaCare, millions of Americans have been added to a Medicaid system that fails to provide its beneficiaries with adequate access to physicians and other providers. We end that.

Expanding Medicaid is not the answer. Reforming Medicaid so that States have greater flexibility to care for those in need is the answer.

This legislation also repeals the premium subsidies and tax credits which have failed to control and, in fact, have increased health coverage costs. The current law has made healthcare coverage less affordable and less accessible for millions of Americans.

All of this would be done on a timeline to allow for a new, positive solution that will make the purchase of health insurance financially feasible for all Americans and do so in a way that gives individuals, families, and employers the power to choose the type of coverage that they want for themselves, not that Washington forces them to buy.

H.R. 3762 also halts Federal funding for abortion providers that are prohibited under this legislation. It increases—increases, Mr. Speaker—the funding for community healthcare centers to help direct more resources to women's direct care. Taken together, the Congressional Budget Office estimates that this bill would reduce the deficit by \$516 billion over the next decade.

Seven separate committees and the full House and Senate have contributed to this effort. The entire reconciliation would not have been possible had the House and Senate not first agreed to a budget resolution conference agreement. The budget gave Congress the authority to pursue the reconciliation process and, through that, the opportunity to put this repeal of ObamaCare on the President's desk.

Ultimately, however, the American people are less interested in process and procedure. They want results, and they want to know who is fighting to improve their way of life, who is working to provide relief to the biggest challenges facing individuals and families and job creators today.

No matter how you slice it, ObamaCare is harming the American people. Premiums and deductibles and other out-of-pocket costs are going up, not down, as the President had promised. Millions of Americans have been kicked off the coverage that they had. That is less access and fewer choices at a higher cost. That is exactly the opposite direction we need to be going, and the American people know it.

We all want a healthcare system that is affordable and accessible and respon-

sive to our individual needs, full of choices and innovative treatment options and of the highest quality. That is not too much to ask, Mr. Speaker. It is certainly achievable, but only if we pursue patient-centered solutions that are focused on embracing those principles in health care that we all hold dear.

I look forward to this debate and the opportunity to share with the American people how we solve this challenge, the challenge in America's healthcare system, by putting them in charge of their healthcare decisions, not Washington.

I encourage my colleagues to support this resolution, this measure. Let's take this final step in reconciliation to send an ObamaCare repeal bill to the President's desk.

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

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

This is a sad and shameful way to begin the new year 2016 here in the United States Congress.

This bill is entitled Restoring Americans' Healthcare Freedom Reconciliation Act, the freedom of health insurance companies to once again deny health care to people based on pre-existing conditions.

It may be a new year, Mr. Speaker, but here we go again. We are in this Congress, on the floor of this House for the 62nd time with this effort to dismantle the Affordable Care Act and, to add insult to injury, to deny millions of women access to healthcare choices by targeting Planned Parenthood.

While the calendar has changed, the Tea Party Republican agenda remains the same. Despite all the pressing issues we face in this country at home and abroad, the only thing and the first thing our Republican colleagues decide to bring to the floor of the House as the most pressing business to start 2016 is to take away access to affordable care from 22 million Americans and deny access to affordable care for millions of American women.

That 22 million figure, Mr. Speaker, that is not my figure. That is the non-partisan Congressional Budget Office that has looked at this legislation and concluded that, as a result of this bill, 22 million Americans will lose access to their affordable health insurance. It will be the freedom to be uninsured, the freedom to not have any opportunity to have coverage when your family has healthcare needs.

Mr. Speaker, if you look at this chart, you can see that the Affordable Care Act has already made a dramatic difference in bringing down the number of uninsured in the United States of America, yet here we are in a new year, and the first act of this Republican Congress will be to turn back the clock and change that figure.

I really hope, Mr. Speaker, that our colleagues will begin to focus on more important issues in the days ahead. Ev-

erybody knows that this will take about a nanosecond for the President of the United States to veto because the President of the United States is not going to allow 22 million Americans to lose their access to affordable health insurance, and the President is not going to allow millions of Americans and millions of American women to lose access to reproductive choice and a range of healthcare options here in the United States.

It is disturbing, shameful, and sad that this is the way we are starting the new year. I hope we get on to more important business, Mr. Speaker.

I reserve the balance of my time.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. BRADY), the chairman of the Committee on Ways and Means, who was a leader of one of the multiple committees involved in this.

Mr. BRADY of Texas. Mr. Speaker, I am pleased to speak today in support of the Restoring Americans' Healthcare Freedom Reconciliation Act.

Under the leadership of Committee on the Budget chairman, Dr. PRICE, and our Speaker, PAUL RYAN, we will soon deliver an ObamaCare dismantle bill to the President's desk.

By passing this legislation:

We will fulfill our promise to use every possible tool to stop the President's expensive healthcare law;

We will eliminate the unpopular mandates of the backbone of the Affordable Care Act;

We will protect Americans from tax penalties for failing to purchase an expensive Washington-approved product that just so many people at home can't afford;

We will end the tax penalties facing America's job creators who don't offer health insurance that meets Washington bureaucrats' very expensive tastes;

We will deliver real relief from a dozen Democrat tax increases that drive American jobs overseas and punish American workers;

We will protect taxpayer dollars by repealing an ObamaCare slush fund and ensuring that your taxpayer subsidies don't go to people who aren't eligible for them, and if they do, they are returned to the Treasury;

We will—and this is important to me—demonstrate our strong commitment to women's health. Instead of funding Planned Parenthood and its gruesome practices, we will fund high-quality community health centers, and we will help ensure more women have access to quality health care.

We are here today with a bill that cuts taxes, spending, and the deficit because this Congress did its job.

In closing, while our Democrat friends often accuse us of relentlessly and tirelessly pursuing the repeal of the President's healthcare law, the reason is we are fighting for our families and our patients and our local businesses who have been harmed by it.

Yes, the President will surely veto the bill, even though this bill has strong popular support. My belief is that exercising your constitutional right and power to legislate is never wasted if you are fighting for principles your constituents believe in.

Give the American people a clear moral choice. Let the President explain why his healthcare law is raising costs on so many American families and businesses. Let him stand on the wrong side of history by defending unethical medical practices that, frankly, many Americans find abhorrent.

Mr. VAN HOLLEN. Mr. Speaker, it seems to me expanding access to affordable health care for 22 million Americans who didn't have it is being on the right side of history.

I am now pleased to yield 1 minute to the gentlewoman from Colorado (Ms. DEGETTE), a distinguished member of the panel which, I am sorry to say, was set up as part of a witch hunt against Planned Parenthood, but I am glad she is there.

Ms. DEGETTE. Mr. Speaker, the House Republican leadership has a funny way of wishing the working families of America Happy New Year. Under this bill, the first substantive legislation of 2016, women and their families will be hit with a one-two punch to their access to health care.

First, with the latest attempt to repeal the ACA, House Republicans would remove the tax credits that help millions of Americans afford quality health insurance. When families lose that insurance, women would also lose their free annual wellness exams they get from their providers under the ACA.

Just to pile on, at the same time millions of women would lose their free wellness exams, this bill would inhibit their ability to get affordable well-woman and family-planning services from Planned Parenthood. More than 3 million American women and men get essential health care from Planned Parenthood every year, and even more would need to if the ACA were repealed.

In many parts of the country, Planned Parenthood is the only provider that offers access to reproductive health services within hundreds of miles. There are no health clinics that would take over that gap. Eliminating Federal funding to the organization would limit women's access to cancer screenings, breast exams, and so much more, and all because of an unfounded vendetta against Planned Parenthood.

Happy New Year, women and families of America.

Mr. TOM PRICE of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Minnesota (Mr. KLINE), the chairman of the Committee on Education and the Workforce.

Mr. KLINE. Mr. Speaker, I thank Chairman PRICE for yielding.

I rise today in strong, strong support of the Restoring Americans'

Healthcare Freedom Reconciliation Act.

We have all heard the stories and the statistics, seen the charts. ObamaCare is wreaking havoc on our country, on small-business owners, on working families, and even on students. It is a flawed law that has led to higher costs for consumers, fewer full-time jobs for workers, and less access to trusted healthcare providers for patients.

That is why we in Congress have been relentless in our efforts to put an end to ObamaCare and its harmful consequences. It is why we have worked to protect hardworking Americans who are still paying the price for the President's government takeover of health care, and it is why we are here today.

The bill before us will eliminate key provisions in the President's healthcare law that are hurting families, small businesses, and schools. Under this proposal, the tax penalty levied against individuals who fail to purchase government-approved health insurance will be gone. The tax penalty levied against small businesses and schools that fail to provide costly, government-approved health insurance will be gone. The onerous and arbitrary limits on personal health savings accounts and flexible spending accounts will be gone. The punitive tax on medical innovation will be gone.

These and other provisions in the bill will dismantle a fatally flawed law as well as reduce Federal spending and rein in our Nation's deficits by roughly half a trillion dollars. These are priorities the American people sent us to Washington to address, and we owe it to the men and women we represent to do just that.

We have a responsibility to support this bill and to send it to the President's desk. I believe the President has a responsibility to sign it. If he does, it wouldn't be the first time the President has helped roll back his own healthcare law. In fact, on more than 15 separate occasions, the President has signed legislation repealing provisions in the law, not to mention the dozens of changes to the law his administration has carried out unilaterally.

The legislation is an opportunity for the President to work with us to move the country in a better direction and show the American people that their priorities are our priorities.

It is also an opportunity to demonstrate once again we are serious about reducing the size and cost of the Federal Government, serious about dismantling a healthcare law that is doing more harm than good, and serious about paving the way to real reform that expands access to affordable coverage. That is why I urge my colleagues to support this bill.

In closing, I want to thank Chairman TOM PRICE and all of our colleagues who serve on the House Committee on the Budget as well as those who serve on the Committees on Ways and Means, Energy and Commerce, and Education and the Workforce. Their

hard work has made it possible to send this important legislation to the President's desk. I am grateful for their efforts. Let's get on with it.

