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Senate

The Senate was not in session today. Its next meeting will be held on Monday, November 18, 2013, at 2 p.m.

House of Representatives

FRIDAY, NOVEMBER 15, 2013

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. WOMACK).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
November 15, 2013.

I hereby appoint the Honorable STEVE WOMACK to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

PRAYER

Reverend Oran Warder, St. Paul's Episcopal Church, Alexandria, Virginia, offered the following prayer:

Blessed are You, God of the universe. You have created us and given us life.

Blessed are You, God of this Earth. You have set our world like a radiant jewel in the heavens and filled it with beauty and hope.

Blessed are You, God of these United States of America, for all the lessons of our past, for all that remains for us to do.

Blessed are You, God of truth and justice. Guide the men and women of this House of Representatives. Grant them insight, courage, compassion, and imagination. Protect them from corruption and arrogance, and grant that we whom they seek to serve may give them the support that they need.

Increase our trust in one another. Strengthen our quest for justice, and bring us to unity and a common purpose.

Blessed are You, God of the universe, and blessed are we, Your people.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

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

Mr. HOLDING. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

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

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

Mr. HOLDING. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from California (Mr. MCCLINTOCK) come forward and lead the House in the Pledge of Allegiance.

Mr. MCCLINTOCK led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

OBAMACARE

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

Mr. MCCLINTOCK. Mr. Speaker, yesterday we heard yet another empty promise from the President that, by fiat, he can delay provisions of law under ObamaCare that have already cost a staggering 5 million Americans their health insurance.

Now, notice that he has not changed the law. He has simply said that he will ignore the law, and he invites health insurers to do the same.

This is a constitutional abomination. We live in a nation of laws and not of men. The principal constitutional responsibility of the President is to take care that the laws be faithfully executed. If a law is bad, we change that law. We don't ignore it.

As a practical matter, the President's announcement has no effect. Since the law hasn't changed, the criminal and civil liability that a

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health insurer would incur for disobeying it has not changed either.

The President has cruelly given people false hope while severely damaging the fundamental concept that separates democracy from despotism, the rule of law.

The SPEAKER pro tempore. The Chair reminds Members to refrain from making improper references to the President.

THE PRODUCTION TAX CREDIT

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

Mr. MCNERNEY. Mr. Speaker, I stand in support of the wind power industry and the Production Tax Credit. The PTC has been instrumental in helping create jobs. The wind industry now supports 80,000 American jobs in 44 States.

Last week, a bipartisan Governors' Wind Energy Coalition wrote to the leaders of both Chambers of Congress asking for a multiyear extension of the PTC. They confirmed that, due to the delayed extension of PTC in 2013, only one wind turbine was installed in the first 6 months of this year, a 99 percent decrease from the $25 billion invested in 2012.

A year and a half ago, the American Wind Energy Association commissioned a report that found a 4-year extension of the PTC would secure some 54,000 jobs. The PTC expiration has resulted in an average 81 percent decrease in wind energy installations.

Democrats and Republicans have repeatedly come together to extend the PTC. That cooperation is needed again.

I urge my colleagues to support American jobs by supporting a multiyear extension of the Production Tax Credit.

CONGRATULATING ILLINOIS STATE CHAMPION EDWARDSVILLE HIGH SCHOOL BOYS' SOCCER TEAM

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

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, today I rise and stand here on behalf of my colleague and friend, JOHN SHIMKUS, to congratulate the Edwardsville High School boys' soccer team for winning the IHSA State Championship for the second time in school history.

The team, led by Coach Mark Heiderscheid, had a rough stretch in its season, going 0–2–2, but the team persevered and ended the season on a 15-game winning streak to become State champions.

Last week, in the semifinals, the Tigers came back to stun tournament favorite Naperville Central by scoring three goals in a 12-minute span to win 3–1.

In the finals against Wheeling, Edwardsville was led by its tough defense and held on for a thrilling 2–1 win to be crowned State champions.

So congratulations to the players, coaches, and families of Edwardsville High School boys' soccer team, and best of luck for a repeat next year. Go Tigers.

THE BIOFUELS DEVELOPMENT ACT

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

Mr. ENYART. Mr. Speaker, when I was elected to Congress, I pledged to my constituents I would come to Washington to be a problem-solver and offer solutions. In this spirit, I introduced the Biofuels Development Act. This legislation will create American jobs and reduce our dependence on foreign oil.

The goal is simple: establish a $25 million pilot program for the Air Force to make competitive grants supporting research and development, education, and training to produce bio-based aviation fuel for use by the Air Force.

In addition, this initiative is paid for—I repeat, paid for—using unobligated funds from the Afghanistan Infrastructure Fund.

In southern Illinois, the potential for this approach is tremendous. My district is home to a vibrant agricultural economy, as well as Scott Air Force Base. If this legislation became law, a great partnership between those two communities would produce tremendous results, with a positive ripple effect throughout the local and national economy.

It is high time for this body to focus on rebuilding our economy, putting Americans back to work. I urge my colleagues to join me in support of this important legislation.

OBAMACARE HURTS VETERANS

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

Mr. BROOKS of Alabama. Mr. Speaker, America's veterans protect America and our liberties, which begs the question, does ObamaCare keep our promises and obligations to veterans?

Marcus Langford, a veteran from Huntsville, Alabama, wrote me the following:

> I am a married father of two and a disabled vet after three tours in Iraq and over 2 years in Afghanistan supporting our military. My health care costs are $399 a month, but because of the Affordable Health Care Act, my bill will go up to $741 a month as of January 2014.

Mr. Speaker, America's veterans deserve better than the 60 percent increase in health care costs that the White House and its Democrat congressional allies obstinately impose on hardworking Americans like Marcus Langford.

The way to do better is to repeal ObamaCare so that America can debate health care solutions based on truth, not deception.

YET ANOTHER GOP REPEAL VOTE IN SHEEP'S CLOTHING

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

Mr. PALLONE. Mr. Speaker, Republicans are at it again. Instead of working together with Democrats and agreeing to a plan that will actually help improve the Affordable Care Act, they are once again planning another vote to repeal the law.

Don't buy into the GOP spin that they are offering a solution to address the insurance policies that have not been renewed by insurance companies.

The President announced yesterday that he is offering an administrative solution that will allow insurers to continue to renew existing policies. The President has made clear that he is willing to work to address the ACA's challenges. Yet, Republicans are working to destroy it once again.

They can try to paint this plan in a different color, call it by a different name, and dress it up any way they like, but don't be fooled: this is just the 46th Republican attempt to strip Americans of their access to affordable health insurance.

OBAMACARE CANCELATIONS

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

Mr. HOLDING. Mr. Speaker, I rise to share a story from a constituent of mine in Cary, North Carolina, about the real impact that ObamaCare has had on him and his family.

He is an independent businessman, diagnosed with leukemia, and he wrote that his income has fluctuated in recent years because the disease limits his work capacity. Medical costs have skyrocketed for his chemotherapy and other treatment but have been well covered by his current provider.

Mr. Speaker, after about 10 years of care under the same health care plan, he received a notice that his current policy covering his family of four is being terminated. The ObamaCare-compliant approved replacement plan will increase their premium by about 77 percent, or $9,000 per year. This is a serious financial challenge for them, and they may have to sell their home.

Mr. Speaker, after everything this man has already been through, he now has to deal with the frustration and uncertainty of this administration's back-and-forth policy. This is not what he and the American people were promised by the President, and it is simply unacceptable.

THE AFFORDABLE CARE ACT

(Ms. JACKSON LEE asked and was given permission to address the House

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

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

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

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

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

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

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

OBAMACARE

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

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

Well, isn't that an interesting revelation?

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

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

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

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

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

□ 0915

KEEP YOUR HEALTH PLAN ACT OF 2013

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

The Clerk read the resolution, as follows:

H. RES. 413

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

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

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

GENERAL LEAVE

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

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

There was no objection.

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

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

We are now 6 weeks into the disastrous launch of the President's signature health care law, and more and more problems are uncovered with each succeeding day. It seems that the President has quickly forgotten all of the promises made over the past 4 years to the American people about this law.

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

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

At the end of September, the President said:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The bill we are voting on today serves to stop that hemorrhaging, and the hemorrhaging that is occurring is a consequence of the ill-conceived government takeover of the American health care industry. Any good triage doctor knows before they can fully treat or cure the patient they have to deal with the immediate problems. In this case, they have to stop the hemorrhage of people losing their private health insurance because of the Affordable Care Act. That is what the House of Representatives will do today. That is what House Republicans will be voting in favor of. I hope that our colleagues across the aisle will see the wisdom in this and join us.

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

With that, I reserve the balance of my time.

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

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

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

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

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

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

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

Mr. Speaker, 1 hour. You mean we couldn't have 2 hours of debate and a few amendments? Or 3 hours of debate and a few more amendments? Or 5 hours of debate or a whole day of debate, given the fact that you didn't hold any hearings on this bill? Give me a break. This is not the way to run the House of Representatives. This is not the way you promised you would run the House of Representatives. And, by contrast, on the Affordable Care Act, we had hundreds of hours of debate and markups in which Republican amendments were actually accepted. Now you may not like the Affordable Care Act, but it went through a process. This went through no process. This was just brought up to the Rules Committee, and we are told to bring it right to the floor.

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

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

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

□ 0930

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

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

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

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

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

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

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

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

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

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

I reserve the balance of my time.

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

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

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

But the most important thing I wish to point out, for those of you who were here in 2009, we will remember, H.R. 3200 was the Democratic health care reform bill. That bill is now lost forever in the vapor, in the ether. No one knows what became of it. H.R. 3590 passed the House of Representatives in July of 2009. It passed as a housing bill. It went over to the Senate to await further action. The further action was an amendment by HARRY REID late in December of 2009 ''to strike all after the enacting clause and insert.'' All the housing language was taken out, all of the health care language was inserted.

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

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

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

CBO Analysis: CBO analysis is not currently available.

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

Full Committee:

August 1, 2013: PPACA Pulse Check

October 24, 2013: PPACA Implementation Failures: Didn't Know or Didn't Disclose?

October 30, 2013: PPACA Implementation Failures: Answers from HHS

Subcommittee on Health:

February 14, 2013: SGR: Data, Measures and Models; Building a Future Medicare Physician Payment System

February 27, 2013: Fostering Innovation to Fight Waste, Fraud and Abuse in Health Care

March 13, 2013: Obamacare's Impact on Jobs

March 15, 2013: Unaffordable: Impact of Obamacare on Americans' Health Insurance Premiums

March 18, 2013: Saving Seniors and Our Most Vulnerable Citizens from an Entitlement Crisis

March 20, 2013: Health Information Technologies: How Innovation Benefits Patients

April 3, 2013: Protecting America's Sick and Chronically Ill

April 18, 2013: A Financial Review of the Department of Health and Human Services and Its FY 2014 Budget

September 10, 2013: PPACA Pulse Check: Part 2

Subcommittee on Oversight and Investigations:

March 21, 2013: Health Information Technologies: Administration Perspectives on Innovation and Regulation

April 24, 2013: The Center for Consumer Information and Insurance Oversight and the Implementation of the Patient Protection and Affordable Care Act

July 18, 2013: Patient Protection and Affordable Care Act: Implementation in the Wake of Administrative Delay

September 19, 2013: Two Weeks Until Enrollment: Questions for CCIIO

Subcommittee on Communications and Technology:

March 19, 2013: Health Information Technologies: Harnessing Wireless Innovation

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

Rule Request: Chairman Upton (R–MI) sent a letter to Chairman Sessions requesting ''that the Committee on Rules hold a hearing and grant a closed rule to govern consideration of H.R. 3350 by the House.''

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This is a colossal waste of time.

STATEMENT OF ADMINISTRATION POLICY

H.R. 3350—KEEP YOUR HEALTH PLAN ACT OF 2013

(Rep. Upton, R–MI, and 161 cosponsors, Nov. 14, 2013)

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

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

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

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

Ms. JACKSON LEE. I thank the distinguished gentleman.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 percent did not seek treatment at all.

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

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

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

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

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

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

Eighteen percent of the underinsured postpone getting care or treatment;

Fifteen percent of the underinsured had problems paying medical bills;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 2. FINDINGS.

Congress finds the following:

1. Health Insurance companies are making decisions based on their bottom line self interest and have decided to terminate insurance plans that are not profitable in the new highly competitive market place for health insurance, or want to end insurance for those who are ill and thereby increase their profit margin by keeping only the healthy or marginally healthy, while discarding the ill.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Affordable Care Act when fully implemented will yield the same benefits for my home state of Texas. In fact, it has already begun to do so. Take the case of Lucy, who was insured—I should say underinsured—but had a $7,500 a year deductible. Thanks to the Health Insurance Exchange she is now much better off. Here is what Lucy has to say about the Affordable Care Act compared to the plan she had before:

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

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

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

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

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

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

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

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

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

NOVEMBER 13, 2013.

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

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

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: Health care coverage must be not only available and affordable but also adequate in order for consumers to have the health and financial protection they need from health insurance. The Affordable Care Act (ACA) was designed to ensure that, beginning in 2014, Americans would have access to health insurance that meets all three of these important objectives. Our organizations support these goals, and we are therefore opposed to H.R. 3350, legislation that would allow health insurers to continue to sell individual health insurance policies that are inadequate.

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

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

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

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

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

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

Our understanding of this legislation is that it would also allow insurers to continue to market and sell these plans to new consumers through 2014, without complying with the rules that take effect for other plans on January 1. In other words, insurers marketing these plans outside of the Health Insurance Marketplaces could continue to refuse to cover people with pre-existing medical conditions or charge them higher premiums because of their age or health status. As a result, younger and healthier people would be more likely to remain on or newly enroll in these plans, and plans sold through the Health Insurance Marketplaces would end up covering mostly older and sicker people. This would drive up health insurance premiums in the Marketplaces.

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

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

Sincerely,

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

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

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

The problem the Democrats had that day was, should we change a single word in H.R. 3590 as passed by the Senate, the bill would have to go back to the Senate and concur with the House amendment to H.R. 3590. The Majority Leader in the Senate, having lost his 60th vote in a special election in Massachusetts that year, felt that he could not pass anything. He could not achieve cloture with only 59 Democrats to vote in favor of that motion for cloture. That is the reason why not one word was changed between Christmas Eve of 2009 and the time this bill was actually passed.

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

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

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

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

I reserve the balance of my time.

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

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

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

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

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

□ 0945

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

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

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

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

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

BOEHNER: UPTON BILL A STEP ON PATH TO OBAMACARE REPEAL

(By Jonathan Strong)

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

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

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

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

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

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

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

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

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

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

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

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

We have talked about the votes in this House to delay or to modify portions of the Affordable Care Act. Indeed, the House has passed seven of those, and they have been signed by the President.

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

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

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

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

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

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

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

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

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

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

I reserve the balance of my time.

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

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

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

He says:

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

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

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

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

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

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

We are here today supposedly to help those people who unexpectedly had their insurance policies canceled. This is a real issue as the President, himself, clearly acknowledged last night. That is why he is taking steps to help these people in the private health care market keep their plans. However, the bill before us now not only fails to solve the problem, it makes things worse by fundamentally undermining the Affordable Care Act in a way that is calculated to doom it to eventual failure.

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

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

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

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

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

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

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

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

I reserve the balance of my time.

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

□ 1000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr. ANDREWS. I thank the gentleman.

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

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

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

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

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

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

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

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

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

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

The constituent goes on to say:

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

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

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

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

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

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

I reserve the balance of my time.

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

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

There was no objection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So this is politics; it is not about policy. It isn't any attempt to improve the Affordable Care Act. One way to improve it, though, is what we have in our previous question: give the State insurance commissioners the authority, all of them—some of them have it—but ensure that all of them have the authority to investigate and act upon rate increases, as well as the nature of these letters that were sent out without the integrity that they should have had.

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

□ 1015

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

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

Vote ''no'' on the rule.

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

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

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

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

He goes on to say:

> Now, as I indicated earlier, I completely get how upsetting this can be for a lot of Americans, particularly after assurances they heard from me that, if they had a plan that they liked, they could keep it. And to those Americans, I hear you loud and clear. I said that I would do everything we can to fix this problem, and today I am offering an idea that will help do it.
>
> Already people who have plans that predate the Affordable Care Act can keep those plans if they haven't changed. That was already in the law. That's what's called a grandfather that was included in the law. Today, we're going to extend that principle both to the people whose plans have changed since the law took effect and to people who bought plans since the law took effect.

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

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

I reserve the balance of my time.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr. POLIS. Is the gentleman prepared to close?

Mr. BURGESS. Absolutely.

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

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

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

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

There was no objection.

Mr. POLIS. Mr. Speaker, there are a number of ways that we can improve upon the Affordable Care Act. One of the ones that I would like to highlight that we could be bringing here to the floor today that the Senate already passed is comprehensive immigration reform.

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

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

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

I yield back the balance of my time.

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

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

□ 1030

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

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

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

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

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

Strike all and insert the following:

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

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

H.R. __

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

SECTION 1. SHORT TITLE.

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

SEC. 2. MAINTAINING EXISTING COVERAGE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) fails to contain information—

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

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

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

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

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

(c) REPORTS.—

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

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

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

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

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

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

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

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

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

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

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

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

''(A) denying rates;

''(B) modifying rates; or

''(C) requiring rebates to consumers.

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

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

(1) in subsection (a)—

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

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

(C) in paragraph (2)—

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

(ii) by striking ''the increase'' and inserting ''the rate''; and

(iii) by striking ''such increases'' and inserting ''such rates'';

(2) in subsection (b)—

(A) by striking ''premium increases'' each place it appears and inserting ''rates''; and

(B) in paragraph (2)(B), by striking ''premium'' and inserting ''rate''; and

(3) in subsection (c)(1)—

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

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

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

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

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

(A) in subsection (a)—

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

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

(B) in subsection (b)—

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

(ii) in paragraph (2)—

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

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

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

(A) in subsection (a)—

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

(ii) in paragraph (2)—

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

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

(B) in subsection (b)—

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

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

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

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

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

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

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

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

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

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

The yeas and nays were ordered.

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

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

[Roll No. 583]

YEAS—225

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

NAYS—193

Andrews
Barber
Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—12

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

□ 1057

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

Mr. MATHESON changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated against:

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

Had I been present, I would have voted "no."

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

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

RECORDED VOTE

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

A recorded vote was ordered.

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

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

[Roll No. 584]

AYES—228

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

NOES—189

Andrews
Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—13

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

□ 1105

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

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

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

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

The Clerk read the title of the bill.

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

The text of the bill is as follows:

H.R. 3350

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

SECTION 1. SHORT TITLE.

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

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

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

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

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

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

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

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

There was no objection.

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

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

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

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

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

around Congress with a universal ''fix.''

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

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

I reserve the balance of my time.

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

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

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

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

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

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

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

□ 1115

This week, we learned that 1.5 million people have already applied for coverage—a faster signup rate than experienced in Massachusetts—even with all the technical problems we have had. In my State of California, nearly 400,000 people have begun applications in the first month.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. RANGEL), who played such an important role in drafting the Affordable Care Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr. PALLONE. Thank you, Mr. WAXMAN.

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

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

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

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

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

Mr. Speaker, yesterday, the President took action to help Americans who want to renew their old insurance policies. Ultimately, though, I hope that those Americans who want to renew those old policies will look at the quality plans available in the new Affordable Care Act insurance marketplace and like what they see. In most cases, they will find they are able to purchase better coverage at a lower price than their original policies, so, when they get sick or need care, they will actually have it—not with these old policies that, for the most part, are not going to provide them with good health insurance.

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

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

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

Mr. BARTON. I appreciate the chairman yielding.

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

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

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

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

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

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

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

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

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

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

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

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

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

□ 1130

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

From the start, ObamaCare has been a disaster.

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

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

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

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

Our bill allows Americans a choice. It lets individuals keep their health care plans while giving others who currently are uninsured an escape hatch from ObamaCare. Our bill will allow individuals, whether one is a mother of a sick child, a small business owner, or a young, invincible adult, to keep their current plans. The National Federation of Independent Business and senior groups, such as 60 Plus, are urging Congress to fulfill its duty and pass this bill.

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

□ 1145

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

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

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

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

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

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

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

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

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

I urge you to vote ''no'' against this because you are going to create endless confusion in this country and the insurance market.

WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER,

November 14, 2013.

KREIDLER STATEMENT ON PRESIDENT OBAMA'S ANNOUNCEMENT TODAY

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

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

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

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

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

NOVEMBER 14, 2013.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr. HOYER. I thank the gentleman.

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

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

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

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

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

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

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

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

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

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

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

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

I urge my colleagues to oppose this legislation.

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

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

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

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

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

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

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

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

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

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

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

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

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

□ 1200

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

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

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

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

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

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

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

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

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

Linda from Philippi, West Virginia, writes:

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

And Sherry from Weirton, West Virginia, tells us:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

It is, I think, ironic for people to talk about somebody losing access to a doctor who is no longer in a network. That happens every year. It happened previously. It will happen in the future unless you are going to somehow sentence doctors to participate in plans. You can't force them.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

□ 1215

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Riley's mom, Melissa, also sent a letter to our office, a letter of desperation stating that her health insurance provider, the one she has always relied on, has now informed her that she will no longer be covered after November 25. In her letter to our office, Melissa writes:

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

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

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

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

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

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

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

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

Mr. WAXMAN. We have two speakers left.

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

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

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

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

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

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

I call on my colleagues to vote ''yes'' on H.R. 3350, so that women in this country can continue to do the good job they are doing for their families and provide good health care coverage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Why are we here this afternoon?

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

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

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

□ 1230

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The overwhelming majority (59 percent) of the insured receive their insurance through employer health plans. However, one in six of the uninsured have at least one working person in their household.

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

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

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

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

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

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

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

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

I fully applaud what the President has done.

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

Mr. Speaker, adequate health plans have in common the inclusion of certain minimal benefits and services.

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

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

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

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

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

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

Paralyzed Veterans of America.

American Cancer Society Cancer Action Network.

American Diabetes Association.

American Federation of State, County and Municipal Employees (AFSCME).

American Heart Association/American Stroke Association.

American Music Therapy Association.

The Arc of the United States.

The Autistic Self Advocacy Network.

Community Catalyst.

Families USA.

Health and Wholeness Ministries, Disciples Center for Public Witness.

Health Care for America Now.

National Alliance on Mental Illness.

National Association of County Behavioral Health & Developmental Disability Directors.

National Council of Jewish Women.

National Partnership for Women & Families.

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

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

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

Mr. HOLT. Mr. Speaker, I rise in opposition to H.R. 3350. This bill has no purpose, other than to destroy the effort to provide excellent, affordable health care to Americans in every walk of life. Yesterday, the President provided a workable solution to allow insurance companies to continue to offer existing policies to people who want to keep their policies. But the Upton bill we are considering today would allow both those that had these plans, and those that did not, to obtain care under these plans. Especially, people could buy plans that

don't really offer much ''insurance'' at all should anyone in their family get sick.

The comprehensive health care reform legislation we passed in 2010 was a sincere and honorable effort to provide every American with access to affordable and quality health coverage. The law was designed to ensure that health coverage would include access to free preventive services, and would also be robust enough to actually help an individual afford critical, life-saving care should they fall ill.

The legislation that we are considering today accomplishes none of those goals. H.R. 3350 would allow insurance companies to continue to sell and attract new customers to substandard health plans that offer little protection.

