

Can you imagine your medication within reach but you can't afford to use it? If you take your medicine when you need it, if you help yourself breathe now, you can't afford it next month.

As you jog up the Capitol steps for this vote today, as you take for granted every easy breath you take today, think about your constituents who rely on their health care for their next breath and vote "no."

CONCERNS ABOUT THE HEALTHCARE BILL

(Ms. PLASKETT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PLASKETT. Mr. Speaker, I rise today in strong opposition to the Republican healthcare bill.

There is concern with the would-be effects of this legislation, and rightfully so. But if anyone wants to see a real-life example of the detrimental impact of block granting Medicaid, look no further than across the water to the U.S. Virgin Islands, or any of the territories. It is a grim outlook because we experience it every day.

Caps on Medicaid have proven to be a fiscal disaster for our budget. Unlike States in the mainland, where Federal Medicaid spending is open-ended, to Virgin Islanders, we can only access Federal dollars up to an annual ceiling because we were not included in the ACA mandate.

Cuts to Medicaid affect all of you, every individual.

As a result of what has happened in the Virgin Islands, 30 percent of our population is uninsured and hospitals have been left to pick up the bill. If you or your child is ill, you go to the hospital, whether you can take care of the bill or not. This situation places a tremendous burden on our hospitals, creating uncompensated care costs in the tens of millions of dollars.

We have to make tough choices of removing people from Medicaid, which means loss to elderly and individuals. We ask that you reject this bill.

□ 0915

WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS RE- PORTED FROM THE COMMITTEE ON RULES, AND PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 221 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 221

Resolved, That the requirement of clause 6(a) of rule XIII for a two-thirds vote to consider a report from the Committee on Rules

on the same day it is presented to the House is waived with respect to any resolution reported through the legislative day of March 27, 2017.

SEC. 2. It shall be in order at any time through the calendar day of March 26, 2017, for the Speaker to entertain motions that the House suspend the rules as though under clause 1 of rule XV. The Speaker or his designee shall consult with the Minority Leader or her designee on the designation of any matter for consideration pursuant to this section.

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

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

Mr. Speaker, yesterday, the Rules Committee met for some 13 hours, maybe a little bit more, where we were tasked with the opportunity to bring forth from the Republican Conference the new bill that is to replace the Affordable Care Act. That discussion involved us taking testimony from the chairman of the Ways and Means Committee, KEVIN BRADY; the chairman of the Energy and Commerce Committee, GREG WALDEN; and the chairman of the Budget Committee, Mrs. BLACK. It also involved three other ranking members for those committees. They assembled up in the Rules Committee.

We had a very vigorous and open debate about the bill, about the effects of the bill, about the things which were occurring within the Republican majority dealing with the United States Senate and dealing with the President of the United States. All three are necessary to agree upon a bill if we are to sign it into law.

There was a vigorous demand from Democrats to know more information, and I believe I forthrightly attempted to answer those questions. We did not have all the pieces of the puzzle together. We recognized that by the evening hour. So by 11 p.m. last night, upon my consultation with Ranking Member MCGOVERN, I made a decision that we would not stay up during the evening, we would ask that we would come back today. So we did not actually complete our work last night.

I am here today because last night the Rules Committee issued a rule that would be a same-day rule. The issues really don't change. The facts of the case really don't change. Information is necessary for us to make an informed decision. That is a change.

I have told the gentleman, Mr. MCGOVERN. I have told the gentleman, the former Speaker, the leader of the Democrat Party, Ms. PELOSI. I have told Mr. HOYER in a direct dialogue that we had that I would do my best to make sure that we answer the questions that would be necessary. The gentleman, Mr. MCGOVERN, who very

ably represents his party, understood that I did not have all the answers that I needed.

So we are here today with the opportunity to say we are going to do a same-day rule. We are going to try to pass this rule. We are going to try to explain what we are doing. We are going to allow my team, our Republican Conference, to get back together today because they, too, want to know what is the final deal.

That is what my conference is doing right now. They are in this building, several hundred Members of Congress, talking, debating, understanding, listening, compromising, yes, on a way that we can approach a chance to change what we see as one of the most devastating pieces of legislation to the economy, to the healthcare system, and, quite honestly, to the standing of America as the greatest country in the world. We think we have to make changes.

But today we are here right now to say that we don't have all those answers. A complete agreement was not available by the time I chose to end the matter last night in the Rules Committee. So rather than staying up all night, we are here today. We will be back here today. This is not the debate about the bill. More information is needed. An agreement is needed from my party. And when we reach that agreement, I will then come back.

But make no mistake about it, Mr. Speaker, my party intends to bring forth an agreed-to bill that we will be able to show to the American people, and we will own it. We are very capable of saying that we believe that market forces, we believe that free right of individuals, we believe that free physicians and opportunities exist and abound, and we will bring that to the floor, and we will openly debate it.

Much is being said about a Congressional Budget Office report that has caused much fear. Unrightly? No, I can't say that. But it is certainly explainable.

Mr. Speaker, I will start right now. The bottom line is that there are some 30 million people who are uninsured in the United States of America, 30 million people who did not find a home or chose not to take a government-provided available system that is called the Affordable Care Act. Even more people included within that are paying a penalty of several thousand dollars rather than taking that healthcare system, that availability. So we believe the right thing to do is not to force anybody, not to have mandates, not to penalize people, but, rather, to make available to them opportunities where it is their decision about what they would do.

The corresponding facts of the case are real simple. The Congressional Budget Office said: Fine, if you don't force people to do it, then some 24 million people won't do it within the next 7 years.

Well, there are 30 million people today that do not have it and not taking it. So to go from 30 million to 24 million will be a very interesting task for us to understand.

Mr. Speaker, no freedom is free. But if we engage in telling the American people that Washington, D.C., knows better than they do, then that is a false promise—is a false promise that our friends, the Democrats, tried and actually failed at.

