

are represented in red—represent the budget the President sent to Capitol Hill this year. Now, this budget is substantially similar to the budgets he has sent to Capitol Hill every year.

If the President was standing here tonight, Madam Speaker, I don't think I would be mischaracterizing him if I say what he would tell you is he wants to freeze our debt as a percent of the size of our economy, and as long as our economy is rising then, he believes we can continue to let our debt rise. He calls that primary balance, when you lock in your debt as a static percent of GDP but continue to borrow forever—forever.

What I am showing you here on this chart, Madam Speaker, is our budget alternative, produced by the Budget Committee, to be voted on in the House tomorrow. What our budget does is take deficits for about \$350 billion next year down to zero.

I don't even know if you know this word down on the end, Madam Speaker. It says "surplus"—no reason you should know it. We haven't seen one in your time on Capitol Hill. I would argue we haven't seen one in my lifetime.

We talked about them happening in the nineties, but as you know, that was a little funny math there, the Social Security trust fund and other issues. It has been a long time since we have seen a surplus in our budget, but that is what our ideas produce. That is what our tough choices produce. That is what our commitment to solving problems produces.

The President, on the other hand, raises taxes over \$1 trillion, new taxes over \$1 trillion, and continues to spend, so much so that in the years that we are balancing, Madam Speaker, the President is borrowing an additional \$1 trillion a year.

He would tell you that the reason he is borrowing it is because investment in America is important, and it is. He would tell you that the reason he is borrowing is because, if we don't invest in challenges today, we are not going to be able to reap the benefits of those challenges tomorrow, and he is right.

We are not arguing in this institution, Madam Speaker, we are not debating in this institution, we are not grappling in this institution about the merit of investing in America. We all believe that we should.

What we are talking about is whether or not we should pay for that investment. If we think it is a good idea, should we find the money for it today? Or do we just think it is enough of a good idea for our children to figure out how to pay for it or our grandchildren to figure out how to pay for it?

But it is not so much of a good idea that you and I would actually burden ourselves with making the tough decision today—nonsense. I reject that vision. I reject the President's growing deficits out. I reject the President's budget that says: Not only am I not going to balance tomorrow, not only

am I not going to balance in the next 10 years, I am not going to balance the budget ever.

Now, that is not a small thing we are arguing about. This isn't just some sort of partisan sniping that happens between Republicans and Democrats. There is a fundamental disagreement about who we are as Americans, about what the role of Federal Government is.

The House Budget Committee says: Let's try to balance this budget in the next 10 years. The time to stop burdening our children and our grandchildren with debt is now.

The President says: I have spending priorities for America. Let's grow the amount of money we are borrowing every single year. Let's balance the budget never.

I don't know if you get this in town-hall meetings back home like I do, Madam Speaker, but folks say: ROB, why can't you guys just work this out? Why can't you get together, close the doors, work this out? We have serious problems. You need to solve the serious problems.

Madam Speaker, I have got a President who is prioritizing balancing the budget never, and I have got a House Budget Committee that is prioritizing balancing the budget in the next 10 years. Those aren't small differences. The differences could not get much larger.

I don't expect to sell everyone in this institution on the Budget Committee's ideas for balancing this budget, Madam Speaker. I am not going to get every vote in this Chamber. I am going to keep selling it, but I am not going to get every vote in this Chamber. I recognize that.

What I am going to prioritize is selling folks in this Chamber on the fact that if we choose to borrow money, we are either taking it from the next generation's benefits, or we are taking it from the next generation's tax bill.

The bill is going to come due. These deficits that the President proposes are going to come due. These deficits that we have already run are going to come due. It's either a benefit cut for the next generation or a tax increase for the next generation. There is no free lunch.

Now, I don't purport to have all the answers, Madam Speaker, though we have got a pretty good blueprint here. What I do propose, though, is that we are going to be closer to finding the answers if we bring all of the ideas together.

I see my friends from the Rules Committee sitting here in the corner tonight, Madam Speaker. They have been upstairs grinding through the paperwork. It was a little more complicated rule tonight than it ordinarily is because we took every single idea that any Member of this Chamber had about balancing the budget. If you wanted to write your budget, it is made in order for debate this week, budget week.