□ 1615

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY), the ranking member on the Select Investigative Panel on Planned Parenthood. She will be there looking after the interests of American women, I am pleased to say.

Ms. SCHAKOWSKY. Mr. Speaker, it is a committee where I serve as the ranking Democratic member. We call it the Select Committee to Attack Women's Health.

Now, that select committee was formed last fall after hearings were held and at which the Republicans accused in inflammatory language that somehow Planned Parenthood had violated the law.

So these three committees that have already investigated Planned Parenthood have found absolutely nothing wrong with their activities. Yet, a select committee was appointed.

The kind of language that was used is exactly the language that the murderer at a Planned Parenthood clinic in Colorado used. This kind of inflammatory language is used on one of the number one health providers for poor women in this country, and it is being attacked unnecessarily.

Now, I serve as the ranking member on that select committee. We will do everything we can to not only defend Planned Parenthood, but to stop these relentless attacks on women's health care in this country. It is shameful. Enough is enough.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. UPTON), the chairman of the Energy and Commerce Committee.

Mr. UPTON. Mr. Speaker, we have a bill to restore America's healthcare freedom—yes, we do—one that will finally get to the President's desk.

This legislation seeks to protect folks in Michigan and all across the country from the rising costs, fewer choices, lost coverage, and countless broken promises that have defined the President's healthcare law.

Importantly, it would also give Congress time to enact better solutions focused on growing patient choice and improving patient care, lowering costs, providing States like Michigan greater flexibility, and promoting bottom-up 21st-century healthcare innovations.

The current healthcare law relies on outdated programs of the past and forces a one-size-fits-all approach on our States that is unresponsive to patient needs. Folks in Michigan deserve better. The American people deserve better. And you know what? We can do better.

I helped coauthor one commonsense plan to replace the health law. It is the Patient CARE Act. It is a pragmatic

solution—in fact, the only bicameral proposal that has been offered—that repeals the law and replaces it with patient-focused reforms that reduce healthcare costs and increase access to affordable, high-quality care.

We empower the American people to make the best healthcare choices for themselves and their families. It allows Governors the flexibility to best provide for their citizens, all while driving down costs and improving quality.

Under the proposal, no one can be denied coverage based on a preexisting condition. This proposal has other consumer protections as well. Insurance companies would be prohibited from imposing lifetime limits on a consumer. Dependents up to age 26 would be able to stay on their parents' plan, and guaranteed renewability would ensure that sick patients would be able to renew their coverage.

We also provide a refundable tax credit for the most vulnerable consumers to buy health coverage or healthcare services of their own choosing, not expensive insurance that Washington would force them to buy or face a penalty.

Michiganers covered under Medicaid today would also benefit. The reforms in the Patient CARE Act would make the Medicaid program more sustainable for taxpayers, and better management tools will make the program more efficient, fair, and accountable for everyone who depends on it.

This plan and the countless solutions offered by my Republican colleagues in Congress shines a spotlight on a better vision for health care, one focused on patients, families, doctors, and insurance.

This health law may have been enacted only a few years ago, but its government-centered premise is not a new one. These obsolete ideas have failed people time and time again. The public deserves a fresh, forward-looking approach that embraces 21st-century innovation.

So we have got a solution to restore America's healthcare freedom, to put ObamaCare in the rearview mirror and replace it with better healthcare solutions like the Patient CARE Act. It is time to put patients first. Let them make the choices, not the government.

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

With all due respect to Mr. UPTON and putting aside the merits of this bill, this is the 62nd time we are voting to repeal the Affordable Care Act.

We have never seen a vote in this House on any kind of so-called substitute to the Affordable Care Act. Our Republican colleagues have been full of talk, and we haven't seen any action.

I yield 1 minute to the gentlewoman from Wisconsin (Ms. MOORE), a member of the Budget Committee.

Ms. MOORE. Mr. Speaker, I must tell you how disappointed I am that we are not starting the new year here with fresh, new, bipartisan initiatives to

create jobs and to move our economy forward.

I just feel like this is for auld lang syne. This is our 62nd vote to repeal or undermine the Affordable Care Act. And, Mr. Speaker, I expect you to break out in a few verses of "Auld Lang Syne" anytime now.

Is it for auld lang syne that 22 million Americans might actually lose their health insurance if the President would somehow sign this into law?

Is it for auld lang syne that the Republicans and you, Mr. Speaker, are proposing that we attack women's health once again and take away the primary care physician for poor women, 4 out of 10 who say is their only source of health care?

Is it for auld lang syne that Planned Parenthood visitors—men and women—who have incomes of 150 percent or below the Federal poverty level will lose their health insurance?

Is it for auld lang syne that the 62nd repeal vote is taking place so that half of the health centers are in rural or medically underserved areas?

Let's get to work, Mr. Speaker, on fresh, new ideas and not auld lang syne.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. ROKITA), the vice chairman of the Budget Committee.

Mr. ROKITA. Mr. Speaker, I thank Chairman PRICE for his leadership. I am very proud of the work that the committee has done to get us to this point—one vote away from this bill getting to the President's desk—because then the President will finally have a chance to right one of the wrongs which bears his name and to stop the horrific and unethical medical practices occurring at Planned Parenthood.

This reconciliation bill repeals a number of onerous taxes created by the Affordable Care Act. Taxes have slowed the economic recovery, which means ObamaCare literally keeps people in my district, whom I care deeply about, from getting jobs.

This bill represents the economic development bill the last speaker spoke of. And ObamaCare increases health insurance costs for most Americans. So instead of spending more on their families over Christmas, people in Indiana and all over this country paid more to insurance companies instead, all because of ObamaCare.

This repeal bill will save Americans \$516 billion over the next 10 years, money they can spend as they see fit instead of how Washington Democrats dictated at the end of 2009. These are important steps to returning our healthcare system to us, where decisions are made by Americans and their doctors, not the Federal Government.

Mr. Speaker, in districts such as mine, many of the plans sold on the ObamaCare government exchange are classified as small or extra small, meaning that, in many cases, less than

10 percent of the doctors in the area are accessible to these families. This means that many Indiana families have had to give up their doctor and, in some cases, travel an hour or more just to get basic medical attention.

Timothy Gerking of Danville, Indiana, has seen his insurance costs for a family of three increase from \$400 a month in 2012 to over \$1,200 a month in 2016, along with higher deductibles and copays. How is he supposed to save for college for his kids? How is he supposed to plan for retirement if he is paying \$14,000 a year in premiums?

This is all despite the President's promise that "if you like your healthcare plan, you can keep it." That was an outright lie to the American people then, and ObamaCare is still one of the most insidious laws ever produced today.

The President now has a chance to correct the wrong that he and the Democrats have done to millions of Americans. I hope that opportunity is taken by him when it gets to his desk.

Mr. VAN HOLLEN. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), a friend and colleague and the Democratic whip, who understands that providing health care to 22 million Americans who didn't have it is a good thing.

Mr. HOYER. The ranking member took the words right out of my mouth. There are 22 million Americans covered now that weren't covered before.

Mr. Speaker, The Wall Street Journal reported on Monday, "House Speaker Paul Ryan, starting this month, will push to turn the Chamber into a platform for ambitious Republican policy ideas."

My friend, Mr. UPTON, talked about policy ideas, but Mr. VAN HOLLEN correctly observed they are not on this floor. You haven't brought them to this floor. All you have brought is a negative. Bring a positive. That, presumably, is what your Speaker ought to be talking about.

Many have been wondering what new, ambitious ideas Republicans would put forward to kick off this new session of the 114th Congress. Well, today we have the answer, the 62nd effort to repeal the Affordable Care Act, which everybody knows is not going anywhere.

We have seen this fresh, new idea before. It is coupled with a vote to defund Planned Parenthood, which will deny millions of Americans access to affordable health care.

So not only by repealing the Affordable Care Act will we deny health care to people, but by doing what they are doing to Planned Parenthood, millions of people will not have access to the health care they are relying on.

What we have before us is not anything new. In fact, it is a repeal of health reform that goes even further than the Republicans brought to the House floor in October, this time also ending tax credits and subsidies that enable those with modest incomes to afford health insurance and repealing the expansion of Medicaid.

The reason there is not another bill on the floor is because people would then see how draconian the policies are. These are components of the Affordable Care Act that have enabled millions of previously uninsured Americans to gain coverage since 2010.

Senate Republicans took a bad bill and made it worse. I am disappointed that Speaker RYAN would bring it to the floor as his first major act of this new session of Congress.

This reconciliation bill would cause an estimated 22 million Americans, as the ranking member has pointed out, to lose their health care, would increase premiums by approximately 20 percent, would provide employers with much uncertainty, and worsen the outlook for deficits over the long term.

Only in the first 10-year window do you have a savings. The CBO says, if you go to the second 10 years, this bill is a loser and exacerbates the deficit.

I urge my colleagues to join me in opposing this 62nd vote to repeal or undermine America's access to affordable, quality health care.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. ROE), a fellow physician who is the chair of the Health, Employment, Labor, and Pensions Subcommittee of the Committee on Education and the Workforce.

Mr. ROE of Tennessee. I thank Dr. PRICE for the work his committee has done.

I practiced medicine in rural Tennessee for 30 years. I didn't talk about health care. I actually provided it for patients. It was a major reason that I ran for Congress.

The premise of the Affordable Care Act was to increase access and decrease costs. Everybody in this building agrees on that. What we got was a 2,500-page bill that few people read that defined what you bought and then fined you when you didn't buy it, even if you couldn't afford it. That is what has actually happened.

Healthcare decisions should be made between families, patients, and their doctors, not by big insurance companies and certainly not by Federal bureaucrats.

So what is happening to middle class working people in this country today? Their out-of-pockets and copays have skyrocketed. In the hospital that I worked in, 60 percent of the uncollectible debt is now owed by people with insurance. That is because they cannot afford the out-of-pockets and copays.

□ 1630

We Republicans have had many ideas. Dr. PRICE has a bill. I coauthored a bill with the Republican Study Committee to replace this, and I will suggest, Mr. Speaker, that you will see that on this floor to be debated if we are successful in doing this.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. POCAN), a distinguished member of the Budget Committee.