So Republicans, in order to put together their plan—yes, even with the consequences of a “CBO report that say there will be 24 million people who are uninsured,” that is probably right, because they chose not to accept what would be an equal opportunity for them to take what might be called a tax credit that equals some \$8,000 for a family of four, allowing them straight up to purchase their own health care for their family. But if they choose not to do it, that is their business.

Mr. Speaker, one of my attributes is I come from Dallas, Texas. And Dallas, Texas, for all the great things that we have about us, we think that some of the great things come from the way we believe. We deeply believe we are in some ways a very open city. We have many different thought processes, many people, but we respect each other and don't try to tell each other what to do. It creates a flourishing environment about ourselves where, when we get in trouble, we stick together; when we see trouble, we ban together. But we tend not to tell each other what to do in our own lives. That is one thing that I think makes us a little bit different. We do not count on government to do the things that we should do for ourselves.

That is part of the freedom model that I buy off on and part of what we are offering—the Republican Party—today for the American people rather than mandates, dictates, fines, the IRS and all sorts of other government organizations that we could throw in a person's way simply to tell them what to do. We reject that notion. We will, as quickly as possible, bring about a bill that we can explain, that we will own, and that we will pass.

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

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

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas (Mr. SESSIONS), my friend, for yielding me the customary 30 minutes.

Mr. Speaker, we aren't here to debate the government healthcare repeal plan. We aren't here to debate that because Republican leadership and the White House are huddled behind closed doors as we speak, making deals that will have very real, very serious, very dangerous consequences for millions of Americans.

Instead, we are here to debate a martial law rule that will allow Repub-

licans to rush their bill with its brand-new backroom deals to the floor today without any proper deliberation. As a matter of fact, it would let them rush any bill to the floor today, or any day through Monday.

It is a blanket martial law rule that lasts past the weekend—not specific to their healthcare bill, and not even specific to the topic of health care.

What other bills could they be contemplating considering?

We saw the Buffalo bribe is already in the manager's amendment, but this rule lets them bring up any other bill before the public has a chance to even know what it is. Maybe something on the Russia investigation, perhaps? I have seen a lot of news on that lately. Or maybe we will give President Trump's friend Putin a Congressional Gold Medal. It is the least the Republicans could do after his help with the election.

But let's talk about what we have learned so far in the press. We first learned from news reports last night that Republicans were considering changes to the bill that would kill the essential health benefits in current law. Now, let me say that again. Essential, as in “absolutely necessary; extremely important,” as defined by the dictionary.

And, sure enough, we reported out this martial law rule in the dark of night, which will allow Republicans to bring the new and unimproved version of the bill—again, now with even more backroom deals—to the Rules Committee later today, or in the dead of night, and take it straight to the floor. Apparently, there is no time to even have it sit for 1 day so that Members can read it, let alone get analysis from the nonpartisan experts at CBO.

Are they hoping that if they move quickly enough, no one will figure out what they are up to?

Well, let me lay it out for everybody. Essential health benefits require insurance plans to cover basic essential benefits, such as emergency services, maternity care, mental health care and substance abuse treatment, pediatric services, and prescription drugs.

Now, The New York Times this morning pointed out that this late-breaking Republican proposal could lead to plans that cover aromatherapy, but not chemotherapy.

I mean, really? Are Republicans seriously contemplating making a change this massive without hearings? Without a markup? No CBO estimate of the impact? No chance to read the bill?

I have seen a lot in my years here, but this is truly unbelievable. You guys take my breath away.

□ 0930

That is not even considering the already dangerous bill we were supposed to be down here considering right now. Let me just make it clear what that bill actually is.

First, it is a massive tax cut for millionaires and billionaires, paid for by

taking health insurance away from 24 million people, period. Anyone who takes 5 minutes to look at any unbiased analysis of the bill knows that this is true: massive tax cuts for the well-off at the expense of 24 million people.

Now, let me paint a picture of how big that number is:

Twenty-four million people is basically the entire population of the country of Australia.

It is more people than live in the States of Kansas, New Mexico, Nebraska, West Virginia, Idaho, Hawaii, New Hampshire, Maine, Rhode Island, Montana, Delaware, South Dakota, North Dakota, Alaska, Vermont, Wyoming, and the District of Columbia, combined.

You know how I know this bill is a tax giveaway for the wealthy, and it is not a healthcare bill? Because, according to the nonpartisan Congressional Budget Office—and this is truly incredible—it would actually result in more people uninsured than if the Affordable Care Act were simply repealed. Let that sink in for a minute.

Second, their bill would cause people to pay more in terms of out-of-pocket expenses, and in return, they will get lower quality health insurance. That is right. Republicans are asking people to pay more for less coverage. In particular, lower income and older Americans will see their costs skyrocket—those people who can least afford to pay more.

Third point, and this is a big one, the bill guts Medicaid and Medicare. Now, don't take it from me. The AARP said: “This bill would weaken Medicare's fiscal sustainability, dramatically increase healthcare costs for Americans aged 50 to 64, and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports and other benefits.” That is the AARP.

In fact, Americans aged 50 to 64 will pay premiums five times higher than what others pay for health coverage no matter how healthy they are. This bill is an age tax, plain and simple, and Republicans are cutting \$880 billion from Medicaid. That is a 25 percent cut in funding.

All this to give tax cuts to the rich and to corporations. The bill must look like a cruel joke to the most vulnerable among us.

Representative MO BROOKS, a member of the Republican Conference said just the other night: “Quite frankly, I'm persuaded that this Republican healthcare bill . . . long-term, is a detriment to the future of the United States of America.”

Finally, even before imposing martial law last night, this process was horrendous. The Republican majority rushed their bill through the committee process without any hearings—none, zero—just holding marathon markups where no Democratic amendments were accepted—none, not one. They didn't even wait for a CBO score.

Then, when the score finally came, it showed that the bill would kick 24 million people off their insurance. Did they stop then? No, of course not.

Yesterday, in the Rules Committee, we rushed ahead with a cobbled-together manager's amendment—I am sorry, four cobbled-together manager's amendments since the originals had errors and, again, no CBO score on the updated bill.

