The vote was taken by electronic device, and there were—ayes 299, noes 176, not voting 18, as follows:

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<th>Ayes</th>
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<td>299</td>
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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.

**ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE**

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

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 299, noes 176, not voting 18, as follows:

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**ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE**

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

**TIE VOTE—18**

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.

**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.

The Clerk read the title of the bill.

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.
(1) in paragraph (2), by striking “2017” and inserting “2015”; and
(2) by striking paragraphs (3) through (5).

(2) REPEAL OF UNOBSCURED FUNDS.—Of the funds available by such section 4002, the unobscured balance is rescinded.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 “(42 U.S.C. 1003(a))” the following: “(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 1111 (other than subsection (i)), the last sentence of subsection (c) of section 1111, and the last sentence of subsection (e) of section 1111.
(2) Section 1112.

SEC. 103. TERRITORIES.
Section 1321(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 CORRECTOR, AND RISK ADJUSTMENT PROGRAMS.
(a) TRANSMISSION AND REPORTING REQUIREMENTS FOR INDIVIDUAL MARKET.—Section 1341 of the Patient Protection and Affordable Care Act (42 U.S.C. 18281) 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 States 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) To 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 to responding to urgent mental health needs within the State.

TITLE II—FINANCE
SEC. 201. RECAPTURE EXCESS ADVANCE PAYMENTS OF PREMIUM TAX CREDITS.
Subparagraph (v) of section 36B(b)(1)(D) of the Internal Revenue Code of 1986 is amended by adding at the end the following new clause:
“(i) NONAPPLICABILITY OF LIMITATION.—This subparagraph shall not apply to taxable years ending after December 31, 2015, and before January 1, 2018.”

SEC. 206. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(a), 1902(a), 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), 1396a, 1397a(a)(4), 1397b(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, 1396a), 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: “Prohibited Entity.” The term “prohibited entity” means an entity, including its affiliates, subsidiaries, successors, and clinics—
(1) that, as of the date of enactment of this Act, (A) 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; or
(B) 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
(2) 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
(III) 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, 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 $325,000,000.
(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. 9003).

SEC. 207. MEDICAID.
The Social Security Act (42 U.S.C. 301 et seq.) is amended—
(1) in section 1106(b)(5), by striking “2019” and inserting “2017”;
(2) in section 1902—
(A) in subsection (a)(10)(A), in each of clauses (ii)(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 (I)(2)(C), by inserting “and ending December 31, 2017,” after “January 1, 2014,”;
(3) in each of sections 1902(pp)(2) and 2105(d)(3)(A), by striking “September 30, 2019” and inserting “September 30, 2017”;
(4) in each of sections 1902(q)(3) and 1902(q)(4), by the following:
(A) in the first sentence of subsection (b), by striking “50 percent on or before January 1, 2018” after “55 percent on”;
(B) in subsection (b)(1), by striking the semicolon at the end of paragraph (B) and all that follows through “thereafter”; and
(C) in subsection (c)(2), by striking “(a) 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 1926(e), by adding at the end the following: "This section shall not apply after December 31, 2017.");
(7) in section 1947(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)(1) of the Social Security Act (42 U.S.C. 1396r–4(f)) is amended by striking paragraph (1) and before January 1, 2018;
 SEC. 209. REPEAL OF THE TAX ON EMPLOYEE HEALTH INSURANCE PREMIUMS AND HEALTH PLAN BENEFITS.
(a) In general.—Chapter 41 of the Internal Revenue Code of 1986 is amended by striking section 4980J.
(b) Effective date.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2015.
SEC. 210. REPEAL OF TAX ON OVER-THE-COUNTER MEDICATIONS.
(a) HSAs.—Subparagraph (A) of section 223(d)(1) 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 223(d)(1) 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 date.—
(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 223(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 (i) of section 9008 of the Patient Protection and Affordable Care Act is amended to read as follows:
(i) Repeal.—This section shall apply to calendar years beginning after December 31, 2016, 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 calendar quarters beginning after December 31, 2015.
SEC. 215. REPEAL OF HEALTH INSURANCE TAX.
The repeal of the excise tax on health insurance provided by the Patient Protection and Affordable Care Act is amended by striking as follows:
(1) 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 DEDUCTIONS ALLOCABLE TO MEDICARE PART D SUBSIDY.
(a) In general.—Section 199A of the Internal Revenue Code of 1986 is amended by striking at the end the following: "This paragraph 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.—Section 213(b) of the Internal Revenue Code of 1986 is amended by striking "100 percent" and inserting "10 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.—Section 223(e) of the Internal Revenue Code of 1986 is amended by striking paragraph (1) and before January 1, 2018;
(b) Effective date.—The amendment 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.—Paragraph 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 striking 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 (c) of section 7701 of the Internal Revenue Code of 1986 is repealed.
(b) Penalty for Underpayments.—Paragraph (6) of section 6651(b) of the Internal Revenue Code of 1986 is amended by striking "during the period described in paragraph (6) of section 6662(c) of the Internal Revenue Code of 1986 is repealed.
(c) Increased Penalty for NonDisclosure Transactions.—Subsection (i) of section 6662(c) of the Internal Revenue Code of 1986 is repealed.
(d) Reasonable Cause Exception for Underpayments.—Paragraph (2) of section 6662(c) of the Internal Revenue Code of 1986 is repealed.
(e) Reasonable Cause Exception for NonDisclosure Transactions.—Paragraph (2) of section 6664(d) of the Internal Revenue Code of 1986 is repealed.
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. 1395h) $379,300,000,000 (which represents the full amount of on-budget savings during the period from 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 time.
Mr. Price of Georgia. Mr. Speaker, I ask unanimous consent that 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.