I have received calls and letters from constituents over the past several weeks who share with me their frustration that their health plan has been cancelled. And I sympathize with them. They tell me in complete sincerity that they like these plans—after all, they are not used to having any choice. They think their previous insurance plan is all they can afford. But under the Affordable Care Act they now have the ability to buy real insurance that will not drop them when their kid gets sick or require them to a huge deductible and with government subsidies in an active insurance marketplace, most will probably save money on their premiums.

But I have also heard from constituents who have fallen ill, and during that time of personal turmoil, learn that their insurance does not cover the treatment they need. Their ''Basic and Essential Plan,'' as they're called in New Jersey, does not cover their basic or essential needs. They are on their own, and they will have to pay out-of-pocket for the chemotherapy, hospital tests, or physical therapy their doctor ordered.

Prior to health reform, in 2007, more than 60 percent of all bankruptcies were a result of illness and medical bills, and nearly 80 percent of those who filed for medical bankruptcy were insured.

We passed the Affordable Care Act not only to extend coverage to the 48 million uninsured Americans, but also to improve insurance for the millions more Americans who are underinsured. H.R. 3350 would undermine the Affordable Care Act by allowing new, additional customers to purchase health insurance that provides limited protection, and little prevention. It would result in even more Americans becoming underinsured and lead to additional family's filing for medical bankruptcy.

Many parts of the ACA are working and have very beneficial effects for ordinary Americans—removing caps that cut off coverage even in the middle of critical treatments, allowing 25 year olds who are trying to get on their feet professionally to stay on their parent's policies, guaranteeing equally good coverage at equal cost for women, increasing access to preventive care, and other things. I would hope the sponsors of this bill would devote their best efforts to making the remaining parts of the legislation work. That is what they owe their constituents, rather than trying to destroy this sincere, honorable effort to make health care as good as possible in America.

The rollout of the health insurance Marketplace has not been smooth, and I am as frustrated as everyone else, but the potential for Americans to gain affordable and comprehensive coverage is still enormous. Nearly one million New Jerseyans lack health insurance, and there are still many more underinsured. I am committed to protecting the provisions of health care reform so that New Jerseyans have access to health coverage that is affordable, comprehensive, and reliable. Therefore, I urge my colleagues to join me in opposing this bill and get to work on implementing the Affordable Care Act so Americans have access to better health care coverage.

Mr. POSEY. ''Mr. Speaker, ''As a direct result of the health care law, 10 million Americans risk having their health insurance plans cancelled. Tens of millions more are seeing their costs go up and coverage changed, and they are losing access to their doctors and health care networks.

''I get messages daily from my constituents who have had their policies cancelled, seen 200%—400% increases in their health insurance premiums, or who have been cut to part-time work because of the new law. They are finding the Affordable Care Act (ACA) to be unaffordable for their families.

''Today the House will consider bipartisan legislation that will help reverse these effects of this law for many Americans, providing relief to some of those who have been harmed.

''The sad reality is that the ACA is inherently flawed and unworkable, and this reality is starting to catch-up with Americans across this nation. The broken website is just the tip of the disastrous iceberg as the law has fundamental and costly flaws.

''The fact that the Administration has now decided to waive ACA mandates is testimony to the fact that the health care law is directly responsible for millions of Americans losing their coverage, huge increases in health care premiums, along with the loss of access to doctors and hospital networks. There would be no need for the Administration to waive the health care law if the law was not the problem.

''Unfortunately, the Administration's proposal falls short by only providing a short-term waiver of the mandates. If it's so bad, then we really should be addressing the fundamental flaws, not simply trying to get beyond the next election. The only way to fix this situation, which will get worse, is for Washington to scrap this law and start over in a transparent process with bipartisan reforms that respect individual freedom and fairness.''

Mr. CONNOLLY. Mr. Speaker, today the House considered a bill introduced by Rep. FRED UPTON deceptively titled the ''Keep Your Health Plan Act of 2013.'' The bill actually does nothing to address the situation in which some individuals have had their coverage canceled by their insurance provider. Rather this bill would allow insurance companies to continue selling substandard insurance plans to anyone, even those who currently do not have any insurance, on the open market without the new benefits or protections of the Affordable Care Act (ACA).

In contrast, President Obama has put forth a reasonable solution that extends the grandfathering provision of the law. Under that provision, insurance plans in place on March 23, 2010, the date the ACA was signed into law, are considered grandfathered. At issue now are those plans issued since then that do not meet the minimum standards of the ACA. This week, the President announced an extension of the grandfathering provisions that will empower insurance companies and state commissioners of insurance to allow those older plans to continue to be offered for one more year. If the insurance companies decide to continue offering those plans, they must notify all individuals who have received a cancellation notice and anyone else at risk of receiving one to inform them of their right to continue their previous coverage so long as the insurer discloses what benefits and protections—such as caps on premiums and out-of-pocket expenses, free preventive care, or guaranteed coverage for pre-existing conditions—will not be provided. They also have to inform these individuals of their right to pursue new coverage that does include the wide range of consumer protections and reforms through the health insurance exchanges.

The reason I voted for and continue to support the ACA is precisely because of those consumer and patient protection reforms. We cannot allow Americans to be subjected to capricious cancellations, lifetime limits on their coverage, no coverage or unaffordable coverage because of pre-existing conditions, and higher premiums based on gender for the same basic coverage. Enrollment in the new insurance plans is increasing with each passing day along with reports of people being pleasantly surprised that they can in fact find insurance plans with premiums that are comparable to, or in many cases less than, their current coverage, and we expect that to continue.

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

Pursuant to House Resolution 413, the previous question is ordered on the bill.

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

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

MOTION TO RECOMMIT

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

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

Mr. ANDREWS. I am opposed to the bill.

Mr. UPTON. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order from the gentleman from Michigan has been reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 3350 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

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

SEC. 2. MAINTAINING EXISTING COVERAGE.

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

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

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

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

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

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

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

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

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

(1) fails to contain information—

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

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

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

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

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

(c) REPORTS.—

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

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

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

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

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

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

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

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

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

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

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

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

''(A) denying rates;

''(B) modifying rates; or

''(C) requiring rebates to consumers.

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

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

(1) in subsection (a)—

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

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

(C) in paragraph (2)—

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

(ii) by striking ''the increase'' and inserting ''the rate''; and

(iii) by striking ''such increases'' and inserting ''such rates'';

(2) in subsection (b)—

(A) by striking ''premium increases'' each place it appears and inserting ''rates''; and

(B) in paragraph (2)(B), by striking ''premium'' and inserting ''rate''; and

(3) in subsection (c)(1)—

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

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

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

(c) CONFORMING AMENDMENT.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2723 (42 U.S.C. 300gg–22), as redesignated by the Patient Protection and Affordable Care Act—

(A) in subsection (a)—

(i) in paragraph (1), by inserting ''and section 2794'' after ''this part''; and

(ii) in paragraph (2), by inserting ''or section 2794'' after ''this part''; and

(B) in subsection (b)—

(i) in paragraph (1), by inserting ''and section 2794'' after ''this part''; and

(ii) in paragraph (2)—

(I) in subparagraph (A), by inserting ''or section 2794 that is'' after ''this part''; and

(II) in subparagraph (C)(ii), by inserting ''or section 2794'' after ''this part''; and

(2) in section 2761 (42 U.S.C. 300gg–61)—

(A) in subsection (a)—

(i) in paragraph (1), by inserting ''and section 2794'' after ''this part''; and

(ii) in paragraph (2)—

(I) by inserting ''or section 2794'' after ''set forth in this part''; and

(II) by inserting ''and section 2794'' after ''the requirements of this part''; and

(B) in subsection (b)—

(i) by inserting ''and section 2794'' after ''this part''; and

(ii) by inserting ''and section 2794'' after ''part A''.

(d) APPLICABILITY TO GRANDFATHERED PLANS.—Section 1251(a)(4)(A) of the Patient Protection and Affordable Care Act (Public Law 111–148), as added by section 2301 of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), is amended by adding at the end the following:

''(v) Section 2794 (relating to reasonableness of rates with respect to health insurance coverage).''.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary.

(f) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of enactment of this Act and shall be implemented with respect to health plans beginning not later than January 1, 2014.

Mr. ANDREWS (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

Mr. UPTON. Mr. Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

The Clerk will continue to read.

The Clerk continued to read.

Mr. UPTON (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the motion.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes in support of his motion.

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, and my colleagues, we have listened to the many stories told by people this morning with great empathy about people

who got a cancelation notice and want to keep the policy that they have.

The issue before the House is whether we want to solve the problem or create another problem. That is the issue. If we want to work together, as we should, to solve the problem of Americans receiving cancelation notices and not being able to keep policies that they have, it requires us to do three things.

First, we have to legally authorize insurance companies to offer these policies on into the future. The Democratic plan which I have proposed does that and, frankly, so does Mr. UPTON's bill.

The second thing that we have to do, though, is make sure that the insurance companies offer the plans for sale. It really does you no good at all if you have the right to buy a plan that the insurance company refuses to sell.

Mr. UPTON's bill is mute on that point. It might be called the ''Insurance Companies Bill of Rights'' because they have the right to do or not do anything they choose, but the people that we all say that we want to protect really have no rights at all. This is an important distinguishing point in the plan that I am offering now, and I would urge everyone to support.

We have drawn from language offered by my friend from Illinois (Ms. SCHAKOWSKY) which requires State insurance commissioners around this country to be vigilant protectors of consumers, rather than corporate apologists for insurance companies.

Our plan says that if someone's cancelation was arbitrary and thoughtless and unfair, the insurance commissioner must act and protect the people that we heard read in those letters today.

Our plan says that if rate increases are discriminatory, if you got a rate increase because you are a woman who is pregnant, or you got a rate increase because you had skin cancer, or breast cancer, or diabetes, that the insurance commissioner must act and protect the consumer against that indignity.

It does you no good that this bill is called the ''Keep Your Insurance If You Want To Bill.'' It should be called the ''Keep Your Insurance If You Want To And The Insurance Company Allows You To Bill.'' We are correcting that wrong and remedying that wrong with our plan.

Thirdly, it doesn't do any good to give people the chance to renew their plans if that renewal results in a huge premium increase for everyone else in the country. That is what the underlying bill does.

The underlying bill says that these plans, which I would really equate to selling an automobile with no airbags and no seatbelts—now, our plan says, look, if you want to keep driving a car with no airbags and no seatbelts, you can keep driving, but people can't sell a car with no airbags and no seatbelts to a new consumer, which is what the underlying bill permits.

Now, when that happens, here is what is going to happen. People in the new State marketplaces are going to see a huge increase in their premiums. People who get covered at work are going to see a huge increase in their premiums. It is going to spill over to Medigap policies for seniors and people on Medicare.

The bill really should be called the ''Guaranteed Premium Increase Act of 2013'' because that is what it is.

Our bill corrects that by saying, let's help the people we say we want to try to help, people who like their plan and want to keep it, not everyone that the insurance company could dupe or lure into buying a car with no airbag and no seatbelts.

Finally, working together means not forgetting about some other people who write letters we haven't heard much about today, the family that Mr. DOYLE talked about, whose daughter has cancer, who has an insurance policy, but has to have a beef and beer or a golf tournament to raise money to pay their bills. I want to help that person and not repeal the Affordable Care Act.

How about the woman who had breast cancer 10 years ago and can now be told, we are sorry, you can't buy an insurance policy. You have got to pay more if you do. I want to help her by banning discrimination based on preexisting conditions.

If we really want to work together, let's adopt this plan. Let's really help the people we say we are trying to help, and not the insurance industry of the United States of America.

I yield back the balance of my time.

POINT OF ORDER

Mr. UPTON. Mr. Speaker, I regret that I do insist on the point of order.

In my opinion, the pending amendment violates clause 7 of rule XVI of the rules of the House which requires that an amendment be germane to the matter it is amending. It is not germane to the bill because section 3 imposes a mandate on State insurance commissioners, and section 4 amends the Public Health Service Act which is, in fact, beyond the scope of the base text.

The SPEAKER pro tempore. Does any Member wish to speak to the point of order?

Mr. ANDREWS. I do, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized to speak to the point of order.

Mr. ANDREWS. Mr. Speaker, my understanding is my friend, the chairman's objection is based on the principle of germaneness. The underlying bill, by its very title, purports to protect Americans who have received a cancelation notice for a policy that they want to keep.

Now, there is a disagreement here over how to protect those Americans. The underlying bill does not have requirements that State insurance commissioners act to protect those individuals. Our plan does. Our plan does.

This is a disagreement over the means to protect American consumers. The underlying bill says we will trust the insurance industry. Our bill says, no, we will enforce the insurance laws.

I would respectfully submit this does not rise to a difference in germaneness. This is a difference of opinion. The bill on the floor purports to protect the Americans that I talked about. We think it doesn't. Our plan does protect those Americans in a different way.

The underlying subject matter of this bill is how do you protect Americans who wish to keep the insurance plan that they have. We believe we have a more effective way of doing that. The majority disagrees. The House deserves a vote on that. No technicality, no procedural nicety should deny us the chance to take a vote on whose plan is right. We should proceed with this vote.

The SPEAKER pro tempore. Does any other Member wish to speak to the point of order?

Seeing none, the Chair is prepared to rule.

The gentleman from Michigan makes a point of order that the instructions proposed in the motion to recommit offered by the gentleman from New Jersey are not germane.

Clause 7 of rule XVI, the germaneness rule, provides that no proposition on a subject different from that under consideration shall be admitted under color of amendment.

The bill permits health insurance issuers that offered health insurance coverage in the individual market on January 1, 2013, to continue to make such coverage available for sale during 2014.

The amendment proposed in the motion to recommit, in pertinent part, requires State insurance commissioners to examine notices of health insurance cancelations or conversions. It also addresses the regulation of health insurance rates. Specifically, the amendment delineates what would constitute inadequate notice of cancelation or conversions of health insurance coverage, and directs State insurance commissioners to investigate such cases of inadequate notice. Additionally, it permits the Secretary of Health and Human Services or the relevant State insurance regulator to take corrective actions if health insurance rates are determined to be excessive, unjustified, or unfairly discriminatory. Such corrective action may include the assessment of civil monetary penalties.

The bill does not address any of these subject matters. Instead, it is confined to the subject matter of extending into 2014 the authority to offer health insurance coverage that was for sale on the individual market in 2013.

The Chair finds that the amendment proposed in the motion to recommit goes beyond the subject matter of the underlying bill. It is therefore not germane. The point of order is sustained.

Mr. ANDREWS. Mr. Speaker, I respectfully appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

Mr. UPTON. Mr. Speaker, I move to table the appeal of the ruling of the Chair.

The SPEAKER pro tempore. The question is on the motion to table.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. ANDREWS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on the motion to table will be followed by a 5-minute vote on passage of the bill, if arising without further proceedings in recommittal.

The vote was taken by electronic device, and there were—yeas 229, nays 191, not voting 10, as follows:

[Roll No. 585]

YEAS—229

Aderholt
Amash
Amodei
Bachmann
Bachus
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Buchanan
Bucshon
Burgess
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gowdy
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
Matheson
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schrader
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NAYS—191

Andrews
Barber
Barrow (GA)
Bass
Beatty
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—10

Becerra
Campbell
Gosar
Granger
Jones
McCarthy (NY)
Miller, George
Rush
Sires
Tsongas

□ 1307

Messrs. GARAMENDI, DEUTCH, BLUMENAUER, OWENS, LARSEN of Washington, BEN RAY LUJÁN of New Mexico, and Ms. WILSON of Florida changed their vote from ''yea'' to ''nay.''

Messrs. ROE of Tennessee, TERRY, JORDAN, BARTON, TIBERI, MURPHY of Pennsylvania, KING of New York, CANTOR, and McINTYRE changed their vote from ''nay'' to ''yea.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOTION TO RECOMMIT

Mr. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. ANDREWS. I am opposed to the bill.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 3350 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Consumer Health Plan Protection Act of 2013''.

SEC. 2. MAINTAINING EXISTING COVERAGE.

(a) IN GENERAL.—Notwithstanding any provision of the Patient Protection and Affordable Care Act (including any amendment made by such Act or by the Health Care and Education Reconciliation Act of 2010), in the case of health insurance coverage offered by a health insurance issuer in the individual market that is in effect for an individual as of October 1, 2013, the issuer may continue such coverage for such individual for a plan year beginning in 2014 in such market outside of an Exchange established under section 1311 or 1321 of such Act (42 U.S.C. 18031, 18041).

(b) TREATMENT AS GRANDFATHERED HEALTH PLAN IN SATISFACTION OF MINIMUM ESSENTIAL COVERAGE.—Health insurance coverage described in subsection (a) shall be treated as a grandfathered health plan for purposes of the amendment made by section 1501(b) of the Patient Protection and Affordable Care Act.

(c) NOTICE.—As a condition for a health insurance issuer to continue health insurance coverage under subsection (a), the issuer shall provide for notice to each individual to be offered such continued coverage (and for other individuals covered under health insurance coverage offered by such issuer for whom such continued coverage is not offered) prompt notice of the following:

(1) The health insurance coverage options available to the individual through the Marketplace under the Patient Protection and Affordable Care Act and how to exercise such options.

(2) The premium and cost-sharing assistance available for coverage obtained through such Marketplace.

(3) The consumer protections provided under such Act that are not provided under the continuing health insurance coverage.

(d) CONSTRUCTION REGARDING NOTICES OF CANCELLATION OR CONVERSION.—

(1) IN GENERAL.—Nothing in this section shall be construed to prevent the Secretary of Health and Human Services from requiring State insurance commissioners—

(A) to investigate and take appropriate administrative or other actions (such as the imposition of a fine) on cases of inadequate notices of cancellations or conversions of health insurance coverage in the individual market that take effect on or after January 1, 2014; and

(B) to submit to the Secretary reports on the investigations and actions so taken.

(2) INADEQUATE NOTICE.—In this subection, a notice of the cancellation or conversion of individual health insurance coverage shall be treated as inadequate if the notice—

(A) fails to contain information contained in subsection (c);

(B) fails to be transparent by inappropriately steering individuals to more expensive plans provided by the cancelling issuer; or

(C) fails to otherwise comply with requirements of law.

(e) CONSTRUCTION REGARDING PROTECTION AGAINST DISCRIMINATORY RATES.—Nothing in this section shall be construed as preventing the Secretary or the relevant State insurance commissioner or State regulator from taking corrective actions to ensure that any excessive, unjustified, or unfairly discriminatory rates for the continued coverage offered under subsection (a) are corrected prior to renewal.

(f) CONSTRUCTION REGARDING PREMIUM PROTECTION.—Nothing in this section shall be construed as preventing the Secretary from using all available tools to ensure that Marketplace premiums are not adversely affected by the operation of this section.

Mr. UPTON (during the reading). Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The gentleman from New Jersey is recognized for 5 minutes in support of his motion.

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. We come here as stewards of a very sacred trust—to look after the people that are the backbone of this country. We are having this debate this afternoon because we have all heard from men and women across this country who are very upset that an insurance policy that they want to keep has been canceled.

□ 1315

These constituents are very upset and very troubled, and we are brought here to work together to figure out a solution to that problem.

What is the solution?

First of all, they ought to have the ability to have their insurance companies offer them the policies for sale. Frankly, the underlying bill does that, and so does the plan that I am presenting.

Secondly, there ought to be some way that the insurance companies are given some incentive at the very at least, direction, to sell the policy. It doesn't do you a whole lot of good to have the right to buy a policy that the insurance company is not selling, and this plan has some measures which make it more likely that insurance companies would do that.

Thirdly, to solve that person's problem, we have to make sure that in solving his problem we are not creating another one; that by permitting these policies to be sold for another year, which this does, that we are not spiking the premiums of people in the exchange marketplaces or of people who get their insurance through work.

I have heard a number of Members say that they want a chance for us to work together to solve this problem. Here is that chance because this plan does the three things that I just talked about, but this plan, I think, is different than the underlying bill because this is not a step to unravel the Affordable Care Act; it is a step to improve it—which is the fundamental question, and there are some other people whose stories ought to be told here this afternoon, too.

There is a family this weekend that is having a social to raise money to pay the medical bills for their son or daughter who has cancer, because the insurance policy they thought they had stopped paying their son's or daughter's bills. Their voice should be heard. If you repeal the Affordable Care Act, their voice is silenced.

There are women in this country who go to try to start a business. They try to buy an insurance policy, and they are told, We won't sell you one because you had children or you are a female or you had breast cancer 10 years ago. If you repeal the Affordable Care Act, her voice is silenced.

Mr. Speaker, there are sons and daughters of Americans who are 22, 23 years old who didn't have health insurance before because they couldn't get that first full-time job who now have health insurance because they are on their moms' or dads' policies. If you repeal the Affordable Care Act, their voices will be silenced.

There are senior citizens who used to run out of drug coverage, prescription coverage, around Labor Day because the Medicare doughnut hole popped up. Because of the Affordable Care Act, they are now able to buy their prescriptions at an affordable price and are now able to pay their prescription bills until the end of the year. If you repeal the Affordable Care Act, their voices are silenced.

We come here this afternoon to solve the problem of Americans who want to keep their coverage but who have had it canceled. We want to work together to solve that problem. That is what this plan does.

When we look at women being turned away because of preexisting conditions, we will not be silenced. When we look at 22-year-olds who will lose their coverage if you repeal the Affordable Care Act, we will not be silenced. When you look at seniors who will lose the ability to pay their prescription drugs if you repeal the ACA, we will not be silenced.

We are here to solve problems, not to create them. If you want to work together in a way that improves this law, we are your able and willing partner, but if the intention is to unravel this protection for the American people, we will stand, we will speak, we will fight, and we will oppose every such effort.

Vote ''yes'' for this motion and ''no'' on the underlying bill.

Mr. UPTON. Mr. Speaker, I withdraw my point of order and seek time in opposition to the motion to recommit.

The SPEAKER pro tempore. The point of order is withdrawn.

The gentleman from Michigan is recognized for 5 minutes.

Mr. UPTON. Mr. Speaker, the debate today on whether to support this bill comes down to a very simple question: Why not?

If millions of Americans want the choice of keeping the insurance that they have, why not?

If you believe Congress acting together, not the President acting unilaterally, should try to help people who have lost their coverage, why not?

If you believe that ordinary Americans, not the Federal Government, should decide what their insurance plans look like, why not?

We have a chance today to provide hope to millions of Americans who got that cancelation notice, hope that they can keep the insurance that they like, hope that they are going to have even more choices, and hope that they, not the Federal Government, can pick what their insurance plans actually look like.

So let me be clear.

Our bill, H.R. 3350, does not fix ObamaCare, the President's health care bill. It is only an attempt to help people harmed by this law. But if we can provide some relief to people from this disaster, why not?