Didn't my colleagues learn their lesson from last week?

And even worse, the main manager's amendment, which we received just 36 hours before our meeting, is so full of backroom deals, as I mentioned, like the Buffalo bribe, a cynical—likely unconstitutional—agreement with wavering New York Republicans who know the Republican healthcare plan would devastate New York.

And now they are saying: Don't worry. If you don't like this bill, it is just step one of three. You will get another chance to vote on health care during step three. Never mind that they can't give us the full slate of bills that are part of this mysterious step three.

Or maybe I should just take Republican Senator COTTON's word for it. He said: "There is no three-step plan. That is just political talk. It's just politicians engaging in spin."

Republican TED CRUZ from my colleague's State of Texas called the third prong of this three-bucket strategy "the sucker's bucket." The sucker's bucket—that is your own Member calling you a sucker if you vote for this.

We heard testimony all day yesterday and well into the night about how disastrous this bill would be for hard-working Americans. We heard about how countless major health organizations oppose this plan, from the American Medical Association to the American Hospital Association, to the National Rural Health Association, to the AARP, to the American Society of Addiction Medicine, to the National Alliance on Mental Illness, and I could go on and on and on and on.

This reverse Robin Hood will steal from the working class and give to the wealthy. Under the Republican plan, \$2.8 billion in tax breaks will go to the 400 richest families in America each year. My colleagues on the other side of the aisle seem to be rushing this through in hopes that no one will figure out that it is a tax break for the rich masquerading as a healthcare bill.

Now we find ourselves on the floor debating a martial law rule that will take that reckless process from light speed to warp speed. Let me just remind my colleagues again that we are talking about people's lives here. I am pretty sure the middle class Americans, whom Republicans claim to be helping would be okay with delaying this reckless bill for a little while to give us a chance to find out what the impacts will be.

Mr. Speaker, this process is beyond the pale. I am honestly still stunned

that we are even here debating a martial law rule on legislation of this magnitude when changes to people's basic, essential health benefits are being contemplated without so much as a single hearing, let alone a CBO score. And again, we have no real clue what Republicans will be bringing to the floor later today.

I am just going off what I read in the news since we haven't gotten any actual updates from the other side of the aisle, but this rule would allow them to bring anything to the floor today or tomorrow or Saturday or Sunday or Monday—literally anything.

Will there be a new bill? Who knows.

Will it even be on health care? Beats me.

What mysterious changes are they contemplating that are so broad they can't even narrow their martial law authority down to the topic of health care?

Please, please, I would ask my colleagues to slow down. Be thoughtful. This is not a game. You don't get extra points for being fast. This healthcare repeal affects millions upon millions upon millions of Americans.

Don't jam a disastrous bill through the House with patched-up fixes. Wait for a revised CBO score. Listen to what members of your own Conference are saying. Or better yet, don't do this at all. Let's go back to the drawing board.

It is clear Republicans never really had a plan to replace the Affordable Care Act. Don't pretend you did and then make our most vulnerable pay the consequences.

This is a sad day. This is a sad day for this institution, but it is even a sadder day for the American people.

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

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

Mr. Speaker, the chance for us to be here today means that a lot of people are going to have a lot of opinions, and I appreciate the gentleman having an opinion. He knows what we are doing. So do the American people.

The American people are watching TV, and they are seeing where Republicans are huddling together and pushing this activity of health care, debating ideas right, really, before the American people, really, hundreds of TV shows.

I have been on 15 or 20 myself where I am saying that the Republican replacement or repeal of ObamaCare is something we are taking our time to discuss. We are taking our time to make sure our colleagues understand it. We are taking time to be thoughtful. Otherwise, we would have just rushed it through.

In fact, we took some 13 hours last night, yesterday, at the Rules Committee to do exactly that. Ms. PELOSI spent 3 hours before the Rules Committee, essentially talking about things that—we see things differently. She thinks she sees things differently than we do, and that is okay. It gave

her a chance to have a debate opportunity. This is what this is all about. It does not bother me at all.

GENERAL LEAVE

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

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

There was no objection.

Mr. SESSIONS. Mr. Speaker, we want Members to have a chance to have their thoughts and ideas on the record, to take their time to be thoughtful about what we are doing. And it does matter.

Mr. Speaker, at this time I yield 5 minutes to the gentleman from Collinsville, Illinois (Mr. SHIMKUS), a gentleman whom I came to Congress with in the 105th Congress. The gentleman is from the 15th District of Illinois and served our country as a veteran. He was a West Point graduate, and he is a really good guy.

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

Mr. SHIMKUS. Mr. Speaker, this is an important day, and I have great friends on the other side of the aisle. We debated aggressively, and, in fact, I see one of my colleagues from California. We spent 27½ hours dealing with our committee of jurisdiction's markup of the bill.

It has been a long time since ObamaCare was passed, 7 years, and those of us on our side said: Well, we didn't keep the insurance plan they said we were able to keep, we didn't get to keep the doctor that they promised we could have, we didn't save the \$2,500 a month that was promised would be the savings if we passed ObamaCare.

So I would argue, we have been very patient—7 years—and I think the public has been very patient. The public has judged ObamaCare through a couple of election cycles and has claimed failure. So we are on, as we call it, a rescue mission, because right now premiums have increased 25 percent, on average, across the country; one-third of U.S. counties have only one insurer; 4.7 million Americans were kicked off their health plan; and \$1 trillion in new taxes.

Out of the 23 ObamaCare CO-OPs—I love co-ops. I am from rural America. We believe in co-ops. They are not-for-profits. Out of the 23 ObamaCare CO-OPs, 18 failed. It shows you it is not working: \$53 billion in new regulation costs; 176 million hours of paperwork.

So what do we do? Republicans believe in transparency. We believe in markets. We believe in competition. We believe in what we are calling cooperative federalism: returning power to the States.

We are seeing that in part of the Medicaid proposals, allowing the engines of our country, the States—some have been very, very successful in reforming the Medicaid programs, providing first-dollar coverage, and some

have not. Hopefully, they will learn from the other States.