Mr. POCAN. Mr. Speaker, we were told just a couple of months ago on the floor of this Congress that there is a new day in Congress. Well, it doesn't feel like a new day. It feels a lot like Groundhog Day.

I feel like Bill Murray from that early 1990s movie. I wake up, I shower, I get on a plane, I come to Washington, I plan on voting how to create jobs or help lift people's wages. Instead, I am voting on taking away health care from 22 million people.

The next week, I wake up, I shower, I get on a plane, I fly to Washington. What do I do? I vote on taking away health insurance for 22 million people.

Sixty-two times this body has voted to repeal health care. But we have also now made a new one of a dozen times we have now devoted to defund Planned Parenthood which, with this body's Speaker, in my home State of Wisconsin, means 62,000 women last year would not have gotten access to health insurance.

It is no wonder that with bad, recycled ideas like that, the public has such disdain for Congress. It is not a new day in Congress. It is just Groundhog Day.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mrs. BLACK), a fellow healthcare professional, who is a member of both the Budget Committee and the Ways and Means Committee.

Mrs. BLACK. Mr. Speaker, I hold in my hand Planned Parenthood's annual report, and in these pages, you will find the true war on women.

By their own numbers, taxpayer funding for this organization is up, while preventative healthcare services are down and abortions continue to stand at over 320,000 a year.

I am proud to support today's reconciliation bill to defund Planned Parenthood and to redirect those dollars to true preventative healthcare services for women, because Americans, and women, in particular, deserve better than this.

We may not be able to change the President's heart on this issue—goodness knows we have tried—but we can put him on record. If this President truly thinks that my constituents' tax dollars should fund this scandal-ridden abortion giant, that is on his conscience, but he should at least be forced to put a pen on paper and explain the belief to the American people.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 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, this bill is reckless and has zero chance of becoming law. But most significantly, it is heartless. What it says from Republicans here to millions, an Unhappy New Year. You could take healthcare

insurance away from 22 million people. To them, these 22 million, from Republicans, an Unhappy New Year.

It will repeal funding for Medicaid expansion in 30 States and the District of Columbia, leaving 14 million low-income Americans without health care. To those 14 million Americans, from House Republicans, an Unhappy New Year.

It would eliminate the tax credits for low-income families and individuals, a key part of what makes ACA affordable. It would eliminate the individual and employer mandates, undermining the patient protections and access measures that helped dramatically reduce the rate of uninsured in this country.

The Republicans are also using this bill to continue their ideological obsession with depriving women access to affordable family planning services and lifesaving cancer screenings by defunding Planned Parenthood.

This bill deserves not only the veto that is coming, but a "no" vote on the floor of this House.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. BOUSTANY), a fellow physician and member of the Ways and Means Committee.

Mr. BOUSTANY. I thank Chairman PRICE for yielding time.

Mr. Speaker, this is an important day in the House of Representatives because the House is preparing to send a package directly to the President. There will be no Senate filibuster. We have gotten around that issue. This bill goes to the President directly, and he can either sign it or veto it. But this bill repeals the very foundation of ObamaCare, and it stops Planned Parenthood funding. It is as simple as that.

This package is also important to me because I have a provision in there that I authored that repeals this employer mandate. This has been a really bad piece of legislation that was in place, this employer mandate, because it has forced small businesses to limit hiring or to resort to part-time employees. This is just a terrible thing, at a time when unemployment has been high and people are looking for work.

This bill will help undermine and get rid of the foundation of ObamaCare which, I know as a physician, has accelerated the negative trends in health care, of which there are many. I can't get into all of them now, but that is not the affordable, patient-centered health care that the American people deserve.

We can do much better. We will do much better. This is the first step.

Let's put this on the President's desk. Let's call his hand, and let's either force him to veto this, which we will try to override it, or sign it.

Mr. VAN HOLLEN. Mr. Speaker, I don't think that the President is going to mull over this decision for very long. He is going to veto this because the President doesn't want to deny 22

million Americans access to affordable care, which is exactly what the non-partisan Congressional Budget Office tells us is what this will do, and he doesn't want to deny access to health care to millions of women and families.

Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), the distinguished ranking member on the Energy and Commerce Committee.

Mr. PALLONE. Mr. Speaker, here we are again. It is a new year and a new session of Congress, but House Republicans are yet again up to their old partisan tricks.

Today, House Republicans have chosen to spend the first week of 2016 attacking women's health with a radical GOP reconciliation bill which would defund Planned Parenthood and strip away affordable family planning services and lifesaving care for millions of women across the country.

Overall, this is the 11th time the House majority has voted to attack women's health in this Congress, including 4 prior votes to defund Planned Parenthood. Meanwhile, it is also the 62nd repeal vote of the Affordable Care Act.

Mr. Speaker, this reconciliation bill is futile. It is political. It is unfortunate. We have a lot of work to do to help working families in this country, and today's bill reverses great progress in healthcare coverage and access and increases the deficit.

In fact, CBO estimates that this extreme legislation would increase the uninsured by about 22 million Americans after 2017. We also know that, if defunded, Planned Parenthood's 2.7 million patients would be left without care, resulting in dangerous consequences.

Just look at what is happening in States that have already implemented this radical agenda. In Indiana, such policies led to an HIV epidemic, and in Texas, it left tens of thousands of women without access to contraceptive care and increased incidences of life-threatening at-home abortions.

We can't allow the rest of the country to go down this dangerous path, all because of the ideological and political whims of politicians.

Mr. Speaker, I can go on and on about the consequences of this bill, but driven by an extreme agenda, Republican policies are harmful, and they have to be rejected. I urge a "no" vote.

Mr. TOM PRICE of Georgia. Mr. Speaker, may I inquire as to the time remaining on each side, please?

The SPEAKER pro tempore. The gentleman from Georgia has 13 minutes remaining. The gentleman from Maryland has 16½ minutes remaining.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mrs. BLACKBURN), who has been a champion for patient-centered health care and is the vice chairman of the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, the lie of the year for 2013 was that dubious

phrase, "If you like your health care, you can keep it." We know that the deception has become obvious. And what we do know is that 7 million Americans lost their employer-sponsored health insurance because of the ObamaCare bill.

We also know how harmful this has been to seniors; \$700 billion was raided, raided from Medicare, the Medicare trust fund, by the way.

What we know from our constituents is that when they go to the exchanges and shop, they end up with a product that—we are even hearing from the insurance companies. There is one of them that says they never should have been there and they are probably going to pull out next year and the product is too expensive to afford and too expensive to use. Premiums are up by double digits in a single year. Out-of-pocket costs are soaring.

This is why having an ObamaCare insurance card does not give you access to affordable health care. It does not give you access to affordable health care. It is, indeed, unaffordable.

We know the injury will continue to hardworking Americans. That is why we stand united today in supporting the reconciliation bill and the repeal of ObamaCare.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. MCDERMOTT), a member of the Budget Committee and the Ways and Means Committee.

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

Mr. MCDERMOTT. Mr. Speaker, here we are again, the same fraudulent bill being brought out here again.

The gentleman from Michigan says that they have a plan. They have a plan. We have been waiting 5 years for you to bring that plan to the floor and let us have a vote on it.

There is no plan that you are willing to bring to the floor because you do not care about the American people and their health security. Taking it away from 22 million people and assaulting women with this bill is simply clear evidence that you do not care what happens.

Now, you may think this is good election year politics. But back in the States, the Republicans—even the Governor of Kentucky, a Republican, has decided, you know, I don't want to take it away from people who are on Medicaid.

We tried this in Washington. We already know that if you leave in place the requirement that insurance companies give insurance to people, no matter what their healthcare state is, you are going to sink the individual market. We lost it in the State of Washington, and you are sentencing the whole country to that. Besides, you have said you want the repeal vote to be on the 22nd. You know it is going nowhere.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 2 minutes to the gen-

tleman from Louisiana (Mr. SCALISE), the Republican majority whip.

Mr. SCALISE. Mr. Speaker, I want to thank the chairman of the Budget Committee for the good, hard work that his committee did for bringing this bill to the floor.

Ultimately, Mr. Speaker, this is something that we have been talking about doing for a long time, but now we have the opportunity to have a vote on the House floor that will send a bill to President Obama's desk that actually guts ObamaCare and defunds Planned Parenthood.

This is something very important to people all across the country. But this is something that allows us through the reconciliation process, which is a rare opportunity.

There have been a lot of really good bills that this House has passed to address problems, whether it is getting the economy back on track, whether it is pushing back on so many of the radical agenda items, through regulatory actions, through executive actions that this President has done to try to circumvent the Constitution and Congress, and they go over to the Senate, and Senate Democrats filibuster the bill. And because of their archaic rules that require 60 votes just to bring a bill up, so many of those bills don't even come up for debate, Mr. Speaker.

So the budget process of reconciliation gives us one opportunity a year, if we are able to come together and agree on a budget, which this House and Senate did. We came to agreement, in fact, on a budget that gets to balance in the 10-year window for the first time since 2002. And it also gives us that one opportunity to move a bill through, not just the House, but through the Senate with a majority vote, rather than 60 votes.

Why that is so important, Mr. Speaker, is it allows us to finally put on President Obama's desk this important question. This President needs to be confronted with this, and he will now be confronted with the question about addressing his failed healthcare law that has denied health care to millions of people, that has resulted in double-digit increases for so many others. In my home State of Louisiana, we are seeing over 20 percent increases because of this failed law.

And then also, to defund Planned Parenthood. That bill will now go to his desk with this important vote.

□ 1645

It is a historic vote. I would encourage the President to sign this bill. It would be an important landmark moment in his Presidency. If he vetoes it, it shows the country just what is at stake if you have a President that is willing to do this for the American people.

I urge a "yes" vote, and I look forward to this vote.

Mr. VAN HOLLEN. Mr. Speaker, yes, that would be important to show that we have a President that doesn't want

to eliminate affordable health care for 22 million Americans.

Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. CASTOR), a distinguished member of the Budget Committee.

Ms. CASTOR of Florida. Mr. Speaker, Democrats in Congress begin the new year with a renewed commitment to working families across this great country and a commitment to standing up to the special interests that hold so much sway here in Washington, D.C. In contrast, House Republicans begin the new year with the first vote that is a vote against women, a vote against women's health, and a vote to target Planned Parenthood all rolled into one.

Now, women across this country will not forget the coordinated smear campaign against Planned Parenthood last year that was based upon false, manufactured videos full of distortions and misinformation.

We will not forget how Republicans in Congress acted in concert with the shady group and used the controversy to eliminate family planning support and vital cancer screenings for women across the country. It is especially troubling that my GOP colleagues begin the year targeting folks who really need the help the most: working families, young women, and women of color.

While Republicans choose to start the year this way, what I hear from women, parents, moms, and dads at home is that they want greater economic security and greater personal security. That is what Congress should be focused on in 2016, not an attack on women's health.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from the great State of Michigan (Mr. MOOLENAAR), a productive member of the Budget Committee.

Mr. MOOLENAAR. Mr. Speaker, today we will vote to repeal the President's healthcare law. It is a law that the American people have opposed from the very beginning when it was passed without bipartisan support. The American people opposed it even when the President promised that they could keep their coverage and their doctor. They also opposed it when that promise was broken. They opposed it when the law taxed their health insurance and the medical devices that help them live longer, healthier lives.

Today the American people still oppose the President's healthcare law because it makes them pay higher premiums for policies with deductibles that are too expensive. That is why today, 6 years after it was passed, we are voting to send a repeal of this law to the President's desk. This repeal will save the government \$500 billion over the next 10 years and empower people to make their own healthcare choices.

Mr. VAN HOLLEN. Mr. Speaker, I hope everyone listens carefully when our colleagues say that it will save money over the next 10 years, because

the Congressional Budget Office says this will actually lose the taxpayer money over the longer term. We all hope to live and have our children live in the longer term.

Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL), a distinguished member of the Budget Committee and Ways and Means Committee.

Mr. PASCRELL. Mr. Ranking Member, through the Chair, this is nonreconciliation if I have ever seen it.

The Affordable Care Act pulling back from Medicaid expansion, do you know what that means? Have you examined what that will do? It will take away essential tax credits that the law provides to help the middle class and middle class families purchase health insurance.

Here we are repealing the ACA for the umpteenth time. In addition to cutting off funding for Planned Parenthood, the new version of the bill which came back from the Senate would also prohibit Medicaid from paying for services at Planned Parenthood. Because Federal law strictly prohibits Federal Medicaid dollars from being used to pay for abortions, regardless of how you try to get that message out and convey this nonfact, that is not the fact. This addition would specifically prohibit payments to Planned Parenthood for healthcare services like preventive health exams.

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

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

Mr. PASCRELL. Mr. Speaker, I contend that that is un-American. Read my lips. Cancer screenings. I contend that that is un-American. And you have nothing in your budget, and you have nothing in your so-called plan—which dematerialized before it materialized—that would take care of these folks.

And the subject of birth control, since you like to talk about it all the time, that, to me, is un-American. That, to me, reduces freedom in the greatest country on the planet.

So what will we come up with? In a bill that came before us without regular order—you tout all the time that we need regular order, we have got to go through the process and get the bill in front of us—this did not go through the process. This committee that you had was a joke. You know it and I know it.

So what a spirit of reconciliation, what a horror—what a horror—being projected on the American people. It is too bad. It is not a good way to start the new year, and I am not hopeful for the future.

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

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE), a productive member of the Energy and Commerce Committee.

Mr. LANCE. Thank you, Chairman PRICE, for your tremendous leadership on this and many other issues.

Mr. Speaker, I rise today in support of the Restoring Americans' Healthcare Freedom Reconciliation Act, the first ObamaCare repeal bill that Congress sends to the President's desk since the law's enactment in 2010.

This bill effectively repeals mandates and taxes at the very heart of the law and saves taxpayers nearly half a trillion dollars over the next decade, according to the nonpartisan Congressional Budget Office.

Our action here in the House today is an important step toward replacing ObamaCare with patient-centric solutions that lower healthcare costs, protect jobs, and allow Americans to keep their doctors and their health care if they like them.

To be clear, there is more work that needs to be done to make full repeal and replacement a reality, but our congressional efforts today provide important momentum to help make that a reality in 2017 with a new President.

I urge all my colleagues to support H.R. 3762.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT), the distinguished ranking member of the Education and the Workforce Committee.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentleman for yielding.

The House is yet to take another vote in 60 seconds to demonstrate its relentless fixation on systematically destroying the Affordable Care Act. More specifically, we must vote on a budget reconciliation package that, if enacted, will take away healthcare access for millions of Americans.

This isn't a new exercise. In addition to the 61 unproductive votes, futile lawsuits have been brought in courts, and meritless attacks have been mounted with the goal of destroying the progress we have made. And we have made progress improving a system that didn't work for American families before the Affordable Care Act.

Since the enactment of the law: over 17 million uninsured Americans have gained insurance; young people can stay on their parents' policies until age 26; healthcare costs are growing more slowly today than in past decades; annual checkups are not subject to deductibles; an insurance company can't charge you more for just being a woman; we are in the process of closing the prescription drug doughnut hole; and if you want to change jobs or start a business or start a family, you have healthcare options even if you have a preexisting condition.

That is the progress we have made. Despite that progress, the legislation before us turns the clock back on all of that progress. I urge my colleagues to oppose the bill.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY), the distinguished majority leader of the House of Representatives.

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

I appreciate the work that the chairman has done. I know he is chairman of the Budget Committee, but before he stood on this floor, he was a doctor. He is still a doctor today, and I know the passion that he brings to bring the right type of reform for a medical system that actually works in this country. That is why today is so important not just to him, but to all of us.

We have worked hard—I would say relentlessly—to make that day happen. Yes, we fought to delay, defund, and actually repeal ObamaCare. This law is a failure. We know it, and I know all of you on the other side of the aisle know it as well. Twelve co-ops have failed. State exchanges are failing. No matter where you stood on this issue, you went home and you heard from your constituents.

Now, if you voted for it, you are going to have to answer to the President's promises, because he just didn't promise a few in this room. He promised all Americans. Do you remember what he said? He said: "If you like your healthcare plan, you'll be able to keep your health care plan, period." He also said, Mr. Speaker: "If you like your doctor, you will be able to keep your doctor, period." Mr. Speaker, he also said ObamaCare would "lower premiums by up to \$2,500 for a typical family per year."

Those are direct quotes—it is just that not one of them came to fruition.

Now, I know what I will hear on the other side of the aisle, and they probably won't mention this, but on this floor, Republicans and Democrats joined together to dismantle the employer and individual mandates. In a bipartisan fashion, we delayed the medical device tax. In a bipartisan fashion—a lot delivered from the other side—we delayed the Cadillac tax, cut funding to the healthcare rationing board, and stopped the taxpayer bailout of insurance companies.

Many of our attempts have been successful in undoing key parts of this law. But today, for the very first time, we send a bill repealing ObamaCare to the President's desk.

Also, after watching the horrific videos of Planned Parenthood employees casually discussing the sale of infants' organs, we knew something had to be done. Something had to be done to make sure taxpayers were not forced to support organizations that engage in such inhumane practices. Today we send a bill to the President's desk that ends taxpayer funding for abortion coverage and abortion providers like Planned Parenthood.

No matter where you go in this country, no matter whom you talk to, no matter what party they belong to, they know things are wrong in this country. People are hurting under ObamaCare, human life is being disregarded, and now Congress will put it to the President and hold him accountable for the terrible policies this administration has pursued.

Mr. Speaker, I don't have any delusions. For the sake of the American people and too many unborn children, I hope the President signs this bill. But the President has made his position very clear. No matter how wrong he is, he will veto any bill that repeals ObamaCare or defunds Planned Parenthood. If he does, we will vote to override.

I, and I know many of my colleagues, have worked with colleagues on the other side of the aisle trying to persuade them to join with us. We asked them to join us and stand with the American people against ObamaCare and against taxpayer funding of the abortion industry. But no matter how the override vote ends up, what we are doing today is still important. When a Republican President takes office next year, Mr. Speaker, we can use reconciliation again. We won't have to worry about a veto from the White House, and we can overcome any attempts by the Democrats to filibuster and obstruct.

You see, from the foundation of this bill and from the work of many colleagues in the medical community and doctors that serve as Members of Congress, we will create a patient-centered healthcare system that gives power to the people, not to bureaucrats in Washington.

So, Mr. Speaker, that is why today is important, because with this bill we can do it—this year or the next, but we will.

Mr. VAN HOLLEN. Mr. Speaker, I listened carefully to the Republican leader, Mr. MCCARTHY, who said that they have worked hard and relentlessly to make this day happen—a day that would eliminate affordable health care to 22 million Americans.

□ 1700

I want to make sure all of our colleagues understand that this is not a fact coming from the Democrats. There is the saying that you are entitled to your own opinion, but you are not entitled to your own facts.

That is a fact that came from the nonpartisan Congressional Budget Office. In fact, they were responding to a letter from Mr. PRICE, the chairman of the Budget Committee. The letter reads:

Dear Mr. Chairman, At your request, CBO and the staff of the joint committee have estimated the budgetary effects of this bill.

It goes on to say:

And analyze the bill.

It is their conclusion on page 9 of the letter to the chairman:

Enacting H.R. 3762 would increase the number of people without health insurance coverage. Relative to current law projections—

That means relevant to the current law with the Affordable Care Act in place.

would reduce by about 22 million people in most years after 2017.

That is a fact. That is signed by the director of CBO, Keith Hall, who, as ev-

erybody in this body knows, was selected on a bipartisan basis by the chairman of the House Budget Committee and the chairman of the Senate Budget Committee, both Republicans. That is a fact.