Let's defeat the motion to recommit and pass the underlying bill.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. ANDREWS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 187, nays 230, not voting 13, as follows:

[Roll No. 586]

YEAS—187

Andrews	Chu	Dingell
Barber	Cicilline	Doggett
Barrow (GA)	Clarke	Doyle
Bass	Clay	Duckworth
Beatty	Cleaver	Edwards
Bera (CA)	Clyburn	Ellison
Bishop (GA)	Cohen	Engel
Bishop (NY)	Connolly	Enyart
Blumenauer	Conyers	Eshoo
Bonamici	Cooper	Esty
Brady (PA)	Costa	Farr
Braley (IA)	Courtney	Fattah
Brown (FL)	Crowley	Foster
Brownley (CA)	Cuellar	Frankel (FL)
Bustos	Cummings	Fudge
Capps	Davis (CA)	Gabbard
Capuano	Davis, Danny	Gallego
Cárdenas	DeFazio	Garamendi
Carney	DeGette	Garcia
Carson (IN)	Delaney	Grayson
Cartwright	DeLauro	Green, Al
Castor (FL)	DelBene	Grijalva
Castro (TX)	Deutch	Gutiérrez

Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Slaughter
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Yarmuth

NAYS—230

Aderholt
Amash
Amodei
Bachmann
Bachus
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Buchanan
Bucshon
Burgess
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gowdy
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
Matheson
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NOT VOTING—13

Becerra
Butterfield
Campbell
Gosar
Granger
Green, Gene
Jeffries
Jones
McCarthy (NY)
Miller, George
Rush
Sires
Tsongas

□ 1327

Mr. VEASEY changed his vote from "yea" to "nay."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. ANDREWS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 261, noes 157, not voting 12, as follows:

[Roll No. 587]

AYES—261

Aderholt
Amash
Amodei
Bachmann
Bachus
Barber
Barletta
Barr
Barrow (GA)
Barton
Benishek
Bentivolio
Bera (CA)
Bilirakis
Bishop (NY)
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Braley (IA)
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Bucshon
Burgess
Bustos
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Costa
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
DeFazio
DelBene
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Enyart
Esty
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Franks (AZ)
Frelinghuysen
Gallego
Garamendi
Garcia
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gowdy
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jordan
Joyce
Kelly (PA)
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Kuster
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Loebsack
Long
Lucas
Luetkemeyer
Lummis
Maffei
Maloney, Sean
Marchant
Marino
Matheson
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
McNerney
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (FL)
Murphy (PA)
Neugebauer
Noem
Nolan
Nugent
Nunes
Nunnelee
Olson
Owens
Palazzo
Paulsen
Pearce
Perry
Peters (CA)
Peters (MI)
Peterson
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Rahall
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Ruiz
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schneider
Schock
Schrader
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shea-Porter
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Vela
Wagner
Walberg
Walden
Walorski
Walz
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NOES—157

Andrews
Bass
Beatty
Bishop (GA)
Blumenauer
Bonamici
Brady (PA)
Bridenstine
Broun (GA)
Brown (FL)
Butterfield
Capps
Capuano
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeGette
Delaney
DeLauro
Deutch
Dingell
Doggett
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Frankel (FL)
Fudge
Gabbard
Grayson
Green, Al
Grijalva
Gutiérrez
Hahn
Hall
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kirkpatrick
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Massie
Matsui
McCollum
McDermott
McGovern
Meeks
Meng
Michaud
Moore
Moran
Nadler
Napolitano
Neal
Negrete McLeod
O'Rourke
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rangel
Richmond
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano

Thompson (CA)	Vargas	Waters
Thompson (MS)	Veasey	Watt
Tierney	Velázquez	Waxman
Titus	Visclosky	Welch
Tonko	Wasserman Schultz	Wilson (FL)
Van Hollen		Yarmuth

NOT VOTING—12

Becerra	Granger	Miller, George
Campbell	Green, Gene	Rush
Cárdenas	Jones	Sires
Gosar	McCarthy (NY)	Tsongas

□ 1334

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. GENE GREEN of Texas. Mr. Speaker, on rollcall No. 587—Final Passage. Had I been present, I would have voted "no."

Mr. BECERRA. Mr. Speaker, on Friday, November 15, 2013, I was unable to cast my floor vote on rollcall votes. Had I been present for the votes, I would have voted "nay" on rollcall vote 587.

PERSONAL EXPLANATION

Mr. GEORGE MILLER of California. Mr. Speaker, I was unavoidably detained due to official business in California today and missed roll Nos. 583 through 587. Had I been present, I would have voted "yea" on roll No. 586. I would have voted "nay" on roll Nos. 583, 584, 585, and 587.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

Pursuant to clause 1, rule I, the Journal stands approved.

LEGISLATIVE PROGRAM

(Mr. HOYER asked and was given permission to address the House for 1 minute.)

Mr. HOYER. Madam Speaker, I yield to my friend, Mr. CANTOR, the majority leader, for the purposes of inquiring of the schedule for the week to come.

Mr. CANTOR. Madam Speaker, I thank the gentleman from Maryland, the Democratic whip, for yielding.

On Monday, the House will meet at noon for morning-hour and 2 p.m. for legislative business. Votes will be postponed until 6:30 p.m. On Tuesday and Wednesday, the House will meet at 10 a.m. for morning-hour and noon for legislative business. On Thursday, the House will meet at 9 a.m. for legislative business. Last votes of the week are expected no later than 3 p.m. On Friday, no votes are expected.

Madam Speaker, the House will consider a few suspensions next week, a complete list of which will be announced by close of business today.

In addition, the House will consider three bills to increase domestic energy production, create American middle class jobs, and lower the cost of energy for our families. These bills are H.R. 2728, the Protecting States' Rights to Promote American Energy Security Act, sponsored by Representative BILL FLORES; H.R. 1965, the Federal Lands Jobs and Energy Security Act, authored by Representative DOUG LAMBORN; and H.R. 1900, the Natural Gas Pipeline Permitting Reform Act, sponsored by MIKE POMPEO.

Together, these bills represent our continuing commitment to energy independence and putting more money in the pockets of working middle class families.

Mr. HOYER. Madam Speaker, I thank the gentleman for that information.

I think, as the majority leader knows probably as well as any of us, and maybe better than most of us, we have 4 legislative days left in November and 8 scheduled legislative days in December, assuming we do, in fact, get out on the 13th, which is the last day that we are scheduled to be in session this year.

Having said that, there are a number of pressing items to address. As the majority leader knows, the unemployment insurance protections for folks expire on December 31—actually, I think it is December 28. The SGR provisions expire on December 31. If we do not do something with respect to them, there will be a substantial decrease in the reimbursement to doctors serving Medicare patients.

I know that the majority leader has, and we have, people who are willing to work together to address these issues. Knowing that there is usually uncertainty at the end of a session, I would ask the gentleman if he can give Members a sense of scheduling for the coming month, that is December, and I yield to my friend.

Mr. CANTOR. Madam Speaker, I thank the gentleman.

I would say to the gentleman we certainly have three conference reports we are looking at hopefully completing with the Senate. One is the WRRDA conference report that we voted on in the House this week to go to conference. The other is the farm bill conference report, as well as the NDAA, the National Defense Authorization Act.

□ 1345

I would say to the gentleman, Madam Speaker, those are certainly the conference reports we would like to see resolved so we can have a vote in the House. The gentleman correctly points out that the sustainable growth rate program and its formula expires at the end of the year. Certainly, our committees are at work trying to see a way forward, as well as trying to seek out the proper budgetary pay-fors necessary for the plan that has been put forward by Energy and Commerce, as well as the Committee on Ways and Means. I know there have been some bicameral discussions on that as well. I am hopeful we can resolve that, but certainly knowing full well we have to act prior to the end of the year.

I would also point out to the gentleman that there is considerable work being done on the issue of patent reform, and we hope that comes to the floor prior to the end of the year. And obviously, the larger item having to do with the Budget Committee conference, headed up by Chairman PAUL RYAN and in the other body Senator PATTY MURRAY, and we look forward to a resolution there. That is certainly the intention, Madam Speaker.

Mr. HOYER. I thank the majority leader for that information, and I am pleased that he added to the WRRDA, farm bill, NDAA, and the patent reform issues the budget conference. My view is, as the majority leader probably knows, the most important thing we can do for our economy is to get our country on a fiscally sustainable long-term path.

Can the majority leader gives us some information on the status of the budget conference? Certainly, from a public perception, it appears that not much progress has been made, which is worrisome in light of the fact that the target date for the reporting on the conference is the 13th—or, should I say, the legislative directive is to report by the 13th. As Mr. RYAN has pointed out, perhaps unfortunately so, there are no consequences of that not occurring. I had urged, myself, as the majority leader may know, that they report out by Friday of next week, the 22nd of next week, or Thursday of next week, so that we could have the conference report on the week we come back in December after Thanksgiving.

Could the gentleman give us any idea where he thinks the proceedings of the conference committee on the budget stand?

I yield to my friend.

Mr. CANTOR. I thank the gentleman for yielding and would say the gentleman is correct. Certainly, the sooner, the better, as far as I am concerned. I am concerned as well about any resolution on the Budget Committee conference. I know the gentleman has spoken to both Chairman RYAN as well as the other body's chairman. In speaking to Chairman RYAN, he tells me that there has been a lot of discussion, not only public discussion in meetings, but certainly his meeting with the chairman from the Senate, in trying to find a way forward.

The gentleman knows that the issue that is central to these discussions is not unlike the issue that has been under discussion for some time here, and that is how do we go about seeking reform of some of the mandatory programs and trying to reach resolution there in exchange for a commensurate relief on the across-the-board budget cuts that are currently in place.

I don't know, Madam Speaker, whether they are going to meet the deadline next week or not that the gentleman says will be preferable. I know that our chairman is very mindful that

the quicker, the better, so we can get on about our work here in the House.

Mr. HOYER. I thank the gentleman.

He mentions the sequester. Of course, almost everybody who has spoken about the sequester, including myself, the majority leader, and Mr. RYAN, has indicated the sequester is not the way to reduce spending. It is a meat-ax approach which is having very adverse consequences to our national security structure. I think almost every member of the Joint Chiefs of Staff has made that point. Certainly, General Dempsey has made that point. But also, on the domestic discretionary side, the sequester doesn't work, and the proof of that, of course, is that we haven't considered any of those bills on the floor; and the one that we considered, we pulled, the Transportation-HUD bill.

So I am hopeful, and I know Mr. ROGERS is, as is Senator MIKULSKI, the chairs of the Appropriations Committee, have both indicated that they hope to get a number early on, and that is why the 22nd was a preferable date, if we could have reached that, so that they would have a number to which they could mark bills. Obviously, if there is not an agreement on the 302(a), as the gentleman knows, it is very difficult, then, to try to bring those bills together in a conference because they are so far apart.

I am hopeful that the majority leader will use his good offices to urge resolution on the budget conference differences and report out as soon as possible so we can get to that process.

The gentleman I am sure shares my view that the shutting down of government is extraordinarily disruptive, both to the general public and to those who work for the Federal Government, so that it would be incumbent upon us, I think, to try to get out of this gridlock on the budget process that we have been in. I would urge him to exercise whatever, because he has substantial influence to try to get us to a resolution of this issue, and I will tell him I will do the same.

Another issue which you did not mention, Mr. Leader, is immigration. As you know, this issue passed very handily through the United States Senate on a vote of 68–32, and I am very hopeful that we could move this legislation. I think the Senate bill or a variation of the Senate bill would pass. We have introduced an alternative for which we have Republican cosponsorship, H.R. 15, which is a comprehensive immigration bill which incorporates the security provision that was adopted unanimously in this House by the Republican-led Homeland Security Committee. We believe it has bipartisan components to it, and the balance of the bill has bipartisan support in the United States Senate. The gentleman knows, you passed a number of bills out of your committees, and they were passed, of course, with partisan votes. We do not believe these bills are bills that we would support, but we are wondering whether any of them are going to be brought to the floor.

H.R. 2278, which is the Strengthen and Fortify Enforcement Act, which allows the State and local authorities to enforce Federal immigration laws, as you know, we think that is bad policy, but it did come out of the Republican-headed committee in the Judiciary Committee. I am wondering if that might be brought to the floor.

I yield to the gentleman.

Mr. CANTOR. As the gentleman knows, we have had the discussion before about the majority's position on the Senate bill. We don't support the Senate bill. The Speaker I think spoke out on that this week. Our Members don't support the Senate bill. We have said all along Chairman GOODLATTE and his committee are going about a much more deliberative process, a step-by-step approach in trying to address the problems with a broken immigration system. I do think, and I will tell the gentleman that there is consensus on our side of the aisle as well as his, that the system is broken and needs to be fixed. Certainly there are differences on how to go about doing that.

We remain committed, as does the chairman, in trying to move in a step-by-step manner to address the various issues involved with immigration reform, but not to do it the way the Senate did because, as we have seen, many of those who actually voted for the Senate bill in the other body now say they regret that vote or they perhaps would do some differently. I guess it is up to the House to try to address it much more deliberatively and try to fix the problems that exist so we don't see them happen again.

I would say to the gentleman, the House will continue its work; and, as the gentleman knows, the news of this week, unfortunately, has been many, many Americans very unhappy with the work product coming out of this town as far as health care is concerned. I would posit to the gentleman that a bill like ObamaCare or a bill like the Senate immigration bill produces the kind of impact and effect that we are seeing this week and last week and the prior. We don't want to commit that same kind of mistake. We want to be smarter about it.

As the gentleman knows, our committees are hard at work in trying to identify how we can help people with their health care right now since they are facing the very real prospects of not having the health care insurance plans that they like, contrary to the promises that were made when that comprehensive bill was passed a couple of years ago in the same way the Senate bill, the immigration bill, was passed, with not a lot of focus on the detail.

We intend to try and focus on the details of immigration reform, try to come together, see if we can actually have some positive reception on the gentleman's side of the aisle both in this House and the one across the way as well as the White House to actually work together finally to produce a bipartisan outcome that will be satisfactory because none of these partisan bills have ended up working. As you see, ObamaCare, case in point. That is why we have the train wreck that is upon us. It was a strictly partisan bill that came out of the Congress, House and Senate, and look what has happened.

So I say to the gentleman, we do care about the immigration issue and want to go about reform in a smart way.

Mr. HOYER. I thank the gentleman for his comments, Madam Speaker, and I wish that they had been demonstrated on the farm bill and on the Homeland Security appropriation bill, both of which were reported out of committee on a bipartisan basis but were made very partisan on the floor of this House. I thought that was unfortunate, but that is what happened.

I would like to repeat my question. The gentleman said he wanted to deal with the immigration bill in a very thoughtful, considered way and that he did not support the Senate immigration bill. I was not surprised with that response. The Speaker has also made that very clear; he does not support it. And, very frankly, the majority of Republicans have made it clear they do not support the comprehensive immigration reform bill.

However, Mr. Leader, what I asked you was are you going to bring H.R. 2278 which passed out of the Judiciary Committee, presumably in a thoughtful, considered, discrete way, that is dealing with individual subjects, which is the Strengthen and Fortify Enforcement Act, which allows States and local authorities to enforce Federal immigration laws—my question to you, Mr. Leader, are you going to bring that bill to the floor, or any of the other four bills, which I will mention as well, to the floor, because presumably you believe those were considered in a thoughtful way, were reported out of your committee, were reported out with all of your Republican members, I believe, voting for it, at least 20 of them voting for it. My question to you is: Are you going to bring that bill to the floor?

I yield to my friend.

Mr. CANTOR. I would say to the gentleman, Madam Speaker, it is under consideration as to the timing when we bring that bill to the floor.

I would again reiterate that Chairman GOODLATTE is trying to take a holistic approach to the immigration reform issue—the bill that the gentleman mentioned is obviously one of the pieces in trying to figure this out—and do so in a way that we can effect a positive result, not just result for result's sake. And I again direct the gentleman's attention, Madam Speaker, to what is going on with ObamaCare right now and how many millions of Americans are extremely disappointed in their government and certainly in the representations that were made by the

White House and President insofar as that law is concerned. I don't think that we ought to be engaging in those kinds of commitments when you can't deliver.

So again, we want to be working together. We want to be deliberative about this process, and hopefully we can move forward in a way that is expeditious and thoughtful.

Mr. HOYER. I thank the leader.

I said I wanted to mention the other bills because we understand, A, you would like to talk about health care without focusing on anything else. I get that. We have a disagreement. We will see whether the American people believe that making sure that affordable, quality health care is available to all Americans is something they are for or whether they are against. We will see on that. That issue was joined in the last election. The last election didn't have much effect in this body in terms of the issues that were contended in that election.

But let me ask you about H.R. 2131, which is the Supplying Knowledge Based Immigrants and Lifting Levels of STEM Visas Act.

□ 1400

As the gentleman knows, there are a lot of people very interested in this issue. This would eliminate the diversity visa program, transfer 55,000 green cards available under that program to a new STEM program that employers can use to hire foreign workers with advanced STEM degrees—master's degrees, Ph.D.s, et cetera—from universities. It was being marked up and, I understand, passed out 20–14. Again, that was with an overwhelming Republican vote, if not unanimous vote. Again, the gentleman indicates we want to consider the immigration issue in a thoughtful, discreet, and, as the Speaker has said, bill by bill way.

Is there any expectation that the gentleman has that that bill will be brought to the floor before we adjourn for the year?

I yield to my friend.

Mr. CANTOR. Madam Speaker, I would say to the gentleman if he recalls that in the not too distant past, it was his side that opposed that bill when it was brought to the floor.

My response will be the same. We want to bring bills together. We can work in a cooperative fashion to effect a result. Unfortunately, as the minority opposed stapling green cards to diplomas on that bill that was brought in the past, we are trying to figure out a way where we can bring something forward and actually get it across the finish line with the other body.

Mr. HOYER. I think the majority leader knows, and I know, he has 218 votes on his side of the floor. As a matter of fact, he has substantially more than that.

If the last bill was so good, bring it to the floor and pass it. That is what the Speaker says you want to do, you want to pass bills item by item. What is happening is you are passing bills out of committee and they languish there, just as the farm bill, to which the gentleman referred in the early part of our discussion, languished in the last Congress and was not reported to the floor.

I yield to the gentleman.

Mr. CANTOR. Madam Speaker, I would say to the gentleman that the purpose is not just to make sure that a vote occurs and then nothing happens. The purpose is to pass bills and then allow for the bicameral effort to get a result. That is the frustration.

If the gentleman would also note, on the farm bill, we actually have a conference committee ongoing now. So the reason we employed the process we did was to get in a position that we could actually get a result and not just say we did something and fail to deliver for the people.

I would say to the gentleman again, these bills that he is bringing up all fit into a larger puzzle. We need some indication from the White House and from the majority in the Senate that they will actually work with us. Given the track record that this administration has amassed since 2009, there is not a lot of indication they are willing to work together.

Again, I would point to the prospects of that being what is key, because this week is demonstrative of what happens when you just move without bringing everyone together. The effects of this health care law are going to be lasting on people. They are scared to go to the exchanges. They are worried they are not going to have insurance. This is the impact and result of passing laws by just one body and expecting the other body to just go along. We can't do that now because we are two separate bodies, and we need the White House and the Senate to cooperate with the majority in the House.

Mr. HOYER. I thank the gentleman for that point.

He passed a Homeland Security bill that he knew the Senate wasn't for. He passed appropriation bills that he knew the Senate wasn't for. He passed, Madam Speaker, the farm bill amendments that he knew were not going to be supported in the Senate.

Madam Speaker, we think immigration is a critically important subject. We believe immigration is, in fact, broken. We have an alternative. He doesn't like our alternative. I understand that. We understand that on this side. Perhaps the American people will also understand. They don't like our alternative.

It passed with 68 votes in the United States Senate. He now says people have changed their mind. Maybe that is the case, but it passed with 68 votes in the United States Senate. They don't like it. Madam Speaker, I understand that. I get it.

They don't like the health care bill. By the way, Madam Speaker, I am starting to get that message. I am pretty thick and it takes some time, but on 46 votes to repeal or to undermine, I get it. You don't like that bill. You think it is a bad bill. We have a disagreement on that, Mr. Leader.

However, apparently we don't have a disagreement on the fact that the immigration system in America is broken. What I am asking you—you have passed out of committee the Agricultural Guest Worker Program. It creates a new Temporary Agricultural Worker Program. That also passed on a partisan vote. None of these votes were bipartisan. There was no effort to work with the Democrats on the committee to bring a bipartisan bill, unlike Mr. LUCAS or Mr. CARTER, who brought bipartisan bills to the floor and saw them turned into partisan pieces of legislation with the help, frankly, of the majority party.

I am asking you regarding the Agricultural Guest Worker Act, are we going to bring that to the floor? Again, a discreet, thoughtful, I am sure on your side of the aisle, addressing of a broken program, but if we don't bring it to the floor, we don't consider it, we can never get to conference, which is what the gentleman says he wants to do.

I yield to my friend.

Mr. CANTOR. Madam Speaker, I will say to the gentleman again, the track record of this administration and the majority in the Senate has indicated an unwillingness to sit down and talk. They have not done so. Certainly, the White House has not done so on the immigration issue, did not do so on the health care issue. Again, it doesn't help the American people for this insistence on ''my way or the highway'' kind of mode of operation.

We have gotten the message now. If it is going to be my way or the highway, we will try to do whatever we can to help people, as we did today on the floor with a bipartisan vote. The gentleman continues to say that we don't like the health care bill. That is true. I think the American people have spoken out pretty loud and clearly over the last 10 days or so, as indicated by the White House and the President's move yesterday. Obviously, the law is not working.

We don't want to get into another situation like that. We want to make sure we work together comprehensively because there are step-by-step actions that need to be taken, but we need results. We need the White House to sit down and talk to us. We don't need any more speeches, and we don't need any more press conferences by the President. We need some actual talk.

On the immigration issue, they have just not come forward. They have said ''my way or the highway.'' I say to the gentleman that is not how you work in a bipartisan process.

The gentleman complains about partisan action on the floor. Well, there is an inherent partisanship when you have a majority versus a minority, and the will of the House is reflected in the votes here. The Senate is controlled by

the gentleman's party, and so is the White House. So to get any kind of result, such as the farm bill, we are going to need a bipartisan result. He is correct on that. It doesn't mean that if we pass something in the House it automatically has to be something the Senate will support.

Again, I would say to the gentleman, let's all try to work together. I think our side has indicated a willingness to do that. Obviously, we want to go and get these conference reports out, but we have not seen a willingness on the part of the gentleman's party, this President, to say we can work together to effect positive immigration reform—not just my way or the highway.

Mr. HOYER. Madam Speaker, I thank the gentleman for his observations.

I must say I am somewhat amused, Madam Speaker, because there are few people in America who believe it is our party that is my way or the highway. There are few people in America who didn't see 198 Democrats vote to keep their government working. It is not my way or the highway. We didn't get what we wanted. We didn't want that number that was passed. 198 Democrats, without exception, voted to keep this government open; 198 Democrats voted to pay the bills of the United States of America. It wasn't a question of my way or the highway. It wasn't a question of repeal or I will vote to shut down the government. 147 Republicans, Madam Speaker, voted to keep the government shut down because they didn't get their way. 147 Republicans, including in both instances, the chairman of the Budget Committee, Mr. RYAN, voted to not pay the bills of the United States of America. And they voted against the majority leader's advice and against the Speaker's advice. That is a problem. I agree that that is a problem.

No matter how much, Madam Speaker, the majority leader says it is the President and the United States Senate that are undermining, in fact, the United States Senate has been passing time and after time after time bipartisan bills and has sent them to the House, where they have languished or been opposed, and finally, they were supported. That was true in the Violence Against Women Act. It was true on a bill that the majority leader and I were for, Madam Speaker, and that is for giving Sandy relief. He couldn't get more than 25 percent of his party to support that.

All I am saying is that, if immigration is a problem and we all say it is, and you think it needs to be dealt with in a discrete way, and you have passed bills out, why don't you bring them to the floor? H.R. 1772, the Legal Workforce Act, makes E-Verify immigration status programs for prospective employees mandatory. Again, I presume that this is one of Mr. GOODLATTE's thoughtful, considered steps to fix a broken immigration system.

All I am asking is—now for the fourth time—will you bring one or more of these bills to the floor? We may not be for them, but at least they put, as the gentleman keeps saying, a bill before the House so the House can work its will. Frankly, if they are defeated, then it would be incumbent upon us to move in a different direction, but if they are just sitting there without consideration by the House, without the ability of the House to work its will, then it continues to cause inaction on a subject that all of us have expressed needs action.