We also want to empower the individuals in the individual markets. One-size-fits-all, mandatory—you have to have one of only four plans—has destroyed the individual market.

So 7 years is too long to wait. I appreciate us moving aggressively. Time is of the essence. We are on a rescue mission, and this is just another path in the process of repealing and replacing ObamaCare.

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

I have a lot of respect for my colleague from Illinois, but let me just say to him that the Republican plan is not a rescue mission. It is a full-fledged attack on the middle class—a rescue plan for the rich, maybe, slamming the middle class with a tax hike.

Ripping away coverage and undermining Medicare is not a rescue mission, I assure you. I have seen the townhalls around the country. They want nothing to do with your rescue plan.

Rescuing something you sabotaged, offering Americans a plan that costs more and covers less, going after essential services—please, that is not what the American people want.

To my colleague from Texas, the distinguished chairman of the Rules Committee, he is assuring us that Republicans are huddled somewhere. Well, I have got news for him. I have been reading press reports that Republicans have canceled their 9 a.m. Conference meeting. As I understand it, one Republican Member told the reporter that that move “tells me it’s panic time.”

□ 0945

Another Republican source is quoted as saying: This is such a disaster. Representative MASSIE said: Frankly, it is not very well thought out.

So I don’t think people are huddling. I think people are dispersed, and so it makes me even more wary about what we are going to see later today.

By the way, all we are asking is that we actually see the bill. We had a Rules Committee hearing yesterday on a bill that, quite frankly, will not be the bill we are going to consider later today or tomorrow or Saturday or Sunday or Monday.

We are talking about health care that affects millions and millions of people, and nobody in this Chamber has seen what we are going to vote on. This is ludicrous. How can this be? What are you thinking? Do this right. There is no rush. You don’t get extra points for being fast.

When we read about some of the compromises that are being talked about—going after essential services that basically help the most vulnerable in this country, services like mental health treatment, treatments for opiate addiction, maternity care—essential benefits are being compromised or being taken away. So what will end up happening is you will get up and say:

Yeah, we will sell you insurance. It will be cheap, but you get no coverage. Nothing is covered.

That is not what the American people want.

Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. LOWEY), the distinguished ranking member of the Committee on Appropriations.

Mrs. LOWEY. Mr. Speaker, today House Republicans and President Trump will try to keep a political promise to repeal the Affordable Care Act, despite the plainly obvious and harmful impact this bill would have on hardworking Americans.

It is really sad that, after 7 years, my friends on the other side of the aisle still don’t have a bill that they are publicizing, that we can read, that we can carefully analyze. It is sad that we can’t work together on this.

This Republican bill would raise premiums while increasing out-of-pocket costs, forcing Americans to pay more for less coverage, attack women’s health, threaten retirement savings, force those over age 50 to pay thousands more because of the age tax, and cause 14 million Americans to lose health insurance next year.

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

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentlewoman from New York.

Mrs. LOWEY. Mr. Speaker, In my district alone, 76,700 would lose coverage, including nearly more than 5,000 children and nearly 18,000 adults with employer-sponsored coverage.

This isn’t health reform. It is a political game. Lives are at stake. I hope we vote “no” on this bill.

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

I am delighted that the distinguished gentlewoman from New York (Mrs. LOWEY) came down. She, not unlike many of those in her party, are intensely interested in making sure that the American people are going to get the opportunity to have something that I have always said is equal to or better than.

The bottom line is that families on ObamaCare, or the Affordable Care Act, today—and that includes almost every single Member of Congress, including myself and my family—did not get what we were told would happen. Much of the Affordable Care Act was not even decided and developed until after the bill was put together, and we knew that ahead of time. They told us it is going to take a couple of years for us to put this together. Right now, here, today, only about 24 out of 100 physicians across this country even accept ObamaCare.

The Republican plan is not simple, but it is easy to understand, and that is this: We allow every single person to stay on ObamaCare 2017, 2018, and 2019. That is undeniably in the bill, and they know that.

We are allowing every single American that does not, today, receive the

tax benefit, the benefit that goes back to World War II, an untaxed benefit by employers—we are allowing every single American family to be able to receive a tax credit. You cannot use both. You cannot double-dip into another system. But we are allowing every single one of those families that, today, was completely excluded or chose not to take ObamaCare to receive a tax credit.

That tax credit for families is important because, today, they are paying after-tax dollars if they choose to get health care. And tomorrow what we will do is allow up to \$8,000 for a family of four—that is \$8,000 for a tax credit for a family—effective in November of a year to be able to, before they purchase their health care in January, to designate the first \$8,000 to the healthcare plan of their choice. Well, that obviously doesn’t fly well either because the Democrats want to tell people what they have to have.

Most families don’t need many things that are covered. Why should they pay for that? Oh, because the Democratic Party, Washington, D.C., says you have to. These are essential items.

No, no, no. A family will be able to make their own decisions and not pay for what they don’t need.

So, Mr. Speaker, there always are at least two sides of the story. And it is true that what the Republican Party is going to do is allow people to make their own choice, but to give them the tools necessary. And if a family decides to do that, then they can; if they decide not to, they don’t have to. Just like what is happening today where people are required to get health care but 30 million people are uninsured, figure that one out, Mr. Speaker.

I reserve the balance of my time.

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

The gentleman from Texas (Mr. SESSIONS) says the Republican bill is simple and easy to understand. My question is: Where the hell is it? Maybe it is under the table. We haven’t seen it.

Every time we get the bill, it changes. So maybe they ought to start with giving us the bill so people know what the bill would do.

Mr. Speaker, I want to point out to my colleagues, this is a new analysis from the Tax Policy Center and the Urban Institute’s Healthy Policy Center that shows just how dramatically these tax cuts benefit the wealthy at the expense of the middle class and working class families. This bill really is a giveaway to the rich. This chart clearly illustrates that disparity.