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 put marks 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 efforts to rid America’s health care system from undue Washington interference and bureaucratic dictates and pave the way for real, positive, patient-centered
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 to 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 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 floor 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 beef up 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 responsive 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 at 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 for 22 million Americans and deny access to affordable care for millions of American women.

That 22 million figure, Mr. Speaker, is not my figure. That is the nonpartisan 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 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. Everyone 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 22 million Americans 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 you 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 gentleman from Minnesota (Mr. 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. 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 putting 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 healthcare 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 give 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 rolled 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 paying the wages to real reform that expand access to affordable coverage. That is why I urge my colleagues to support this bill.

In closing, I want to thank Chairman 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.

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.

Now, let me share with you the true story of what happened in the Planned Parenthood clinic in Colorado.

They asked the patient to sign a consent form to put an end to ObamaCare and its harmful consequences. It is when women would lose their free annual wellness exams they get from their providers under the ACA.

They asked the patient to sign a consent form to put an end to ObamaCare and its harmful consequences. It is when women would lose their free annual wellness exams they get from their providers under the ACA.

The patient refused to sign the form and decided to have an abortion. The patient then reported 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.

Until today, 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 purchase health coverage for healthcare services of their own choosing, not expensive insurance that Washington would force them to buy or face a penalty.

Michiganders 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 expenditures.

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 your promises 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 the economic recovery, which means that 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 rely 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 eliminating tax credits for those who are helping 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 have insurance. 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.

The 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 will cost $332 billion. It does not address the insurance costs. 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 (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 is 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.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. LEVIN), the ranking member of the Ways and Means Committee.

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

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 am proud that repeal 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. Speaker, this bill is reckless use ofibernating 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, this 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.
million Americans access to affordable care, which is exactly what the nonpartisan 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, let me yield 2 minutes to the gentleman from New Jersey (Mr. PALDONE), the distinguished ranking member on the Energy and Commerce Committee.

Mr. PALDONE. 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 cannot 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. Speaker from 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 on each side, please.

The SPEAKER pro tempore. The gentleman from Georgia has 13 minutes remaining. The gentleman from Maryland chairman of the Energy and Commerce Committee.

Mr. TOM PRICE of Georgia. Mr. Speaker, I yield 1 minute to the gentlewoman from Tennessee (Ms. 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 raised, raised from Medicare, the Medicare trust fund, by the way.

What we know from our constituents is that when they go out, 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 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. 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 them to bring that plan to the floor and let us have a vote on it.

There is no plan. If 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 gentleman 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 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 is that 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.

It is a historic vote. I would encourage the President to sign this bill. It would be an important 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’ targeting of people 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 folks across the country 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 of Michigan. Mr. Speaker, today we are repealing 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 better 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, 8 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 of Maryland. 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 of New Jersey. Mr. Ranking Member, throughout this 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 that unpromised time. In addition to cutting off funding to 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 preventative 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 to do with these facts 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. Toller of Minnesota. 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 of New Jersey. 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 that taxes taxpayers the billion trillion dollars over the next decade, according to the nonpartisan Congressional Budget Office.

Our action here in the House today is an important step in 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.

This is not a new exercise. In addition to the 61 unproductive votes, futile lawsuits have been brought in courts, and countless acts have been mounted with the goal of 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.