It is a sad state of affairs when we are "celebrating" the fact that they "worked relentlessly" to get to the point to eliminate affordable care to 22 million Americans.

I yield 1 minute to the gentleman from New York (Mr. RANGEL), somebody who understands the importance of affordable health care and is also a distinguished member of the Ways and Means Committee.

Mr. RANGEL. Mr. Speaker, let me thank the gentleman for his statement in pointing out that this is not really a legislative issue. This is a Republican partisan issue where people have waited for years for this moment to destroy a bill to put 22 million people out of reach of medical care.

They are striking over \$1 trillion from the bill. They are being critical of the bill. They didn't say their moment in the Sun was to provide a better bill. No. They say, if you go back home, you are going to hear complaints.

Well, President Obama went back home to the American people and was campaigning for ObamaCare and they reelected him. Now we are saying that these 22 million people—do you think they are not going to get health care?

You bet your sweet life on this country they are going to get care, not the quality care that ObamaCare would provide for them, but they will be going to emergency rooms. They will get more sick. They will end up in the hospitals. It will cost us much more than the so-called trillion dollars we have.

Well, thank God we do have a government where the President can say no. Thank God we also have a Constitution that says you don't have enough votes to override what is constitutionally and morally the right thing to do.

Mr. TOM PRICE of Georgia. Mr. Speaker, may I inquire once again the time remaining on each side?

The SPEAKER pro tempore. The gentleman from Georgia has 7 minutes remaining. The gentleman from Maryland has 8 minutes remaining.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. STUTZMAN), a wonderful member of the Budget Committee.

Mr. STUTZMAN. Mr. Speaker, the gentleman just mentioned that this is a partisan issue. This was a partisan issue back in 2009 when it was passed. This was forced through against the will of the American people. That is why you have seen over the past several elections that the American people want a repeal of ObamaCare and that we start over with patient-centered free-market health care.

The fact is that I was at a Cracker Barrel a couple of weeks ago. I was talking to the waitress. The waitress

approached me and she said: You know, ObamaCare was supposed to help me. She said: My premiums have gone up. They have doubled. My out-of-pocket expenses have gone from \$500 to \$5,000. She said: ObamaCare is not helping me.

This is a story that we have heard time and time again. ObamaCare hasn't helped the American people. It has put a greater burden on the American people. Doctors are supposed to provide health care, not ObamaCare, not the Federal Government. This should be a relationship between the American people and the doctor that they choose, the doctor that they were promised that they could keep.

Mr. Speaker, I believe that this reconciliation package is the right thing at the right time for our country. We need to start over. We need to fix our healthcare system rather than prolonging and continuing to enforce a Big Government agenda on the American people.

I ask the Members of this House to support this legislation.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI), a distinguished member of the Education and the Workforce Committee.

Ms. BONAMICI. Mr. Speaker, I rise in opposition to this legislation which would push health coverage beyond the reach of millions of Americans.

The Congressional Budget Office predicts that enacting this legislation could result in roughly 22 million more people living without health insurance. These people are single parents struggling to cover basic necessities, young adults trying to launch their careers and start families, and hardworking couples for whom the cost of insurance won't fit in the monthly budget.

Without affordable health coverage, these Americans will be living with perpetual fear, fear that they will need to choose between paying for housing or food and getting treatment, and fear that any medical emergency could lead them into bankruptcy.

To make things worse, this bill defunds Planned Parenthood, which would undermine access to reproductive health services and preventive care for women. That is not only wrong, it is counterproductive.

It is unfortunate that, at the start of a new year, we are debating a regressive proposal that would make the lives of some of our most vulnerable friends and neighbors even less secure.

I hope my colleagues on both sides of the aisle will acknowledge that this bill is irresponsible and join me in voting "no."

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN), a fellow Georgian and a freshman Member of the House of Representatives.

Mr. ALLEN. Mr. Speaker, I thank the gentleman for his great work on this important legislation.

Today I rise in support of H.R. 3762, the Restoring Americans' Healthcare

Freedom Reconciliation Act of 2015. This legislation will dismantle ObamaCare and defund Planned Parenthood.

This bill guts ObamaCare's individual and employer mandates and repeals the costly Cadillac and medical device taxes. It protects society's most innocent—the unborn—and also provides additional funding for community health centers so that women can continue to have access to the quality care they deserve.

We need to expand patient choice. We need to give the American people choice. We need to make health care more affordable by offering patient-centered and cost-effective reforms. Most of all, we need to give a voice to the voiceless.

This is a historic moment. After passing the House today, the bill will go straight to the President's desk and President Obama will be forced to vote on repealing ObamaCare and defunding Planned Parenthood for the first time. He will have to choose between dismantling a costly and disastrous law and preventing disregard for human life or protecting his own political legacy.

Colleagues in the House, please join me and vote in favor of the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. SCHRADER), a member of the Energy and Commerce Committee.

Mr. SCHRADER. Mr. Speaker, after drafting and passing a trillion-dollar deficit-busting tax and budget bill last month, my Republican colleagues now want to get some of that money back on the backs of middle- and low-income Americans.

These are the very people that have been struggling to recover from the Great Recession. These families and small businesses that are having trouble staying afloat would now lose access to affordable health care. It is irresponsible.

I don't get it. The Affordable Care Act gives millions a hand up, not a handout, in order to afford affordable health care. Families are put in the driver's seat in the health insurance market and are seeing good results.

This is something we have been doing in Oregon for some time. Market-based principles and personal responsibility is actually the heart of the ACA.

Mr. Speaker, I don't understand why we would want to create greater uncertainty for small businesses, trying to do the right thing by their employees, by eliminating the small business tax credit, like my Republican colleagues want to do today.

Rather than waste time on distractions like this, we should be coming together to build certainty around the basic American right of a shared-responsibility healthcare system.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentlewoman from Missouri (Mrs. HARTZLER), a diligent and productive member of the Budget Committee.

Mrs. HARTZLER. Mr. Speaker, ObamaCare is hurting people by reducing choices, increasing costs, and making it harder for people to access quality, affordable healthcare. That is why I am proud to stand here today to support a bill that dismantles key provisions of ObamaCare and paves the way for better healthcare solutions.

The Restoring Americans' Healthcare Freedom Reconciliation Act stops the government from forcing its citizens to buy expensive healthcare plans they don't want or need. It saves Americans money by eliminating many of the ObamaCare taxes.

Additionally, this bill stops taxpayer funding for abortion providers such as Planned Parenthood. This one abortion provider receives over half a billion taxpayer dollars a year even though it has been involved in the harvesting and selling of baby body parts.

It is time to stop all tax dollars flowing to abortionists and redirect it to healthcare providers who care for women without taking innocent life.

Congress is listening to the people's calls. Now it will be up to the President to decide, does he support the people and women's health or does he support Washington mandates and tax dollars going to Planned Parenthood.

I urge the President to do the right thing and sign this into law.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE), a member of the Judiciary and Homeland Security Committees.

Ms. JACKSON LEE. Mr. Speaker, I thank the manager, the gentleman from Maryland (Mr. VAN HOLLEN), for his leadership. I also thank my good friends on the other side of the aisle.

Mr. Speaker, I now understand what the issue is. We are talking apples and oranges. My friends on the other side of the aisle don't care about the fact that, in 2013, 18 percent of Americans were uninsured; in the State of Texas, 28 percent; California, 23 percent; and Georgia, 22 percent.

Now we have found that we are at a point where we have lowered that amount and we have lowered the uninsured rate in this country to 11.9 percent. Those are vulnerable Americans and women and families.

We also don't seem to understand that, when our constituents come to us and talk about premiums, all we need to do is do the constituency service and kind of assure them and show them the direction into the marketplace because, in shopping around, you can lower your premium.

But the real issue is whether or not we care about making sure that those with preexisting conditions can actually get health insurance, that those in Medicare can actually protect the Medicare system and make it insolvent in 2030 instead of 2017.

The other question is: Does this bill even have a plan? Is there an alternative healthcare plan that the Republicans have put in the budget reconciliation? No, they have not.

Then they want to take away Planned Parenthood. This is not about disliking Planned Parenthood. It is telling women that they do not have a choice to choose their own doctors. That is what they are doing when they defund Planned Parenthood.

Mr. Speaker, it is apples and oranges. They are talking one thing. I am talking about saving lives and helping Americans keep their health insurance.

Mr. Speaker, I rise in opposition to H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015.

In 1949, Harry Truman became the first sitting President to propose universal healthcare for all Americans as part of the "Fair Deal."

On March 23, 2010, President Obama aided by a Democratic Congress delivered on this promise.

Before the enactment of the Affordable Care Act, 50 million people in the United States had no health insurance coverage, with many losing insurance as a result of the recent recession.

This is the 62nd vote by the GOP since its enactment to end the Affordable Care Act law.

In 2013, key provisions of the Affordable Care Act began to take effect and have significantly improved the lives of millions of Americans.

In 2013, the states with the highest percentage of uninsured were: Texas with 28.8 percent; Louisiana with 24 percent; Nevada with 23.3 percent; California with 23.2 percent; Florida with 22.8 percent; Georgia with 22.5 percent; Arkansas with 21.9 percent; Mississippi with 21.7 percent; and Oklahoma with 21.4 percent.

In 2013, when Gallup first began tracking health insurance coverage just before the Affordable Care Act went into effect, the number of persons not insured has declined by 5.2 points.

Gallup reported that the percentage of uninsured Americans increased from nearly 14 percent in 2008 to over 17 percent in 2011, and peaked at 18.0 percent in 2013.

According to Gallup the uninsured rate among U.S. adults declined to 11.9 percent for the first quarter of 2015, but this fact has not deterred efforts by the GOP of the House to end this important lifesaving law.

Mr. Speaker, this steady decline in the number of Americans without health insurance means that today only about 10 percent of our citizens do not have coverage.

Many of those most in need of the healthcare coverage provided by the Affordable Care Act live in the Districts of many members on both sides of this argument. Texas, my own state, leads the list of states with the highest percentages of uninsured residents.