The rich would benefit greatly from the tax cuts in the bill, with a family making more than \$200,000 receiving a \$5,680 tax cut, and a family making more than a million dollars a year getting a \$51,410 break on their taxes. That is too high to even fit on the chart. Meanwhile, families making less than \$50,000 will be paying the price.

This bill really is a massive giveaway to the well-off and to the wealthy. This

is going to hurt the middle class. This is not what the American people want.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, I never thought in coming to Congress that I would be voting on legislation that would take away health insurance from 24 million Americans, including my own constituents.

The Speaker said that this legislation is an act of mercy. I think it is merciless. Every human being has a spark of divinity in them, and we dishonor that with this legislation. It is not worthy of the American people. There is less coverage, higher costs, elimination of essential services—not only for what people need day to day but for the unexpected. That is what insurance is all about.

There is a crushing age tax for people between the ages of 50 and 64. What has happened to the GOP? Is it now “get older people”?

This does not deserve one vote in the House of Representatives. It is shameful, and it is immoral.

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

We have at least two different sides up here, and people are entitled to believe whatever they want to believe. I am entitled to the same opinion of myself, also.

There are also a set of answers and facts that need to be given, evidently, and that is, in fact, we do make changes in the bill to ObamaCare. We do.

Mr. Speaker, the law, the way it was written, we have virtually few 30-year-olds to 45-year-olds that actually pay for ObamaCare, the people we were told who needed it the most. The reason why is because it was dictated from Washington how to rate the coverage. In rating that coverage, it became so illogically expensive for a young person to pay an astronomical amount for their insurance, and even many times a higher value for their deductible, to where 30-year-olds, 35-year-olds, 36-year-olds, 37-year-olds chose simply not to take the policy offered.

So what do Republicans do? It is real simple. Here is what Republicans do: They allow the States the flexibility to determine what might be called a rating.

And it is true that, now, people will be rated based upon their own actuarial experience of where they are in life, their age. Mr. Speaker, it is true that a 25-year-old, 30-year-old, 35-year-old needs less necessary intricate and expensive health care. And it is actuarially true that the older that we get—I celebrated my birthday yesterday. I get it. I am getting older, and I probably am a little more expensive at the doctor in things that I need, especially into my future.

So what we did is we said where you have that rating system, we will allow more money through the tax credit system to adjust that so that a 50-

64-year-old will not be at a disadvantage because those, too, are the people we want in the healthcare plan.

So we are actually going to add, by making it actuarially sound and attractive, a whole bunch of younger people; and we are going to recognize this balance, and we are going to provide more of an incentive to balance out for those who are older. That makes sense.

It is also reality based, Mr. Speaker. But to say that someone is going to be paying more without us recognizing that and doing something about it would not be a fair argument.

I reserve the balance of my time.

□ 1000

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. KHANNA).

Mr. KHANNA. Mr. Speaker, I thank the gentleman for his leadership and for yielding me the time.

When the President campaigned, he said he wanted more benefits, more coverage, and lower premiums. Since he got to the White House, he said, well, health care is complicated; and they have tried to create a bill with the Republicans cobbling every special interest group and every faction.

But the President knows it doesn't have to be complicated. He knows the solution. In 2000, he wrote that the Canadian plan, single-payer plan, helps Canadians live longer and healthier than Americans. There are fewer medical lawsuits, less loss of labor to sickness, and lower cost to companies paying for medical care for their employees.

He wrote further that, “We, as a Nation, need to reexamine the single-payer plan;” and he advocated for a single-payer plan.

Mr. President, what has changed?

You know what the solution is. If you are serious about health care, work with people like Senator SANDERS, Congressman WELCH, and others, and offer a real solution to the American people.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, we have heard this legislation described as a rescue mission and an act of mercy. Don't insult the intelligence of the American people. This bill is the crudest and most immoral piece of legislation I have seen since I arrived in Congress. It will rip insurance from 24 million hardworking Americans, including 60,000 Rhode Islanders. It will put \$600 billion in tax breaks into the hands of the powerful, wealthy special interests.

This is not a healthcare bill. This is a tax-cut bill. Let's call it what it is. It is going to produce higher costs, higher premiums, and more out-of-pocket expenses. It imposes a crushing age tax on older Americans. It ransacks funds that seniors rely on for long-term care,

and it will destroy nearly 2 million jobs.

All of this harm to the American people, to settle a political score, and to reward your friends and wealthy special interests. Shame on President Trump and shame on the Republican Party for doing this to the American people.

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

What a shame the gentleman was not here to vote for the Affordable Care Act when it took hold several years ago, and he would have known this is a bad deal.

Mr. Speaker, even the American people cannot be fooled. The American people saw ObamaCare, the Affordable Care Act, waste billions of dollars simply to try and put together a computer system.

Mr. Speaker, the American people understand it was a tax bill. It is about using the IRS, and they were going to add 17,000 employees, literally, to beat the brains out of the American people to force them into having health care from Washington.

Mr. Speaker, no wonder Republicans won the majority several years ago. No wonder Republicans have saved the American people not only from the IRS, but from the massive taxes that were embedded within this huge government takeover of our healthcare system.

The bottom line is that my colleagues have not yet met a tax they wouldn't be for. They have not yet built and grown these massive government organizations to the tune that they want to force the American people to do things. And they are having a difficult time understanding today why the American people—if given a choice and an opportunity and an advantage that would be fair for all Americans to have a tax credit, why that is something that people really want to see.

Mr. Speaker, Mr. Trump may or may not have contemplated every single part of the healthcare issue, but I will tell you what he did understand. And that is, draining the swamp from a system that takes away your freedom, that saps the economic growth and vitality of this country, and that empowers the Internal Revenue Service is a bad idea.

Mr. Speaker, having to qualify by going through the IRS to look at your records first to determine whether you qualify for a subsidy should be an embarrassment, and it was seen that way by the American people. Mr. Speaker, to guess at how much money and work you would have during the year, and then if you are wrong, pay up, was a system that did not work because many physicians across this country and many hospitals simply do not take ObamaCare. They are acting like it was a gift from God.