If the gentleman wants to respond to that, I will yield. If not, I will go on to another subject. I am going to go on to another subject.

Rather than go on to another subject, let me urge the gentleman, again, because when the gentleman says, ''Let the House work its will,'' that is a wonderful phrase. Hopefully, it resonates with the American people. But the House is not allowed to work its will. Ultimately, of those bills I have just referenced, we did work our will, and we worked our will, frankly, with mostly a majority of Democrats and a minority of Republicans joining together to pass critically important legislation for this country. We couldn't get the majority of your party to vote for many of those bills.

I would ask the gentleman that if he really wants the House to work its will, and he believes that H.R. 15, the comprehensive immigration bill, is a bad bill, bring it to the floor and see if the House thinks it is a bad bill, see if the House believes that it is a bill that is not worthy to be considered and passed as a fixing of a broken immigration system.

I urge my friend to bring that bill to the floor. He has the power to bring that bill to the floor. I urge him to do so.

I yield to my friend.

Mr. CANTOR. Madam Speaker, I would just say to the gentleman that we don't want a repeat of what is going on now with ObamaCare. That bill constructed as it is by the Senate is a last-minute effort to get it across the finish line. I think there is a lot that could be done a lot better in that bill. The gentleman, I believe, knows that, as well. If he doesn't share my opinion, then we can agree to disagree on that.

I would just say again, let's be mindful, Madam Speaker, of what happens when you put together a bill like ObamaCare. There are real consequences for millions of Americans right now, and they are scared that they are not even going to have health care insurance that they have today come January 1. There are plenty of reasons for that: the mishaps with the Web sites, the call centers, the stolen identities. All the things that don't seem to be working right now are scaring people out of even considering in a rational way what is going on. How could they? There are no answers being given. I would say to the gentleman it is largely due to the unfortunate architecture of that bill, some of which can be blamed on the process by which it was put together. We don't want to the make that mistake again.

I would say to the gentleman that I look forward to working with him in a deliberate and thoughtful approach. We are not bringing up the Senate bill. We are not going to do that. I have said that to the gentleman. Hopefully, we can work in a much more positive way.

Mr. HOYER. In closing, Madam Speaker, let me simply observe that this is somewhat ironic because the gentleman has repeatedly said he doesn't like the Senate bill.

□ 1415

I hear that. He then says, we need to consider a more thoughtful way of doing this. I get that.

I have then pointed out that the committee, which is headed by Mr. GOODLATTE, Republican leader of the Judiciary Committee, has passed a number of bills, presumably, in that quest for a more thoughtful consideration to fix a broken system.

The gentleman has not said he is going to bring any of those bills to the floor, so he knows what he is against, Madam Speaker. He knows what his party is against, Madam Speaker, but he cannot tell us what he is going to do to fix a broken system because, apparently, the four bills that I have asked about are not being brought to the floor, are not part of the solution of which the gentleman speaks, and that is regrettable.

Let me say, in closing, Madam Speaker, I hope we can work in a bipartisan fashion. It didn't occur after the election, where the very issue was whether or not we ought to extend affordable health care to millions of people, some 30 to 40 to 50 million people who did not have health care security.

They continue to be scared. They continue to be presented with a message that this is a failed program, frankly, before it even starts.

Now, it has started. In terms of access, it doesn't start, as the gentleman knows, until January 1. But for some people, for some people it has started. For some parents with children with a preexisting condition, who could not get insurance, it is working.

For young people who couldn't find a job but needed insurance and were less than 26 years of age, they could stay on their parents' policy. It was working.

For seniors who were confronted with a doughnut hole that put them deeply in debt for prescription drugs they needed for lifesaving and life quality, it is working.

It is working for those people who did not go bankrupt and won't go bankrupt in the future because there are not the limits that can be imposed upon them when they get really sick.

So, yes, we will have a debate on that, but it ought not to simply divert us from all of the other issues that we need to deal with.

The budget—we need to get this country on a fiscally sustainable path. I know the leader agrees on that.

We need to fix a broken immigration system. I know the leader believes that as well. We need to invest in growing our country, to get rid of the sequester because the sequester is going to hurt our country. And, frankly, I think the leader agrees on that. We may not agree on how to do it, but I think he agrees on the objective.

So, Madam Speaker, on all of those, we ought to be giving our best efforts, not in a partisan way, but in a bipartisan way, as Americans, not as Democrats and Republicans.

Madam Speaker, I yield back the balance of my time.

HOUR OF MEETING

Mr. CANTOR. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet on Monday next, when it shall convene at noon for morning-hour debate and 2 p.m. for legislation business.

The SPEAKER pro tempore (Mrs. WALORSKI). Is there objection to the request of the gentleman from Virginia?

There was no objection.

THE KEEP YOUR HEALTH PLAN ACT

(Mr. REED asked and was given permission to address the House for 1 minute.)

Mr. REED. Madam Speaker, I rise today to recognize the effort that we took today, this afternoon, in this Chamber with the passage of the Keep Your Health Plan Act. This act honors a promise that the President made to all of America, you can keep your health care if you want, and that is what we did today.

I have been hearing, Madam Speaker, from constituents all over western New York, in my district. Two, in particular, I spoke to yesterday. One, from Ithaca, New York, after meeting with a navigator as a small business owner, trying to get health insurance because he received a cancelation notice that they were going to lose their insurance this January 1, told me that he decided to forego health insurance next year because of the cost associated with it.

I talked to a young man from Bath, New York, who told me, My employer just notified me that my hours are going to be cut from 35 hours a week down to 25 hours, and he didn't even receive health insurance from that individual, but yet was told it was because of ObamaCare, and they would need to put him under a part-time status and lose those hours of work. Well, those hours of work are real dollars out of his pocket and his family's pocket.

I applaud the bipartisan effort we did today. Thirty-nine Democrats joined us on this side to allow Americans to keep their health care.

CONGRATULATING NINA DAVULURI

(Mr. MAFFEI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MAFFEI. Madam Speaker, it is my pleasure to rise today to congratulate Nina Davaluri on winning the 2014 Miss America competition, and to proclaim our welcoming her back to central New York for her homecoming celebration this weekend.

I had the privilege of meeting Nina when she was Ms. Syracuse, and I can tell you that she will be a different kind of Miss America. She graduated from Fayetteville-Manlius High School and then went on to the University of Michigan, where she earned a degree in brain behavior and cognitive science. She was an exemplary student and, during her time in college, made the Dean's List and won several scholastic awards.

She is also very involved in the community. She is talented and driven and civic-minded, and she believes in empowering women around the world through education and opportunity, and that is what she has been doing as Miss America.

She has also already broken down barriers and changed the face of the Miss America competition as the first Indian American woman to be crowned Miss America.

Madam Speaker, I would ask my colleagues in the House of Representatives to join me in congratulating Nina Davuluri on her victory at the 2014 Miss America competition and wish her the best of success in all her future endeavors.

THE AFFORDABLE CARE ACT

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, I rise today to voice the concerns of a small business in Pennsylvania's Fifth Congressional District, whose economic security is in jeopardy due to the Affordable Care Act.

The is the story of a sixth-generation, family-run business that has been marginally profitable over the years. The business has grown through tough times, while staying committed to always providing health care insurance through policies that allow their employees the choice and the flexibility to have the doctor that they want.

Since the ACA has taken effect, this business is now facing drastic increases in costs, which threaten their profitability and, in turn, this threatens jobs in our community.

The President has offered the American public little assurance that he can save the plans, plans that he originally said we could keep. The public doesn't need another press conference or PR fix. They need real solutions moving forward.

I commend my 39 Democratic colleagues on the other side of the aisle who joined us in passing the Keep Your Health Plan Act today. These Members realize there needs to be accountability in government. The American people deserve as much.

THE AFFORDABLE CARE ACT

(Mr. HORSFORD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HORSFORD. Madam Speaker, it is past time for this Congress to work together to improve the Affordable Care Act. This law can be improved, but it is also helping people throughout this country and in my home State of Nevada.

One example that I would like to share with you today is that of Michelle, a constituent from Pahrump, Nevada. Michelle enrolled in a plan on the exchange that will save her $200 per month and allow her access to OB–GYN services closer to home. She called her enrollment in the program an overwhelmingly positive experience.

Michelle is currently on a HIPAA-guaranteed plan that costs her $565 a month. If she gets sick and needs an urgent visit, mammogram or other OB–GYN services, she has to drive to Las Vegas from Pahrump.

After enrolling in the Affordable Care Act, she will save more than $200 a month and have access to local urgent visit and OB–GYN services in Pahrump.

Madam Speaker, now is not the time to turn back the clock or leave constituents like Michelle behind. If Republicans are successful in defunding or even delaying the Affordable Care Act, Michelle will lack insurance. She will have to go back to the predatory plan that offered her no real coverage and costs even more.

I ask my colleagues on the other side, let's work together to make the Affordable Care Act work for the American people.

RECOGNITION OF INTERNATIONAL 15Q DAY

(Mr. ROKITA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROKITA. Madam Speaker, today I rise in recognition of International 15q Day.

Now, what is International 15q Day?

It is a day to raise awareness of the similarities between Angelman, Prader-Willi, and Chromosome 15q Duplication syndromes. All three are genetic disorders originating in the 15th chromosome.

My offices are supporting these efforts today to shine a light on those that suffer from these disorders. These disorders are so rare that they do not get the attention or dedication to research that many other diseases and disorders do.

My son, Teddy, now almost 6 years old, was diagnosed with Angelman syndrome in early 2010. Angelman significantly impairs his capacity for motor

development and severely inhibits his intellectual development. In addition to that, it is likely he will never speak.

But through his challenges, he is such an inspiration to everyone he meets. We do not know what Teddy's ultimate impact on the world will be, but we know it, and those of these other children, will be great.

My wife, Kathy and I, are so humbled by the support of our family and friends, including my staff, who, in all of our offices today, are wearing blue to recognize International 15q Day for Teddy, his fellow angels, and all those affected by these disorders.

Madam Speaker, I encourage all Americans to learn more about these disorders by visiting www.angelman.org.

OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Madam Speaker, I won't take long.

I got this email from a constituent that, on Tuesday of last week, my 89-year old mother-in-law fell and broke her hip. Her doctor gave her only a 50 percent chance of survival, but survive she did. He, the doctor, stated after the operation that she was lucky that it happened now, because ''in 2 weeks I could not have performed the same procedure because it is not an approved procedure under the new rules. It's too expensive.''

We all wondered what her chances of survival would have been under Dr. Obama. That is from Jay, in my district.

There are all kinds of terrible things that are happening as a result of the passage of ObamaCare. I voted ''yes'' on the bill today. Apparently, the Senate is not going to take it up. It just said if the insurance companies could allow them to continue on their policies without making it illegal, as ObamaCare does, to keep those policies.

We have numerous proposals. Anybody that says Republicans don't have any solutions, we have got numerous solutions. I filed a bill that would have been a better, far better bill to ObamaCare back before ObamaCare passed. CBO wouldn't score it. They helped the Democrats all they could, but especially after the director was woodshedded at the White House.

There are many solutions, and one solution now would be to allow insurance policies that have been approved for this year by State commissioners, let them go on, like those that are on the Federal, State, or local cafeteria plans for Federal, State or local workers.

There are many things we can do to have a bridge to get us through the next year if we can just repeal ObamaCare. It did not look like a possibility a few months ago but, as Americans are finding out more and more about the disaster of this government taking over everyone's health care, they are finding, gee, maybe it wouldn't be such a bad idea, as we had 30-plus Democrats, in a bipartisan vote today, express, gee, maybe we should have allowed people to keep their insurance if they wanted it.

One article today from FOX News, ''Obama's Insurance Plan 'Fix' Stirs Confusion, Ridicule At the State Level,'' points out what a disaster it is. The President's even adding to the problems by unilaterally passing a new law, as he has done repeatedly. Normally it is reserved only to monarchs, kings, emperors, those kind of things, to step up and say, I am changing the law.

He has done it with regard to immigration. He has done it with regard to ObamaCare. He ignores parts of laws or laws he doesn't like, and that has also been done at the Department of Justice.

□ 1430

Here is a headline, CNN: ObamaCare Enrollment Numbers ''Complete Disaster.'' And we are finding out that 26,000-or-so signed up and bought insurance when they needed 500,000.

Here is one from McClatchy: ''Roiling Health Care Waters, Obama's Fix Could Make Matters Worse,'' by Anita Kumar and Lesley Clark.

From The Weekly Standard, Daniel Halper: ''Fairy Tale'' Continues As Obama Proposes Extralegal ObamaCare Fix. It is unconstitutional.

And by the way, Madam Speaker, it seems like those who had the President for constitutional law are probably entitled to file a class action, wanting their money back. Because, clearly, the President is not familiar with the fact that the executive branch just can't announce or change laws as they wish without getting Congress' approval.

Here is another, ObamaCare Architect: ''Could Be the Beginning of a Death Spiral'' from Today by Daniel Halper. In fact, it quotes the architect of ObamaCare being interviewed by Megyn Kelly. She asked, ''Is that the beginning of the so-called death spiral?'' And he said ''That could be the beginning of a death spiral,'' as people did not sign up for ObamaCare like they needed to.

And then one from Human Events: There is No ''Fix'' for ObamaCare. And, Madam Speaker, I think that is the bottom line here. We have got to repeal ObamaCare. People are already being dramatically, adversely affected. It has changed the 40-hour workweek. It has changed people's ability to have their own decisions about their own health care.

We need to move, as Ben Carson suggested, toward health savings accounts, encouraging those higher deductibles with cash to take care of the difference. There are all kinds of great solutions. Many of us have them. We just need to repeal ObamaCare for the good of America.

And it is deeply saddening to know that our government is not even warning people about going on ObamaCare, that when they enter their personal information, it is subject to being stolen by identity thieves and may put them in great personal identity quandaries and difficulties legally. So I bring that up because somebody needs to warn people about the problems of registering with the ObamaCare Web site, if they can get through.

My hope and prayer is that we will do the right thing by America. We will get back to acting within the Constitution. And friends like our leader, who spoke moments ago, expressing profound ignorance of what has gone on here on the floor, as he has stated that we had PAUL RYAN and many other Republicans voting for the government not to pay its bills.

There is no Republican I know of that has voted that way. Apparently, he has paid more attention to mainstream media that has misrepresented the truth than he has to what has actually gone on here. No Republicans voted for America not to pay its bills. In fact, Republicans are the ones who voted repeatedly to compromise before the shutdown.

But HARRY REID had it in his mind that if there were a shutdown, if he could refuse to compromise on anything, force a shutdown, then Americans would get misrepresentations as to what occurred. They would blame the Republicans, and then they would get the majority back here in the House next year.

But a funny thing happened on the way to that plan. Many people are starting to find out: wait a minute, Republicans compromised repeatedly. HARRY REID is the one that wouldn't bring a compromise to the floor, wouldn't even allow negotiations to occur with a conference committee. And then people are finding out why Republicans were so concerned about ObamaCare, because it is a disaster. It is affecting people's ability to get the health care they need.

It is so grossly unfair. It is putting people at risk. It is time to stop the figurative bleeding of America and repeal ObamaCare.

And with that, I yield back the balance of my time.

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on November 14, 2013, she presented to the President of the United States, for his approval the following bill.

H.R. 2747. To amend title 40, United States Code, to transfer certain functions from the Government Accountability Office to the Department of Labor relating to the processing of claims for the payment of workers who were not paid appropriate wages under certain provisions of such title.

ADJOURNMENT

Mr. GOHMERT. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 34 minutes p.m.), under its previous order, the House adjourned until Monday, November 18, 2013, at noon for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3665. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Only One Offer-Further Implementation (DFARS Case 2013-D001) (RIN: 0750-AH89) received October 30, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3666. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: New Designated Country-Croatia (DFARS Case 2013-D031) (RIN: 0750-AI09) received October 30, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3667. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Approval of Rental Waiver Requests (DFARS Case 2013-D006) (RIN: 0750-AI03) received October 30, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3668. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the System's Semiannual Report to Congress for the six-month period ending September 30, 2013, as required by the Inspector General Act of 1978, as amended; to the Committee on Financial Services.

3669. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting the Commission's fifth report on Government dam use charges under Section 10(e)(2) of the Federal Power Act, pursuant to 16 U.S.C. 803; to the Committee on Energy and Commerce.

3670. A letter from the Secretary, Department of Health and Human Services, transmitting a report on the information technology strategic plan, pursuant to Public Law 112-144, section 1125(a)(1) (126 Stat. 1115); to the Committee on Energy and Commerce.

3671. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Patient Protection and Affordable Care Act; Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014 [CMS-9957-F2; CMS-9964-F2] (RIN: 0938-AR82; RIN: 0938-AR74) received October 29, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3672. A letter from the Assistant Secretary, Employee Benefits Security Administration, Department of Labor, transmitting the Department's ''Major'' final rule — Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Technical Amendment to External Review for Multi-State Plan Program (RIN: 1210-AB30) received November 12, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3673. A communication from the President of the United States, transmitting notification that the continuation of the national emergency with respect to the proliferation of weapons of mass destruction that was declared in Executive Order 12938, as amended, is to continue in effect for 1 year beyond November 14, 2013; (H. Doc. No. 113—73); to the Committee on Foreign Affairs and ordered to be printed.

3674. A letter from the Chief Human Capital Officer, Department of Energy, transmitting ten reports pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

3675. A letter from the Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

3676. A letter from the General Counsel, Office of Management and Budget, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

3677. A letter from the Secretary, Department of the Interior, transmitting the biennial report on the quality of water in the Colorado River Basin (Progress Report No. 24); to the Committee on Natural Resources.

3678. A letter from the Attorney General, Department of Justice, transmitting the Department's decision not to appeal the decisions of the district court in the case of Beer, et al. v. United States, No. 09-37 (CFC); Gettleman v. United States, No. 11-464 (CFC); to the Committee on the Judiciary.

3679. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's ''Major'' final rule — Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for CY 2014 [CMS-8053-N] (RIN: 0938-AR59) received October 29, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3680. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's ''Major'' final rule — Medicare Program; Part A Premiums for CY 2014 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement [CMS-8054-N] (RIN: 0938-AR57) received October 29, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3681. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — FFI Agreement for Participating FFI and Reporting Model 2 FFI [Notice 2013-69] received November 4, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3682. A letter from the Director, Office of Regulations and Reports Clearance, Social Security Administration, transmitting the Administration's final rule — Extension of the Expiration Date for State Disability Examiner Authority to Make Fully Favorable Quick Disability Determinations and Compassionate Allowances [Docket No.: SSA-2013-0023] (RIN: 0960-AH59) received November 5, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3683. A letter from the Under Secretary, Department of Defense, transmitting the Fiscal Year 2012 Defense Environmental Programs Annual Report; jointly to the Committees on Armed Services and Energy and Commerce.

3684. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rate, and Annual Deductible Beginning January 1, 2014 [CMS-8055-N] (RIN: 0938-AR58) received October 29, 2013, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Energy and Commerce and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. CONAWAY: Committee on Ethics. In the Matters of Allegations Relating to Travel to Taiwan by Representatives William Owens and Peter Roskam in 2011 (Rept. 113–266). Referred to the House Calendar.

Mr. ISSA: Committee on Oversight and Government Reform. H.R. 3343. A bill to amend the District of Columbia Home Rule Act to clarify the rules regarding the determination of the compensation of the Chief Financial Officer of the District of Columbia (Rept. 113–267). Referred to the Committee of the Whole House on the state of the Union.

Mr. ISSA: Committee on Oversight and Government Reform. H.R. 2860. A bill to amend title 5, United States Code, to provide that the Inspector General of the Office of Personnel Management may use amounts in the revolving fund of the Office to fund audits, investigations, and oversight activities, and for other purposes (Rept. 113–268). Referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. SCHAKOWSKY:

H.R. 3504. A bill to provide improved consumer protection and rate review for health insurance coverage in the individual market, and for other purposes; to the Committee on Energy and Commerce.

By Mr. PETRI:

H.R. 3505. A bill to direct the Architectural and Transportation Barriers Compliance Board to develop accessibility guidelines for electronic instructional materials and related information technologies in institutions of higher education, and for other purposes; to the Committee on Education and the Workforce.

By Mr. MCDERMOTT:

H.R. 3506. A bill to amend title 38, United States Code, to direct the Secretary of the Army to permit visitors to leave appropriate items on gravesites and markers located in section 60 of Arlington National Cemetery, and for other purposes; to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PETERS of California (for himself, Mr. THOMPSON of California, Mr. WELCH, and Mr. HARPER):

H.R. 3507. A bill to amend titles 10 and 38, United States Code, to expand the use of telehealth under the TRICARE program and in the Department of Veterans Affairs, and for other purposes; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DUFFY (for himself and Mr. WALZ):

H.R. 3508. A bill to amend title 38, United States Code, to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. LEE of California (for herself, Mr. ENGEL, Mr. ROYCE, Ms. CLARKE, Ms. WILSON of Florida, Ms. WATERS, Mr. CONYERS, Ms. ROS-LEHTINEN, Mr. RADEL, Mr. DIAZ-BALART, Mr. MEEKS, Ms. BASS, and Mr. RANGEL):

H.R. 3509. A bill to direct the Secretary of State to submit to Congress a report on the status of post-earthquake recovery and development efforts in Haiti; to the Committee on Foreign Affairs.

By Ms. BASS (for herself, Mr. SCOTT of Virginia, Mr. DANNY K. DAVIS of Illinois, and Ms. WILSON of Florida):

H.R. 3510. A bill to amend the Higher Education Act of 1965 to repeal the suspension of eligibility for grants, loans, and work assistance for drug-related offenses; to the Committee on Education and the Workforce.

By Mr. CAPUANO (for himself, Ms. WATERS, Mr. JONES, Mr. HINOJOSA, Mr. LYNCH, Mr. KEATING, and Mr. TIERNEY):

H.R. 3511. A bill to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HECK of Nevada:

H.R. 3512. A bill to amend title XVIII of the Social Security Act to facilitate the transition to Medicare for individuals enrolled in group health plans, to establish a 3-month open enrollment period under Medicare Advantage, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. LOWEY (for herself, Mr. MORAN, Mr. WAXMAN, Mr. PRICE of North Carolina, Mr. POCAN, Ms. SHEA-PORTER, and Mr. CARTWRIGHT):

H.R. 3513. A bill to end the use of body-gripping traps in the National Wildlife Refuge System; to the Committee on Natural Resources.

By Mr. MCDERMOTT:

H.R. 3514. A bill to amend title 38, United States Code, to expand the authority of veterans to transfer entitlement to Post-9/11 Educational Assistance to dependents; to the Committee on Veterans' Affairs.

By Mr. MCDERMOTT:

H.R. 3515. A bill to amend title 38, United States Code, to increase the age limit for children using transferred Post-9/11 Educational Assistance; to the Committee on Veterans' Affairs.

By Mr. RYAN of Ohio (for himself, Mr. NUGENT, and Mr. RUIZ):

H.R. 3516. A bill to improve health care furnished by the Department of Veterans Affairs and the Department of Defense by increasing access to complementary and alternative medicine and other approaches to wellness and preventive care, and for other purposes; to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SCHRADER:

H.R. 3517. A bill to amend the Patient Protection and Affordable Care Act to delay the individual health insurance mandate and any penalties for violating the individual mandate until after there is a certification that the healthcare.gov or other applicable State Exchange website is fully operational, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SWALWELL of California:

H.R. 3518. A bill to amend the Public Works and Economic Development Act of 1965 with respect to grants for economic adjustment, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BRIDENSTINE (for himself, Mr. MASSIE, and Mr. DESANTIS):

H.J. Res. 104. A joint resolution proposing an amendment to the Constitution of the United States to repeal the sixteenth article of amendment; to the Committee on the Judiciary.