The highest concentrations of the uninsured are the poor and unemployed.

The uninsured rate among Americans has dropped sharply since the implementation of the Affordable Care Act, which provides: access to healthcare to the poor through expansion of Medicaid; prevents health insurance companies from denying healthcare coverage based on pre-existing conditions; stops health insurance companies from discriminating against women by charging them higher rates for coverage, and extends the time children can remain on their parents' health insurance to age 26.

The Affordable Care Act provides to states at no cost options for residents to enroll in healthcare programs through Medicaid.

Unfortunately, some states like my state of Texas have rejected this important component of the Affordable Care Act for those in the state in most need of healthcare.

Instead of focusing on protecting and caring for the health of our constituents, we are allowing partisan games to interfere with serving the best interest of our Districts.

At the end of healthcare insurance enrollment for 2015, more than 8.5 million consumers signed-up for health coverage through the HealthCare.gov platform or had their coverage automatically renewed.

Of the about 6 million Marketplace consumers whose coverage was renewed, about 3.6 million actively renewed and 2.4 million consumers automatically renewed their health insurance coverage.

The 2015 health insurance enrollment period had 29 percent new participants and 71 percent return participants.

In my state of Texas 1,096,868 individual plans were selected by visitors to the HealthCare.gov platform.

In 2015, unfortunately Texas remains the state with the highest health uninsured rate among the 50 states, with 25.7 percent or over 4.2 million residents without health insurance.

Instead of focusing on the issues that the American people want addressed, we are having the same discussion to repeal the Affordable Care Act in the efforts of my colleagues to repeal, obstruct and undermine this law.

What is even more frustrating is that while there is so much energy in trying to repeal the Affordable Care Act, there has been no plan or suggestions posed on how to replace it.

I want to once again highlight the benefits of the Affordable Care Act so we can once and for all end the attempts to try and repeal this law that benefits so many Americans.

Because of the Affordable Care Act, Americans are seeing lower costs, better coverage, and patient protections that Republicans want to repeal:

The average premium for employer-provided family health coverage went up 3 percent in 2014, continuing the trend of lower annual increase, which means that over the 5 years the healthcare law has been in place it has saved employers over \$1,800 dollars in premiums for employee family health insurance coverage.

Medicare spending growth per beneficiary was approximately flat in fiscal year 2014, a significant contributor to extending the solvency of the program.

The Medicare Trustee now projects because of the Affordable Care Act that the Medicare Trust Fund will be solvent until 2030 instead of 2017.

Health insurance consumers have saved 9 billion since 2011 because Obamacare requires insurance companies to spend 80 cents on every premium dollar on consumer healthcare and empowers States to review and negotiate premium increases.

129 million Americans, including 17 million children, are no longer at risk of losing health insurance coverage because of their health.

76 million Americans with private coverage are eligible for expanded preventative services coverage, which includes 30 million women and 18 million children.

Since the Affordable Care Act went into effect insurers have paid customers over \$1.9

billion in rebates because they did not spend 80 cents on each dollar of premium on healthcare.

Nationwide, nearly 11.7 million consumers selected a plan or were automatically enrolled in Marketplace coverage.

In 2014, of the 5 million uninsured Texans: 874,000 are eligible for Medicaid/CHIP; 1,046,000 are in the coverage gap; 1,756,000 are eligible for tax credits; 1,264,000 are ineligible because of their income or access to employer benefits.

In 2014, access to affordable healthcare for the self-employed or those who decide to purchase their own coverage became easier because of Affordable Insurance Exchanges.

In Texas, 1,205,174 consumers selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Marketplace as of February 2015.

The Federal Marketplace Signups and Tax Credits in Texas meant that: 85 percent of Texas consumers who were signed up qualified for an average tax credit of \$239 per month through the Marketplace. 68 percent of Texas Marketplace enrollees obtained coverage for \$100 or less after any applicable tax credits in 2015, and 92 percent had the option of doing so.

In Texas, consumers could choose from 15 issuers in the Marketplace in 2015—up from 12 in 2014.

Texas consumers could choose from an average of 31 health plans in their county for 2015 coverage—up from 25 in 2014.

468,797 consumers in Texas under the age of 35 are signed up for Marketplace coverage (39 percent of plan selections in the state); and

348,593 consumers 18 to 34 years of age (29 percent of all plan selections) are signed up for Marketplace coverage.

Texas has received \$1,000,000 in grants for research, planning, information technology development, and implementation of its Marketplace.

Open enrollment for 2016 coverage runs from November 1, 2015 to January 31, 2016.

There are now one stop marketplaces where consumers can do what Federal employees have done for decades—purchase insurance at reasonable rates from an insurer of their choice.

There are also opportunities for small employers to form pools to use their collective bargaining potential to find the best deals for employee health plans.

This Congress has work that needs to be done, and it has work that should be taken up to increase financial security for workers, their families and communities as the economy continues to recover, and not play partisan political games.

I urge my Colleagues to put partisan politics aside and join me in voting no on the passage of this bill.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. SMITH), a champion of the pro-life community.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the chairman for his great work on this bill.

Subsidized by over \$500 million taxpayer dollars each year, Planned Parenthood dismembers or chemically poisons a baby to death every 2 minutes, killing over 7 million innocent children since 1973.

Planned Parenthood is Child Abuse, Incorporated. Now undercover videos have exposed in numbing candor several high-level Planned Parenthood leaders gleefully talking about procuring children's internal organs for a price, all while altering gruesome dismemberment procedures to preserve intact livers, hearts, and lungs from freshly killed babies.

Far too many politicians, Mr. Speaker, including our Nobel Peace Prize-winning President and much of the media, continue to ignore, trivialize, and even defend these gross human rights abuses.

So know this: We will not be deterred in exposing this Planned Parenthood scandal no matter how aggressive and misleading the cover-up.

End taxpayer funding to those who commit these cruel and inhumane acts in this subsidy for Planned Parenthood.

Mr. Speaker, I rise today in strong support of the Restoring Americans' Healthcare Freedom Reconciliation Act and urge all of my colleagues to vote to dismantle Obamacare by repealing the most damaging aspects of this egregiously flawed law.

The legislation before us today will send a strong message on behalf of the millions of Americans who lost or were forced to switch their healthcare coverage and/or doctors, as well as those facing additional charges, higher copayments, and larger annual fees as a result of Obamacare.

I have supported, and the House has passed, legislation to repeal Obamacare in its entirety many times but today's vote is different. Through the reconciliation process, which allows for expedited consideration and a simple majority vote in the Senate, today's bill will be placed on the President's desk. The President will have to decide if he stands on the side of the American people or continues the misguided policies squeezing middle class families.

In particular, the bill repeals the individual mandate—where American are coerced into purchasing expensive insurance packages many do not want or need, and many cannot afford.

Unfortunately for the millions who cannot afford to purchase Obamacare insurance, the penalties are expensive too.

According to a Kaiser Family Foundation report issued last month, this year the penalty for noncompliance will spike 47%, up from \$661 in 2015 to a whopping \$969.

The report also states that for 7.1 million uninsured Americans, the penalty is still cheaper than the least expensive insurance option available to them through Obamacare. Since the law did little to address affordability and the increasing cost of obtaining coverage, the federal government—the IRS, no less—will now take money out of the pockets and pocketbooks of Americans, further penalizing the uninsured.

The President and Obamacare supporters promised otherwise, but health insurance still remains out of reach for many Americas. Additionally, those who had quality affordable coverage that they were comfortable with have seen unwelcome changes that they likely would not have had to face—but for Obamacare.

The Restoring Americans' Healthcare Freedom Reconciliation Act will also—fully and permanently—repeal two misguided tax increases harming businesses, innovation and middle-class Americans: the excise tax on employer-sponsored health insurance, aka “the Cadillac tax,” and the medical device tax.

This legislation moves us a step forward in the process of repealing Obamacare's mandates, tax hikes and slush funds and begins undoing the damage inflicted on individuals, businesses, our economy and our national debt. But we can do more to address these inadequacies of our healthcare system and provide alternative reforms and solutions.

We have the ability to ensure that all Americans have access to affordable, high-quality health care. I am a longtime supporter of a number of positive reforms that can replace Obamacare including: reforming the private health insurance market so patients and their doctors are in charge of medical decisions; encouraging healthy behaviors; incentivizing innovation; ensuring insurance portability and the availability of high-risk pools; reforming Medicare to be a model of efficiency; modernizing the tax code to make health insurance more affordable; and strengthening the health care safety net so no one is left out.

Finally, the bill before the House today defunds Planned Parenthood. Subsidized by over \$500 million taxpayers' dollars each year, Planned Parenthood dismembers or chemically poisons a baby to death every two minutes—killing over 7 million innocent children since 1973.

Planned Parenthood is “Child Abuse Inc.”

Now, undercover videos have exposed in numbing candor, several high level Planned Parenthood leaders gleefully talking about procuring children's internal organs for a price all while altering gruesome dismemberment procedures to preserve “intact” livers, hearts and lungs from freshly killed babies.

Far too many politicians including our Nobel Peace Prize winning President and much of the media continue to ignore, trivialize—even defend—these gross human rights abuses.

So know this: we will not be deterred in exposing this Planned Parenthood scandal, no matter how aggressive and misleading the cover-up.

End taxpayer funding to those who commit these cruel and inhumane acts.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, we ended the 2015 Congress working together with a tax extender package that I voted for that gave relief to the medical device folks in an omnibus bill.

But we are back, and there you go again trying to repeal the Affordable Care Act, taking health care away from people and taking Planned Parenthood, which gives people who are poor and live in areas where there is not other healthcare opportunities—taking away from them the opportunity for preventive health care.

□ 1715

The last time this was tried in Tennessee, there was a 1,400 percent cut in women getting preventative care. That is just not right. We just came through Hanukkah and Christmas, and we

ought to think a little bit about what Hanukkah and Christmas were about and what Moses and Jesus would be about. I think they would be about saving lives and about giving everybody an opportunity to live, not patient-centric health care, but people living and getting health care like every other civilized, industrialized country in the world provides for its people.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. WESTERMAN), a conscientious U.S. Member of the Committee on the Budget.