Mr. Speaker, it did not work, and it does not work. The Republican Party is going to find a way, and we are going to get our act together, and we are

going to gleefully go and do the right thing. It is a process, Mr. Speaker. It is a long process. It actually does take the House, the Senate, and the President, and we are going to get our job done.

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

The SPEAKER pro tempore. The gentleman from Massachusetts has 10 minutes remaining. The gentleman from Texas has 3 minutes remaining.

Mr. MCGOVERN. Mr. Speaker, let me just say that I feel bad for the gentleman from Texas for having to defend this lousy rule and this lousy bill all by himself. We have so many speakers here, we don't have enough time to accommodate them all.

Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. MCNERNEY).

Mr. MCNERNEY. Mr. Speaker, since the ACA was enacted, California's uninsured rate has dropped by 54 percent. Over 263,000 people have gained coverage in the three counties in my district. But now my Republican colleagues want us to pass a replacement bill that will strip away health care for 24 million Americans.

TrumpCare guts the Medicare program and creates a new, pre-broken system that rations health care for more than 76 million Americans. In my district alone, more than 64,000 people will lose coverage because of the provisions of the Republican replacement bill. It will take money away from our hospitals and eliminate 4,000 jobs in San Joaquin County alone. Working and middle class families will be forced to pay more for less. This will increase healthcare costs and decrease the quality of coverage available. Americans deserve access to quality healthcare coverage and health care that they can afford.

I ask my Republican colleagues to withdraw this terrible bill and work across the aisle, for once, to improve the ACA that benefits all Americans. I strongly oppose this bill and urge my colleagues to vote "no."

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. RASKIN).

Mr. RASKIN. Mr. Speaker, we are here to discuss the rule for voting on TrumpCare, or RyanCare, or whatever they are calling it today, based on whoever is willing to put their name to it. But we learned upon arrival at work that the rules are that there are no rules.

It is "Lord of the Flies Day" here in the House of Representatives. They want to make us vote on a bill that no one has even read. No one can find it. Anything goes. The whole process has been a disaster, a debacle, a mockery of democracy—no hearings, no witnesses, no experts, no process, no deliberation, and now no bill even.

But the American people are saying "no way." The polls show people are

turning dramatically against that wreck of legislation that is missing in Washington today.

Yesterday, we heard about the Buffalo Bribe, the Hudson Hustle, the Kinderhook Kickback, every manner to try to round up votes from Members who know their political careers are in danger for going anywhere near this bill.

What do they propose to do?

What we know is they want to kick 24 million Americans off their health care, destroy Planned Parenthood, and transfer \$600 billion up the wealth ladder in the United States.

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

Mr. MCGOVERN. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Maryland.

Mr. RASKIN. This legislation, however it turns out today, will crash the system, which is what their chief strategist, Steve Bannon, has said he wants to do. If a foreign power like the Russians proposed to do this to America, we would consider it an act of aggression and war against the American people.

This bill is not a rescue mission, as they say. It is a wrecking ball, and we should put it to bed once and for all today.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, and to my friends on the Republican side, you have got the perfect bill. It cuts taxes, \$800 billion, largely at the high end. It cuts 24 million people off of health care. And it ends the Medicaid entitlement.

What is the problem?

Bring your bill up here. Now, what you have is not a healthcare bill. You have a tax-cut bill masquerading as a healthcare bill, and your hesitation is the collateral damage that you are going to do to the people who voted for you will become clear. To the hospitals in rural America we need, that damage will become clear. To the people age 50 to 64, who are going to get hammered, hammered at a point in their life when, more than ever, they need health care, you are going to stick it to them. The people who supported you, the people who believed in you are the people you are turning your back on.

I say, bring your bill up here. Vote it. Take ownership of what it is you are doing. I welcome your courage in telling rural America that they don't matter.

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

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Speaker, I am compelled to come to the floor

this morning to urge my Republican colleagues to stop hiding the TrumpCare bill. The American people and their Representatives deserve to know what is in the bill.

But here is what we know so far. It rips coverage away from millions of our neighbors back home. It is a massive tax or cost increase for people's insurance, whether you have it through healthcare.gov or through your private employer. It imposes a significant age tax on our older neighbors back home. It cuts Medicare and shortens the life of the Medicare trust fund. It breaks the fundamental guarantee we have with our neighbors back home who are Alzheimer's patients, children with complex conditions, the disabled, under Medicaid, all to give a massive tax break to the wealthiest people in America.

That is a failure in vision and a failure in values, and this bill should be hidden forever.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, this merciless bill, ironically called a healthcare bill, would be disastrous for this country's health, and especially harmful to the people in my home State of New York.

It will not expand access to health care, as promised. It will, instead, rip away healthcare insurance from 24 million people, including 2.7 million in New York City, people who already have health care. And it will not make premiums more affordable, as promised. It will, instead, raise premiums across this Nation. Premiums in New York would go up an estimated \$1,000 next year alone.

It cuts all Federal funding for a year for Planned Parenthood clinics, which serve women in need across this country. And to make an already bad bill even worse, this bill cuts nearly \$5 billion in funding for New York's hospitals that serve some of our most vulnerable people.

Voting for this bill is voting to cause sure and certain harm to millions of Americans. I urge a "no" vote.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, we are considering a bill so bad it was kept under lock and key, hidden from Democrats and those Republicans who would not pledge allegiance to it; a bill that was so destructive that no witness would come to defend or explain it in all-night committee sessions; a bill jammed through this House, logically, you would expect this special rule to jam it through today.

What is at stake here is not only the crumbling and destruction of health care, but it is the crumbling of our democracy.

Our Republican colleagues need to remember that this is Washington, not Moscow. This is Congress, not the Duma.

We deserve a fair consideration of this bill open to discussion because of its impact on millions of Americans who will lose their access to a family physician. These heavyhanded tactics reflect the fear of the American public getting an opportunity to look thoroughly at this bill and understand what it does to each family affected.

Mr. Speaker, I urge rejection of the rule.