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. 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 chair- man 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, and I know the passion that he brings to bring the right type of reform for a medical sys- tem that actually works in this country. That is why today is so important not just to him, but to all of us. We have to try, and 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 falling. 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 health insurance plan, you can keep it, 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 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 vide- os 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 cov- erage and abortion providers like Planned Parenthood.

No matter where you go in this coun- try, 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 delu- sions. 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 the Obamacare and Planned Parent- hood. If he does, we will vote to over- ride.

I, and I know many of my colleagues, have worked with colleagues on the other side of the aisle trying to per- suade them to join 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, we are doing today is still important. When a Republican President takes office next year, Mr. Speaker, we can use rec- onciliation again. We won’t have to worry about a veto from the White House, and we can overcome any at- tempts by the Democrats to filibuster and obstruct.

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

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.

I want to make sure all of our col- leagues 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 enti- tled to your own facts.

That is a fact that came from the nonpartisan Congressional Budget Of- fice. 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 es- timated 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:

The fact is that I was at a Cracker Barrel a couple of weeks ago. I was talking to the waitress. The waitress...
Mr. ALLEN. Mr. Speaker, I thank 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 reproduc- tive 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 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 gentlewoman for this 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 tax that discriminates against health 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 health choice and access.


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-increasing 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 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.

Ratifying this bill will 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 the provisions of ObamaCare and pave the way for better healthcare solutions.

The Restoring Americans’ Healthcare Freedom Reconciliation Act stops the government from forcing its citizens to pay for expensive health 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, 25 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 health issues 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 defend Title X funding for 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 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, Texas public 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 people 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 2014, 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 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, 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 increases. 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 Affordable Insurance Exchanges.

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 lower rates.

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.

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 plan 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 (23 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 tax-payer dollars each year, Planned Parenthood is a champion of destroying human life.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the chairman for his great work on this bill.
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, ignore this conversation, the science, 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, 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 pocketbook of Americans, further penalizing the uninsured.

The President and Obamacare supporters promised otherwise, but health insurance still remains out of reach for many Americans. 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 legislative 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 inadequate provisions 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: reformatting 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 regulatory mandates; and 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 and 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 now where 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—the only thing to show for it is a fine from the 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 Demo-crats handled the Medicare prescription drug bill works for all members of the American family. Instead, this is the 62nd time of repeal 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.

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 now where 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—the only thing to show for it is a fine from the government-run health care. As an engineer, I can assure you that, if you start with a bad blueprint, you will get bad results.
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 more 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 OF THE HOUSE. The gentleman from Massachusetts (Mr. NEAL) tempesto. 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 last 2 years, 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 fund 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 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 for the American people to fund 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 Maryland (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 as 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 done. That is finding 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 Care 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 yet 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.

Without 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 choices 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 will repeal the Affordable Care Act (ACA) and defund Planned Parenthood.

Republican 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 has 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 and are no longer 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 Medicare 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 vital 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 in steadfast 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 veto 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 signed to take health insurance from 22 million 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 investments 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 Bevin has already vetoed his own campaign promise to repeal the Medicaid expansion. A Washington Post editorial commended Bevin for “good sense.” It’s also a good sign for us 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 spurious 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 a previous understanding, 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
Dent
Aderhold
Dent
Amash
Duffy
Amodei
Donnelly
Babin
Donnelly
Barletta
Eliot (NJ)
Barr
Jolly
Barrow
Jones
Bart
Joyce
Barton
Kelly (MS)
Benedek
Pincher
Billirakis
Pincher
Bishop (FL)
Pitgen
Bishop (OH)
Poliquin
Bishop (PA)
Price
Bishop (WI)
Putnam
Bishop (WV)
Quigley
Blevins
Ratcliffe
Brooks (AL)
Rayburn
Brooks (IN)
Rayburn
Buck
Rayburn
Bush
Rayburn
Buxton
Rayburn
Byers
Rayburn
Byrne
Reince
Calder
Roberts
Carter (GA)
Rooney
Carter (TX)
Roybal
Chaffetz
Salavantis
Clawson (FL)
Scholar
Cooper
Schuette
Cole
Harper
Collins (GA)
Harris
Collins (NY)
Harrier
Comstock
Harper
Conaway
Herrera
Cook
Herron
Correa
Herrera
Costello
Herron
Costello
Hicks
Crane
Hilfiger
Cramer
Hillis
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Hildreth
Crowley
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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 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.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HR. 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

Mr. GOODLATTE of Virginia, 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 matters 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 state of the Union for the consideration of the bill.

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

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.

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 cut 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 regulatory menagerie. And the sheer volume of the Code of Federal Regulations, which now contains roughly 175,000 pages of regulations,