Mr. WESTERMAN. I thank the chairman for his leadership.

Mr. Speaker, today is a good day for America because we will finally send this bill to the President's desk.

The “Unaffordable Care Act” is bad for the American people because it is contributing to the bankruptcy of our country while doing little to provide Americans with better health care.

Mr. Speaker, I have constituents who used to have health insurance but who no longer do because their premiums are too high. Now they have no insurance, and the only thing to show for it is a fine from the IRS. Medicaid expansion is a blueprint for single-payer, government-run health care. As an engineer, I can assure you that, if you start with a bad blueprint, you will get bad results.

Instead of expanding Medicaid for able-bodied, working-age adults, the administration should work with us to fix the broken traditional Medicaid program, which is intended for those who most need it: the elderly, the disabled, and children. In 2014, there were 38.2 million nondisabled Americans between the ages of 18 and 64 who were not working at all. More than they need Medicaid expansion, they need progrowth economic policies that will foster good jobs so they can simply work and provide for themselves and their families.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. NEAL) of the Committee on Ways and Means.

Mr. NEAL. Mr. Speaker, 62 times we have now voted to repeal the Affordable Care Act. Let me contrast what we are about to do in the next few minutes with the manner in which Democrats handled the Medicare part D prescription drug benefit. We voted against it. We opposed it. We became the majority, and we improved it. That is the reality of legislating. We closed the doughnut hole. We took a very difficult piece of legislation—largely resisted on their side as well—and became the majority and asked: How can we singularly improve this legislation so that it has broad appeal for the American people? Today, people take it for granted. They just accept the idea that the prescription drug bill works for all members of the American family. Instead, this is the 62nd time of repealing this for the purpose of political

messaging, with no alternative ever provided—not once.

I hope the media members will use the contrast that I have just outlined about the prescription drug legislation in Medicare part D with what the Republicans are doing, once again today, with no hope other than that of trying to win political points in messaging.

Mr. TOM PRICE of Georgia. Mr. Speaker, may I inquire as to the time remaining on both sides?

The SPEAKER pro tempore. The gentleman from Georgia has 2 minutes remaining, and the gentleman from Maryland has 3 minutes remaining.

Mr. TOM PRICE of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. VAN HOLLEN. Mr. Speaker, I inquire of the gentleman from Georgia if he has any further speakers.

Mr. TOM PRICE of Georgia. Mr. Speaker, I have no further requests for time.

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

We finished the debate, really, where we began, which is, on this first day back of 2016, we are really revisiting the battles of the past, as the gentleman from Massachusetts (Mr. NEAL) and others have said.

We heard from the Republican leader, Mr. MCCARTHY, that they had worked hard for this day. We know from the nonpartisan Director of the Congressional Budget Office that, apparently, what our Republican colleagues worked so hard to do was to take affordable health care away from 22 million Americans. At the same time, we have heard all sorts of misinformation and distortions on this floor about Planned Parenthood, which is an organization that provides women and their families with health care, that provides cancer screenings, and that provides family planning.

On national television, when asked whether there was any evidence that Planned Parenthood had broken any law, even Republican Chairman CHAFFETZ of the Committee on Oversight and Government Reform, who investigated Planned Parenthood, said: “No, I’m not suggesting that they broke the law.” In fact, that was the finding of other committees here. Yet, our Republican colleagues have now set up a witch hunt, special committee to go after Planned Parenthood. Ironically, they claim to be doing an investigation, but here on the floor, they have, obviously, already reached a conclusion and have decided to defund an organization that helps provide health care to American women and families.

So, rolled into one bill, you have something that would deny access to health care to 22 million Americans and, at the same time, deny important health services to millions of American women and their families.

When our Republican colleagues pose this question and say that the President is going to be faced with a tough choice, I can assure them it is not a

tough choice for the President, because it is not a tough choice when it comes to whether or not we take affordable health care away from 22 million Americans. That should be an easy choice for all of us. We are not going to do it. It also shouldn’t be a tough choice as to whether or not we defund Planned Parenthood and the services they provide to American women and families. That is not going to be a tough choice for the President.

The Republican leader was absolutely right when he talked about the consequences of the 2016 elections, because we are fortunate that, today, we have a President who will not sign that bill but who will, instead, veto that bill. Our colleagues are absolutely right. If you had a different President, including, as far as I know, all of them on the Republican side, they would be signing this bill. So this is an important statement of what our Republican colleagues think is the top priority on the first day of 2016, which is to get rid of affordable health care for 22 million Americans.

Let’s talk about that with the American public because I believe that the American public wants to do what the gentleman from Massachusetts (Mr. NEAL) said: Where we find problems and where we need to make adjustments, we should do it, but we shouldn’t turn back the clock and deny affordable health care to tens of millions of Americans.

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

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield myself the balance of my time.

It seems, whenever we have a serious issue to talk about on the floor, the distortions and the utter false statements come out, and that is a shame because the American people deserve better.

ObamaCare is harming real people, not just from an economic standpoint across this great land but from a healthcare standpoint. As a physician, I can tell you that I hear about it daily from my colleagues. We hear from the other side of folks who tout the numbers of increase and of folks who have gained insurance. The fact of the matter is, of the folks who have gained insurance and of those who had insurance, many of them now have coverage, but they don’t have care. If you earn \$30,000, \$40,000, or \$50,000 and if your deductible is now \$5,000 or \$10,000 or \$12,000, you may have coverage, but you don’t have care. In fact, individuals are denying themselves treatment right now because they can’t afford the deductibles because of this law. That is the real world out there. That is the harm that this law is doing.

We heard over and over and over that we want to remove healthcare coverage from 22 million people. That is utter nonsense, Mr. Speaker. It is absolutely not true. In fact, my friend from Maryland quoted the CBO report, and he quoted it accurately, but he skipped

over—kind of glossed over—the part that said that this would be relative to current law projections. That is right. We want to repeal this law, and we want to replace it with positive, commonsense, patient-centered solutions that put patients and families and doctors in charge of health care, not Washington, D.C., solutions that respect the principles of health care: accessibility for everybody, affordability for everybody, choices, and higher quality care—the things that ObamaCare has destroyed. That is why the majority of the American people don’t like this law and oppose this law. It is because it destroys the principles of health care that the American people hold dear.

Mr. Speaker, this is the first step and the next step in the process of repealing ObamaCare and of making certain that we move forward with positive, patient-centered solutions in which patients and families and doctors are making medical decisions and not the Federal Government.

I urge my colleagues to support this bill.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in opposition to H.R. 3762, the Senate-Passed GOP Reconciliation Bill, appropriately dubbed the “Taking Health Coverage Away from Millions of Americans and Attacking Women’s Health Care Act.”

This measure marks the 62nd House vote to repeal or undermine the Affordable Care Act.

It is the 11th time the House has voted this Congress to attack women’s health care.

Make no mistake: champions of these damaging, reactionary policies are putting politics over people and undermining the fundamental notion that health care is not a privilege, but a right.

It is unfortunate that, instead of using this time to advance legislation that improves our health care system, we are again engaging in another futile attempt to cut off funding for Planned Parenthood and put women’s health at risk, disinvest in public health and chronic disease prevention, and roll back coverage gains, consumer protections, and reforms advanced by the Affordable Care Act.

This Reconciliation measure flies in face of patient access and good governance.

The Congressional Budget Office estimates that this damaging legislation will lead to an estimated 22 million Americans losing their health insurance after 2017.

Among its many nefarious provisions, H.R. 3762 is designed to halt Medicaid expansion.

This would devastate millions of hard-working adults and their families across the country, particularly those in high need communities.

H.R. 3762 would eliminate Planned Parenthood’s ability to receive reimbursement for all health care services provided under Medicaid. Health centers like Planned Parenthood are the bedrock of our health care safety net.

Medicaid patients deserve to choose their health care provider and should not have their choice limited by politically motivated agendas.

Texas is a case study in what happens when Planned Parenthood is attacked and access is rolled back.

In short, this measure takes away affordable health care coverage and puts politics ahead of common sense.

Our constituents deserve better.

I strongly urge my colleagues to oppose H.R. 3762 and get back to work on behalf of the American people.

Mr. BLUMENAUER. Mr. Speaker, today, I will vote against H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015, which would repeal the Affordable Care Act (ACA) and defund Planned Parenthood. Republicans eyeing election year points are waging yet another political battle with President Obama, without regards to current health coverage and protections for millions of families and businesses and limiting health care access for millions of women.

The ACA is here and will remain throughout the tenure of President Obama as a key accomplishment of his administration. Despite dire predictions, the results of the ACA are remarkable. Our nation's uninsured rate is the lowest it's been in decades; more than 19 million Americans today have health coverage because of the ACA. Up to 129 million Americans who have pre-existing conditions no longer have to worry about being denied coverage or charged higher premiums because of their health status. Additionally, thanks to the ACA, health care prices have been rising at the slowest pace in nearly 50 years.

No one pretends the ACA is perfect; I've long claimed it is in need of refinement. Congress needs to work together to improve the ACA and pass legislation that continues to make health care more affordable for Americans. It's unacceptable that we leave behind some of our most vulnerable individuals because many Republican governors refuse to expand Medicaid and extend coverage to those most in need.

The obsessive targeting of Planned Parenthood funding is another reason I will vote against H.R. 3762. The amazing Planned Parenthood staff and volunteers in my community provide critical reproductive health services to more than 70,000 Oregon women annually. This legislation is yet another concerted assault against the provision of essential service to women, especially women of color and low-income status.

This legislative merry-go-round must stop. We must instead focus on solutions that instead build on the promise of healthcare reform; not just to save money, but to improve the lives of Americans of all ages.

Ms. SEWELL of Alabama. Mr. Speaker, today I rise to express my strong disappointment in House Republicans for starting off the New Year with the same failed policies from 2015. The bill before us today, the so-called Restoring Americans' Healthcare Freedom Reconciliation Act, is simply more of the same. We've been here 61 times before, making today the 62nd vote to repeal or undermine the Affordable Care Act. Enough is enough.

Ultimately, we are wasting time on a bill destined for a veto and have many reasons to celebrate its imminent failure. This bill is designed to take health insurance from 22 million uninsured Americans. It would cut the subsidies provided to low and middle income Americans living with diabetes and other diseases that allow them to purchase private health insurance.

It would also eliminate the Prevention and Public Health Fund (PPHF), which provides in-

vestments in public health efforts to prevent and detect diseases like diabetes and cancer. In the first 6 years of the Fund's inception, \$5.25 billion in resources have been sent to states, tribal, and community organizations to support community-based prevention. The Fund should be strengthened, not eliminated.

This bill is also designed to repeal the ACA's Medicaid Expansion. As representative of a state that has opted not to expand its Medicaid program, I know full well the consequences of non-expansion. The 139,000 working Alabamians who fall in the so-called coverage gap make too much to qualify for Medicaid and too little to qualify for subsidies. My states' decision not to expand this critical program is having a devastating—almost fatal—impact on rural health clinics and hospitals across my district. This provision to repeal Medicaid Expansion would have a devastating impact on the 30 states that have expanded their Medicaid program under the Affordable Care Act, including 14 states with Republican governors.

The bill is also designed to take away family planning, wellness exams, and life-saving cancer screenings from millions of American women. The issue of access to reproductive care is very personal to my constituents as some women have to drive two counties to deliver a baby. For women in Sumter County, that's as far as Tuscaloosa, which is an hour away. We shouldn't be in the business of restricting access to family planning and reproductive care in our communities that are already struggling from high teen pregnancy, infant mortality, and STD rates.

While I am pleased to see an effort to repeal the burdensome Cadillac tax and the medical device tax, I cannot support this dangerous bill in its entirety. I will continue to work with my colleagues to repeal the Cadillac and medical device taxes through other legislative vehicles.

Before passage of the ACA, we were spending more money per patient than any country in the world. Under the law, health care prices have grown at the slowest rate in 50 years. This is economic progress that all Americans benefit from. While the Affordable Care Act is not perfect, there are millions of Americans who now have access to quality healthcare and are leading healthier lives because of it.

My constituents and the nurses and doctors who care for them deserve better. They deserve a Congress that works together to fix what's wrong with our health care system rather than rolling back the progress made by the Affordable Care Act. In 2016, we should be a Congress that finds solutions that benefits all Americans. Health care should not be a privilege.

Ms. NORTON. Mr. Speaker, it's ironic that during our first sessions of the new year today, the House gets down to business with fake business—defunding Planned Parenthood and the 62nd vote to repeal Obamacare. Never mind the inevitable veto by a Democratic President—the Republican Governor of Kentucky, Matt Beven has already vetoed his own campaign promise to repeal the Medicaid expansion. A Washington Post editorial commended Bevin for "good sense." It's also sound policy and good politics to claim federal funds that your constituents have paid for to improve the health care of half a million low-income Kentuckians.

Defunding Planned Parenthood, or federally funded health care for the 60 percent of their Medicaid patients who depend on Planned Parenthood, would have the same effect as defunding the Medicaid expansion in Kentucky. Both would take away from the neediest living in underserved communities for spiteful political reasons.

Republicans began 2016 with more of the same, by targeting medical care for the poor. Americans deserve better than the same old foolishness in the new year.

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

Pursuant to House Resolution 579, the previous question is ordered.

The question is on the motion by the gentleman from Georgia (Mr. TOM PRICE).

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

Mr. TOM PRICE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to concur will be followed by a 5-minute vote on agreeing to the Speaker's approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—yeas 240, nays 181, not voting 13, as follows:

[Roll No. 6]

YEAS—240

Abraham	DesJarlais	Jenkins (KS)
Aderholt	Diaz-Balart	Jenkins (WV)
Allen	Donovan	Johnson (OH)
Amash	Duffy	Johnson, Sam
Amodei	Duncan (SC)	Jolly
Babin	Duncan (TN)	Jones
Barletta	Ellmers (NC)	Jordan
Barr	Emmer (MN)	Joyce
Barton	Farenthold	Kelly (MS)
Benishek	Fincher	Kelly (PA)
Bilirakis	Fitzpatrick	King (NY)
Bishop (MI)	Fleischmann	Kinzinger (IL)
Bishop (UT)	Fleming	Kline
Black	Flores	Knight
Blackburn	Forbes	Labrador
Blum	Fortenberry	LaHood
Bost	Fox	LaMalfa
Boustany	Franks (AZ)	Lamborn
Brady (TX)	Frelinghuysen	Lance
Brat	Garrett	Latta
Bridenstine	Gibbs	LoBiondo
Brooks (AL)	Gibson	Long
Brooks (IN)	Gohmert	Loudermilk
Buchanan	Goodlatte	Love
Buck	Gosar	Lucas
Bucshon	Gowdy	Luetkemeyer
Burgess	Granger	Lummis
Byrne	Graves (GA)	MacArthur
Calvert	Graves (LA)	Marchant
Carter (GA)	Graves (MO)	Marino
Carter (TX)	Griffith	Massie
Chabot	Grothman	McCarthy
Chaffetz	Guinta	McCaul
Clawson (FL)	Guthrie	McClintock
Coffman	Hardy	McHenry
Cole	Harper	McKinley
Collins (GA)	Harris	McMorris
Collins (NY)	Hartzler	Rodgers
Comstock	Heck (NV)	McSally
Conaway	Hensarling	Meadows
Cook	Herrera Beutler	Meehan
Costello (PA)	Hice, Jody B.	Messer
Cramer	Hill	Mica
Crawford	Holding	Miller (FL)
Crenshaw	Hudson	Moolenaar
Culberson	Huelskamp	Mooney (WV)
Curbelo (FL)	Huizenga (MI)	Mullin
Davis, Rodney	Hultgren	Mulvaney
Denham	Hunter	Murphy (PA)
Dent	Hurd (TX)	Neugebauer
DeSantis	Hurt (VA)	Newhouse

Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Peterson
Pittenger
Pitts
Poe (TX)
Poliquin
Pompeo
Posey
Price, Tom
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)

Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce
Russell
Ryan (WI)
Salmon
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart
Stivers
Stutzman
Thompson (PA)
Thornberry
Tiberi
Tipton

Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Sessions
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

Kind
King (IA)
Miller (MI)

Nugent
Payne
Rush

Titus

□ 1754

Ms. KUSTER changed her vote from “yea” to “nay.”

So the motion to concur was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

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.

NAYS—181

Adams
Aguilar
Ashford
Bass
Beatty
Beccerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Dold
Doyle, Michael F.
Duckworth
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Fattah
Foster

Frankel (FL)
Gabbard
Gallego
Garamendi
Graham
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanna
Hastings
Heck (WA)
Higgins
Himes
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Kaptur
Katko
Keating
Kelly (IL)
Kildee
Kilmer
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loeb sack
Lofgren
Lowenthal
Lowe y
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)

Nadler
Napolitano
Neal
Nolan
Norcross
O’Rourke
Pallone
Pascrell
Pelosi
Perlmutter
Peters
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Rice (NY)
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swaiwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—13

Cleaver
DeLauro

Hinojosa
Issa

Johnson, E. B.
Kennedy

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

General debate shall not exceed 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary and the chair and ranking minority member of the Committee on Oversight and Government Reform.

The gentleman from Virginia (Mr. GOODLATTE), the gentleman from Michigan (Mr. CONYERS), the gentleman from Utah (Mr. CHAFFETZ), and the gentleman from Maryland (Mr. CUMMINGS) each will control 15 minutes.

The Chair recognizes the gentleman from Virginia.

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

As we begin 2016, we face the same difficulty we have faced since the beginning of the Obama administration. Because the administration and the entrenched Washington regulatory bureaucracy insist on piling burden upon burden on the backs of workers, Main Street families, and small-business owners, America is still struggling to create enough new jobs and economic growth to produce the prosperity we need.

□ 1800

To turn this problem around, we must not only stem the tide of unnecessarily costly new regulations; we must also get rid of the deadwood in the accumulated, existing regulations that impose almost \$2 trillion in annual costs on our economy.

How can America’s job creators create enough new jobs while Washington regulations divert so many of their resources in other directions? The SCRUB Act addresses this problem head-on with new, innovative ways to clear away the clutter of outdated and unnecessarily burdensome regulations.

For years, there has been a bipartisan consensus that this is an important task that must be performed. But, as with so many things, the hard part has always been the details. Different approaches have been tried by different Presidential administrations, and some solutions have been offered by Congress. But, to date, no sufficiently meaningful results have been produced.

In many ways, this is because past approaches never fully aligned the incentives and tools of all the relevant actors—regulatory agencies, regulated entities, the President, the Congress, and others—to identify and cut the regulations that can and should be cut.

On their own, regulators have little incentive to shine a spotlight on their errors or on regulations that are no longer needed. Regulated entities, meanwhile, may fear retaliation by regulators if they suggest ways to trim the regulators’ authority. And the sheer volume of the Code of Federal Regulations, which now contains roughly 175,000 pages of regulations,

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1927, FAIRNESS IN CLASS ACTION LITIGATION ACT OF 2015

Mr. COLLINS of Georgia, from the Committee on Rules, submitted a privileged report (Rept. No. 114-389) on the resolution (H. Res. 581) providing for consideration of the bill (H.R. 1927) to amend title 28, United States Code, to improve fairness in class action litigation, which was referred to the House Calendar and ordered to be printed.

SEARCHING FOR AND CUTTING REGULATIONS THAT ARE UNNECESSARILY BURDENSOME ACT OF 2015

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 1155.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 580 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1155.

The Chair appoints the gentleman from New York (Mr. COLLINS) to preside over the Committee of the Whole.

□ 1758

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1155) to provide for the establishment of a process for the review of rules and sets of rules, and for other purposes, with Mr. COLLINS of New York in the chair.