□ 1015

Mr. McGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. Mr. Speaker, today the Republicans are doing something that goes against what was promised in the campaign, and that was that everyone would have insurance, the insurance would be better, and it would cost less. But, instead, we are going in the opposite direction. Less people are going to have insurance; 24 million are being kicked off. It is going to cost more for the insurance, and you are going to get less insurance coverage than what you are paying for. It is a total disaster what they are trying to do here.

Today, they are going to meet with the Freedom Caucus at 11:30, I understand, over at the White House. So the bill is going to get worse. Can you imagine that?

If you have got fooled the first time, don't get fooled again. If someone tells you something that you know is not true or that you thought was true and you find out it is not true, don't fall for it again, Members. It is time for change in America.

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

Mr. Speaker, I include in the RECORD the article from today's New York Times titled, "Late GOP Proposal Could Mean Plans That Cover Aromatherapy But Not Chemotherapy."

[From the New York Times, Mar. 23, 2017]

LATE G.O.P. PROPOSAL COULD MEAN PLANS THAT COVER AROMATHERAPY BUT NOT CHEMOTHERAPY

(By Margot Sanger-Katz)

Most Republicans in Congress prefer the type of health insurance market in which everyone could "choose the plan that's right for them."

Why should a 60-year-old man have to buy a plan that includes maternity benefits he'll never use? (This is an example that comes up a lot.) In contrast, the Affordable Care Act includes a list of benefits that have to be in every plan, a reality that makes insurance comprehensive, but often costly.

Now, a group of conservative House members is trying to cut a deal to get those benefit requirements eliminated as part of the bill to repeal and replace the Affordable Care Act moving through Congress. (The vote in the House is expected later today.)

At first glance, this may sound like a wonderful policy. Why should that 60-year-old man have to pay for maternity benefits he

will never use? If 60-year-old men don't need to pay for benefits they won't use, the price of insurance will come down, and more people will be able to afford that coverage, the thinking goes. And people who want fancy coverage with extra benefits can just pay a little more for the plan that's right for them.

But there are two main problems with stripping away minimum benefit rules. One is that the meaning of "health insurance" can start to become a little murky. The second is that, in a world in which no one has to offer maternity coverage, no insurance company wants to be the only one that offers it.

Here is the list of Essential Health Benefits that are required under the Affordable Care Act:

- Ambulatory patient services (doctor's visits)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services, and chronic disease management
- Pediatric services, including oral and vision care

The list reflects some lobbying of the members of Congress who wrote it. You may notice that dental services are required for children, but not adults, for example. But over all, the list was developed to make insurance for people who buy their own coverage look, roughly, like the kind of coverage people get through their employer. A plan without prescription drug coverage would probably be cheaper than one that covers it, but most people wouldn't think of that plan as very good insurance for people who have health care needs.

Under the Republican plan, the government would give people who buy their own insurance money to help them pay for it. A 20-year-old who doesn't get coverage from work or the government, for example, would get \$2,000. If the essential health benefits go away, insurance companies would be allowed to sell health plans that don't cover, say, hospital care. Federal money would help buy these plans.

But history illustrates a potential problem.

In the 1990s, Congress created a tax credit that helped low-income people buy insurance for their children. Quickly, it became clear that unscrupulous entrepreneurs were creating cheap products that weren't very useful, and marketing them to people eligible for the credit. Congress quickly repealed the provision after investigations from the Government Accountability Office and the Ways and Means Committee uncovered fraud.

Mark Pauly, a professor of health care management at the Wharton School of the University of Pennsylvania, who tends to favor market solutions in health care, said that while the Obamacare rules are "paternalistic," it would be problematic to offer subsidies without standards. "If they're going to offer a tax credit for people who are buying insurance, well, what is insurance?" he said, noting that you might end up with the government paying for plans that covered aromatherapy but not hospital care. "You have to specify what's included."

A proliferation of \$1,995 plans that covered mostly aromatherapy could end up costing the federal government a lot more money than the current G.O.P. plan, since far more people would take advantage of tax credits to buy cheap products, even if they weren't very valuable.

There's another reason, besides avoiding fraud, that health economists say benefit rules are important. Obamacare requires insurers to offer health insurance to people who have preexisting illnesses at the same price as they sell them to healthy people, and the Republican bill would keep this rule. But if an insurance company designs a plan that attracts a lot of sick people, it will be very expensive to cover them, and the insurance company will either lose money or end up charging extremely high prices that would drive away any healthy customers.

Sherry Glied, the dean of the Robert F. Wagner Graduate School of Public Service at New York University, who helped work on the essential health benefits in the Obama administration, raised the example of mental health benefits. Parents of adolescents with schizophrenia will be sure to buy insurance that covers only mental health services. Other parents won't care about that benefit.

The result: Any company offering such benefits will end up with a lot of customers requiring expensive hospitalizations, while its competitors that drop them will get healthier customers who are cheaper to insure. If mental health services are optional, no insurance company will want to offer them, lest all the families with sick children buy their product and put them out of business.

And then healthy people who develop mental illness, or drug addiction, will also learn that their illness isn't covered. The result could be a sort of market failure: "If you don't require that these benefits are required, they often just get knocked out of the market altogether," she said.

Before Obamacare passed, there were few federal standards for health insurance bought by individuals, and it was not uncommon to find plans that didn't include prescription drug coverage, mental health services or maternity care. But plans tended to cover most of the other benefits. That was in a world where health insurers could discriminate against sick people. In that era, insurers in most states could simply tell the mother of a mentally ill child that she couldn't buy insurance. That made it less risky for insurers to offer mental health benefits to everyone else.

David Cutler, a professor at Harvard who helped advise the Obama administration on the Affordable Care Act, said he thinks the kind of insurance products that would be offered under the proposed mix of policies could become much more bare-bones than plans before Obamacare. He envisioned an environment in which a typical plan might cover only emergency care and basic preventive services, with everything else as an add-on product, costing almost exactly as much as it would cost to pay for a service out-of-pocket.