By Mr. CALVERT:

H. Con. Res. 65. Concurrent resolution expressing the sense of Congress regarding outreach to families of members of the Armed Forces killed in action in Iraq and Afghanistan, and in other conflicts; to the Committee on Armed Services.

By Mr. MCCAUL (for himself, Mr. THOMPSON of Mississippi, Mr. HUDSON, Mr. RICHMOND, Mr. MCKEON, and Ms. WATERS):

H. Res. 415. A resolution expressing the sense of the House of Representatives with respect to the tragic shooting at Los Angeles International Airport on November 1, 2013; to the Committee on Homeland Security.

By Mr. AL GREEN of Texas (for himself, Mr. POLIS, Mr. CICILLINE, Mr. SEAN PATRICK MALONEY of New York, Mr. TAKANO, Ms. SINEMA, Mr. POCAN, Mr. CLEAVER, Ms. CHU, Mr. HONDA, Ms. JACKSON LEE, Ms. LEE of California, Ms. ROS-LEHTINEN, Mr. LEWIS, Mr. CONYERS, Mr. ELLISON, Ms. EDWARDS, Mr. HANNA, Mr. HASTINGS of Florida, Ms. SPEIER, Mr. GUTIÉRREZ, Mrs. CAROLYN B. MALONEY of New York, Mr. GRIJALVA, and Ms. CLARKE):

H. Res. 416. A resolution encouraging the celebration of the month of June as LGBT Pride Month; to the Committee on the Judiciary.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Ms. SCHAKOWSKY:

H.R. 3504.

Congress has the power to enact this legislation pursuant to the following:

Title I, Section 8

By Mr. PETRI:

H.R. 3505.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. MCDERMOTT:

H.R. 3506.

Congress has the power to enact this legislation pursuant to the following:

The principle constitutional authority for this legislation resides in section 8 of article I of the Constitution of the United States, which states: ''The Congress shall . . . make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States, or in any department or officer thereof.''

By Mr. PETERS of California:

H.R. 3507.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. DUFFY:

H.R. 3508.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States or in any Department or Officer thereof.

By Ms. LEE of California:

H.R. 3509.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I of the United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Ms. BASS:

H.R. 3510.

Congress has the power to enact this legislation pursuant to the following:

Article I.

Section 1.

All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

By Mr. CAPUANO:

H.R. 3511.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: The Congress shall have Power * * * To regulate Commerce with foreign nations, and among the several States, and with the Indian Tribes.

By Mr. HECK of Nevada:

H.R. 3512.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section VIII: ''The Congress shall have Power To regulate Commerce with foreign Nations, and among the several States.''

By Mrs. LOWEY:

H.R. 3513.

Congress has the power to enact this legislation pursuant to the following:

The first amendment.

By Mr. MCDERMOTT:

H.R. 3514.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8—to make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the Government of the United States, or in any Department or Office thereof

By Mr. MCDERMOTT:

H.R. 3515.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8—To make all Laws which shall be necessary and proper for carrying into Execution the foregoing powers,

and all other powers vested by this Constitution in the Government of the United States

By Mr. RYAN of Ohio:

H.R. 3516.

Congress has the power to enact this legislation pursuant to the following:

To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof

By Mr. SCHRADER:

H.R. 3517.

Congress has the power to enact this legislation pursuant to the following:

U.S. Const. art. 1, §8, cl. 1.

By Mr. SWALWELL of California:

H.R. 3518.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 1, 3, and 18; Article I, Section 9, Clause 7

By Mr. BRIDENSTINE:

H.J. Res. 104.

Congress has the power to enact this legislation pursuant to the following:

This joint resolution is enacted pursuant to the power granted to Congress to propose amendments to the Constitution under Article V of the United States Constitution.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 24: Mr. LoBiondo.

H.R. 184: Mr. Price of North Carolina.

H.R. 473: Mr. Moran.

H.R. 503: Mr. Griffin of Arkansas.

H.R. 543: Mr. Pascrell.

H.R. 630: Ms. Kelly of Illinois and Mr. Barrow of Georgia.

H.R. 664: Mr. Honda, Ms. Brownley of California, Mr. Garcia, and Mr. Quigley.

H.R. 679: Mr. Cartwright.

H.R. 683: Mr. Walz.

H.R. 685: Mr. Bentivolio, Mrs. Walorski, Mr. McNerney, Mr. Bachus, Mr. Reed, Mr. Ribble, Mr. Yoder, Mr. Gardner, Mr. Smith of Missouri, and Mr. DesJarlais.

H.R. 690: Mr. Griffin of Arkansas.

H.R. 736: Mr. Enyart.

H.R. 809: Mr. Luetkemeyer and Mr. Ruiz.

H.R. 855: Ms. Duckworth.

H.R. 875: Mr. Benishek.

H.R. 915: Ms. Gabbard, Mr. Reed, Ms. Sinema, Mr. Kinzinger of Illinois, and Mrs. Roby.

H.R. 919: Ms. Fudge.

H.R. 983: Mr. McGovern.

H.R. 1020: Ms. Kuster and Mr. Israel.

H.R. 1125: Mr. DeFazio.

H.R. 1150: Ms. Norton, Mr. Doggett, and Ms. Roybal-Allard.

H.R. 1154: Mrs. Capps.

H.R. 1175: Mrs. Capps.

H.R. 1209: Mr. Boustany and Mr. Sean Patrick Maloney of New York.

H.R. 1317: Mr. Lynch, Ms. Eshoo, and Mr. Courtney.

H.R. 1354: Mr. Schiff.

H.R. 1452: Mr. Sherman and Mr. Al Green of Texas.

H.R. 1528: Mr. DeFazio.

H.R. 1565: Mr. Polis.

H.R. 1699: Ms. DeLauro, Mr. Takano, and Mr. Andrews.

H.R. 1726: Mr. Frelinghuysen.

H.R. 1761: Mr. Wilson of South Carolina.

H.R. 1779: Mr. Reed.

H.R. 1812: Mr. Richmond.

H.R. 1861: Mr. Benishek.

H.R. 1869: Mr. Paulsen, Mr. Walden, and Mr. DesJarlais.

H.R. 1878: Mr. Radel.

H.R. 1890: Ms. McCollum and Mr. Cartwright.

H.R. 1900: Mr. Sessions and Mr. Duncan of South Carolina.

H.R. 1920: Mr. Pascrell.

H.R. 1953: Mr. Cartwright.

H.R. 2012: Mr. Grimm.

H.R. 2027: Mrs. Brooks of Indiana.

H.R. 2053: Mr. Brooks of Alabama.

H.R. 2066: Mr. Grijalva.

H.R. 2073: Mr. Connolly.

H.R. 2101: Mr. Kennedy.

H.R. 2103: Mr. LoBiondo.

H.R. 2123: Mr. Waxman.

H.R. 2142: Mr. LoBiondo.

H.R. 2241: Mr. Collins of Georgia.

H.R. 2261: Mr. Whitfield and Mr. Griffin of Arkansas.

H.R. 2309: Ms. Hahn, Mr. Paulsen, Mr. Lipinski, Mr. Fincher, Mrs. Wagner, Mr. Southerland, and Mr. Petri.

H.R. 2315: Mr. Dent.

H.R. 2368: Mr. Rangel.

H.R. 2429: Mr. Posey and Mr. LoBiondo.

H.R. 2504 Mr. Jeffries, Ms. Moore, Mr. Moran, Mr. Holt, Mr. Grijalva, Mr. Cummings, Mr. Perlmutter, Ms. Shea-Porter, and Mr. Collins of New York.

H.R. 2587: Mr. Moran.

H.R. 2663: Mrs. Capito, Mr. Gene Green of Texas, Ms. Roybal-Allard, and Mr. Peterson.

H.R. 2727: Mr. Duncan of South Carolina.

H.R. 2805: Ms. Herrera Beutler.

H.R. 2807: Mr. Kilmer and Mr. Gene Green of Texas.

H.R. 2810: Mr. Stivers and Mr. McKinley.

H.R. 2825: Mrs. Capps.

H.R. 2839: Ms. Eddie Bernice Johnson of Texas.

H.R. 2847: Mr. McNerney.

H.R. 2866: Mr. Williams.

H.R. 2902: Mr. Blumenauer, Mr. Andrews, Mr. McDermott, Mr. Butterfield, Mr. Hastings of Florida, Ms. Loretta Sanchez of California, Mr. Bishop of Georgia, Mr. Jeffries, Mr. Courtney, Ms. Moore, Ms. Waters, Mr. Israel, Mr. Honda, Mr. Swalwell of California, Mr. Braley of Iowa, Mr. Farr, Mrs. Napolitano, Mr. Kind, Ms. Castor of Florida, Ms. Velázquez, Mrs. Davis of California, Mr. Cicilline, Mr. Cooper, Mr. Enyart, Mr. Nadler, Mr. Ellison, Mr. Kildee, Mr. Lowenthal, Mr. Bishop of New York, Mr. Foster, and Mr. Thompson of Mississippi.

H.R. 2918: Mr. Yarmuth, Mr. Cole, Mr. Stewart, Mr. Tierney, Ms. Kaptur, and Mrs. Blackburn.

H.R. 2932: Mr. Cicilline.

H.R. 2935: Mr. Royce.

H.R. 2937: Mr. Wolf and Mr. Wittman.

H.R. 2939: Mr. Valadao.

H.R. 2945: Mr. Kind.

H.R. 2967: Mr. Michaud.

H.R. 2997: Ms. Granger.

H.R. 2998: Mr. Carson of Indiana.

H.R. 3024: Mr. Lipinski.

H.R. 3040: Mr. Neal.

H.R. 3077: Mr. Thompson of Pennsylvania.

H.R. 3103: Ms. Brownley of California.

H.R. 3111: Mr. Gardner and Mrs. Beatty.

H.R. 3135: Mr. Swalwell of California.

H.R. 3148: Ms. Kuster, Mr. Enyart, Mr. Cooper, and Mr. Polis.

H.R. 3149: Ms. Kuster.

H.R. 3207: Mr. Lipinski.

H.R. 3228: Mr. Himes.

H.R. 3303: Mr. Vargas.

H.R. 3306: Mr. Palazzo.

H.R. 3318: Ms. Fudge and Mr. Poe of Texas.

H.R. 3320: Mr. Boustany.

H.R. 3322: Mr. Gene Green of Texas.

H.R. 3327: Ms. Jackson Lee, Mr. McNerney, Ms. Fudge, Mr. Grimm, Mrs. Beatty, and Ms. Brownley of California.

H.R. 3330: Mr. Israel, Ms. Sinema, and Ms. Brownley of California.

H.R. 3346: Mr. Michaud.

H.R. 3351: Ms. Eddie Bernice Johnson of Texas.

H.R. 3359: Mr. Huelskamp.

H.R. 3361: Ms. Bonamici and Mr. Cummings.

H.R. 3362: Mrs. Blackburn and Mrs. Ellmers.

H.R. 3367: Mr. Murphy of Florida.

H.R. 3370: Mr. Higgins.

H.R. 3385: Mr. Kilmer.

H.R. 3391: Mrs. Miller of Michigan.

H.R. 3395: Ms. Kelly of Illinois.

H.R. 3403: Mr. Miller of Florida.

H.R. 3408: Mr. Stivers and Mr. Nunes.

H.R. 3413: Mr. Smith of Missouri, Mr. Huizenga of Michigan, Mr. Rokita, Mrs. Hartzler, Mr. Young of Alaska, Mr. Long, Mr. Mullin, Mr. Hunter, Mr. Sensenbrenner, and Mr. Rothfus.

H.R. 3416: Mr. Pearce, Mr. Bridenstine, and Mr. Broun of Georgia.

H.R. 3425: Mr. Schrader and Mr. Michaud.

H.R. 3436: Mr. Coble, Mr. Yoho, Ms. Lofgren, and Mr. Jones.

H.R. 3445: Mr. Kildee, Mr. Carson of Indiana, Mr. Grijalva, and Mr. Ellison.

H.R. 3463: Mr. Cuellar and Mr. Hunter.

H.R. 3465: Ms. Lee of California, Mr. Gutiérrez, Mr. Butterfield, Ms. Norton, Mr. Rush, Mr. Lewis, Mr. Richmond, and Mr. Bishop of Georgia.

H.R. 3469: Mr. Gallego, Mr. Griffin of Arkansas, Mr. Keating, Mr. Palazzo, and Mr. O'Rourke.

H.R. 3471: Mr. Veasey, Mr. Maffei, Ms. DeGette, Ms. Clarke, Mr. McNerney, Mr. Hastings of Florida, Mr. Himes, and Ms. Schwartz.

H.R. 3485: Mr. Harris, Mr. Rokita, Mr. Pearce, and Mr. Southerland.

H.R. 3486: Mr. Bridenstine.

H.R. 3488: Ms. DelBene, Mr. Flores, and Mr. Sean Patrick Maloney of New York.

H. Con. Res. 64: Mr. O'Rourke.

H. Res. 72: Mr. Dent.

H. Res. 147: Mrs. Capito.

H. Res. 250: Mr. Hudson and Mr. Conaway.

H. Res. 285: Mr. Price of North Carolina.

H. Res. 291: Mr. Weber of Texas, Mr. Sean Patrick Maloney of New York, and Mrs. Napolitano.

H. Res. 365: Ms. DelBene, Mr. Cleaver, Mr. Tierney, and Ms. Lee of California.

H. Res. 401: Mr. Rush, Mr. Rangel, and Mr. Carney.

H. Res. 404: Ms. Bass, Mr. Cicilline, Mr. Cook, Mr. Kinzinger of Illinois, Mr. Meadows, Mr. Salmon, and Mr. Weber of Texas.

H. Res. 408: Mr. Al Green of Texas, Mr. McDermott, Mr. Swalwell of California, Ms. Hanabusa, Mr. Price of North Carolina, Ms. Norton, Mr. Franks of Arizona, Mr. Moran, Mr. Bera of California, Mrs. Davis of California, Mr. Rangel, Mr. Sablan, Ms. Slaughter, Mr. Faleomavaega, Mr. Costa, Mr. Peters of California, Ms. Linda T. Sanchez of California, Mr. McNerney, Mr. Langevin, Ms. Lee of California, Mr. Payne, Mr. Carson of Indiana, Mr. Rush, Ms. Wilson of Florida, Mr. Johnson of Georgia, Ms. Brown of Florida, Mr. Conyers, Mr. McGovern, Mr. Richmond, Mr. Gutiérrez, Mr. Watt, Mr. Bishop of Georgia, Mrs. Napolitano, Ms. Eddie Bernice Johnson of Texas, Mr. Huffman, Mr. Scott of Virginia, Ms. Brownley of California, Mr. Courtney, Mr. Vela, Mr. Israel, Ms. Matsui, and Mr. Takano.

H. Res. 411: Mr. Palazzo.

H. Res. 412: Mrs. Brooks of Indiana and Mr. Sean Patrick Maloney of New York.

H. Res. 414: Mr. Connolly, Mr. McGovern, and Mr. Conyers.

EXTENSIONS OF REMARKS

A TRIBUTE TO HONOR THE LIFE OF IRENE GENEVIEVE STRANGIO

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Ms. ESHOO. Mr. Speaker, I rise today to honor the extraordinary life of an extraordinary woman, Irene Genevieve Strangio, who died at the age of 89 in Mountain View, California, on October 21, 2013. Her beloved Mountain View community was the beneficiary of so much of her brilliance and activism, and our world is a better place because she graced it.

Irene Strangio was born in Brooklyn, New York, to Robert and Irene Thornton and was the eldest of seven siblings. Irene made Mountain View her home and gave it her all. Known for her generous heart, she often shared with family and friends her artistic talents, knack for journalism, and popular kitchen abilities. As a trained R.N. she dispensed professionalism mixed with caring, and her work ethic shined through anything she set her mind to.

Irene was the loving mother of five children: Marie, Jes, Elizabeth, Michael, and Janis, and the devoted grandmother and great-grandmother to many. She leaves behind countless friends and I feel privileged to count myself among them. Irene, her husband John who predeceased her, and their family have been my friends since 1966.

Mr. Speaker, I ask my colleagues to join me in extending our condolences to the entire Strangio family who mourn the passing of this great and good woman. I'm deeply grateful to have known Irene and even prouder to call her my friend. Through her integrity, decency and wisdom, she strengthened each of us and made our community and our country better.

RECOGNIZING NOVEMBER AS NATIONAL HOSPICE AND PALLIATIVE CARE MONTH

HON. AARON SCHOCK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. SCHOCK. Mr. Speaker, I rise to recognize November as National Hospice and Palliative Care Month. Palliative care focuses on relieving the pain, stress and symptoms of a serious illness while hospice focuses on caring for a patient based on his or her own unique needs and wishes. In 2012, an estimated 1.6 million individuals received hospice services including home based care, continuous home care, general inpatient care for pain control or complex symptom management or inpatient respite care.

Unlike care delivered at a hospital, the hospice team consists of a group of individuals whose goal is to provide support for both the patient and the patient's family. As the Safe Haven Hospice in Lincoln, Illinois says ''hospice is about adding life to [one's] days.''

The U.S. hospice movement was founded by volunteers who play an instrumental role in hospice care. In 2012, an estimated 400,000 hospice volunteers provided 19 million hours of service. One of those volunteers is a constituent of mine who became involved following the unexpected death of her son.

Hospice volunteers like this individual support and enhance the hospice care team. In fact, hospice is the only provider whose Medicare Conditions of Participation requires volunteers to provide at least 5 percent of total patient care hours.

I urge my colleagues to recognize the important work of hospice and palliative care providers and volunteers in their communities during National Hospice and Palliative Month.

RECOGNIZING RECIPIENTS OF THE 2013 ARTS COUNCIL OF FAIRFAX COUNTY ARTS AWARDS

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. CONNOLLY. Mr. Speaker, I rise to recognize the recipients of the 2013 Arts Awards presented by the Arts Council of Fairfax County. These awards recognize the extraordinary contributions of artists and arts organizations, as well as the individuals and businesses in Fairfax County, the City of Fairfax, and the City of Falls Church that support the arts in our community.

Founded in 1964, the Arts Council of Fairfax County, Inc. is a non-profit organization designated as Fairfax County's local arts agency to promote all forms of art. The Arts Council operates programs and initiatives that include grants, arts advocacy, education, and professional development opportunities for artists and arts organizations. In FY13, the Arts Council awarded grants to 62 organizations and 3 artists, funded more than 2,600 performances and activities, which were attended by more than 1.2 million people. In addition, The Arts Council of Fairfax County has been a strong supporter and sponsor of the 11th Congressional District High School Arts Competition and has been instrumental in making this program one of the most successful in the nation.

The Arts Awards honor supporters of the arts in four categories: the Jinx Hazel Arts Citizen of the Year Award, the Arts Achievement Award, the Emerging Arts Award, and the Arts Philanthropy Award. It is my honor to enter the following names of the 2013 Arts Awards Recipients into the Congressional Record:

The Jinx Hazel Arts Citizen of the Year Award is presented to The Fairfax County Economic Development Authority, FCEDA, for its outstanding leadership and service to civic life and leadership in the arts and culture in Fairfax County. FCEDA highlights Fairfax County's rich cultural life and cosmopolitan environment through its international marketing campaigns, web site, and the presentation of opportunities in the arts to its many business prospects. FCEDA believes it is important to support organizations that enhance the overall quality of life for the residents of Fairfax County.

The Arts Achievement Award is presented to Ms. Kathryn Fredgren in recognition of 32 years of vision and leadership in bringing the highest quality dance performances of classical ballet, contemporary and modern dance, jazz, and tap dance to thousands of children and adults in Northern Virginia. Together with her husband Ken, Ms. Fredgren founded The Center Dance Company in 1981. Re-named BalletNova Center for Dance in 2009, the organization continues to be one of the most widely respected dance training centers in Northern Virginia. Upon her retirement as artistic director of BalletNova, Ms. Fredgren brought her love of children and innovative teaching to her position as dance artist-in-residence at Hunter Woods Elementary School in Reston from 2005 to 2011. She currently serves on BalletNova's board of directors.

Riverbend Opera Company, one of the two professional opera companies in Fairfax County, is the recipient of the Emerging Arts Award for its entrepreneurial and high quality arts programming. Founded in 2009, Riverbend Opera Company brings professional opera productions to Northern Virginia and provides performance opportunities to established and emerging music professionals. Through a partnership with Thomas Jefferson High School for Science and Technology, Riverbend provides students with opportunities to work with music professionals, learn the background and history of operatic works, study the music in depth, and join in as chorus members during the Company's performances.

The Art Philanthropy Award is presented to Cityline Partners LLC for its outstanding support and leadership to the arts. Cityline owns, manages, and develops transit-oriented real estate holdings in Tysons and the D.C. metropolitan region. Continuing a strong tradition of philanthropy to the arts in Fairfax County, Cityline offers in-kind facility services to Traveling Players Ensemble and sponsors Celebrate Fairfax, the McLean Orchestra, and Youth Orchestra.

Mr. Speaker, I ask my colleagues to join me in congratulating the recipients of the 2013 Arts Awards and in recognizing and thanking the visionaries, leaders, and supporters who help to make our Northern Virginia communities rich with cultural opportunities.

LAWSUIT ABUSE REDUCTION ACT OF 2013

SPEECH OF

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 14, 2013

Mr. VAN HOLLEN. Mr. Speaker, I rise in opposition to H.R. 2655, the misleadingly-named ''Lawsuit Abuse Reduction Act.'' This legislation would amend Rule 11 of the Federal Rules of Civil Procedure to reinstate a previous, failed version of the rule that was in place from 1983–1993.

Rule 11 allows for the imposition of sanctions on the plaintiff in a civil case if it is determined that a claim lacks sufficient evidence. Currently, Rule 11 allows judges to exercise discretion in determining when to impose these sanctions. This bill, H.R. 2655, mirrors the policy from 1983–1993, when Rule 11 was amended to mandate that sanctions be automatically applied regardless of the specific circumstance of a Rule 11 violation. This policy erodes judicial discretion by forcing judges to apply sanctions in every instance of a violation regardless of the merits. The effect of this change was—and would be under H.R. 2655—disastrous for our judicial system and victims alike. For this reason, the Judicial Conference, the American Bar Association, and the American Association for Justice all strongly oppose this legislation.

As the Judicial Conference Chairs wrote to Judiciary Committee Ranking Member JOHN CONYERS, Jr. in July, from 1983–1993, the ''. . . mandatory sanctions provision quickly became a tool of abuse in civil litigation. Seeking to use mandatory sanctions to their advantage, aggressive lawyers filed motions for Rule 11 sanctions in response to virtually every filing in a civil case. Much time and money was spent in Rule 11 battles that had everything to do with strategic gamesmanship and little to do with underlying claims.'' The Judicial Conference also points out that the 1993 rule changes that corrected this misguided policy ''. . . followed years of examination and were made on the Judicial Conference's strong recommendation, with the Supreme Court's approval, and after congressional review.''

Unfortunately, we are wasting precious legislative days in this Congress re-litigating this already-solved issue. All empirical evidence from the 1983–1993 existence of the mandatory sanctions points to increased litigation costs and a distraction from the administering of justice.

I urge my colleagues to oppose H.R. 2655.

PERSONAL EXPLANATION

HON. CAROLYN McCARTHY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mrs. MCCARTHY of New York. Mr. Speaker, I was unavoidably absent during the week of October 28, 2013. If I were present, I would have voted on the following—

Rollcall #561: On Motion to Suspend the Rules and Pass, as Amended H.R.2189, ''yea'';

Rollcall #562: On the Motion to Suspend the Rules and Pass H.R. 2011, ''yea'';

Rollcall #563: On ordering the Previous Question and Providing for consideration of H.R. 992, the Swaps Regulatory Improvement Act and H.R. 2347, the Retail Investor Protection Act, ''nay'';

Rollcall #564: On agreeing to the resolution providing for consideration of H.R. 992, the Swaps Regulatory Improvement Act and H.R. 2347, the Retail Investor Protection Act, ''no'';

Rollcall #565: On agreeing to the amendment on H.R. 2347 offered by George Miller of California, ''nay'';

Rollcall #566: On Motion to recommit with instructions on H.R. 2347, ''aye'';

Rollcall #567: On passage of H.R. 2347, ''aye'';

Rollcall #568: On Motion to Recommit with Instructions on H.R. 992, ''yea'';

Rollcall #569: On Passage of H.R. 992, ''aye'';

Rollcall #570 On passage of H.J. Res. 99, ''nay.''

THE PERSECUTION OF BAHA'I COMMUNITY IN IRAN

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. MORAN. Mr. Speaker, I rise today to mark the passing of Mr. Ataollah Rezvani, a Baha'i community leader in the port city of Bandar Abbas, Iran. In late August, Mr. Rezvani was found murdered in his car on the outskirts of the city, a gunshot to the back of his head. Before his death, he was subject to persistent threats and intimidation from agents of the Iranian Ministry of Intelligence. And ultimately, his steadfast refusal to submit or cower in the face of this oppression resulted in the loss of his livelihood and his life. His only crime was the practice of his faith.

Over the last several months, the Iranian regime has taken a new and welcome posture toward the resolution of the nuclear issue. While the talks between Iran and the P5-plus-1 have not yielded an agreement, we are in a better position to come to a sustainable agreement than ever before. These efforts are welcome. However, Iran's steps toward reconciling with the global community must be paired with progress on human rights at home, and an end to religious-based persecution of Iran's Baha'i and other minority communities.

Although the Iranian authorities released 91 political prisoners in recent months, not a single Baha'i was among them. Instead, 115 Baha'is remain imprisoned, solely because of their faith, including the leadership of the ''Yaran-i-Iran,'' or ''Friends in Iran.'' The seven leaders of this group, which oversaw the welfare of the Iranian Baha'i community, have now each served five years of their 20-year sentences—the longest sentences given to any prisoner of conscience in Iran.

Dating back to the 1979 Islamic Revolution, the Iranian government has implemented a program of active, systematic discrimination against the Baha'i community. As a result, the Baha'i have been reduced to second-class citizens within their own country, stripped of their property, denied access to an education, and deprived of the freedom to worship. All human beings are entitled to these liberties, not simply because of a statute or a constitution. Rather, these are the basic human rights of every person, regardless of race, color, or creed, by virtue of our very humanity.

It is my fervent hope that Iran's leadership will move forward towards rapprochement with the international community, but we must also see progress toward internal reform, and a restitution of rights to all minority communities and the Baha'i citizens of Iran particularly.

INTRODUCTION OF THE TECHNOLOGY, EQUALITY, AND ACCESSIBILITY IN COLLEGE AND HIGHER EDUCATION (TEACH) ACT

HON. THOMAS E. PETRI

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. PETRI. Mr. Speaker, today I introduced the Technology, Equality, and Accessibility in College and Higher Education (TEACH) Act to ensure that students with disabilities have equal access to the benefits of electronic instructional materials used in today's colleges and universities.

Colleges and universities across the country are using a wide array of new technologies and instructional materials in the classroom. While the use of these new technologies is a positive development, it can also pose a challenge for accessibility. We have an obligation to ensure that students with disabilities have an equal opportunity to obtain a quality education.

The bill would require that any instructional technology, such as digital content, tablets, online platforms, interactive computer software, etc., used by a postsecondary school either be accessible to students with disabilities or that the school provide accommodations or modifications so that the ease-of-use and benefits of the technology for students with disabilities is on par with other students.

These requirements are consistent with joint guidance issued in 2010 by the Departments of Education and Justice regarding the use of new technologies in the classroom and the accessibility requirements of the Americans with Disabilities Act and the Rehabilitation Act of 1973. The guidance was issued in response to the use of electronic book readers by some colleges and universities that were not fully accessible to visually impaired students.

To help schools meet these requirements, the TEACH Act directs the Access Board, an independent federal agency, to develop guidelines for electronic instructional materials used by institutions of higher education. Schools would not be limited to using materials or technologies that are consistent with the guidelines, but those materials that do conform to the guidelines would automatically be considered to be accessible under the law.

In 2008, the Higher Education Opportunity Act created the Advisory Commission on Accessible Instructional Materials in Postsecondary Education for Students with Disabilities, otherwise known as the AIM Commission. One of the commission's recommendations was that the Access Board be directed by Congress to develop guidelines to help guide the development of accessible instructional materials in the marketplace. This bill would implement that recommendation.

For decades, schools have been required to provide equal access to all students. What this

bill would do is ensure that students with disabilities are given equal treatment now and in the future as new, innovative technologies are developed and used more often in the classroom.

I hope that my colleagues will join me in support of this legislation.

THE PASSING OF WILLIAM J. COYNE

HON. MICHAEL F. DOYLE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. DOYLE. Mr. Speaker, I rise today to pay tribute to former Member of Congress William J. Coyne, who represented Pennsylvania's 14th District from 1981 until 2003. Bill passed away on November 3, 2013.

I was honored to work with Bill for eight years as members of Pennsylvania's Congressional delegation from adjacent districts, and I have had the privilege of serving many of his former constituents since he retired in January 2003. I wanted to take this opportunity to remember Bill.

Bill was born on August 24, 1936. He grew up in a house on Halket Street in Pittsburgh's Oakland neighborhood, and he lived in that house for most of his life.

Bill graduated from Central Catholic High School in 1954. He served in the U.S. Army in Korea from 1955 through 1957. He returned to Pittsburgh after completing his military service and began working as an accountant for a trucking company. He subsequently attended Robert Morris College, graduating with a B.S. in accounting in 1965. In all, he worked as an accountant for 13 years.

Bill became involved in local politics in the 1960s, doing volunteer work on a number of local Democratic campaigns. He ran for office himself in 1970 and was elected to the Pennsylvania House of Representatives, where he served one term. He was elected to Pittsburgh City Council in 1973, and he served as a City Councilman from 1974 until 1980.

In 1980, Bill ran for Congress, and was elected to represent Pennsylvania's 14th Congressional District in the U.S. House of Representatives. At that time, the 14th District consisted of the City of Pittsburgh and a number of adjacent communities in Allegheny County. He was re-elected 10 times and represented the 14th District in Congress for 22 years from 1981 until 2003.

During his first 2 terms in Congress, Bill served on the House Banking Committee and the Committee on House Administration. He also served on the Committee on Standards of Official Conduct, known unofficially as the House Ethics Committee.

In 1985, he was appointed to serve on the Ways and Means Committee. In addition, from 1993 through 1998, he served on the House Budget Committee.

In the 1980s, when Bill started serving in Congress, southwestern Pennsylvania was experiencing high unemployment and economic disruption as a result of the decline of the steel industry, which up until then had been the dominant driver of the region's economy. Consequently, job creation and economic redevelopment were his top priorities when he began serving in Congress and throughout his service there.

At that time, due to many young and working-age individuals leaving the region to seek work elsewhere, Pittsburgh had a disproportionately large elderly population—with more senior citizens than any Congressional District outside of Miami. As a result, Bill also focused his efforts on programs which, like Social Security, Medicare, and Medicaid, were essential to the health and well-being of older Americans. He worked on the Ways and Means Committee, for example, to protect Americans' pensions and other retirement benefits, enact a Medicare prescription drug benefit, and oppose efforts to cut federal safety net programs.

Bill worked closely with local and state elected leaders to develop a plan for the region's renewal, which consisted of building on the region's greatest assets—its research universities, hospitals, and financial institutions—while attempting to preserve the region's remaining manufacturing base. His efforts to achieve those goals focused on federal investments in scientific and biomedical research, higher education, housing and community development, transportation, and the clean-up and redevelopment of abandoned industrial sites. He also pursued complementary tax and trade policies. He was actively involved in securing federal funding for important projects in southwestern Pennsylvania as well as efforts to preserve and expand federal programs nationwide.

With hundreds of acres of shuttered steel mills in the region, Bill worked on the Ways and Means Committee to provide tax incentives for businesses and municipalities to clean up and redevelop vacant, often polluted industrial sites—often referred to as brownfields—including a provision in the Taxpayer Relief Act of 1997 which allowed businesses to deduct the cost of cleaning up brownfields sites in certain targeted areas. He also worked successfully to expand the brownfields tax incentive and delay its expiration date by several years. In addition, he supported legislation to create federal empowerment zones and enterprise communities, which provided tax breaks for businesses that operated in economically distressed areas.

Bill believed that the federal tax code could and should be used to create or preserve American manufacturing jobs, and he worked successfully to make the federal tax-exempt Industrial Development Bond program permanent to keep U.S. manufacturing jobs from moving overseas.

Bill also worked successfully to secure hundreds of millions of dollars in federal funding for local infrastructure projects—including reconstruction of the Drake, Library, and Overbrook trolley lines in Allegheny County and construction of an extension of the MLK Jr. Busway. He worked successfully to get local locks and dams updated—most notably, Locks and Dams 2, 3, and 4 on the Lower Monongahela River—and a flood control project built along Saw Mill Run. Bill also secured the cost-free transfer of the Hays Ammunition Plant to the City of Pittsburgh for redevelopment. He secured millions of dollars in seed money for the Software Engineering Institute at Carnegie Mellon University and the NASA Robotics Engineering Consortium. In addition, he worked successfully to enact a bill designating the Steel Industry Heritage Project in Homestead as a national heritage area to preserve the region's history and culture and promote local tourism.

Bill was also an unabashed liberal—a vocal defender of workers' rights, women's rights, and gay rights as well as all of the New Deal and Great Society programs. He believed in tougher federal gun control laws—voting, for example, in support of the 1994 assault weapons ban. He opposed efforts to roll back American workers' rights to organize and bargain collectively, and he worked to expand protection for workers' rights in international trade agreements.

Bill strongly opposed efforts to cut domestic spending programs in the 1980s and 1990s, especially programs to help local governments undertake important redevelopment activities—programs like Community Development Block Grants, Urban Development Action Grants, the Economic Development Administration, and General Revenue Sharing. Bill also worked with many of his colleagues to protect federal programs that served children, senior citizens, the disabled, and working families. On the other side of the ledger, he opposed increased defense spending in the 1980s and supported deep defense cuts in the 1990s after the end of the Cold War and the demise of the Soviet Union. Bill worked on the House Ways and Means Committee to reduce the tax burden on low- and middle-income families. He was also actively involved in developing and enacting legislation to reform the Internal Revenue Service.

In 2002, Bill decided to retire at the end of his 11th term. In January of 2003, he wrapped up his career in politics and returned home to Pittsburgh. In the 10 years since then, Bill has enjoyed retirement, dividing his time between his home in Pittsburgh and a home in Ireland.

When you take into account his military service, his service in the Pennsylvania State legislature, his service on Pittsburgh City Council, and his 22 years in Congress, you can't help but conclude that Bill Coyne was a dedicated public servant. He was quiet but effective—and he was living proof that nice guys can get ahead. Bill Coyne was a credit to this institution and to his home town. Those of us who had the privilege to know him will miss him.

He is survived by his long-time companion Kathy Kozdemba, his brother Philip Coyne, Jr. and many nieces and nephews.

I'd like to include this eulogy given by his nephew Daniel Coyne at his funeral in Pittsburgh last week.

BILLY: A EULOGY FOR CONGRESSMAN BILL COYNE DELIVERED AT HIS FUNERAL, NOVEMBER 7, 2013

(By Daniel V. Coyne, Managing Editor, Boston Consulting Group)

Bill Coyne was my father's older brother, and I have the honor and privilege of saying a few words about who he was and the full life he lived.

Bill, or Billy as I called him, was devoted to his long-time companion Kathy; to his surviving brother Philly; to his nieces, nephews, cousins, and extended family; to his faith; to the city of Pittsburgh, which he served for decades; and to his neighborhood of Oakland, which gave rise to characters, stories, and legends that made me wish I'd grown up in a different time.

He was best known, of course, for being a politician. Articles about Bill Coyne always described him as quiet. But that belied his passion and his commitment. He worked incredibly hard for the things he believed in. Economic development and opportunity, equality, measures to help the working class. He was sometimes described as an old-fashioned Democrat. I think he was very proud of that—proud to be called liberal or progressive. Not that he'd ever brag about it. Billy never cared for grandstanding, never sought the limelight.

To me, his legacy is not just about what he did, it's about how he did it. Billy was civil, sincere, genuine, and honorable. He epitomized everything that's good and noble about the title ''public servant''. He simply wanted to help people. He got involved in politics in the late 60s, he said, because of the conditions of the country. He wanted to make a difference. And that's what he and his dedicated staff did.

In a 1986 profile of Billy in the Pittsburgh Press, Tip O'Neill summed it up nicely: ''You can get a lot done for your constituents when you have the respect and admiration of your colleagues,'' he said. ''And Bill Coyne is one of the best liked guys down here.'' Incidentally, when Billy heard that the Press wanted to do a story on him, he had a one-word response: ''Why?''

Billy was more than a politician. He was a kind and generous uncle. He was thoughtful and warm. He loved being with Kathy and hosting Christmas dinners with her. He loved being with his nieces, nephews, and cousins. He was happy being in Pittsburgh, living a short walk from Halket Street, where he grew up. And he was energized by the visits he and Kathy made to Ireland several times each year.

For his brother Philly's 90th birthday, a group of us travelled to Ireland. Billy and Kathy were our guides. Billy's excitement was infectious. He was like a little kid, reveling in the music, the scenery, the streetscapes, the people, being with our relatives. He wanted so much for us to be a part of it. It reminded me of how he'd treat people who visited him in Washington.

I lived there for a few years while Billy was in office. He'd sometimes sneak me and a friend onto the floor of the House of Representatives for small occasions, like the State of the Union Address. It was never to show off. Billy wasn't in the habit of trying to impress people. I just think he saw the House floor in the same way he and others who grew up in Oakland saw Forbes Field. It's historic, and it's hallowed ground. But it's sort of public property . . . you don't really need a ticket to get in. The fact that it was there was permission enough.

Billy did those sorts of things all the time. He'd go out of his way to do something if he thought it would make you happy. The fact is, Billy would go out of his way for anyone, anytime. Selfless hardly begins to describe his compassion and his sense of service. That's how he worked his job. That's how he lived his life.

His passing is a profound loss for Kathy, for Philly, and for our whole family. We were blessed to have had him in our lives, and we will miss him dearly.

There's a quote, attributed to an ancient Chinese philosopher, whom Billy was fond of. Kathy gave it to me. She said that Billy carried it around in his wallet. It obviously meant a lot to him, and I'd like to close by reading it:

A leader is best when people barely know he exists
Not so good when people obey and acclaim him
Worse when they despise him
But of a good leader who talks little, when his work is done they will say:
''We did it ourselves''

HONORING REP. HELEN DELICH BENTLEY

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. RUPPERSBERGER. Mr. Speaker, I rise before you today to honor Congresswoman Helen Delich Bentley, a longtime member of the U.S. House of Representatives, a champion of the Port of Baltimore and a dear friend on the occasion of her 90th birthday.

A graduate of the University of Missouri, Congresswoman Bentley is a former journalist who worked as a reporter and editor for the Baltimore Sun, where she developed her lifelong passion for the Port of Baltimore and Chesapeake Bay. She then hosted a TV program about the Port focusing on maritime and transportation issues. She was elected to represent Maryland's Second Congressional District in 1985 and served the next four terms. She chaired the Federal Maritime Commission and became a strong advocate for responsible trade policies, the U.S. Merchant Marine fleet and, of course, American ports. As chair, she was then the fourth-highest ranking woman in federal government history, the first woman to serve in a key government position in the maritime field and the first woman appointed by a President to head a regulatory agency.

It is because of Congresswoman Bentley's decades of dedication, passion and advocacy that the Port of Baltimore will continue to prosper and provide honest, good-paying jobs to many Maryland families for generations to come. In 2006, the Port was rightly renamed the Helen Delich Bentley Port of Baltimore.

Congresswoman Bentley continues to exercise her expertise in the maritime and manufacturing industries as President and CEO of Helen Bentley & Associates, Inc. She also serves on the Board of Trustees for the Baltimore Museum of Industry. While too numerous to list in their entirety, Congresswoman Bentley is the recipient of countless awards and accolades. In 2006, she earned the Governor's International Leadership Award and was named the 2010 William Donald Schaefer Industrialist of the Year. She was inducted into the International Maritime Hall of Fame in 2004 and has earned 10 honorary doctorates.

I have had the pleasure of knowing Congresswoman Bentley for many years. Once political rivals, I consider her a mentor and trusted advisor, especially on maritime issues. Mr. Speaker, I ask that you join with me today to honor Congresswoman Helen Delich Bentley. The citizens of Maryland have been lucky to have her as a champion all these years. It is with great pride that I wish her the happiest of birthdays and many more years of success.

HONORING LOCAL LAW ENFORCEMENT FOR THEIR GREAT SERVICE TO OUR COMMUNITY

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. WOLF. Mr. Speaker, I rise today to recognize the following law enforcement personnel who have recently been honored by the Horseshoe Curve Benevolent Association for their tireless service and continued willingness to put their lives on the line to protect our communities. These honorees include: Trooper Ronnie Riggs, Deputy Greg E. Lambert, Deputy Stephen A. Moore, Officer George Bell, Sergeant Travis Short, Officer John Dixon, Investigator Greg Frenzel and Sheriff Lenny Millholland.

Senior Trooper Ronnie Riggs has served the Virginia Department of State Police for over 10 years. Working out of the state police barracks in Kernstown, Trooper Riggs has become a tremendous asset to the area through his efforts to improve public safety. Trooper Riggs' service to the community and professionalism are seriously appreciated.

Chief Deputy Travis Sumption began his career as a communications officer with the Clarke County Sheriff's Office in February 1993. In 1998, he was appointed Deputy Sheriff and after an assignment as a traffic enforcement deputy in 2004, he became the first person to hold the title of First Sergeant in Clarke County. In 2006, he worked with the Clarke County Sheriff's Office regional drug task force and supervised the general investigations and gang units. After graduating from the Virginia Forensic Science Academy in 2008, he successfully managed a complex, multi-jurisdictional murder case. I wish him all the best in his new role of Chief Deputy.

Deputy Greg E. Lambert has served the Winchester Sheriff's Office since 2011. He came to the sheriff's office with previous experience with the Winchester Police Department and the U.S. Capitol Police. He excelled in his work with the ''Don't Bust the Bus'' operation designed to ticket offenders for passing school buses and is also involved with Project Lifesaver, a program to save the lives and reduce injury of the elderly, as well as those who suffer from cognitive conditions such as Alzheimer's and autism. He is a member of the North and South End Citizens Groups, which focus on eliminating crime in the City of Winchester. Deputy Lambert's hard work and commitment to keeping citizens safe is greatly appreciated.

Deputy Stephen A. Moore serves the Frederick County Sheriff's Office. This summer he demonstrated courage when he rescued a mother of five from her burning home. He got the mother out of the house safely, and then ran back into the home when it was engulfed in flames and full of smoke to ensure that all of the children were safe. I commend him for his outstanding ability to remain calm and focused in a crisis.

Officer George Bell serves the Northwestern Regional Adult Detention Center and was recently honored for his remarkable efforts to prevent the escape of a high-risk inmate. Officer Bell showed resolve when he took action to address the situation and protect the civilians who would have otherwise been in grave

danger. I appreciate his hard work and service to the community.

Sergeant Travis Short serves Mount Weather Police Department. Recently, he was recognized by the Department of Homeland Security and the Federal Emergency Management Agency and also received a Life Saving Award. In August, he was the first responder to a critical scene where an individual was in cardiac arrest and severely bleeding. He took decisive and immediate action to save the person's life. Sergeant Short's focus on training and his preparedness in crisis greatly benefit the community he serves so well.

Officer John Dixon serves the Winchester Police Department and was recently recognized for resuscitating a young woman who was suffering from an overdose. This was the second time he saved someone in critical condition. Officer Dixon is an excellent police officer and a leader among his peers—his colleagues frequently applaud the high quality of his investigations. His good police work makes him a committed role model to all those who serve.

Investigator Greg Frenzel has served the Berryville Police Department since 1997. He began his career as a patrol officer and now serves as an investigator where he conducts investigations involving major property loss and crime. Additionally, he has worked as a firearms instructor and serves with the regional Criminal Justice Academy. Berryville Chief of Police Neal White has submitted Investigator Frenzel as the 2013 nominee of the year, citing his valuable contributions to the department throughout his career. I congratulate Investigator Frenzel on this nomination and commend him for his diligent investigative work.

Sheriff Lenny Millholland has served the City of Winchester since 1979. I have known and worked with Lenny for many years. He began his career as a Cadet Deputy for the Allegany County Sheriff's Office in Maryland, where he worked for two years before accepting a position with the Winchester Police Department. During his tenure with the Winchester Police, he rose through the ranks from patrol officer, K9 Handler, Investigator, and Lieutenant for the Criminal Investigative Division, which handles murders, rapes and robberies. He is also a graduate of the Central Shenandoah Criminal Justice Training Academy, the Maryland State Police K9 Academy and the FBI National Academy Session 188. In 2001, he was elected Sheriff of the city of Winchester and shortly after completed the National Sheriff's Institute in Longmont, Colorado. Over the course of his term as Sheriff, he has been appointed to a number of committees and boards that service law enforcement and local non-profit organizations. He is also a past president of the Virginia Sheriffs Institute, which trains Sheriffs in Virginia. I commend Lenny on his outstanding career and thank him for his committed service to the Shenandoah Valley over the years. I wish him all the best in his retirement.

I am proud to join with the Horseshoe Benevolent Association, which has been honoring local law enforcement since 2004, to recognize these officers for their bravery, dedication and strength. We owe them a sincere debt of gratitude for their service to the 10th District.

I submit the following Winchester Star article on the Horseshoe Benevolent Association's annual police appreciation dinner.

[From The Winchester Star, Nov. 5, 2013]

CITIZEN GROUP HONORS LOCAL LAW ENFORCEMENT

(By Val Van Meter)

PINE GROVE—The Horseshoe Curve Benevolent Association honored eight area law enforcement personnel recently for their service to the community in 2013.

Those attending the event at the Blue Ridge Volunteer Fire and Rescue Company in Pine Grove also gave retiring Winchester Sheriff Lenny Millholland a special tribute for his 12 years in office.

Association spokesman Jim Wink said the gathering was to recognize local police and security officers who put their lives ''on the line'' to protect the community.

Each of the officers honored received a plaque from the association and a certificate of appreciation from the Virginia House of Delegates, sponsored by Dels. Joe May, R–Leesburg, and Beverly Sherwood, R–Frederick County.

Honorees were:

Frederick County Sheriffs Office Deputy Stephen A. Moore, who was on his way to a court hearing on June 18 when he saw smoke coming from a residence at 300 N. Kent St. in Winchester and learned that a child might be in the house.

Despite it not being his jurisdiction, he went to the scene—and when the mother of the child re-entered the building he followed her and brought her back out. He then re-entered the house with two city police officers, though he was unable to save the child.

Moore's boss, Sheriff Robert Williamson, said his actions are ''a mirror image of what we all should be.''

Northwestern Regional Adult Detention Center officer George Bell, who was nominated for his actions Aug. 12 in subduing an inmate who tried to escape while being treated at the Winchester Medical Center. Bell fought off an attempt by the inmate to snatch his gun and then pursued him through the hospital and captured him in the lobby.

Mount Weather Police Department Sgt. Travis Short, who was honored for responding to a 911 call Aug. 16 for a Federal Emergency Management Agency employee in cardiac arrest. As first responder on the scene, he began measures that were credited with saving the employee's life.

Winchester Police Officer John Dixon, who was nominated for resuscitating a young woman who was suffering from a drug overdose. His action on Sept. 26 was the second time that Dixon had been able to restore someone's breathing.

State Police Trooper Ronnie Riggs, who has served on the force for more than 10 years.

Riggs, who works from the Kernstown Barracks, was praised for his ''professionalism'' in enforcing criminal statutes and driving safety efforts.

Clarke County Sheriffs Office Chief Deputy Travis Sumption, who joined the department as a communications officer and moved to a deputy position in 1998. Sumption was later appointed first sergeant and became one of the few members of the county's investigative unit, working with the Northwest Virginia Regional Drug Task Force and on gang activities.

Winchester Sheriffs Office Deputy Greg E. Lambert, who was cited for a number of community policing efforts including work on an enforcement program to stop drivers from passing school buses that are picking up or dropping off students.

Berryville Police Department Investigator Greg Frenzel, who was nominated for his professionalism in handling investigations, especially those involving major property loss and crimes against persons.

Clarke County Sheriff Anthony ''Tony'' Roper praised retiring Winchester Sheriff Lenny Millholland, who he said exemplifies the concern a sheriff should have for his community.

Roper said Millholland originally planned to study veterinary medicine at Allegany College in Cumberland, Md., but switched to criminal justice.

Millholland joined the Winchester Police Department in 1979 and moved from patrol officer to canine handler, investigator and then lieutenant for the Investigative Division.

He was elected city sheriff in 2001.

Roper said Millholland has served on numerous boards and committees in both law enforcement and for nonprofit organizations serving the community.

He is a past president of the Virginia Sheriffs' Institute, a nonprofit organization that handles training and education for sheriffs in the state.

Millholland received a standing ovation from the audience as he accepted a plaque from Del. May.

The Horseshoe Curve Benevolent Association is a citizens group, based in Pine Grove, which raises funds for groups and organizations that serve the community, mostly in Clarke County. Among other efforts, it supports the Blue Ridge Volunteer Fire Company and senior and handicapped residents of the Johnson-Williams Apartments, and presents a scholarship annually to a Clarke County High School senior.

IN RECOGNITION OF WASHINGTON AVENUE PRESBYTERIAN CHURCH'S 175TH ANNIVERSARY

HON. SANFORD D. BISHOP

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. BISHOP of Georgia. Mr. Speaker, it is my honor and pleasure to extend my sincere congratulations to the congregation of Washington Avenue Presbyterian Church in Macon, Georgia as the membership and leadership of the church celebrates a remarkable 175 years. The congregation of Washington Avenue Presbyterian Church will commemorate this milestone with a Celebration on Sunday, November 17, 2013 at 3:00 pm at Washington Avenue Presbyterian Church in Macon.

Tracing its roots back to the pre-Civil War era, the Church was organized around 1838 when Pastor Samuel Cassels was instructed to preach and minister to the slaves of the members of the 1st Presbyterian Church's congregation. The ''African Chapel,'' a separate facility, was built on Fourth Street (now M.L. King Drive) but remained associated with the 1st Presbyterian Church. With a request for full independence by ''African Chapel'' members that was granted on May 5, 1866, the present Washington Avenue Presbyterian Church was formed. Joseph Williams, David Laney, and Robert Carter were the first Ministers ordained to serve the church following its formal establishment.

The Church had humble origins due to racial and social stratification in the post-Civil War South. With the end of the Civil War, the bells of Washington Avenue Presbyterian Church rang to celebrate emancipation. Under the pastorate of David Laney, most notably, the distinguished Gothic Revival structure of the Church was constructed.

The Washington Avenue Presbyterian Church is not only the oldest African-American congregation in the state of Georgia, but also bears the distinct honor of being one of the oldest minority congregations in the country. Named for the street on which it is located, the Church has become the primary place of worship for many generations of the most prominent black families in Macon. It also enjoys the privilege of being listed in the National Register of Historic Places in America, another indication of its importance in the local, state, and national communities.

The story of Washington Avenue Presbyterian Church, which began as a small group of slaves worshipping in a small ''African Chapel'' and has grown into an expansive and successful church, is truly an inspiring one of the dedication and perseverance of a faithful congregation of people who put all their love and trust in the Lord.

Mr. Speaker, today I ask my colleagues to join me in paying tribute to the Washington Avenue Presbyterian Church in Macon, GA for their long history of coming together through the good and difficult times to praise and worship our Lord and Savior Jesus Christ.

HONORING THE LIFE OF RICHARD W. BOERS

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Ms. KAPTUR. Mr. Speaker, I rise today to pay tribute to Dick Boers, who passed from this life on Wednesday October 2, 2013. Dick's family and friends will remember him in a memorial service at the Toledo Botanical Gardens on October 15, 2013.

Dick Boers was ''a man for all seasons.'' A horticulturalist and landscape architect, Dick was instrumental in the establishment of the Toledo Botanical Gardens, then known as Crosby Gardens. He was later named Trustee Emeritus of the Gardens' Board and was affectionately known as ''Mr. Crosby.'' The gardens were a signature achievement in a distinguished career.

Born in 1941 in Rochester, New York, Richard Boers graduated from Cornell University. He was pursuing his graduate degree at the University of Michigan when he was recruited by the City of Toledo as a seasonal park designer. In 1965 he was named the City's Forestry Commissioner, at age 25 the youngest in the city's history and the youngest in the nation. Dick spent the next thirty years in the City of Toledo's Parks Department. A dedicated public service, Dick's efforts during his tenure were evident and everywhere. He was widely credited with ''greening up'' industrial Toledo. Even as he served the City and the citizens of Toledo, Dick was a respected member of several professional organizations and his talent was sought by many.

The Toledo Blade noted that ''A sign in Dick's office summed up who he was, 'There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit.'' Philosophers' words indeed, and characteristic of Dick's wisdom.

Dick Boers' efforts of his lifetime are all around us in our city. His legacy is a gift of beautiful landscapes to be enjoyed for generations to come. When the flowering pear trees burst into bloom in early spring in downtown Toledo, and along the city's thoroughfares, we shall fondly remember Dick Boers. When the annual arts festival is held at the Toledo Botanical Gardens, we shall say thank you to Dick Boers. When native plant species like the blue lupine displace invasive species, we express appreciation to Dick Boers for beautifying our parks and environs. For every part of nature he tended and stewarded to the next generation, we say thank you always to Dick Boers.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. COFFMAN. Mr. Speaker, on January 20, 2009, the day President Obama took office, the national debt was $10,626,877,048,913.08.

Today, it is $17,149,193,429,752.16. We've added $6,522,316,380,839.08 to our debt in 4 years. This is $6.5 trillion in debt our nation, our economy, and our children could have avoided with a balanced budget amendment.

PERSONAL EXPLANATION

HON. LYNN A. WESTMORELAND

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. WESTMORELAND. Mr. Speaker, on rollcall No. 572, I was unavoidably detained in Georgia and could not make it to Washington, DC in time to cast my vote.

Had I been present, I would have voted ''yea.''

FURTHERING ASBESTOS CLAIM TRANSPARENCY (FACT) ACT OF 2013

SPEECH OF

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 13, 2013

The House in Committee of the Whole House on the state of the Union had under consideration the bill (H.R. 982) to amend title 11 of the United States Code to require the public disclosure by trusts established under section 524 of such title, of quarterly reports that contain detailed information regarding the receipt and disposition of claims for injuries based on exposure to asbestos; and for other purposes:

Mr. VAN HOLLEN. Mr. Chair, I rise in opposition to H.R. 982, the misleadingly-named ''FACT Act.'' When the Congress should be considering important legislation to replace the sequester, address our budget deficits in a balanced way, and reform our broken immigration system, we are instead using our scarce legislative time to consider this cynical, counterproductive bill that specifically targets victims suffering from diseases caused by asbestos exposure.

Under the cloak of ''transparency and accountability,'' this legislation would needlessly force asbestos trusts to release personal claim information about victims. It would also allow asbestos defendants to demand unlimited and irrelevant information from asbestos trusts—at any point in a proceeding. The cynical intent of this provision is to burden the asbestos trusts with so many requests for information (from deep-pocketed, corporate defendants) that they will have to spend time and resources fulfilling those information requests, thus delaying trust recoveries by victims. This is especially concerning considering mesothelioma usually kills its victims within 4 to 18 months of diagnosis.

Finally, the allegations of fraud within the trust process are simply untrue. The error rate in the asbestos trust process has been shown to be less than one-half of one percent. Any examples of fraud found are rare and isolated incidents, and are aptly addressed by state courts. Simply put, this legislation is nothing but a legislative handout to the corporations that have (and continue to) subject workers to unsafe working conditions. The one-sided nature of this bill was further exposed when its supporters defeated an amendment that would have required the corporate defendants to disclose information about the location of their disease-causing asbestos products.

I urge my colleagues to vote against H.R. 982.

RECOGNIZING STAFF SERGEANT RODNEY PAINTER FOR HIS SERVICE TO OUR NATION IN THE UNITED STATES AIR FORCE

HON. DANIEL WEBSTER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. WEBSTER of Florida. Mr. Speaker, it is my privilege to recognize Staff Sergeant Rodney D. Painter, Jr. for nearly 11 years of service to our nation in the United States Air Force.

As a member of the 19th Security Forces Squadron in Little Rock, Arkansas, Staff Sergeant Painter implemented the first Discipline and Adjustment Board and the Parole Board with First Sergeants. He coordinated with the U.S. Air Force Security Forces Center to develop a new confinement floor plan and led an extensive camera project to certify a new confinement facility that ensures the security of inmates.

Staff Sergeant Painter has been generous in his philanthropy, in the most recent year volunteering over 40 hours with Big Brothers Big Sisters of America to provide guidance and mentorship to local youth. In the same year, he also volunteered over 20 hours with the United Way Homeless Shelter, strengthening the bonds between the United States Air Force and local communities. I commend Staff Sergeant Painter for his dedication to serving our nation and the Central Florida community. It is because of men and women like Staff Sergeant Painter who give of themselves to our country that we can live in a free country.

INTRODUCING THE ''HONORING OUR FALLEN HEROES WITH DIGNITY ACT OF 2013''

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. McDERMOTT. Mr. Speaker, I rise today to introduce the Honoring Our Fallen Heroes with Dignity Act of 2013.

This act protects the rights of families to leave small keepsakes at the gravesites of servicemembers buried in Section 60 of Arlington National Cemetery, many of whom bravely served their country in Iraq and in Afghanistan.

During the summer of 2013, officials at Arlington National Cemetery came through Section 60 and, without providing advance notice to families, threw away mementos left behind for the heroes buried in Section 60.

Teresa Arciola, a mother whose son was killed in Iraq in 2005, cried when she found out that the mementos she left at her son's gravesite had been removed. ''It was like no one cared anymore,'' she told The Washington Post.

The act would allow mementos to be left on the top of and immediately next to grave markers in Section 60 of Arlington National Cemetery as long as they did not interfere with normal operations and maintenance procedures, such as mowing the grass.

The items can not be a health or safety hazard, be permanently affixed to gravestones, and can't interfere with normal operations of the Section 60 of Arlington National Cemetery. At end of each month, items left on the grave stone will be collected, cataloged, and stored.

HONORING JAMES BRYON ADAMS, JR.

HON. PHIL GINGREY

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. GINGREY of Georgia. Mr. Speaker, I rise today to celebrate and honor the life my dear friend James ''Jim'' Bryon Adams, Jr.—an exemplary American citizen, husband, father, and grandfather.

On November 10, Jim passed away peacefully at his home in Greensboro, North Carolina at the age of 70.

Born and raised in Atlanta, Jim was the oldest son of the late James Byron and Marie Black Adams. After graduating from Druid Hills High School, he attended Georgia Institute of Technology and joined Sigma Nu fraternity, where we became friends. Jim was a reliable friend and fraternity brother. And on top of that, he was a dedicated leader in whatever organizations he joined. While I knew him, he was a Rush Chairman of our fraternity, Captain of the Varsity baseball team, President of the Rambling Wreck Club, and a member of the ANAK honorary society.

After finishing his degree and a short stint with the Chicago Cubs minor league team in Washington State, Jim joined Deering Milliken—presently Milliken & Company—in New York City which began a long and successful career in the textile industry. He was an executive at many companies in the industry and eventually became President of Flynt Amtex, where he retired at age 65, but continued serving on their board of directors.

Jim's friends and family will remember him as a level headed and dispassionate man who could bring a lighthearted sense of humor to every situation. He took pride in his profession, cared deeply about his family, and enjoyed golfing with his friends.

Mr. Speaker, I extend my deepest condolences to Jim's wife Daryl, his son James, his daughter Jill, his great grandson Brayden, his brother David, and his nephew James in this time of difficulty. It saddens me to know that the world is missing an honorable and dedicated man, but I am humbled to know that he is now in a better place.

LAWSUIT ABUSE REDUCTION ACT OF 2013

SPEECH OF

HON. JARED HUFFMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 14, 2013

Mr. HUFFMAN. Mr. Speaker, I rise in opposition to H.R. 2655, the so-called ''Lawsuit Abuse Reduction Act.''

This is a misleading title and a misleading bill. A plaintiff courageously seeking to stand up to civil rights violations, equal protections violations, or voting rights infringement IS NOT abusing anything: she's exercising her rights enshrined in the Constitution.

When I practiced law in California, I know that those I represented—from victims of workplace discrimination to women athlete scholars looking for equal opportunities—would have been hurt by this bill, and their cases may never have been heard.

Ordering sanctions should be at the discretion of the judge, not Congress. This bill would reverse the good judgment and counsel of the Judicial Conference of the United States and the Supreme Court, both of which recommended the change twenty years ago.

Our Courts are a great equalizer; the courtroom is often the only place that a plaintiff can find a fair and equal footing with employers, corporations, and even their government.

This bill would have a chilling effect on the ability of Americans to find justice for civil rights violations, employment discrimination claims, privacy suits, equal protection violations, voting rights claims, consumer protection claims, and so much more.

The changes proposed in this bill would negatively impact cases where the bulk of the evidence rests with one party, disproportionately impacting plaintiffs in civil rights and consumer protection litigation.

This bill would also negatively impact civil cases that involve new legal theories, meaning that landmark cases in our nation's history may never have made it to the Supreme Court; cases like Brown v. Board of Education, Griswald v. Connecticut, Massachusetts v. EPA.

If my colleagues are serious about reforming the legal system, I would be very interested in working with them. There are abusive litigation tactics by both plaintiffs and defendants, and we could work in a responsible, bipartisan manner to address those. But this bill is not a serious attempt to level the playing field or to curb real abuses. Instead, it puts Congress' thumb on one side of the scale of justice.

I urge my colleagues to vote against this bill.

HONORING RIVERDALE HIGH SCHOOL AND H2O FOR LIFE

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. BLUMENAUER. Mr. Speaker, today, I would like to take a moment to honor an individual who, for the last four years, has been inspiring the next generation of global water activists.

Riverdale High School teacher Laurie LePore began teaching the ''H2O for Life'' course as a way to introduce a service-learning component to her students' education.

At the beginning of each H2O for Life course, students select one or two schools currently lacking a proper, healthy, water source. The class is then divided into five student-led groups, each tasked with their own jobs to do, working together to raise funds for the building of wells, water purification systems, and restrooms for schools in need. Laurie also educates students about water issues in my home state of Oregon, including dam breaching, overfishing, and the impact of bottled water.

This year, her class is assisting two elementary schools in South Africa to raise $5,000 to bring water, sanitation, and hygiene projects and practices to their schools—benefiting a total of 2,086 students. At the end of the year, eight schools from Africa, the Philippines, and India will have first-time access to water and sanitation facilities thanks to the H2O for Life class and Mrs. LePore's dedication.

Bringing water and sanitation into schools is an essential part of having an effective education system. Without adequate sanitation facilities, young girls are embarrassed to attend school and too often stay away as a result. If there isn't water in their place of learning, many children are forced to choose between providing water for themselves and their family or their education. When it's a matter of life and death or learning, school always loses out.

As the lead sponsor of the 2005 ''Water for the Poor Act'' and the current ''Water for the World Act of 2013,'' I applaud local efforts to highlight this ongoing challenge and am deeply appreciative of the impact this program has and will have not only on her students, but for the thousands of children they've helped around the world.

PERSONAL EXPLANATION

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. ELLISON. Mr. Speaker, on November 12, 2013, I missed rollcall votes No. 571 and 572 for district business. Had I been present I would have voted ''yes'' on both.

WORLD DAY OF REMEMBRANCE FOR ROAD TRAFFIC VICTIMS

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. VAN HOLLEN. Mr. Speaker, I rise in recognition of World Day of Remembrance for Road Traffic Victims.

This Sunday around the world, millions will pause to remember those who have died or been injured in road crashes. Every year, the list of those injured and suffering as a result of road crashes grows. This tragedy is increased by the fact that many of these deaths and injuries could have been prevented. This is a growing global epidemic predominantly impacting young people. More than 40 percent of all road traffic deaths occur among individuals under 25 years old and road crashes are the second leading cause of death for young people aged 5–25 years.

Promoting global road safety requires a focus on education, advocacy and support for targeted road safety projects in low and middle income countries where the problem is more prevalent. That is why I have been a long supporter of the Association for Safe International Road Travel (ASIRT).

ASIRT encourages governments in developing nations to reduce road traffic deaths and injuries through dialogue, research and advocacy. ASIRT encourages and promotes U.S. government involvement in road safety abroad by emphasizing the importance of sharing U.S. technical assistance and injury treatment expertise with other nations and international organizations. ASIRT also works closely with the Congressional Global Road Safety Caucus to raise awareness among members of Congress about this urgent problem and with U.S. embassies abroad to promote road safety initiatives in host countries.

I want to congratulate ASIRT for being selected to participate in the new Bloomberg Global Road Safety Initiative. This initiative will devote $125 million over five years to fund road safety interventions in 10 target countries around the globe. ASIRT is the only non-governmental organization among the Bloomberg partners on this project. ASIRT will work to strengthen NGO capacity in target countries through grassroots programs and is currently working on programs in Egypt, Kenya, and Turkey with plans of expanding to other countries.

World Remembrance Day is a time for the public to think about the devastating loss and suffering that still occurs because of road crashes and reminds us of how much more we must still do to bring this suffering to an end.

HONORING NANCY ELLEN VOILS-FIELD

HON. H. MORGAN GRIFFITH

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. GRIFFITH of Virginia. Mr. Speaker, I submit these remarks in honor of Nancy Ellen Voils-Field of Salem, Virginia, who went to be with her Heavenly Father on November 8, 2013.

Nancy met her husband, Robert Field, as a teenager. They moved to Salem in 1972, following 20 years of Army life. Nancy, a devout Latter-Day Saint, spent much of her time working to serve her Heavenly Father and assist those in need.

Those who knew her are well aware of her long-time participation in 4-H and Extension Homemakers, and of her involvement in Scouting. I had the pleasure of working with Nancy for a number of years in the Boy Scouts of America, Blue Ridge Mountains Council, Catawba District. Whenever a task needed to be done, Nancy would wait to see if anyone else would step forward. If no one else volunteered, we could always count on Nancy to say, ''Well, I could probably do that.'' It was widely known in the community that Nancy Field was a quiet leader who would get the job done.

Nancy loved music, gardening, and quilting. Over the years, I always enjoyed looking at her many award-winning entries in the Salem Fair.

Nancy leaves behind her husband of 62 years, Robert, and a sister, Mary Lou Voils. Also surviving are four children David Field and his wife Marianne of Columbus, Mississippi, Sharon Crenshaw of Roanoke, Robert (Brian/Rob) Field, of Naples, Florida, Charles (Rich) Field and his wife Dawn, of Salem; and four grandchildren.

My thoughts and prayers go out to Nancy's family and loved ones. She will be greatly missed. Her love for her family, friends, and community will always be remembered and cherished in Salem.

CONGRATULATING AND HONORING THE LOUISIANA BUSINESS AND TECHNOLOGY CENTER

HON. BILL CASSIDY

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. CASSIDY. Mr. Speaker, I rise today in honor of the Louisiana Business & Technology Center (LBTC), located on Louisiana State University's South Campus in Louisiana's Sixth Congressional District. It is indeed a great honor and privilege to join with the LBTC in commemorating and celebrating 25 years of dedicated service to the business community in the State of Louisiana.

Over the past 25 years, the LBTC has partnered with small businesses and entrepreneurs to help them reach their goals of longevity and self-sufficiency. Under the leadership of Executive Director Charles D'Agostino and his team, the LBTC has created over 10,000 jobs and helped start up companies raise $172 million in loans and equity investments. Additionally, the LBTC has been instrumental in providing Small Business Innovation Research (SBIR) grant assistance to over 2,500 companies amounting to $77 million in awards. Finally, the Center has enlisted the support of LSU's student body in creating a Student Incubator which has spawned 28 full time businesses with 97 jobs and has raised over $3 million in capital since 2010.

Based upon the LBTC's long record of accomplishment and achievement, they have obtained the reputation of being known as one of the best entrepreneurial launchpads in the State. On behalf of the residents of Louisiana's Sixth Congressional District, I congratulate the Louisiana Business and Technology Center on the tremendous contribution it has had in fostering and developing small businesses which are a vital component to our Nation's economy.

HONORING LEBANON ON ITS 70TH INDEPENDENCE DAY

HON. RICHARD L. HANNA

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. HANNA. Mr. Speaker, one week from today, on November 22, 2013, the Lebanese people will come together to celebrate the 70th Independence Day of Lebanon. As a proud Lebanese-American, I extend my congratulations on this momentous occasion to President Sleiman, Caretaker Prime Minister Mikati, Speaker Berri, and all citizens of Lebanon and those around that world who proudly claim Lebanese heritage.

For seventy years, Lebanon has exemplified its rich history of multiethnic heritage and cohesion through its ability to bring together populations that enjoy the freedom to show their diversity in areas such as their religious practices while remaining bound together through their love for a unified and sovereign Lebanese nation. The National Pact that set the foundation for the Lebanese state in 1943 established a framework of independence, diversity, inclusion, and unity that have endured through these last seventy years as the keystones of a strong and lasting sovereign nation.

The Lebanese people have not only contributed to outstanding and continuing achievements within Lebanon and the Middle East, but all around the world. Here in the United States of America, the early Lebanese Americans who arrived in the 19th century quickly established strong communities built on the foundation of strong work ethic, ingenuity, and cultural integration. Those characteristics continue to define today's generation of Lebanese Americans who make up the largest demographic of Arab Americans at 26.9 percent according to the U.S. Census Bureau's most recent American Community Survey. I am honored that many of these Lebanese-American families have chosen to call New York—and especially Upstate—home. I embrace all of the positive contributions that they continue to make every day in our society.

Today, the role that Lebanon plays within the world and the Middle East is as important as ever, and it is of upmost importance that it endure as a beacon of hope and a truly independent ally and nation free from the instability, foreign influence, and war that have engulfed its Syrian neighbor. The strength of the people of Lebanon and their leaders has been demonstrated through their ability to remain resilient and united even in the midst of a regional crisis that has displaced 814,002 Syrian refugees as of November 12, 2013, into more than 1,400 Lebanese communities. It is imperative that the United States continue to support Lebanon as it grapples with these difficult times and maintains its strength through whatever may lie in the days and years ahead.

Given all that Lebanon has been through these past 70 years, it is important that this

day of independence be celebrated for all that have called Lebanon home and those abroad who are proud to be defined by the Lebanese history and heritage that contributes to the character of both individuals and nations around the world.

IN RECOGNITION OF SAINT JAMES A.M.E. CHURCH'S 150TH ANNIVERSARY

HON. SANFORD D. BISHOP, JR.

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. BISHOP of Georgia. Mr. Speaker, it is my honor and pleasure to extend my sincere congratulations to the congregation of Saint James A.M.E. Church in Columbus, Georgia as the church's membership and leadership celebrates a remarkable 150 years. The congregation of St. James A.M.E. Church will celebrate this very significant anniversary with a worship celebration on Sunday, November 17, 2013 at the Church at 1002 Sixth Avenue in Columbus, Georgia.

Tracing its roots back to the Civil War era, the St. James congregation emerged from the Bethel African Methodist Episcopal Church in Philadelphia, Pennsylvania, with Reverend William Gaines serving as the first pastor in 1864. Today, the physical body of the church serves as a reflection and memorial of past members and pastors who contributed to its preservation. On September 29, 1980, the church was listed on the National Historic Register.

In an 1873 act, the Georgia Legislature granted St. James A.M.E. Church the land on which it stands and the first cathedral construction was completed in 1876. The ornately carved front doors, built by slaves, are the oldest parts of the church and are a reminder of the history of strength and perseverance behind the congregation.

Since its founding, St. James has endured several additions and renovations, all of which help tell the story of the church, its members and its fifty-one former leaders. In 1886, Reverend Larry Thomas oversaw the construction of the bell tower, which still stands today as a symbol of the Church's concrete mission to serve its congregation and community. Reverend Harold I. Bearden, who served from 1940 to 1948, installed the pipe organ that is still heard during church services today.

In 1988, St. James purchased property for a new parsonage, and by 1996, the conversion of the old parsonage into an administrative building was completed under the leadership of Reverend Scottie Swinney. The building now houses offices, a conference room, music room, clothing and food bank, and archives room, which collectively aid in the fulfillment of the church ministry. After Reverend Swinney's tenure, Reverend Richard Washington was pastor of the church. The church is now pastored by Reverend Joseph Baker, Sr.

In 2004, St. James erected an Elevator Tower to accommodate all members of the congregation. The building includes classrooms, accessible bathrooms, a stewardess room, and an elevator that services the Fellowship Hall and Sanctuary. To commemorate this achievement, a time capsule was deposited behind the Elevator Tower cornerstone to be opened in 2054.

Throughout all of these changes, the church has consistently maintained its presence as a center for spiritual, educational, professional, and civic gatherings within the African American community.

The second oldest church of its denomination in Georgia, St. James A.M.E. Church has served as pillar of faith and community for 150 years. The spirit within the congregation and their commitment to the growth of St. James is both admirable and inspiring.

Mr. Speaker, today I ask my colleagues to join me in paying tribute to Saint James A.M.E. Church in Columbus, Georgia for their dedication to helping one another, serving the community, and above all, worshipping our Lord and Savior Jesus Christ.

HONORING RESIDENTS OF THE VILLAGE OF LYONS 125TH ANNIVERSARY OF ITS INCORPORATION

HON. DANIEL LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. LIPINSKI. Mr. Speaker, I rise today to honor the Village of Lyons, Illinois, which is celebrating its 125th anniversary.

Lyons enjoys a long and colorful history, beginning in the late 17th century when the explorers Louis Joliet and Father Pierre Marquette began their quest for a western passage to the Pacific. After deciding to return home to Green Bay, Wisconsin, the explorers learned about a path from the Pottawatomie Native Americans traveling with them, a path that connected the Chicago and the Des Plaines Rivers, and included the future site of the Village of Lyons. Two hundred years later this swampy path would become the Illinois & Michigan Canal, one of the most important canals in the history of the United States, and a primary reason why Chicago became the nation's transportation hub. The Chicago Sanitary and Ship Canal, which replaced the Illinois & Michigan Canal, remains a critical link between the Mississippi River and the Great Lakes.

As Chicago grew so did Lyons, but the residents never forgot the historically important site on which their Village was founded and built. Today, a statue stands at the Chicago Portage National Historic Site to honor that history.

Along the banks of the Des Plaines River sits another historic site, the Hofmann Tower. Built in 1908, the tower sits next to the former site of an electric dam Hofmann built and was meant to attract visitors to the area to enjoy the river and its banks. In 1978, Hofmann Tower was named to the National Register of Historic Places and Mayor Getty is currently working on plans to restore it.

I am proud to represent the Village of Lyons as it prospers today under the leadership of Mayor Chris Getty. On November 15, I will join the mayor and the residents of Lyons at Crystal Sky Banquets to celebrate the village's 125th anniversary.

I ask my colleagues to join me in honoring the residents of Lyons, Illinois on the 125th anniversary of their village. May they enjoy this weekend's celebration and may the village continue to thrive as a close community.

IN HONOR OF CONGRESSMAN C.W. BILL YOUNG

HON. BETTY McCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Ms. McCOLLUM. Mr. Speaker, it is with tremendous sadness that I mourn the passing of Chairman C.W. Bill Young—an inspiring colleague and an outspoken champion for the United States Military. His passing will leave an enormous void in the U.S. House of Representatives where he has served for 43 years and was admired and respected for his strength, leadership and unwavering commitment to military strength and freedom around the world.

It was my honor to serve with him as a member of the House Appropriations Subcommittee on Defense. As the longest serving Republican in the House and former Chairman of the Full Appropriations Committee, he was true inspiration to me and every Member who had the privilege to serve our country alongside him. I will miss Chairman Young as a colleague and a friend.

I extend my heartfelt prayers and condolences to Chairman Young's family, especially his wife Beverly, who was his constant companion, champion of military families, and a true inspiration in her own right. The U.S. House of Representatives and the United States of America has lost a hero and he will be sadly missed.

70TH ANNIVERSARY OF LEBANON'S INDEPENDENCE

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Ms. KAPTUR. Mr. Speaker, I rise today on behalf of the Lebanese American communities in our district, who are celebrating the 70th anniversary of Lebanon's independence. On November 22, 1943, Lebanon obtained its independence from France. Shortly thereafter, Lebanon became a founding member of both the United Nations and League of Arab States. Signaling its commitment to the idea that human rights were global and that it was ready to be a full partner in the post World War II world, Lebanon participated in the drafting of one of the UN's most distinguished documents—the Universal Declaration of Human Rights.

The United States and Lebanon have been blessed by a historically strong friendship, owing in part to the emigration of Lebanon's sons and daughters. They embraced America and followed the words expressed by the poet Kahlil Gibran, that "To be a good citizen is to acknowledge the other person's rights before asserting your own, but always to be conscious of your own." The contributions of those early immigrants and those who followed helped to build our nation.

Since 1965, over 135,000 new immigrants have come from Lebanon. Ohio has one of the largest Lebanese American communities in our nation and our citizens are richer for it. The Lebanese community willingly shares its culture and values; the result has been innumerable contributions to the arts, sports, medicine, politics, education, science and industry.

In fact, Toledo, Ohio became the first major city in America to elect a citizen of Lebanese ancestry to the position of Mayor, Mr. Michael Damas who served with distinction.

As one of the world's early cradles of civilization, Lebanon has persevered, both suffering hardship and sharing in prosperity. Remarkably, the spirit of its people shines through. I join the people of Lebanon, those of Lebanese ancestry around the world, and the Lebanese American community in celebrating Lebanese Independence Day.

TRIBUTE TO GENERAL ROBERT ''BOB'' KEHLER

HON. JEFF FORTENBERRY

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. FORTENBERRY. Mr. Speaker, I would like to congratulate General Robert ''Bob'' Kehler of United States Strategic Command on his retirement from the Air Force after 38 years of outstanding service to our country. I would also like to thank his wife Marjorie for her selfless sacrifice throughout his career, as well as the sacrifices of their two sons, Matt and Jared.

General Kehler's nearly three years as the head of STRATCOM caps an accomplished career that began in 1975 as a distinguished graduate of the Pennsylvania State University Air Force Reserve Officers' Training Corps program. Early in his service, he developed expertise in the nuclear enterprise as commander of Minuteman intercontinental ballistic missile squadrons at Whiteman Air Force Base, the 30th Space Wing at Vandenberg Air Force Base, the 21st Space Wing at Peterson Air Force Base, and at Air Force Space Command.

The General held numerous additional leadership positions in the Air Force throughout his many years of service. He represented the Secretary of the Air Force on Capitol Hill as the Legislative Liaison and was point man for the President's intercontinental ballistic missile modernization initiative. After his time on Capitol Hill, General Kehler assumed the position of Director of the National Security Space Office and was tasked with integrating a number of our military's space organizations.

General Kehler has been a forward-thinking leader as evidenced by his achievement transferring the ICBM mission to the Air Force Global Strike Command and helping to create the 24th Air Force to execute the evolving and critical cyberspace mission. With his important work in these areas, there is no doubt that the United States is more prepared today to face the challenges and threats confronting us in the nuclear and cyber domains.

Mr. Speaker, I have had the good fortune to work with General Kehler on a number of occasions as the U.S. Representative for Strategic Command's headquarters at Offutt Air Force Base in Bellevue, Nebraska. He is a brilliant thinker and I know that he has contributed immeasurably to SRATCOM's global missions.

It is my distinct honor to lead my fellow Members of Congress in thanking General Robert ''Bob'' Kehler for his exceptional years of service and to wish him all the best in his future endeavors.

COLORADO HAS THE SECOND LARGEST AEROSPACE ECONOMY IN THE UNITED STATES

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. COFFMAN. Mr. Speaker, I rise today to speak on behalf of myself and my fellow members of the Colorado delegation, Representatives DIANA DEGETTE, CORY GARDNER, DOUG LAMBORN, ED PERLMUTTER, JARED POLIS, and SCOTT TIPTON, about our home state's aerospace leadership and the long-term plan for sustaining America's space-faring future. Space technologies benefit the everyday lives of all American citizens and Colorado has the second largest aerospace economy in the United States. In our great state, there are more than 165,000 employees of the aerospace industry, eight of the nation's top aerospace contractors, over 400 space-related companies, four space-related military commands, and universities among the world's best for aerospace-related degrees.

The United States has lost the ability to put people into space with our own national assets at the end of NASA's Space Shuttle program. Colorado is key to regaining the ability for manned space exploration with programs such as Lockheed Martin's Orion Multi-Purpose Crew Vehicle, Sierra Nevada Space Systems' ''Dream Chaser'' and other low-earth orbit missions aboard United Launch Alliance vehicles. Colorado was a significant contributor to one of the premier space events of this decade. The Mars Science Laboratory ''Curiosity'' mission, is at the center of Global Positioning System (GPS) satellite technology, and is also a national leader developing satellites that support and protect our nation's civil, commercial and national security interests.

Colorado seeks to remain on the leading edge of America's space-faring future, pursuing designation as a commercial spaceport and leading advocacy for America's space exploration through organizations like the Space Foundation, Colorado Space Coalition, Colorado Space Business Roundtable, and Colorado's Official Air & Space Museum, Wings Over the Rockies.

Wings Over the Rockies' Spreading Wings Gala on November 16, 2013 will gather hundreds of aerospace executives and enthusiasts to honor leading advocates for America's space-faring future—Astronaut Edwin E. ''Buzz'' Aldrin, Jr., second man to walk on the Moon, and Dr. Neil deGrasse Tyson, noted astrophysicist and host of the forthcoming ''Cosmos'' television series.

It is imperative that we strive to preserve and enhance United States leadership in space to inspire young people, spur innovation, and ensure continued national and economic security. Mr. Speaker, it is with great pleasure that we thank Astronaut Aldrin and Dr. Tyson for their positive vision of our space-faring future and commend Wings Over the Rockies and all of Colorado's aerospace community for their commitment to exploring new horizons in the frontier of space for the benefit of generations of American citizens.

HONORING COLUMBIA ELEMENTARY SCHOOL

HON. DOUG LAMBORN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. LAMBORN. Mr. Speaker, I rise today to honor the accomplishments of Columbia Elementary School in Colorado Springs, Colorado, located in my congressional district, for receiving the Department of Education's prestigious National Blue Ribbon Award.

Established in 1898 in the heart of the city, Columbia Elementary School is one of Colorado Springs's first elementary schools. Its mission statement defines the core learning objectives of the school:

The Columbia Community will collaboratively ensure that learning takes place for ALL by being responsible, setting high standards and accepting no excuses. Our students will be contributing members of society who are respectful, responsible, and capable lifelong learners.

The National Blue Ribbon Schools Program recognizes public and private elementary, middle, and high schools where students perform at exceptionally high levels or where significant improvements are being made in students' academic achievement. A National Blue Ribbon School's flag overhead has become a mark of excellence in education recognized by everyone from parents to policy-makers in thousands of communities.

The program recognizes schools in one of two performance categories. The first category is ''Exemplary High Performing,'' in which schools are recognized among their state's highest performing schools, as measured by state assessments or nationally-normed tests. The second category is ''Exemplary Improving,'' in which schools that have at least 40 percent of their students from disadvantaged backgrounds demonstrate the most progress in improving student achievement levels as measured by state assessments or nationally-normed tests.

Columbia Elementary is an ''Exemplary Improving School,'' but it hadn't always been that way, and there is an extraordinary story behind this. Prior to the arrival of the current school Principal, Karen Shaw, five years ago, the Colorado Springs School District had placed the school on ''Technical Assistance'' status, because the statistical data about academic achievement indicated ''low achievement and low growth for a period of several years.'' Teachers were working hard, but it wasn't organized or aligned, and kids weren't succeeding. Ms. Shaw changed all of that. She brought a small handful of teachers with her from her previous school and through ingenuity and hard work implemented new curriculum and interventions, schedules and methodologies, data procedures and trainings to change the entire culture of the school. So, in five years this extraordinary school has been transformed from ''Technical Assistance'' to a ''National Blue Ribbon School.'' This new approach transformed ''Low Achievement and Low Growth'' test scoring to ''High Achievement and High Growth.

I am so proud to have a school of this quality in my Congressional District. The strengths of Columbia are its staff, students, families and community. Teachers embrace using data

to improve instruction, which ultimately has led to increased student achievement. The staff leads by example by being life-long learners themselves! They take advantage of multiple professional development opportunities including active engagement strategies, differentiated instruction, Positive Behavior Supports and Response to Intervention—where Columbia is exemplary at both RTI and PBS implementation.

The teachers at Columbia work over the summer for credit to learn curriculum and create materials for students. They offer numerous after-school activities for students that range from yoga to math club. The staff and teachers' commitment inspires a strong work ethic and exemplary attitude. Students at Columbia are respectful, responsible, safe and kind. As a result, discipline problems have dramatically declined in the past four years, and now teachers have more time to teach. The Award's effect on schools and communities is powerful. As one principal recalls, "The National Blue Ribbon begins a process you cannot stop."

Many National Blue Ribbon Schools find they attract business partners, financial assistance and volunteers. If school choice is an option, as it is at Columbia, student applications to National Blue Ribbon Schools increase. National Blue Ribbon School principals and teacher leaders are called on to give presentations at state, regional, and professional meetings about the practices that have made a difference for their students and faculty. District and state educators visit these model schools to learn about promising leadership and instructional strategies.

Mr. Speaker, I am proud to represent such a fine school and want to recognize the accomplishment of Columbia Elementary School, its teachers and staff, and the students who so richly deserve this coveted Blue Ribbon School Award.

INTRODUCING TWO BILLS RELATED TO POST-9/11 EDUCATION ASSISTANCE

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. McDERMOTT. Mr. Speaker, I rise today to introduce two important legislation that would make common-sense reform to Section 3319 of title 38 of the United States pertaining to post–9/11 educational assistance, also known as "Post–9/11 GI Bill." I supported the creation of the Post–9/11 GI Bill because the brave men and women in uniformed services deserve our nation's support in attaining education. I have heard from many constituents who are benefiting from this worthy program. I have also heard from some who say that the law needs to be amended to ensure that the benefits are fully used.

My first bill, Post–9/11 Educational Assistance Enhancement Act, would expand the authority of veterans to transfer post-9/11 educational assistance to dependents within five years of separation from the uniformed services. Currently, members of the uniformed services must transfer their benefits to their dependent before leaving the services. My bill would give veterans more time to ascertain whether or not life circumstance dictates the need to transfer the educational benefits to their dependents. The goal is to ensure that more people can take advantage of the educational assistance.

My second bill, Increased Age Limit for Post–9/11 Education Assistance Dependents Act, would increase the age limit to use transferred post–9/11 educational assistance from 26 years old to 29 years old. This is again intended to capture more beneficiaries of the Post–9/11 GI Bill, particularly those who are pursuing medical school or other professional degrees where the typical age of entry is higher than other degrees.

I encourage all of my colleagues to support these two measures so that we can better serve our veterans and military families.

PERSONAL EXPLANATION

HON. LYNN A. WESTMORELAND

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 15, 2013

Mr. WESTMORELAND. Mr. Speaker, on rollcall No. 571, I was unavoidably detained in Georgia and could not make it to Washington, DC in time to cast my vote.

Had I been present, I would have voted "yea."

Daily Digest

Senate

Chamber Action

The Senate was not in session and stands adjourned until 2 p.m. on Monday, November 18, 2013.

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 15 public bills, H.R. 3504–3518; and 4 resolutions, H.J. Res. 104; H. Con. Res. 65; and H. Res. 415–416 were introduced. **Pages H7151–52**

Additional Cosponsors: **Page H7153**

Reports Filed: Reports were filed today as follows:

In the Matters of Allegations Relating to Travel to Taiwan by Representatives William Owens and Peter Roskam in 2011 (H. Rept. 113–266);

H.R. 3343, to amend the District of Columbia Home Rule Act to clarify the rules regarding the determination of the compensation of the Chief Financial Officer of the District of Columbia (H. Rept. 113–267); and

H.R. 2860, to amend title 5, United States Code, to provide that the Inspector General of the Office of Personnel Management may use amounts in the revolving fund of the Office to fund audits, investigations, and oversight activities, and for other purposes (H. Rept. 113–268). **Page H7151**

Speaker: Read a letter from the Speaker wherein he appointed Representative Womack to act as Speaker pro tempore for today. **Page H7113**

Chaplain: The prayer was offered by the guest chaplain, Reverend Oran Warder, St. Paul's Episcopal Church, Alexandria, Virginia. **Page H7113**

Journal: The House agreed to the Speaker's approval of the Journal by voice vote. **Pages H7113, H7145**

Keep Your Health Plan Act of 2013: The House passed H.R. 3350, to authorize health insurance issuers to continue to offer for sale current individual health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, by a recorded vote of 261 ayes to 157 noes, Roll No. 587. **Pages H7128–45**

Agreed to table the appeal of the ruling of the chair on a point of order sustained against the first Andrews motion to recommit the bill to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 229 yeas to 191 nays, Roll No. 585. **Pages H7139–42**

Rejected the second Andrews motion to recommit the bill to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 187 yeas to 230 nays, Roll No. 586. **Pages H7142–44**

H. Res. 413, the rule providing for consideration of the bill, was agreed to by a recorded vote of 228 ayes to 189 noes, Roll No. 584, after the previous question was ordered by a yea-and-nay vote of 225 yeas to 193 nays, Roll No. 583. **Pages H7115–28**

Meeting Hour: Agreed that when the House adjourns today, it adjourn to meet at 12 noon on Monday, November 18th for morning hour debate and 2 p.m. for legislative business. **Pages H7149, H7151**

Quorum Calls—Votes: Three yea-and-nay votes and two recorded votes developed during the proceedings of today and appear on pages H7127, H7128, H7142, H7143–44, H7144–45. There were no quorum calls.

Adjournment: The House met at 9 a.m. and adjourned at 2:34 p.m.

Committee Meetings

OUR NATION OF BUILDERS: TRAINING THE BUILDERS OF THE FUTURE

Committee on Energy and Commerce: Subcommittee on Commerce, Manufacturing, and Trade held a hearing entitled ''Our Nation of Builders: Training the Builders of the Future''. Testimony was heard from public witnesses.

REVIEWING FDA'S IMPLEMENTATION OF FDASIA

Committee on Energy and Commerce: Subcommittee on Health held a hearing entitled ''Reviewing FDA's Implementation of FDASIA''. Testimony was heard from Janet Woodcock, M.D., Director, Center for Drug Evaluation and Research, Food and Drug Administration; and Jeffrey E. Shuren, M.D., Director, Center for Devices and Radiological Health, Food and Drug Administration.

DHS FINANCIAL MANAGEMENT: INVESTIGATING DHS'S STEWARDSHIP OF TAXPAYER DOLLARS

Committee on Homeland Security: Subcommittee on Oversight and Management Efficiency held a hearing entitled ''DHS Financial Management: Investigating DHS's Stewardship of Taxpayer Dollars''. Testimony was heard from Chip Fulghum, Acting Chief Financial Officer, Department of Homeland Security; Asif Khan, Director, Financial Management and Assurance, Government Accountability Office; and Anne Richards, Assistant Inspector General for Audits, Office of Inspector General, Department of Homeland Security.

OVERSIGHT OF THE ANTITRUST ENFORCEMENT AGENCIES

Committee on the Judiciary: Subcommittee on Regulatory Reform, Commercial and Antitrust Law held a hearing on Oversight of the Antitrust Enforcement Agencies. Testimony was heard from William J. Baer, Assistant Attorney General, Antitrust Division, United States Department of Justice; and Edith Ramirez, Chairwoman, Federal Trade Commission.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR MONDAY, NOVEMBER 18, 2013

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Homeland Security and Governmental Affairs: to hold hearings to examine Silk Road, focusing on potential risks, threats and promises of virtual currencies, 3 p.m., SD–342.

House

Committee on Rules, Full Committee, hearing on H.R. 1965, the ''Federal Lands Jobs and Energy Security Act of 2013''; and H.R. 2728, the ''Protecting States' Rights to Promote American Energy Security Act'', 5 p.m., H–313 Capitol.

Next Meeting of the SENATE

2 p.m., Monday, November 18

Senate Chamber

Program for Monday: After the transaction of any morning business (not to extend beyond 5 p.m.), Senate will resume consideration of the nomination of Robert Leon Wilkins, of the District of Columbia, to be United States Circuit Judge for the District of Columbia Circuit, and vote on the motion to invoke cloture on the nomination at 5:30 p.m.

Following disposition of the nomination of Robert Leon Wilkins, Senate will vote on the motion to invoke cloture on H.R. 3204, Drug Quality and Security Act. If cloture is invoked, Senate will vote on passage of the bill. The filing deadline for first-degree amendments to the bill is at 3 p.m., and the filing deadline for second-degree amendments to the bill is at 4 p.m.

Following disposition of H.R. 3204, Senate will vote on the motion to invoke cloture on the motion to proceed to consideration of S. 1197, National Defense Authorization Act.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 p.m., Monday, November 18

House Chamber

Program for Monday: To be announced.

Extensions of Remarks, as inserted in this issue.

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