I don't know which budget is going to win, Madam Speaker, though I have

my preferences. What I do know is that if you are in the solutions business, you had your shot this week. If you are in the solutions business, you had a chance to put your money where your mouth is, literally, your money, all of our money, all taxpayer money, these budgets together, in a document.

We are going to debate some doozies this week. We are going to debate some budgets that purport cutting spending virtually in half, and we are going to debate some budgets that virtually double taxation in this country. We will see where those chips fall.

Madam Speaker, that didn't sound like the exciting thing that it is. That is what is so interesting to me about the work that goes on. Everybody is out in front of the cameras all day long, every day, talking about the issues that the pundits want to talk about.

What our reading clerk just did here, in 15 uneventful seconds, is set into motion the most open, the most comprehensive, the most optimistic week of public policy debate this institution will see in 2015. I am honored to be just a small part of that.

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

---

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. CON. RES. 27, CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2016

Mr. WOODALL (during the Special Order of Mr. WOODALL), from the Committee on Rules, submitted a privileged report (Rept. No. 114-49) on the resolution (H. Res. 163) providing for consideration of the concurrent resolution (H. Con. Res. 27) establishing the budget for the United States Government for fiscal year 2016 and setting forth appropriate budgetary levels for fiscal years 2017 through 2025, which was referred to the House Calendar and ordered to be printed.

---

#### OBAMACARE

The SPEAKER pro tempore (Ms. MCSALLY). Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Madam Speaker, well, here we are, the fifth anniversary of—well, at least this weekend—what many affectionately or disaffectionately call ObamaCare.

It is kind of hard to call it the Affordable Care Act because we—many of us—know exactly how much jeopardy it has put finances for people all over the country. There are some people that are getting back enough in subsidies that they like it.

It is important, I think, as a great followup to my friend from Georgia talking about the budget, to follow up and look at the predictions that were made 5 years ago about the bill that passed without a single Republican

vote because we had done our homework.

I did read the bill before I voted against it. I didn't have time to enmesh all of the references, the other bills that were referenced in the changes that would be made in those bills, but I could certainly tell from what was there, what I was reading in the about 2,500-page bill, that it was going to be a disaster for health care.

□ 2030

In any event, here is an article from Sam Baker, "5 Years In, 5 Busted Predictions About Obamacare," March 22, 2015:

When President Obama signed the Affordable Care Act into law 5 years ago, many Republicans essentially predicted it would grow up to be a serial killer—that seniors, Medicare, private insurance companies, jobs, and the American Dream would die by its hand.

It has turned out to be far more well adjusted.

On the other hand, many Democrats thought the law would quickly make it through its awkward phase and turn into the most popular kid in school—liked by most, respected by all, a sophisticated winner, possessed of all the latest technology but also with unassailable principles.

It has turned out to be a much bigger screwup.

I might add parenthetically here—into the article—that, actually, there were Republicans like me that knew that it was not going to die. We knew that it was going to shrivel up the number of insurance companies, as it has.

We knew that Medicare was going to take a hit because ObamaCare cut \$716 billion from seniors' health care, and even though the President and all the king's horses and all the king's men were promising that, Gee, that \$716 billion in cuts to Medicare, it is not going to affect you seniors, they were told. No, no, that is only going to affect the health care providers.

Well, I don't know about the rest of the country, but the seniors I talked to around Texas figured out, Wait a minute, if you are not going to reimburse the people that provide us health care, we are going to have a hard time getting health care. They figured it out. That is exactly what has happened.

Mr. Baker, talking about, I guess, the worst of the projection by Republicans—were not what I projected, but there are people that have not gotten the care they need. They have been put in dire physical straits because of ObamaCare. Some have lost their insurance. I had insurance before. I liked my insurance. I liked my doctors. ObamaCare changed all of that.

This article, though, says, "Say what you will about Obamacare, but if nothing else, it's a survivor." That is the point, Madam Speaker, that is important to note; any kind of socialized medicine is always a survivor.

Some were saying, Oh, we don't have to worry about ObamaCare. It will go broke. It will die of its own accord—no, that is what happens to socialism.

But socialized health care, socialized medicine in any form—even in this beginning stage, as the President has once said on video, that he wanted a single payer—in other words, total socialized medicine, where the government gets to tell everybody what they get and pay for it and so people get rationed health care, is what it amounts to.

Socialism dies of its own accord. As Margaret Thatcher once said, it eventually runs out of other people's money. Socialized medicine in any form does not die of its own volition. It doesn't happen because what happens when you are dealing with government-run health care, it doesn't die of its own accord, no.

What happens is people have more and more health care rationed. More and more people have health care they don't get because they are put in line, like the young man from Canada in my district that said his father died of a heart attack because he had been on the list in Canada for 2 years and he never got the bypass he needed.

Until ObamaCare came along, basically, if you needed bypass surgery—whether it was in east Texas or elsewhere—if you needed it now, you were going to get it now; but over time, as the government takes over health care, now, you get on a list, like my constituent's father was put on a list.

I said: 2 years, that is incredible.

He said: Well, yes, people kept getting moved in front of him.

I said: Well, my understanding was that it was a crime to do anything to get yourself moved up the list.

He said: Well, that is true, but there is a board, a group that decides who gets moved up the list in priority.

They kept moving people in front of his father until he died.

Anyway, some critics of this article said they didn't even think they would need to kill it, just that they could help it along. The law's opponents argued for years that the law would never work, predictions that reached new intensity when [www.healthcare.gov](http://www.healthcare.gov) launched in 2013.

That is not true of all of us. Some of us knew it would not die of its own accord. We knew that it is like any government-run health care. You just ration it, and people get less of it.

There is a board—whether anybody wants to acknowledge that Sarah Palin had a great point, she did. Whether you want to call it a death panel or not, it is a panel that will get to decide the parameters for people getting, you know, pacemakers.

One of my staff had a parent who was told the year before ObamaCare kicked in that he could get a pacemaker; after it kicked in, he couldn't get a pacemaker. Well, that is the power of the government to tell you who lives, who dies.

ObamaCare is not going to die of its own accord. People may die because of the new healthcare laws and the decisions of the death panel—or whatever

you want to call the IPAB—but they will make decisions that will affect people's ability to live.

Anyway, the article further down talks about the prediction that it would get popular:

"I think as people learn about the bill and now that the bill is enacted, it's going to become more and more popular," Senator Chuck Schumer said in 2010, just a few days after Obama signed the law. "I predict...by November, those who voted for health care will find it an asset; those who voted against it will find it a liability."

Schumer was hardly the only one expressing this optimism. The process of getting ObamaCare passed was brutal for Democrats, but many in the party truly thought the heat would die down between 2010 and 2014 when the law's central provisions kicked in.

The debate got to a point where there was no way to win the rhetorical wars over health care, so Democrats' plan was largely to get it done, wait it out, and hope people warmed up to the law once it transitioned from a political abstraction to a set of real-world policies, most of which are pretty boring.

It didn't work.

The Kaiser Family Foundation has been measuring public approval of the healthcare law every month since it was signed, and the bottom line has stayed the same: people are closely divided over the law and lean against it.

This month, Kaiser's poll found 43 percent disapproval for the law, compared to 41 percent approval, which is within a few points of most months. There have been a few blips, where approval topped disapproval or where one side cleared 50 percent, but they never lasted.

Anyway, the article goes on. I will skip down to the part, "If you like your plan, you can keep it." It says:

Obama made some predictions he probably shouldn't have, including his promise that people wouldn't lose their coverage because of ObamaCare. For starters, policies sold in the individual insurance market were largely 1-year contracts before the Affordable Care Act. In other words, there was never a guarantee that consumers could keep their same policies.

Moreover, though, ObamaCare did cause insurers to cancel millions of individual policies, and it wasn't an accident or a side effect. The law set new standards for policies in the individual market. They have to cover a set of "essential" benefits, for example, and can't impose an annual or lifetime caps on benefits.

A lot of plans that existed before ObamaCare didn't meet those criteria, hence, passing a law to make them. Those policies could technically seek "grandfathered" status, but it was hard to get. They could barely make any changes in their plan designs without losing that status. And it was hard for a reason: the law set new standards for insurance, and it wanted to shift people into plans that met those standards.

All of this was entirely foreseeable in 2010 and was even spelled out in subsequent regulations. The political uproar might not have been as bad if [www.healthcare.gov](http://www.healthcare.gov) had been working when people started to receive their cancellation notices.

Well, I would submit that it would have been as bad because there were a lot of lies about ObamaCare. Yes, there were some dire predictions, but I knew that ObamaCare was not going to die of its own volition because, when government controls health care, it doesn't.

As an exchange student in the Soviet Union, when I saw their poor, pitiful health care system in the Soviet Union, I was literally thanking God that we had the health system we did in America.

My family didn't even have anything like insurance at the time growing up in east Texas. It was just that we knew that we had good doctors. We had a good system. If you got in a bind, you hoped and prayed neighbors would help out.

Then that is where insurance came along, that you could pay a very small monthly, quarterly, semiannually, annual premium to insure against something unforeseeable so that you could take care of the small things; but once the government gets into something, it doesn't work so well. The more government gets into it, the worse it is.

If we don't turn this thing around and get some free market competition back in place in health care, allow people to have their own relationship with their own doctor of their own choosing, where people can actually compare the prices and decide if this doctor or this hospital is worth it—one may cost more, one may cost less, but you compare the pros and cons. That is what competition is about. We haven't had it in health care in many, many years. Why? Because the government got involved.

Now, we do need a safety net, and that is a good thing. That is what caring people do, but when the government takes over everything, as ObamaCare will undoubtedly eventually do—why? Because if they get to dictate health care, then they are going to get to dictate your life.

An article from John Nolte today points out, number one, "Premiums are 24.4 percent higher than they would have been without ObamaCare."

I guess this comes from the New York Daily News: "In the Obama administration, candidate Obama boasted in 2008, 'we'll lower premiums by up to \$2,500 for a typical family in a year.'"

This article says, "Not quite. A recent report from the National Bureau of Economic Research examined the nongroup marketplace, where families and individuals who don't get coverage through work shop for insurance. The report concluded that 2014 premiums were 24.4 percent higher than they would have been without ObamaCare."

Completely wrong—ObamaCare sent the price of insurance dramatically up.

Madam Speaker, I have people ask regularly: Why is my health insurance so much more? My deductible is so high. I will never have enough money to pay my deductible, and I have got a copay on top of that. I don't have as much covered as I did before with my other policy. I don't get to choose my doctor—or the doctor I had before that I liked, I didn't get to keep him. So why is it costing so much more?

Well, the answer is very easily given. You are paying for lots more IRS

agents. We knew when ObamaCare passed that there would be 17,000, 18,000 new IRS agents that you would have to pay for.

□ 2045

They are not going to ever help you with a head injury or a skinned knee, nothing. No. No. They are going to come after you. They are going to give you stomachaches and headaches. They are not going to help you with health care. And what about all these navigators? They are never going to help you with a knee injury or a backache. No. They are going to give you backaches because they are going to make it harder and harder to figure out what to do, even though they say, oh, they are there to help you. When the government workers say they are there to help you, you grab your wallet and run for the door.

But you are paying for so many more government workers who will end up being government union workers, and you have to help pay the union wages. We always apparently do that, paying for part of the costs of the union. That is because Republicans are real good at allowing Democrats to have laws that help fund their campaigns. They have done it for years. Mallory Factor has a good book out called "Shadowbosses" that explains the concept.

Well, here is another point from John Nolte's article, number 2, "Less Choice for Patients: From 1,232 Private Market Insurers to 310." Rather dramatic, but that was very foreseeable. Many of us talked about it. We knew that this would eliminate many of the insurance companies. It would eliminate so much choice. The same way Dodd-Frank promises, gee, we are going to fix the banking industry. No, you are going to make it hard for small banks to compete; and the big banks chew them up, absorb them when they can't make it, and then you have fewer choices. That is what ObamaCare is doing.

This article says: "Prior to ObamaCare, the individual assurance market (non-group, non-employer) offered a wealth of choices in health care options. ObamaCare has devastated that market, and with it the quality of health care. Keep in mind, the cost of premiums and deductibles have increased as choice and competition collapsed."

"Patients may also have fewer doctors to pick from. More than 60 percent of doctors plan to retire earlier than anticipated—by 2016 or sooner, according to Deloitte. The Physicians Foundation reported in the fall that nearly half of the 20,000 doctors who responded to their survey—especially those with more experience—considered ObamaCare's reforms a failure."

Number 3, "Deficit Exploded to \$1.2 Trillion with a 'T'."

"Forget the original lies that ObamaCare would be a deficit neutral, or even cut the deficit. The ObamaCare deficit is now in the trillions."

"This month, CBO estimated the law's 10-year costs will reach \$1.2 tril-

lion—a far cry from the President's initial promise of \$940 billion."

Well, I have to point out, actually, in fairness to CBO, the Congressional Budget Office originally predicted it would be over \$1 trillion; but since the President promised it would be less than \$1 trillion, the Director of CBO was called to the White House and, magically, after he went back, he reformulated things. I know this offends him, but it is still the truth. It is what happened. He went back, recalculated, and it was less than \$1 trillion. The President said: See, there, I told you it would be less than \$1 trillion. Then it passes, and then we found out, oh, do you know what? It really is more than \$1 trillion. How about that?

That is why I think CBO needs competition, and the best thing that could happen is if we started encouraging and even gave rewards to any entity, whether it is universities or private groups that begin scoring bills, if they get within a certain margin. If a bill passes, if they get within a certain margin, it would sure beat the heck out of CBO, and then you pay them. We need competition scoring bills so that we don't have the disasters we had had in the predictions of the cost of ObamaCare.

Number 4, "Media and Government Lying About ObamaCare Expanding Coverage to Millions."

"You keep hearing about how ObamaCare is covering millions, when it really isn't. A huge majority of those in the White House and its media throne-sniffers are advertising as 'newly-insured' are in fact victims of canceled policies who were forced into the ObamaCare exchanges. They already had insurance and are therefore not 'newly insured.'"

"Even some of those 'newly insured' under ObamaCare's expansion of Medicaid were once paying for their own insurance. Now they are on the government dole."

"Further, as many as 89 percent of the Americans who signed up for ObamaCare when the exchanges opened in 2013 already had insurance. In other words, many exchange enrollees simply switched from one plan to another."

So we were told, gee, there are 30 or 40 million people without insurance. We have to insure them. That is why we have got to force so many tens of millions of Americans into losing their insurance because we have 30, 40 million we have to take care of. And what happened? We are told, well, maybe 7 million or so, 8 million, they got insurance when all these millions lost theirs. That was worth the damage that this administration has done and is doing to the best health care system in the world?

Number 5, "ObamaCare's Deductibles Are Killing Families."

"One of the great untold stories about ObamaCare is that while ObamaCare has skyrocketed premium costs in the individual market, deductibles have also increased.

ObamaCare is really nothing more than catastrophic insurance priced like regular insurance.

"This year, ObamaCare's lower priced bronze plans have a \$5,181 individual deductible and \$10,545 dollars family deductible. The more expensive silver plan has a \$2,927 individual deductible and \$6,010 family deductible.

"On top of your monthly premiums, the deductible is the amount you have to pay out of pocket before your insurance kicks in. The last time I looked, if I enrolled in ObamaCare, my out-of-pocket expenses (premiums plus deductible) would exceed \$8,000 before insurance started paying anything.

"One result of this has been an increase over the last 5 years of the percentage of people who put off treatment due to cost.

"Unless something catastrophic happens to you, in most cases, you are still paying out of pocket for all of your health care. On top of that, you are paying for premiums that are doing you absolutely no good. It is just free money for the insurance companies.

"Also, when you are insured, your out-of-pocket expenses are usually higher. Most health care outlets offer steep discounts for the uninsured.

"Basically, ObamaCare is nothing more than a massive tax increase disguised as insurance; a massive financial boon to the same big insurance companies Democrats have demonized for years; a massive redistribution of wealth that primarily soaks the middle class while diminishing their quality of health care.

"In summation: The ObamaCare victims vastly outweigh the beneficiaries. It is not even close."

John Nolte, for the Record.

Then from the Weekly Standard, the Feds say that the cost of healthcare.gov is estimated at \$1.7 billion.

Of course, when the disastrous rollout of this government Web site happened, we heard from people who really knew what they were doing that said: Gosh, we could have done this for just \$6 million or so. Well, not if you are close friends with the occupants of the White House. If you are close friends with the occupants of the White House, you are going to run up a billion-dollar bill for a \$6 million, \$7 million Web site that doesn't have the security that is required.

So we are in big trouble here. Health care has not been helped, and we have more and more government workers who are telling people who know how to provide health care what they can or can't do all to the detriment of the patient.

I think about one of my constituents. He is no longer practicing medicine. He was there to help my wife when she first went into labor 8 to 10 weeks prematurely. He was telling me that he had done a surgery, one of the best he had ever done. Because of all his training and his many years of experience, he was good at what he was doing. A

couple of days after the surgery, he got a call from somebody. I think he said in Pennsylvania. The guy had no kind of medical degree at all. He is a government worker.

He said: I was looking at your records of your surgery—it was one of the best he had ever done of this type. He said: Well, the average is over 3 hours, and you only took 59 minutes; and normally you lose over 3 to 4 pints of blood, and you only lost 10 CCs, so you are going to either have to change the records or we can't reimburse you.

As this honest, experienced, and excellent physician said: I am not going to change my records for anybody. He said: Well, then we can only reimburse you about one-quarter of what you should have gotten otherwise.

He said: I am not practicing medicine like this. Some idiot doesn't even know what he is doing is going to tell me, one of the best surgeries I have ever done, that I can't be reimbursed—and he is retired. He gave it up. He said: I planned to practice a lot longer, but I am not practicing medicine like this.

So who is hurt? His patients.

So what happens when you socialize medicine, as we are moving into here, well, you have fewer doctors that are as well trained. The best and brightest don't apply. We have already seen a drop in the quality of people and the numbers of people, I am told, for medical school. Good people are still applying, but eventually, as I saw in the Soviet Union when I was there, you have people who are physicians. Some are like Florence Nightingale, they do it out of a sense of service and dedication; but some just because, you know, hey, it is a job.

As people are finding out, if you are not going to get reimbursed, then you are not going to be able to pay back a quarter-million dollars of loans for college, medical school, and getting you through the internship and residency until you are actually out making good money because you are not going to make it as good; therefore, you can't afford to go through as many years. So you end up, over the years you see the college, the medical school, all these years of training and experience squished together.

What is the result? Well, you don't have as good physicians. But you also have wonderful nurse practitioners. You have physician assistants that start taking up the jobs that people went through college and medical school, internship, and residency, they start picking up the slack that you used to have quality, well-trained doctors to do. And they are doing a good job, but it lowers further and further the quality of care any time the government gets involved to the extent that it is now.

It is not too late. It is 5 years in. It has been a disaster. One broken promise after another, after another, after another. I hope and pray that people don't have to continue to suffer the indignity of much too high health insur-

ance and not near the quality they were getting until we get a new President and can finally get a new health care system and have true reform. I hope and pray that this President does not end up being so stubborn that he will not hear the cries of the people across America who are saying: Please, let us have back our cheaper health care, our own doctors, and our better policies. That should be the conclusion after 5 years of this disaster.

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

---

#### RECESS

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

Accordingly (at 8 o'clock and 59 minutes p.m.), the House stood in recess.

---

□ 2205

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WOODALL) at 10 o'clock and 5 minutes p.m.

---

#### HOURLY MEETING ON TOMORROW

Mr. CURBELO of Florida. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow for morning-hour debate and noon for legislative business.

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

There was no objection.

---

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. GRANGER (at the request of Mr. MCCARTHY) for today on account of a prior commitment in the district.

Mr. HULTGREN (at the request of Mr. MCCARTHY) for today on account of flight cancellations due to the weather.

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today.

Mr. PAYNE (at the request of Ms. PELOSI) for March 16 through 19 on account of foot surgery.

Mr. PAYNE (at the request of Ms. PELOSI) for today on account of foot surgery.

---

#### ADJOURNMENT

Mr. CURBELO of Florida. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 6 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 24, 2015, at 9 a.m. for morning-hour debate.