"Think of this as the if-you-have-rheumatoid-arthritis-you-should-pay-\$30,000 provision," he said. Such a system would mean that Americans with costly problems—cancer, opioid addiction, H.I.V.—would end up paying a substantially higher share of their medical bills, while healthy people would pay lower prices for insurance that wouldn't cover as many treatments.

There is most likely a middle way. Republican lawmakers might be comfortable with a system that shifts more of the costs of care onto people who are sick, if it makes the average insurance plan less costly for the healthy. But making those choices would mean engaging in very real trade-offs, less simple than their talking point.

Mr. McGOVERN. Mr. Speaker, I would be delighted if we had actual text to look at right now, but, instead,

we are forced to rely on news reports, and what I am reading in the news is not good.

The article that I just included in the RECORD also quotes a Harvard professor who says: "Think of this as the if-you-have-rheumatoid-arthritis-you-should-pay-\$30,000 provision."

The article says that we could go back to a world where insurers could simply tell the mother of a mentally ill child that she couldn't buy insurance. It is ironic that the Republicans want to take away a woman's choice about a pregnancy, and then it looks like they are going to take away any insurance she needs for prenatal care or maternity care.

What are we doing here, Mr. Speaker? What will we be asked to vote on later today? If these sorts of dangerous ideas are being considered, we, the American people, deserve to know. Twenty-four million people are going to lose their insurance under the proposal the Republicans are considering. People will pay more and get less. There will be huge tax cuts for the rich. Again, we don't even have the final text. This is awful. This is unacceptable.

I will remind my colleagues that this is about the American people. Put the people of this country ahead of your party, ahead of your ideology, and ahead of this President who just discovered that health care is complicated.

This is a life-or-death issue for many in this country. Health care is very personal. Don't take it away from people. Let's work in a bipartisan way to make the improvements in the Affordable Care Act that we all know need to be made, but don't just tear apart a healthcare system that is providing an additional 20 million Americans health insurance.

Please don't do this. Slow down. Provide us the text of the bill. Let's have hearings. Let's bring the American people into the Congress and listen to what they have to say. Listen to what your own constituents have been saying to you in townhalls. They don't want what you are selling here today. They don't want your rescue plan. They want health care for themselves and their families, and that is what they deserve.

So, please, vote down this martial law rule and go back to the drawing board.

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

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

Seven years ago, Mr. Speaker, this town was abuzz with this new healthcare plan, the Affordable Care Act, that was signed by the President of the United States. We were promised an enormous opportunity to make health care better.

Mr. Speaker, fortunately, the American people had a chance to make a decision, and the American people—after watching and seeing not only people in-

capable of putting databases together, incapable of understanding marketplaces, and incapable of understanding the limits of the American people's real need to understand and to have a better healthcare system—gave up on ObamaCare, the Affordable Care Act. They gave up on it because, after 7 long years, they understood it simply didn't equal what they were sold.

The Republican Party is selling what we believe in, and this is the beginning of that sell. It is a beginning of an understanding for most Members of this body and the American people to understand you can keep your own doctor and you can keep your own healthcare plan, but you, too, can make your own decisions. You can become a consumer.

Oh, my gosh, somebody from Washington isn't going to tell us exactly what to do? Let's scare everybody; let's make them think that the American people can't make their own decisions without the IRS or Washington telling them what to do.

I understand there are some frustrations. I get that. I can be frustrated; I am not. It is true last week I held a townhall meeting in Dallas, Texas. It is true a bunch of people yelled and screamed at me. They simply wanted to know: Yes or no, yes or no.

Mr. Speaker, policy is not like that in our country. The Republican Party does owe people thoughts, ideas, and plans. We will have the bill, and when we do it, we will own it, and we will be proud of it.

Mr. Speaker, I urge my colleagues to support this rule.

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

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

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

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

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a joint resolution of the House of the following title:

H.J. Res. 83. Joint Resolution disapproving the rule submitted by the Department of Labor relating to "Clarification of Employer's Continuing Obligation to Make and Maintain an Accurate Record of Each Recordable Injury and Illness".

The message also announced that pursuant to section 9355(a) of title 10, United States Code, the Chair, on behalf of the Vice President, appoints the following Senators to the Board of Visitors of the U.S. Air Force Academy:

The Senator from New Mexico (Mr. UDALL) (Committee on Appropriations).

The Senator from Hawaii (Ms. HIRONO) (Committee on Armed Services).

The message also announced that pursuant to section 4355(a) of title 10, United States Code, the Chair, on behalf of the Vice President, appoints the following Senators to the Board of Visitors of the U.S. Military Academy:

The Senator from New York (Mrs. GILLIBRAND) (Committee on Armed Services).

The Senator from Connecticut (Mr. MURPHY) (Committee on Appropriations).

The message also announced that pursuant to section 1295b(h) of title 46 App., United States Code, the Chair, on behalf of the Vice President, appoints the following Senators to the Board of Visitors of the U.S. Merchant Marine Academy:

The Senator from Michigan (Mr. PETERS) (At Large).

The Senator from Hawaii (Mr. SCHATZ) (Committee on Commerce, Science and Transportation).

The message also announced that pursuant to section 194(a) of title 14, United States Code, as amended by Public Law 101-595, and further amended by Public Law 113-281, the Chair, on behalf of the Vice President, appoints the following Senators to the Board of Visitors of the U.S. Coast Guard Academy:

The Senator from Washington (Ms. CANTWELL) (Committee on Commerce, Science and Transportation).

The Senator from Connecticut (Mr. BLUMENTHAL) (At Large).

The message also announced that pursuant to section 6968(a) of title 10, United States Code, the Chair, on behalf of the Vice President, appoints the following Senators to the Board of Visitors of the U.S. Naval Academy:

The Senator from New Hampshire (Mrs. SHAHEEN) (Committee on Appropriations).

The Senator from Maryland (Mr. CARDIN) (At Large).

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 10 o'clock and 22 minutes a.m.), the House stood in recess.

□ 2005

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 8 o'clock and 5 minutes p.m.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives: